

# DENTAL TRIBUNE

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## News in brief

### Sainsbury's dentist

The UK's first supermarket dentist has opened in Sainsbury's. The dental surgery in the branch of Sainsbury's in Sale, Greater Manchester, opened earlier this month. It is open every day and check-up charges are virtually the same as those of an NHS dentist. Patients can get two for the price of one by nipping into the dentist after stocking up their shopping trolley.

Dental practitioner, Dr Lance Knight, the brainchild behind the surgery's novel location, plans to create more dental surgeries in supermarkets, if the pilot scheme turns up trumps. Patients are welcome to just drop in or they can book an appointment in advance.

The dental surgery follows hot on the heels of the first GP surgery, which was opened several months ago at a nearby Sainsbury's branch.

### Free tickets

The BDTA Dental Showcase 2008 takes place from Thursday, October 2 to Saturday, October 4 at, ExCeL London. To reserve your complimentary ticket, log onto [www.dentalshowcase.com](http://www.dentalshowcase.com), telephone the registration hotline on 01494 729959 or text your name, address, occupation and GDC no. to: 07786 206 276. Advance registration closes on September 26, with registration on the day at £10 per person. Reservation Highway is the official booking agency for the event. For advice and information or to book a hotel, call the helpline on 01425 525577, quoting *BDTA Dental Showcase*.

### Eastern Europe

About 55,000 people living in the UK have travelled largely to Eastern Europe for dental work, ranging from implants to braces and crowns, according to the latest available figures from 2006.

### Smile-on launch

Don't miss Smile-on's launch of module two and three from *Communication in dentistry: Stories from the practice at BDTA's Showcase, October 2. Communicating with your patients and Communicating with your team* is to be unveiled in a special screening at the show. Visitors can enjoy hotdogs, popcorn and champagne at the event. Visit stand R12 for this exciting launch.

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

## News and opinions



### Top tips

Help is at hand for Expert Witnesses at last. The Dental Defence Union rolls out advice on how to avoid the pitfalls.

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## Practice management



### Golden eggs

Ever heard of an Income Draw-down Pension? If it all sounds like double-dutch let Thomas Dickson show you the way.

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## Money matters



### Dream teams

Getting the dynamics right is no easy task when it comes to building teams, but starting off with common goals is a start.

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## Clinical case studies



### Minimal fuss

There's only one way to adhere to when working with implants and that's the simple way. Dr Zaki Kanaan explains.

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## LDCs applaud 'quality' initiative

A meeting of regional Local Dental Committees (LDCs) up and down the country has discovered an innovative initiative from a Northern PCT bringing the quality back into dentistry.

In contrast to many PCTs which tend to look for the cheapest bid when tendering contracts, Bradford PCT has put its money where its mouth is, by banning bids below a certain level.

The PCT is determined to put more emphasis into encouraging quality in dentistry, as well as hitting targets.

Under the new 2006 contract, quality is not incorporated into the Units of Dental Activity (UDAs) which are allocated to dental practices.

But 40 per cent of the money allocated for three Bradford dental practices is earmarked for 'the quality of dental work carried out', with 60 per cent of the cash set aside for standard UDAs.

This means that if they fail to complete their UDA targets, the newly commissioned tenders will still qualify for a large proportion of the cash.

Eddie Crouch, from Birmingham Local Dental Committee, who spoke at the recent national LDC meeting in London, said the move to encourage quality control in dentistry was very welcome. He said: 'There is no UDA criteria relating to the importance of ongoing monitoring of the quality of dental work, so it is good news that in Bradford's case, if evidence of qualitative patient care is produced, even if the dental targets are not completely reached, the practices will still get a large proportion paid.'

**'I think it is very positive that PCTs are beginning to show an interest in the quality of care - Bradford PCT is ahead of the game.'**

He continued: 'Other PCTs still commission dentistry at the cheapest UDA level and some show no interest at all in new ways of commissioning.'

'I think it is very positive that PCTs are beginning to show an interest in the quality of care.'

'Bradford PCT is ahead of the game.'

He hopes this move will spearhead other PCTs to develop a similar approach.

Bradford PCT has commissioned three new practices, with each given a subsidy for equipment to be bought or provided by the PCT, two of which are corporates.

Mr Crouch added: 'Bradford has also innovated new time-limited General Dental Service contracts, which were previously open-ended. When the new contract was set in place in 2006, GDS contracts were always open-ended, but Personal Dental Contracts (PDS) were limited

from three to five years. This new style of time-limited GDS contract could be worrying if a dental practice buys equipment and premises and then ends up without a contract after five years.'

But he added that the positive side of a time-limited GDS was that it could provide more flexibility and it was unlikely a contract would be terminated after five years without a very good reason.

Mr Crouch said it was vital that there was an amendment for quality to be incorporated into the contract. He said the need for quality to be incorporated in the new contract, would be backed up by the Department of Health's (DoH) response to the Health Select Committee's report, which was coming up in the next few weeks. □

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## Ethical dilemmas continue

Too much target-setting contradicts a more patient-centered approach said Steve Gates, managing director of Denplan last week.

His response follows the news that the Health Select Committee Report is calling for the removal of child-only contracts from NHS provision.

He said: 'Putting targets ahead of patient needs presents a growing ethical dilemma for dentists. At the heart of the new contract lies an approach which is at odds with the patient-focused approach that is the foundation of professional training. At worst the new contract encourages dentists to not ask which is the best way to treat a patient, but rather what is the fastest and most UDA-efficient way to treat them.'

Any dentist deciding to stop treating children under the NHS will be concerned about the response from families registered with the practice, but those who have introduced Plans for Children report a positive response from most families, most of whom simply want to continue bringing their children to the family dentist.

Bristol-based Dr Peter Redfern, who instigated children's dental plans in his surgery, said: 'We have been offering children's plans for over two years now, since our PCT confirmed that it was unlikely to offer child-only contracts. In the run up to the end of our old NHS contract we spoke to parents about



Steve Gates: 'What is the fastest way to treat patients?'

our decision, explaining that lack of time to provide quality care and the number crunching approach was at odds with our professional training. It was very successful with most parents accepting the change and signing up. It has worked well for us and we are pleased we walked away from the NHS, especially as we continually read about problems colleagues are experiencing with the new contract. I only wish I'd converted the children at the same time as their parents.'

Many practices set the fees for their children's plan to cover check-ups, x-rays and scale and polish twice a year, and then charge any restorative treatment at a discounted private rate. Some create fee bands according to the child's age or disease risk; others have a single fee band for all children.

Another option is Denplan's *Excel for Children* – a quality programme developed with advice and assistance from leading global experts in paediatric dentistry.

For more information about dental plans for children, call 0800 328 3223. [D](#)

## A coup for Morris & Co

Dental specialist chartered accountancy firm, Morris & Co, has strengthened its capability further by recruiting Bob Cummings – one of the country's foremost experts on dental taxation – to its specialist dental team.

His appointment as an associate represents a significant coup for the North West-based Morris & Co, which has a staff of 16 who are dedicated to the dental profession. Mr Cummings will be di-

rectly responsible for looking after a portfolio of dentists and in particular for advising on complex tax matters, such as incorporation.

A former tax inspector, he has spent 20 years working in dental accountancy. Over this period he has given many lectures to dentists and vocational trainees and has written articles and letters for the dental and national press. Mr Cummings is also National Tax Advisor to the National Association of Specialist Dental Accountants. (NASDA)

Nick Ledingham, the Morris & Co partner responsible for dental clients, who is also chairman of NASDA, commented: 'We are all delighted to have Bob as part of the team. He is liked and respected by his clients and we know he will help to strengthen further Morris & Co's standing in the dental world.' [D](#)



Bob Cummings (left) is welcomed to Morris & Co by Nick Ledingham

## DDU advises the expert witnesses

The Dental Defence Union (DDU), the specialist dental division of the Medical Defence Union (MDU), has issued advice to dentists who write expert reports or give evidence in court to help them avoid common pitfalls. Common allegations against expert witnesses are failure to be impartial, not examining papers or patients properly, giving misleading advice and not declaring conflicts of interest.

The DDU's tips for dental professionals who act as expert witnesses are to ensure that intelligible instructions are given, to understand legal and civil procedure rules, to keep up-to-date in specialist areas of practice and be aware of ethical codes, to avoid acting as both an expert and factual witness on the same case, to inform the relevant person of any conflict of interest, to not give opinions on things little known about. Also, expert dental witnesses should not disclose confidential

information, except to those instructing them, without consent.

Rupert Hoppenbrouwers, DDU head, said: 'While the General Medical Council (GMC) has recently published, *Acting as an Expert Witness*, which sets out the role and duties of medical practitioners who act as expert witnesses, there is no equivalent for dental professionals. The DDU often instructs experts in a wide range of dental specialties when we are defending our members. They are needed to provide evidence in a variety of legal proceedings, including negligence claims and GDC disciplinary actions, and so we are very aware of the qualities necessary to do the job. We also assist members with ethical dilemmas, complaints and claims arising from their own expert witness work and know there are quite a few pitfalls awaiting an unsuspecting dental professional. The expert witness is a key player in many dental cases, as the court



In many trials both kinds of dental witness give evidence.

or tribunal will want to hear the opinion of an experienced, impartial dental professional to assist in making a decision about the case.'

Expert dental witnesses can be confused with the professional dental witness. The expert dental witness is instructed by lawyers to provide the court with an opinion, whereas the professional dental witness is a witness to fact, normally in the context of past dental treatment. In many trials and hearings, both kinds of dental witness give evidence.

The DDU has published a briefing document – *Dental Reports and Court Appearances* – for dental professionals asked to act in legal proceedings. DDU members can phone 0800 085 0614 for a copy or advice. [D](#)

## Leeds Dental Institute fights the fear factor

Leeds Dental Institute, ranked the top school in the UK for dentistry is currently looking at better ways to improve dental treatment and take the fear factor out of the patient experience for good.

Professor Jennifer Kirkham, research director of Leeds Dental Institute said the laboratory was looking for safe new ways to control plaque which do not rely on toothpaste.

She said: 'We see patients in the clinic who are not able to brush effectively because the shape of the mouth may not allow sufficient access, the patient could be disabled or just not a proficient brusher.'

'One of the new treatments makes use of a readily available compound in an innovative way to control plaque formation, us-

ing photo dynamic therapy (PDT). The patient uses a mouth wash containing an anti-bacterial agent which is activated by bright light and results in plaque destruction. This is trialled in the clinic and patient feedback helps researchers identify where further modifications are needed.

'The principle of working from bench to clinic and back to bench will see a circle of constant improvements to oral health and it is this partnership with patients which ensures research has an impact.'

Another research project could transform the approach to filling teeth forever. Professor Kirkham explains.

'We have developed a method for Filling without Drilling, which uses a low viscosity pro-

tein based fluid which is painted onto the teeth where it infiltrates into the pores. Once inside the pores, the fluid solidifies, to become a gel which then attracts calcium to rebuild the tooth mineral, bringing about a natural repair, without the pain or discomfort usually associated with a traditional drilling procedure.'

A £ 1.5 million investment by the University of Leeds is set to bring the new Dental Clinic and Translational Research Unit to the forefront of global research and development in oral health by linking the laboratory activity directly to the needs of patients treated in the clinic.

The flagship centre for world class dental research and clinical practice, the first of its kind in the UK, opens at the Leeds Dental Institute in January 2009. [D](#)

### International Imprint

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## Editorial comment

# Quality innovation – part one

To say hearing good news for the dental profession is ‘refreshing’ is a massive understatement. It is certainly well overdue—for sure—but news that a Northern PCT is leading the way with initiatives on how to reward dentists for quality work is ground-breaking. The newly commissioned tenders for three dental practices in Bradford are certainly unique, and possibly the envy of many. For how can three lucky practices still get paid if they haven’t met their UDA targets, when others don’t get anything? It’s the luck of the draw when it comes to what PCT you have, but clearly Bradford is the best of the bunch so far. Quite how the ‘quality of work’ will be measured remains a mystery, but you can be sure it will be reported here first in *Dental Tribune*.

But that’s not all the good news. For if new time-limited General Dental Service contracts mean it is more unlikely that a contract would be terminated after five years without ‘a very good reason’ then hip, hip hooray. Other PCTs should watch and learn. London PCT staff are turning up unannounced at practices demanding to know where and if there are emergency drugs kits and the like. But isn’t the provider the responsible person for the contract?!

At least some dentists can feel rest assured that there is security and a living to be made post 2009. All we need now is for the other PCTs to wake up and smell the innovation. Like cattle, they are bound to follow.

### Growing services

And even more good news via the BDTA! Apparently there

were more than one million units of dental activity commissioned by PCTs last year with ‘many new practices opening.’ But how much of this is via the NHS remains a mystery. Obviously, single-use endodontic in-

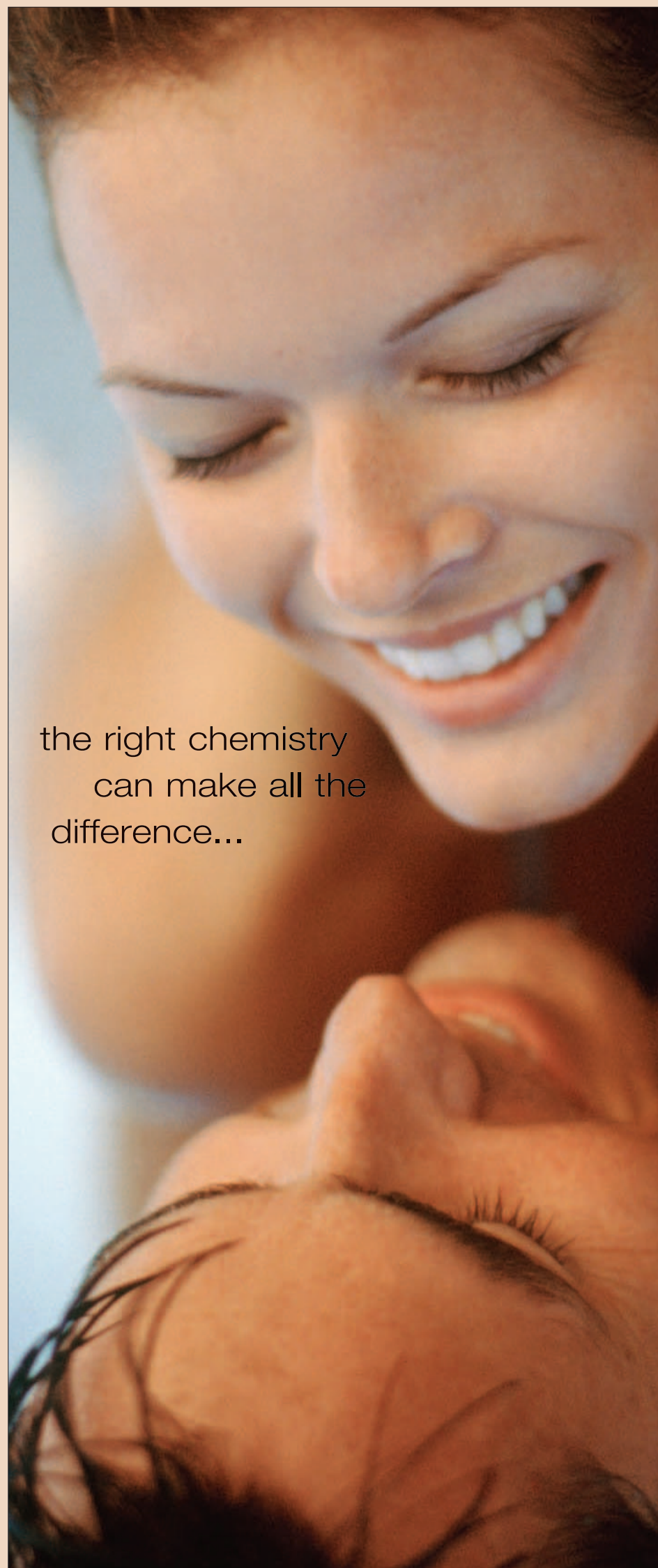
struments and oral hygiene and headpieces account for half the increase. This means no more than a rising trend towards cross-infection prevention and control, and fits in nicely with NHS aspirations.

Nevertheless, it is no surprise to hear that growth of the private sector is the biggest trend. With half the population visiting a dentist under the NHS, a quarter of these visits are attributed to private dentistry. The repercussions continue, with dental laboratories reporting big shifts. They lost a whopping 50 per cent of NHS work compared to pre-new contract days, with private work growing to 54 per cent from 50 per cent. **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?

If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19–21 Hatton Garden, London, EC1N 8BA.

Or email: penny@dentaltribuneuk.com



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difference...

## Systemic debate

So the search for systemic disease link with periodontitis is confirmed at last at a day-long conference, *The impact of oral disease on systemic health: What is the evidence and how big is the problem?* With more people than ever before contracting Diabetes Mellitus, Dr Philip Preshaw is resolute with his links to periodontitis, as are other prestigious professors armed now with the scientific facts to back up their views. So now it’s over the medical world to listen and take action. Let’s hope they do. **DT**

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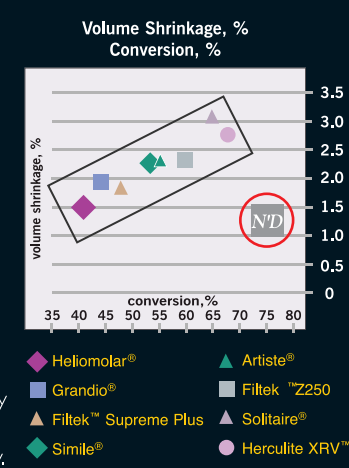
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# Mixed views for Scotland's Action Plan

The *Scottish* Dental Action Plan has received a mixed verdict from dental practitioners across Scotland, since its launch three years ago. A survey by the British Dental Association (BDA) found that only 37 per cent – a third of high street dentists in Scotland – believe that the Action Plan has changed dentistry for the better, since it was introduced by the then *Scottish* Executive in April 2005.

Although nearly a fifth of dental practitioners (17 per cent) are



Andrew Lamb: 'The results highlight the concerns'

of the opinion that the dental action plan has actually made things worse, just under half of those surveyed (46 per cent) said they did not think the scheme had made either a positive or negative impact.

Andrew Lamb, BDA director for *Scotland*, said: 'The results of this survey highlight ongoing concerns about the future of dentistry in *Scotland*. It is clear that the *Scottish* Government still has a number of issues to address if access to NHS dentistry for pa-

tients across *Scotland* is to be improved. It is only through constructive dialogue between the profession and the *Scottish* Government that these matters can be addressed. The Minister for Public Health has demonstrated a willingness to discuss these issues with representatives of the BDA's *Scottish* dental practice committee. This must continue.'

The survey also investigated other issues facing dentistry in *Scotland*. For example, despite dentists investing heavily in prac-

tice facilities in recent years, 24 per cent of respondents said their practices were not allowed to comply with the decontamination guidelines currently being consulted on by the *Scottish* Government, which raises the spectre of possible forced practice closures. The potential impact of practitioner retirement, with regard to the accessibility of patients to NHS care, was also highlighted by the survey. It revealed that practitioners aged 50 and over has larger NHS patient lists than their younger colleagues. [D1](#)

## Conference confirms periodontal and systemic disease link

A prestigious panel addressed an audience of dentists, doctors and scientists at a day-long conference on: *The impact of oral disease on systemic health: what is the evidence and how big is the problem?*

The event at the QE11 Conference Centre in London on Tuesday, September 9, was organised by the Oral and Dental Research Trust (ODRT). Its chairman, Professor Nairn Wilson introduced

the event, which was sponsored by Colgate. In his introduction he said: 'A strategic review of oral and dental research in the UK was published by the British Society for Dental Research. From this arose a need to inform the public about the importance of oral health in relation to dental health. The ODRT wants to develop pilot research projects that further raises awareness that systemic diseases present themselves in the oral cavities.'

Prof Nairn said oral diseases were among the most common to affect human beings. It was no coincidence that Chinese Medicine could assess the condition of the body by just looking at the colour and texture of the tongue.

Professor Iain Chapple, from Birmingham University Dental School, was chairman for the day and introduced the first speaker, Professor Michael Lewis, from Cardiff University and vice-pres-

ident of the Royal College of Physicians and Surgeons at Glasgow, who spoke about the mouth as a window on the body.

He was followed by Professor Rhys Williams, from Swansea Medical School, who reported on the increasing numbers of people of all ages around the world who are contracting Diabetes Mellitus. Dr Philip Preshaw, from the School of Dental Surgery in Newcastle, drew out the causal link between Periodontitis and Diabetes, while Dr Christine Ritchie from the University of Alabama in Birmingham USA, explained the scientific back-up for the mechanistic links between the two conditions. Three more distinguished speakers followed: Professor

Mark Caulfield talked about Atheromatous vascular disease and ischaemic stroke as some of the major killers of our age.

Professor Panos Papapanou from Columbia University pointed to the increasing evidence for the link between Periodontitis and Macrovascular disease, while Professor Thomas Van Dyke highlighted how inflammation is common to both Periodontitis and Vascular disease, pointing to mechanistic links between the conditions.

Finally, a panel discussion stressed the need for collaboration between dentists and doctors and the need for all research undertaken to be multi-disciplinary. [D1](#)



Chris Barrow and Matt Jackson join the management team

International Dental Holdings (IDH) has appointed two new members to its management team. The company has recruited Chris Barrow as director of private

sector development from October 1. Mr Barrow has more than 12 years experience of implementing high quality and innovative systems and standards in UK practice.

## New managers for IDH

Matt Jackson has also been recruited to the new role of director of private and specialist operations. His role is to design and implement working practices to enhance IDH's customer service, marketing and profitability in the private and specialist division.

The division's aim is to create a new business model for acquiring dental practices in a way which allows the principal dentist to retain a share of the capital

value and continue to benefit financially from the development of their business.

Practice owners can therefore effectively hand over the daily responsibility of running their business while aiming to create long-term financial growth over and above that which would be achieved as an independent outfit.

IDH is setting in place a range of business solutions to private

practices which include financial modelling, marketing, sales and operational systems.

The IDH teams including Mr Barrow and Mr Jackson will be attending the 2008 Dental Showcase in October where they will be unveiling the new division.

Integrated Dental Holdings (IDH) is a leading UK dental practice owner, with over 140 practices providing both NHS and private dental care. [D1](#)

## CODE backs guidance review

News that the General Dental Council (GDC) is to review its guidance on non-surgical cosmetic procedures has been welcomed by dental and cosmetic management association, CODE.

The organisation, which runs the membership services for the Association for Facial Aesthetics, (AFA) represents business owners in the dental and cosmetic fields and is committed to developing and maintaining high standards.

Paul Mendlesohn, chief executive of CODE, wrote to the GDC calling for a constructive dialogue, after the council ruled that 'non-

surgical cosmetic procedures should not be considered as legitimate additions to dentistry and they must be advertised separately to a dentist's practice of dentistry'.

He commented: 'We appreciate that the GDC was trying to clarify the situation on non-surgical cosmetic procedures. However, the impact of its statement was just to add to the confusion. So we are absolutely delighted that the GDC is going to have a rethink about dentists advertising cosmetic procedures.'

Dr Mendlesohn continued: 'It is the AFA's view that it is far safer for a member of the public to re-

ceive non-surgical skin treatments from a qualified doctor, dentist or nurse. In the light of that, if qualified professionals cannot advertise their status clearly, the public will find it extremely difficult to know what practitioner has the most appropriate skills. This must include skills in surgery and infection-control, as well as knowing how to deal with medical emergencies, in order to provide the safest and most effective and appropriate treatment.'

The GDC decided at its September meeting that it would review the statement it had previously released, banning the advertising of cosmetic procedures by dentists.

CODE believes advertisements for facial treatments should state that the provider is a dentist. This would be in the public health interest because the public could then discriminate between medically qualified and non-medically qualified providers.

It also thinks the GDC's previous guidance might be unworkable. For example, it is unclear whether dentists would be allowed to place adverts for aesthetic treatment immediately alongside adverts for dentistry or if they could place separate adverts in the same publication.



Dr Mendlesohn is campaigning for dentists to advertise cosmetic procedures alongside dentistry

Mendlesohn and the chairman of CODE AFA, Dr Reg O'Neill, will be meeting GDC representatives in the coming weeks. [D1](#)



# Me & Henry Schein

"When we opened our new practice, cashflow was a key priority for us. We operate a "just in time" ordering system so that we don't have too much money tied up in stock and Henry Schein Minerva's stock audit makes this much easier. We regularly order on-line and because we know we can rely on Henry Schein Minerva's excellent service and delivery, we can maximise our cashflow and credit terms."

Alex & Abby – Michael Dental Care, Cheltenham

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# Taking the plunge!

**Briercliffe Road Dental Practice in Burnley could be considered by some as an unlikely place to find a thriving, dynamic private dental practice. Helen Powell – Practice Manager and wife of Dentist Mike Powell, explains their journey into Private Practice and how help came from an unexpected source.**

The practice stopped taking adult NHS patients in March 2003, - now, 5 years later they are really experiencing the benefits of what, at the time, seemed to be a momentous decision. Mike's commitment to providing high quality treatment and the looming NHS contract changes were the real driving forces behind their decision and although they knew that similar decisions were being taken by many practitioners, their location, in a less than prosperous area of North West England, made the decision to become a private practice more difficult. Up until 2003, their patient base had grown steadily, as they had picked up patients from practices around them who had taken the private road years before and they were worried that their decision would result in a loss of patients. In fact, they had one of the most successful single handed Denplan conversions ever, with over 1,000 of their patients becoming enrolled in one way or another. Mike and Helen had a visit from Steve Gates, Denplan's MD and were asked to talk on several occasions to groups of dentists considering a Denplan conversion.

Since converting to private practice they have received a great deal of help in establishing and driving their business forward and at the forefront of much of their endeavours was help which came from what some may see as an unexpected source. Alistair Newsham – who Mike and Helen had known for many years, came to see them in the middle of 2003. He had recently been taken on by Henry Schein Minerva in the role of Business Consultant and came to tell them about his new role and how it might be of interest to them. Naturally, having known and trusted Alistair for a number of years Mike and Helen were keen to explore any ways in which they could add to their now steadily growing private practice. Alistair explained to them that Henry Schein

Minerva's philosophy was to help practitioners maximise profitability by helping them to run successful businesses. A philosophy that encourages those running the practice to look at the "bigger picture" and not get too obsessed with comparing the relative costs of a box of gloves!

From the outset, Alistair encouraged them to think about where they wanted their practice to be in the future and helped them to pinpoint where they could improve productivity and efficiency. Most of the ideas Alistair put forward would be straightforward for most large, established businesses, but for a small business like Mike and Helen's it was nothing short of a revelation.

They have incorporated a number of marketing ideas, mostly based on the advice given by Alistair and their marketing now extends to almost every area of the practice. Some activities are naturally more costly than others, but they all contribute to the growth of new patients and the delivery of excellent service and treatments to their existing ones.

Staff training is a vital element in effective marketing and when Mike and Helen decided that a dedicated Treatment Co-ordinator would be a good addition to their practice, Henry Schein Minerva arranged for another of their Consultants to visit the practice from Scotland. Gillian spent time with Mike and Helen explaining the role of Treatment Co-ordinator and how they could make this work in their practice. This role is still in its early stages but Mike has already seen the benefits of having someone else to assist the patient in treatment choices.

Since their conversion to Private Practice and through the undoubted help of Alistair and the team at Henry Schein Minerva, Helen has reassessed how she spends her time.



**“As Practice Manager I can now see the value of spending time working on aspects of the practice that will build our patient base, rather than searching through catalogues saving pennies on a couple of products. Ironically, by putting the bulk of our orders through Henry Schein Minerva we were able to negotiate extra discount anyway. Of course, we still take advantage of good value savings, but it has become much less of a driving factor for me.”**

Since 2003, and as they gained more confidence, Mike and Helen have followed a series of business programmes that they are certain have contributed to their success. In 2005, they achieved Investors in People, BDA Good Practice Award and completed their hat trick with the Denplan Excel accreditation, awarded in May 2005. As a team, Mike and Helen feel it is important to measure themselves regularly against these external standards, ensuring they are the best they can possibly be. Of course time does not stand still and Mike and Helen continue to be pushed and prodded by Alistair, with the backing of Henry Schein Minerva, to set objectives and achieve more for the benefit of their patients. “Our immediate goals for the practice are to make sure we make much better use of our intra-oral camera; - equipment we have had for over 5 years! Alistair has given us the idea of doing “mouth tours”, to encourage patients to take more responsibility for their oral health and to ask patients what im-



provements they would like to see. We are also exploring the sale of Oral Hygiene products in practice and how we can maximise the potential of this part of our service.”

The decision to go private is not an easy one, it is very hard work, but it was definitely the right one for Mike and Helen and although times are changing and they know they will lose a percentage of their patients as some new NHS practices spring up around them, they are quietly confident that discerning patients

will see the benefits they have to offer. “Our practice is busy and Mike has no desire to be more than a single handed practitioner, so for us, success is built around having a great team and being able to provide high quality dental treatment to motivated, enthusiastic patients in a pleasant comfortable environment.

**For more information email: [me@henryschein.co.uk](mailto:me@henryschein.co.uk)**





# Me & Henry Schein

"Henry Schein Minerva's philosophy is to help practitioners maximise profitability by helping them run successful businesses. From the outset, they encouraged us to think about where we could improve productivity and efficiency, providing practical advice and marketing ideas based on our individual circumstances. Working with Henry Schein Minerva in this way has been nothing short of a revelation."

Mike & Helen - Briercliffe Road Dental Practice, Burnley

## Partnership in Practice

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## Dental services continue to grow

Despite the credit crunch, demand for dental services continues to grow, according to the British Dental Trade Association. (BDTA). Last month it was announced that more than one million units of dental activity had been commissioned by PCTs in the past year and many new practices opened.

A BDTA spokesman said: 'Dentists are increasing their spending, although how much of this is accounted for by NHS expenses or because of increased private sector spending cannot be known accurately. Over half the increase results from single-use endodontic instruments, as well as oral hygiene and headpieces.'

'This points to trends towards cross-infection prevention and control and practices will need to review their equipment and materials, in order to fulfil new requirements.'

Although many dentists feel that effective prevention is no more deliverable under the new contract, it still remains an NHS

aspiration, with a Toolkit produced last year to encourage expansion of preventative practices.

### • Private dentistry

The really big trend in dentistry is the growth of the private sector over the last ten years. A year ago, HM Revenue and Customs figures showed more than half of dentists' income came from private work. The recent Healthcare Commission's survey of patients' views on primary care showed that, although half the population visited a dentist under the NHS, about a quarter saw a dentist privately, with the rest not going regularly.

### • Laboratories

Dental laboratories lost more than 50 per cent of the amount of NHS work ordered by practices during the first year of the new contract.

A recent survey of laboratory owners found a major impact was the shift from NHS to private work. On average, owners reported 45 per cent of turnover from NHS sources in



Dentists are increasing their spending

2008 compared to 50 per cent last year. Private work grew to 54 per cent in 2008 from 50 per cent in 2007. About 30 per cent of labs said that at least 80 per cent of turnover came from private cases, with one-fifth only doing private work.

### • Regulation and education

Since August, all dental team members must now be registered with the General Dental Council (GDC). There is also a move towards increased PCT regulation, but a major development is the Care Quality Commission, which will oversee both NHS and private practices. [D](#)

## Teeth brushing could reduce heart attack risk

A new study claims that thorough teeth brushing not only reduces the risk of

tooth decay, but also cuts the risk of a heart disease.

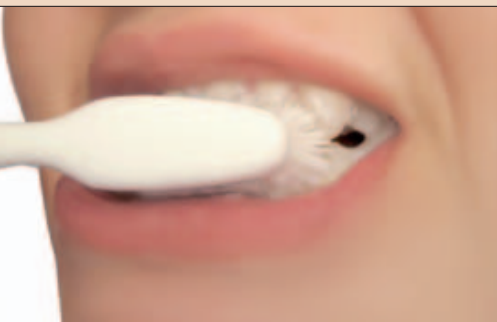
Previous studies showed an unexplained link between gum disease and the increased likelihood of suffering from heart disease or a stroke. But a team has now discovered that the organism's defence mechanism can sometimes destroy its own protective cells by over-responding to gum-disease. This can lead to atherosclerosis, a cause of heart attacks.

A team led by Greg Seymour of the University of Otago in New

Zealand uncovered the link, after observing how intensive brushing affected people with cardiovascular disease.

He said: 'An understanding of all the possible risk factors could help lower the risk of developing heart disease and lead to a significant change in disease burden.'

The study's findings will be discussed at the Society for General Microbiology's Autumn meeting at Trinity College, Dublin. [D](#)



Meticulous brushing could keep hearts healthy

## Sparse dental care for Hayling Island

People living on Hayling Island are struggling to find dental care in the area.

Out of the Island's total population of around 17,000, only around 3,500 people per year receive NHS treatment.

With only four dentists working on Hayling, many NHS patients are forced to travel to the mainland.

Even patients who are registered privately with dentists on

the Island may have to wait weeks for treatment, unless they are in pain.

The two dental practices on the Island do not have the facilities to take on any more patients, whether NHS or private and waiting times are up to six weeks during the summer.

The House of Commons' Select Committee report on dental services, published on June 23, said the Government's recent overhaul of dentists' contracts,



Only 3,500 people per year receive NHS treatment on the island

which promised to increase preventative treatments, had actually had the opposite effect. [D](#)

## Sky dives for Charity

Supporters of oral health charity, Dentaaid, raised more than £3,000 through a sponsored sky dive. The recent event at Western on the Green airfield, near Oxford, was organised as part of the Dentaaid Denplan partnership.

The jumpers, who were attached to a professional parachute instructor, were launched from the plane at 10,000 feet.

Dentaaid's fundraising assistant, Felicity Patterson, who took part in the sky dive, said: 'It was an amazing experience that I will never forget. It was exciting, exhilarating and scary, the views were amazing and I did feel safe with my instructor, who had worked as a stunt double on some big films.'

'Well done and thank you to all of you who took part. This event has raised cash for Den-

taid's work to improve the oral health of disadvantaged communities throughout the world. We are currently sending equipment and instruments to projects in Peru, Cambodia and Uganda.'

Dentaaid is planning two sky dives next year on May 22 in Brackley, Northamptonshire and on July 3 in Lancaster. For a registration pack, email [info@dentaaid.org](mailto:info@dentaaid.org) [D](#)



Dentaaid's fundraising assistant, Felicity Patterson before the jump, with her instructor.

## Denplan launches Essentials Direct

Leading UK dental plan provider, Denplan has launched a new online service called, *Essentials Direct* to enable dentists to grow their business.

Up to 9,000 patients a month use Denplan's, *Find a Dentist*, search facility at [www.denplan.co.uk](http://www.denplan.co.uk), and they can now sign up to the Essentials Direct dental plan immediately.

*Essentials Direct* is specifically designed to enable dentists to increase their Denplan Essentials patient numbers, without having to actively promote the scheme in their practices.

Denplan's Michael Rudman said: 'Denplan Essentials is such a popular product and *Essentials Direct* now makes it quick and easy for patients looking for a dentist to sign up with. It is great for the patient as they don't have to make a special trip into the practice. It is also great for the dentist, because they don't have to take time away from their patients to market the service in their surgery and can develop their business with the minimum of effort.'

For more information phone: 0800 328 3225 or log onto: [www.denplan.co.uk](http://www.denplan.co.uk) [D](#)



## Jolly good Fellows

Two leading figures in the dental profession have received Fellowships from the prestigious Edinburgh Royal College of Surgeons in recognition of their support to postgraduate education.

Dr Roger Matthews, chief dental officer, for Denplan together with Dr Mike Busby, a consultant trainer for over 18 years, received their Fellowships from the dean of the Faculty, Professor Jonathan Cowpe.

Commenting on the award, Dr Matthews said: 'As a significant stakeholder within the profession, Denplan has and will continue to sponsor dental conferences, seminars and study

days at all UK colleges, maintaining a dialogue with and support for the Faculty at a time of continuing turbulence for the profession in the UK.' [D](#)



Dr Matthews: 'Denplan will continue to show its support.'





# Me & Henry Schein

"Sometimes people think that big companies aren't interested in NHS dental practices, my experience of Henry Schein Minerva is just the opposite. They have encouraged and supported us in many ways, providing an excellent staff training programme which has really helped develop our personnel. We now have an established facility that provides outstanding care for our patients, all made possible by the first class service we receive from Henry Schein Minerva."

Yemi Opaleye – Tetbury Dental Practice, Tetbury

## Partnership in Practice

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