DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

24,000 BDA members
Memberships of the British Dental Association has reached 24,000 for the first time ever – in the same year that the BDA celebrates its 130th anniversary. The figure is made up of nearly 20,000 (19,940) fully qualified dentists and more than 4,000 dental students. British Dental Association (BDA) chief executive Peter Ward welcomed the news and said: "2010 is a particularly challenging time for the dental profession in the UK with reform, uncertainty and regulatory changes facing practitioners. It's fantastic news that more dentists than ever recognise the value of the support the BDA can give them in meeting those challenges." He added: "The BDA strives hard to assist its members in all aspects of their work and we look forward to being there for our enlarged family as we navigate the challenges ahead together."

Babies' dental project
The University and NHS Salford are launching a two year project to prevent tooth decay in young children and babies. The project is in partnership with Salford City Council with funding from the National Institute for Health Research. Children in the North West have one of the highest levels of tooth decay in England. The project aims to prevent, rather than cure, tooth decay by targeting the parents of babies and following them until the children are three years old. The participants will be split into three groups, all of which will have access to dental services via a dental practice linked to their local children's centre. Two of the groups will be given an additional service. This will be either the application of fluoride varnish to teeth every six months or educational work with parents designed to establish good oral hygiene and diet routines. The university will analyse data on the number of decayed, missing or filled teeth that children develop and use the results to decide which of the services is the most successful. Prof Cynthia Pine, the principal investigator and executive dean of the Faculty of Health & Social Care said: "A project of this size has never been carried out in very young children before. Our focus is to improve children's dental health in Salford and I'm delighted we can work in partnership across the city."

For more information or to take part call 0161 295 5095 or email fhsc-salfordbrightsmiles@salford.ac.uk

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Survey - access is still biggest problem for PCTs

Commissioning survey by the British Dental Association shows growing experience of commissioning staff

Ensuring that people have access to NHS dentists is still one of the biggest problems for primary care trusts, according to a recent survey.

The 2010 British Dental Association (BDA) Local Commissioning Survey found that significant challenges remain for the commissioning of dentistry in England, despite the growing experience of commissioning staff and consensus on priorities.

The research found that access to care remains the top priority for primary care trust (PCT) dental commissioning leads, with 89 per cent of PCTs naming it as one of their top three priorities: This echoes the findings of research by the British Dental Association in 2009. Quality was next, which appeared in the top three concerns of just over a quarter (28.4 per cent) of PCTs.

The research sought insight into the experience of PCT dental commissioning, staff commissioning and the level of support they enjoyed from strategic health authorities (SHAs), revisiting themes addressed by the 2009 research.

This year's survey found that 61 per cent receive performance monitoring advice, 46 per cent contracting advice and guidance and 18 per cent receive support with their dental strategy.

The growing experience of dental commissioning staff is noticeable. Less than 10 per cent of those surveyed had been in their role for under a year according to the 2010 survey, while more than a quarter had served for such a short period in 2009.

However, many of the commissioning leads questioned this year said they did not have an adequate workforce.

Almost three-quarters said they needed additional support, with 18 per cent declaring they did not benefit from the expertise of a consultant in dental public health.

The research also identified significant under spending of dental budgets. Just under a fifth (16.4 per cent) of PCTs said they had spent less than 95 per cent of their ring fenced dental budgets in 2009/10, although it is not clear whether the remaining funds were completely unspent or diverted to non-dental spending.

John Milne, chair of the BDA's General Dental Practice Committee, said: "This research illustrates the challenges that persist with the commissioning of primary dental care and underlines some of the issues the national commissioning board will face when it assumes its duties."

He added: "It is clear that whoever is responsible for commissioning dental care must be properly supported and have access to appropriate expertise.

The experience and knowledge of consultants in dental public health and dental practice advisers are particularly valuable in helping PCTs provide effective care to patients. This study stresses the gradual accumulation of experience by PCTs. Arrangements for the handover of commissioning responsibility must seek to ensure that experience is not lost."

Under the coalition government, the transfer of responsibility for dental commissioning will pass in 2012 from the PCTs to the national commissioning board.

It is not yet clear whether the board will have regional offices and, if it does, how these will be organised across the country. 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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Editorial comment

A big thank you and even bigger congratulations to Baldeesh Chana and the British Association of Dental Therapists as they celebrated 50 years of dental therapy at their Annual Scientific Meeting in London recently. I was invited to attend the meeting and was very impressed by the high calibre speakers and in-depth subjects covered (to say nothing of the fabulous food and great company at the dinner!). Keep a look out in further issues for a review of the event.

The Care Quality Commission and the uncertainty surrounding the finer details of registration with CQC is gathering pace as the launch date for dentist registration gets nearer. The CQC has acknowledged this by extending the opening hours of their 'contact centre' to help answer queries from suitably confused practices. I must admit to feeling quite pleased that I currently don't have to register with them (but with the way their reach has extended, I am keeping tabs on when the dental press fall under their jurisdiction)!

In true journo-style though, I feel that as we can share queries and challenges in a public format, we can all benefit. So, if you have a question regarding CQC that you don't feel you have had a proper explanation to, email me and I will see what I can do. That way we may all just get over this latest hurdle facing practices! DT

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Colgate Oral Health Month

Around 9,000 dental practices in the UK are set to take part in this year's Colgate Oral Health Month.

Participating practices have been issued with a pack containing educational materials and motivational materials to promote the campaign's messages.

The theme for the 2010 campaign is 'Discover 3 Essentials for an Even Healthier Mouth', which are brush your teeth twice a day with fluoride toothpaste and replace your toothbrush regularly; avoid sugary snacks between meals and visit the dentist regularly.

Colgate is organising and running a UK roadshow throughout September as part of the campaign. The company aims to use the road shows to help raise the awareness concerning the importance of good oral hygiene and care standards.

The campaign also contains a CPD programme, which focuses on the theme of delivering prevention in practice based on the principles contained in the Department of Health's toolkit, *Delivering Better Oral Health - An Evidence Based Toolkit* (2nd edition, July 2009).

The verifiable CPD, *Putting Evidence into Practice*, is available to all dental professionals, by downloading the interactive programme from www.colgateohm.co.uk. DT

Dentist to treat Berber Tribe in Morocco

A dentist in Hull is travelling to Morocco to give vital dental treatment to the Berber Tribe.

The tribe of 50,000 has just one doctor and no dentists.

Chris Branfield, from Castle Park Dental Care in Cottingham, has helped to set up the charity to give dental treatment to people in remote parts of the world.

He and seven other dentists will be taking part in the eight-day expedition to treat the Berber Tribe in North East Morocco.

In a Berber village by the Mediterranean Sea, the group of eight dentists will be treating both men and women whose biggest problem is gingivitis (inflammation of the gums surrounding the teeth).

Dr Branfield said: "In ten years' time, the day will come when the Berber Tribe, its land and its traditions, will be swallowed up into mainstream society - just as the Red Indians and Aborigines did before them. But today, the privilege to experience the tribe in their natural habitat, is available to a very few."

Money is being raised by Castle Park Dental Care for supplies and materials to help the Berber Tribe and the cost of the trip is being personally met by Dr Branfield.

If you wish to sponsor the expedition, go to www.castleparkdental.co.uk. DT

The Moroccan Berber Tribe

Tenth anniversary of the Premier Symposium

This year, the risk management conference, Premier Symposium, will be celebrating its tenth anniversary.

It is celebrating the event with a compelling line-up of speakers. Organised by Dental Protection, the leading indemnity organisation for dental professionals in the UK and by schülke, the international name in cross-infection control, this year's Premier Symposium will take place on Saturday 5 December 2010 at Kings College, London.

A spokeswoman for Dental Protection said: "The opportunity to hear well-informed and entertaining speakers in comfortable and spacious surroundings ensures that this meeting remains a highlight of the dental calendar.

"The Premier Symposium 2010 will feature a range of topical lectures including the transformation of dental care through the use of implants and the risks associated with them, nerve injuries, their cause and management, and the HTM 01-05 guidelines one year on."

The programme features the following speakers and lecture topics: Professor Richard Palmer on implants – new risks for old; Professor Tara Renton on nerve injuries – their cause and management, Paul Jenkins on the HTM 01-05 watershed - where are we now; Paul Redmond, talking 'bout my generation (communicating across 'generation gaps') and Peter Briggs on risks and responsibilities in periodontal care.

The event will also include the presentation of the Premier Awards, a series of six risk management prizes presented to dental professionals who have produced original work which aims to improve patient safety.

The event is an ideal practice day out, with team tickets available for DPL Xtra Practice Programme members, and a chance for all members of the dental team to attend this informative pre-Christmas symposium.

Including six hours verifiable CPD, tickets are now on sale for this year's Premier Symposium.

The conference was a sell-out last year, and delegates are advised to order their tickets as soon as possible in order to avoid disappointment. Tickets are available from events@dentalprotection.org or telephone 020 7399 1339. Or for more information, please visit the Dental Protection website at: http://www.dentalprotection.org/uk/newsnevents/events/premier2010

Tickets for this year's Symposium are priced at £110 For DPL members and £255 for non-members. The team package (available to DPL Xtra practice programme members only) costs £190 for two places, or £280 for three places when booked together. All prices include VAT at the standard rate. DT

CQC extends opening hours to help dentists prepare

In order to help dentists prepare to apply for registration, the Care Quality Commission is extending its national contact centre's opening hours.

The new hours are 8.30am to 8pm Monday to Thursday, from 8.30am to 5.30pm on Friday and from 8am to 4pm on Saturdays. In addition, the Care Quality Commission (CQC) has also published '*A new system of registration: Guide for providers of primary dental care services*' to help practitioners. The new guidance provides more information on the application process, which was refined following a series of pilot projects in June/July of this year.

General dental practitioners will be invited to start applying soon, so that all providers are registered by 1 April 2011 and the CQC expects – from the available data – to register more than 8,500 providers. Due to this expected large amount of applications, dentists will be put into groups with each group given an application window within which to apply. Providers (essentially 'practices') will be registered against the new essential standards of quality and safety that apply across the care sector; the British Dental Association has produced dental-specific guidance on this.

The CQC's director, Linda Hutchinson said: "We appreciate that this type of regulation is very new to the dental sector and that people will have a lot of questions. We publish regular updates on our website, but we know that some people would prefer to talk things through over the telephone.

"We want to make sure our helpline is available to answer questions at times that are convenient to dentists, taking their working hours into consideration. We're also working closely with the General Dental Council to avoid any overlap in our actions and to minimise any potential regulatory burden for providers."

Ms Hutchinson added: "Ultimately, our objective is to protect service users and to encourage improvement in the care people receive."

The Care Quality Commission will be also writing to dentists to advise what will happen next and about what further action needs to be taken. DT

Smile-on produces learning programme for dental nurses

The dental education provider, Smile-on, has produced an online/CD-Rom training programme specifically for dental nurses.

DNNET II is a learning programme produced by Smile-on - available on CD-Rom or online. The comprehensive programme is designed specifically for dental nurses studying towards the National Certificate, the NVQ level three in Oral Health Care Dental Nursing or as an update for established nurses.

As a learning package, DNNET II incorporates dynamic audio and video footage, animations and detailed diagrams that immediately make learning more engaging.

The DNNET II programme covers health and safety, infection control, oral health education, patient assessment, processing radiography, periodontics and restoration, equality and diversity, minor oral surgery, surgical periodontal therapy, orthodontics, communication, prosthetics and endodontic treatment.

By using DNNET II, dental nurses are given full access to all of the knowledge that they will need to pursue a fulfilling career as well as preparing them for their examination after registration at an accredited assessment centre.

For more information on DNNET II call 020 7400 8989 or email info@smile-on.com DT

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Warning issued over solar powered brush

The British Dental Health Foundation has issued a warning over a new toothbrush that cleans your teeth with solar power.

The Soladey-3 ionic toothbrush from Japan claims to get rid of plaque with electrons that work with saliva to remove it from your teeth.

A solar panel attached to the handle absorbs electrons from light and transmits them to your teeth through ionized water and a titanium oxide semiconductor in the upper shaft of the toothbrush.

You can still use toothpaste but Soladey claims it loosens plaque effectively using only electrons. However the British Dental Health Foundation has expressed its concern over the new invention and is advising people to continue using toothpaste.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, said: "It is absolutely vital that we stick with fluoride toothpaste when brushing our teeth, in order to maintain the good modern day levels of oral health. Good toothpastes, along with a steady brushing action, can remove harmful plaque and bacteria from the mouth, preventing such diseases as caries, gum disease and tooth loss.

"Over the last century, the ingredients in toothpaste have de-

veloped to such an extent that it now offers us an exceptional level of protection against oral diseases such as decay and gum disease."

The addition of fluoride for instance, which became common in toothpaste from the 1970s, helps strengthen enamel and makes the teeth more resistant to tooth decay.

Other important components in toothpastes include antibacterial agents such as Triclosan and zinc, which helps thwart gingivitis. If untreated, it can lead to periodontal disease, the most common cause of tooth loss in adults.

Dr Carter is warning people to be cautious about the new Japanese brush, which is currently in the prototype stage.

The solar-powered brush is the idea of Dr Kunio Komiyama, who is now a professor of dentistry at Canada's University of Saskatchewan. The brush itself is called the Soladey-J3X.

Dr Carter said: "The components that make up today's toothpaste are far too complex, for what essentially is a 'gadget', to replicate. I'm certain that more tests need to be undergone to see if the brush can do what it claims and, in addition, to measure any potential long-term effects not using toothpaste may have on an individual.

"As we know of, there is yet no substitute for brushing our teeth twice a day with a fluoride toothpaste – and I cannot see that changing."

The company responsible for the brush is currently conducting a study to determine how teenagers rate the solar powered toothbrush in comparison with a regular toothbrush. DT

Free research event for dental care professionals

The Faculty of General Dental Practice (UK) will be hosting the second in a series of free research events for dental care professionals.

This free event on 27th November builds on the highly successful introductory event in June 2009, which was aimed to promote research activities among dental care professionals (DCPs).

The Research Day will once again be a collaboration between the FGDP (UK) and the British Society for Dental Hygienists and Therapists, with additional sponsorship from partners in the British Dental Trade.

The programme will focus on the progress made since June 2009 and will include a report of a pilot study into DCP skills usage and plans for a national study of dental hygienists skills usage and job satisfaction.

There will be a series of presentations from DCPs on their achievements in the field of research.

The programme will also include essential information on the opportunities for further progression in research, including presentations on retrospective studies, undertaking a PhD and literature review. Delegates will have the opportunity to take part in breakout group sessions on producing research abstracts and posters; these will be led by DCPs and dentists who have produced and presented research posters and abstracts. They will also take part in research topic selections and literature searching in small groups.

Ken Eaton, FGDP (UK) national research facilitator and leader of the initiative said: "Although in the past active involvement in research has not been of interest to the vast majority of DCPs, it has been very encouraging to see the enthusiasm of the small minority who have become involved and the results that they have achieved.

"I am particularly pleased by feedback I have received from DCPs and that the deeper insights they have obtained from research has changed the way in which they treat their patients."

The Research Day is open to all DCPs who are involved or interested in developing in the field of research.

There is no fee for the meeting and certificates for five hours of verifiable CPD will be provided to delegates.

Registration will be at 10am The Research Day starts at 10.30am and will finish at 4pm.

For further details and to register for the event please contact the Amrita Narain on 020 7869 6750 or email anarain@rcseng.ac.uk DT

Dentistry Capitalising on Recession

"How to grow your dental business in an adverse economic climate", as presented by Iain Forster, Managing Director of DIO UK, at the Royal Society of Medicine, London

Iain Forster, Managing Director of DIO UK, presented his marketing advice and ideas to delegates at the Royal Society of Medicine on Friday 3rd September. The 45-minute session was well attended and there was much interest shown both in the content of his presentation and the follow-up series of marketing workshops Iain is holding over the next few months to help dentists make the most of their marketing budgets.

In his presentation Iain said that it was a good time to be in dentistry, with the population increasing and costs decreasing. He also put a positive spin on the recession saying that companies that promoted heavily during a recession were often the first to emerge from it and the most successful in the following years.

Despite encouraging dentists to promote their services during a recession, Iain urged caution. He said that companies should not over spend and should test marketing methods to determine what worked best for them and focus on those that proved to be most successful. "It pays to start small and build confidence," he said.

Iain was confident that the economic climate is right for dentists to promote their businesses as the country emerges from recession. He went on to explain that it is however essential that practices remain focussed, targeting those people with whom they already have a relationship before spending too much money looking further afield. He drew a distinction between internal marketing to reach out to the local population, educating their own practice teams and the importance of the Internet; and external marketing that was designed to open up new markets over an extended period. "Internal marketing gives us business tomorrow," he said. "External marketing gives us business next year."

Bringing marketing right up to date Iain urged dentists that they should embrace social media and the opportunities it provides. Twitter, Facebook, LinkedIn and many more all provide

unprecedented opportunities for dentists to reach out to a wider market, for little or no cost. Not only are these outlets easy to use they are also essential for those practices who do not want to be left behind as the old marketing techniques are superseded by newer, cheaper, more effective methods.

In closing Iain introduced the new "21st Century Dental Marketing" workshops which help dentists to take advantage of the opportunities they have available to market their businesses in the modern climate. The workshops cover:

- The use of PR and how to do it;
- Best practices for web page layout;
- How to use a CMS system to keep your website up to date;
- Maximising patient conversions;
- Search Engine Optimisation (SEO);
- Pay-Per-Click (PPC) campaigns

… and much more.

To book your place on the next 21st Century Dental Marketing workshop, go to: www.dentalmarketinguk.com

Iain is now presenting his lecture as a free online webinar. Delegates can register for the online seminar by going to www.dentalwebinar.co.uk or visit http://www.dentala.co.uk/seminars/dentistry-marketingwebinar.html.

DIO Implant is a global supplier of dental implant technology. Established for over 20 years, DIO is rapidly expanding in the UK and has already taken a sizeable share of the market with its combination of high quality, sensible pricing and clear communication. The company's focus on marketing education is part of its strategy to build effective and profitable business partnerships throughout the dental industry.

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Closure of NHS Direct will affect dental health most, says charity

The chief executive of the British Dental Health Foundation, Dr Nigel Carter, claims it will be people's oral health that will suffer most as a result of the closure of the medical advice helpline NHS Direct.

The axing of the 24-hour nurse-led service is set to leave the future of 1,400 nurses uncertain, as well as 15,000 callers a day who rely on its professional advice. The government has said it will replace the service with the new NHS 111 service.

However, Dr Carter claimed this is not an adequate alternative and said: "NHS Direct was a quality service and an essential source of information for the public. Sadly, they have replaced it with a facility which will simply struggle to offer the same standard of assistance."

The new 111 service will employ fewer qualified nurses and will instead turn to non-specialist 'call advisors' who have completed a 60-hour training programme.

"Unfortunately, when looking to slash costs, the temptation is to look to cut staff, their wages or to introduce cheaper employees altogether. This seems to be the case with the 111 service.

'NHS Direct was a quality service and an essential source of information for the public.'

"Time will tell on how it will be received in the long-run by the public and whether the same standard of advice can be replicated by non-professionals."

He added: "Regrettably, it will be dental health that will suffer the most. The now abandoned NHS Direct service regularly took more calls related to dentistry than any other area and if you consider on top of that the potential cuts to local PCTs, it leaves us asking just who is going to fill the void in terms of giving qualified information to the public?"

He hopes that people will turn to the National Dental Helpline, which is staffed by fully-qualified dental nurses, who offer free advice at a local-rate number.

NHS Direct, which was formed in 1998, was staffed by nurses and health advisers at 33 sites around the United Kingdom and received around five million calls a year to its core services, as well as an additional five million people who used its online health and symptoms checker.

A trial of the new 111 phone-line is currently being tested in the North East region, with further trials to be carried out across the UK over the coming three years.

The online version of the service is set to remain, in addition to the phone service in both Scotland and Wales. DT

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One Lord a talkin' - exclusively to DT

Dental Tribune recently met with Lord Howe, Parliamentary Under Secretary of State (Department of Health) with responsibility for dentistry, and asked him about his feelings about the current dental system and where he feels improvements could be made.

Lord Howe has had a long involvement with health issues, having been opposition spokesman for health since 1997. Although never a specific responsibility of Howe's, dentistry is something that has been a part of the general issues surrounding healthcare. "I have always been well aware of the general issues that the area of dentistry involved; it was no accident that my party colleagues and I, in preparing our manifesato, made specific promises about dentistry. As the minister now charged with looking after dentistry I am very pleased that I have this responsibility.

Key Representatives

"Although I have only been here for a few months I have made it my business to have meetings with key representatives from the profession to bring myself up to speed. I've met the BDA twice and I attended a reception in Westminster where I spoke with a number of stakeholders. I have met Prof [Jimmy] Steele informally, and I am due to meet him again within the next few weeks. In addition, I've received a number of invitations to visit dental providers and have already visited a clinic in Cambridge, which was extremely valuable to me."

The political place dentistry seemed to hold in this year's General Election shows exactly how much of a key issue for the voters it is. "I think dentistry is as much a priority for us as it is for the public. It's become more salient as a health issue for the voter than maybe it was a few years ago, we certainly sensed this when we were in opposition.

Dentistry on the radar

"The importance of oral health in terms of how it plays into general health is certainly not lost on us and I hope you will have felt from the Health White Paper that dentistry is very much on our radar. Of course we have got to work out exactly how the system is configured but we are clear that we want an architecture for the health service that promotes quality, that promotes the prevention agenda and that gives consistency in commissioning services."

Lord Howe is by no means immune to the size of the task facing dentistry in tackling the oral health inequalities that still exist around the country, calling it 'the biggest challenge'. He is keen to see the adoption of a number of approaches to improve the picture in terms of child oral health, many focusing directly on the dental contract. "The statistics that I have seen on children, which is a particular area of concern that I have, are quite encouraging in that oral health in children seems to have improved much over the last 20 years. Yet if you drill down into those figures you do see a pretty horrific picture in terms of those children whose oral health is poor and I think that there are a number of approaches we can adopt to this.

"The reform of the dental contract lies at the centre of this. You will have seen in our election manifesto that we built in an undertaking to reform the dental contract. I have asked officials to take that work forward - obviously it can't happen instantly - but the principles on which a new contract should be built are there.

"There needs to be a pronounced emphasis on prevention and a move away from unintended perverse incentives. Although the current contract was formulated with extremely good intentions - one mustn't decry its good features - I'm afraid there have been some perverse consequences arising from it and I think both dentists and patients have been aware of these.

End of UDAs?

"Does that spell the end of UDAs? We're looking at all of that. I think that the Steele review had a great deal of information in it which will inform the work we do on modifying the contract; on the whole the Steele review met with a good response. So, I am taking stock of all that before deciding in any detail how we are going to take the reform forward."

Of course time is a major factor in the reforms and Howe is very conscious of the balance between getting things done and rushing the process. "One can never do things as quickly as one wants because there are so many things that are subject to consultation and detailed work - it can't be done in a hurry. I can't tell you that in a year's time we will be on the brink of as new contract, that would be too soon, because any new contract will have to be piloted, we have to be sure it is going to do what we all want it to do, so we're looking reasonably far down the track in terms of this Parliament. By the middle of this Parliament I would hope to be very much further with the new contract."

Centralised control

The biggest topic that has been discussed over recent times is the White Paper and the implications that it will have for dentistry. Speaking of the proposed return to more centralised control over dental commissioning Lord Howe said: "The point of that proposal is that we should first of all have a commissioning mechanism designed to ensure consistency, as I mentioned, and in the standard of consistency. One of the commissioning board's tasks will be to promote equality and access, and its access to a service that delivers quality that I think lies at the heart of this.

> *'One can never do things as quickly as one wants because there are so many things that are subject to consultation and detailed work.'*

"Also I think that we felt that it wasn't appropriate to give GP consortia the commissioning responsibility for dentistry. I think that it sits more logically with the board as it does with services like Pharmacy and we're looking at other areas which may more logically sit with the NHS commissioning board, nothing to do with dentistry. How the board configures itself is a matter for them. But I would be surprised if it didn't consider regional outposts so that services such as dentistry are commissioned with a view to the needs to a local population."

One of the major fears expressed over the new proposals is what is going to happen in the period between PCT control and the taking over of the reigns by the NHS Commissioning Board. Many practitioners are concerned about how they're going to be able to interact with their PCTs in the interim period, and Lord Howe was quick to reassure: "This is a very important question and it's one that we're looking at across the piece. I would like to reassure practitioners that we are alive to the risks in all of this but we believe it to be manageable and we have time in which to make sure that nothing slips between the cracks, not least dentistry.

"PCTs are clear as are strategic health authorities that they have a very important role to play in making sure that this transition works smoothly, we will be setting up the NHS Commissioning Board in shadow form quite soon, so that by the time it starts its role for real we should have sorted out most of the transfer functions. Of course we don't plan to abolish PCTs until we are absolutely sure that the transition has occurred. I can understand the anxiety of dentists but I think they need to be assured that I am very much with them on this. I am not going to take risks with the way that NHS dentistry is made available to patients and there certainly will be no hiatus in terms of administration."

HTM 01-05

Another controversial topic in dentistry is the issue of cross infection control and the HTM 01-05 guidelines. Lord Howe, though reluctant to revisit the guidelines, did say he believed that they needed more clarity: "HTM 01-05 is going to stay in force as it is, but the messaging has to be clear because there has been a lack of clarity in this. Clearly, patients expect to be treated in a safe environment, and dentists and dental staff expect to work in a safe environment, that I don't think is a matter for argument.

"Currently the HTM 01-05 guidance sets out two distinct things; it sets out essential quality requirements, which practices have to achieve by the end of this year. Now I have looked at this in some detail with CDO Barry Cockcroft's help and I'm absolutely clear that no self- respecting dentist would wish to do anything other than to meet essential quality requirements and actually the HTM 01-05 guidance does no more than reflect existing guidance. The essential quality requirements differ

Lord Howe: I think dentistry is as much a priority for us as it is for the public

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'I have looked at this in some detail with CDO Barry Cockcroft's help and I'm absolutely clear that no self- respecting dentist would wish to do anything other than to meet essential quality requirements .'

slightly from the pre-existing guidance that were set out in the BDA infection control document (A12), so I think its wholly appropriate that dentists meet those requirements to reduce the risk of transferring infections and the evidence that the requirements have the effect of doing that is also pretty clear.

"The other side of the guidance of course is best practice, which is quite separate. We have been quite deliberate in not setting a timetable for dentists to meet best practice as we know that for many practices this is difficult and for some it isn't. What we've said is that we expect dentists to have a plan to work towards best practice; there is no mandatory timetable involved. The HTM 01-05 guidance is an evidence based-document and for that reason I'm not minded to revisit it, other than to obviously update it as time goes on and our knowledge improves."

Lord Howe definitely seems to be taking dentistry to his heart, especially focusing on the longer-term aspects of improving oral health in children. "What I want to see is us doing a lot better with children's dental health. We need to find a way through the public health agenda, accessing young mums in particular and getting the right messages across to them. There's some quite promising work going on in Scotland in this area and we can perhaps learn from that. I just think that improving children's oral health and getting the young into good habits early on is massively important. When you look at children with poor oral health, you can see it impacts on them adversely throughout their lives. It's the most damaging way to start your life. So I'm keen to look at ways in which we can help children avoid tooth decay and get them into good habits. It is a long-term challenge, it's not going to happen in a hurry but I wanted to mention that because it very much permeates the thinking we're doing on the dental contract and public health planning." DT

Lord Howe - Biography

Earl Howe was born in 1951. He was educated at Rugby School and Christ Church, Oxford, where he read Mods and Greats. After leaving University in 1973, he joined Barclays Bank and served in a number of managerial and senior managerial posts both overseas and in London. In 1987 he was appointed London director of Adam & Co. plc, the Scottish-based private bank, where he remained until 1990.

In 1991, Lord Howe became a government whip in the House of Lords with responsibilities, successively, for transport, employment, defence and environment. Following the General Election of 1992 he was appointed Parliamentary Secretary (Lords) at the Ministry of Agriculture, Fisheries and Food; and in 1995 Parliamentary Under-Secretary of State at the Ministry of Defence, a post he relinquished at the 1997 General Election.

He has been opposition spokesman for Health and Social Services in the House of Lords since 1997. He is an elected hereditary peer under the provisions of the House of Lords Act 1999.

In May 2010, Earl Howe was appointed Parliamentary Under Secretary of State at the Department of Health.

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Making things simpler for our customers

Managing Director at KaVo, Sonia Tracey, discusses a change in direction for the dental equipment provider with *Dental Tribune*

Dental Tribune: Tell us a little about your career.

Sonia Tracey (ST): My dental career started at Ivoclar Vivadent as a territory sales manager. Since then I have worked within the industry and more recently within the medical industry as a field sales manager and later as sales director. I also spent seven years working as the northern sales manager for another well known headpiece manufacturer.

I started at KaVo in June 2007 as public sector manager for the UK and Ireland. In November 2008 I accepted the position of Managing Director at KaVo. It's been a big challenge but an extremely enjoyable one.

DT: I understand that there is some major news from KaVo, can you tell us more about it?

ST: Obviously we've had a couple of really good years and we want to continue to build on that success and improve the products and service we offer to our customers. With that in mind, we have taken the decision to restructure our distribution channels in order to guarantee greater flexibility when purchasing KaVo products. Instead of selling direct to the clinician we are going to take our distribution exclusively through selected dealers. We believe that by distributing our products in this way, customers will now have the opportunity to purchase KaVo products from their chosen company along with their complete consumable needs. In these times of pressurised working environment, our aim is to make life easier for our customers and improve the purchasing process making it as easy and convenient as possible.

DT: What has made KaVo choose this new strategy?

ST: This decision has not been taken lightly, we have been working on this model for some time and we believe that in order to build on our recent record breaking successes and continue to grow our business that this is the right direction for KaVo to follow.

The dynamics of the dental profession and industry are continually changing, the market is becoming more competitive, for example *National Framework Agreements* are being put in place. In addition the way consumers are purchasing goods has changed - customers are looking to use a single supplier to fulfil all their equipment and consumable needs.

DT: When will this change go live?

ST: September 2010. It has very much been a work in progress, KaVo have been looking at this model for a period of time and have already used the same go-to-market model very successfully in a number of other European subsidiaries.

> *'The dynamics of the dental profession and industry are continually changing, the market is becoming more competitive. In addition, the way consumers are purchasing goods has changed - customers are looking to use a single supplier to fulfil all their equipment and consumable needs.'*

DT: Do you think that your previous experience had anything to do with why you were chosen to head up this new strategy?

ST: It does help to have had experience of a wholesale background. My previous roles have shown me that working with distribution partners gives a more successful and secure business model. This strategy will allow greater market penetration and we believe fulfil the needs of our customers.

DT: How do you think this news will affect current KaVo customers?

ST: We believe that it will provide our customers with greater flexibility and purchasing power. Our goal is to enable us to offer an improved service through their trusted suppliers. Our team of product specialists will still be visiting customers to advise them on their needs within the dental practice.

Of course we will continue to support KaVo products in the market place with technical support.

DT: Do you think that customers are looking to use a single supplier to fulfil all their equipment and consumable needs?

ST: Yes, we can see that purchasing patterns are changing, if we look in the public arena we shop at hyper markets, and we book holidays on line. Consumers are looking for easier purchasing options including one-stop shops, this is no different in the dental profession.

DT: So, what is KaVo looking to achieve with this strategy?

ST: The main emphasis of KaVo's policy lies in the total satisfaction of our customers, who represent the key to the success of the company. In line with our motto, KaVo, Dental -Excellence, we aim to implement the KaVo vision through our highly trained workforce, our efficient organisation and excellent technical backup from our headquarters in Biberach, Southern Germany.

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