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News in Brief

Patient swallows toothbrush

A recent report has told how a 24-year-old was repeatedly turned away by doctors as she tried to convince them that she had swallowed her 9 1/2-inch toothbrush. According to reports, it took two visits to two separate hospitals in northern Israel before Bat-El Panker, 24, of Kiryat Yam, was able to convince a doctor that she had in fact accidentally swallowed her green, white and orange toothbrush while brushing her teeth. The report said that the toothbrush had slipped down her throat as she bent over to drink some water whilst the brush was still in her mouth. According to reports, the plastic toothbrush did not show up on X-rays, which lead doctors at the first hospital to send her home. "I begged for another exam. I knew I'd swallowed a big toothbrush, but no one believed me," she was quoted in one report. "They thought I was crazy." Eventually doctors at Carmel Hospital believed her, however the toothbrush still failed to show on an X-ray or ultrasound. The toothbrush was finally located in her stomach thanks to a sophisticated CT scan, and doctors were able to remove the toothbrush without resorting to surgery by coaxing it up the oesophagus with a diagnostic endoscope.

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News



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The art of listening Mhari Coxon discusses listening techniques

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Satisfied, but not enough

Office of Fair Trading (OFT) report makes recommendations to free patients from restriction of dentist referral

Evidence gathered in the recent Office of Fair Trading report, has suggested "that dental patients are largely satisfied with the services provided by their dentist." However, the report has also highlighted some areas for improvement.

The OFT study found that patients have insufficient information to make informed decisions about their choice of dentist and the dental treatments they receive; it also stated the complexity of the complaints process for patients, instances of potential pressure selling by dentists of dental payment plans and the need for accurate and timely information for patients. The OFT is calling on NHS commissioning bodies, the General Dental Council and the Care Quality Commission to be proactive in enforcing existing rules which require dentists and dental practices to provide timely, clear and accurate information to patients about prices and available dental treatments.

The report also raised sufficient concerns about continued restrictions preventing patients from directly accessing dental care professionals, such as hygienists, without a referral from a dentist. The report considered these restrictions to be highly unjustified, and the OFT have responded by urging the General Dental Council (GDC) to remove restrictions preventing patients from making appointments to see dental hygienists, dental therapists and clinical dental technicians directly, as soon as possible.

The OFT report also high-

lighted concerns with the current NHS dental contracts in England and stated how it is extremely difficult for new dental practices to be established and how successful dental practices, which offer a higher quality of service to NHS patients, are prevented from expanding. As a result, the OFT has urged the Department of Health to redesign the NHS dental contract to facilitate easier entry into the market by new dental practices and allow successful practices to expand.

John Fingleton, OFT Chief Executive said: "Our study has raised significant concerns about the UK dentistry market which need to be tackled quickly in the interest of patients. All too often patients lack access to the information they need, for example when choosing a dentist or when getting dental treatment. We also unearthed evidence that some patients may be receiving deliberately inaccurate information about their entitlement to NHS dental treatment, and we expect to see robust action taken against such potential misconduct by dentists.

"This study has also highlighted that the current NHS dental contract in England may well not be working in the best interests of patients, and that regulations unjustifiably restrict patients from getting direct access to dental care professionals like hygienists. Reform in both these areas is needed without delay."

In response to the report, Dr Susie Sanderson, Chair of the BDA's Executive Board,

said: "Where patients do have concerns about their care, it is clearly important that they have an effective complaints process. This is helpful for dentists and patients alike and dentists support the goal of making the process as simple as possible.

"Also crucial is the development of a new dental contract which is already under way in England. In piloting and designing those new arrangements Government must ensure that it

provides clarity about what the NHS offers and properly supports practitioners in providing the kind of modern, preventive care that our patients deserve."

Dr Nigel Carter Chief Executive of the British Dental Health Foundation (BDHF) said in response to the OFT report: "Whilst we welcome the report and the fact it recognises the need for change in certain areas, some of the findings are

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From strength to strength – Clinical Innovations Conference 2012

The ninth annual Clinical Innovations Conference has been hailed a ‘fantastic success’ from delegates and organisers alike. *Dental Tribune* was there...



Delegates and exhibitors mingle

The Clinical Innovations Conference 2012, organised by Smile-on and the AOG and in association with The Dental Directory, was a fantastic success, boasting world-class speakers, cutting edge topics and practical advice for the many dental professionals in attendance.

Held last month at the Millennium Gloucester Hotel in London, the event saw more than 400 visitors from across the country come together for the two-day event.

As befits one of the leading aesthetic and restorative conferences held in the UK,

delegates were able to expand and develop their understanding of ideas and techniques with help from some of the top names in the field. For the first time, the event included a London Deanery DFT Conference, running alongside the Clinical Innovations Conference, providing more variety and attracting a number of additional practitioners.

The event began on the Friday, with world-renowned Dr Nasser Barghi speaking on ‘All-Ceramic and CAD/CAM Restorations in 2012: Clinical Steps’, to a highly attentive audience. Always a popular speaker, Dr Barghi’s look at restorative materials and the

best indication for each was both practical and entertaining.

After the coffee break the conference split into two streams; Dr Wyman Chan and Dr Anthony Roberts. Dr Chan gave a lecture on ‘Modern Bleaching Techniques’. As a dedicated tooth-whitening dentist, Dr Chan focussed on bleaching techniques and the science behind the products he uses, as well as running a live demonstration alongside his lecture, with his dental nurse.

Simultaneously, Anthony Roberts spoke about ‘The Periodontal Jigsaw: Putting it all Together’. Looking at what a measure of success in periodontal treatment might mean for both clinicians and patients, Dr Roberts discussed BPE charting and the journey of diagnosis. He also explained the clinician’s role as motivator, communicator and educator in addition to their clinical capacity for the best treatment for patients.

The afternoon continued the high standard of speakers, with Richard Kahan giving an enthusiastic talk on ‘New Horizons in Endodontic Diagnosis and Treatment Planning’.

Comparing the dental and medical industries, Richard highlighted the issue that den-

tistry has a far smaller range of tests to use when diagnosing a patient’s complaint. In fact, the only truly objective test is an X-Ray. This is not however, a totally reliable tool, as its limitations can affect the results shown. If an X-Ray does not show a specific problem that does not necessarily mean there is nothing wrong – if a lesion for example is limited to cancellous bone, an X-Ray will not show it at all.

In effect, an X-Ray gives a ‘shadow’ of the tooth structure, so a 2nd and 3rd dimension is needed for an accurate diagnosis. The Limited Volume Cone Beam Computed Tomography (CBCT) gives this, and allows for a reliable and immediate diagnosis; preventing the possibility of working on the wrong tooth and causing more problems than existed originally.

Nasser Barghi, Mhari Coxon and Fraser McCord then separated the conference into three streams, speaking on ‘Bonded All Ceramic Restorations in 2012’, ‘Effective Bio-film Management’ and ‘Diagnosis of Complete Denture Problems’ respectively.

Fraser McCord took over the lectures to discuss the best techniques for diagnosing problems with complete dentures. He was quick to establish five main areas where problems arise:

- Support (resistance to movement towards the tissues)

- Retention (resistance to movement away from the tissues)
- Stability (resistance to movement by horizontal forces)
- Appearance
- Miscellaneous

‘Visitors were able to expand and develop their understanding of ideas and techniques with help from some of the top names in the field’

To diagnose each, Dr McCord recommended a hands-on approach, tracing the dentures while in the patients’ mouths to find where problems could be occurring.

Dr McCord concluded his lecture with a few pointers to aid success with complete dentures. The first was that practitioners should ensure they use the suitable diagnostic treatment with confidence and competency. Patients’ expectations should also be kept realistic and the dentures should be age appropriate, helping them to look as natural as possible. Finally, good communication with the tech-



Innovation in practice



Visitors receive their passes and day programmes



Dr Nasser Barghi presents his lecture



Dr Wyman Chan during his live demonstration

nician is of huge benefit, particularly when dentures need manufacturing or adjusting.

Mhari Coxon followed on from Dr Roberts' presentation of the morning with a look at biofilm management. Giving an update on recent research into biofilm, Ms Coxon illustrated the four stages of biofilm development and showed 3-D images of biofilm in its various stages of attachment, growth, maturity and dispersal. She then went on to discuss the methods of removing biofilm and the evidence to support their use.

The first day concluded with Professor Gianluca Gambarini lecturing on '3D Endodontics: Concepts and Techniques'. Discussing the benefits of cone beam technology, he illustrated the importance of working with 3D images to diagnose patients' complaints.

Professor Gambarini then looked at techniques to treat a variety of complicated endodontic problems. As a great believer that the 'Anatomy dictates instrumentation', he showed that success of endodontic treatment can only be achieved if the most appropri-

ate tools and techniques are adopted for each case.

The London Deanery DFT Conference was for London Deanery Foundation dentist attendees only, and proved to be a popular addition. The exciting new programme featured captivating lectures from Richard Kahan, Nasser Barghi, Martyn Cobourne, Stephen Henderson and Dr Wyman Chan.

'The London Deanery DFT Conference proved to be a popular edition'

In the evening, the event hosted its third annual Charity Ball, where hundreds of delegates dressed to impress. Attendees were greeted by a champagne reception, and were able to relax and enjoy a sumptuous three-course meal, live entertainment in the form

of dentist-turned-magician Dr Raj Rattan and fantastic company. As part of the evening, the brand new Clinical Innovations Award was launched, designed to showcase the best, most innovative products currently on the market (see pages 4&5 about the award). Dinner was then followed by dancing and a fabulous party into the night.

The morning after the night before is always a tough start, but with speakers such as Basil Mizrahi and Ajay Kakar to look forward to delegates were fired up for the Saturday programme.

Dr Mizrahi discussed 'Clinical Tips and Techniques to improve the aesthetic and biochemical precision of your dentistry'. A very practical-based lecture, Dr Mizrahi looked at ways to make the preparation of teeth easier; from the use of loupes for better vision to the type of hand-piece used for prepping teeth. Various issues surrounding restorations were discussed; from dealing with microleakage to the problem of bonding to dentine.

As the Conference split into three sessions again, Professor Gambarini returned to speak about 'Improving Root Canal Preparation and Obturation'. Simultaneously, Ajay Kakar lectured on 'Non Surgical Management of Periodontal Disease', Sandeep Senghera discussed 'Treating Your Patients and Business to the Latest in Technology' and Dr Nasser Barghi spoke about 'CAD/CAM Zirconia' to MSc students.

Dr Senghera's presentation was a practical look at marketing your practice to new and existing patients using the technology that many use daily in their personal lives – smartphones, social media etc. Likening the patient base to a bath with water running in and draining out, he emphasised the need to ensure patients are retained with smart recall processes and timesaving strategies for patients such as online appointment booking.

John Moore then took over the speaking to explore 'Digital Dentistry and the Advantages for Cosmetic Treatments'. Primarily discussing how his practice is using the CEREC system to their advantage, Dr Moore showed how clinicians can use CAD/CAM in their practices to fulfil patients' requirements.

Dr Barghi returned again in the afternoon to repeat his

popular lecture on Bonding from the previous day, while Dr McCord's lecture was 'An Update on Impression Techniques for Complete Dentures'.

Dr Nilesh Parmar looked at 'Dentistry in the 3rd Dimension'. Discussing the clinical applications for CBCT in various branches of dentistry, Dr Parmar used many case examples using the technology to illustrate how, in his words, it 'changed my working life'.

The Clinical Innovations Conference 2012 came to a close on the Saturday afternoon, with Dr Amit Patel speaking on 'Peri-implantitis – a Future Timebomb'. With the growing trend of placing dental implants, cases of peri-implantitis and peri-mucositis will inevitably increase.

Dr Patel discussed the process of the inflammation and the reasons for it, looking at prosthesis design. He discussed his preferences for

screw-retained restorations and looked at therapies for managing the inflammation.

One of the many strengths of the Clinical Innovations Conference is that it combines lectures with live workshops, demonstrations and a trade exhibition, to cater to practitioners' every need. Between lectures, delegates were able to browse the exhibition stands, accessing some of the latest technologies in the world of aesthetic and restorative dentistry, and put their questions directly to the experts at each company.

Feedback from the event has been fantastic, with many delegates already penning the 2013 date in their diary. Next year's event, the tenth anniversary of the Clinical Innovations Conference, will be held 17-18th May 2013. See you there! [DT](#)



Noam Tamir and Ajay Kakar with guests at the AOG ball



Well done to the Smile-on team



Guests party the night away at the AOG ball

Rewarding innovation

Dental Tribune looks at the first Clinical Innovation Award finalists

The first ever Clinical Innovations Award, a fantastic new prize designed to showcase the best, most innovative products on the market today, was held this year at the Clinical Innovations Con-

ference Charity Ball.

The Clinical Innovations Conference, now in its ninth year, has become one of the leading conferences in aesthetic and restorative dentistry

in the UK. The conference itself brings together top international thinkers who present the very latest developments in dentistry.

In keeping with the theme

of the lectures, these conferences have become the backdrop for companies to expose the genius of their innovative products. Smile-on and the AOG invited the dental industry to nominate their most innova-

tive product to be judged by a panel of experts.

There was a fantastic range of entries, some of which were described as "breathtakingly brilliant", others of which were defined as "superbly practical"; all were distinguished as having innovation at the heart of their solutions.

The judging panel consisted of a number of esteemed dental professionals, as well as members of a number of key journal editorial boards. As the award ceremony got underway, the judges were keen to comment on the variety and excellence of all the products short-listed, which had given the panel "great admiration" for all the companies involved. With such a strong short-list, picking a final three was tough, and the judges were particularly interested to examine innovation for dentistry as a profession – not just in the product itself.

With such a strong line-up of potential winners, the winner of the inaugural Clinical Innovations Award really had to stand out above the rest and after much careful deliberation, Dean of the London Deanery Mrs Elizabeth Jones announced the winners.

The winner was the **Morita Veraviewepocs 3D R100 X-Ray machine** and according to the judges it was a cut above the rest:

"This is an amazing development. No one thought anyone could achieve it. The field of vision in the right trough providing accurate information has been almost impossible with rotational devices. This is a technological breakthrough of increasing an 80mm diameter cylindrical field of vision to 100mm triangulated field of vision – to simulate the shape of the triangulated mandible, now includes the missing anatomy without exposing other tissue. This improves accurate detailing and will enhance patient safety when diagnosis and treatment planning is undertaken."

Launched in March 2012 the Veraviewepocs 3D R100 is the latest model in the Veraviewepocs 3D series of combination panoramic, cep & cone beam CT devices. It re-defines the concept of 3D imaging with a unique Reuleaux Triangular FOV which more accurately matches the shape of the patients' jaw. The R100 FOV in-

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- ◆ Information on vulnerability, signs of abuse and neglect and action to take in cases of suspected abuse.
- ◆ Oral Health issues for vulnerable people
- ◆ Care Quality Commission
 - Outcome 1 Respecting and involving people who use services
 - Outcome 2 Consent to care and treatment
 - Outcome 4 Care and welfare of people who use services
 - Outcome 7 Safeguarding people who use services from abuse
- ◆ GDC statement on Child Protection and Vulnerable Adults, (expansion of standards for Dental Professionals principle 1.8)
- ◆ "Delivering Better Oral Health" for older patients



cludes relevant anatomy that would be imaged with a 100mm circular diameter cross section but excludes irrelevant tissues outside the jawline. Not only was it previously considered impossible to achieve anything other than a circular cross section, but by achieving this, the X-ray dose to the patient is comparatively lower by around 15 per cent. With such powerful implications for enhanced patient safety, the R100 is the deserving winner of the first ever Clinical Innovations Award.

The highly commended award went to W&H with its entry the Proface light probe. Despite all the years of research in the field, detecting caries remains difficult. Where previous caries detection devices have generally been chemical based leaving stains, the **Proface light probe** was commended for its innovative approach that, while not perfect, provides the right approach to 'evidence' in knowing when to stop treating.

This new innovation allows direct visual identification of the caries-infected areas, thereby enabling selective treatment during caries excavation due to the ease of detecting the caries. Proface enables simple identification of the extent of a carious lesion allowing the clinician to ensure that subsequent excavation is minimally invasive and leaves healthy tooth structure intact. It also allows the clinician the confidence of knowing that they have eradicated the entire caries.

The commended award went to **NSK S-MAX PICO HANDPIECE**. In the modern era of micro cutting and magnification, this handpiece reduces the size of its head to allow wider visibility and better access to the posterior regions of the mouth where mouth opening is restricted, or in children and patients where mouth opening is limited. This handpiece has the smallest neck and head size yet developed in dentistry and the NSK's S-Max pico ultramini turbine has been specifically developed for minimally invasive (MI) procedures. The technical specification of this handpiece's cutting ability for such a small head is impressive. This is minimalistic functional art in action.

Finalists for the award were:
 - **The Carestream CS7600**, the world's first Intelligent Image Plate System
 - **COMPONEER** from Coltène/Whaledent, Direct Composite Shells that represent a completely new class of veneers
 - **Tri Plaque ID Gel** from GC UK, a gel that allows you and your patient to identify areas of plaque in three easy steps
 - **Propoints** from Smart Seal,


the only obturation product to use hydrophilic polymers which absorb water and expand laterally within the root canal, creating a 3D mechanical seal

- **TEPE Angle** from TePe, designed to provide improved access and cleaning. A TePe Angle clip strip also offers a novel way of displaying the entire range in dental practices

- **The Nano Water Flosser** with the Plaque from Waterpik, which has been described as the "pinnacle of modern Water Flosser technology."

nology."

- **A piezo scaler** developed by Tigon+ W&H that provides the patient with temperature-controlled irrigant spray thus avoiding irritation, even for sensitive teeth

Smile-on and the AOG would like to congratulate all the winners of the Clinical Innovations Award, and would like to thank everyone who helped make the Clinical Innovations Conference such a resounding success. 



Rob Pounds receives his award



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- Managed Service
- Practice Accounts

DT continued from page 1

flawed and out of date. The Steele Review, which was commissioned by the last government, has already addressed the concerns raised around the 2006 NHS Contracts and a replacement proposal is already being piloted. The results of this will be used to help shape the future of the way NHS dentistry is delivered.

“The recommendation for the GDC to require that private practices display a pricing structure is irrelevant. A dentist should provide a patient with a treatment plan, and as each patient’s plan is different, fixed pricing will lead to confusion and the possibility of disappointed patient expectations.

“The report suggests that patients should be given direct access to dental hygienist and

therapists. And whilst supporting this recommendation, as we believe it may facilitate better understanding of oral health and encourage new patients and more referrals to the dentist, it must be done under caution.

“This report should not be taken as cure-all for the future of dentistry in the UK and if taken in isolation it does not deliver a satisfactory solution for the patients or the dental health profession. The findings of the OFT report need to be included and reviewed as a part of the education, research and change which needs to happen to deliver the best quality dental care.”

David Worskett, Chair of the Association of Dental Groups (ADG) said: “The Association of Dental Groups, which repre-

sents the larger corporate providers of dentistry and Dental Groups, welcomes the OFT’s market study of dentistry in the UK and supports many of its key conclusions.

“In particular, ADG members, who account for some 10 per cent of NHS dentistry, support provision of clearer pricing information and are pleased to have been able to reach agreement with the OFT on ways of extending and improving this.

“The ADG supports the OFT’s emphasis on choice and competition in dentistry. Members welcome the emphasis in the report on improving entry to the market for new providers and the support the OFT gives to increasing tendering. Long-term contracts facilitate investment and continuity of pa-

tient care but must not prevent commissioners from tackling poor quality. The OFT’s recommendations to the sector and to the Department of Health have the potential to improve quality for patients and help to drive up standards, particularly when taken in conjunction with the new NHS dental contract, which addresses many of the worst problems identified by the OFT in the current arrangements.

“Clinical opinion in the UK remains divided over the issue of direct access to some dental services and the ADG believes that it is clinical considerations that should determine whether to go down this route. The ADG therefore awaits with interest the work already being undertaken by the GDC on this.

“It is of course vital that im-

proper practices are driven out of UK dentistry and the OFT is completely right to draw attention to the worst types of abuse. ADG members already have very high standards of clinical and corporate governance designed to prevent abuse and protect patients.

“However it is welcome news that the level of abusive practices is put into perspective by the very high levels of patient satisfaction and in practice there is already considerable choice and competition on the high street, bringing real benefits to patients. The ADG agrees with the OFT that the overall assessment of the market does not require or justify a referral to the Competition Commission.” DT

GPs draw the line at CQC reg fee payment

According to a recent report, it has been agreed by the local medical committee’s conference that GP practices should not have to pay for CQC (Care Quality Commission) registration.

North Yorkshire GP Brian McGregor said in the report that GP practices were “already subjected to oversight from 28 organisations and the CQC would become the twenty-ninth as of next April.”

Dr McGregor won support for his demand that registration should not impose any expense on practices.

He said: “It’s a bit like medieval times, giving a piece of silver to the axe-man to ensure the sweep was sure. The ultimate cost of registration should not fall on GPs.”

The report also quoted Gloucestershire GP Steve Alvis, who said he did not want his GP

practice to become a stark environment, “with plastic flooring replacing carpet in a bid to meet CQC standards.”

GPC contracts and regulation subcommittee chair John Canning reportedly said it was ‘claptrap’ that GP practices will have to replace carpets and that when CQC begins consulting fees for CQC registration, GPs and local medical committees should respond by telling them exactly what they think.

According to the report, the conference called on the CQC to use transparent and evidence-based criteria when deciding

which GP practices to inspect and reiterated its belief that registration was a bridge too far. DT



It has been agreed that GPs should be spared the fee to register with CQC

All smiles as professor scoops Lifetime Achievement Award

The former dean of Dundee Dental School and chair of the Dental Schools Council, Professor William Saunders has received the first ever Scottish Dental Lifetime Achievement Award paying tribute to his commitment to the dental industry in Scotland.

Professor Saunders has made a substantial contribution to dentistry in Scotland over many years and has been pivotal in the development of undergraduate and postgraduate teaching. He also sits as a council member of the Royal College of Surgeons of Edinburgh.

Four of Scotland’s top dental professionals were nominated for the award - Professor Saunders was up against Dr Graham McKirdy from Glasgow, Edinburgh’s Dr Jim Rennie CBE and Dr Hew Mathewson CBE. Fellow industry professionals voted

online making Professor Saunders the clear winner.

He received the accolade at an evening drinks reception during the inaugural Scottish Dental Show at Glasgow’s Hampden Park on Thursday 24 May. BBC sports pundit Chick Young, who entertained guests with dental tales and football anecdotes, presented the trophy.

Bruce Oxley, editor of *Scottish Dental* magazine, organisers of the Scottish Dental Show and Scottish Dental Lifetime Achievement Award 2012, said: “Professor Saunders fellow professionals admired his continued commitment and his exceptional academic work making him a worthy winner of the first Scottish Dental Lifetime Achievement Award.

“Employing more than 10,000 professionals in Scotland,

dentistry is a significant industry and Professor Saunders influential work can ensure that the country continues to produce the very finest graduates.”

The award was one of the highlights of the Scottish Dental Show, where more than 100 exhibitors representing the cream of the UK dental trade have been showcasing the latest innovations, product developments, services and launches.

Created by the Connect Publications a subsidiary of Scotland’s largest contract publisher Connect Communications and the publishers of *Scottish Dental* magazine, the free event is providing up to 12 hours of verifiable CPD through speaker sessions and hands-on workshops. The Minister for Public Health, Michael Matheson MSP officially opened the show. DT

Dentist to clean shark’s teeth

Richard Howarth, a 45-year-old dentist from Smile Style Dental, is taking up a fund-raising challenge to dive in a shark-infested tank!

Richard, who has been invited to do the charity event at the Blue Planet Aquarium, Manchester, will be cleaning the teeth of a shark named Storm, an 11.5ft Sand Tiger Shark who weighs in at a staggering 30 stone!

For the challenge Richard, who is taking specialist training before spending half an hour in the chilly shark infested tank, will be equipped with a toothbrush so he can clean Storm’s 46 razor-like teeth!

Richard hopes to raise £2,000 through this challenge for the charity Dental Mavericks and their work to end the daily dental pain for Moroccan kids. The money will help buy a solar

powered dental chair so that more conventional dental care can be provided rather than just extractions and fillings for the charity Dental Mavericks and their work to end the daily dental pain for Moroccan kids.

Richard Howarth, who is a member of the Dental Mavericks Charity, is travelling to Morocco in September for eight days to treat children in severe dental care. Richard said: “The idea for this crazy dive came from a patient of mine. I think they find it funny that I spend my life helping patients who are anxious and fearful. And for me to immerse myself in the tank then the tables would be turned.”

Richard has been invited to do the charity event at the Blue Planet Aquarium, Manchester from 1:00pm to 1:30pm on 8 June 2012. DT

Editorial comment

The news today has been dominated by the Office of Fair Trading's report into dentistry and the recommendations that they have made. People from all areas of the profession have been making their cases in a variety of media – radio, TV, newspapers etc – aiming to downplay what many

have called the sensationalising of the report.

Yet again the drum of evil dentist misleading patients has been banged, trying to drown out the fact that the majority of those who responded (and that was 3450 people) are actually satisfied with the dental care they receive.

Statistics, as we all know, can be twisted to prove anything. In my post-graduate days as a green and grateful marketing assistant for a firm selling telephone systems, I had to ring local businesses to find out about their systems for a university-based project. Treated as a loathsome cold calling salesperson, I had to take the figures from the nine companies who bothered to talk to me and make

a presentation out of them. With the use of the times by five principal and some lovely pie charts, I made a fantastic presentation that bore no resemblance to the true situation of the telephone system usage of the city's local businesses.

Sound familiar?
Thought so.

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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Dental training needs 'urgent consideration'

The recent Health Select Committee report on Education, Training and Workforce Planning highlights a failure to adequately consider the dental issues that must be tackled, the British Dental Association (BDA) has said. This must be addressed urgently, the BDA believes, by proper consideration of how changes might affect dentistry and what must be done to support dental training.

The report, which notes a lack of vital detail in plans for the reform of the training and education of healthcare workers, has nonetheless failed to pick up properly on warnings in the BDA's submission to the Health Select Committee inquiry, meaning that the issue of how the training of dentists and their teams will be paid for is still unclear. Detailed assurances that dental practices will not be expected to pay for training, a scenario that would be completely unacceptable, are urgently required, the BDA believes.

Dr Judith Husband, Chair of the BDA's Education and Standards Committee, said: "This report reminds us that the Government's plans are still lacking in important detail and require significant further development. Disappointingly, differences between medical and dental training remain unacknowledged and dental-specific issues have not been addressed.

"The BDA has been pressing for clarity on these issues. That they continue to be unresolved is a source of frustration and anxiety for dental practice owners. Dentists need to see a bold, unambiguous statement from Government that confirms that they are not to be landed with a huge financial burden for training future generations of the profession." **DT**



The regime that shows plaque bacteria no mercy

Brushing and flossing/interdental cleaning are pivotal to oral hygiene. They displace and dislodge dental plaque bacteria that can cause gingivitis and periodontal disease. But bacteria from other areas of the mouth can recolonize on teeth quickly.¹

Using LISTERINE® after mechanical cleaning destroys oral bacteria effectively, killing up to 97% *in vivo*.² This lowers the bacterial burden in the mouth and in plaque that reforms.³ And when used for 6 months, LISTERINE® can reduce plaque levels by up to **52%** more than brushing and flossing alone.⁴ In addition, LISTERINE® Total Care products offer various levels of fluoride and other benefits to suit patients' needs.

So recommend LISTERINE® as the final step in your patient's daily regime, to finish the job started by mechanical cleaning.



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Finish the job. Finish off with Listerine.

References:

1. Barnett ML. JADA 2006; 137: 16S-21S.
2. Data on file FCLGBP0023+28, McNeil PPC.
3. Fine DH, et al. J Clin Periodontol 2005; 32: 335-40.
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ID:UK/LI/12-0084

Buying smarter could save NHS £1.2bn

New ways of buying supplies and medical equipment could save the NHS £1.2 billion to reinvest in patient care, Health Minister Simon Burns announced today.

The NHS has been asked to 'raise its game' when purchasing goods and services, such as gloves and sutures, catering and energy, to save at least £1.2 billion over the next four years.

The Department of Health, working with the NHS Supply Chain, has also established a £300 million cash fund to enable the NHS to bulk buy large equipment such as:

- CT scanners
- MRI scanners
- ultrasound machines
- cancer treatment technology

Thanks to this fund, £11 million has already been saved through orders that have been placed in advance via NHS Supply Chain with suppliers.

Traditionally, the NHS has struggled to make the most of its buying power as there was very little knowledge between local hospitals about their equipment needs. This fund allows the NHS to benefit from the savings of bulk buying expensive medical equipment via NHS Supply Chain.

Health Minister Simon Burns said: "Waste is unacceptable when we know there are simple solutions. That is why the NHS needs to buy smarter and get the best value for the taxpayer for every penny spent.

"We know that at least £1.2 billion could be saved over the next four years if the NHS innovatively changes the way it buys goods and services.

"Already, over £11 million has been saved through bulk-buy discounts on the cash fund.

"This is the first step to better, smarter procurement in the NHS and we will be working closely with hospital trusts over the next six months to help them save even more

money that can be reinvested in patient care."

The recommended life of the majority of equipment such as CT and MRI scanners is ten years, after which it either needs updating or replacing because of wear and tear. There are over 200 of these large scale items that will need replacing over the next couple of years and the NHS will be able to significantly benefit from the discounts achieved via these bulk buy deals when replacing this important equipment.

By having the cash fund available, the NHS Supply Chain are able to secure better bulk buys deals for the NHS with suppliers. As equipment is purchased by trusts, payment for it will go back into the fund, effectively replenishing it for future use.

Andy Brown Managing Director of Business Solutions for NHS Supply Chain said: "This important development

will allow NHS Supply Chain to group together the purchasing power of the NHS for this vital equipment, make large commitments to suppliers and bring improved planning to the management and replacement of this equipment across the NHS and with suppliers."

Procurement plays a valuable role in driving improvement in services. Better procurement means these savings can be reinvested to benefit patients. Our ambition is to put in place a world-class procurement system in the NHS that is responsive to modern suppliers. This will enable the NHS to adopt existing innovations and stimulate new ones that will benefit patients and taxpayers.

In addition, hospitals are now being asked to drive forward improvements through a series of actions, being more transparent and assessing how they buy equipment and services, including:

- Publish the details of all contracts over £10,000
- Appoint a board executive to be accountable for procurement performance
- Regularly audit procurement

These actions in Raising our Game will be taken forward immediately, whilst the strategy for developing world-class procurement will be published later this year.

It is vital that we have procurement that is not only better, but is world class. As a first step, Raising our Game sets out the actions that the NHS must take immediately. It should be focused on outcomes, not just cost, and must be responsive to creative ideas from suppliers, procurement specialists, clinicians and managers.

Transforming procurement in the NHS could enhance quality and value and the strategy for delivering this will be published later this year. **DT**

Trade a smile for a 'smiley'

Want to take part in National Smile Month? Struggling for ideas? Budget too tight? Make the BDHF smile and they can help.

Campaign organisers the British Dental Health Foundation are offering five organisations the chance to win 300 'Smileys' to aid their event, simply by making them smile.

So how does it work? Well, you can post your idea on their website, Facebook fan page, on Twitter or email them. They'll pick out their favourite and voila – free 'Smileys'. The contact details you will need can be

found below.

Dr Nigel Carter, Chief Executive of the Foundation, said: "So far the campaign has generated an excellent response. It is extremely pleasing to see such a variety of organisations taking part in this year's campaign.

"We hope by making so many 'smileys' available free of charge that more organisations will come forward and help us spread the messages of National Smile Month. All you need to do is make us smile!"

Submit your attempts to make the BDHF smile by 5pm

on Friday 8 June at the following places to be in with a chance of winning:

- www.smilemonth.org/page/competition
- Facebook fan page – 'National Smile Month'
- Twitter – @smilemonth, @DavidW_BDHF or @DavidA_BDHF
- Email – pr@dentalhealth.org

For further information please visit www.smilemonth.org or call 01788 539792. **DT**

"Grand Tour" to benefit Dentaaid

Elizabeth May is a specialist in Special Care Dentistry currently working for the Somerset Primary Care Service. She plans to celebrate her retirement in June with a "Grand Tour", in aid of Dentaaid, visiting each of the county's ten clinics in turn – about 200 miles – backpacking with a lightweight tent.

Starting on June 28th, the route will take her from her home in the Mendips to Frome, Yeovil, Chard, Taunton, Wellington, Minehead, Bridgewater, Burnham-on-Sea, Wells, Glastonbury and home, cover-

ing about 25 miles per day, using many of the long distance footpaths in Somerset.

She writes: "Dentaaid's aims sum up many of the areas of dentistry in which I have been involved – the wider aspects of delivery of care to populations; issues of access and reaching out to the more vulnerable; prevention and education."

Sponsorship donations to benefit Dentaaid will be much appreciated and can be made at www.justgiving.com/elizabethmay1. **DT**

Membership of Information Governance Review Panel announced

Fiona Caldicott, Chairman of the independent Information Governance Review, has selected the members of the panel who will conduct the review. The aim of the Review is to advise on how to achieve a better balance between protecting and sharing confidential personal information.

The members of the Review, entitled 'Information: to share or not to share?' have been drawn from patient and voluntary groups, clinical and local

government professionals. Further information is available at www.Caldicott2.dh.gov.uk

Dame Fiona Caldicott, Chair of the Review, said: "I am delighted that the individuals who we invited to participate in this work have accepted enthusiastically. They will play a crucial role in ensuring we have effective connections with groups or individuals whose support we need if our recommendations are to be realistic and likely to lead to constructive and acceptable improvement. The breadth

of panel members' experience will guarantee us the necessary insights to identify the appropriate balance between sharing and protecting information."

The full list of panel members is:

Dame Fiona Caldicott, Chair
John Carvel, former Social Affairs Editor at the Guardian
Professor Mike Catchpole, Head of Epidemiology and Surveillance, Health Protection Agency and Faculty of Public Health

Terry Dafter, Director of Adult Social Care, Stockport Council and ADASS

Janet Davies, Director of Nursing, RCN

Professor David Haslam, President BMA

Dr Alan Hassey, GP, clinician Academy of Medical Royal Colleges

Dawn Monaghan, Strategic Liaison Group Manager, Information Commissioner's Office

Terry Parkin, Director Peoples Services, Bright and Hove City Council and ADCS

Sir Nick Partridge, Chief Ex-

ecutive Terence Higgins Trust
Professor Martin Servers, Geriatrician, University of Portsmouth

Caroline Tapster, Former Chief Executive Hertfordshire Country Council

Jeremy Taylor, Chief Executive National Voices

Sir Mark Walport, Director Wellcome Trust

Dr David Wrigley, GP from a Clinical Commissioning Group. **DT**

The key to a healthy smile lies in the infant and toddler years

Leading experts in toddler feeding and dental health have united to highlight the importance of diet, positive feeding habits and good oral health routines in the early years, as part of National Smile Month (20 May-20 June).

Around a quarter of a million children starting primary school across the UK will already have tooth decay and the Infant & Toddler Forum (ITF) and British Dental Health Foundation are working together to raise awareness about how to avoid this

wholly preventable problem.

Those who learn good habits from an early age are more likely to carry them into adulthood, and the ITF – specialists in food and feeding in the under threes – has produced a sheet of simple tips

to help families take positive steps towards their toddlers' good dental health. Endorsed by the Foundation, the practical, evidence – based advice includes tips on how to care for children's teeth – including diet, bottle-feeding, tooth brushing, fluoride

and medicines.

Advice around what and what not to eat can also be confusing; the UK Royal College of Surgeons Dental Faculty recently reported that half of five year olds show signs of enamel erosion caused by fruit, particularly citrus fruits and encouraged schools to ban fruit juice and to offer milk and water instead.

Judy More, paediatric dietician and member of the ITF, says: "It is important to give young children the opportunity to learn to like water as a drink by offering it. Fruit juice, like other sweet drinks, causes tooth decay when drunk frequently throughout the day. If fruit juice is given as a drink it should be well diluted; for example one part juice to about six to ten parts water and served in a glass, cup or beaker, not a bottle.

"Sweet food, sweet drinks and fruit juices should only be given at four occasions throughout the day (eg three meals and one snack) to minimise the times teeth are exposed to sugar and acid. Water and milk are the only drinks that should be offered between meals and snacks."

Dr Nigel Carter, Chief Executive of the Foundation says, "Educating children from an early age can reap huge benefits, as the development of a good oral healthcare routine begins at a young age."

For more information on protecting toddlers from tooth decay, download the ITF's free 'Protecting Toddlers from Tooth Decay' Guidance & Tips sheet for families or Factsheet for professionals working with parents.

For further information about National Smile Month and to view resources supporting the campaign visit: www.smilemonth.org



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*The Dental Advisor, Vol. 23, No. 3, p. 2-5



The key to a healthy smile lies in habits formed during infant years