

# DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

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## News in Brief

### Hopital loses dental services

NHS Barnet has axed dental services from Edgware Community Hospital in North London due to 'financial pressures'. More than 60 patients with ongoing treatment have had to find alternative treatment after the closure of the Dental Access Centre due to 'financial pressures' on NHS Barnet. It claims the Dental Access Centre has been closed because there is spare capacity at the 71 other NHS surgeries in Barnet. A statement from the Trust said: 'In this time of economic downturn, financial pressures on the local NHS is increasing making it absolutely vital in ensuring that we use all our available resources fairly and appropriately. These patients, along with all previous patients who accessed dental services at this site, have been notified and arrangements are being made for their treatment to continue at an alternative dental clinic nearby. In and around the Edgware area alone, there are 15 dental practices that provide NHS dental services and are available for the public to use.'

### GDPs not ready

GDPs are not ready for registration with the Care Quality Commission, according to recent research conducted by Software of Excellence, a practice management software company. With only six months to go, 22 per cent of those surveyed admitted to being unprepared for registration, whilst a further 19 per cent did not know what CQC meant. The procedure for registration needs to allow time for processing, meaning that some practices will be given a date for registration that could be as early as October this year. Greg Clay, sales and marketing director at Software of Excellence said it 'is a cause for concern'.

### Sonicare For Kids

The Sonicare For Kids toothbrush has been accredited by the British Dental Health Foundation (BDHF). An independent panel of dental academics drawn together by the BDHF assessed the basis for claims made by Philips about the Sonicare For Kids and approved them. These claims include 'SonicareForKids removes significantly more plaque than a manual toothbrush', 'Sonicare For Kids is safe and gentle on your child's gums and 'children brush significantly longer with Sonicare For Kids than with a manual toothbrush'. The BDHF accreditation logo will soon be appearing on Sonicare For Kids packaging and practice and patient literature.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## News



**Winner**  
VT wins 2010 prize for best case presentation at local VT scheme

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## Implant Tribune



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Case study looking at the use of CAD/CAM in treatment

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**Back to the Egg**  
Kenneth Serota discusses dentine and endodontics

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## Feature



**Crisis Christmas**  
One woman's story of helping the homeless

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# White Paper reshapes NHS

## PCTs and SHAs scrapped as GPs take over healthcare; dentistry reverts to centralised control by NHS Commissioning Board

The Coalition Government has set out its reforms for the NHS in a White Paper entitled *Equity and Excellence: Liberating the NHS*.

In a radical shakeup of the way the NHS is currently run, the White Paper proposes that most of the mainstream healthcare services currently looked after by Primary Care Trusts will become the responsibility of GP Consortia, who will assess and commission services.

Dentistry will not fall under this remit however, as there will be an independent NHS Commissioning Board who will be responsible for services such as pharmacy and ophthalmology as well as dentistry. The will see a return to centralised control for dental services, as PCTs and SHAs will fall by the wayside in the proposed reforms.

### Consistency

Commenting on the proposals, Health Minister, Lord Howe said: "The White Paper proposes that a new NHS Commissioning Board should take over from PCTs the responsibility for commissioning dentistry in order to improve the quality of care for patients and consistency of commissioning.

"The transition to the new system will require careful management at every stage. This will be a challenge, but I have every confidence in the NHS's ability to manage this successfully.

"We recently published a consultation seeking views on commissioning for patients and the implementation of the NHS Commissioning Board and now

we want to hear the views of healthcare professionals on how the new system should work.

### The Way Forward

"The White Paper also reiterates the Coalition Government's commitment to introduce a new dentistry contract following consultation and trials. This will be designed in the context of the new commissioning arrangements. I am having ongoing meetings with key representatives of the profession to discuss the way forward."



*The NHS will see widespread reform if the White Paper becomes reality*

Dental associations gave the White Paper a cautious welcome. General Dental Practice Committee (GDPC) chair Dr John Milne said: "The White Paper does not address dental services in detail nor exactly what the implications of the new framework will be, but it is promising to see that primary care dentistry will be commissioned by a new NHS Board. Safeguarding dental services, whether provided by family practices or the salaried and specialist services, is paramount. It is reassuring that the government has reiterated its pledge to pilot changes to the dental contract and we are urging the Minister to


continue developing the pilots testing out the recommendations in the Steele report."

"We look forward to more detailed proposals on how the government intends to implement these changes."

### Impact

Peter Bateman, chair of the British Dental Association's Salaried Dentists Committee, commented on the potential impact

of the White Paper for salaried dental services.

He said: "It is essential that special care dentistry and other salaried dental services are included in same dental commissioning arrangements as for general practice otherwise there is a risk that the budget for community services could be lost to dentistry." 

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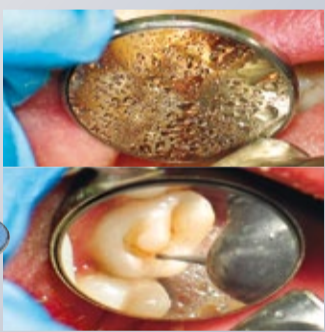


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# Guidance is 'confusing' – Dental Protection

The new local anaesthetic guidance for hygienists and therapists has been criticised as 'confusing'.

Dental Protection claims that the recent order to amend the Medicines Act 1968 has failed to create a situation that is universally applicable to dental hygienists and therapists (DCPs).

It said that instead it has had the effect of 'distinguishing between the method of payment applicable to the treatment when it comes to deciding how local anaesthetic and high-content fluoride products (the 'items') should be delivered to a patient

during their course of treatment'.

The patient group directive was primarily designed for use in NHS settings and the Department of Health now advises that they are not valid for treatment that is provided privately.

Apart from being confusing to the clinical team involved, the situation seems somewhat 'illogical', said Dental Protection.

A spokesman for Dental Protection said: "It also flies in the face of DH's long-held view that there should be no negative comparison drawn between NHS treatment and private treatment"

Dental Protection's spokesman added: "At best it is totally confusing and may even act as a barrier to patients receiving treatment that they both need and want"

Until the situation has been resolved by a further amendment to the legislation Dental Protection is advising any dental hygienist or therapist wishing to supply these 'items' to a patient whilst working in a private practices or seeing an NHS patient privately, to continue to use a patient-specific directive (written prescription). **DT**

## New guidelines for dental implants

New guidelines for the provision of dental implants and the care of dental implant patients have been drawn up by the Academy of Osseointegration.

Dr Michael Norton (pictured) who runs the Norton Implants surgery in Harley Street in London, was asked by the Academy to form a task force to review their 2008 guidelines.

The new guidelines have been published in the *International Journal of Oral and Maxillofacial Implants*.

Dr Norton, who runs the Norton Implants surgery in Har-



three main mono-specialties as well as the general dental arena."

While the document is based largely on the recommendations established by the specialist boards based in the United States, Dr Norton did his utmost to ensure that UK and European guidelines were equally well represented.

The document includes recommendations made by European Union, The Royal College of Surgeons (Edinburgh), The Faculty of General Dental Practitioners and The European Association of Dental Implantology. **DT**

## Dentist comes fifth in beauty pageant

A young dentist has come fifth in the Miss Professional beauty pageant.

Jennifer Bate (pictured), who is sponsored by dental products company, Schottlander, has also just been awarded her Diploma of Membership of the Joint Dental Faculty of the

Royal College of Surgeons (MJDF) certification.

The 24-year-old, who works at University Hospital in Coventry, has already won the title Miss Charity after raising funds for the Variety Club and Bridge2Aid.

Now that she is a qualified dentist she hopes to stay in the Warwickshire area to practise.

Ms Bate said: "I am passionate about what I do. It is so rewarding to do this work, to be able to free people from pain, and give them a wonderful smile." **DT**



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## 15m steps for cancer charity

**M**outh cancer charity the Mouth Cancer Foundation is challenging 1,000 dentists to walk 15 million steps between them to help combat mouth cancer.

Places are filling up fast for the Mouth Cancer Foundation that takes place on Saturday 18th September 2010, in Kensington Gardens, London. In 2009 in excess of £60k was raised which goes to help patients and their families, like mouth cancer survivor Michelle Morton.

Michelle, 26 from Hastings, East Sussex was only 22 when she was diagnosed with Nasopharyngeal Carcinoma in June 2006.

Michelle says: "I had a large tumour that came from the Nasopharynx, down my left nostril. I was treated by my GP for six months for what was thought to be a sinus infection. I was eventually referred to ENT at the local hospital and diagnosed. By this point the cancer had also spread to a lymph gland in my neck. I went through six cycles of high dose chemotherapy (Cisplatin & 5FU), followed by six and a half weeks of Radiotherapy.

*'To be honest there were times I wanted to go to sleep and not wake up'*

"During treatment I dropped to 6stone 10lb and I vomited every day for about three months! It was really awful, really gruelling and to be honest there were times I wanted to go to sleep and not wake up! The cure is far harder than the disease! I'm feeling REALLY good now. I'm working full time again and I love my life! As far as they're concerned I'm cancer free".

"I support the Mouth Cancer Foundation as they helped me so much during my battle with cancer. I want to make younger people more aware of the symptoms and risk factors of Mouth Cancer. It happened to me and it can happen to anyone. We aren't indestructible!" **DT**



## Editorial comment Here comes the summer!

Well, *Dental Tribune* is heading off for its holidays as the hot days keep coming and the kids get off school. But never fear, we will be busy working behind the scenes to

bring you all the in-depth news and views as we interview people such as Earl Howe, Minister for dentistry. We also have great features in store for the Autumn including a look at a new mouthguard technology and a chat with a laboratory owner

about the future of dental labs and the importance of communication between labs and clinicians.

See you in September...

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?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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# New regulations for Scottish NHS dentists

New regulations have come into force for NHS dentists in Scotland.

The 2010 regulations consolidate the 1996 regulations and various amending legislation introduced over the years.

It also extends the dental list system to include, for the first time, Dental Corporate Bodies and those working as assistants in general dental practice.

Traditionally, dental lists only included dentists working as 'principals' in general practice, whether as practice owners or associates.

All dentists working for Dental Corporate Bodies will be under a duty to join dental lists but inclusion will be voluntary for the Dental Corporate Bodies themselves.

Hugh Harvie, head of dental services (Scotland) for Dental Protection, said: "The 2010 regulations provide a welcome update to the law governing the provision of general dental services in Scotland and are intended to increase the protection of patients and NHS resources alike.

"As a caring profession, the dental profession in Scotland can only welcome any measures in-

tended to protect patients. They widen the existing differences in the arrangements for NHS dentistry north and south of the border, and address some areas of concern in England and Wales."

"Members in Scotland can be assured of Dental Protection's support and guidance in relation to any difficulties in understanding and issues arising from the implementation of the 2010 regulations."

The 2010 regulations also give the Health Board power to suspend a dentist or body corporate from the dental list in a limited range of circumstances. **DT**

# Delegates get Rapid Relief at Barcelona IADR event

The IADR in Barcelona was the place to be to find out more about the latest offering in the Sensodyne range.

GSK, a Gold Sponsor at the event, took the opportunity to showcase new Sensodyne Rapid Relief – a toothpaste designed to offer relief from the pain of sensitivity in 60seconds.

A spokeswoman for GSK commented: "The product was released in April but the IADR conference was one of the first chances for clinicians to find out more about the product. We were delighted with the response from delegates, with large numbers of delegates coming to the stand at



the exhibition to ask for more information, details of the product and supporting clinical studies."

Dr Soha Dattani, Director Expert Marketing commented: "We are constantly researching and developing new ways to help those that experience tooth sensitivity. We were aware

that many are not actively addressing the problem, with sufferers changing the way they consume certain food and drinks or avoiding them altogether to avoid the pain of sensitivity. In response, Sensodyne Rapid Relief has been formulated to provide a quick, easy and effective solution." **DT**

# Whipps Cross VT Scheme Prize Winner

Dr Sabina Bidgol, Vocational Trainee based at Chingford Mount Dental Practice, has won the 2010 prize for Best Case Presentation for the Whipps Cross Vocational Training Group. The champagne and Prize Certificate were presented by Eloise Nutton of Denplan, which sponsored the award

Dr Bidgol had selected a complex restorative case for her case study which involved multiple dental disciplines including endodontics, periodontics, oral surgery, prosthetics and bridge work.

"I am delighted", said Dr Raj Gogna, Principal Dentist at

Chingford Mount Dental Practice, "Sabina chose a very challenging case and the extensive treatment took several months. She was able to deliver a high standard of treatment and I am very pleased that she managed to achieve such a level of competence."

"Yes, I've really had a fantastic year", said Dr Bidgol, "My clinical exposure has been extensive and I'm pleased to have been part of the Whipps Cross Scheme."

Having completed her vocational year, Dr Bidgol leaves Chingford Mount Dental to take up a position as an SHO in Maxillofacial Surgery at The Eastman Dental Hospital. However, she enjoyed working in a broad-based family practice and hopes to return to private practice following her hospital post. **DT**



Dr Sabina Bidgol (1st Prize Winner), Dr Raj Rattan (Whipps Cross VT Scheme Organiser), Dr Jonathan Brown (2nd Prize), Dr Raj Gogna (Principal, Chingford Mount Dental Practice).

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# GDP UK round-up

The GDP UK online community this month sees a flurry of conversation on public spending, says Tony Jacobs

A quieter month on the political scene followed the Newsnight watching frenzy in April and early May. The health ministry teams have settled in and gradually news has emerged of developments

between the Department of Health and the profession.

The Government has started to lower expectations in terms of the economy for the medium term, while speculation regard-

ing where the axe would fall led to forum members making some suggestions on the types of savings that could be made.

**Money matters**

What do you think is the most

wasteful aspect of public spending in dentistry? Could local practices provide dental access services for a lower cost than the politically inspired Dental Access Centres? Should denture repairs attract no patient charge? What

about patient charges for pregnant people? What about molar endodontics? This is a zero UDA treatment, so there is nothing to be saved. However, despite our musings, the decisions will be made by politicians who wish to be re-elected, and this certainly makes them choose soft targets, things that do not affect their constituents.

How about the tick-box culture? Still rife near you? Form after form, from agency after agency, are getting under the skin of GDP UK members. As long as you can prove you have filled in every FP17DC form correctly and ticked every box, somehow it doesn't seem to matter if the treatment fails. And in a latest self-assessment tool, silly questions are posed for which no one will answer "no" to, for example, whether needles are used only once. The same with Health and Safety – no central or simple process proves this has been done, so the clipboarders have to visit again and again to see the same documents.

**Techno babble**


Dentists on the forum like to have the odd friendly disagreement on topics other than dentistry, ie Apple versus Microsoft, so the pros and cons of the latest iPhone 4 generated some chat. However, like chatting in a sports club, or pub, people's differing perceptions of the same item or concept can be illuminating.

There have been a number of clinical cases discussed, one being interesting enough to be suggested for a scientific "write-up". An image of a radiograph was posted showing a bifid lateral incisor, with a dens invaginatus, and the root was dilacerated too. It was possible that one canal was vital and one non vital. Very complex, and it was proposed that it could be best solved using the 22nd element of the periodic table – namely titanium!

**Latest events**

The LDC Conference was held in Harrogate in mid June, and on the forum, there were discussions about the validity and benefits of the event before it occurred, followed by reports during the event, then dissection afterwards. Overall the view was that Chair Richard Emms' speech was very well received, and that speech was published in full. [DT](#)

**About the author**



Tony Jacobs, 52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental. Tony founded GDP UK in 1997 which now has around 7,000 unique visitors per month, who make 55,000 visits and generate more than a million pages on the site. Tony is sure GDP UK.com is the liveliest and most topical UK dental website.



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Speaker: Dr Carol Tait  
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# Do you dream about success or have nightmares about failure? asks Seema Sharma

**Are you feeling FAB?**  
Are you one of these eternally positive people who knows that as long as people have teeth, you know you have a product people need or want? Even when you think about those who don't have teeth, you may be upbeat if you are unique, special and different and one of your many niches is dentures and implants! If you use a FAB marketing campaign (less about the Features, more about the Advantages and Benefits of coming to your practice) you are already ahead of the game. If you have to make some tweaks to prepare for the changing environment, perhaps you see this as simply adding to your repertoire of benefits to promote to your patients.

**Or are you feeling SAD?**

Are you worrying about the future of your practice? Is the economic downturn starting to bite? Are you fretting about CQC? Does it feel like the PCT is on a different page to you, your team is on a different page to you, your patients are on a different page to you – worse still all three? Does reading the white paper make feel like you will soon die of change fatigue? Are you at the bare bones of costs already, and struggling with how else to cut spiralling costs? Could you do with a PEP talk or better still with pepping up your practice? Soldiering on and hoping it will all go away could be a formula for failure whereas a little forward thinking will help formulate a strategy for success. Are you ready to step up from managing your practice or just practising?

**Stylish Leadership**

Great leaders inspire their teams, are good communicators, brings positive energy to the practice and avoid the use of words like but, can't, won't. They are problem solvers who continually review what works and what doesn't and do not do what they have always done. They take a flexible approach and build relationships well. It is often their personal qualities rather than their management capability that attracts their followers and they build dream teams from which members emerge themselves as leaders!

There are many documented

styles of leadership but in my experience the most successful leaders balance a combination of styles: Autocratic leaders make the decisions, participative leaders make decisions after consultation with their teams. There is a fine line between being autocratic and over-controlling, just as there is a fine line between being participative and losing control!

**Vision without action is a daydream**

In a nutshell, a leader defines the vision for the practice, a manager puts the vision into action. Vision is about knowing where the practice is at the moment, defining where it wants to be at

registration is just a few months away, the lack of leadership will show quickly in the plunging morale of the team. Authority and responsibility can be delegated but never accountability. Action without vision is a nightmare.

**Futureproof your practice.**

Leadership is less about power and more about empowerment, and there is nothing more dynamic than an empowered team. A good leader will put a full repertoire of skills into action by defining where the practice is going (vision), advising the team what is not working and why a new strategy is required (autocratic), arranging a meeting for

*'Great leaders inspire their teams, are good communicators, brings positive energy to the practice and avoid the use of words like but, can't, won't.'*

a point in the future, and planning a number of strategies for how to get there. One size does not fit all, so flexibility is key. For your practice to succeed in a changing environment, and in difficult financial times, a number of strategies are a good idea but don't give in to indecision – the wait and see approach will result in no action. Vision without action is a daydream.

**Action without vision is a nightmare**

Clinicians in well run practices are often able to give the practice manager freedom to run the practice whilst they concentrate on dentistry, self-development or something else. (In my case my charity and my practice management courses!). This is a huge compliment to managers who have the training, vision and leadership skills themselves to be able to take on this responsibility.

What about the converse – where the team do what they think is best but have never understood the overarching vision? When the diary is full of new patients to meet an NHS access driver but no slots were left free for treatments, or when no clinical governance meetings have been planned even though CQC

ideas (participative) and deciding who is going to take on which tasks to implement the new strategy (delegation).

Don't sweat the small stuff. There are 3 kinds of people in this world – people who make things happen, people who watch things happen and people who wonder what happened! Are you a leader, a follower or an ostrich? The decision is yours.

Email me at [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk) to find out the two outcomes that CQC expects from leaders and managers, and how Dentabyte can help. [DT](#)

**About the author**



**Seema Sharma** qualified as a dentist but gave up clinical work after 10 years in practice to go into full time practice management. Today she runs three practices, including one which is a multi-disciplinary specialist centre. Seema established Dentabyte Ltd to provide affordable "real-world" practice management programmes to help practice managers and practice owners keep pace with the changing clinical and commercial environment facing them today. Visit [www.dentabyte.co.uk](http://www.dentabyte.co.uk) to register for updates on practice management or email Seema at [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk) to find out more.



# Meeting face to face

## Elaine Halley continues her journey through the online MSc in Restorative and Aesthetic dentistry from Smile-on and the University of Manchester

The first residential for the MSc was held at the Strand Palace Hotel in London in mid-May. The flight down was an excellent opportunity for me to catch up on the background reading so I arrived feeling well prepared! The residential was compulsory for all students and started with an overview of the remainder of the course by Fiona Clarke from Manchester University.

The diversity of the student group was evident – I met students from Kenya, India and Qatar, as well as the many different nationalities working in the UK – it made for fascinating lunch-time conversations! There is also a real mix of age-groups and experience, from young NHS associates to the not-so-young (myself included) private practice owners.

For many of us, learning about the thesis was nerve-racking but essential! We are to start thinking about possible topics for this research project which will be a structured clinical review rather than a clinical or laboratory based project. This is to fit in with the distance-learning nature of the course. Fiona advised us that the thesis comprises the last six months of the course starting in May 2011 but we should start collecting references and sources as we come across them. We will be assigned a tutor in due course who will make suggestions and offer guidance but this is a major undertaking – there was some nervousness about the unknown nature of this expressed by participants.

This nervousness was quickly overtaken by the realisation that this is a clinical MSc – we seem to have had it fairly easy in the first unit which has consisted of lectures and assessments. Now, the dentistry is really going to be evaluated – we have 26 clinical cases to submit for Units 2-3 of the course! A lot of time was spent on photography and being sure that we could all take the correct photos and are able to upload them onto our learning plan and send them to be evaluated. I am pleased to report that after a slight panic about how to attach my flash, my photography came flooding back to me – I managed fine although must book myself in for a whitening after seeing my caffeine tinged lower incisors on the big screen!

The clinical cases so far include six whitening cases, simple orthodontics, restoration of the endodontically treated teeth and single tooth indirect restorations. I think we are

going to have lectures in the practical techniques but at this point I'm not sure. The current unit's lectures are mostly about communication, legal record-keeping etc – we have

two with Kevin Lewis coming up on Thursday.

After photography, Chris Orr covered treatment planning and shade taking with an eye-cross-

ing exercise in matching values on the computer. All of this with Covent Garden beckoning outside and an ash cloud to disrupt our homeward travel – the joys of CPD. [DT](#)

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