

DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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News in Brief

Oddest book title

The Dental Management of Sleep Disorders has been submitted for *The Bookseller's* annual Diagram Prize for Oddest Book Title of the Year. The UK trade magazine announced a shortlist on February 19, to be followed by a public vote to determine the winner. Other strange sounding titles include *Advances in Potato Chemistry and Technology*, *Collectible Spoons of the Third Reich*, and *An Intellectual History of Cannibalism*. *The Master Cheesemakers of Wisconsin and Mickey Mouse, Hitler and Nazi Germany*. A number of scientific and academic titles will be considered, including *The Changing World of Inflammatory Bowel Disease*, *Curb-side Consultation in Cornea and External Disease*, *Food Digestion and Thermal Preference of Toad*, and *Map-based Comparative Genomics in Legumes*. Originally created to provide entertainment at the 1978 Frankfurt Book Fair, the Bookseller/Diagram Prize has been awarded every year and is now organised by the magazine's diarist Horace Bent. The shortlist can be seen at www.thebookseller.com.

Tuition fees hike

Dentistry students could have to pay more for their education after the government was advised to increase tuition fees for certain undergraduate degrees including dentistry, law and medicine. The report, carried out by the Institute for Employment Studies, which was submitted to ministers, suggested that many students thought the proposal to pay more for 'prestige' degrees was a good idea, as it would mean that they would earn higher salaries. However, critics of the report fear that the recommendations could prevent students from poorer backgrounds doing these degrees. The National Union of Students has criticised the report, saying that higher fees would lead to more students relying on their parents for financial support.

Commissioned UDAs rise

The number of commissioned Units of Dental Activity (UDAs) has risen over the last quarter. Statistics released by the Department of Health reveal that the number of UDAs commissioned as of 31 December 2009 had risen to 88.3m. This represents an increase of 1.4m (1.6 per cent) on the number of UDAs commissioned at of 30 September 2009. All 152 commissioners (Primary Care Trusts) took part in the survey.

www.dental-tribune.co.uk

News



State of Decay

Dental charity cites Audit Commission report as showing worsening levels of child health

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Clinical



Case Study

Nicolai Orsteen looks at the treatment of maxillary left lateral tooth

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Clinical



Mission Impossible

Jacob Krikor details achieving the impossible when comes to aesthetic results

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DCPs



Bug Builders

Alison Lowe discusses patient compliance with oral care regimes and biofilm bugs

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Implementation ball gets rolling with announcement of pilots

Call for participants in Steele review pilots circulated by the Department of Health as implementation programme gets into action

The implementation of the recommendations put forward last year by the Steele Review into NHS dental provision has gathered momentum with a call for interested parties to take part in pilot schemes and the formation of an implementation group to oversee the delivery of the recommendations.

In a letter sent out to dental professionals and Primary Care Trusts, CDO Dr Barry Cockcroft called for expressions of interest to come forward for participation in two phases of piloting.

We are now asking for expressions of interest in taking part in piloting. Piloting will initially take place in two waves. We are designing a number of "whole system" options, which we aim to pilot from this autumn. We are also looking to launch a small first wave of pioneer pilots – to begin this April.

The whole system pilots will involve practice or PCT level pilot schemes that will run for two years. They will use a range of blended contracts, each with a different mix of remuneration for capitation, quality and activity, which is at the heart of the Steele recommendations. The pilots will be monitored and evaluated centrally to assess the impact on the quality of patient care, the flow of money for PCTs and providers, the impact on the skill mix and the relative effectiveness of each of the contract options.

More immediately, we are looking to identify pioneer pilots to begin at the start of the coming financial year. We are aware that many PCTs are already operating blended contracts, along the lines envisaged in the Steele review, or are testing, or planning to test in contracts, discrete aspects of the thinking set out in the review. We are inviting expressions of interest from PCTs with such schemes in taking part in a "pioneer" wave.

Expressions of interest for piloting will need to be co-ordinated and approved by PCTs. We have written today to invite volunteers from PCTs in being part of the first wave of pilots. If you are a contract holder and would like your practice(s) to be considered for piloting the first step is to contact your PCT and, if they are content, they will put forward an expression of interest to the Department. PCTs have been given a deadline for initial expressions of interest for the autumn pilots of 19 March 2010.

The deadline for the first wave of pilots passed last week; however those who want to find out

more about the second wave of piloting are requested to contact their PCT to register interest.

In more news, it has been announced that Prof Steele has joined the implementation group which will oversee the delivery of the recommendations he proposed in the review.

Prof Steele will join Dr Cockcroft and John Milne, Chair of the General Dental Practice Committee on the board.

Commenting on the news of his involvement, Prof Steele said: "During the Review of NHS Dental Services I worked extensively with patients, dental pro-

fessionals and the wider NHS to identify ways in which the NHS could improve and offer all patients the highest standard of care. The pilots will test the recommendations are important to ensure any changes made work for both patients and the NHS.

"I am pleased to have the opportunity to see through the recommendations of my final report as they are rolled out across the NHS. It is important that we improve preventative services to keep people healthy as well as making sure they have access to the best possible care when they need it." DT



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PS186717

BDA calls for 'detailed engagement' on pilots

Continued and detailed engagement with the dental profession is vital to the success of the Steele Review pilots, according to the British Dental Association (BDA).

Dr John Milne (pictured, right), chair of the BDA's General Dental Practice Committee (GDPC) said that there has been a promising start to the evolution of high street dentistry, including good engagement with dentists on the development of care pathways and a pledge that pilots will be given time to work and be properly evaluated.

However he warned against complacency, stressing that the process will only deliver a better system for dentists and their patients, if there is continued engagement.

Speaking after the GDPC's first meeting of 2010 which was held in London, Dr Milne commented: "Good progress has been made on the process of taking forward the recommendations of Professor Steele's Review with the establishment of working groups to consider different aspects of the reforms.

"The Department of Health (DH) has a chance to create a system that really works and the profession is keen to help them do that. The way to achieve that is continued and detailed dialogue. Importantly, the process must also be given the time it needs."

Dr Milne also reiterated the importance of dealing with the problems arising from the current contract, citing the still unresolved difficulties with the sale of practices and transfer of contracts as an outstanding issue.

He also warned that the problems that are still arising as a result of the Units of Dental Activity (UDA) system will soon be in the spotlight again.

He added: "Many dentists across England and Wales will soon be having difficult conversations with their primary care organisations about UDA targets.

"We urge PCTs to take a constructive approach to those conversations that recognises the issues dentists face and the hard work they do providing care to patients." DT



Sign up for the Smile-on newsletter



Education provider, Smile-on, is at the forefront of the latest news information and education opportunities.

By signing up for the free Smile-on newsletter, dental professionals will receive regular updates on training and health-care news.

A spokeswoman for Smile-on said: "The Smile-on newsletter also advises on upcoming webinars. A breakthrough in education, a webinar is an interactive online tutorial from some of the most highly regarded dental professionals in their field.

"Utilising this technology, you can learn from the very best in your own time, anywhere in the world."

Registered users on the Smile-on website can also track their CPD and explore the vast array of flexible training programmes from Smile-on.

Smile-on is dedicated to the dental industry by promoting excellent patient care and career satisfaction through education and training. The expert team from Smile-on are also on hand to offer guidance on the learning material so busy professionals can meet their industry obligations, build up their CPD and advance their skills within dentistry.

For more information about the company or to sign up for the Smile-on newsletter e-mail info@smile-on.com or visit www.smile-on.com. DT

I'll have veneers and a foot massage please!

Patients at a new dental surgery in Edinburgh are having free foot massages and watching films while they have their dental treatment.

Dr Elaine Halley, who has just opened the £1m Cherrybank Dental Spa in Scotland's capital, wants patients to be able to relax while they have their treatment.

So patients are given DVD glasses so they can watch films and TV shows such as *Friends* or *Sex and the City*.

Dr Halley, the first female president of the British Academy of Cosmetic Dentistry, has found that most people tend to prefer watching comedies to distract them from the dental treatment.

However she has also found this a problem as on one occa-

sion 'a patient was watching a Billy Connolly DVD - he really tried, but he couldn't stop laughing.'

She added: "It was good that he was so relaxed, but not ideal for his treatment."

When patients arrive at the dental surgery, they are welcomed by the smell of freshly baked bread, which is made by staff in the building, in order to get rid of any of the normal dental smells.

They can also have hand and feet massages while they are getting their dental treatment.

Dr Halley has taken many of her ideas from America in order to make going to the dentist a much more enjoyable experience. DT

International tuition fees

Tuition fees for international dental students in the United Kingdom have risen over the past year, according to a recent survey.

Unlike fees for home students, those charged to people from abroad are not capped by the government.

The annual survey of universities, conducted by vice-chancellors' group, Universities UK,

found tuition fees for international students, range from about £8,500 to more than £32,000, depending on the course, and over the past decade have risen by between a third and more than half.

The most costly courses were those in clinical medicine and, in particular, dentistry - where taught degrees averaged £24,500 and could be as much as £32,700 a year. DT



Death closes practice

An NHS dental practice in Worcester has been forced to close, after the dentist who set it up died in a motorbike accident.

John Bue, set up the Green Dental Practice in 2002 and died last June in a motorbike crash.

As yet, no one has come forward to take over the practice.

However NHS Worcestershire, has said it will continue to look for someone to take over the running of the practice or open a new dental surgery in Dines Green.

Paul Bates, chief executive of NHS Worcestershire commented: "Following the tragic death of the dentist at the Green Dental Practice last year, NHS Worcestershire was legally required to tender for this service. The tender process is currently underway and NHS Worcestershire remains committed to providing dental services within the Dines Green area."

The surgery in Dines Green has more than 7,000 patients on its books and employs eight people, including four part-time dentists. DT

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Correction

In the article entitled *Treating a calcified mandibular molar: A Modern Day Protocol* (Dental Tribune Vol 4, Issue 1/ 2, pages 14-15) some images were erroneously duplicated. DT apologises for any confusion this may have caused. If you would like a corrected copy of the article, e-mail isa@dentaltribuneuk.com with the subject line *Michiels article*, and we will send you a pdf.

Editorial comment

Affecting change in dentistry

After months of seeming inactivity, the implementation of the Steele Review is gathering momentum with the announcement of the pilot programme and calls for participants from the dental community. I say seeming inactivity, because as we all know after the flurry of announcements and presentations it was always going to take some time before the profession saw any kind of progress with the establishment of pilots.

In my opinion this process is a little like watching a new building go up from behind a

protective wall. There is the initial excitement as the machinery moves in, then frustration as you hear a lot of noise but nothing concrete seems to be happening; then whoosh – suddenly there is a structure in place and you can see what the builders have been up to all this time.

At the 2010 Career Opportunities in UK Dentistry conference held recently, Prof Steele commented on the fact that there are many people who are willing to criticise NHS dentistry and say they have no control over what happens, but that this is a chance to be in control of what happens

and be engaged in the process of decision making for the future of NHS Dentistry.

Whether you believe this to be political rhetoric or an honest chance to make a difference is up to you and your opinion of how robust you think NHS dentistry is. But maybe it is worth giving the pilot process a chance and seeing how you fit in – you can either make a difference or be able to say you tried! **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Premier Awards

Dental Protection and Schülke are celebrating the 10th anniversary of the Premier Awards.

The Premier Awards were set up to reward dental professionals who recognise the importance of patient safety within the dental practice.

With a total prize fund of £6,000, the Premier Awards offer one of the largest cash prizes for dental risk management projects in the UK.

There are now six subject areas available in the competition.

These are Ethics and professionalism; Record keeping; Cross-infection control; Teamworking and Skillmix; Consent and communication; Health and Safety

All members of the dental team are eligible to enter, whatever stage of their career they have reached.

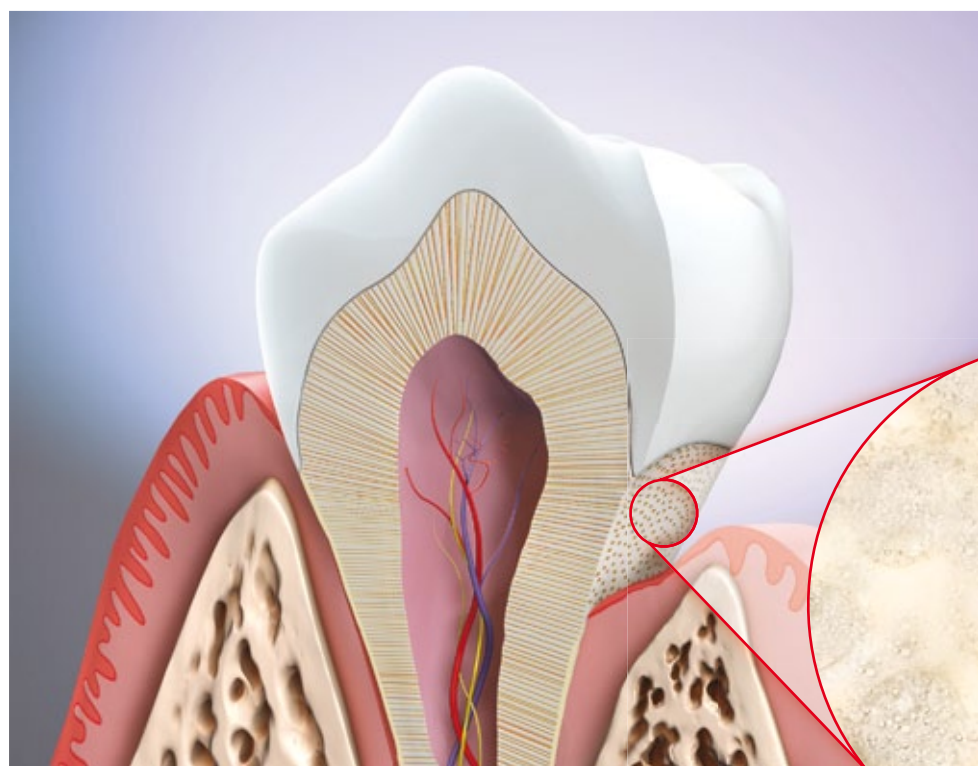
The event will recognise individual achievements in developing awareness and the effective management of risk within clinical dentistry.

This year's awards will be presented during The Premier Symposium to be held at Kings College, London on 4 December.

To request an application, or for more information on the Premier Awards visit: www.dentalprotection.org or contact Sarah Garry on 020 7399 1339 or by emailing sarah.garry@mps.org.uk

The closing date for entries to this year's Premier Awards is 3 September. **DT**

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Audit report highlights 'worsening' child dental health says BDHF

The dental health of five-year-olds has 'worsened' over the last decade, according to a recent report.

The report by the Audit Commission found that dental health has worsened and obesity rates have risen.

The average five-year-old in 2005/06 had 1.47 decayed, missing and filled teeth, compared with 1.43 in 1999/00.

Childhood obesity rose from one in 10 to one in seven between 1995 and 2008, although the rate of growth may now be slowing, the report said.

The report – *Giving Children a Healthy Start* – said an estimated £10.9bn has been spent, directly or indirectly, on improving the health of under-fives in England since 1998.

Of this, £7.2bn has been spent on Sure Start, a programme to improve services for young children.

It includes children's centres, maternity grants to cover essentials and family lessons on areas such as dental health and nutrition.

Some parents are not using Sure Start children's centres because they are unaware of them, or they dislike the 'judgmental nature of health professionals', the report said.

It found the investments have 'not produced widespread improvements in health outcomes'.

The report said: 'Some health indicators have indeed worsened – for example, obesity and dental health'.

The report showed the gap between disadvantaged areas and those in better areas had in fact grown and that a child in a deprived area is 19 per cent more likely to have unhealthy teeth than the average child.

The health inequalities are

one of the major goals of the Sure Start programmes.

Steve Bundred, chief executive of the Audit Commission, called the findings 'disappointing' and said: 'The under-fives rarely seem a priority locally'.

The Audit Commission wants local authorities and the NHS to be clear about how much they are spending on the under-fives.

The cash needs to be targeted at improving the lives of the most vulnerable and progress must be monitored, it said.

The British Dental Health Foundation is urging the government to focus on the prevention of dental decay in under five's, following the report.

The charity has called for more awareness in spearhead areas.

Figures produced by the independent watchdog show around 150,000 more children have de-

cayed, missing and filled teeth in spearhead areas compared with the rest of the country. This is a gap which has increased dramatically over the last ten years.

Children living in disadvantaged areas are 54 per cent more likely to live in workless households and face poorer health conditions than under five's living in less deprived areas.

Out of these children, one in five has poor dental health.

Evidence clearly shows establishing good oral health during a child's early years may play a vital role in regards to better health in later life, with diminished levels of heart disease, strokes and diabetes.

The report also showed that children from minority groups have poorer health levels, and their parents are less likely to take advantage of mainstream health services due to lack of awareness or cultural preferences.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said: "Dental disease is the most common preventable childhood disease and good education at an early age can have a significant impact. Parents are very much responsible for helping their children to develop a good oral health routine and ensure regular visits to the dentist."

It is recommended that young children should start to go to the dentist as soon as possible, attending as often as the dentist recommends. [DT](#)



'Extraordinary' company CQC consultation launch

Payment plan provider, Practice Plan Ltd, has been named as an 'extraordinary' company to work for, after achieving 3-Star Status in the Best Companies Accreditation 2010. This makes it one of the top 50 best companies in the UK to work for.

Jonathan Austin, founder and chief executive of Best Companies said: "We would like to congratulate Practice Plan on their outstanding achievement. An engaged workforce is essential as organisations move out of the recession and into a more stable economic situation. No doubt many organisations have tackled redundancies and rapid change this year.

"But organisations like Practice Plan that have kept on engaging their staff and making sure they are involved in the business will be in a good position for the future and should be congratulated."

The results are based on staff feedback and through research by Best Companies to determine how the leadership, opportunities for personal growth and well being contribute to making the organisation a good company to work for.

Only companies who achieve the results are awarded the Michelin style star status: one star being first class, two stars outstanding and the award of three stars for extraordinary.

Practice Plan's managing director Nick Dilworth puts the practice's success down to "the way in which we have all pulled together as a team in what has otherwise been a challenging year. I am privileged to be part of such a formidable team whose continued enthusiasm and commitment is beyond question." [DT](#)

The Care Quality Commission (CQC) has launched a public consultation on proposals to promote high quality healthcare through a new approach to assessments in 2010/11.

The assessments will apply to all NHS trusts. Under the proposal, the CQC's further assessments of quality will promote improvement by providing independent information about the quality of care.

The proposals for 2010/11 include regular scored assessments of healthcare organisations as well as in-depth special reviews and national studies looking at selected areas of healthcare requiring special attention.

The commission's new assessment approach, together with its registration system, will provide an immediate, cred-

ible picture of dental healthcare that will promote improvement and allow swift action to be taken where poor dental healthcare exists.

As with its registration system, assessments of quality will prioritise the experiences of people who use NHS dental healthcare services and will carefully consider their outcomes.

The new plans include a move away from an overall score for PCTs as commissioners of healthcare. Instead, parts of the assessments will be scored separately to provide detailed information about the quality of specific areas of healthcare such as dental healthcare.

The consultation closes on 27 April and CQC will consider all feedback before publishing its finalised plans later this year. [DT](#)

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Indemnity costs cut for botox

Indemnity costs for injectable, non-permanent cosmetic procedures such as botox are now available at a lower rate at the dental indemnity organisation, Dental Protection.

Injectable, non-permanent cosmetic procedures such as botulinum toxin and non-permanent dermal fillers in any part of the face (excluding the neck) can now be indemnified within normal subscription categories.

Kevin Lewis, dental director said: "We took a cautious view

when we first introduced categories for cosmetic and adjunctive procedures six years ago, and their cost was significantly higher than for our normal subscription categories. At that time we promised a detailed review of our claims experience and these changes are the result of that process.

"Members who have been properly trained in these procedures and who adhere to the new Standards for Cosmetic Injectables will, we believe, be no more of a risk when carrying out

these procedures than when they are providing many other types of dental care and treatment."

Previously, it was necessary either to transfer to a Dental Cosmetic membership category at significantly higher subscriptions, or to buy a separate indemnity for these cosmetic procedures from a third party (usually a commercial insurance provider) at an additional cost.

The Independent Healthcare Advisory Services (IHAS) recently announced the imminent

launch of a third party (voluntary) Registration and Inspection Scheme for providers of these procedures, incorporating the IHAS Quality Mark, which is designed to demonstrate to patients and third parties that the provider has received appropriate training in the use of these procedures, and is committed to the Standards for Cosmetic Injectables under the auspices of IHAS.

The new scheme includes the inspection of the facilities in which these procedures are to be provided.

Caspe Healthcare Knowledge Systems (CHKS) is to be the third

party registration, quality assurance and inspection agency.

The procedures carried out in the immediate peri-oral area, nasolabial folds and elsewhere in the face are all included, but the neck is specifically excluded.

Hygienists, therapists and other DCPs are not yet included in the IHAS-CHKS Registration and Inspection scheme, although this is being kept under review by the IHAS. [DTI](#)



'Screen for HPV' calls charity

Mouth cancer campaigners have called for the new HPV test to be introduced in Britain, to help diagnose mouth cancer in its early stages.

The British Dental Health Foundation (BDHF), organisers of the well respected Mouth

Cancer Action Month, wants the screening procedure, which detects a virus strongly linked to oral and throat cancer, to be used on patients in the UK. The test is already widely available in America.

The BDHF believes the test would cut the current number of mouth cancer deaths.

The test is for the sexually transmitted oral human papil-

oma virus (HPV), which can be carried out in the dentist's chair.

The patient gargles a special saltwater solution for half a minute and then spits it into a tube which is sent away for testing.

The test identifies one of two exceptionally dangerous forms of HPV – known as 16 and 18 – long before the virus develops into cancer and creates lesions.

Chief executive of the BDHF, Dr Nigel Carter, claims that early diagnosis of the disease is vital. He said: "Currently the best chance of beating the cancer comes from early detection, improving survival rates to more than 90 per cent, so it is important to follow the slogan of the Mouth Cancer Action Month campaign: 'If in doubt, get checked out.'"

Mouth cancer is a potentially fatal condition that is taking more lives each year. Without early diagnosis, chances of sur-

vival could plummet down to 50 per cent."

Mouth cancer has previously been found to be more common in men than women and people over the age of 40, though an increasing number of men and young people are developing the condition.

Research now suggests the human papilloma virus (HPV) could soon rival smoking and drinking as a main cause of mouth cancer. [DTI](#)



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Help when you need it most

Dental Tribune looks at the NHS Practitioner Health Programme and its benefits for dentists

Chief Medical Officer for England, (CMO) Sir Liam Donaldson, has hailed the just-published report on the first year of operation of the Department of Health-funded NHS Practitioner Health Programme (PHP) as a 'resounding success'.

The free, confidential PHP service was set up for dentists, doctors and other health professionals (HCPs) with health concerns - especially mental health problems and addiction - which could hinder their ability to function well at work and thus potentially harm patients.

The report - *Invisible Patients* - emphasised that dentists work in unsupported, pressured environments for long hours, responsible for both staff and patients and financially accountable for their practices.

The number of dentists assessed during the PHP's first quarter was 17 per cent of the total, dropping to eight per cent by September 09. Greater awareness-raising was initiated as a result.

Scheme director Dr Clare Gerada said: "Dentists as a whole are at the far end of sickness treatment. So they can become very unwell when they present for treatment, with severe alcohol and depression problems. They work in a more isolated manner and have more pressure on them as they are the boss of the team. They are a more isolated and sicker group than doctors."

Sir Liam added: "Previously, doctors and dentists affected by physical or mental illness found it extremely difficult to access appropriate and confidential care. The PHP service offers specialised support to clinicians, allowing them to get the help they need so that we can ensure that they remain able to offer safe, high quality care to their patients."

"From the number of practitioner-patients accessing the PHP during its first year of operation, it is clear that there is a need for this highly specialised service."

The project, set up as a general practice with a referrals service, reported good outcomes with patient-practitioners demonstrating improvements in mental health and social functioning, as well as in the numbers returning to work and the reduction in potential risk to patients and the public. The report revealed that nearly 80 per

'Health practitioners 'don't get sick' they erect self-inflicted barriers.'

cent of patient-practitioners were able to remain in or return to work after treatment.

Dr Gerada commented it had been "an enormous privilege to do this work".

She said: "Looking after sick health practitioners is an eye-opener as it is not easy to manage. We noticed how troubled and ill some were. We didn't realise the complexity of the problems."

"Dentists and doctors are one of the most unattended patient groups in health care. Their health needs can be as bad as those of homeless patients."

"Health practitioners 'don't get sick' they erect self-inflicted barriers." The PHP project is a way to address their needs. Dentists and doctors also have to look after others which can do harm if they are untreated themselves.

"The scheme was set up to give practitioners the space to tell their story and get treatment"

Sir Liam said his 12 years as CMO heralded the success of a project he had long wished to see. He said: "One of the key proposals was the establishment of an environment for dentists, doctors and other HCPs with health problems to be seen. This has been very effective."

Prof Alistair Scotland, who chaired a recent working group on practitioner health, commented that suicidal thoughts were significantly higher in dentists, doctors, nurses and pharmacists who could find it hard to get help.

He said: "I'm keen that PHP-type services are made available to all health professionals across the country because, at more than one million, NHS staff make up the biggest single group of patients for the NHS but they often struggle to access the same standard of services as others."

"We need three or four of these services across England, backed up by a panel of GPs and occupational physicians with extra training to treat health professionals."

Any medical or dental practitioner can use the service, where they have: a mental health or ad-

diction concern at any level of severity and/or a physical health concern which may impact on the practitioner's performance. Practitioners might not access mainstream services because they do not want to admit ill-health, have concerns about confidentiality or choose to self-medicate.

In the PHP scheme, a GP heads up an integrated treatment-planning team. Problems presented during the programme - which has seen 184 patients in 12 months - included finance, housing, work and relationships. About two-thirds had health problems and one third addiction problems. More men tended to exhibit alcohol and substance abuse, while more women exhibited mental health problems on the whole. Mental health problems affected 114 patients - 62 per cent of the total - while addiction problems affected 67 patients - 36 per cent of the total. The remaining two per cent presented with physical health problems.

Dr Gerada said although dentists and doctors presented late with illness, they did very well when treated. Although other supportive services existed, such as the Dentists Health Support Programme and British Doctors and Dentists Group, the PHP offered the most comprehensive assessment and treatment package.

She said: "Dentists and doctors tend to treat themselves and write prescriptions. Self-management can get them into trouble. They have a higher rate of depression and suicide and only tend to present for treatment when there is a crisis."

"Doctors and dentists like everyone else are only human and suffer from conditions and illnesses like the rest of us. We have found that the sooner they access the service when they are experiencing a health problem, the speedier their recovery will be."

Programmes are being developed to look at enhanced skills for GPs to treat other health professionals, with plans to extend the PHP to Avon and Newcastle.

For more information or to contact the Practitioner Health Programme, please ring 0203 049 4505. dnt.org.uk

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Whose practice is it anyway?

Quentin Skinner discusses the issue of control - control of your practice and the organisations with a potential interest in your business...

How funny life is, in that sometimes certain of its fundamental tenets change over a relatively short period of time without anyone noticing. Consider how the mindset of the dental profession has changed over the last tow decades....

Then...

Back in the early '90s, when BUPA DentalCover was launched in an effort to compete with Denplan Care, both branded schemes felt the need to introduce 'quality' measures as part of the procedures necessary to help protect the national delivery of the brand promise. From a businessman's point of view, this was a perfectly sensible proposition, as it would help to reduce the risk of many customers operating under the same banner getting tarred with the brush created by the actions (or inaction) of a smaller number of miscreant customers.

However, at the time, the profession took a very different view. I remember well from my time at Denplan, whenever we raised the subject of "quality" at seminars, dentists would invariably round on us, saying that clinical quality was a matter for the profession and its representative



Who is in control of your practice?

tors'. The basis for the BDA's argument was almost entirely framed around the situation in America - this was quite different to the UK, with an oversupply of dentists and funding levels controlled by the combination of employers who were in contract directly with the dental plan administrators/insurers for the provision of employee dental benefits. Granted, a few aspects of the BDA's warnings could indeed have been relevant to the nationally-branded dental schemes, but they just did not apply to the operation of dentists' own practice-branded plans

Now....

I believe that the passage of time has shown that dentists who offer their own private dental plans, practice-branded and using administrative sub-contractors - a much cheaper and less stressful alternative than trying to do it themselves - have had no reason to claim any third party interference whatsoever. Furthermore, many of those who subscribe to a nationally-branded scheme have largely come to accept a degree of quality inspection by the plan administrator as a necessity, even if some might resent other moves to hijack patient loyalty away from the dentist to the consumer brand.

However, what makes me wonder about life is the degree to which dentists may be prepared to accept third party interference in their practising framework whilst offering NHS dentistry. The new Personal Dental Services Plus template agreement is full of it. The degree of information and data that is required to be submitted to PCTs in order that dentistry can be micro-managed by non-dental PCT staff is quite breath taking.

This is most important, even for those dentists who feel that things might just carry on as they are under their existing nGDS contract. Any of the extra funds for dentistry promised by the Government will only be released in conjunction with this new contract. PCT staff are currently being trained up to be able to crack the controlling whip much more effectively in order to try to squeeze a better outcome (access) out of a tighter and tighter budget, and no change of Government will alter this. In the new Decade of Austerity, any change of ownership, any under-delivery, any need for contract variation - any chance to move more NHS funding into this web of control will be seized upon, because otherwise the PCT staff will not be doing their jobs...

And, of course, merely by submitting notice but without giving any reason, PCT staff will be at liberty to enter the practice premises and thoroughly check up on all aspects of the business. Acceptance of this situation is a far cry from those feelings not 20 years ago that quality is a matter of the profession and the profession alone.

4th, 5th, 6th party control...

Oh, and interference and control by PCT staff is not all, not by a long way. In addition, the PDS Plus template contract allows for entry and inspection of the practice premises by:

- **NICE:** an organisation apparently directed to help manage and control the costs of NHS care, and one that is not even represented by a dentist

- **The Care Quality Commission:** which, whilst retaining a prominent dentist as its advisor, repre-

sents yet another swathe of bureaucratic regulation, the need for which would be hugely questionable if the GDC was properly empowered to do what it was always previously responsible for doing in the past.

Local Involvement Network Representatives:

doubtless, someone will come up with a more positive explanation of the need for LINKs, but to me this conjures up an unsmiling visit by the People's Party Representative in Stalin's Russia, who certainly will not have the well-being of the dentist in mind...

Whose practice is it, anyway?

So, there will always be those in life who will succumb to control by others, even when this points towards an ongoing squeeze on their personal circumstances. However, many others sooner or later find that such oppressive restrictions on the freedom to act as they have been brought up or trained to do force them to look for a newer, independent way forward.

I would therefore encourage dentists who wish to operate in a working environment as free from third party control as possible to sit up and do some careful analysis of the alternative funding structures for the delivery of their dentistry, and choose the route that best ensures that they remain in control of their own practice. [m](#)

'There will always be those in life who will succumb to control by others.'

bodies, and certainly not a matter for third party commercial ventures to get involved with.

It was also in the early 1990's that the BDA started waving the red flag to its members, warning of the dangers of third party control if they got involved with the 'dental plan administra-

where the administration was sub-contracted to back-office administrative agents.

Anyway, suffice it to say that the natural self-regulatory instincts of the profession were to an extent encouraged by the third party control warnings, and life proceeded accordingly.

About the author



Quentin Skinner is Chairman of DPAS. He is one of UK dentistry's most influential thinkers. DPAS is an administrator of practice-branded private dental plans. For more information, contact DPAS on 01747 870 910 or visit www.dpas.co.uk.

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Managing periodontal diseases

Peter Galgut discusses different adjuncts to periodontal treatment to help dental professionals achieve the best outcome for patients

Periodontal treatment is no longer based on good oral hygiene maintenance and professional root surface debridement alone. Although periodontal diseases are primarily caused by bacteria in plaque biofilm, several cofactors are also necessary. Cofactors include genetically inherited tendencies, social factors such as smoking, environmental factors such as stress, and the presence of other diseases such as diabetes. This understanding has led to important changes in how periodontal diseases are managed clinically.

A number of studies have shown that even thorough root surface debridement (ie scaling and root planing) is insufficient to eliminate subgingival plaque bacteria (1), even in the presence of good oral hygiene. Increasingly, sophisticated strategies for management of periodontal diseases are being developed.

Pharmacological Adjuncts to Periodontal Treatment

A whole range of new products are now available to manage periodontal diseases more effectively in clinical practice. The best known products are topically applied antimicrobials and anti-inflammatory adjunctive aids to mechanical cleansing.

Antimicrobial mouthwashes and topical slow release antimicrobials, and healing anti-inflammatory products are being increasingly being used clinically to control periodontal diseases more effectively as powerful adjuncts to meticulous mechanical root surface debridement and good oral hygiene maintenance. They are used to maximise the healing process after mechanical cleaning, and to manage those patients who respond poorly to mechanical debridement alone.

Being able to place topical antimicrobials and anti-inflammatory products into areas of infection such as periodontal pockets is a major advance in managing periodontal diseases.

'Being able to place topical antimicrobials and anti-inflammatory products into areas of infection is a major advance in managing periodontal diseases.'

New Products to Manage Periodontitis more Effectively


A new range of innovative anti-inflammatory products have recently become available. A topical gel (Trade name Gengigel)

is based on hyaluronic acid (an natural ingredient of ground-substance in which tissue cells grow). This product has been shown to promote healing and reduce inflammation (2,3,4).

More recently a systemic anti-inflammatory product (Trade name Periostat) has become available. This product is taken systemically for up to three months at a time to dampen down the over-

active inflammatory response to periodontal pathogens, and characteristically respond poorly to debridement alone(5,6).

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