DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

X-Factor Rating

A dentist, who gave a lecture at Smile-on's Clinical Innovations Conference earlier this year, was given the job of whitening the teeth of X-Factor panellist, Cheryl Cole and the other members of pop group, Girls Aloud.

Dr Wyman Chan whitened the group's teeth at The Smile Studio in London's West End, after which he provided them with Sonicare toothbrushes and replacement brush heads.

A British Association of Cosmetic Dentistry survey has revealed that 10 per cent of respondents rank Simon Cowell's smile as second to none. The X-Factor impresario advocates that co-stars and protégés have their teeth sorted before they go before the cameras.

As the X-Factor finalists are re-styled en route to stardom, the winners will be offered FlexCare toothbrushes.

Dr Koray Feran

Dr Koray Feran has been elected unopposed as the Association of Dental Implantology's (ADI) committee representative for London until 2011.

He said: "I am delighted to add ADI committee representative for London to my posts and look forward to supporting my peers and improving the standards of implant dentistry through continued education, as well as encouraging scientific research."

Dr Feran's other roles include section editor on *Implant Dentistry Today*, and guest lectureships on aspects of Implantology in the UK and abroad.

Practice Makes Perfect

Customers of Practice Plan, are helping man its stand at this year's Dental Showcase.

Nigel Jones, sales and marketing director, said: "We are fortunate to have such a great bunch of customers and some of them have volunteered their time to explain to visitors how we support them in their practice. They will tell you how the personalised support and additional services we offer make it easier for them to run their business, plan for their future and take their practice where they want it to go."

Practice Plan is even transforming its stand into a cocktail lounge.

News

Winning smiles

A dentist from Washington has won the 2009 FDI & Wrigley Photographic Award

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Practice opening

New practice opening in Maidstone draws large NHS crowd

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Money Matters

Financial clearing

Ray Prince highlights 10 key questions to ask as you consider your finances

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Events

On a mission

Barbara Koffman reports on her experiences in Uganda bringing dental relief to the country

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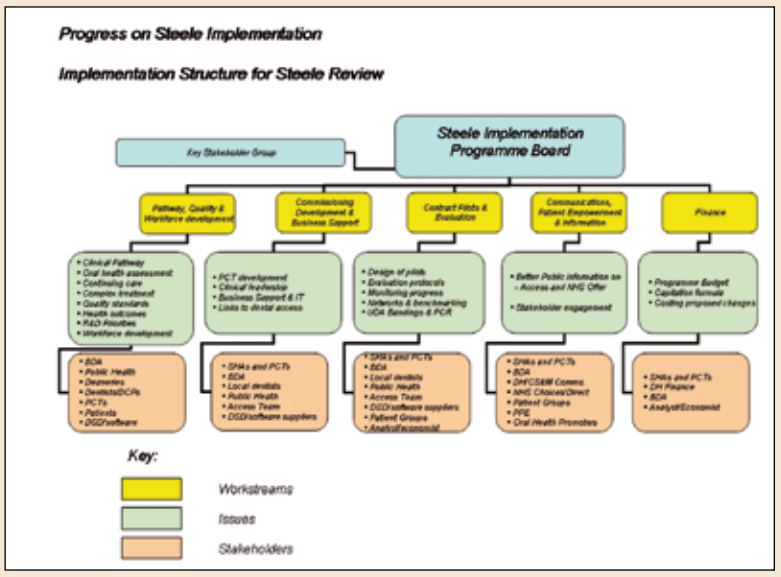
Framework established for Steele recommendations

The framework for implementing the recommendations of the Steele review into NHS dentistry has been established by the Department of Health (DoH).

According to the implementation structure, there will be five work streams that the Programme Board will be looking into:

- Pathway, Quality & Workforce Development
- Commissioning Development &Business Support
- Contract Pilots and Evaluation
- Communications, Patient Empowerment & Information
- Finance

Stakeholders from across the profession have been invited to participate across the streams, including SHAs/PCTs, Clinicians (including Dentists and DCPs), Deaneries, NHS Choices/Direct, DoH, Patient Groups etc



The diagram sets out the implementation structure for the Steele Review

One group who has extended their support across the board is the British Dental Association (BDA). The BDA has committed members of its GDPC (General Dental Practitioners' Committee) to be involved in each of the work streams.

Constructive engagement

Commenting on the news, GDPC chair John Milne said: "When I was first elected I believed the best chance we had of improving the situation for NHS dentists was by more constructive engagement with the Department of Health. With this in mind we have worked hard over the last few months to achieve this.

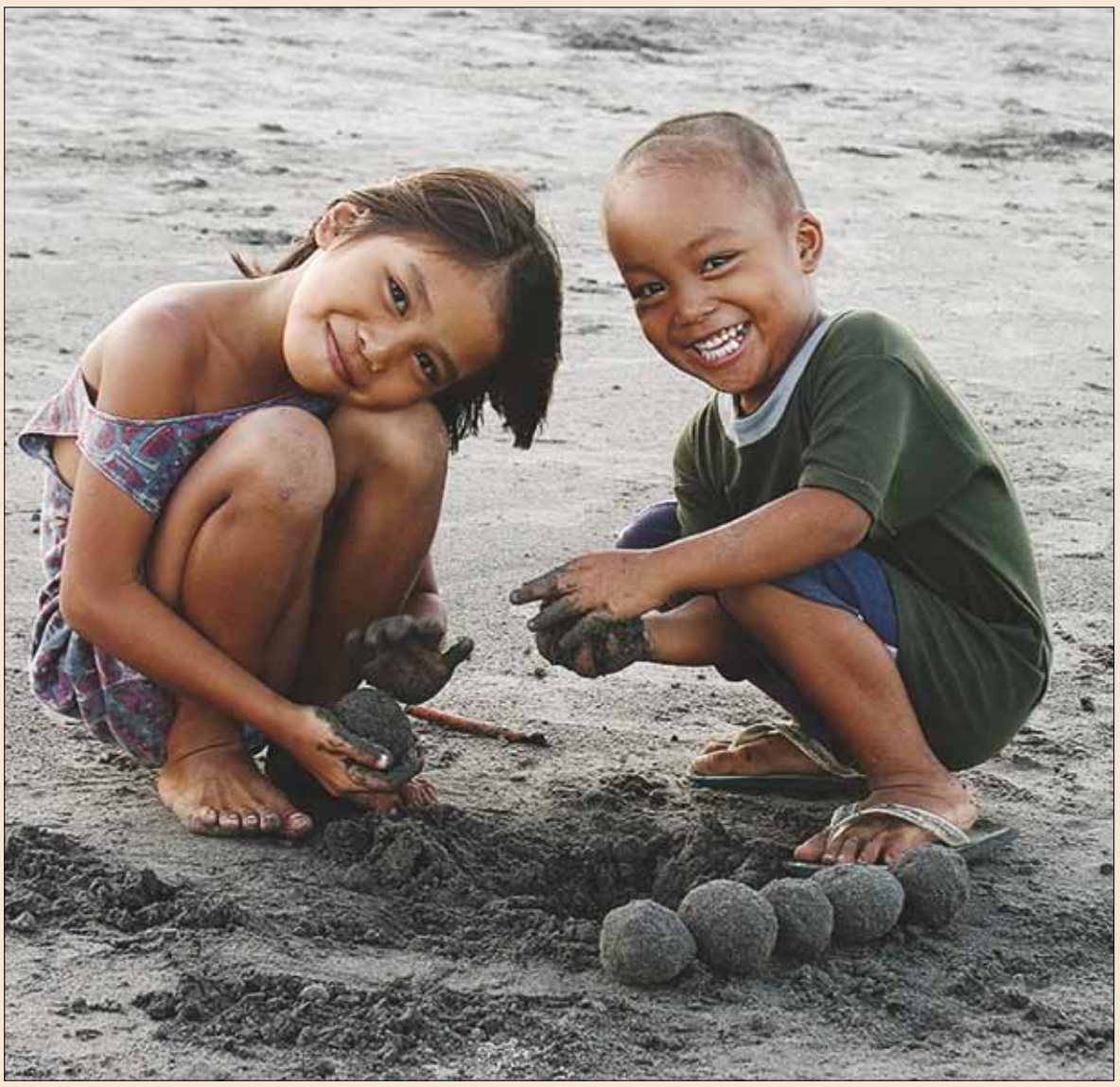
"I was personally delighted at the recent GDPC meeting where we agreed to endorse the committee's engagement in taking forward the Steele recommendations."

Dr Milne added: "There is a huge amount of work to be done. We need to rebuild some trust between the groups involved in NHS dentistry and have the courage to grasp the opportunities the Steele review has presented us with to improve dental services.

"There are five main work streams and there will be an executive Committee member on each of them. We have also committed to bringing another GDPC member to each of the work streams and will provide deputies as well if needed."

Lead author of the review, Prof Jimmy Steele, said: "Clearly, I am delighted to see that, even in difficult financial times, there seems to be a commitment to maintain the momentum of the review, and the Health Select Committee report which preceded it. DT

Winning image for a winning smile



A dentist from Washington in the US has won an all-expenses paid trip to next year's FDI World Dental Congress in Salvador da Bahia, Brazil, thanks to a picture!

The FDI World Dental Federation, in partnership with the Wrigley Company ran the 2009 FDI & Wrigley Photographic Award to find out what makes dental care professionals smile.

The grand prize/overall winner of the 2009 FDI & Wrigley Photographic Award was from the United States in the North America region. The winner, Richard from Tacoma, Washington, received the Brazil trip and, as the North America regional winner, he also received the regional prizes of a $1,000US voucher for photographic equipment, a one-year subscription to the International Dental Journal, and a year's supply of Wrigley chewing gum.

Dental professionals from 63 counties around the world submitted photographs during the 2009 competition which ran from March 16 – July 8. A variety of entries were received, including funny family photos, landscapes, friends having fun, animals, and candid shots of individuals. All of the photographs were reviewed by a panel of judges for creativity in addressing "what makes you smile," and six regional winners and one grand prize winner were selected.

The other five regional winners of the 2009 FDI & Wrigley Photographic Award were:

- Africa region: Sandy from Gauteng, South Africa
- Asia-Oceania region: Pujan from Singapore
- Europe region: Jan Eric from Altstatten SG, Switzerland
- Latin America region: Gunther from Cartago, Costa Rica
- Middle East region: Neda from Tehran, Iran

Each regional winner has also received the same regional prizes noted above.

In addition, WOHP (Wrigley Oral Healthcare Progammes) is donating $25,000US total to the FDI's World Dental Development Fund (WDDF), which supports oral health education and projects worldwide. DT

Report highlights commissioning dental services challenges

A number of challenges for local commissioning of dental services must be addressed, according to the results of a survey released today. Alongside the survey is a practical guide to dental commissioning, produced by an independent working group led by Professor Chris Drinkwater of the NHS Alliance, to help primary care organisations to meet those challenges.

The survey, which quizzed both commissioning leads and Local Dental Committee secretaries, found that 60 per cent of commissioners said that the national contract did not allow sufficient flexibility to meet local oral health needs, with 77 per cent of LDC secretaries agreeing. Less than a third of dental leads (29 per cent) agreed they received contracting assistance or advice from their strategic health authority and 27 per cent said they did not have the resources to develop changes to the national contract.

How long primary care trust and local health board commissioning staff had been in post was also investigated. More than a quarter (26 per cent) of the primary care organisation dental leads questioned had been in their role for less than a full year, with an average tenure of 3.4 years.

But despite concerns about the constraints placed on commissioners by the national contract, the survey found very positive attitudes towards liaison between practitioners and commissioners. Eighty-seven per cent of dental leads and 85 per cent of LDC secretaries felt the regular contact they had with one another was helpful. Consensus about priorities for dentistry was also obvious with access for new patients the most commonly cited for both groups.

Building on these findings, the Local Commissioning Working Group Report maps the commissioning cycle from start to finish, and provides practical guidance, tips and ideas for commissioning general dental services. It also sets each stage of the commissioning cycle in the context of the World Class Commissioning framework, explaining how competencies can be achieved and exceeded. The report is available at: www.bda.org.

Launching the report, Professor Drinkwater said: "The research underpinning this report has presented some excellent examples of innovation on the part of commissioning teams around the country, but it has also demonstrated room for improvement in others. Drawing on examples of best practice and building on the World Class Commissioning competencies framework, this report has a clear focus on quality. We hope that it will be a valuable tool for both new and experienced commissioners, helping to achieve local oral health improvements and reduce inequalities."

Dr Susie Sanderson, Chair of the BDA's Executive Board, welcomed its publication: "Effective local commissioning is essential to meeting the needs of local populations. This report provides a really good resource for commissioners, that encourages excellence in the delivery of primary dental care. Importantly, in developing the work Professor Drinkwater has engaged with Professor Jimmy Steele, author of the review of NHS dental services published in the summer, to ensure that the two pieces of work are complementary. What's important now is that Government, dentists and the commissioners of care, work together constructively to improve the delivery of care to patients." DT

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Editorial comment

Air of Steeley optimism

'I attended the launch of the BDA's Local Commissioning Working Group report last week, and it was great to see a BDA report that wasn't overtly negative in its tone towards the new contract and the framework for local commissioning. That's not too say it carpeted over the very real issues that exist regarding local commissioning and the varying degrees of difficulty for commissioners and clinicians across the country; rather there was a real sense of 'let's get involved and make a difference for everyone concerned'.

This is also highlighted in the high level of involvement in the programme board for implementation of the Steel review. John Milne, the chair of the General Dental Practice Committee at the BDA, is very excited by the challenges ahead for those involved in the implementation of Prof Steele's recommendations, and it will be interesting to watch the developments over the next few months (and years!) to see how they impact on NHS dentistry for dental professionals, PCTs and patients. 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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Greener dental magazine relaunch

The British Dental Practice Managers' Association (BDPMA) has gone a shade greener with the re-launch of its quarterly magazine.

The publication, which has been re-named *Practice Focus,* is now printed on the Isle of Wight by Crossprint Ltd on 50 per cent recycled paper using vegetable based inks.

It has the same format and number of pages as the previous magazine, with a varied selection of articles and features of interest to practice managers, contributed by industry experts and BDPMA members.

BDPMA chairman, Amelia Bray, said: "We were already fairly kind to the environment because most of our communication is by e-mail and we hold team meetings via conference calls. However, our magazine was something we needed to look at. I'm pleased to say that as an indirect benefit of going green, we actually saved money yet enhanced the look of the magazine."

The autumn issue of *Practice Focus*, which was recently distributed to BDPMA members, includes features on team development, website design, how to obtain, Investors in People, status and practice management software. Produced four times a year and complemented by a monthly e-newsletter, Practice Focus is one of the many benefits of BDPMA membership.

The BDPMA, which began in 1993, is the association for dental management team members and promotes standards of excellence in practice management. It organises management development seminars available to both members and non-members. In addition to the national executive team, there is a network of regional coordinators covering the whole country. DT

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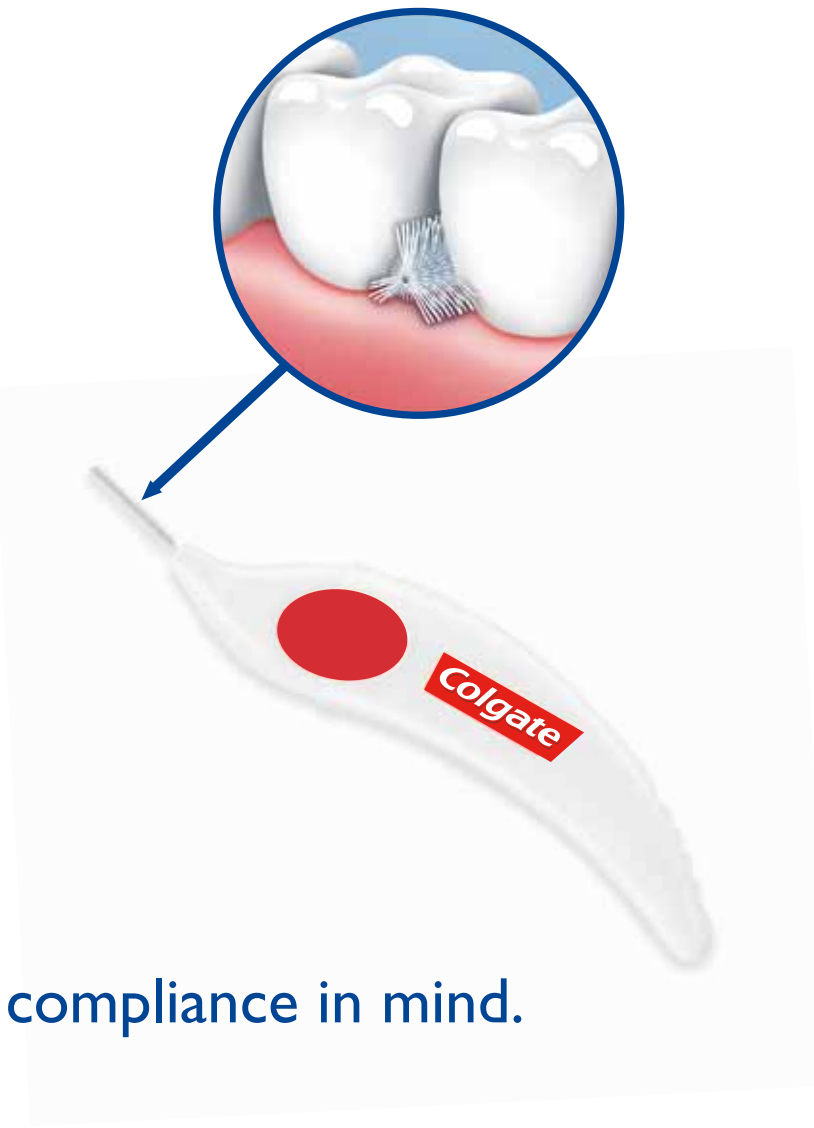

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Dental Nurses Oppose Annual Fee

The British Association of Dental Nurses (BADN) has condemned the General Dental Council's (GDC) freezing of the Annual Registration Fee (ARF) for its members.

It describes the GDC's maintenance of the ARF at £96 per year for dental nurses as "woefully inadequate".

BADN president, Angie McBain, said the GDC failed to take into account that many dental nurses, especially those in general practice, were paid a minimum wage of less than £12,000 per year.

She added: "In addition, a significant percentage of dental nurses only work part-time, but the GDC still refuses to accept that the imposition of such a high fee on the lowest-paid members of the dental team is causing financial hardship. It is outrageous that the GDC expects dental nurses to pay the same registration fee as hygienists and therapists, who are paid a minimum of £25,000 when newly qualified."

She pointed out that general nurses, whose starting pay on qualification is nearly £21,000, are only charged £73 a year to register with the Nursing and Midwifery Council.

She said: "Why should a dental nurse, working part-time on minimum wages, be expected to pay £96? By my calculations, the GDC collected just under £4m in registration fees from dental nurses alone, in August. I find it hard to believe that it costs that much to cover the costs of dental nurse registration.

"Already, after the first full year of registration, 10 per cent of registered dental nurses have disappeared from the register because they cannot afford to pay the retention fee, as well as CPD costs and now the new ISA registration fee. This refusal of the GDC to face economic facts is causing, and will continue to cause, immense damage to British dentistry, because many dental nurses simply cannot afford to work."

BADN is calling for a complete revision of the registration fee to include lower fees for dental nurses and reduced fees for all those registered as working part-time. It wants payments to be spread across at least two installments over the whole year.

The association is also demanding that it is fully consulted on all matters pertaining to dental nurse registration in the future procedure. There is also an interactive forum in which patients and dentists can participate and a directory through which interested parties can find a cosmetic dentist in their locality. DT

Staff at the new facility

Maidstone practice opens and brings a smile

Hundreds of people in Maidstone queued patiently to make an NHS appointment at the opening of a state-of-the-art dental studio.

The official opening of the NHS facility, the Kent Smile Studio and private facility, Kent Implant Studio, earlier this month, was documented by ITV Television and local press.

Mayor of Maidstone, Councillor Peter Parvin, officially cut the red ribbon and made an address to staff and the waiting crowd on the opening day.

Many patients in the queue said they had not had been able to access an NHS dentist for several years. Some had previously needed to travel up to 40 miles for an emergency appointment or even attended the neighbouring hospital's accident and emergency unit. All were thrilled to have the brand-new dental facility in such close proximity to them and their families.

Patients waiting outside

Dr Shushil Dattani, principal dentist and owner of The Kent Smile Studio and Kent Implant Studio, said on the day: "We are very excited to be taking on so many new patients and we are looking forward to working with our colleagues to offer patients access to outstanding implant solutions. I hope that our location, state-of-the-art facility and highly skilled team will also be considered to be an asset to other professionals, when they are seeking a reliable implantology practice with which to work."

He said both the Kent Smile Studio and the Kent Implant Studio aimed to offer an outstanding service to both patients and referring dentists, as well as high-quality aesthetic and restoration solutions.

For further information on the Kent Smile Studio or the Kent Implant Studio or to obtain a referral pack, call 01622 754 662. DT

Web-based accessible learning for dental teams

Smile-on is proud to continue supporting all dental professionals by offering flexible education and accessible learning to help build fulfilling and successful dental careers for the whole team.

Together with DENTSPLY, Smile-on News to offers dental health professionals the chance to attend and discuss up-to-the-minute dental lectures without having to leave the comfort of their own home, following on from the huge success of last year's webinar events.

Its innovative webinar series, which is running for the remainder of this year, features world-class lecturers. These include Justin Stewart, who will be discussing dentures and impression-taking and Dr Trevor Bigg, who will be exploring the latest in teeth-whitening tips.

Taking their pick from a large range of accessible webinars suitable for the entire dental team, recipients of the informative Smile-on newsletter can also enter the prize draw to attend webinar events absolutely free.

Smile-on is the source for cutting-edge software and training resources right across the dental industry, recognising as it does, the need throughout the industry for education and training solutions which are flexible, engaging and inspiring.

For more information on the series of webinars or to receive the Smile-on newsletter call 020 7400 8989 or e-mail info@smile-on.com. DT

smile-on
Inspiring Better Care

Dental holidays in the UK?

Can Britain really compete with Europe for dental implants?

Dental implant costs to patients in the UK have traditionally been more expensive than in any other country in Europe, Asia or America. In many cases the cost for comparative treatment can be twice as much as other countries. For this reason over 10,000 UK patients a year travel as far as India and the USA to have dental implants and save money. Compared with our friends in the Euro zone just across the Channel, the UK is placing far fewer implant fixtures than any other European country.

> "Either the implant companies are going to support us through this recession or we'll learn from our experiences and move on!"

Market Forces

The reason is simple: market forces have meant that the implant manufacturers have been able to get away with it. The vanity and relatively high standard of living of the British public, plus the associated higher laboratory costs, have kept prices high. But, according to Dr. Dandapat, the worm has turned. With the Internet breaking down global barriers and enabling the free exchange of information, the British public is now sufficiently well informed to know there is an alternative. As Britain emerges from the recent financial crisis, the problem for Britain's dentists is likely to get worse unless action is taken.

"Our currency has been through a rough patch over the past 12 months but the worst is over and sterling is now strengthening again," he said. "As the Euro and US Dollar become cheaper once again, implant placements abroad become more attractive to our deal-seeking UK patients. The situation is compounded by the limited disposable income available to patients owing to the recession and general trend for implant companies to increase prices, whatever the economic weather."

Dr. Dandapat believes it's time for change. "Either the implant companies are going to support us through this recession or we'll learn from our experiences and move on," he said, adding that the UK price to a patient for a dental implant, abutment and crown varies from around £1,800 to £3,000 per tooth. In Europe the same treatment is available for approximately £1,100. "We can't compete with that unless the implant manufacturers help us."

He explained that it's necessary for dentists to be more proactive in attracting patients to consider a procedure that many would view as a luxury and, during a time when money is scarce, they can do without. He believes that the most effective way would be to reduce the cost of implants down to an affordable level in line with the current economic climate and closer to the prices that are enjoyed elsewhere in the world.

"But how can we achieve this without sacrificing the profitability of our precious businesses?" he asked. He maintains that Britain can competewith Europe however, to ensure dental implants are accessible across all socio-economic groups whilst maintaining healthy businesses, Britain's dentists will need to take a more enlightened approach. He believes that some of the more progressive practitioners are doing just that.

Comfort Zones

"Slowly practitioners are starting to react to the situation," he said. "A handful of implant centres around the UK are now charging between £1,200 and £1,500 for a complete implant and crown. I can tell you that this approach works. These practitioners are very busy. To look at them, you wouldn't even know we were in a recession."

So how have they done it? Many

would say that they are just cowboys or are cutting corners. But Dr. Dandapat disagrees. "I can assure you they are not and have simply become wise to the oligopolistic practices of the controlling brands and distributors within the UK marketplace. I ask you, how can an eminent UK practitioner offer implants at £1,100, place over 1000 implants per year and cut corners? If that surgeon were doing anything even remotely inaccurate they would have been in front of the GDC by now." He adds that this is not the case; there are no short cuts. These are simply forward thinking individuals with a determination to succeed."

"It is fair to say most dentists are in a comfort bubble surrounded by brands we've been using for years, often for decades. We can no longer afford to be consumed by manufacturer-driven marketing of large UK corporations offering us the world in return for which we are just paying for extravagant expenses, supporting freebies to corporates and lining the pockets of executives with generous bonuses. If we want to survive in these turbulent times and compete in the changing dental implant market, we have no option but to reduce our costs and pass this saving on to the patients. We need to cut through all the fluffy stuff and use systems that offer value for money without compromising on quality."

Proactive Approach

For example, one implant manufacturer, DIO Implant of South Korea, is now operating in the UK. The company has been around for over 25 years and is one of the largest implant manufacturers in Asia. DIO has recently and correctly identified the gap in the UK market and is offering dental implants at prices less than half that of the most established of UK brands (e.g. DIO titanium RBM fixtures in the UK starting from £78.35).

"From my conversations with peers, I feel practitioners generally think there must be some flaw to the system. I can tell you there isn't. South Korea has one of the most developed manufacturing sectors in the world. This means that some of the best products in the world are also some of the cheapest."

DIO itself has done comparisons with the competition (www.DIOUK.com/calculator). Taking an average of the prices of the most common UK brands (i.e. Noble Biocare, AstraTech, Ankylos, 3i and Straumann) and comparing the resultant component prices with the popular DIO SM implant, the figures are impressive. Including fixture, healing cap, angled abutment, impression cap, plastic coping and fixture analogue, the total average cost of UK brands works out at £481.42. The same shopping list from DIO is just £208.29 – a saving of over 56%. "So what would have otherwise cost the patient £1,800, is now more like £1,500," said Dr. Dandapat. Significant savings such as these are probably sufficient to stop patients buying a ticket to Delhi, New York or Paris to have the work done – thereby keeping the business at home for British dentists.

However, cases are not just for a single tooth. Dr. Dandapat explained that the average was more like five implants for each patient giving a total saving approaching £1,400. "Now the figures start to make more sense. With ixed costs per case fairly static after the first implant, multiple implants become very cost effective. Significant savings fcan then pass on to the patient." For dentists using 150 implants a year the total saving would be in excess of £40,000.

The well-known UK implant manufacturers have had it their own way for too long now and Dr. Dandapat believes that it's time for a reality check. The efforts of manufacturers such as DIO just might be enough to kick-start a more sensible approach based on realistic prices and patient care rather than corporate profit.

For more information on DIO implants visit the websit at www.DIOUK.com. Alternatively, email sales@DIOUK.com or call 0845 123 3996.

Dental professionals are urged to help put a smile on the faces of the homeless this festive season

Crisis Christmas call

Volunteers are urgently needed to offer dental services to homeless people in London over the festive season.

Crisis - the national charity for single homeless people which started 38 years ago - is looking for qualified dentists, dental nurses and hygienists to help run the dental service at Crisis Christmas this year. The charity wants to build on last year's success when more than 200 patients received dental treatment over the Christmas period.

Shifts run from 8.30am to 6pm from Christmas Eve on Thursday, December 24 through to Tuesday, December 29, with volunteers expected to donate a minimum of two shifts. The service relies on qualified dental health professional volunteers to provide a range of routine dental treatments including checkups, scale and polish and fillings, as well as providing basic dental health advice and education.

Senior dental nurse and volunteer at Crisis Christmas 2008, Bianca Payne, said: "I was immediately affected by the warmth of the place. The dentistry was carried out in fully- equipped vans. There were people everywhere holding steaming hot cups of tea and coffee, engrossed in wholesome conversations and having a good laugh. We all worked hard, but had plenty of time to sit down, have a chat with the guests and share stories with the other volunteers. At the end of my three-day stint, I wished my day-to-day work was as much fun as this."

Leslie Morphy, chief executive of Crisis, said: "Crisis Christmas would be impossible without the time and dedication shown year in and year out, by our thousands of volunteers. They provide invaluable companionship and services to some of society's most vulnerable people, but also gain much from the experience in return."

For more details, email: volunteering@crisis.org.uk or apply online at: www.crisis.org.uk/volunteering. DT

Call centre does it again... and again

Denplan is celebrating once again after out-performing national competition and achieving second place in both the CCF European Call Centre awards and the Top 50 Call Centres for Customer Service

The Top 50 Call Centres for Customer Service is the biggest ever call centre benchmarking exercise, conducted by independent market research company GfK Mystery Shopping. The study was commissioned by Call Centre Focus magazine and Denplan came in second place for the second year running, with a score of 94.78 per cent. First place went to F&C Investments with 94.95 per cent and third place went to last year's winners, First Direct, with 91.73 per cent.

The CCF European Call Centre Awards formally recognise professional excellence right across Europe and, now in its 14th year, has become a firmly established annual event. It rewards individuals and companies that have made a real impact over the previous 12 months and Denplan were thrilled to be commended in the 'Best People Practice' category. Denplan was ranked as 'Highly Commended' at the awards and was pipped to the post only by Cable & Wireless.

Julia Dawson, Director of Customer Services at Denplan commented: "Both of these customer service accolades are testament to the hard work and dedication by the customer advisor and customer services teams here at Denplan. Everyone here really values the great service we offer and to have all our hard work recognised is just wonderful, especially given the quality of the competition.

"Our team of Customer Advisors are monitored on a monthly basis and the team are always ready to meet the exciting challenges facing UK dentistry today. Dentists and patients nationwide also recognise how they can benefit from our winning team, making us the number one provider of dental payment plans."

Simon Thorpe, Programme Director - Top 50 Call Centres for Customer Service added: "Customer service is becoming more important than ever as consumers are more careful about where and how they spend their money. Companies are realising that in order to retain customers during difficult financial periods customer service has to be first class. We would like to congratulate Denplan for their excellent performance. We hope this initiative will inspire other call centres to improve their levels of customer service to reach the standards set by our Top 50 members." DT

Fundraising march for mouth cancer

Dental team staff from a Kent practice went on a fundraising walk in order to raise greater awareness about the symptoms of mouth cancer.

Dr Laura Lynch along with two dental nurses from her surgery in Croydon Road, Beckenham, completed the 10km sponsored walk for the Mouth Cancer Foundation.

Money raised from the walk around Hyde Park in central London is going towards helping the charity improve its support for patients and carers.

Dr Lynch, 38, said: "We decided to do the walk as a team as it is relevant to our work, because early detection of mouth cancer is crucial.

"We think that the Mouth Cancer Foundation does a great job of raising awareness about the symptoms of the disease, so we want to support them in any way we can."

Common symptoms of oral cancer include unexplained bleeding in the mouth, loose teeth, or white or reddish patches inside the mouth or lips.

The Mouth Cancer Foundation was established in 2004 as a professional support organisation for people with mouth, throat and other head or neck cancer and their carers and health professionals. It also aims to relieve sickness and raise awareness of the illness among the public in general.

To sponsor Laura and her team visit justgiving.com/Laura-Lynch Association of Dental Implantology Appointee DT

Katie will be responsible for website updates

Katie Ball, the new BADN admin assistant

BADN staff addition

The British Association of Dental Nurses has appointed a new administration assistant. Katie Ball, 19, from Thornton in Lancashire joins the team at the BADN head office in Thornton-Cleveleys. The other team members currently consist of chief executive Pam Swain, membership administrator, Shirley Wetherley and front office administrator, Christine Cass.

Katie will be responsible for the administration of the corporate affiliate scheme and the national education group, as well as updating of the BADN website and assisting the chief executive in the organisation of the National Dental Nursing Conference.

Katie, who is currently completing her European Computer Driving Licence, has just signed up for an NVQ in business administration at Blackpool and Fylde College, as part of the business administration apprentice scheme.

Chief executive, Pam Swain, said: "We are delighted to welcome Katie to the BADN staff and are looking forward to introducing her to members, suppliers and dental companies at Showcase in November, following on from her attendance the National Dental Nursing Conference in October." DT

Access figures rise

The recently published Scottish Dental Practice Board (SDPB) annual report for 2008-2009 highlights significant gains in access to NHS dental services in Scotland.

The report's main findings show that the percentage of the Scottish population registered with an NHS General Dental Services (GDS) dentist was 80.1 per cent for children and 61.3 per cent for adults on March 31, 2009. This is an increase from 77.4 per cent for children and 57.2 per cent for adults, at the same date the year before.

The report also reveals that the total expenditure on NHS GDS child and adult dental care for the year ending March 31, 2009 was almost £220 million. This was an increase of 10.6 per cent - £21 million - from the previous year.

The average cost to the NHS GDS of treating a child during 2008/09 has increased by £4 from £58 to £62, with the average cost of treating an adult during 2008/09 up £1 from £42 to £43. Analysis of thse figures shows that this increase is related to the associated costs of increased patient registration numbers, as well as increased volume of treatment.

SDPB chairman, Donald McNicol said: "Our annual report demonstrates that significant gains in access to NHS dental services were achieved throughout all NHS board areas in Scotland. This is due to the continued commitment of general dental practitioners and the continued support of the Scottish Government Health Directorates.

"These two components continue to deliver a high quality service to children and adults in Scotland and should be commended. In that regard we now have record levels of patients registered with an NHS dentist in Scotland."

The number of tooth extractions carried out by NHS GDS dentists increased by 3.8 per cent, from 467,871 in the year ending March 31, 2008 to 485,698 in the year ending March 31, 2009.

There was an increase of four per cent in the number of ordinary fillings, seven per cent increase in the amount of root fillings and five per cent increase in crowns this year, compared to the previous year.

The number of principal dentists working in the GDS increased by five per cent, from 2, 099 last year to 2,204 this year.

In 2008/09, 92 per cent of the post-treatment referrals which resulted in examinations, received a satisfactory treatment grading from the Scottish Dental Reference Service.

The SDPB is a statutory body accountable to Scottish ministers, which oversees the authorisation of payments to dentists by NHS national services Scotland practitioner services division. It contributes to clinical policy, monitors the GDS and advises on the quality of GDS treatment. DT

Budget cuts are causing controversy

Irish dentists ballot

Public dentists in Ireland are to be balloted with regard to taking protest action if the Health Service Executive (HSE) makes further cutbacks to the sector.

The decision to ballot members was taken earlier this month by the national committee of the public dental surgeons group of the Irish Dental Association.

Public dental surgeons are employed by the Health and Safety Executive (HSE) to provide free dental services to vulnerable adults and school children. The service mainly focuses on special needs patients, children of medical card holders and children in disadvantaged schools.

The association said cutbacks meant that vacancies were not being filled and that more and more dental surgeons were leaving the service due to difficult working conditions. They said protest action would be taken if the HSE undermined the standards of care available to patients or made unacceptable changes to terms of employment. DT

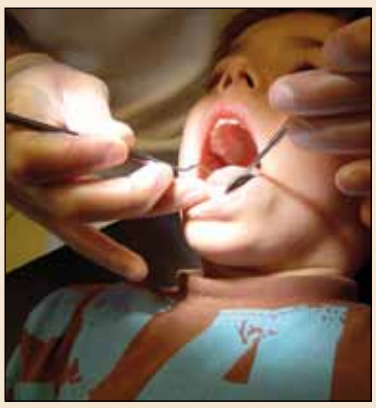
General Dental Council reformed

The Department of Health has completed a series of reforms to healthcare regulatory bodies including the General Dental Council (GDC).

The aim of the reforms is to strengthen the focus on public protection in the overall regulation of health professionals, which includes dentists and dental nurses.

The reforms are part of the Government's programme to make safety and quality a top priority in the care of patients, as set out in the White Paper – Trust, Assurance and Safety.

Features of the reforms include the GDC's move to a fully-appointed council with parity between lay and professional members, in order to ensure that professional interests do not take precedence. New GDC members need to be independently appointed against specific criteria relating to their skills and expertise.



The reforms aim to protect patients

Health minister, Ann Keen, said: "Healthcare professionals work extremely hard to provide high standards of care that patients expect. Regulatory bodies play a vital role in maintaining these standards and ensuring that those few professionals who fall below them are dealt with fairly and firmly. The changes we have introduced will continue to raise professional standards in healthcare and encourage more transparency and high-quality services for patients and the public."

The newly-appointed GDC consists of eight dentists, four dental care professionals, 12 lay-members and a chairman drawn from the lay or professional membership. Its first meeting was set to take place on October 15.

The Council for Healthcare Regulatory Excellence (CHRE) recently described the GDC as displaying 'excellence' and 'good practice' in its initiatives. These include focusing on customer service and encouraging dental patients to expect higher standards.

Other regulatory bodies affected by the reforms include the General Medical Council and the Health Professions Council. DT

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A hair/money raising event

As we approach Hallowe'en, we speak to one practice manager who has a haunting way to raise money for charity...

Over the years that I have managed Thompson and Thomas dental practice, I have to admit, I have usually been behind the various situations the team has found itself in, when it comes to team building. From appearing on national television in *Test the Nation* with Anne Robinson, to scanning our new BDS students during induction their as part of a security procedure... with a product scanner, I like to think these situations make the process more fun, so you would think that letting me know about your fear of ghosts was not a bright thing to do.

So when the time came to organise another event, I wanted to arrange something different. So rather than jumping out of a plane, we found ourselves in a cold and dark haunted jail. I assured the team everything was going to be all right – it was only for one night after all. And although it hasn't been my brightest idea so far, it's certainly been one they have not forgotten.

I contacted Derby Jail, which is known for being haunted and booked us all in for the night. One dentist conveniently said he couldn't make the night I'd booked for, so I expressed my sorrow and rearranged it – it didn't seem right going without him.

Dutch courage

I must admit we had to have a couple of drinks before we entered. We had the jail to ourselves from 9pm to 4am, with the inclusion of three members of staff from the jail.

On entering, it is a small and dark, damp place; it was certainly eerie, and halfway through the night I doubted my decision, when we heard noises and things went bump in the night. Time went slowly, and 4am seemed like a lifetime, but we made it.

A benefit to others

However, what we didn't account for was that we would put ourselves through this strange ordeal several more times. I proposed we turn this night into a way of benefitting others, which is why now for the past couple of years the team at Thompson and Thomas have found themselves spending the night in various haunted locations. Between us all, we have raised money for various charities including the Anthony Nolan Trust for Leukemia, Alzheimer's Association, Mouth Cancer Awareness, Epilepsy, Diabetes, Help a Hallam Child and Sugar Diabetes.

All the above charities have a connection with various members of our team. We understand that this is a strange way of raising money some may not agree with, but these events have been a talking point with many patients, many of whom have sponsored us, and quite a few contact the practice just to find out how we've all got on. DT

About the author

Jane Armitage
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The 10th Dimension… the power of 10

Ed Bonner and Adrianne Morris discuss starting up your own practice

We are in the midst of the worst global recession in living memory, so the idea of starting up (or even for making changes to improve) your own dental practice or business might seem risky in the extreme. Yet, surprising as it may seem, if you are thinking of starting your own practice, or improving and redeveloping it, a recession can provide opportunities that, by the time they come to fruition, will be there and ready with wheels churning to take advantage of the industry upturn. Setting up on your own will not be easy, but if you start your planning process right now, you will be ready when the time is more auspicious.

'Setting up on your own will not be easy, but if you start your planning process right now, you will be ready when the time is more auspicious'

Steps to follow

The following are 10 steps recommended by Business Link* that you need to follow:

1. Research your idea, and choose your business name
2. Understand the special needs of your business sector
3. Finalise your business plan
4. Choose your source of funding; raise finance and manage your money
5. Set up your premises; set up your operations
6. Employ people
7. Promote and sell your product or service
8. Protect your business
9. Set up your IT and e-commerce
10. Sort out your tax and record keeping.

Research your idea

It is vital that in the first instance you create a mental image of the type of practice/surgery/business you want to create. Are you looking to be in single-handed practice or in association with others? City, town or country? High street or suburban? Serving family or business-folk? Decide on the area, and investigate the demographics. What is the breakdown in percentage terms of the local population age-wise? Blue collar or white? Children or elderly or the bit in-between?

Although it seems premature to be choosing a name this early on, the thought process required will help to crystalise your ideas and aims. The name encapsulates in a single word what is going on in your mind. Smile = cosmetic; health = prevention; clinic = medical; spa = beauty; and so it goes. You can always change it later.

Understand needs

Dentistry is entirely service-based. Unless you consider inlays, crowns and bridges to be objects that dentists sell, we do not actually sell stuff, the odd toothbrush excluded.

We generally do not carry

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