Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Neck-loose tooth

KE$HA is asking her fans for an unusual donation - she wants their teeth! The singer, who has repeatedly hit the headlines for her controversial comments and stunts (one such stunt earlier this year saw her drinking blood from an animal heart during a gig) now wants to make a quirky necklace out her fans molars. She is appealing to her devotees to offer up their molars and according to a report KE$HA's motivation to make the necklace happened after a fan sent her a tooth. She was reported as saying on Twitter.com: "I've received one tooth from a fan. I made it into a necklace. But now I really wanna make a fan tooth necklace to wear to an awards show." Hopefully fans won't take this too literally and start pulling their teeth out!

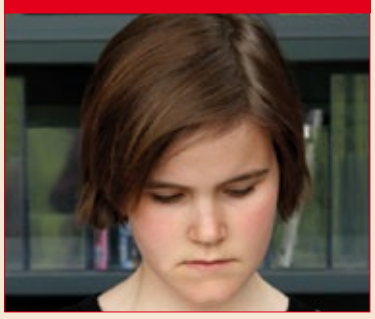
Dental headache

The cause of your headaches could actually be the way teeth meet when jaws bite together, otherwise known as dental occlusion. When the joints cause pressure to be put on the nerves, muscles and blood vessels that pass near the head, the result can be headaches and migraines, a condition that affects one in seven people in the UK. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, believes this information serves as a timely reminder for patients to arrange a visit to the dentist. Dentists may be able to help patients or refer them to a specialist who deals with occlusal problems, as patients teeth may need to be adjusted to meet evenly, as changing the direction and position of the slopes that guide teeth together can often help reposition the jaw.

Clearer food labelling

Diabetes UK, the British Heart Foundation, Children's Food Campaign and consumer watchdog *Which?* have written to the health secretary to demand better labelling on food. The organisations are concerned that at present, shoppers find it hard to determine the nutritional content of the food they are buying. They want the UK's representatives in Europe to back mandatory front-of-pack labelling during an EU vote on the issue in July, including information on energy, fat, saturated fat, sugar and salt. Consumers are also being urged to email their local MPs ahead of the vote in July and ask them to back mandatory front of pack labelling for fat, saturated fat, salt and sugar.

News



Bullying...
Is it linked to dental appearence?

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Prescribing not supplying
Dental Tribune investigates the whitening debate

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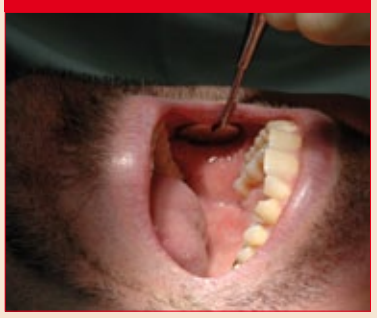
News & Opinions



Dispatching the truth
Dental Tribune looks at the latest programme on NHS dentistry

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Clinical

3-D diagnostics
Bach, Müller and Rottler discuss 3-D techniques

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Public 'need more education' on dental products

The British Dental Health Foundation survey reveals some worrying statistics about the public's dental product education

A study undertaken by the British Dental Health Foundation (BDHF) has revealed that although dental products may be commodities that find their way into everybody's shopping trolley, only a quarter (26 per cent) of people understands what ingredients they are made from and their purpose.

The findings, which have been published by the British Dental Health Foundation as part of this month's National Smile Month campaign, worryingly revealed that 33 per cent of people failed to understand the ingredients that were contained in their dental products and a further 41 per cent only partly understood what was contained in them.

Participants were also asked if they felt it was important that the manufacturers' product claims had been independently tested to check they are clinically proven and not exaggerated; the results indicated that half the people question felt that independent testing was important and less than a quarter of the people felt that such testing was 'extremely important'. Out of the remaining participants, 20 per cent were indifferent to independent testing, whilst the remaining felt such means were unimportant.

The survey also revealed that approaching three quarters (72 per cent) of people did not always believe the product claims made on dental products.

The Foundation believes the issues are connected and has announced plans to publish a glossary of common ingredients and their purpose to help educate and inform consumers.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation, said: "The Foundation has a long track record of helping to educate the public on all aspects of oral health issues. For nearly 20 years, we have been evaluating consumer oral health care products to ensure that manufacturers' product claims are clinically proven and not exaggerated – an issue which is considered important by nearly three quarters (74 per cent) of consumers.

"Providing consumers with more information about ingredients is a natural extension of our charitable work in this area. When you glance down the ingredients list of a typical toothpaste or mouthwash it is easy to see why people may have some difficulties. Even common ingredients like water may sometimes be described in terms that not everyone will understand such as 'aqua'.

"We hope our new glossary of common ingredients will help more people to make an informed choice about which products to buy and how it can help their oral health. Consumers can also find a list of approved products on our website at www.dentalhealth.org", said Dr Carter. DT

The public are unaware of what dental products contain

Editorial comment

"My stars – June already! If anyone knows where this year has gone can somebody please tell me!

The issue with tooth whitening seems to be rumbling on, with the BDA reportedly now having written to the Department for Business, Innovation and Skills, the body responsible for trading standards. The letter calls for talks to address the inconsistencies in the current situation and the way in which differing trading standards offices are enforcing the rules governing tooth bleaching products. *Dental Tribune's* Laura Hatton has written an interesting article on the latest situation in this issue – go to pages nine and ten for more!

Also the *Dispatches* programme has roused much interest in dental circles, even if it does seem to only be in dental circles! *DT* has taken a retrospective look at the programme - pages 11-12 is the place to look.

Finally, let me know what you think on any issues relating to dentistry (or rugby for that matter – I love a good sports convo!) get in touch and we may contact you for an opinion piece! Email me lisa@dentaltribuneuk.com, I'd love to hear from you. DT"

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

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GDC announce Deputy Chair

The General Dental Council (GDC) has announced that Derek Prentice has been elected as Deputy Chair of the GDC.

Derek, who has been an appointed lay member of Council since 1999, is currently the managing director of a consultancy company and previously held a number of executive appointments, including assistant director with the Consumers' Association and president of the Bureau of European Consumer Unions.

Derek has also held a number of non-executive positions within NHS bodies and is currently a trustee of The British Home – which is an independent charity that provides specialised nursing and social care for people with long term medical conditions and severe disabilities. He will hold the post of Deputy Chair of the GDC until a permanent Chair is elected by the GDC in September this year.

Derek said: "I am pleased to take up this position and I look forward to working with my fellow Council members and the Executive as we tackle the challenges facing the General Dental Council in the months ahead." DT

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New Chief Dental Officer for Wales

The Chief Medical Officer for Wales, Dr Tony Jewell, has announced that David Thomas has been appointed as Wales' new Chief Dental Officer.

Mr Thomas qualified as a dentist in Cardiff in 1976 and was appointed as Deputy Chief Dental Officer to the Welsh Government in 2010. Later in 2010 he was named Acting Chief Dental Officer (CDO) following the retirement of the previous CDO, Dr Paul Langmaid.

Thomas has taken up the role with immediate effect and is responsible for providing high quality and professional advice to Welsh Government Ministers in relation to dentistry policy, the practice of dentistry and the promotion of good oral health.

In a press release issued by the Welsh Assembly Government, Dr Jewell said: "I am pleased to announce the appointment of David Thomas as our new Chief Dental Officer for Wales.

"David brings to the role a background in community dentistry, dental public health as well as a record in academia, in both a management and research role. He has published widely in academic dental journals and has been involved in the management of Dental Postgraduate Education.

"I would like to thank David for his work as acting Chief Dental Officer since the retirement of Paul Langmaid, and look forward to working with him in his new role."

Mr Thomas said: "I am delighted to have been appointed to the role of Chief Dental Officer for Wales and look forward to working with the Welsh Government Ministers on the many aspects of dental policy and practice, including promoting and improving the dental health of the people of Wales." DT

Ancient teeth raise questions

DT USA: Eight small teeth found in an Israeli cave raise big questions about the earliest existence of humans and where we may have originated, Binghamton University anthropologist Rolf Quam says. Qaum is part of an international team of researchers, led by Israel Hershovitz of Tel Aviv University, that has examined the dental discovery and recently published joint findings in the *American Journal of Physical Anthropology*.

Excavated at Qesem cave, a pre-historic site near Rosh Haain in central Israel that was uncovered in 2000, the teeth are similar in size and shape to those of modern man, Homo sapiens, which have been found at other sites is Israel, such as Oafzeh and Skhul – but they're a lot older than any previously discovered remains.

"The Qesem teeth come from a time period between 200,000 and 400,000 years ago when human remains from the Middle East are very scarce," Quam says. "We have numerous remains of Neanderthals and Homo sapiens from more recent times, that is around 60,000 to 150,000 years ago, but fossils from earlier time periods are rare. So these teeth are providing us with some new information about who the earlier occupants of this region were as well as their potential evolutionary relationships with the later fossils from this same region."

The teeth also present new evidence as to where modern man might have originated. If the remains from Qesem can be linked directly to the Homo sapiens species, it could mean that modern man either originated in what is now Israel or may have migrated from Africa far earlier than is now thought. DT

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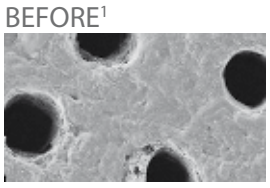
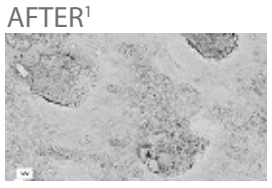


In Vitro SEM photograph of untreated dentine surface.

The tubules that lead to sensitivity are open

AFTER[1]



In Vitro SEM photograph of dentine surface after application.

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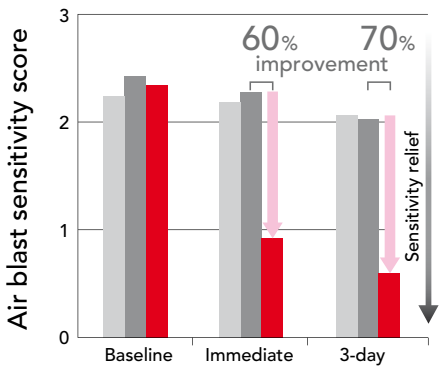
*Instant relief is achieved with direct application of toothpaste massaged on sensitive tooth for 1 minute.

References: 1. Petrou I et al. *J Clin Dent.* 2009;20(Spec Iss):23-31. **2.** Cummins D et al. *J Clin Dent.* 2009; 20(Spec Iss):1-9. **3.** Nathoo S et al. *J Clin Dent.* 2009;20(Spec Iss):123-130.

The results are revolutionary

Instant relief achieved with direct application of toothpaste massaged on sensitive tooth for one minute and continued relief with subsequent twice-daily brushing[3]



When applied directly to the sensitive tooth with a fingertip and gently massaged for 1 minute, Colgate® Sensitive Pro-Relief™ Toothpaste provides instant sensitivity relief compared to the positive and negative controls. The relief was maintained after 3 days of twice-daily brushing.

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Alcohol-related hospital admissions top one million

The number of admissions to hospital in England related to alcohol has topped one million, according to The NHS Information Centre's annual report, Statistics on Alcohol: England 2011.

Statistics show there were 1,057,000 such admissions in 2009/10. This is up 12 per cent on the 2008/09 figure (945,500) and more than twice as many as in 2002/03 (510,800).

Of these admissions, nearly two thirds (63 per cent) were for men. Among all adults there were more admissions in the older age groups than in the younger age groups.

New prescriptions data shows that alcohol dependency cost the NHS £2.41million in prescription items in 2010. This is up 1.4 per cent on the 2009 figure (£2.38 million) and up 40 per cent since 2003 (£1.72 million).

There were 160,181 prescription items prescribed for drugs to treat alcohol dependency in primary care settings or NHS hospitals and dispensed in the community in 2010. This is an increase of six per cent on 2009 (150,445) and an increase of 56 per cent since 2003 (102,741).

The report also shows that in 2010 in England:

• There were 290 prescription items issued for alcohol dependency per 100,000 of the population

• Regionally, the figures for prescription items per 100,000 of the population were highest in the North West (515 items) and North East (410 items) and lowest in London (130 items)

The data on alcohol related hospital admissions and new data on prescriptions is published in the report, along with previously published information from a range of sources about drinking behaviours and health outcomes in England.

The NHS Information Centre chief executive Tim Straughan said that the "report shows the number of people admitted to hospital each year for alcohol related problems has topped one million for the first time. The report also highlights the increasing cost of alcohol dependency to the NHS as the number of prescription items dispensed continues to rise.

"This report provides health professionals and policy makers with a useful picture of the health issues relating to alcohol use and misuse. It also highlights the importance of policy makers and health professionals in recognising and tackling alcohol misuse which in turn could lead to savings for the NHS." DT

Alcohol related problems are costing the NHS dearly

Help make dental history

A project to build a comprehensive living history of dentistry, the John McLean Archive, is seeking participants from across the UK to help make dental history. Participants are required to participate in the project's next witness seminar in October; and to take part in an ongoing series of oral history interviews across the UK.

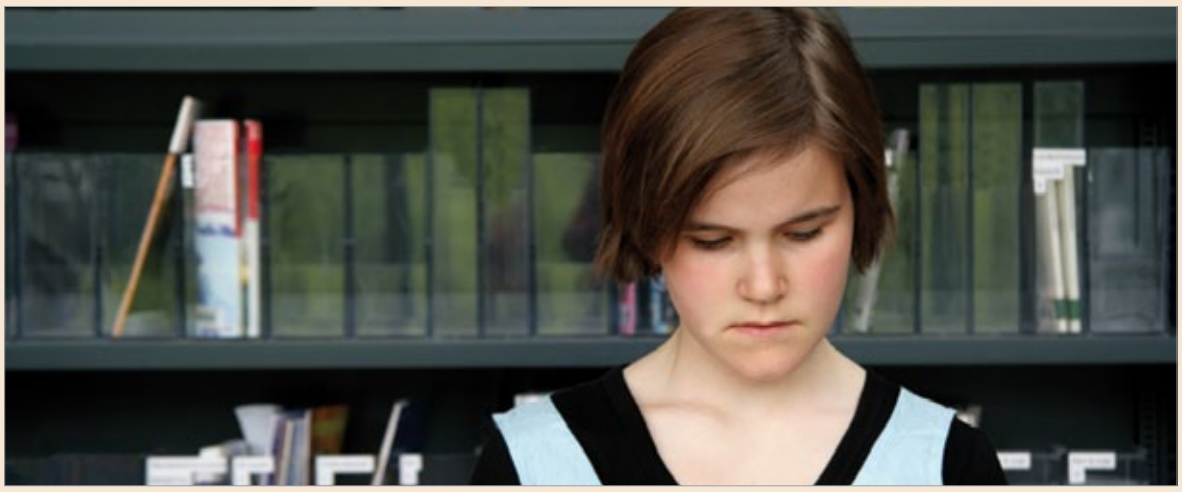
The second witness seminar for the project, which will take place at the British Dental Association's (BDA's) London headquarters on 26 October 2011, will focus on changes in dentistry since 1948. Discussion is expected to concentrate on topics including the introduction of the NHS, payment and contracts, developments in equipment and evolution of private practice. Participants in the project's first witness seminar, which took place in March and looked at the development of the regulation of dentistry, included past Presidents of the BDA and General Dental Council, three former deans of dental schools and a former dean of the Dental Faculty of the Royal College of Surgeons of Edinburgh. It was chaired by Professor Nairn Wilson, Dean of King's College London Dental Institute. Deliberations from each of the witness seminars will be published and placed in the John McLean Archive via the BDA Museum's website:www.bda.org/museum.

Volunteers are also being sought to carry out oral history interviews with dentists and dental care professionals across the UK. The transcripts of these interviews, which will focus on different aspects of the development of dentistry, will also be published as part of the project.

Volunteers must have a connection to dentistry, good listening skills and an interest in dentistry. Volunteers selected to take part will receive training in oral history and the use of the recording equipment that will be used in the interviews.

Individuals interested in participating in either strand of activity contact Sophie Riches, the John McLean Archive project co-ordinator at the BDA Museum. Telephone 020 7563 4549, email sophie.riches@bda.org or visit the BDA Museum stand at the 2011 British Dental Conference and Exhibition. DT

Could bullying be linked to dental appearance?



Could children with prominent dental features be a victim of bullying

According to a report published in the latest issue of the *British Dental Journal* (BDJ), one in eight adolescents with prominent, or irregular shaped teeth have experienced bullying, with a negative impact on their self-esteem and quality of their oral health.

The authors, hospital-based orthodontic specialists, found that the children, aged between 10 and 14 years, were at an increased risk of being teased or bullied by their peers if they had certain dental features: these included maxillary overcrowding; a cleft lip, with or without a cleft palate; an overjet and a deep overbite (ie prominent teeth).

The specialists also expressed concern that psychosocial factors are not considered when assessing a child's need for orthodontic treatment; although they acknowledged that the relationship between the shape of teeth, self-esteem and bullying is a complex one.

"Currently the severity and need for orthodontic treatment within the UK is judged on occlusal [bite] and aesthetic impairment without consideration of psychosocial factors," warn the authors of the *British Dental Journal* report.

Commenting on the report's findings, the British Dental Association's Scientific Adviser, Prof Damien Walmsley, said: "As studies show that having well-aligned teeth can influence our ability to make friends and progress in our careers, it's not surprising that young children pick up on society's ideal of what is perceived to be attractive early on.

"Because prominent or irregular shaped teeth can affect a child's self-esteem, or make them the subject of teasing or bullying at school, it's important that these factors are taken into account when referrals for orthodontic treatment are considered."

Bullying in schoolchildren - its relationship to dental appearance and psychosocial implications: an update for general dental practitioners, by J Seehra, JT Newton, and AT DiBiase, was published in the *British Dental Journal*, volume 210, No 9, May 14, 2011. DT

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A £10 on the day registration fee will be charged to visitors who do not secure tickets in advance. Advance registration closes 17 October 2011.

Wesleyan Medical Sickness' Junior Advisory Board meets in Birmingham

Some of the brightest young minds in medicine and dentistry have gathered in Birmingham to discuss the impacts of changes to the National Health Service and how Wesleyan Medical Sickness can aid young doctors and dentists.

Wesleyan Medical Sickness' Junior Advisory Board is made up of a select group of doctors, medical and dental students from across the UK. The group, the first of its kind in the financial services sector, provides insight into issues affecting young medical and dental professionals, ensuring Wesleyan continues to serve their needs throughout their career.

Sally Lovell, Student Liaison Manager at Wesleyan, said: "Understanding our customers is an important part of what Wesleyan Medical Sickness does. The Junior Advisory Board provides a vital insight into the needs of young medical and dental professionals, meaning we can continuously improve our products and services."

The Junior Advisory Board complements Wesleyan's main Medical Sickness Advisory Board, which is made up of eminent members of the medical and dental profession, including Professor Parveen Kumar, past president of the British Medical Association and current president of the Royal Society of Medicine.

Dr Ben Attwood, president of the Junior Advisory Board and a registrar junior doctor working at Oxford Deanery, added: "I've been a policyholder with Wesleyan Medical Sickness since I was a medical student. I think there are a variety of pressures facing junior doctors and medical students these days and the members of the Junior Advisory Board can offer a unique insight into their wants and needs.

"There has been a huge increase in medical student debt by the time people qualify, as well as pressure in the early years trying to find a job. Those jobs are no longer for life and there's absolutely no guarantee you will be able to follow the speciality you'd like to do or pursue it in the place you'd like to work. This can be really challenging for young graduates, which is why they need support from organisations that have an understanding of what they are going through. This is where we on Wesleyan's advisory boards can help."

The meeting was held at Wesleyan's head office in central Birmingham. The Junior Advisory Board provides a useful development opportunity for young medical and dental professionals, as well as allowing them to see how organisations such as Wesleyan operate. DT

The members of the Wesleyan Medical Sickness Junior Advisory Board, Michelle Baker, Krishna Kasaraneni, Holly Morgan, Shiv Chopra, Ben Attwood, Vaibhav Gupta, Rosanna Busuttil, Kyle Gibson, Natalie Crawford and Kieran Zucker

'Change is here to stay'

Bridge2Aid used this years' BDA Annual Conference in Manchester to thank the dental profession for their support over the last nine years and to announce their ambitious plans for the future. With an imminent geographical expansion and a long term goal to free the world of dental pain, B2A spoke passionately about their achievements to date and the difference the Dental Volunteer Programme (DVP) and the emergency dental training it supports had made to the people of Tanzania, and would continue to make in the future.

Speaking on the Friday of the conference Dr Ian Wilson (Founder of B2A) and Mark Topley (CEO, B2A) discussed the shocking statistic that more than 70 per cent of the world's population still have no access to even basic oral care. With millions living in pain and with no hope of treatment, Mark and Ian outlined B2A's dedication to this cause, not only in Tanzania but throughout the developing world, claiming that 'change is here to stay' and providing emergency pain relief would continue to be their focus.

Talking about their vision for the future, B2A outlined the difference the DVP and training of rural health workers in emergency dental treatment can make to eradicate dental pain, and how dental professionals can get involved in making a tangible, lasting difference.

Mark Topley said: "The work to change our logo and adjust our messaging represents us entering a phase when we will honour and continue all that has been achieved at Bukumbi, whilst actively pursuing expansion of the DVP and emergency dental training, which has become the larger part of what we do. While our targets are ambitious, we have all been overwhelmed by the support shown by the profession and look forward to the next phase of B2A."

Showcasing a new logo and a stronger message that stretches throughout the world, B2A demonstrate their commitment to the future. With B2A Founder Dr Ian Wilson returning to the UK, the dental charity will be taking leaps and bounds forward over the coming months and years and calls on the profession for their ongoing support to help in their quest to free the world from dental pain.

To find out how you can support B2A further or for more details on their Dental Volunteer Programme contact Ruth Bowyer, Visits Administrator, on 07748 643006 or email her at Ruth@bridge2aid.org. Alternatively visit www.bridge2aid.org to download an application form. DT

An honest British Smile for start of 2011

Instinctively, we all know the power of a wonderful smile. But research from the US now suggests that the British smile itself can be something to smile about.

Psychologist Dacher Keltner has analysed US and UK smiles and the 43 facial muscles used to produce them. He found such sharp differences between the way Americans and Brits smile that researchers could spot the difference accurately over 90 per cent of the time.

The British smile by pulling the lips back and upwards, exposing the lower teeth, whilst Americans part their lips and stretch the corners of their mouths. We Brits are more likely to raise our cheeks when we smile, showing crow's feet at the corners of the eyes – giving rise to a more sincere smile, which is harder to fake. The most representative British smile was considered to be restrained but dignified – which the scientists have titled "The Prince Charles". Most US smiles by contrast are far less expressive!

So, we Brits may have a head start in the global smile league, but too often we throw our advantage away through poor oral hygiene and strained teeth.

However, Dr Harvey Grahame, Clinical Director of Smilepod, said: "Thanks to our obsession with film and TV stars, most of the people who visit Smilepod are looking for a nicer genuine smile. Smilepod concentrates on those key treatments people really want - cleaner, whiter and straighter teeth in really convenient locations with life friendly times and a customer friendly people." DT

Dean honoured at Brescia

The Dean of King's College London, Professor Nairn Wilson, has been honoured by the University of Brescia with the conferment of the title of Cultore Della Materia delle discipline Odontostomatologiche – the University's equivalent of Visiting Professor, during his attendance at the most successful ninth Anglo-Italian Colloquium held in Brescia between 5 and 8 May.

Regarding his new title, Professor Wilson said in King's College London press release: "I am deeply honoured to have had the title of Cultore Della Materia delle discipline Odontostomatologiche conferred on me by the University of Brescia. This is a tremendous accolade, which I will greatly treasure. I wish the highly successful, long-established collaboration between the Dental Institute and the Dental School of the University of Brescia every success in the future.

I will endeavour to attend the special celebrations being planned for 2012 to mark the tenth anniversary of the launch of the now truly international annual Anglo-Italian Colloquium." DT

KING'S College LONDON

Lansley at the BDA

Not at the BDA this year? Couldn't get to Secretary of State for Health Andrew Lansley's speech on dentistry? Don't worry, *Dental Tribune* has the highlights...

Andrew Lansley speaking at the BDA Conference in Manchester

The welcome: As you all know we are in the middle of a listening exercise, so we can ensure that the reforms and the modernisation of the NHS, to take the views of the clinicians, patients and the public, so we can absolutely make sure that we have a legislative framework and a structure of modernisation that supports the objectives that we all subscribed to. When we talk about putting the patients at the heart of what we do or focusing on outcomes and evolving the responsibility to those clinicians who have care of patients – that is the basis of the agreement.

I have been Shadow/Secretary of State for seven years, and this experience has given me the view that there is a very chequered history of dental reforms. With regards to the listening exercise on the Health and Social Care Bill – whilst the Bill itself does not directly affect what we're doing in relation to dental contracts we will of course in the future introduce legislation to reform the contract and the charging system for dentistry. So we do have to make sure that the reformed dental contract is a good fit with the NHS structures that are being developed through the health and social care bill and in particular the new commissioning arrangements.

NHS Commissioning Board: We intend that the new NHS commissioning board will commission all dental services, and I think I'm right in saying that this is very broadly welcomed. Some primary care trusts have worked innovatively and constructively to commission better services. But I also know that the different approaches taken by different PCTs has been frustrating for everybody, especially dental professionals.

> *'I have been Shadow/Secretary of State for seven years, and this experience has given me the view that there is a very chequered history of dental reforms'*

So by taking responsibility for all dental services in one place, with the NHS commissioning board we have a greater opportunity to integrate primary and secondary care dental services and to bring a far greater degree of consistency to dental commissioning.

Under our proposals, local authorities, through their health and well-being boards, will need to produce joint strategic lead assessments. So the commissioning board will then develop services that do respond to locally identified leads, at the same time bringing consistency across the country in for the profession. And that core consistency offers real opportunities to the patients, to exercise real choice in relation to dental services.

Sir David Nicholson will be the Chief Executive of the new NHS Commissioning Board was recently here in the North West meeting dentists to discuss how they thought commissioning could be developed to the best effect. I understand it was a frank and constructive meeting, and I hope this constructive relationship both with the BDA and other dental groups continues.

The contract: We're currently laying the foundations for a new dental contract, which learning the lessons of the past, we are going to highlight and I am absolutely aware both in relation to the dental contract brought in under the last government and the dental contract brought in under the last conservative government it did not go through the process that we are now determined to get right. We are going to lay the foundations through these pilots, which will go live in the next month or so, and we'll learn through the evaluation of these pilots as we move towards legislation and implement a new national contract.

The new contract will be based on three elements: registration, capitation and quality.

Registration – to reassure patients that they have guaranteed continuity of care and to clearly divide the responsibilities of dentists and their patients.

Capitation – to take the perverted incentives of an activity based system out of the NHS, to focus on good oral health and preventative work and to really for the first time get dentists off the treadmill.

Quality – providing high quality services to patients is a key aim of all our NHS reforms. Measuring quality can be difficult but it is an essential element of the pilots. Finding out if we can really identify how quality indicators to help us ensure that we can improve the outcomes of all the patients.

The constructive engagement we had with the dental profession and indeed with the BDA, for which I and my colleagues are very grateful, has contrasted sharply with the atmosphere of hostility and anger that had developed at the previous dental reform programme. I think there are important lessons of dentistry that we can learn from a whole NHS modernisation programme. We are working with clinicians on dental reform whereas previously reform was imposed on the profession.

More than anyone else, you the clinician, know what is right for your patients and I want to engage with you as it's how we take forward the reforms of dentistry and it is how we are taking forward wider reforms across the National Health Service.

The changes we are making are essential, but it's vital that we take the clinicians with us for the long term benefit of patients. We have to develop a system be it in dentistry or wider healthcare, that will measure success by outcomes and tells us to what extent we are improving the health of individuals and the wider population, not just how process indicators have been achieved.

Dental public health: At either end of the age spectrum, the overall oral health in this country is amongst the best in the world. The recent Adult Dental Health Survey and Child Dental Epidemiology programme results shows that around 70 per cent of adults were free of active tooth decay and that nearly 70 per cent of children had no experience of dental caries. That's great news, and it tells us we're right to be seeking to use dental contract reforms to move clinical practice in the direction of continuing care and prevention. But it also shows that the 30 per cent of children who suffer from tooth decay, do suffer very significantly. And given that this is a completely preventable disease, this is not acceptable.

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Here in the North West the extraction of teeth is the biggest reason why children are subjected to a general anaesthetic. We need to focus our services more on prevention, both for children and adults, whilst at the same time maintaining the good oral health of that majority.

This coalition government has made a clear commitment to improve the oral health of children, this does not only mean dentists, we need to work across the spectrum, in education, social care and the wider medical fraternity, proactively tackling the inequalities on oral health.

I know that my colleague Freddie Howe has been impressed when he has visited schemes, where everyone - local authorities, dental practitioners, consultants and health visitors - have come together to really tackle oral health promotion. And I would like to take this opportunity to give my thanks to the people that are leading this vital work and schemes that support them.

Access to dental services:
You may be aware that the latest data on dental access was published yesterday; when the coalition government came to power a year ago access to NHS dentistry has increased to 651,000 and it is a credit to all of you and the NHS that this has been achieved at a time when we are also moving forward rapidly with changes of the NHS.

Access is a really significant issue and we all know that. We want to see access improved further. But it is important, vital, that people have access to a high quality, leads based, outcome-focused service, one that offers patients an excellent experience, one that offers preventions and a reasonable financial award and a satisfaction of knowing you have improved people's lives and knowledge that you are offering value for money on the NHS.

As a government, we can take pride for that being achieved; I think even more importantly as a profession I know you will take pride and care in delivering it.

Lansley: "It is important, vital, that people have access to a high quality, leads based, outcome-focused service"

The future:
My aim, I believe yours to, is to work to create an NHS dental service that is the envy of the world, that helps build on and maintain improving oral health of the majority of the population, whilst seeking out and tackling inequality, and finding that minority where we have not yet achieved it.

I believe that our contract reforms, taken together with NHS modernisation, will give dentists working for the NHS more complete working lives, reduce the burden of bureaucracy and the inconsistency of commissioning, that many of you have complained about in the past.

The fact that we are today here, at this conference, a matter of weeks away from the start of piloting the new NHS contracts, very much reflects the engaging commitment over the last year between the profession and ourselves. I want to say thank you to the BDA for that engagement. I think it's been constructive and positive, immensely helpful and I thank you all for it. DT

• Were you at Mr Lansley's speech? What were your thoughts? Email Lisa@dental-tribuneuk.com

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We're prescribing, not supplying

Dental Tribune looks at the current whitening debate

The future of tooth whitening products lies within the law

Tooth whitening products have been at the centre of much speculation and discussion throughout Europe for many years. The view as to whether whitening products fall into the category of cosmetics or are in fact a "medical device" remains a divided and undecided one between the UK and Europe.

During recent years several cases that went to court backed by scientific papers failed to change the opinion of the UK courts and the fact remains that in the UK under the 1976 Cosmetics Directive Council directive 76/768/EEC provides in Annex III, part 1, n°12 a, whitening products do not fall under "medical devices" and therefore cannot exceed a stated dose of 0.1 per cent hydrogen peroxide. Following a House of Lords Judgement in June 2001, all tooth whitening products are considered to be cosmetics and not medical devices. The Cosmetic Directive does not require CE marking.

One argument that has been brought to the retailers' attention from one dental supplier is that the commonly used concentration of 10 per cent carbamide peroxide releases about three per cent of hydrogen peroxide; however, using a product with 0.1 per cent available hydrogen peroxide is unlikely to be an effective tooth whitening agent. As a result, many UK products have about three per cent or more and so are currently, under the legal requirements, illegal.

With this in mind, the recent whitening issue that has come to light is once again causing grave concern for dentists throughout the country.

Earlier this year in January 2011, a patient complained to a dentist about their tooth whitening treatment; the issue was brought to the attention of the Trading Standards Authority (TSA), and the Trading Standards Officer informed the dentist to stop offering tooth whitening and forced his dental supplier to stop selling tooth whitening products altogether: the case is threating to reach the courts.

The consequence of this situation has resulted in a sudden suspension from dental suppliers in supplying whitening products. However, the grounds on which the involvement of the TSA was proposed remains obscure. Since the situation Trading Standards Officers have cautioned suppliers, resulting in some companies to immediately stop selling all tooth whitening products; however in other cases Trading Standards Officers have turned a 'blind eye' and the distribution of prescription whitening treatment has continued. It would seem that it all comes down to interpretation.

Speaking to Chris Wilson, City Trading Standards Manager, he was only able to say on the current situation that: "Our inquiries are continuing and we cannot comment further until legal proceedings have been completed."

With no clarity regarding the situation, the position that dentists are finding themselves in is an alarming one, as they must consider whether to continue providing the popular cosmetic treatment or to cease using it.

Speaking to Dr Wyman Chan, a dedicated teeth whitening dentist from Smile Studio, London, it was noted that the UK is the only country in the world where it is essentially illegal to practice tooth whitening because anything which has a percentage of hydrogen peroxide of more than 0.1 per cent is classed as illegal.

Speaking on the origins of the law, Dr Chan pointed out that originally the regulation under the ECC Cosmetic Directive was designed to regulate oral hygiene products like mouth rinse and toothpaste that were freely and directly available to the consumers as Over The Counter (OTC) products. However, the area in which the law has been defined to label tooth whitening products is so grey that it now governs dentists instead of helping them. As Dr Chan explained, tooth whitening products do not fall into the category of an OTC oral hygiene product.

> *'When tooth whitening products are provided to patients for treatment it is a case of the products are prescribed to patients and NOT supplied to patients'*

Delving further into the debate, into yet another area of the law that remains grey and obscure, Dr Chan stressed that when tooth whitening products are provided to patients for treatment it is a case of the products are prescribed to patients and NOT supplied to patients.

To solve the confusion and the issue that dentists are being confronted with on a daily basis, Dr Chan believes that the ideal situation would be for a Trading Standards Officer to take him to court to present a test case. Currently, the law can be interpreted differently, as Dr Chan has experienced, and Trading Standards Officers have the power to read into the law as they see fit: this means varying results for dentists across the country if they are brought to the attention of the Trading Standards Authority.

As Dr Chan argues, if the dispute of the law is taken to court, there would be no more doubts and whitening products can be reclassified to their correct field.

With the threat of the above case looming over many dental practices and dental suppliers, could it be that tooth whitening will soon be a forgotten treatment? Considering that according to a poll of dentists of the American Academy of Cosmetic Dentistry (AACD), whitening is a trend that will continue to rise throughout 2011: This current case could not have come at a more inappropriate time. The poll recorded that AACD members performed an average of 77 whitening treatments last year, and 57 per cent said that they expect this number to increase.

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