

DENTAL TRIBUNE

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News in brief

Good Practice

A dental surgery in Burton in Staffordshire was given the Good Practice Award by the British Dental Association (BDA). Dentist Yogi Savania, who owns Alexandra Dental Care with George Savva, attended a presentation evening in London with practice manager Michelle Cadd to accept the award from the BDA's president Gordon Watkins. Mr Savania said: 'We have always tried to provide excellent dental care and it is rewarding to be acknowledged as such by our British Dental Association.'

The award recognises practices that are committed to working to the high quality standards set by the BDA.

Teeth worries

Nearly half of patients believe they could have been offered a better service by their dentist, according to a recent survey. The national survey carried out by RevaHealth.com, a specialist healthcare search engine, also found that three quarters of the population would like to change something about themselves. Consumers are most worried about their teeth with 43 per cent wanting some kind of work, closely followed by a third wanting to change something about their body and 17 per cent who want to change their face or correct their eyesight through laser eye surgery.

Alcohol abuse

A retired dentist who lay dead in his house for weeks before being found, accidentally drank himself to death, a coroner said. William Hunter Gray Dodds, a retired dentist in Portsmouth was discovered by police at his home surrounded by empty beer cans and rotten food. Portsmouth coroner's court heard how Mr Gray Dodds, who suffered from alcoholism, had not been seen for several weeks before police found him dead.

His body was in an advanced state of decomposition and police said the death was not suspicious. He was known to be a 'long term abuser of alcohol'. Mr Gray Dodds had no known living family. He had divorced from his ex-wife, who now lives in South Africa, many years ago. An autopsy revealed Mr Gray Dodds had cirrhosis of the liver and had consumed a lot of alcohol before he died.

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News & Opinions



Saving children

An orthodontist has been helping to reconstruct the faces of many children in Africa who have survived Noma disease.

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Interview



Real dreams

David Bloom tells *Dental Tribune* his views on the profession and what it takes to build a booming business in Watford.

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Education



Security matters

Will the Department of Health engage a better working relationship with dentists for the future? Neel Kothari talks.

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Education



Different views

Dentists got another bashing last month as they were accused of 'exploiting the system to maximise their incomes'.

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MPs knock independent review

MPs have criticised the independent review into NHS dentistry in England for failing to have a practising community dentist on its panel.

An independent team, to help improve access for patients who want to see a NHS dentist, was appointed in December by Health Secretary Alan Johnson.

The team led by Professor Jimmy Steele of Newcastle university is made up of Eric Rooney, consultant in Dental Public Health, Cumbria Primary Care Trust (PCT), Janet Clarke, clinical director of Salaried Dental Services, Heart of Birmingham Teaching PCT and Tom Wilson, director of contracts, Milton Keynes PCT.

'If we want dentists to come back into the NHS we must give them the confidence to do so'

During a debate in the House of Commons, Sandra Gidley, Liberal Democrat health spokesperson, said: 'The panel undertaking the review has been welcomed, but I note that it contains no community dentist and so some dentists will be wondering about its composition.'

She added: 'It seems to be made up of a couple of academics, somebody who apparently wants to be the chief dental officer one day and a failed commissioner who commissioned dental services without doing a needs assessment.'

'Does that augur well for the future,' she asked.

Greg Mulholland, a Liberal Democrat MP also asked if the Minister would 'consider putting a dentist on the review panel?'

Ann Keen, health minister answered: 'One of the four review members is a practicing dentist in the community dental service delivering primary care dental services. The four members of the review are drawn from differing backgrounds. Their role is not to represent their 'sector' but to listen to the views of all parties and to look more strategically at the issues affecting national health service dental services and NHS patients.'

Mike Penning, shadow health minister, expressed his concerns during the debate over the 'lack of engagement between ministers and the professionals'.

He also questioned why no health minister attended the British Dental Association's (BDA) conference last year 'to speak on behalf of the government, given that the contract is so controversial within the profession'.

The BDA event was attended by the Liberal Democrats spokesman, Mr Penning and the Chief Dental Officer, Barry Cockcroft.

Mr Penning and the Liberal Democrats spokesman refused to debate with Dr Cockcroft in public as 'he is a civil servant—he is not a minister of the crown and he is not elected; he is appointed by the Secretary of State for Health—and it is fundamentally unfair that a civil servant is there to represent the mistakes and problems that the government have got themselves into on dentistry'.

Mr Penning added: 'As the process goes on and as this contract is reviewed, I am very concerned about whether the gov-

ernment will have the courage to admit how much of the contract they have got wrong and how much of it has affected people in this country.'

Mr Penning would like to see the length of contracts extended so dentists can invest in their practices.

'If we want dentists to come back into the NHS, or young dentists coming out of training schools—I have visited them and they are fantastic—to come into the NHS, we must give them the

confidence to do so, especially in this difficult economic climate,' he said.

The government has just published its further response to the conclusions and recommendations that were made in the critical Health Select Committee report last summer.

In the report, it accepted that 'progress on improving access to dental services has been disappointing to date' and set out the aims of the independent review. [D](#)

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Reconstructing faces post Noma

A consultant orthodontist, has been helping to reconstruct the faces of children in Africa, who have survived Noma disease, and are horrendously disfigured.

Allan Thom, a past treasurer of the British Orthodontic Society, has recently returned from Ethiopia on behalf of Facing Africa. Mr Thom helped set up the charity, which sends surgical teams to Northern Nigeria and Ethiopia to reconstruct the faces of children who have survived Noma disease, also known as Cancum Ori.

Noma starts as a small ulcer in the mouth. A healthy, well-fed European child just suffers a few days with a temperature. But the disease spreads rapidly in children who are malnourished, who have had measles and malaria and whose resistance is low.

Within a few days the cheek will be ulcerated and the teeth will loosen. The child will have a fever and be unable to eat. Within five days it will spread to the lips.

Within seven days to the nose, palate and/or eye. Within two weeks, 95 per cent of the children will be dead from blood poisoning. The disease is prevalent in sub Sahara Africa, where there is poverty and malnutrition.

A spokesman for the charity, Facing Africa said: 'These survivors are left with horrendous facial disfigurement, often with no cheek, lips, palate and nose. They have ankylosis of the TMJ (loss of jaw movement) from scar tissue and are unable to open their mouths. They feed by pushing a mushy pap through the gaps in their teeth and Mr Thom had to feed some of the children a high protein 'mush' through a 50 ml syringe. Because of the facial disfigurement and local village taboo the children have no friends, no schooling, no socialising – no life. Some are 'mistreated' by the local medicine man by branding with hot coals and sticks.'

Facing Africa seeks out these children, assessing them as suitable for surgery (taking into account other medical conditions)

and brings them into a rehabilitation unit prior to surgery.

During the trip, Mr Thom was part of the advance team whose duties were to carry out full medical, dental and social assessments, start a high protein feeding regime and a deworming programme as well as clerking, photographing and assessing the degree of loss of jaw movement.

Extractions were performed where necessary as well as plaque removal and oral hygiene. Each patient was given their own hygiene pack and toothbrushing was supervised daily. Some had never seen a toothbrush and were used to using, on occasions, a soft twig. The children had come from remote villages. One had walked for two



The disease is prevalent in sub Sahara Africa, where there is poverty and malnutrition.

days just to get to the road where she could board a bus for the nine hour ride to the unit in Addis Ababa. They needed clean clothes, washing and to be shown how to use a lavatory. Each surgical team costs £40,000 in transport, materials and drugs and carries out over 50 facial reconstructions.

Mr Thom said: 'I have seen pathology the like of which I

could only imagine; poverty one cannot comprehend and had the opportunity of giving something to lovely, grateful smiling children who can now look forward to a new life. I removed my 'rose coloured spectacles' and found more to life than moving teeth!'

For more information about the work of Facing Africa, visit www.facingafrica.org

Credit crunch hits tooth fairy

The credit crunch will reduce payments left by the Tooth Fairy by up to 10 per cent for a third of children in the UK, according to a new survey.

New research commissioned by dental payment plan provider, Denplan, has revealed that children will be worse off this year with more parents deciding that the Tooth Fairy will not leave any money at all.

Thirteen per cent of parents already say the Tooth Fairy doesn't leave money at their house, and that figure could be set to rise

considerably next year as more people feel the impact of the recession.

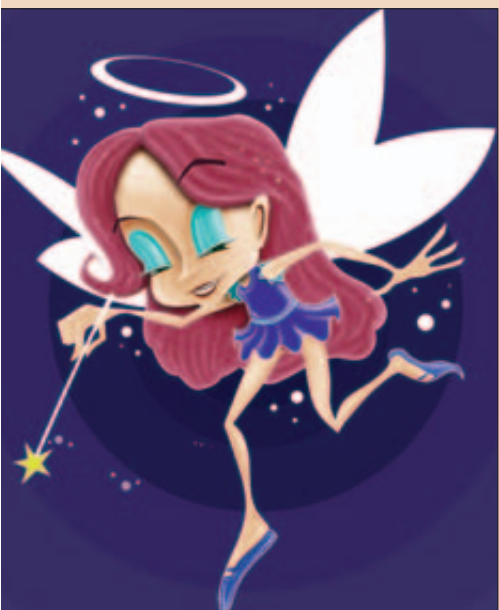
Over a third of parents said their children would definitely see a drop in the amount of money the Fairy leaves.

Children of single parents are the most likely to experience a cut in the amount they receive when times are hard (53 per cent).

Widowed or divorced parents are least likely to cut the amount they leave (16 per cent), but those of them that will, will cut it by half.

Denplan managing director, Steve Gates, said: 'The Tooth Fairy is an age-old tradition that aims to reward children for taking good care of their milk teeth. It would be a shame to discourage such good practice, perhaps parents could consider an alternative reward that would encourage their child to continue their excellent oral healthcare habits.

Something that makes them feel important and justly rewarded. For some children staying up bit later than usual for one night might be appropriate or having an extra hour's TV or video games.'



The tooth fairy is feeling the pinch

Pot-bellied pig calms patients

A dentist in Pembrokeshire is using a pot-bellied pig to help patients overcome their fears.

Many dentists have a colourful aquarium in their dental practice. But Dr Mark Boulcott, the principal dental surgeon at Herbrandston Dental Health Practice in Herbrandston, has gone one step further and has a pot-bellied pig called Matilda plus numerous ferrets, terrapins, rabbits and guinea pigs.

The pig wanders around the practice's grounds, restricted only from the car park and clinical areas.

Dr Boulcott, believes the animals are effective in helping patients overcome their anxieties when visiting the dentist.

The children are taken to see the animals to 'break the cycle of mistrust' and to 'show them that dentists can be nice people'.

He admits that the 'animal therapy' doesn't work with every anxious child but when it does work 'it is far better than drugs or even a general anaesthetic,' he said.



The pot-bellied pig is helping to combat fears

Free check-ups for Essex

Thousands of people in Essex who have not had a dental check-up in the last two years are being offered a free check-up. NHS North East Essex has launched the initiative which includes a free check-up and follow-up. A number of dentists have signed up to the initiative.

Kathy Flegg, dental lead for North East Essex Primary Care Trust (PCT) said: 'One of our key

objectives is to target people who have not been to see a dentist in the past 24 months to provide them with the necessary treatment so they are dentally fit.'

She called the campaign 'a national first' and said: 'We hope as many people as possible take advantage of the offer.'

People are being sent a letter and voucher and are invited to

contact one of the participating dentists for their free check-up and follow-up.

The trust is also organising street dentist events where impromptu check-ups will be on offer at public venues in Clacton, Dovercourt and Colchester.

The PCT is also carrying out a two-week 'blitz' of students with dental teams visiting Essex University and Colchester Institute.

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GDP UK round-up

Tony Jacobs shares the latest from his forum as its members chew the fat about the latest issues on their minds, some dentistry-related, some not

GDP UK was off to a flying start with the usual infinite variety of topics related to dentistry at the beginning of 2009.

Reading the crystal ball always appeals to forum members. One such prediction was that as the pound becomes weaker and as the credit crunch continues to take hold, fewer dentists from abroad will find it beneficial to earn a salary in sterling, and the resulting shortfall in human resource will make achieving UDAs across the country more difficult. I was not convinced by this argument though. If the dentist lived in the UK, a pound is still a pound. The corollary to this argument is that Europeans will suddenly find that complex dental work is now suddenly cheaper in the UK, so their Euros will go much further. I wonder if any colleagues have seized on this and advertised their services to mobile Europeans? I certainly saw this effect in London over Christmas. Europeans were raiding the shops, with 70 per cent off in the sales and their advantage of 1 equal to £1.

Work woes

A popular thread was initiated when someone mentioned their terrible journey to work and asked about his peers' journeys. This sparked varied answers, with some describing very scenic routes, some cyclists, some commuting on the motorway. My personal journey is about 2,000 metres against the rush hour traffic, so no queues for me, morning or evening. No, this isn't a dentistry-related topic I know, but we all enjoy a topic which stimulates some discussion.

Clinical issues

Some clinical topics discussed (condensed) asked:

- Should we leave second molars off full dentures?
- Should articaine be used for nerve blocks?
- Which washer disinfectant should we choose?

A practice manager began a discussion when asking about overtime for CPD for a DCP. A dental nurse who worked part-time attended a (free) radiography course during the day, but not in her contracted hours. She asked for time off in lieu. But her fellow team members often attend courses in evenings, but do not ask for comparable time off. So, what should the practice policy be, if we all agree team training is very important? If the practice allows this, will all time spent on education be part of the 40-hour week? This is a difficult one to answer.

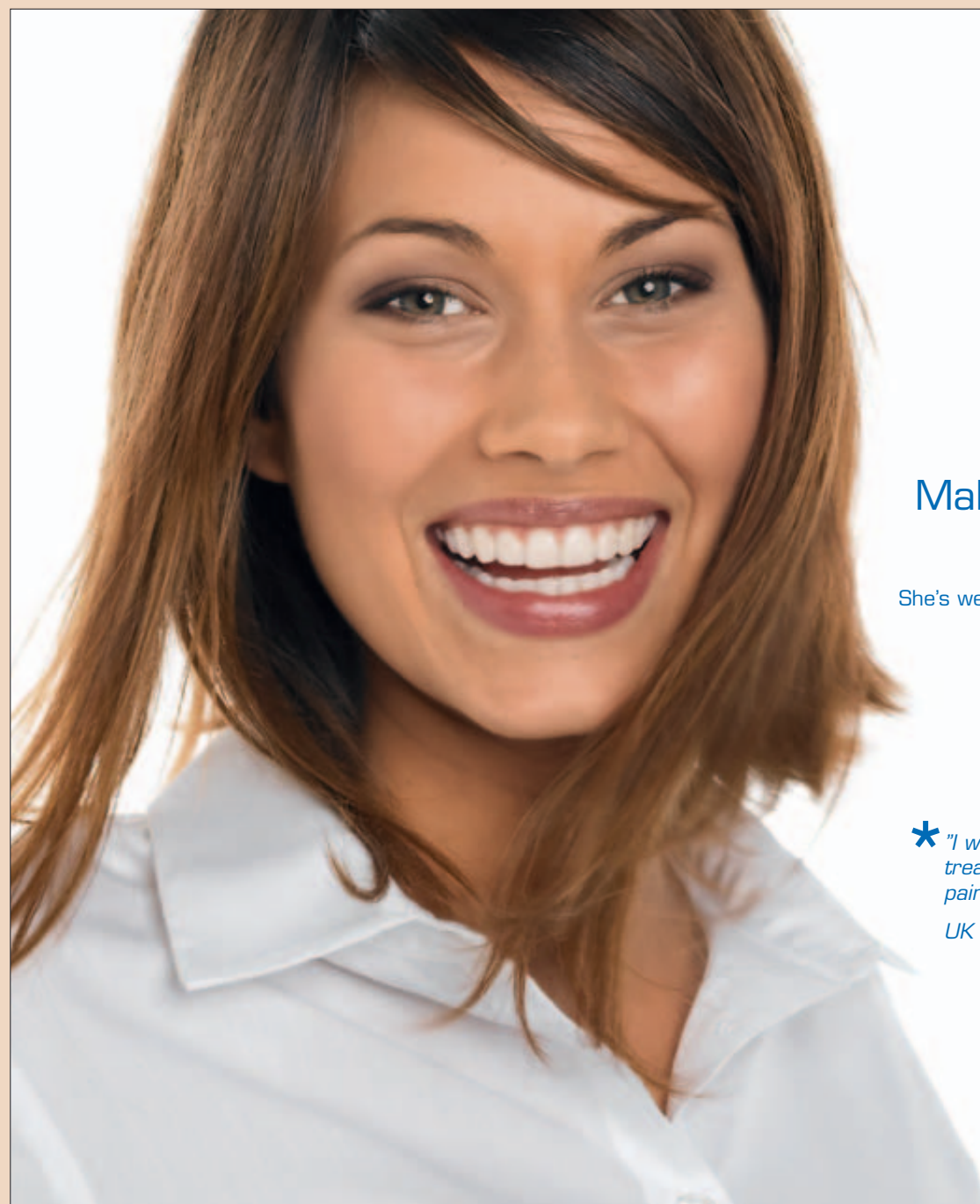
Medical myths were debunked and dental ones were next. Should we add a few dental myths? My favourite being from quite a few of my lovely mums

who insist: 'They just came through like that', when their two-year-old has rampant caries.

Until next time. 



Predictions were rife this week



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'Unworkable and illogical' proposals

The Dental Defence Union has criticised the General Dental Council's indemnity proposals as 'unworkable, illogical and with the potential to leave some dental professionals and patients in the lurch'.

The Dental Defence Union (DDU) fear that under the proposals published for consultation by the General Dental Council (GDC), there will still be a risk that patients will not be compensated.

The GDC's consultation, *Requirement for professional indemnity for GDC registrants*, closes in March 2009. It proposes two lists of minimum essential requirements for adequate and appropriate indemnity, one for providers of insurance and one for providers of discretionary indemnity.

Rupert Hoppenbrouwers, head of the DDU said: 'The dual approach taken in the consultation document suggests that insurance and discretion are comparable and minimum requirements can be made for each type of indemnity. This is simply not the case. While we recognise this consultation is for discussion and will not necessarily reflect the direc-

tion the GDC will take, there is an inherent contradiction in seeking to establish minimum requirements that can be complied with by insurers and discretionary indemnity providers when the latter cannot agree to anything that would fetter their discretion.

The consultation recognises that there is an issue of 'enforceability' with discretion. As a mutual, non-profit making organisation which provides insurance alongside discretionary benefits – a detail missing from the consultation – we agree. In common with other discretionary providers, we cannot agree to any minimum requirements governing our exercise of discretion, because the very nature of discretion means we cannot give any guarantees.'

Mr Hoppenbrouwers called the consultation document 'fundamentally flawed' and said: 'If, in the interests of protecting patients, you set out minimum requirements for one type of provider, to ensure that patients will always receive appropriate compensation you must make consistent requirements of other types of provider. The GDC knows that a discretionary



Rupert Hoppenbrouwers

provider cannot agree to requirements that are consistent with those for insurers because to do so would be to fetter their discretion and they may be considered as holding themselves out to be insurers, which would be illegal.'

The DDU expressed disappointment that the GDC has not attempted to bring dentistry in to line with other healthcare providers such as opticians and chiropractors who have to have insurance and that it has not followed the example of regulators in most other EU countries where insurance is either compulsory or recommended.

'For each dental professional to have a contract of insurance and the certainty that successful negligence claims within the policy will be paid is indisputably in the interests of patients and of dental professionals themselves,' added Mr Hoppenbrouwers. □

'Vomiting robot' meets students

Dental students can now practise on dummy patients plus a 'vomiting robot' that can be programmed to throw up, have a fit or stop breathing – at a new £402,000 dental training centre in the north-east.

The Bourne House dental education and training centre, in Belmont, near Durham City, is only the second of its kind in the country.

Barry Cockcroft, Chief Dental Officer for England opened the centre, which contains a 'phantom head room' with realistic mannequins which give trainees the chance to practise their techniques in lifelike conditions. There is also a robot that can be programmed to throw up, have a fit or stop breathing.

Malcolm Smith, postgraduate dental dean at the Northern Deanery said: 'Having access to

the finest equipment, technology and facilities will give dentists and practice teams excellent facilities in which to maximise their skills to ensure we as a region continue to deliver the very best patient care. The centre will increase the opportunities available to all dental health professionals training in the north east.'

The centre has been funded by the North East Strategic Health Authority. □



Students will benefit from the centre

Suspended prison sentence

A dentist in Merseyside, has been given a suspended jail sentence, for claiming payment from the NHS for patients who didn't exist.

Robert Nolan, who has run a practice in Great Homer Street, Liverpool, since 1990, made up patients so he could falsely claim money and also claimed pay-

ments for work he never carried out on genuine patients.

Judge Graham Morrow QC told Liverpool Crown Court that it was 'calculated, blatant and persistent dishonesty'. He agreed to suspend a prison sentence after hearing of Nolan's personal circumstances and his 'positive good character'.

Nolan was convicted of 20 offences of obtaining money transfers by deception. Sixteen convictions related to fictitious patients with fake addresses while four related to overpayment for work.

The 36-week sentence was suspended for 18 months and Nolan was placed under supervision. Judge Morrow also ordered him to do 300 hours unpaid work in the community, pay £1,500 in costs and imposed a three-month curfew. Nolan will now appear in front of the General Dental Council conduct committee.

NHS dental fraud team manager Stephen McKenzie said 'Our thorough investigation showed that he was systematically defrauding the NHS. He claimed money for patients that did not exist and for work that was never undertaken on his registered patients. It is despicable that a person in his position, a position of trust in the community, should steal money from the NHS.'

He added: 'Fortunately it is only a small minority of healthcare professionals that abuse the system aimed at delivering NHS care. We were able to provide a clear trail that convinced the jury of his guilt. Any other dentist who considers the NHS as an easy target for fraud rather than a public service would be wise to consider how they would feel in Nolan's shoes today.' □

Entrepreneur fronts keynote address

Award-winning entrepreneur, Charan Gill, who featured on the TV show *The Secret Millionaire*, will be speaking at this year's British Dental Conference and Exhibition.

Mr Gill, who sold his restaurant empire for £16m, will be giving the keynote address at the event which takes place in Glasgow, from 4–6 June. Author and paralympic gold-medallist Marc Woods will also be a guest speaker at the event.

The conference and exhibition *Dentistry is transforming* will bring together an extensive line-up of nearly 100 conference speakers who will explore the changing face of the profession today.

A range of exhibitors will showcase the changes in dental technology as the profession looks ahead to the challenges of the future.

International guest speakers at the event include Cheryl Sheets, University of Southern

California, Los Angeles, on aesthetic restorative practice; Niek Opdam, St. Radboud University Medical Centre, Nijmegen, The Netherlands, on the expanding use of posterior composites in clinical practice; and Mikael Zimmerman, Karolinska Institute, Stockholm, on infection control.

There will also be sessions covering clinical and practical business skills for dental care professionals and a selection of seminars hosted by leading dental organisations.

Also, new at this year's event will be 30-minute exhibition hall seminars entitling delegates to additional verifiable continuing professional development.

For further information or to register for *Dentistry is transforming*, the 2009 British Dental Conference and Exhibition, visit www.bda.org/conference or telephone 0870 166 6625. Any other queries about the event can be emailed to events@bda.org or by phone on 020 7565 4590. □



Mikael Zimmerman (left) and Niek Opdam will speak at the exhibition

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Dentistry debate goes live

A live debate on the value of endodontics, periodontics and orthodontics will be held at this year's Young Dentist Conference.

The event, which takes place at The Royal College of Physicians, in London, on 7 February, is organised by Dental Protec-

tion (DPL) in association with the British Dental Association (BDA).

The first session, 'Surgery 101 - Can we live without it?', will pit three young dentists in specialist training against each other in a debate about the value of their chosen area of expertise.

The session will debate an imaginary scenario in which one of the three professions of endodontics, periodontics or orthodontics is to be scrapped on the grounds of cost.

The session will include a chance for questions and debate from the audience before a vote is



taken on which of the three fields is the most dispensable.


The second session will explore one of the biggest challenges reported by young den-

tists, the discomfort they feel about discussing fees and charging an appropriate hourly rate for their services.

It will see a young dentist discuss with a young barrister and young business person their experiences in this area and debate how best this aspect of their professional lives can be managed.

The final session features three award-winning young dentists. Chosen for their very different approaches to establishing successful practices, the participants will describe their journeys to success and share insights into what they have learned from their experiences, before the session is opened to questions from the floor.

The sessions will be convened by three experienced figures from the dental community: BDJ editor-in-chief Stephen Hancocks, BDA chief executive Peter Ward, and VT adviser, NHS adviser and part-time dento-legal adviser for Dental Protection, Raj Rattan.

Tickets for the event, priced at £100 for DPL/BDA members, are available from http://www.dentalprotection.org/uk/news-events/events/young_dentists or by contacting Sarah Garry on 020 7399 1339 or emailing sarah.garry@mps.org.uk. Attendees will qualify for five hours verifiable CPD (Continuing Professional Development). 

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'Scary' dentists are a myth


A dentist in Essex is offering free check-ups for children to show that 'visiting the dentist doesn't need to be scary'.

Jane Jordan who runs a dental surgery, on the high street in Dunmow, Essex, is offering the free check-ups during February half-term - February 16 to 20.

The aim is to help children learn the right attitude to dental care from an early age.

Mrs Jordan said: 'We want to actively encourage them to keep their teeth healthy and strong. During the week we will have free advice on foods and how to look after teeth, as well as giving out lots of free goodies such as stickers and toothbrushes.'

The surgery is hoping to attract more than 750 children of all ages during the week, and has an open book for any parents wishing to sign on for permanent dental care. The practice caters for both private and NHS patients.

Mrs Jordan added: 'Hopefully events like this can give them, and their parents, a push in the right direction. In the process we can show them how visiting the dentist needs not to be a scary experience.' 

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Funding boost for Scotland

NHS boards in Scotland have pledged to spend millions on more dental facilities, after they were given an extra £82m by the Scottish government to spend on healthcare.

Health boards have pledged to make dental care a top priority and improve dental provision in their areas.

There are proposals for 13 new standalone dental centres as well as new surgeries and facilities upgrades.

The 13 new dental centres in Scotland are planned for: NHS Ayrshire and Arran: Cumnock, Ayr; NHS Fife: Levenmouth, Glenrothes; NHS Grampian: Fraserburgh, Huntly; NHS Highland: Oban, Campbeltown, Thurso, Inverness; NHS Orkney: Kirkwall; NHS Tayside: one planned (location to be confirmed); NHS Western Isles: Stornoway.

Health Secretary Nicola Sturgeon said: 'In the tough climate we find ourselves in, capital projects are a crucial way for the government to stimulate the economy by providing local employment opportunities.'

Since May 2007, this government has made NHS dentistry a top priority and these projects are further evidence of our determination to reverse the years of decline seen under previous administrations.

Already, we have seen the number of dentists rise and the highest ever number of dental registrations for both adults and children. And the opening of Scotland's third dental school in Aberdeen in October last year will see more and more trained dentists entering the NHS.

I expect these new proposals from NHS Boards to further enhance dental access right across Scotland, as we strive to give Scots a dental service to be proud of.'

Andrew Lamb, the British Dental Association's director for Scotland, said: 'Today's news provides recognition from the Scottish government of the significant problems that people in many areas face gaining access to NHS dentistry. For some of those people this investment will be good news, providing facilities for NHS dentistry where it wasn't previously available. The new premises will provide high quality environments for the practice of dentistry and that is to be applauded.'

'However', he added 'there has been an ongoing problem of finding dentists to work in remote and rural sites and more will need to be done to address this. A significant number of people across Scotland will, unfortunately, continue to be without access to a dentist. Today's announcement is just one step in finding a solution to this problem. The Scottish government must also pay careful at-

tention to the needs of the many independent dentists who will not be working in the new dental centres. It was promised that some of this funding would be deployed to help high street dentists adapt to changing decontamination regulations and it is important that they are properly supported as they do this and continue to provide high quality care to the large numbers of patients they see.'



Millions of pounds will be spent on dental facilities

At the end of June 2008, 75.6 per cent of children (794,000) and 55.4 per cent of adults (2.5 million) were registered with an NHS general dental practitioner (GDP) in Scotland, representing a 12 per cent and 19 per cent increase respectively compared to the same period in 2007.

Latest figures from ISD Scotland, published on December 16, 2008, showed that the number of General Dental Service (GDS) dentists in NHS Scotland at September 30, 2008 was 2,703, an increase of 157 (6.2 per cent) from 2007. [DT](#)

Colgate's new Interdental Toothbrushes

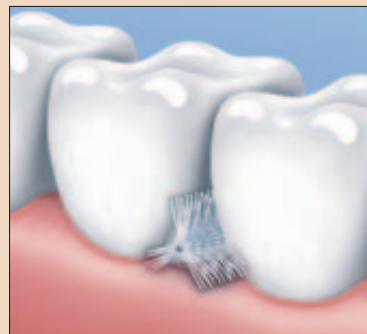
ing the interdental surfaces of adjoining teeth that can account for up to 40 per cent of the overall tooth crown surface.

A spokeswoman for Colgate said: 'Every dental professional knows the importance of effective plaque removal for preventing caries and periodontal diseases. Interdental spaces are not easily accessible to most patients. Using a toothbrush alone can result in plaque accumulation in interdental spaces which remain undisturbed, potentially leading to caries and gin-

gival inflammation. New Colgate Total Interdental brushes have been developed with this in mind.'

A patient recommendation pad is available from Colgate which enables dental professionals to highlight to patients the specific plaque retentive areas.

For further information or to request a Colgate Total Interdental brush patient recommendation pad call the Colgate customer care team on 01483 401 901. [DT](#)



The new toothbrush cleans the interdental surfaces of teeth

Toothbrush manufacturer Colgate has produced an 'innovative new toothbrush' designed to clean the interdental surfaces of teeth.

The new Colgate Total Interdental Brushes have a triangular bristle shape designed for clean-

Dental helpline for Hertfordshire

Patients in Hertfordshire will now be able to find the nearest practice offering NHS dental appointments by ringing a new dental helpline.

Hertfordshire's primary care trusts has set up the helpline to help patients who have been having problems making an appointment with an NHS dentist

The county's dental chief Jane Robinson said: 'It's a popu-

lar misconception that NHS dental appointments are rare but that is simply not the case.



Hertfordshire patients have backup

In Hertfordshire there are 204 dental practices offering approximately 47,000 appointments every month. So there really are plenty of appointments out there.'

Hertfordshire patients can call 01707 369645 or send an email to dentalappointments@herts-pcts.nhs.uk to find out the practice nearest which offers NHS dental appointments. [DT](#)

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Taking over

In the second in the three-part series, Simon Hocken of Breathe Business considers various aspects of buying an existing practice

The countryman who famously said to the traveller asking directions, 'If I was going there, I wouldn't start from here,' had probably never met a dentist seeking his own practice. However desirable it may be to create a new business entirely in your own image, it's often more practicable to buy into, or purchase outright, an established practice and progressively adapt its activities to fulfil your own ambitions.

Many of the basic criteria, which apply to creating a new practice, are equally relevant to acquiring an existing business. Location, and the surrounding demographic, must fit with the type of practice and treatment you aspire to provide; a rural community dominated by young families, for example, is probably not the ideal environment for an implant specialist. If the business is successful, and this is a safe assumption since you will naturally have examined the books before expressing a serious interest, it's reasonable to assume that the service it currently offers is compatible with the needs of its core clientele, and a radical change of emphasis could be expensive.

Potential for growth?

Although your purchase target fits your present requirements, you should always consider its potential for future expansion; is it already working at capacity? Suppose you decide to open another surgery – is there parking for additional patients? Could the waiting area or the x-ray facilities cope with a higher throughput? More people on the premises may also have an impact on Fire, and Health and Safety regulations.

While taking over a going concern has obvious cashflow advantages, legal and professional advice is vital to assess and where appropriate renegotiate the existing contracts which govern its operation. Two of the most critical aspects are the tenure of the premises when these are subject to a leasing agreement, and the practice's relationship with its PCT where an NHS contract is involved. Bear in mind that an incoming owner will also assume responsibility for the existing staff contracts.

Read the lease

Practices frequently come to the market as the consequence of a retirement or the closure of a partnership, but these events may not coincide with the end of a leasing period. Even when this is the case, the seller may still need the approval of the premises' owner before a change of principal can take place. What-

ever the circumstances, a scrupulous examination of the terms of the lease should be undertaken by a specialist solicitor, with particular attention paid to

who is responsible for maintaining the property, making good wear and tear, weather related or accidental damage and the funding of any alterations or improve-

ments. Potential purchasers should also be aware that because commercial leasing agreements are normally longer than those covering domestic prop-

erty, with up to 15 years and renewal options offering security of tenure, lessees are certain to insist on satisfactory bankers' references before considering a new tenant.

When an NHS contract is involved, the attitude of individual PCTs to a change of practice ownership is notoriously variable; while some appear to be rela-

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