

DENTAL TRIBUNE

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

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News in Brief

Tories fine patients

Dentists will be able to fine patients who consistently miss appointments, under Tories' NHS plans. The smallprint of the Conservatives' *Reform Plan For The NHS*, said *We will introduce a new dentistry contract that will allow dentists to fine people who consistently miss appointments*. The fine is expected to be around £20. Andy Burnham criticised the proposal and said: "People who are most in need of care will be hit hardest by fines from their own dentists."

Scottish waiting lists

Patients are calling on the Scottish government to look again at its oral health care provision after it was revealed that the total number of patients on the waiting list in Scotland has reached a standstill and is not decreasing. Despite waiting figures dropping from 82,166 last year to 79,375 this year in many rural areas waiting list numbers have grown. NHS Grampian revealed that the number of patients on its waiting lists has grown from 30,936 to 31,798.

Smile-on and AOG

Smile-on, healthcare education and training provider, has joined forces with the Anglo-Asian Odontological Group. On 7 May, Smile-on and the AOG are hosting a charity ball with proceeds going towards charitable projects in East Africa. The event will be sponsored by the Dental Directory. The AOG is a social network for dentists, promoting professionalism and friendship. It works hard to help charities both at home and abroad.

www.dental-tribune.co.uk

News



Dentistry goes mobile

New service launched to help ease access problems in rural communities

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DAP review

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Endo Tribune



Case report

Dr Kendel Garretson illustrates principles of diagnosis and treatment

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Practice Management



The 'other side'

Simon Thackeray on working a company stand at BDTA

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Chief dental officer awarded CBE

New Year's Honours List sees both CDO and former GDC president named

The chief dental officer for England and the GDC's former president were both awarded CBEs in the New Year Honour List. CDO **Barry Cockcroft** received a CBE for his contribution to dentistry and public health in Britain.

Prior to joining the Department of Health, Dr Cockcroft, chief dental officer since June 2006, worked as a NHS general practitioner for 27 years.

He commissioned Prof Steele to carry out the Steele Report, an independent review of NHS dentistry, following the House of Commons Select Committee review of the new contract.

Dr Cockcroft is currently working on behalf of the government to carry out the recommendations of the report.

Former President of the General Dental Council's (GDC)

Hew Mathewson was awarded a CBE in the New Year's Honours list for his services to healthcare.

Mr Mathewson has been a member of the GDC since 1996 and was president from 2005 until September 2009 when he became the Council's first ever chair. He handed over to Alison Lockyer in January 2010.

Ms Lockyer said: "No one could have done more for the GDC than Hew over the six years he was at the helm. We're indebted to him for his assiduous efforts. This award is really well deserved."

Interim chief executive, Alison White, called his commitment to improving protection for patients 'unwavering' and said: "I'd like to take this opportunity to congratulate Hew most warmly. This CBE recognises all of his hard work and achievements at the General Dental Council."

She added: "We are absolutely delighted to see his dedication to healthcare is being recognised by this honour."

Janet Clarke, former chair of the Central Committee for Community and Public Health Dentistry, of the BDA and member of the Steele Review, was also honoured with an MBE.

MBEs were also given to **Donna Hough**, dental workforce development lead for DCPs, North Western and Mersey Postgraduate Deaneries and **Laura Mitchell**, consultant orthodontist and clinical lead at St Luke's Hospital Bradford Teaching Hospitals NHS Foundation Trust.

Mrs Mitchell has worked at the hospital since 1995 and last year co-wrote the *Oxford Handbook of Clinical Dentistry* with her husband. The book has been translated into nine differ-

ent languages, selling more than 100,000 copies.

Angus Robertson, principal fellow in clinical illustration, Leeds Dental Institute, was also awarded an MBE. Mr Robertson has been a practising clinical photographer for more than 36 years. He has specialised in dental photography since he took up a position as head of medical and dental illustration at the Leeds Dental Institute in 1985.

A spokesman for the Institute of Medical Illustrators said: "His dedicated contribution to the medical illustration profession has been great and this was recognised when in 1995, IMI awarded him its most prestigious award, the Norman K. Harrison Gold Medal. Our sincerest congratulations go to both Angus and his family for this well deserved award." DT

EARTHQUAKE APPEAL

We have all been shocked by the emergency situation in the **Republic of Haiti** after the earthquake which has claimed **thousands** of lives and left the survivors in turmoil. *Dental Tribune* is appealing to all readers who wish to help by donating much needed funds to help the relief effort to **Médecins Sans Frontières (MSF)**, an international, independent, medical humanitarian organisation that delivers **emergency aid** to people affected by armed conflict, epidemics, healthcare exclusion and **natural** or man-made **disasters**. What makes this all the more poignant is that the team at MSF responding to this disaster is **still trying to account for colleagues who were already working in Haiti, and who may have not survived**.

To help, go to www.msf.org.uk/supportus.aspx and click on the link to donate to the Haiti relief fund. **Thanks in advance for your support.**



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Or email: lisa@dentaltribuneuk.com

Editorial comment

It's s-now a New Year! Welcome to 2010

Hello and welcome to the first issue of 2010! I hope everyone has been enjoying the glorious wintery weather, with picture postcard scenes, snow days letting children go sledging in the park, and next to no

work coming your way as people struggle to get out of their front doors! (see, you thought all that snow had gone to my head then!)

Still, it is a new year and in time honoured tradition our congratulations go to those mentio-

ned in the New Year's Honours List; especially those connected with the dental profession.

You will notice in the issues to come that I will be talking a great deal about Bridge2Aid and its work in the village of Buku-

mbi in Tanzania. This is because *Dental Tribune*, and particularly myself now have a vested interest in the work as I will be travelling out there in April with colleagues from Schülke and Henry Schein to help build a community centre at the Bukumbi Care Centre. This vital project is the perfect opportunity for us non-clinical folk to help Bridge2Aid's work.

Anyone who wishes to donate funds to this worthy cause is welcome to do so at www.just-giving.com/bukumbibound - my dedicated fundraising page for this trip. A special thanks already goes to Smile-on and Practice Plan who have supported me; and I hope *DT* readers will get behind me as well. Just think what £1 from every reader could do to the lives of ordinary Tanzanians! *DT*

BDA NI gets public apology

The British Dental Association in Northern Ireland has received a public apology after a government body released inaccurate figures inflating the incomes of NHS dental practices.

The figures were given to the Belfast Telegraph by the Business Services Organisation following a freedom of information request.

The British Dental Association (BDA) claimed that the figures reported by the Belfast Telegraph in December were wrong in six out of 20 cases, and overstated dental practice turnovers on the health service by up to 73 per cent.

The Belfast Telegraph reported that three practices in Northern Ireland received more than £1m last year from the Department of Health.

The BDA said that releasing this incorrect information damaged the reputation of these dentists and their practices.

Claudette Christie, BDA director for Northern Ireland, said: "This has caused personal distress directly to a number of hardworking dentists and to the wider profession."

She added: "Dentists across Northern Ireland are at the heart of their communities, working hard to care for their patients. They devote their professional lives to building relationships with their patients that enable them to provide the best possible standards of care for each individual. To have those relationships swept away by the failure of a government agency to quality assure its figures is devastating." *DT*

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Smile-on reaches the big 1-0

Education and training provider, Smile-on, has been celebrating, as January 2010 saw the company enter its 10th year.

Smile-on provides education and training solutions that are flexible and inspirational for everyone in the dental profession.

A spokeswoman for Smile-on said: "The company's key

values of partnership, imagination, innovation, creativity and potential have helped evolve the products from simple training courses into the multi-media learning platforms of today, and helped Smile-on become the source for cutting edge software and training resources."

After the success of last year's Clinical Innovation Conference, Smile-on will be offering den-

tal professionals yet another outstanding conference for 2010 - May 7-8 at the Royal College of Physicians in Regent's Park, London.

Delegates will be able to gain an insight into new technologies, materials and ground-breaking techniques in dentistry.

International speakers will be delivering inspirational speeches alongside exhibitors offering the

latest dental technologies from all over the globe.

Smile-on has announced that this year they will be working in conjunction with the Anglo-Asian Odontological Group (AOG) and will

be sponsored by the Dental Directory.

For more information call 020 7400 8989 or email info@smile-on.com or to become a CIC sponsor visit www.clinicalinnovations.co.uk. [D](#)

Help at last for dental entrepreneurs

Dental entrepreneurs can now turn their dental inventions into a business opportunity with the support of the first dental business incubator company.

Dental companies spend millions on the research and development of new products, with Nobel Biocare, one of the biggest spenders in the dental industry spending about 4-5 per cent of its annual turnover on research and development.

However there are thousands of ideas developed by individual dentists that will never be implemented because their inventors lack the funds or expertise to market their ideas or

are downsized by shrinking research and development budgets in difficult economic times.

These individuals can now turn to Dencubator, the first dentistry incubating network.

The programme helps entrepreneurial companies through support resources and services, such as finding legal help, funding prototypes and finding distribution channels.

Dencubator was founded last year in America from a loose network of renowned dental specialists around the globe and so far the programme has evaluated 48 submissions and it aims to support as

many as 80 over the course of the next five years.

Dencubator is a virtual entity, which means that its members meet by phone, e-mail or through webinars.

Once an idea is submitted through one of the committees, it undergoes a four-week screening process to evaluate its marketing potential.

Special emphasis is placed on the ability to re-design a product for emerging markets such as Asia or Latin America.

"By testing each submission for its applicability to emerging market countries, we have the

opportunity to offer the products and techniques associated with outstanding oral health care to a broader audience than the typical markets of Western Europe, Japan or the United States," said a Dencubator representative.

The network provides its services with compensation taken in equity in the ownership of the idea, once the idea has been approved for funding.

The process typically takes up to three months to be completed.

Once Dencubator becomes an equity partner and develops and protects the idea, discussions are initiated with the direc-

tors of acquisition or research and development departments of global dental companies.

A recent study found that incubating programmes which support start-up companies to develop new products enable nearly 90 per cent to stay in business for the long-term.

Dencubator sees itself as a complement to traditional research and development and as an alternative source for funding, development and access to market resources.

"We are under no circumstances in the business of replacing research and development budgets. We are the nursery which takes the small seed of an idea, grows it and then brings it to market," the representative said. [D](#)

'Gruelling' bike ride for charity

The director of the Dental Clinic will be taking part in a 'gruelling' 874-mile cycle ride to raise vital funds for a children's charity.

The Dental Clinic and Optical Express will be sponsoring Dominic O'Hooley in his bid to cycle from John O' Groats to Land's End to raise funds for the Wooden Spoon charity.

With a group of thirty riders, O'Hooley aims to complete the 874-mile journey in just eight days, starting on the 21 and ending on 28 August.

It normally takes cyclists ten to fourteen days to complete, and walkers two to three months.

The Wooden Spoon challenge, titled 'End 2 End' has been held annually since 2000.

Dr O'Hooley said: 'Wooden Spoon is a well established charity, and really a cause close to my heart. I'm keen on trying to help child poverty and I feel that because they have such a history of successful and well-organised



charity events I feel I can be confident in them?

Wooden Spoon, founded in 1983, is a children's charity supporting disadvantaged children and youth across the UK and Ireland. Wooden Spoon has raised more than £15m since its inception, and benefited more than half a million young people.

The Dental Clinic is one of the largest private provider of dental services in the UK, offering services ranging from general dentistry to teeth whitening and cosmetic dentistry. [D](#)

British Dental Conference

The respected clinical expert, Dr Avijit Banerjee, is to join the panel of speakers at the 2010 British Dental Conference and Exhibition

The conference and exhibition will be held 20-22 May 2010 at the Liverpool Arena and Convention Centre (ACC).

Dr Banerjee, senior lecturer and honorary consultant in restorative dentistry at King's College London (KCL) Dental Institute at Guy's Hospital will be delivering a

presentation entitled *Revolutions in caries management - minimal invasive dentistry in practice*.

- The presentation includes:
- The methods for monitoring patients with a high risk of developing caries
 - Understanding the pathology of caries
 - How to bond to caries - affected dentine and the therapeutic effects

Dr Banerjee has carried out extensive clinical research into cari-

ology, caries removal techniques, microbiology and microscopic imaging of dental caries. He also won 2009 Kings College London Teacher of the Year Award.

A spokeswoman for the conference said: "His passion for translating scientific research into clinical practice will ensure that his guidance will feature the latest clinical findings, delivered in a manner relevant to today's GDPs."

For more information on the conference and exhibition, register on www.bda.org/conference or call 0870 166 6625. [D](#)

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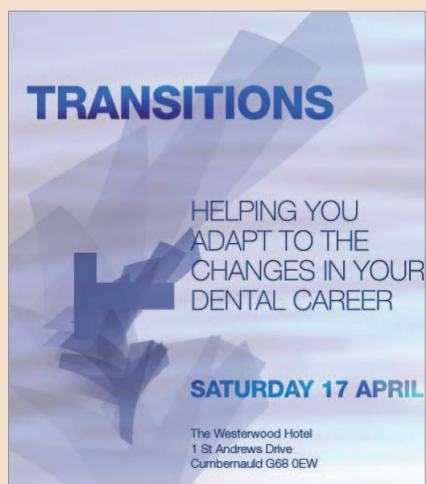
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Transitions: Dental Protection launches event for Scottish dentists

Dental Protection is pleased to announce a brand new event called Transitions which will be staged in Scotland this April.

The full-day event is scheduled for Saturday April 17 in

Cumbernauld near Glasgow. The programme is suitable for dentists at all stages of their career and will provide keynote lectures on the recommended CPD topics, complaint handling and ethics.

The programme will feature

three renowned speakers, Hugh Harvie, Kevin Lewis and James Foster who will explore complaints and ethical dilemmas based on actual cases drawn from Dental Protection's extensive archive.

The day will also include an

interactive workshop session, which will demonstrate problems which any dentist might encounter at some time in their career, and will examine the issues which could effect the way in which the dentist handles the situation. Sessions on law and ethics and complaint handling will explore the role of communication skills in effective complaint handling.

Describing the event, Hugh Harvie, Head of Dental Services Scotland said: "DPL is pleased to launch an exciting new event for the benefit of our members in Scotland. The programme will address the recommended CPD needs of all dentists, and will serve as a useful introduction, or a reminder, to dentists regardless of what stage they may have reached in their career."

Tickets for the event cost £75 (£50 for VDPs and DPL Xtra members) and will provide 5.5 hours verifiable CPD.

Delegates are advised to register their interest in the DPL programme early to avoid disappointment. [DPL](#)

BDA nominated as Business Superbrand

The British Dental Association has been shortlisted as one of this year's Business Superbrands.

An independent panel of experts from The Centre for Brand Analysis, along with 1,500 individual business professionals, examined thousands of applications, before selecting only 500 'Superbrands'.

In order to qualify as a Business Superbrand, an organisation has to have established the finest reputation in its field, and offer customers significant emotional and/or tangible advantages over its competitors.

The brand has to display that it represents quality products and services, can deliver a consistent and reliable customer service and be distinctly unique within its market.

A spokeswoman for the BDA said: "Being nominated as a Business Superbrand is testament to the determined efforts made by the BDA team to ensure that it continues to offer members advice, support and improve the nation's oral health." [BDA](#)

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Credit Crunch Clinic

Dentists drop price of dental implants & increase sales



A company selling dental implants for almost half the price of other suppliers are giving dentists the opportunity to pass this saving on to their patients, potentially dropping the price of dental implants in Britain without compromising on patient care.

DIO Implant of South Korea is now operating in the UK after recently identifying a gap in the UK market. DIO UK is offering dental implants at prices less than half that of the most established of UK brands (e.g. DIO grade-4 titanium RBM fixtures for under £98.00). DIO Implant has been around for over 25 years and is one of the largest implant manufacturers in Asia.

One dentist who has been able to drop his prices by 30% after switching to DIO implants is Dr. David Fairclough, who's prime interests are dental implants and cosmetic dentistry. He believes that using implants of this kind could lead to them becoming cheaper for patients across Britain, currently one of the most expensive places in Europe for dental implants.

In a recent interview Dr. Fairclough said, "There is no reason why it can't be as cheap here as it is abroad, when you factor in travel and accommodation expenses. The savings I am making have meant that I've been able to reduce my prices by 30%, so it has made a huge difference. It means that those people who are thinking about going abroad for implants may consider staying in Britain and those who thought they couldn't afford implants can now consider it an option."

Dr. Fairclough was initially drawn to DIO by their lower prices, however he changed suppliers when he found that their implants were easier to place as well as achieving more aesthetically pleasing results than implants he had used previously.

Dr Fairclough said, "I've been doing dental implants for over 20 years now and I've tried most systems. When I came across DIO's system it seemed to be the easiest to use at an affordable price. The implants are very easy to place and they have very good primary stability which is important."

This increased primary stability comes from the multi-platform design and double-threaded head which offers high stability in low bone density. Alongside this, the stability offered by the root form design reduces the possibility of interference with other teeth.

“ One of my big criticisms of implant companies is that they sell you the implants and then you get very little from them again. There's poor back-up. This hasn't been the case with DIO. ”

DIO UK aims to assist all of its dentists during the integration stages in understanding the implant system. Rather than hosting clinical days attended by large numbers of dentists, DIO involves new clients in live implant placements alongside an existing user, often without a DIO representative being present. This allows the session to be very open between the two dentists meaning they are free to discuss the implants candidly. It also means that the dentist new to the system benefits from one-on-one tutoring.

"The back-up service I have been given has been invaluable." said Dr Fairclough, "One of my big criticisms of implant companies is that they sell you the implants and then you get very little from them again. There's poor back-up. This hasn't been the case with DIO."

Dr David Fairclough BDS(Lond.) LDS RCS (Eng.), Circus House, Bennett Street, Bath

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DIO IMPLANT

Nationwide mobile dental practice launched

The first nationwide mobile dental practice has been launched in the UK. DentalXpress hopes to improve acute access to dental care with its fleet of multi-clinic room portable dental units.

The idea is that in areas where a dental practice is needed, DentalXpress will be able to plug the gap with one of its mobile units.

DentalXpress spokesman Amarjit Gill said: "The population of the UK is projected to rise to 67m by 2031 and as NHS dentistry budgets decline, there is going to be even greater pressure on already limited resources, as funding is further stretched. Primary Care Trusts are constantly looking for innovative solutions and don't want to invest in fixed practices at a cost of £500,000 to £750,000 if the demand for dentistry does not materialise."

Data from the NHS Information Centre released recently shows that only 58.5 per cent of the population saw an NHS dentist in the two years ending March 2009.

The government said in May this year 'we aim to ensure that everyone who wants to see an NHS dentist can by March 2011'.

However the same data source showed that last year nearly 50 per cent of NHS dentists did not take on any new patients.

NHS Leicestershire County and Rutland is the first Primary Care Trust in the country to introduce the service and DentalXpress is currently in discussions with six further PCTs to launch similar services in their areas.

Leicestershire is opening the first DentalXpress practice in the Syston area of the county and aims to provide NHS dental care for 400 people a month.

DentalXpress is a social enterprise with an ethical principle to deliver lasting social change.

It has pledged to reinvest 75 per cent of any profits it makes delivering NHS dentistry back into expanding its service and is currently exploring ways it can expand its provision to serve schools, the armed forces, domi-

ciliary care homes for the elderly, universities and the homeless.

The mobile units offer all the amenities expected in a normal bricks and mortar practice; they



have a reception area, four inter-connecting treatment rooms, a disabled toilet and a staff room.

Wherever possible all the dental instruments used will be disposable.

The organisation's logistical expert will carry out an assessment of each location; the size of the space required to accommodate the mobile unit as well as access roads, power, drainage and so on.

Each unit will be staffed by two to three dentists and three

dental nurses and served by one receptionist who will work continuously throughout the day. There will be a computer and telephone booking system (with a freephone number) and confir-

mations will be offered via email and text.

The aim is to set up a DentalXpress service in each PCT area it serves for four-six weeks and return to each of these areas on a four-six weekly basis.

The organisation is currently recruiting dentists locally to serve a particular community, which will help them build relationships with the patients they treat and local practices to which they will need to refer.

The objective is that these

dentists will work as self employed practitioners on a seasonal basis and will be paid according to the number of patients they see, which should encourage them to build up a local following.

The dentists undertaking sessions for DentalXpress will be encouraged to join local Managed Clinical Networks, to liaise with other dental providers in the area to whom they may want to refer and establishing good local relationships.

Dental nurses will be employed by the company and will work with the same dentist in pairings to encourage team building and each unit team will have a receptionist.

Toby Cobb, managing director of DentalXpress said: "We applaud NHS Leicestershire County and Rutland's forward looking approach to providing additional dental services for those currently without access to an NHS dentist. We anticipate that it won't be long before many other Primary Care Trusts will be announcing similar arrangements for every resident within their boundaries who needs an NHS dentist." DT

Success for student orthodontic therapists

All fifteen students on the University of Central Lancashire's first Orthodontic Therapy programme have passed its examination and are now eligible to practise as qualified orthodontic therapists.

The new one-year taught programme began last January with students attending a one month full-time training programme delivered by the course leader Dr Hemant Patel and other specialist orthodontists in the Institute for Postgraduate Dental Education at University of Central Lancashire (UCLan).

After this period the students returned to their clinical practices and worked with their clinical mentors (again specialist orthodontists) to treat patients under close supervision.

Over the past year, students have returned to Preston each month to pick up further clinical skills, working in the phantom head room in the university's Greenbank Building, and having ongoing clinical and academic assessments.

One of the first successful students to pass the course was 39 year-old Linda Rice from Barking in Essex.

She said: "I have gained more confidence in myself and my abilities through doing the course, which I've really enjoyed. I liked the practical side of the course and as I gained

more experience and got further into the course it was good to put the information I had received in lectures into practice and see my new skills at work."

Course leader Hemant Patel said: "I'm delighted to see our first cohort of UCLan therapists do so well. They have all worked so hard and their success is well-deserved. The course has been

a fantastic success and I think it's wonderful that orthodontic staff now have the opportunity to move their careers in such an exciting direction."

For more information on UCLan's Orthodontic Therapy programme call 01772 895865 or visit www.uclan.ac.uk/dentistry DT


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Programme Progress

Department of Health (DH) national director for NHS dental access, Dr Mike Warburton, has iterated that the template agreement, launched in November to procure additional dental access for patients through the Dental Access Programme (DAP), is having a positive impact.

Wolverhampton City, Brighton & Hove, Newham and County Durham PCTs have been chosen to participate in dental access communication pilots. These are intended to develop and assess methods of improving public perception about NHS dental access, through public engagement campaigns.

Speaking at a DH press conference in December Dr Warburton said: "The access programme is responding to patients' demands with regards to improved access. This is to be achieved through giving support to PCTs in the procurement of new services, contracts and improved communications."

He emphasised that the DoH is working closely with PCTs and providers to make them aware of the details about how to procure services. He said ongoing meetings with Strategic Health Authorities to talk through relevant details and ensure clarity about the national guidance on the frequency of patient attendance, had been well attended. He explained: "These meetings are organised to take providers and bidders through the rationale of the content. There seems to be interest in procurements and there has been a good response to adverts to date, which hopefully will continue."

"We are working with PCTs to improve contract commissioning and are launching a dental contract management handbook contract care handbook, as well as ongoing workshops to facilitate."

Fuller dental contract change proposals will emerge out of the contract pilots, which are scheduled to start in March. These are in line with the implementation of Professor Jimmy Steele's NHS Dentistry Review, NHS dental services in England, published in June last year.

The DAP is undertaking local patient experience surveys before the four campaigns begin and also afterwards to evaluate their success. Dr Warburton said the new patient experience indicator survey was an essential component of the programme. He said: "The patient experience indicator is validated as high when there is good NHS dental access and low when there is bad access."

He added: "The survey will go to large numbers of people from each PCT and so we will know accordingly if we are meeting the demand."

Patients need to know that there is good access and it is important to increase perception of this."

The first PCTs will get their survey results in June 2010.

Chief Dental Officer for England, Dr Barry Cockcroft added: "The Which report last year stated that 88 per cent of patients who tried to access NHS dentistry, could do so."

Dr Cockcroft said the latest NHS dental access data showed that 959,000 people have been able to access an NHS dentist in the last five quarters. But he did admit that although there was good access in some areas of the country, in other areas it was much lower.

More than £2.25bn of the £90bn NHS budget is allocated to NHS dental services each year, with patient charges adding a further £550-£600m. In 2008-09, the national budget for NHS dentistry was increased by 11 per cent, with a further 8.5 per cent in 2009-2010 to enable improvements.

PCT commissioners are being encouraged to make use of the new template agreement to procure additional access for patients which the DH claims, contains quality and access measures for the first time. This allows contract holders to be rewarded for high quality provision through specification of service quality standards by PCTs. The DH believes the measures will also enable providers to better understand what is required and price their services accordingly.

The DAP was set up by the DH in March last year to support the NHS to deliver its commitment of NHS dental access for all who actively seek it, at the latest, by March 2011.

The programme aims to:

- Increase access through opening new dental surgeries,
- Improve management of existing contracts to ensure patients receive the best service
- Ensure better information to patients about available NHS appointments
- Develop access measures based on patients' actual experience.

A template letter for PCTs to send to their dentists, letting them know what is going on to improve dental access at both national and local level is available for PCTs to download and send out.

Dr Warburton said PCTs were already carrying out innovations to let patients know about the programme, such as placing advertisements on buses.

"We are looking at what works best, whether leaflets, ads or radio campaigns."



Dr Mike Warburton

Results are expected to be evaluated in March this year.

What is gleaned from the use of the new agreement, along with the inclusion of Key Performance Indicators (KPIs), will be fed into the overall contract review process. Sue Gregory, deputy chief dental officer for England, said KPIs would be set according to the local situation of a given area.

Other key factors of the agreement are that it is more specific and thereby could facilitate more effective contract management by the PCT. It is also underpinned by new national data collection arrangements.

The Government's commitment is that by March 2011, access to an NHS dentist will be available to all who seek it. But the British Dental Association's General Dental Practice Committee (GDPC) is of the view that providers should seek advice first before entering into any agreement. The GDPC thinks that dental access funding contracts are unnecessarily complex. The body believes that fundamental new provisions, such as the payment mechanism, the need to comply with new KPIs and the 'dental care assessment' of patients should have been developed and piloted in conjunction with the wider profession through the implementation of the Steele review.

GDPC chairman, John Milne, said: "Although it must be an individual business decision, we advise dentists to think very carefully and seek advice before taking on one of these contracts as the dangers of breach are rife, and the consequences of breach may be very damaging to practices."

However, initial feedback from providers with whom the template has been discussed, suggests that there will be sufficient providers willing and able to tender for these services.

The publication of the DH's *Delivering Better Oral Health* toolkit last year, has also made an impact on the accessibility of dental health, with significant increases by patients in the use of high-concentration fluoride products.

The draft access agreement, can be viewed on the BDA website, at: www.bda.org.uk

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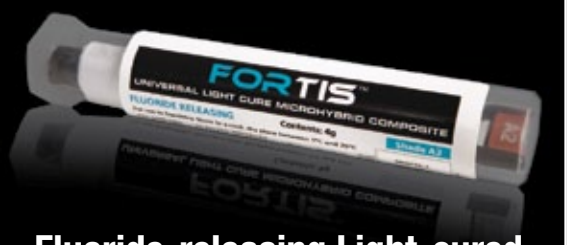
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Out with the old?

Chris Hindle asks 'what impact a Conservative government would have on NHS dentists?'

With a possible change of government looming on the horizon, it is interesting to contemplate potential changes that a Tory government may make to the running of NHS dentistry should Mr Cameron et al achieve power.

Transforming NHS Dentistry, published last year by the Conservatives, received a cautious welcome from BDA General Practice chair John Milne. Mr Milne stated: 'The dental contract introduced in 2006 has created significant problems for dentists and pa-

tients. These problems have been well documented by the BDA, patient groups and the Health Select Committee. In seeking to address those problems, it will be important to afford access to dentists to all and ensure that dentists can provide modern, preventive care.'

Traditional thinking

Much of the proposed policy expressed in the document fits in with traditional Tory philosophy and thinking – such as reducing bureaucracy, less state interference, greater access to information, more patient choice, further opening up of the dental services market and financial incentives for dentists to increase capacity.

One of the lynchpins of the proposals centres around dentists being able and encouraged to of-

fer preventative treatment – can this be paid for though by the anticipated cost saving it is hoped will be brought about by an assumed, consequent decrease in curative and restorative activities?

The idea of providing increased statistical data to the public domain amounts to more bureaucracy rather than less. Dentists will be concerned to see which of their activities will be measured and how the data is presented.

Patient charges

Dentists may find themselves involved as enforcers to some new, hard-line, money-saving measures – being able to fine patients who miss appointments for example and also, although only a point for consultation at this stage, as to how they can help in preventing patient fraud. There is a belief that dental care funding is losing out as a result of patients wrongly claiming exemptions. A figure of £120m has been quoted as the figure the PCTs lost in income, since the introduction of the new dental contracts, due to patient charges being lower than anticipated.

A welcome change

There is though plenty in the proposals that dentists may welcome – such as dentists having the opportunity to achieve more control over their own destinies. The current target-based contracts system would be phased out when the time-limited contracts expire.

This also raises the worrying prospect of already overburdened PCTs having to take on and run a dual system. The proposals would allow dentists to return to having their own lists of registered patients – and for those practices it would certainly make it easier to define what is meant by practice goodwill; thus meeting a much welcome requirement of dentists to make it easier to buy, sell and fund NHS practices.

Some dentists will welcome proposals to allow a child-only NHS facility at their practices, no doubt helping the envisaged Tory crusade on encouraging prevention rather than cure.

Whether or not the Tory proposals have the substance the profession wants for reform remains to be seen; the Tories certainly seem to have taken note of dentists' cries for reform. Any changes though will take a lot of time, energy and of course money. [D1](#)

NHS

Personal Dental Treatment Plan

FP17DC
07/03/06 Substitute

Provider's details

Hampton House - Dental Practices
 Dental Surgeons
 69 Enderby Road
 Blaby
 Leicester
 LE8 4GD

Telephone: 0116 1234 567
Performer Number:

Patient's details

Surname: CARTER
Forename: HARRY
Date: 25/06/2009

The dentist named on this form is providing you with a course of treatment. Information regarding your NHS dental treatment is detailed

PDS Plus from 1st April

Oral Health Assessment

Care and treatment required:

: No treatment at this time

Date of examination: 24/06/2009
(if applicable)

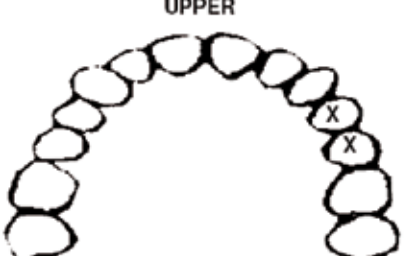
Treatment on referral only

I recommend a checkup in about months

The NHS provides all the treatment necessary to secure and maintain your oral health. There are some treatments (mainly cosmetic) that are not normally available under the NHS, and you may choose to have these provided privately. You may also choose to have some treatment provided privately as an alternative to NHS treatment. The dentist will discuss these options with you so you can make an informed choice.

Proposed NHS Treatment	
Diagnosis and maintenance	
Examination and advice	1
Radiographs, study casts_photos	
Prevention	
Scaling, polishing, marginal correct of fillings	
Adjustments and easing of denture(s)	
Other	
Treatment	
Non-surgical periodontal treatment	
Surgical periodontal treatment	

UPPER



Proposed Private Treatment	
Diagnosis and maintenance	
Radiographs, study casts_photos	
Prevention	
Scaling, polishing, marginal correct of fillings	
Other	
Treatment	
Non-surgical periodontal treatment	
Surgical periodontal treatment	
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About the author



Chris Hindle is a commercial solicitor who has for some time specialised in dental practice sales and purchases including in particular, the sale and purchase of practices with NHS contracts and/or capitation schemes. To contact Cohen Cramer Solicitors, call 0113 2440597, email dental.team@cohenramer.co.uk or visit www.cohenramer.co.uk.

Access over quality = prescribed neglect?

Although high-need patients can be seen for dental treatment, Neel Kothari thinks the jury is out as to whether they are getting the treatment that best meets their needs

Over the last few days, I witnessed a miraculous cure to my writer's block when a patient I recently treated brought to my attention some of the issues that can still be seen within NHS dentistry.

This patient is a young lady of around 25 who presented in a great deal of pain from a lower abscessed molar tooth, as well as rampant caries elsewhere. I asked her when she had last seen a dentist and she replied: "Only last week, I booked in to see a dentist under the NHS, but at the end of my session I was told that this was only an emergency visit and they did not have the time to see me for treatment." She was told to find another dentist and was given a prescription for antibiotics, but still could not sleep or eat.

Funnily enough, this is not the first time this has happened and I am sure that many of you may have encountered something similar. The problem here in my opinion cannot purely be put down to the new contract, but when any system is based solely on 'improving NHS patient numbers' rather than 'improving quality', surely the architects of the new contract must accept some culpability for introducing a system that, through a lack of proper piloting, has effect-

ively prescribed neglect across the nation.

The good news for the Department of Health (DH) is that this patient will now probably count twice in the access figures! Leading me to question, just how exactly does the Government collate access figures?

Meeting bottom line

While I have some sympathy for dentists having to provide an unlimited mass of dental treatment for a fixed level of remuneration, surely there can be no excuse for kicking out patients in pain and agony while cherry picking those patients who help to better meet the bottom line? Cases like these do raise important questions as to how the profession deals with those patients needing much restorative intervention. When trying to find out what the 'powers that be' (various PCTs and dental unions) seem to think, I was not surprisingly bombarded with a myriad of different options ranging from treating all dental disease within one course of treatment, to treating some of the major problems, stabilising the patient and spreading the treatment over multiple courses.

While they all agreed that it was unacceptable to leave a patient in pain, I'm afraid across the nation, many dentists are

apparently still working in different ways and it is clear that we still all have different interpretations of exactly how the new dental contract should be implemented. One problem still remains: when one dentist chooses to cherry pick patients, this leaves others to unfairly pick up the pieces.

Disastrous consequences

Ten years ago, in September 1999, Tony Blair told the Labour Party Conference: "Everyone will have access to an NHS dentist within two years." Ten years later the drive to (still) try and achieve this has clearly had disastrous consequences. Rather than improve quality, access and patient satisfaction with the service, the reality of the situation is that in real terms we have gone backwards.

The promises made at the recent Labour Party Conference should really be measured up against Labour's own record. This in fact shows loss of access. After the introduction of the new contract, the number of people accessing NHS dentistry fell by one million. Some 7.5 million people are not going to an NHS dentist, because it is hard to find one. Fewer children are accessing NHS dentistry - more than 100,000 fewer than before the new dental contract and dental caries

is now the third most common reason for children's admission to hospital.

A key driver?

Regardless of how the Government dresses up various new schemes and initiatives to improve NHS dentistry, it does not take long to realise that 'improving access' tends to be the key driver. But how sens-

subjected to a massive number of patients, many of whom may require treatment for years of dental neglect. That's great, you may say? Surely that's exactly what a new dental practice needs, isn't it? Well, yes and no; we hear a lot about NHS efficiency savings and getting more for less, but there comes a point where less is definitely less and if PCTs choose to fund

'Of course everyone who needs a dentist should be able to get one, especially as it's called a National Health Service, but exactly what are they getting?'

ible is this aim? Of course everyone who needs a dentist should be able to get one, especially as it's called a National Health Service, but exactly what are they getting?

In Hampshire and the Isle of Wight, access figures are clearly well below average. Regardless of how much investment into dentistry has been made here in recent years, according to prospective Parliamentary candidate Terry Scriven, thousands of people across the New Forest still have no access to an NHS dentist.

One of the problems here is that any new practice commissioned by the PCT would be

new services based around improving access rather than quality, just exactly who are they accountable to? And at what point does this transgress from governing to influencing clinical decisions?

Of course since the inception of the NHS, dentistry has always been used as a political football where successive governments have incentivised clinical choices they deem favourable. However in incentivising access over quality, while high-need patients are able to be seen for dental treatment (according the DH), for me the jury is out as to whether they are getting the treatment that best meets their needs. [DT](#)



Since the inception of the NHS, dentistry has always been used as a political football

About the author



Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCLs Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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