

DENTAL TRIBUNE

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News in brief

Grinding teeth

The credit crunch is causing people in the UK to grind their teeth more.

Dentists are finding that the number of patients who grind their teeth has increased over the past two months – at the same time as recent hikes in petrol, energy bills, food and mortgage costs.

Keith Cohen, a dentist practising in Harley Street and the City, noticed the change two months ago and is blaming it on stress, one of the factors most commonly linked with people grinding their teeth.

Alexander Jones, a Yorkshire dentist, has also seen an increase in people with pain around the jaw and snapping the corners off teeth, probably around 10-15 per cent since the summer – both symptoms are an indication of grinding teeth.

Grinding teeth can lead to gum and nerve damage and can also cause jaw and muscle problems.

Top school

The University of Manchester's School of Dentistry has been ranked top of all dental schools in the UK for student satisfaction.

It is a double triumph for the school, which made history in June, by becoming the first ever to achieve a 100 per cent pass rate in the final examination of its Bachelor of Dentistry Surgery degrees.

Dr Nick Grey, head of the school said: 'The excellent performance of our students in achieving a 100 per cent pass rate and our top ranking for student satisfaction reflects the school's commitment to placing student feedback high on the agenda.'

He added: 'These successes are a credit to both our staff and students.'

DLA ceremony

The Dental Laboratories Association is to hold its 2009 Chairman's Dinner on 31 January. Awards will be given out at the event. These will include Dental Technology Student of the Year, Dental Technician of the Year, DLA Member of the Year and Outstanding Contribution to Dental Technology.

New Chairman Jonathan Bill will celebrate his inauguration at the awards ceremony hosted by Dominic Holland of Never Mind the Buzzcocks and Who's Line is it Anyway. The event will be held at the National Space Centre in Leicester.

News and opinions



Cumbria fluoridation

NHS North-West is looking at extending water fluoridation into more areas in line with the government's fluoridation plans

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NHS Tribune



Dr Cockcroft

Barry Cockcroft tells *Dental Tribune* why he followed the path into dentistry and how he became England's CDO

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NHS Tribune



PCTs talk

After two years under the new contract what do the PCT managers really think about it? The truth is revealed

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Clinical



Adhesive dentistry

Patient demand for better aesthetics has been met with an amazing spectrum of new materials and techniques

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'Back-up accusations' says BDA

The British Dental Association is calling on the Department of Health to come up with evidence to substantiate its accusations that dentists are exploiting patients by calling them in for more check-ups than they need.

Current guidelines by the National Institute for Health and Clinical Excellence (NICE) say healthy patients do not need check-ups more than once every two years.

However chief dental officer Dr Barry Cockcroft claims some dentists are asking patients to return every six months.

He has also accused them of maximising their profits by splitting treatments which could be done in a single session, leading to more check-ups.

Dr Cockcroft said he is talking to primary care trusts (PCTs) to work out how to stop dentists spreading treatments across different appointments so they can make more money.

Responding to the accusations, Susie Sanderson, chair of the British Dental Association's (BDA) executive board said: 'The British Dental Association does not have the necessary data to comment on these suggestions. If the Department of Health does, it should share that information so that it can be investigated and better understood. The interval between recalls is, according to NICE guidelines published in 2004 and supported by the BDA, a matter for a practitioner's clinical judgement in consultation with the patient. For adult patients, that interval is required to be between three and 24 months.'

She added: 'The significant problems with the new dental contract have been recognised this year by the House of Commons' Health Select Committee.

Dentists across the country are working hard to deliver the best possible care for their patients despite those problems. What those dentists need is the support and constructive dialogue the profession has been calling for, not allegations of wrongdoing from the architects of the reforms.'

Dr Cockcroft claims that dentists' pay has shot up since the implementation of the new contract.

The average dentist's salary in 2006-07 was £96,135. This compares to £87,000 under the old contract leading Dr Cockcroft to infer that dentists are better off financially under the new contract.

The BDA however claims that these figures supplied by NHS Information Centre fail to paint the whole picture.

Peter Ward, chief executive of the BDA, said: 'These figures do not tell the full story. They fail to take into account the clawing back of money from NHS dentists who have failed to meet the flawed treatment targets set for them. We know that almost half of the high street dentists across England and Wales could be subject to such clawback this year, and are currently facing an anxious wait to see whether and how they will be penalised.'

John Renshaw, former chair of the BDA, who refused to sign the new contract and left the NHS to go private after 37 years, said: 'There can be no doubt that many practice owners have done well out of the new contract. Many have reduced their own NHS commitment and found associates/performers to do the work for them at a fraction of the UDA (Units of Dental Activity) price. This will catch up with them in the future, but for the time being the owners are happy.'

The same cannot be said about associates who are finding themselves under pressure to provide

more and more UDAs at a shrinking price.

He added: 'Only an idiot would suggest that patients are being dragged into unnecessary treatment. It is grossly insulting to both patient and dentist to suggest that the first is so stupid as to not realise they are being conned and it's insulting to suggest that dentists need to or would provide unnecessary treatment, especially NHS check-ups that don't bring in that much money anyway.'

Eddie Crouch, a Birmingham orthodontist agreed that 'some dentists are finding the new con-

tract more profitable'. However he said: 'The figures on earnings are not accurate as they are based on a year when payments to dentists were unusual due to the overlap of old and new contracts.'

'I do not think that unnecessary recalls are contributing to the increased earnings of dentists, but certainly attaining UDAs by splitting treatments has been a way that dentists have hit targets and not necessarily increased costs. It would be interesting to see how many of the dentists who favour the new contract would still feel like this, if such practice was stamped on by the PCTs and DH,' he added. □

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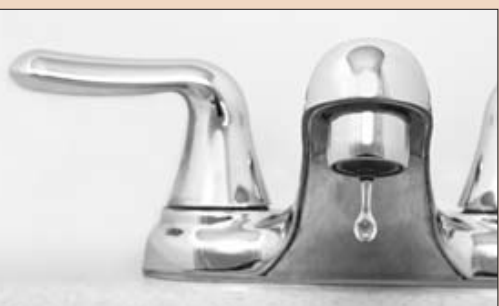
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More fluoridation for the North West

NHS North West is looking at extending water fluoridation into more areas in Cumbria - as part of a push by the government to fluoridate more of England.

Around 130,000 people in West Cumbria receive fluoridated water. Now NHS North West is consulting with the county's primary care trust, NHS Cumbria, over whether they should draw up preliminary plans to extend its reach. The plans would be subject to a public consultation.



Around 130,000 people in West Cumbria receive fluoridated water

Eric Rooney a consultant in dental public health at NHS Cumbria said: 'Water fluoridation is one possible intervention to improve dental health and we already have fluoridation schemes in the West Cumbria area. Any eventual scheme for Cumbria would be subject to a public consultation by NHS Northwest.'

Currently, about 10 per cent of England's water is fluoridated - mainly in the north-east and the West Midlands. The government wants to fluoridate nearly half of England, according to the Chief Dental Officer (CDO).

Barry Cockcroft, the government's CDO, said: 'Areas with high levels of caries are considering it. We only need to fluoridate 40 per cent of the country.'

The main part of our policy is preventing disease and so we are looking at fluoridation. We are making progress for the first time in 20 years.'

Southampton is the first area to hold a consultation on the issue and this is already underway.

Fluoridation was first introduced into the UK in the 1960s when areas in and around Birmingham and Newcastle were fluoridated, along with the Republic of Ireland.

The government has set aside £42m over three years to strategic health authorities who decide after consultation to introduce fluoridation schemes.

Critics such as the National Pure Water Association and the Green Party are opposed to the plan and link it with diseases such as cancer and Alzheimer's disease.

However Dr Cockcroft dismissed the 'scare mongering that says it causes cancer' and said: 'All the water in this country contains some fluoride. So we have had it for generations and there is no evidence linking fluoride with systemic disease. The only thing that is connected with fluoridation is dental fluorosis and that only occurs in a tiny minority of children.'

First orthodontic therapists graduate

The first orthodontic therapists, a new group of dental care professionals, have just graduated from Bristol's dental hospital.

Orthodontic Therapists are a new type of dental care professional created by the General Dental Council. They can assist dentists in carrying out orthodontic treatment and provide some treatment themselves.

Six students have just completed the year-long programme at the University Hospitals Bristol NHS Foundation Trust's Bristol Dental Hospital.

The course involves a four-week intensive taught program led by consultant orthodontists combined with a placement treating patients studying under a registered specialist orthodontist trainer.

Sarah Bain, head of dental care professional training at University Hospitals Bristol NHS Foundation Trust said: 'I'm absolutely delighted to see the first orthodontic therapists qualify. They will now make a significant impact on the number of patients accessing orthodontic care.'

This new qualification is part of a government drive to improve the speed and quality of orthodontic care. The government hopes that it will reduce waiting lists for more specialised treatments as qualified orthodontic therapists carry out routine and emergency procedures.

The Dental Care Professionals School at Bristol is one of the largest providers of dental care professional programmes in the UK. Currently any qualified dental care professional is eligible to apply for the course.



Rupert Hoppenbrouwers

The UK is in danger of being one of the last countries in the EU to persist with an outdated system that can mean dental patients who are harmed by a negligent dentist do not get any compensation, warns the Dental Defence Union.

In the large EU member states such as France and Germany, it is already a requirement that practising dentists have professional indemnity insurance in order to protect patients where they are negligently harmed.

However in the UK, while there is insurance, there is also discretionary indemnity which

British patients left unprotected

offers only the right for a dental professional to request assistance and have the request considered.

Rupert Hoppenbrouwers, head of The Dental Defence Union said: 'In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity.'

The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.'

The European Commission is currently developing a directive to safeguard patients' rights in

cross-border healthcare, including the need for appropriate 'systems of professional liability insurance or a guarantee or similar arrangement...appropriate to the nature and the extent of the risk'.

Mr Hoppenbrouwers wants to see the European directive amended to ensure that indemnity must be provided only by the state or a regulated insurer. This would make discretionary indemnity unacceptable in the EU.

He added: 'In the current volatile economic climate it is particularly important that professional indemnity is regulated as this provides a high degree of protection. When damages are awarded in negligence cases it is imperative that patients know they will receive the compensation due to them. The UK has some of the most forward-thinking and technically advanced dental professionals in the EU but discretionary indemnity is distinctly last century.'

Drop-in dental centre

Patients in Basingstoke are to get a drop-in dental centre in what is believed to be the first of its kind in the country.

A proposed new health centre is to have 20,000 booked and drop-in 'units of treatment' per year of dentistry.

Julia Bagshaw, head of primary care commissioning at the Hampshire Primary Care Trust has revealed that the trust is in the middle of tendering for a group to run the proposed health centre. The centre will include a GP minor injury unit and nurse-led minor ailment service.

Minor surgery, contraceptive and sexual health services and a cardiovascular risk and case-finding unit are other services the trust is hoping to offer. The health centre will be open to registered and non-registered patients seven days a week, between 8am and 8pm.

Smile-on offers latest in clinical dentistry

Smile-on has joined forces with Alpha Omega and is holding a conference on the very latest in clinical dentistry.

Dr Devorah Schwartz-Arad and Professor Nitzan Bichacho will present *Success factors in dental implantation: a multi-disciplinary approach between the sur-*

geon and the prosthodontist at next year's Clinical Innovations Conference and Annenberg Lecture at the Royal College of Physicians. Dr Schwartz-Arad is a specialist in oral and maxillofacial surgery.

Professor Bichacho is a leading authority in many fields in-

cluding dental implant therapy and fixed prosthodontics. During this all-day event on 15 May 2009, dental professionals can explore the team's role in treatment planning, the benefits and drawbacks of immediate implantation and loading, and how prosthodontist and surgeon can work together to determine the best treatment approach.

For more information, or to book your place at the 2009 Clinical Innovations Conference, call 020 7400 8989 or email info@smile-on.com

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Guest comment

The time is right to go private ...

Is now the right time to contemplate moving from the NHS into the private sector? This is a question that I frequently hear asked, and the thought process behind the question is also quite common: 'do I really want change and upheaval?' and 'do I want it now?'

However, there has, quite seriously, never been a better time to contemplate change. Those who are comfortable with above-average UDA rates must now be aware that the possibilities of 'harmonisation' are looming and in some cases already happening. Recent media stories, which look to blame dentists for the failings of the new dental contract, are also only too familiar.

Access (volume) is the declared goal of the reforms, and it is the profession who will take all the risks involved, while their goodwill and business assets are valued entirely at the whim of their local NHS management.

To quote one colleague, the ideal time to make the move out of the NHS is always a little while before you actually do it. This was certainly true in the last days of the 'old contract' when dentists were queuing up for a last-minute conversion. There were inevitably problems with this approach, since plans were rushed, communications brief and objectives not always fully thought through.

Some colleagues on the other hand, have an unquenchable belief that all will turn out well. That's understandable, as no-one likes to think about the hang-over when the party is in full swing. But history does not support this prospect. Every major Governmental reform of dental healthcare has had an uncomfortable outcome for dentists.

Interestingly, dentists are very clear about why they seek relief from managed healthcare. Their reasons, according to Denplan research are: to spend more time with patients; to reduce workplace stress; to offer good quality clinical care; to have clinical freedom; to run their practice without outside constraint, and (in about sixth place) to have appropriate financial reward.

It is always tempting to think that 'it won't work for me' or 'it won't work for my patients', but time and again, over more than 20 years, experience tells us otherwise. A careful analysis, using expert systems and experienced advisors, will reveal what is possible in any practice circumstance, in any location.

And once a realistic goal has been set, and crucially, all the practice team are committed to its achievement, the outcome is entirely predictable. As dentists

we are perhaps more likely to be 'control freaks' rather than merely swept along by the tide, but this is one time when to have knowledgeable, outside advice is essential. Dentists who have moved into the private sector al-

ways have one saying in common: 'I wish I'd done it years ago'. And despite the sayings of Ministers and civil servants, instances of dentists moving in the other direction are as rare as fourth molars...

The late Sir John Harvey-Jones, ICI Chairman and Troubleshooter said: 'in business, there are only forward and reverse gears: there is no 'park' option.' In the turbulent world that is UK dentistry today, this is the



very best time to be selecting 'forward'. ¹

Roger Matthews,
CDO for Denplan

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¹ Lorenz K et al (2006) J Clin Periodontol; 33: 561-67.

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£11m funding boost for dental training

The government has announced an extra £11m of funding for dental hospitals in England to fund new IT systems to support the training of dental students.

The funding is part of a joint initiative by the Department of Health, NHS Connecting for Health and the Dental IT programme board.

Deputy Chief Dental Officer, Tony Jenner said: 'This extra funding reinforces the government's commitment to supporting dental hospitals and expanding the dental workforce.'

The NHS now has over 4,000 more dentists than it did in 1997 and we have increased the number of undergraduate training

places by 25 per cent to ensure we have more dentists in the areas of the country that need them the most.'

Dental hospitals are set to benefit from £11m



The £11m will be divided between each of the 10 trusts that applied for funding.

The trusts will have responsibility for using the money to train dental students in the use of clinical computer programmes that they will use in practice.

This includes core applications under the National Programme for Technology, such as Patient Administration Systems, N3, Choose and Book, Picture Archiving and Communication Systems and access to the NHS Care Record Service, clinical dental systems, resource management and sup-

port for the teaching of students. As well as training future dental care professionals, NHS dental hospitals and associated dental schools research ways to improve oral and dental health and provide specialist clinical services for patients.

The 10 trusts receiving allocations include South Birmingham PCT, University College London Hospitals NHS Foundation Trust, Guy's & St Thomas's Hospital NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and the Newcastle Upon Tyne Hospitals NHS Foundation Trust. [D](#)

Infant Oral Mutilation campaign

The oral health charity, Dentaid, has launched a campaign to stop the practice of Infant Oral Mutilation carried out in countries such as Uganda, where baby teeth are gouged out with knives, bicycle spokes, finger nails or other bizarre and inappropriate instruments.

The teeth are removed because the people believe the soft white buds of the new teeth are actually worms in the mouth of the infant. These 'mouth worms' are believed to be parasitic and fever causing so if the child has an illness, the baby teeth are blamed.

A spokeswoman for Dentaid said: 'A primitive technique is

usually employed to gouge out the baby teeth involving unsterile knives, bicycle spokes, finger nails or other bizarre and inappropriate instruments.

The practice is often carried out by village healers for a fee. It is also performed by parents, community elders and even midwives.'

The consequences of this Infant Oral Mutilation (IOM) can be severe pain, serious oral health complications and, not infrequently, death.

Infants often suffer from future facial disfigurement, dam-

age to the gums and the permanent teeth following the removal of their health deciduous teeth.

In one region of Uganda, infant deaths due to septicemia and other infectious diseases, following IOM, are reported to be second only to malaria as a cause of infant mortality, according to Dentaid.

Another problem is that when 'mouth worms' are diagnosed, often the real illness is left undiagnosed and untreated.

Dentaid wants to make the public more aware of what is going on and has created an IOM ac-

tion group to focus on implementing a strategy to combat this practice.

Dentaid has devised a trial community based approach to educate people about the practice of IOM in the countries in which it takes place.

A group of volunteers in association with Christian Relief Uganda, went out to Uganda in September 2008.

They carried out dental screenings, basic treatments and training. They also conducted interviews with health workers, community leaders and parents



Can you help stop this shocking practice?

to gather anecdotal evidence of how IOM is perceived in Uganda. This information will assist in the strategic development of the Dentaid project to combat IOM.

If you are interested in getting involved with this campaign please contact Nicky Triance on 01794 525146 or email nicky@dentaid.org. Detailed information can also be found at www.dentaid.org. [D](#)

More preventative work for Sheffield

NHS dentists in Sheffield will be asked to sign a new contract next year that encourages them to carry out more preventative work.

The change, when the current three-year contract comes to an end next March, is part of NHS Sheffield's Dental Health Commissioning Strategy.

The Primary Care Trust wants to reduce the proportion of the contract that focuses on the delivery of UDAs (Units of Dental

Activity) and develop a framework aimed at encouraging a preventative approach to practice whilst improving access to high quality dental services, according to the strategy.

The director of dental public health for Sheffield, John Green, said the current dental contract was very 'activity focused'. He added: 'There would still be recognition for carrying out treatment such as extractions and fillings, but dentists would also get rewarded for preventative work.'

Preventive work will therefore focus on deprived areas in Sheffield as statistics have shown this is where children are more likely to develop dental problems.' This will include increasing access to dental care, improving children's diet and targeting oral health promotion at young children.

Fluoride is currently added to children's milk in 42 primary schools in the city and this will continue under the new strategy. [D](#)



Dentists will get rewarded for preventative work

Dentists wanted for revalidation views



Hew Mathewson wants your views

The General Dental Council is asking dental professionals for their views on its proposals for the revalidation of dentists.

Hew Mathewson, president of the GDC said: 'Revalidation is about ensuring dentists continue to meet the standards expected of them throughout their careers. Patients can have even more confidence that their dentist is per-

forming to a high standard and that those standards are being set and overseen by a regulatory authority – the GDC.'

We want revalidation to be as simple and flexible as possible, so we are committed to using existing and future quality assurance systems and locally gathered evidence. The first cycle of revalidation for dentists is not expected to start until 2011. By that

time we should have thoroughly tested the system that is finally introduced.'

Under the proposals, dentists will need to provide evidence in four key areas – professionalism, clinical, management and leadership, and communication. Evidence might include clinical audit, significant event analysis, patient surveys, and personal and practice development plans.

Once revalidation is up and running for dentists, the GDC will look at introducing a system for other groups of dental professionals on its registers.

For more information and to download the current proposals, please visit: www.gdc-uk.org/revalidation. The GDC website will be updated as revalidation is developed. [D](#)



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

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Location, location, location!

Alex & Abby – Michael Dental Care, Cheltenham



If the future's bright for a certain well-known mobile phone company, then the same can be said of a fairly recently qualified couple who have opened their first practice on the outskirts of Cheltenham. Alex and Abby Michael are everything that the future of UK dentistry is founded on; young, enthusiastic and with a heartfelt commitment to providing patients with great dental care

MFGDP qualifications in 2004, marrying later the same year. When the opportunity to take over the Cheltenham practice arose they realised it was too good to miss and took over in October 2005.

Location, location, location – it's a key factor in the success of any business and one thing is certain, Michael Dental Care is perfectly situated. On the out-

skirts of affluent Cheltenham, the practice is easy to reach, has parking facilities on its doorstep and is 5 minutes from the M5, meaning it draws from a very wide catchment area that includes most of Gloucestershire, Worcestershire and Herefordshire. Some patients

even come from as far as Cornwall in the West and London in the East. So why do patients travel quite so far to get their dentistry at Michael Dental Care, - well Alex and Abby have a very simple but very powerful approach to dentistry and to life in general and have built up respect and credibility even winning over the patients of the previ-

“...we've been very fortunate in the help we've received in all these areas from Henry Schein Minerva and our local rep Sally Dawson, who is just an amazing person.”

ous practice, who were very sceptical to begin with. “We treat people the way we would like ourselves and our families to be treated, it's not rocket science, we just want to give our patients the best dental care we can in a pleasant environment.”

and excellent treatment when required. Alex and Abby met at Cardiff Dental School from where they qualified in 2002, they each completed VT training in Swansea and Bromsgrove respectively and were awarded their

Part of this role was to complete an audit to give Alex and Abby an insight into which products they were using most regularly – information that Alex has found invaluable. “As we were starting a new practice, obviously cashflow was and remains a key priority for us and we operate a “just in time” ordering process so that we don't have money tied up in stock we don't need. Sally's audit made this much easier – I now order everything on-line, my previous orders are listed which speeds the process up

and because we know we can rely on next-day delivery we can maximise our cash flow and credit terms.” Sally has also provided staff training in sterilisation procedures, helped with marketing ideas and in short has been there to help solve problems they have faced in their early days. And their relationship remains as strong as ever. “Sally has just been fantastic. Nothing is ever too much trouble for her and we have really come to rely on her expertise and advice.”

Michael Dental Care has attracted around 1000 new patients in their first 18 months of being open and attribute a lot of their marketing activity to encouraging referrals from existing patients – a strategy that has so far proved very successful. “Our belief is that nice people know other nice people, so we ask our patients to pass our details on to their family and friends – so far, 80% of our new patients have come via this route.”

For more information email: me@henryschein.co.uk

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Alex and Abby have a dynamic, efficient and very welcoming practice which reflects their personalities and enables them to practice a style of dentistry they are comfortable with. This enthusiasm and zest for life not only bodes well for Michael Dental Care but also for the future of dentistry itself.

For more information email: me@henryschein.co.uk





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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BDHF backs sugary drinks ban

The British Dental Health Foundation is urging NHS hospitals to ban sugary drinks from their vending machines.

Schools are expected to fill their vending machines with water, fruit juices and healthy snacks. Now the BDHF is calling on hospitals and GP surgeries to do the same.

NHS Tayside in Scotland is one trust which has been quick to

take action by banning sugary drinks in vending machines at some of its hospitals.

The BDHF's chief executive Nigel Carter said: 'The foundation not only backs the NHS Tayside decision, but calls for a UK-wide ban on sugar drinks and snacks in hospitals, surgeries and health centres. Sugary products taken between meals are the main cause of tooth decay, which can lead to fillings and extractions.'

He added that banning unhealthy food and drink was important in protecting people against a range of other health conditions, such as heart disease and diabetes. The Scottish Government has backed NHS Tayside's move and is calling on other trusts to follow suit, while the Department of Health said it wanted to see a similar approach in England.

A Department of Health spokesman said: 'We have stated

in the new obesity strategy that we expect the public sector to lead by example. The NHS is responsible for promoting and procuring healthy and nutritious food for staff, patients and visitors.'

The National Institute for Health and Clinical Excellence, which produces guidance for the health service in England and Wales, has also recommended the promotion of healthier food in surgeries and hospitals. [DT](#)



The BDHF is calling for a ban on sugary drinks and snacks

Smile-on and Dentsply launch new webinars

Smile-on and Dentsply are offering dental professionals a chance to take part in a new series of Dental Webinars.

Don't miss the new series of dental webinars



During the Webinars, dentists will be able to ask questions just as they would in a normal lecture.

They can also visit the website and watch the Webinar again, to cover points they might have missed.

Dr Julian Webber's two-part series takes place on the 4 and 10 December and looks at endodontics and includes re-treatment.

Dr Webber was the first UK dentist to receive an MSc in endodontics. He has held teaching



Julian Webber

positions at Guys Hospital and is a former president of the British Endodontic Society.

This new series of Webinars counts towards the participant's continuing professional development.

For more information, visit www.dentalwebinars.co.uk [DT](#)

New list in special care dentistry opens

The General Dental Council has opened its new Specialist List in special care dentistry. The GDC currently holds 15 Specialist Lists.

The purpose of them is to reassure the public that those using the title 'Specialist' have demonstrated they have met standards approved by the GDC for entry to the lists. Only dentists on the lists are entitled to use the title 'Specialist'.

During a two-year 'transitional period' which run up to 30 September 2010, dentists can apply to join the list on the basis of their specialist training, qualifications and experience.

After that period, UK applicants will need to hold a Certificate of Completion in Specialist Training to join the list.

Special care dentistry is concerned with improving the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these.

Dentists wishing to join the new list can download the application pack from the GDC website (www.gdc-uk.org) or contact the GDC registration team (email assessments@gdc-uk.org or phone 020 7344 3741). [DT](#)

Further guidance for Botox

The General Dental Council is to issue further guidance this year to dental professionals carrying out non-surgical cosmetic procedures such as Botox.

Duncan Rudkin, chief executive and registrar of the General Dental Council (GDC) said: 'It was clear from feedback we received that there were some concerns about how registrants would implement the initial guidance practically.'

In light of that, the Council has decided to further develop the guidance into something more usable for registrants and stakeholders.'

Until then, registrants choosing to offer Botox or other non-surgical cosmetic procedures are advised to work within their knowledge and professional competence and be prepared to back up the decisions they make, said Mr Rudkin.



More botox information is in the pipeline

He added: 'Careful thought also needs to be given to maintaining professional standards in relation to advertising these services, and to the need to be indemnified.'

The guidance on non-surgical cosmetic procedures was the result of the GDC's public consultation on the scope of practice of the dental team earlier this year.

The consultation asked for views on what different groups of professionals could do as part of their work and what would be valid additions to conventional dentistry. [DT](#)

Dr Vinod Joshi is to launch hygiene talk

The founder of the Mouth Cancer Foundation is giving a talk on how to improve oral hygiene amongst patients with oral cancer.

The lecture by Dr Vinod Joshi is to mark Oral Cancer Awareness Month this November.

Dr Joshi's lecture at the British Association of Dental Nurses' Annual Conference on 1 November is supported by Philips Oral Healthcare.

A key to the early detection and prevention of mouth cancer is identifying patients who are most at risk; factoring in age, gender, racial group, smoking and alcohol use, diet and even oral cleanliness.

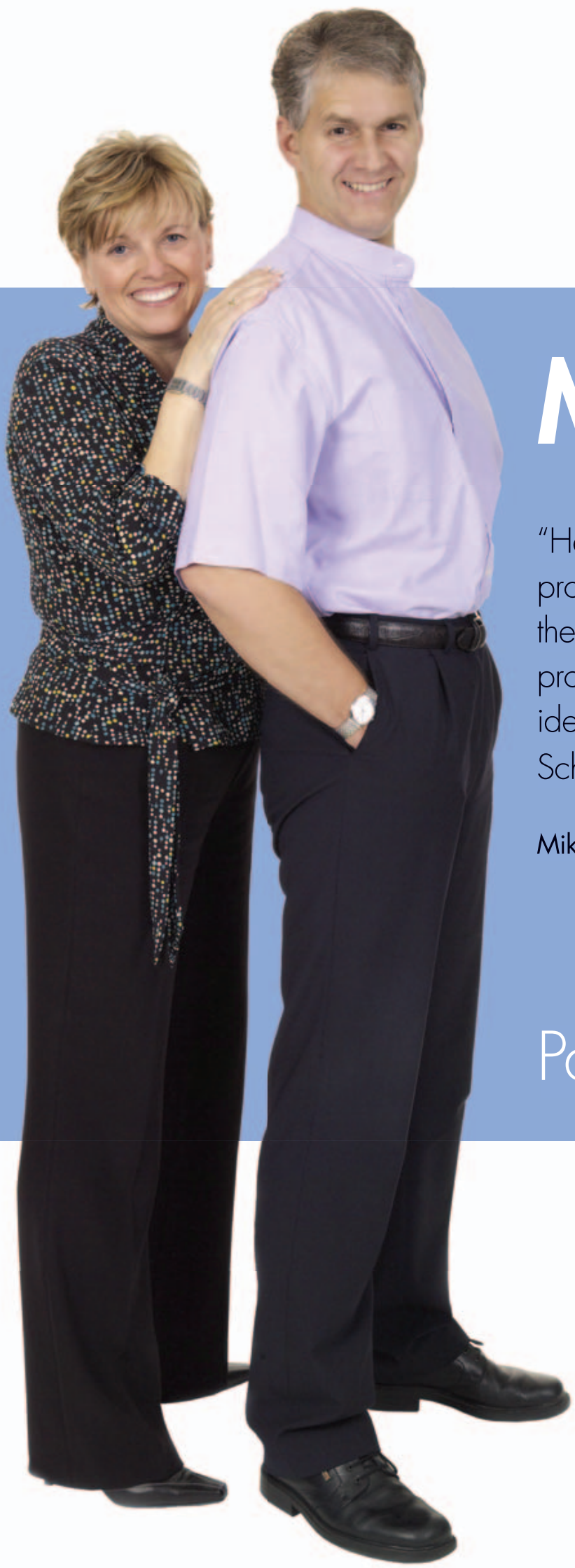
Only 1.7 per cent of all cancers diagnosed each year in the UK are related to the mouth. These cancers have a higher ratio of deaths than cases of breast or cervical cancers or skin melanoma. [DT](#)

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