DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in brief

Retention fee

Just over 4,000 dental care professionals (DCPs) have been removed from the General Dental Council register for failing to pay the annual retention fee (ARF); and 651 other DCPs have specifically asked to be removed for reasons including taking a career break or retiring.

Letters informing registrants who have not paid their ARF that they are being removed from the register were sent out on 18 August. Primary Care Trusts, Health Boards, Deaneries and indemnity providers have also been informed.

CERK updated

The book Clinical Examination and Record Keeping: Good Practice Guidelines has been updated in line with the latest guidance from the General Dental Council (GDC), the British Dental Association, the National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice (UK) FGDP(UK).

Where possible, the book includes parallel guidance on Scottish standards regulations.

The updated edition, which advises and informs the clinician on the practical and legal aspects of record-keeping, whilst complying with clinical governance is available now.

Dentistry website

The UK website, the Cosmetic Dentistry Guide, is now the world's most visited cosmetic dentistry website, according to Alexa, the web information company. Viewed by more than 140,000 visitors a month and climbing, the website has now overtaken the American website ***www.mynewsmile.com***

The site includes easy to understand information about cosmetic dental procedures, the latest news and innovations in cosmetic dentistry and 'Find a local cosmetic dentist' directory.

Scottish children

The number of Scottish children registered with an NHS dentist has risen to its highest level ever. Statistics show that the number of children aged between three and five registered with a dentist has gone up by nearly 15 per cent in the last two years, to 80 per cent.

Lothian has one of the best registration rates in the country, with 91.5 per cent registered with a dentist.

Public health minister Shona Robison claimed it shows that strategies to encourage parents to register their children are working.

News

Birmingham bonus

New NHS dental practice for Birmingham's Selley Oak area; plus dentists urged to look out for child abuse when treating kids.

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Mark Garner looks at ways to acknowledge and change the loss in patient numbers in an increasingly competitive market.

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Endless search

Is it possible to find a financial adviser that will work on your behalf, without being influenced by commission payments from product providers?

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Trekking Encounters looks at the benefits of volunteering your skills in one of the highest countries on earth.

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'Filthy' dental laboratory put workers' health at risk

A 'filthy' dental laboratory that put workers' health at risk, has been ordered to pay £4,000 in fines and court costs.

Rossford Dental Laboratory in Swinton, Greater Manchester, which specialises in manufacturing dentures, gum shields and other dental products, was fined £2,500 and ordered to pay costs of £1,500 at Trafford Magistrates' Court.

The laboratory was served with an Improvement Notice after a Health and Safety Executive (HSE) inspector visited the site and found it to be 'extremely unclean', putting the health of workers at risk.

It was given two months to comply with the Improvement Notice however it failed to clean up its act.

HSE Inspector Matt Greenly said the laboratory was in a 'filthy state' and 'there were layers of debris everywhere, the sinks were blocked and waste materials had been allowed to build up throughout the premises'.

He added: "Improvement Notices should act as a wake-up call for companies to improve their health and safety procedures, for their own and their employees' benefit. Unfortunately, in this case, Rossford appears to have ignored the warning and carried on as normal."

"HSE realises that many companies are under a lot of pressure at the moment, but that's not an excuse for ignoring health and safety."

"We will try to be understanding if people have genuine reasons for not meeting deadlines, but they can't just hope they'll get away without making any improvements."

HSE issues enforcement notices when it finds serious breaches of health and safety regulations.

There are two types of notices - improvement and prohibition.

Improvement Notices require any changes to be made within at least 21 days, and Prohibition Notices stop work from taking place until the specific improvements have been made. DT

Dentist suspended after failing to reveal £25,000 theft

A dentist has been suspended for a year after he applied for a job with a primary care trust, despite being investigated by the police over a £25,000 theft.

Samit Ashok Shah, was convicted of stealing £25,000 from his employer, John Lewis Plc, on 4 August at Southwark Crown Court in London

The General Dental Council's (GDC) Professional Conduct Committee heard that Mr Shah failed to disclose he was under investigation by the police when he applied to the GDC for registration on the Dentists Register and to the London Deanery for the position of specialist registrar in Dental Public Health. He also failed to disclose the criminal proceedings which led to his conviction on his applications for employment to the Hillingdon Primary Care Trust (PCT) and the St. Mary's NHS Trust.

Mr Shah admitted all of the heads of charge and his fitness to practise was found to be impaired by reason of his misconduct.

A spokeswoman for the GDC said: 'The Committee was clear that this misconduct was not only dishonest, but also has a profound, adverse impact on the reputation of, and public confidence in, the profession.

However the Committee was told that Mr Shah is an exceptionally bright and valued dentist who is involved in volunteer and charity work. It also heard that at the time of the offence he was under intense personal pressure.' She added that the Committee 'was satisfied that he has shown insight and remorse at having been convicted of dishonesty. The Committee was also very impressed with the current level of professional support from senior colleagues.'

The Committee considered the matter to be very serious. However in the light of everything it heard, it decided to suspend him for a year. DT

Dentist escapes being struck off

A dentist who failed to properly treat a woman's chronic gum disease and had to repeatedly fix his own work, has escaped being struck off the dental register.

Glaswegian dentist, Stephen Reid, formerly of The Station Clinic, Shotts in Lanarkshire saw the patient 90 times in seven years between November 1999 and 2006.

However the General Dental Council (GDC) heard that even after all this work, the woman still needed dentures.

Dr Reid did not give the woman advice on oral hygiene and had to cut some of the woman's gum after crowns he had fitted caused an infection.

However the GDC heard that Dr Reid was under a lot of pressure during this time and was seeing more than 40 patients a day.

The chairman of the panel, told Dr Reid that the committee was 'satisfied that these circumstances' played a part in failing to treat and properly manage the patient.

Dr Reid had acknowledged that he had been under too much pressure by selling the practice in 2006.

He had also expressed 'regret and remorse' and recently been accepted onto an MSc course.

In light of this, the GDC decided that his continued practise did not present a risk to the public and that his fitness to practise was not impaired. DT

'Hard sell' dentist allowed to practise again

A dentist accused of adopting a 'hard sell' approach in getting a patient to pay for unnecessary orthodontic treatment, has been allowed to practise again.

The General Dental Council found that Davinder Singh Jamus, had made it a requirement for a patient to view a promotional DVD of cosmetic treatments available at his clinic, and had adopted a 'hard sell' approach towards the provision of unnecessary orthodontic treatment, both of which are contrary to best professional practice.

The Committee met to review the four-month suspension of Mr Jamus following the earlier hearing, in which his fitness to practise was found to be impaired.

At the hearing, the chairman said: "This Committee has been encouraged by your demonstration of improved insight as well as your recognition that a change of attitude was necessary. You have satisfied us that you fully understand that your rehabilitation has started, but is an on-going process."

"In the light of evidence put before us today the Committee feels that to order a further period of suspension would be disproportionate, punitive and would not be in the public interest."

"The Committee also is satisfied that the progress you have made, and your commitment to continue with your professional development, are sufficient for it not to impose conditions on your registration."

The Committee stopped the suspension and decided he could resume unrestricted practice. DT

Call for dental nurses to take part in salary survey

The British Association of Dental Nurses (BADN) is calling for all dental nurses to take part in its confidential salary survey.

The information gathered from the survey (no personal details such as name and email address) will be used in discussions with the General Dental Council (GDC) regarding the need to lower the Annual Retention Fee (ARF).

A spokeswoman for the BADN said: 'In order to prove that the £96 ARF is too high for dental nurses, we need to gather information on salary levels and other working conditions.'

The £96 fee has been set at the same rate as hygienists and therapists.

The BADN believes that as dental nurses earn less than hygienists and therapists, the ARF should reflect this.

The BADN is also upset that the GDC did not consult with the association before the registration fees were set.

To take part in the survey, go to *www.badn.org.uk* DT

Parents pay more than £1K for Britain's first tooth bank

Parents are paying more than £1,000 to freeze stem cells from their children's milk teeth as an insurance policy against diseases they might develop when they grow up.

BioEden is Britain's first tooth bank and parents pay £950 for the privilege, plus an annual £90 service charge.

When their child's tooth falls out, they pack it up into a special container, which is then couriered to the company's lab in Cheshire.

The company has been helped on its way by UK Trade and Investment (UKTI), the joint department run by the FCO (Foreign and Commonwealth Office) and the Department for Business, Enterprise and Regulatory Reform.

BioEden was founded in 2007 by dentist David James, after he found research on the internet by Dr Songtai Shi, a cellular biologist at the National Institute of Health in America, who had discovered stem cells in his young daughter's milk teeth.

With the help of a dozen investors, he set up BioEden, which complies with strict European regulations from the Human Tissue Authority.

Dr James said: "We've had teeth arriving from Kuwait, India and Italy. As long as we get the tooth within the 48 hours and it's healthy, we can harvest the cells."

BioEden extracts the stem cells from the teeth and then freezes them. One set of cells is stored in Cheshire, the other in a secret lab in case of an accident such as a fire at the main site.

Stem cell research is still in its infancy, but by the time this generation of BioEden children are grown up, scientists believe it could be possible to use their cells to treat diseases they might develop, ranging from Alzheimer's to Multiple Sclerosis to Parkinson's. DT

Denplan takes on climbing challenge for oral health charity

Members of the Denplan dental payment plan team took part in the National 3-Peaks challenge to raise vital funds for the oral health charity Dentaid.

The climb, which took place on the 12-13 September, involved scaling the three highest peaks in Britain over a 24-hour period.

The Denplan team climbed Snowdon (1085m/3560ft), Scafell Pike (978m/3209ft) and Ben Nevis (1344m/4408ft) and covered approximately 27 miles during the 24-hour period.

All the money raised will go toward helping oral health charity Dentaid supply countries in the developing world with access to dentistry.

Before the event, Romsey dentist, Richard Hurrell, said: "I am really looking forward to the National 3-peaks Challenge, especially after all the preparation and practice we have been doing. I think the real test will be the lack of sleep as we travel to the next location, but although I know it will be tough, I also know all the good our sponsorship will do for Dentaid...can't wait!"

Members of the Denplan team in Winchester recently took part in the Yorkshire 3-Peaks challenge also raising money for Dentaid.

This event consisted of a hiking route climbing the three highest peaks in Yorkshire - Pen-y-ghent (691m), Whernside (728m), and Ingleborough (723m)."

One of the volunteers, Guillaume Hermile, said: "The Yorkshire 3-peak challenge was fantastic fun and we raised hundreds of pounds for Dentaid.

"We had great weather and all enjoyed the day very much. It nearly killed us, but we are all still alive and breathing and helping this worthy cause really spurred us on to complete the 25-mile route." DT

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Editorial comment

Conference calling

This week has seen the great migration of school children and commuters back to their usual routine. The trains are busier, the roads are busier and the cool kids are seeing exactly how far removed from the regimented school uniform they can get away with whilst still wearing a tie and blazer.

This time of year signals for me a shift in the mindset as the trade and profession alike look to the busy period between now and the C-word (that's Christmas for those who thought I was referring to something else!). The next three months sees a flurry of conferences and exhibitions across a variety of dental disciplines and organisations, including:

- European Society of Endodontology Biennial Congress – 24-26 September , Edinburgh
- British Society of Dental Hygienists & Therapists Annual Conference – 16-17 October, Bournemouth
- British Association of Dental Nurses Annual Meeting – 23-24 October, Cheltenham
- British Dental Trade Association Dental Showcase Exhibition – 12-14 November, Birmingham
- British Academy of Cosmetic Dentistry – 19-21 November, Edinburgh

I am looking forward to attending as many as I can over the coming months to keep readers up to date with the current thinking in these areas of dentistry.

Got something to say? E-mail me at lisa@dentaltribuneuk.com DT

Smile-on at this year's FDI Annual World Dental Congress

Dental professionals visiting this year's FDI Annual World Dental Congress in Singapore were able to explore the latest innovations in dental technologies and education at the Smile-on stand.

The FDI Annual World Dental Congress plays an important role in the advancement of dentistry.

At the Congress, Smile-on in association with Dental Protection Ltd (DPL) launched the next three modules of *Communication in Dentistry*, an outstanding flexible approach to dental training.

The Modules 4 to 6 of *Communication in Dentistry* consist of:

Module 4: Complaint handling and dealing with difficult patients
Module 5: Consent and communicating choices
Module 6: Recording communications

A spokeswoman for Smile-on said: 'With a focus on key areas in which effective and reliable lines of communication are absolutely vital, these modules will help the practice to develop working systems that will ensure patients receive the best possible standard of service, and that all relevant information is recorded to protect the practice medico-legally.'

Kevin Lewis, dental director for DPL and John Tiernan, DPL's assistant dental director, introduced the cutting edge technology and visitors enjoyed the many screenings of the exciting new footage from *Communication in Dentistry* 2 and a glass of champagne with the team.'

Professor Raman Bedi, former chief dental officer for England, was also on hand to discuss his exciting new online community Dentalghar, (www.dentalghar.com) offering professionals an invaluable opportunity to join a global network and explore the latest news, case studies, interviews, special offers and charitable events.

For more information on any of Smile-on's educational resources please call 020 7400 8989 or email info@smile-on.com DT

New endodontics clinic opens

A new clinic specialising in endodontics has opened in the north west of England.

Dr Sanjeev Bhanderi, a registered specialist in endodontics, has opened a new state-of-the-art specialist endodontic practice called Endo 61 in Gatley in South Manchester.

The opening was attended by more than 50 of Dr Bhanderi's referring general dentists plus the business coach Chris Barrow.

Dr Bhanderi's referred patients come from a wide catchment area from as far as North Wales, Lancashire, as well as locally from Manchester and Cheshire. He has established Endo 61 for easy accessibility close to the major motorways around South Manchester.

Dr Bhanderi said: "The dental surgery is usually the last place where referred patients want to be, so I wanted to create an environment that would make their experience with me as comfortable as possible."

He has an ongoing commitment to the teaching of postgraduate endodontics with the University of Manchester and Endo 61 is already used for teaching their visiting postgraduate students.

The patient lounge and consultation rooms on the ground floor are equipped to double-up as teaching rooms with LCD displays that can stream live procedures performed by Dr Bhanderi under his operating microscope in his operatory upstairs. Two further surgeries on the ground floor have been fitted with operating microscopes and digital cameras, which have the same AV capability for one-to-one endodontic/microscope training.

"Teaching the art of endodontics has been a passion since I completed my own training in 1997 and I am extremely delighted to have the opportunity to design a practice where I can enjoyably 'spread the word' to my colleagues and patients," said Dr Bhanderi.

He is course leader for the MSc/PGDip. in Endodontology at the University of Central Lancashire, and honorary clinical teacher for the University of Manchester Endodontics programme, and lectures all over the North West and internationally. He is on the Council of the British Endodontic Society and Chairman of the North West Endodontic Study group. DT

New NHS practice opens in Birmingham

A new NHS dental practice has opened in Selly Oak in Birmingham.

Midlands Smile Centre in Selly Oak is part of a chain of several dental practices owned by Dr Greg Fickert.

About 70 per cent of the dental work carried out by the chain is NHS work and the rest is private, mainly made up white fillings and white crowns, tooth whitening, hygiene, implants and orthodontic work.

Dr Fickert commented: "The team here at Midlands Smile Centre could not be more delighted with the new look of the practice. It was designed to provide an environment where patients can be confident they are receiving the highest standards of treatment."

The Lord Mayor and the Lady Mayoress of Birmingham officially opened the practice. DT

Dentists treating children urged to look out for child abuse

Dentists treating children should check for tell tale signs of neglect as they could be warning signs of wider neglect and child abuse, according to child protection experts.

A new policy urging dentists to look for signs of neglect, when treating children with severe oral disease, has been published in the International Journal of Paediatric Dentistry.

Dental neglect is defined as the persistent failure to meet a child's basic oral health needs.

Oral disease can have a significant impact on the health of a child and can cause severe pain, loss of sleep and even reductions in body weight and growth.

Dr Peter Sidebotham from the University of Warwick co-authored the policy document on dental neglect in children for the British Society of Paediatric Dentistry.

He calls for dentists to refer cases to child protection services if they have any concerns.

The document, which is thought to be the first of its kind in Europe, is the result of a collaboration between the University of Warwick, the University of Sheffield and Leeds Dental Institute.

Dr Sidebotham said: 'There is evidence which indicates that abused children have higher levels of untreated dental disease than their non-abused peers. Many dentists have taken part in child protection training, but still find it difficult to put into practice what they have learned when they suspect abuse.'

The policy details the numerous factors that need to be taken into account when assessing a child with suspected dental neglect and gives guidance on how the dental team should respond.

Dr Sidebotham added: "I am impressed by how much dentists already do to educate and support parents. But when concerned that a child is suffering, perhaps as a result of missed appointments, I would always encourage them to seek advice from other health professionals experience in child protection and, if necessary, to make a child protection referral."

The report calls for all dental staff to have regular child protection training.

For clinical staff, this must include recognition of signs of abuse and neglect, and how to respond when concerned about a child. This should be a mandatory component of dental training at every level: undergraduate, foundation training, special interest and specialist training, said the report.

To see the full report go to *www.bspd.co.uk/publication-27.pdf* DT

Interim guidance on CBCT scanners

The Health Protection Agency has come up with interim guidance for dentists using or planning to install dental cone beam computed tomography (CBCT) scanners.

These CBCT scanners are now being installed and used in a growing number of dental practices within the UK.

There is currently little guidance available for dentists on the different radiation protection requirements needed for this type of radiography equipment.

In a report by the Health Protection Agency (HPA), John Holroyd of the Radiation Protection Division said: "Suitable guidance is urgently needed to ensure that appropriate radiation safety measures are in place for the protection of staff and patients, and to advise practices using CBCT scanners with respect to radiation safety legislation."

"Working procedures and precautions that are well-established for conventional dental x-radiography equipment will in many circumstances not be adequate for CBCT."

The HPA's Radiation Protection Division has set up a working party to look into the issues associated with the use of CBCT equipment and the British Dental Association is represented on the working party.

Formal guidance for the UK is expected later this year, following a consultation exercise.

Mr Holroyd said: "However, due to the increasing popularity of CBCT equipment and the current vacuum of official guidance, the HPA felt it was vital to make dentists using or planning to install CBCT equipment aware of the most important issues as soon as possible."

The interim guide, which can be downloaded from the BDA website, looks at how to select appropriate equipment, including the selection of a suitable field of view (FOV), exposure parameters and resolution settings and the establishment of a suitable quality assurance programme to ensure regular testing of the equipment is carried out.

It also discusses training requirements for all persons involved in the use of CBCT, including operators and those performing clinical evaluation of images and the legislative compliance when dealing with referrals from other dental practices. DT

Distinguished service award for ortho technician

The chief orthodontic technician at the Royal London Hospital has been given the Orthodontic Technician Award for Distinguished Service.

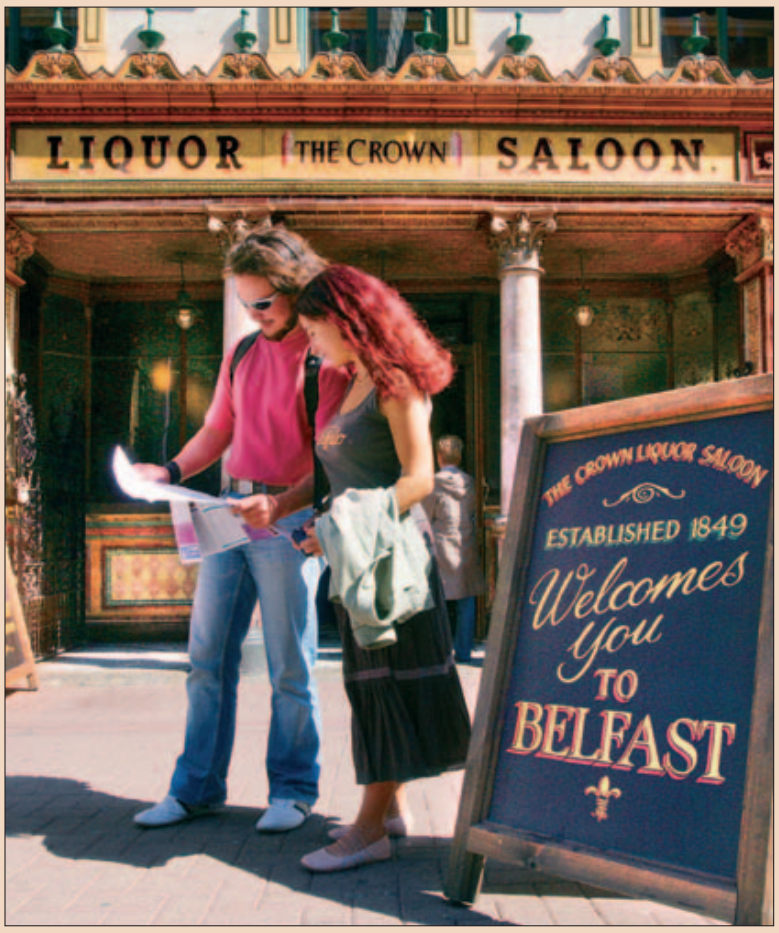
Kieran McLaughlin became the first orthodontic technician to gain an MSc, graduating from the Queen Mary University of London Faculty of Medicine in 1994. Since 1995 he has worked with Dr Ama Johal and Dr Joanna Battagel designing appliances for the treatment of obstructive sleep apnoea; and he has also worked with Dr Neville Bass on developing the Dynamax appliance.

David Bearn, chair of the Scholarships and Grants Committee of the BOS commented: "The Committee conferred the 2009 Award on Kieran McLaughlin in recognition of the huge and on-going contribution he has made to the profession and we salute his achievements over an incredible thirty years of service."

Mr McLaughlin has taught all aspects of orthodontic appliance design and construction to undergraduate and postgraduate dental students as well as student dental technicians at Barts and The London School of Medicine and Dentistry for more than twenty years, and has almost thirty years of experience in orthodontic technology. DT

Reflection from Northern Ireland

A new primary dental care contract in Northern Ireland has been implemented which follows the same direction as proposals outlined in the Steele Review. Simon Reid reports on the latest developments...



There's an old joke often recounted here about a lost traveller stopping to ask for directions from an old farmer somewhere in rural Ireland. The farmer listens carefully to where the traveller wants to go, pauses to think and then says, "Well, if you're heading there, you wouldn't want to be starting from here!"

Having been heavily involved in the development and negotiation of a new Primary Dental Care Contract (PDCC) in Northern Ireland since late 2006, our work and proposals in the Steele Review are heading in the same direction.

Up until the 2006, the new dental contract was introduced in England and Wales, while Northern Ireland and Scotland had taken the existing GDS model and then made regional adjustments to bring it within their legislation. Most of the framework and regulations were carried across and there were obvious resource advantages for Northern Ireland and Scotland in 'piggy-backing' in this way. Other components were added to or modified in the GDS contract to suit both countries' individual needs. Both these parts of the UK have continued to use their regionally adjusted GDS systems.

Need for reform

From Northern Ireland's perspective, the work in England on the modernisation of dentistry with the Options for Change Agenda, led to the realisation that our current GDS system needed reform. The drive for change began with our Oral Health Strategy in 2004 and Primary Dental Care Strategy in 2006, which have led to the development of a bespoke contract to meet our specific public dental health needs. In November 2006, negotiations began between the Department of Health, Social Services & Public Safety (NI) and the Dental Practice Committee of the Northern Ireland Branch of the British Dental Association.

By developing our new contract, having reflected on the original GDS, the PDS model and the 2006 contract, it could be said that our work parallels the Steele Review process. I accept that we have had the benefit, as have those in Scotland, of watching how the 2006 contract was rolled out in England and Wales and the challenging times as it bedded in. We do not derive pleasure from this, but rather have reflected on your experiences and used these considerations whilst planning and developing our own contract model.

A blended approach

One of the earliest steps we took in 2007 was to commission Professor Ciaran O'Neill, a health economist formerly of Queen's University Belfast, to carry out a global review of primary dental care remuneration systems and the current GDS model. Ciaran subsequently reported that the best approach was a blended model that would maximise the advantages of the different remuneration methods. We were already operating a de facto blended system (approximately one third of dentists' earnings was from non-item of service), but he recommended that we should develop the blend to improve efficiency and equity of care. We also recognised the earlier recommendations from Sir Kenneth Bloomfield's report, a long-standing and respected public servant here in Northern Ireland, which also advocated a blended approach.

Extensive work on the format and components of the Patient Care Pathway has led to the following proposed blended system of remuneration.

The system we have developed is not target-based as with the UDA system, and has been developed in an attempt to reduce the 'treadmill effect' and facilitate regular payments for improved practice cashflow. Importantly, quality of care will also be recognised and rewarded.

A core range of treatments

A key process has been to consider the core range of treatments, what we call "Essential Services" that should be available under the new contract. These are the treatments that we consider are the most cost effective and are evidence-based using a hierarchy of evidence.

We have defined and listed this range, but also have a process to allow opportunity for equality of access to care in exceptional cases where clinical necessity is proven, the "Exceptional Treatments". The Steele Review, while not defining a list of treatments, suggests a similar approach for routine care and "advanced/high-skill treatments" though proposes that not all practitioners may provide these.

- Staged pathway
- Registration for continuing care
- Urgent care option
- Preventive care
- Evidence-based guidelines
- Blend of registration/quality/activity payments
- Proposed development of quality measures
- Defined data set
- Proposed range of restorative treatments
- Weighted capitation formula

Key items of common ground between the Steele Review recommendations and the draft N. Ireland PDCC model

Improving access

We believe that local commissioning is the key to improving access, but it is also important to make the contract attractive to GDPs. Our aim is to increase practitioner commitment by recognising that a mixed economy exists and by clearly defining the range of clinically and cost-effective treatments, as "Essential Services", to be available under the new system. As such, the expectations and responsibilities within the system would be clearly communicated to patient and practitioner alike. We aim to allow access to "Occasional Services" for those requiring urgent care but to encourage long-term patient care and preventive measures by using a Patient Care Pathway and with associated registration.

Registration simplified

We propose an enhanced capitation payment for registration via the Patient Care Payment to cover the patient journey through the Patient Care Pathway. As such, it is more representative of patient-care needs than the original concept and banding of capitation and continuing-care payments under GDS arrangements. DHSSPSNI is currently developing a weighted capitation formula to calculate a patient-specific payment dependent on patient need and truly reflecting expected workload.

We now note that the Steele review recommends registration and payment for the continuing care of patients.

Effective communication

We propose to have clear and open communication between patients, practitioners and commissioners. The aim is to ensure that all understand their own responsibilities while being fully aware of what to expect from the other parties in this relationship. The aim is to correct past market failures of what Professor Steele calls the, 'Imbalance of knowledge' and what Professor O'Neill describes as, 'Asymmetric information'.

In our model there will be a key duty for the commissioners to produce a, "simple and transparent" system that is, "easily accessible and understandable" for patients. Such a system could be achieved by primarily using web-based information. Equally we must communicate effectively with practitioners and facilitate them to adjust their practise to the new and different 'philosophy' of our new contract.

Data and administration

Our proposals are to have a simplified system of administration and reporting with practice-held data sets and minimum data sets for reporting, to reduce the administrative burden. There has been some criticism of the 2006 contract resulting in reduced data capabilities for the BSA and the Steele Review proposes the development of a common set of indicators. An effective data capability can inform weighted capitation systems. We also concur that data reporting should be carried out electronically and we hope to develop an 'IT-lite' system for simplified reporting, which could also be linked into existing integrated practice management systems for those practices that are fully computerised.

From a Northern Ireland perspective we are pleased with the independently-led Steele review which appears to support many of our current proposals. We hope that our colleagues in the rest of the UK can now reflect on our work and are reassured by the tremendous similarities with the findings and recommendations of the Steele Review.

Currently we are undergoing great structural changes here following a review of public administration in health and social care, but are continuing to develop our new contract and are actively working towards piloting. Local commissioning groups have been set up and with the establishment of a single health and social care board (regional equivalent of PCT), there is a huge opportunity to develop effective local commissioning arrangements. We await with interest the results of the work that will follow on from the Steele Review and we in turn, will be able to reflect on those findings. DT

About the author

Simon Reid
BDS MFGDP MMedSc
has 20 year's experience in general practice. He is currently a dental officer with the Business Services Organisation in Belfast and has been seconded part-time to the Department of Health, Social Services & Public Safety Northern Ireland, working on the development and negotiation of a new dental contract.

Dental services in West Sussex and Leeds get huge cash boost

West Sussex Primary Care Trust has invested £1.5m into dental services in the county.

The cash investment means that 20,000 extra patients will now be able to see an NHS dentist.

Due to the cash boost, nearly one third of all dental practices in West Sussex – 152 out of 160 – are taking on new patients.

They will also offer extended opening hours.

David Grant, dental contracts manager at West Sussex Primary Care Trust, said: "We know that access to NHS dentistry has been a problem but the situation has improved recently."

"Even before this new investment, access in West Sussex was steadily improving and so it is important that people know there are NHS dentists out there if they want one."

In a similar move, NHS Leeds is offering an additional 33,000 NHS dental places throughout the city, due to a £2.3m three-year investment. NHS Leeds is encouraging local people to contact the Leeds Dental Advice Line and register with a NHS dentist.

Steve Laville, head of dental contracts for NHS Leeds said: "We want to dispel the myth that there aren't enough dental places in the city. We are committed to securing high-quality NHS dental care for people in Leeds and want to make sure that those people who want access to a NHS dentist are able to do so.

"Last year we made a large investment in dentistry which meant that there were an additional 36,500 NHS dentist places available in Leeds."

"NHS Leeds is continuing to make significant improvements in access to NHS Dental Care. A lengthy procurement process has recently been completed securing an additional 33,000 NHS dental places throughout the city." DT

BOS Student Technician of the Year

A student technician from the University of Bristol Dental Hospital has won this year's British Orthodontic Society's Student Technician Award.

Chetan Geisel received his award at the Orthodontic Technicians Association's annual conference in Milton Keynes.

Entrants for the award were required to prepare two removable appliances to a given prescription along with a written commentary on the rationale for the designs.

David Bearn, one of the judges and chairman of the British Orthodontic Society's (BOS) Scholarship & Grants Committee said: "Chetan's entries were outstanding pieces of work showing that the skill of the orthodontic technician is alive and well."

A spokesman for the University of Bristol Dental Hospital called it a 'keenly contested award with entrants from around the country taking part' and said: "It is the first time that a student technician from Bristol has won the award. This reflects the hard work and commitment that Chetan has put into achieving the standard that is required to win this important award."

After completing his Dental Technology studies at the University of Wales Institute in Cardiff (UWIC), Mr Geisel gained experience in a private crown and bridge laboratory in Cardiff, after which he secured a position in Bristol Dental Hospital in 2007.

Through his employment at the hospital, he has been able to return to UWIC and study for an MSc in Dental Technology. DT

The 10th Dimension... the power of 10

Ed Bonner and Adrianne Morris discuss the 10 most common problems they encounter in their consultancy work

Perceived insufficiency of patients

We use the word perceived because it is quite likely that if all the patients who have attended your practice in the last five years could be converted from "occasionals" to "regulars", your practice would be in hominid overflow. However, if your practice is really short of patients, there are two solutions to the problem: improved recall system, and marketing.

Breakdown of equipment

If one starts from the assumption that it is possible to manufacture good-quality equipment that won't break down as soon as the guarantee expires, the most cynical among us might think that planned obsolescence could be a culprit in this scenario. However, even if this was not the case, the longevity of your equipment will be dependent on the quality of maintenance, whether in-house or by contract, and by care with usage.

Discontinuity of staff

Although the usual reason for staff leaving one job to move to another is given as inadequate remuneration or enforced relocation, the reasons are usually far more complex and relate to issues such as lack of personal growth and low motivation. But paying a reasonable salary helps!

Erratic attendance

Lack of enjoyment of work and low motivation are probably the biggest reasons that certain members of staff do not attend work when they are not genuinely ill. The solution here is to have a policy of no show, no pay, but better still is to find out why your employee is not happy.

Difficult patients

If one starts from the position that all patients are difficult, it offers an opportunity to deal with every patient on an even playing field and with a pre-considered strategy. The only trick is to identify which type of 'difficult' they are and act accordingly. For example, some patients are inherently preachers and always need to show 'a better way'. Others are born whingers. A few are malignant spirits. But you might also start from the premise that there are no difficult patients, only difficult dentists, and the most difficult of all is the one who believes that he/she is never wrong. If you can overcome that hurdle and ask yourself the questions: 'Why is there a problem here?' and 'What do I have to do to overcome this problem?', you are more than halfway to its solution.

Poor-quality laboratory work

We get the lab work we deserve, and if we choose on price rather than quality, if we don't set out our stall from the word go on what will be acceptable standards to ourselves, and finally if we do not provide the quality of work sufficient to allow the technician to do their job adequately, we have only ourselves to blame.

Lack of financial control

Ascribe this primarily to poor record keeping and poor communication with your bookkeeper and/or accountant. It is perfectly possible in this computerised age to know exactly what is happening in your personal financial world at the press of a button – indeed we insist on this as a starting point when we advise on financial planning of any nature. How can you possibly know how to get somewhere if you don't know where you are starting from? Once you have this information available to you, it is not difficult (with a little guidance if necessary) to do simple budgeting and cash-flow forecasting and analyses that will enable you to have your finger on the day-by-day pulse of your business.

Poor communication

The biggest and most difficult problem to overcome, but unless you are able to communicate in a clear, positive and decisive manner with all on whom you impact, you are always going to struggle. Solution? Read books or attend courses such as NLP on improving communications skills, or seek assistance from a coach.

Inadequate records

This again requires a mighty leap into the computer age by going digital, but if you insist on storing atoms instead of bytes, you will always have a problem filing, storing and retrieving paper.

Failed appointments

Again, not an issue of difficult patients, rather one of inadequate communication and fear of enforcement. If you let your patients know in a non-threatening manner that there are rules and that it will cost them to break those rules, then you are well on the way to make this a nonexistent problem.

One common problem is the perceived lack of patients coming to the surgery

These problems are common to virtually every practice we work with and each of them has a solution. Finding solutions are actually quite easy, but finding the will to seek them is not. All it takes on the part of the dentist is to accept that you don't have to put up with those problems day in and day out. It's not a case of 'can't cook', much more of 'won't cook' – sometimes it helps to call in a new hand to stir the batter, and that is what coaches and consultants do. DT

About the authors

Adrianne Morris
is a highly-trained success coach whose aim is to get people from where they are now to where they want to be, in clear measured steps.

Ed Bonner
has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. If you would like to discuss anything about this article, have a free consultation, or subscribe to The Power of 10 e-zine, feel free to contact Ed at bonner.edwin@gmail.com, call 07776 660 1338 or email Adrianne at alplifecoach@yahoo.com.

Exercising caution

It pays to manage risk so that you avoid ever being served with a breach/remedial notice by the PCT. Tim Lee explains

For a GDS/PDS contractor, it's serious to be served with a breach/remedial notice by the PCT. They are increasingly using these powers and the risks to contractors need careful management.

The PCT's powers to serve such notices are set out at clauses 329 to 336 of the standard GDS Contract, (309 – 315 of the standard PDS Agreement – this article will refer to GDS Contract only for simplicity, but the provisions are similar for both GDS Contracts and PDS Agreements).

Once a notice has been served, if the contractor either repeats the breach; otherwise breaches the contract resulting in either a (further) remedial notice or further breach notice, the PCT can serve a termination notice.

There is some protection for contractors. The PCT must not serve a notice to terminate the contract unless satisfied that the "cumulative effect of the breaches" is such that the PCT "considers that to allow the contract to continue" would be prejudicial to the efficiency of the services to be provided under the contract.

A complex situation

The sharp-eyed will notice that these limitations are not clear-cut. But what does "the PCT considers" mean? An alternative less serious than termination is for the PCT to "withhold or deduct" monies payable under the contract "in respect of the obligation which is the subject of the breach".

The sharp-eyed will also notice that these provisions are unclear. Do they mean that the PCT has the power to "fine" the contractor? Does there have to be a monetary loss or can the PCT withhold / deduct money even if there is no monetary loss?

My view is that the PCT's powers to withhold/deduct monies can only be exercised if there is actual financial loss, and only to the extent to reflect that loss, pound for pound. However, the point is unclear.

Remedial notices

The PCT can serve a remedial notice if the contractor has breached the contract and the breach is "capable of remedy". A remedial notice must contain:

a) Details of the breach

b) The steps the contractor must take to satisfy the PCT in order to remedy the breach

c) The period during which such steps must be taken (no less than 28 days unless necessary for patient safety / avoidance of material financial loss).

If the contractor fails to remedy the breach, the PCT may serve a termination notice. But you must take into consideration the importance of the remedial notice containing the prescribed information. I have in the past been successful in challenging remedial notices, which failed to contain sufficient information.

'Once a notice has been served, if the contractor either repeats the breach; otherwise breaches the contract resulting in either a (further) remedial notice or further breach notice, the PCT can serve a termination notice.'

What's the difference?

Some feel that remedial notices are less "serious" than breach notices but this is not necessarily so. If the breach is not "capable of remedy" then the PCT may serve a breach notice.

In practice, less serious breaches may be capable of remedy, so sometimes less serious breaches attract remedial notices and more serious breaches may attract breach notices, but this does not necessarily follow.

Challenging a notice

Contractors often wish to dispute the validity and/or fairness of remedial/breach notices. The contract contains nothing specific to enable a challenge. Compare this to a termination notice where the contract provides for a challenge to the NHSLA.

The options available to a contractor to challenge a remedial/breach notice are:

a) Local Dispute Resolution with the PCT. It may be possible to negotiate a withdrawal of the notice. But bear in mind that the PCT served the notice in the first place and will probably be reluctant to negotiate!

b) An application to the National Health Service Litigation Authority. Even though the contract does not provide a specific provision for challenge, it is likely that a dispute about a remedial / breach notice could be taken to the NHSLA under the general contractual dispute provisions.

a)– b) are available if you have opted for NHS Contract Status (see Part 3 of your contract agreement.)

c) An application in the civil courts. This route might be available if you had not opted for NHS Contract Status. The application might seek an order to have the notice declared invalid and/or restraining the PCT from relying upon the notice and/or other remedies.

Of course, (but caution is strongly counselled) you have the option not to challenge the notice unless and until the PCT take further action. Be careful though - it could be argued that by taking no action, you have accepted the validity of the notice.

Please also remember that even a successful challenge on technical grounds could still leave the PCT the option of serving a second and valid notice.

Time limits

Consider speedy action and do not delay as time may be against you. Time limits may apply, and if you are in any doubt, seek immediate advice. DT

About the author

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