

DENTAL TRIBUNE

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News in Brief

Dog gets reconstructive surgery on jawbone and beats oral cancer

Whisky, a 10 year old dog was discovered to have a large malignant tumour in his mouth, leading to his owners obtaining a cutting edge surgical procedure for him that saw part of Whisky's jaw amputated and replaced by a bone-growing sponge, only the eighth dog to receive such treatment. A team of oral surgeons and biomedical engineers at University California Davis' Veterinary Medical Teaching Hospital removed the six centimetre-wide growth in a \$8000 procedure that may hopefully pave the way for similar advances in the treatment of human jaw injuries.

Fake dentist charged for practicing illegally

Alberto Nunez practised dentistry for two years without a license in Chicago according to the Cook County Sheriff's Office. According to police, the 32 year old performed a wide variety of treatments for hundreds of patients, from teeth cleaning to root canals and even major surgeries. Nunez has been charged with felonies including practising dentistry without a licence and unlawful possession of hypodermic syringes. 'This wasn't something where the person was cleaning teeth out of his garage,' Cook County Sheriff Tom Dart told NBC5, adding that Nunez's makeshift dental office had all the necessary equipment. The 'dentist' claimed to have attended dental school in Mexico City, however he was not able to prove this. Police are understood to have received a tip-off about Nunez and arranged a sting operation, where the officer found a dental chair, syringes, an X-ray machine and other tools of the trade. 'The fire department was just blown away because there wasn't a major fire there because there were so many wires that were running everywhere, in and out of garages and under sidewalks that clearly were done by probably someone with fifth-grade electrician background,' said Dart. Investigators told CBS2 they suspect that Nunez's practice catered toward undocumented immigrants and may have been a cash operation. However it is unclear whether the patients knew Nunez was unlicensed. Nunez was issued a \$10,000 bond and is expected back in court on 6 September.

News



Coconut to destroy dental decay?

Latest research findings

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Practice Management



Contingency plans

Linda Young gives her thoughts on disaster planning

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Perio Tribune



Perio blaster

Perio Tribune looks at a new system for reducing perio

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Perio Tribune



LANAP

Dr Kimmel presents a case

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Government launches consultation on local fluoride consultations

Consultation to focus solely on process; not pros and cons



Water fluoridation hits the headlines again as the government launches a consultation on the consultation process for fluoridation schemes in the UK.

Public Health Minister Anne Milton launched the consultation, which is exclusively on the process by which local authorities carry out consultations and decision-making on new and existing fluoridation proposals – not on the pros or

cons of fluoridation itself.

These changes are prompted by the abolition of Strategic Health Authorities, which currently carry out this role, and means local authorities will be given new responsibilities and powers to improve the health of their communities.

This will mean ensuring local people's opinions on fluoridation are considered before decisions are made to

adopt, change or end fluoridation programmes.

Public Health Minister Anne Milton said: "Decision-making on public health issues should be made at the

'We want to hear as many views as possible about how this process should work when local authorities get their powers - I encourage everyone to take part'

local level where they understand what is needed and where the community's voice can best be heard.

"We want to hear as many views as possible about how this process should work when

local authorities get their new powers next year - I encourage everyone to take part."

Strategic Health Authorities currently have the responsibility for considering changes to fluoridation in local areas, but this consultation is about how this power is taken over by local authorities.

It will seek views on a range of processes related to making local decisions including how public views are considered and how joint decisions are made in areas where water supply covers more than on local authority.

The consultation will be open for responses from 4 September to 27 November. Any person, business or organisation with an interest is encouraged to respond. <http://consultations.dh.gov.uk>

Link to consultation - <http://consultations.dh.gov.uk> link with bold text



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Lansley out in radical cabinet reshuffle

In an unsurprising move, Health Secretary Andrew Lansley has been relegated to Leader of the Commons in today's Cabinet reshuffle. Lansley, who was the thinker behind the contentious reforms to the NHS has been replaced by former Culture Secretary Jeremy Hunt, who was described as a "strong reformer" by the Prime Minister.

Speaking outside No 10, Mr Hunt said he was "incredibly honoured" to take over as Health Secretary. "It is a huge task and the biggest privilege of my life," he told the BBC. Hunt, a

contemporary of Cameron's and Boris Johnson's at Oxford University, has had a difficult year. Following a near-scandal over his management of Rupert Murdoch's bid for control of BskyB, it was revealed that his aide was in close contact with the news corporation. Indeed, he was one of the few people allowed to be called a 'liar' in parliament by the Speaker.

However, it seems Hunt is back in favour with the Prime Minister after Lansley was dropped by Cameron, supposedly over his failure to communicate his NHS reforms. A year

after his 'sack me or back me' ultimatum to the Prime Minister, where he warned Cameron he would rather quit the Cabinet than abandon the controversial health reforms, Lansley has been radically demoted.

In March this year, Lansley had said about the reforms "Some people say we should not have embarked on this programme of NHS reform. To those people who doubt what we are doing I would say, because of the pressures we are facing, we cannot afford not to reform the NHS. To take the approach advocated by Labour of simply

sitting on our hands would be storing up a crisis for the future. Not reforming the NHS would have been a much easier decision for me as secretary of state to have taken. We could have just protected the NHS from cuts, put in an extra £12.5bn and left it there. But sooner or later the cracks would have started to show. New treatments would have been held back. Queues would have grown. Patients would have been let down," he adds.

However, the Shadow Health Secretary Andy Burnham had countered this, arguing, "The

health secretary has demonstrated once again why we are in this problem; his dismissive attitude and inability to listen. His siege mentality is preventing him from seeing the bigger picture."

And it seems that it is this 'siege mentality' that has caused Lansley to lose his job as Health Secretary, despite having an enduring relationship with the Prime Minister, when he was Cameron's boss when he took his first political job in the Conservative research department. [DT](#)

Just over half of people registered with dentist as revealed in new survey

In a new survey carried out by the Blackburn with Darwen Local Involvement Network, it has been revealed that only 56 per cent of respondents in Darwen are registered with a dentist. This shocking statistic is teamed with the fact that on average, children in this area have more than two rotten teeth by the age of five.

A new Stop the Rot campaign has since been set up to hinder this worrying trend. The Primary Care Trust for the region is encouraging people to go to the dentist by working hard to ensure that there are no waiting lists for dental patients wanting to go to an NHS dentist- a new health and wellbeing centre in the area has created a further

2,500 places.

However, Darwen councillor Roy Davis, who is also the vice-chairman of the health scrutiny committee said it is the high prices of dental treatment, and the lack of information available about NHS treatments that is scaring people away. He said: "We have NHS dentists

available, but in a lot of cases the charges are ridiculous. It's £17.50 for a check-up, £48 for a filling and £206 for root canal treatment, so it's no wonder that people are going up and down with no teeth. It's a choice between putting food on the table or going to the dentists.

"It has become endemic

over the past 10 years or so, that people don't want to go, even though sometimes these specialists can spot something that might save your life.

"We need to get advertisements out showing the places that are available at surgeries." [DT](#)

Government response to OFT

There has been report published as a response by the government to the recent study by the Office of Fair Trading's market study of the private and NHS dental markets in May 2012. The study was prompted by complaints to Consumer Direct and the OFT's concerns patients' ability to directly access dental care professionals. The purpose of this study was to examine whether the UK dentistry market is working well for patients. The issues were considered within the context of both NHS and private dentistry.

The OFT gave five recommendations to address its concerns:

- Provision of clear, accurate and timely information for patients
- Direct patient access to dental care professionals
- Reform of the NHS dental contract in England
- Simplification of the complaints process
- Development of a code of practice for sale of private dental plans

The government response began by stating they welcomed the recent report, and were particularly pleased that 'this market study shows that dental patients have a high level of satisfaction with the services provided by

their dentist'. The government agreed with the OFT report with regards to patient care, claiming that there needs to be 'Provision of clear, accurate and timely information for patients', particularly with regards to prices and dental treatments. The report goes on to share the concerns of the OFT that some dentists have been denying their patients treatment on the NHS by not providing enough information. The government warned such dentists that not permissible and any dentist 'doing so deliberately is in breach of their NHS contract.' As a result of the report the Department of Health are attempting to improve their transparency, particularly on their website, including adding 'new pages which clearly explain NHS dental charges and exemptions, and inform patients how to get help with NHS dental costs.'

The government agreed that patients should be able to see the 'right dental professional when they need to', although they admit that 'this needs to be in a managed and clinically appropriate environment'.

The government went on to agree with the OFT's beliefs that patients' capacities to make a complaint about their treatment

should be as simple as possible. With this in mind the government are changing their patient leaflet by updating any information about the complaints procedure and 'the opportunity to give feedback on practices on NHS Choices.' The government also want to consider whether there can be any synergy created between the current private and NHS complaints systems.

The OFT recommended that the government developed a new system for the sale of private dental plans. As a result of the report, the government are looking into setting up a code of practise to avoid the miss-selling, or pressurised sale of a private dental plan; in particular the response has highlighted that there should be clear penalties for dentists who do mislead patients.

The government surmises that although there is some action needed to be taken, particularly with regards to direct access. The government will look into designing new dental contracts, and increasing transparency for dental patients, however, on the whole, the government concluded that 'the vast majority of patients are happy with their dental treatment and that the majority of dentists behave ethically.' [DT](#)

Foundation Trio Give Miles of Smiles for Mouth Cancer Walk

Three employees of the British Dental Health Foundation are planning on embarking on a 10km Awareness Walk for a mouth cancer charity.

David Arnold, 29, David Westgarth, 27 from Rugby and Doychin Satutov, 22, who lives in Coventry are taking part in the walk on 22nd September in Hyde Park in London to raise hundreds of pounds for research into mouth cancer.

David Arnold, Senior PR and Press Officer at the Foundation is hoping that the walk will get more people talking about the disease and also help to raise awareness about the risks and different symptoms of mouth cancer.

David said: "Events such as the Mouth Cancer Awareness Walk, along with annual campaigns such as November's Mouth Cancer Action Month, really do help to take this hidden problem and place it in the spotlight.

"By taking positive action in similar fashion to recent breast

and testicular cancer campaigns, we can put mouth cancer firmly in the news agenda. In highlighting key risk factors and symptoms, along with information about self-examination and oral screenings we can potentially save thousands of lives.

"The five-year survival rate of mouth cancer patients is just 50 per cent. But early diagnosis gives patients a 90 per cent chance of survival."

If you would like to sponsor any members of the British Dental Health Foundation on their Mouth Cancer 10km Awareness Walk, please contact them by telephone on 01788 539 792 or by email at pr@dentalhealth.org. [DT](#)



L-R: David Westgarth, David Arnold and Doychin Satutov

Editorial comment

It has been a very tumultuous time in the political sphere for dentistry. As the Cabinet waves goodbye to Andrew Lansley as Health Minister, it says hello to Jeremy Hunt.

In addition, there are the various consultations around

dentistry including looking at the process of fluoridation scheme planning, views on the CQC (that should be a good one!) and the continuing piloting process.

Traditionally the last quarter of the year is busy not just politically but in terms

of conferences and other events. I'm sure that many a glass of enamel-friendly wine will be consumed as the issues around the profession are debated. Please join in the process – not only by adding your voice to the consultations but by letting Dental Tribune know what you think! Email me at lisa@dentaltribuneuk.com



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

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Fact sheet

The General Dental Council (GDC) has produced a new fact sheet for patients across the UK to help them understand what responsibility their dental professional has to make sure their indemnity or insurance is up to date, ensuring that patients' rights are upheld.

Indemnity and insurance is a way for dental professionals to ensure patients have a way to claim compensation if something goes wrong with the treatment they're having.

The new fact sheet guides patients through what is expected of their dental professional as well as what to do if something does go wrong. The guideline asks questions such as what should I ask my dental professional and what happens if something goes wrong?

Chief Executive of the GDC, Evlynn Gilvarry said: "We are working to increase the current, substantial protections for patients, by seeking powers to require proof of insurance or indemnity as a condition of being registered to practise as a dentist or dental care professional. We expect to have these powers by October 2013."

The GDC can stop dental professionals working in the UK if they are found not to have indemnity or insurance and the new powers being sought will mean dental professionals not only have to have insurance before they can practise but declare they have it every year after that.



Evlynn Gilvarry

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Reference: 1. Bierbeck AR, Gellach RW, Bollmeier BW et al. Community Dent Oral Epidemiol 2001;29:382-389.

Coconut oil could help the fight against tooth decay

The natural antibiotics in digested coconut oil have been found to attack the *Streptococcus mutans* bacteria which cause dental caries. Scientists at the Dublin based Athlone Institute of Technology (AIT) say that coconut oil could be added to commercial dental products as a marketable antimicrobial. The AIT team tested the antibacterial abilities of the oil in both its natural state and once it had been treated with enzymes, to help replicate the process of digestion; the coconut oil was then tested against *Streptococcus mutans*, the most common bacteria found in the mouth. Researchers discovered that the coconut oil which had been treated with enzymes hampered the growth of the common bacteria vastly.

Previous research had shown that other enzyme-treated foodstuffs, including milk, had inhibited

the growth of the *Streptococcus* bacteria, leading to scientists investigating what other foods might be similarly affected. Further research is now planned into looking at how coconut oil reacts with the *Streptococcus* bacteria at a molecular level. Scientists aim to discover what other types of bacteria and yeasts the oil affects—the testing group at AIT found that enzyme-modified coconut oil was detrimental to *Candida albicans*, a yeast known to cause thrush.

This ground-breaking discovery could greatly aid the dental hygiene world. Dr Damien Brady, who led researchers in AIT's Bioscience Research Institute said "Dental caries is a commonly overlooked health problem affecting 60-90% of children and the majority of adults in industrialised countries. Incorporating enzyme-modified coconut oil into dental hygiene products

would be an attractive alternative to chemical additives, particularly as it works at relatively low concentrations. Also, with increasing antibiotic resistance, it is important that we turn our attention to new ways to combat microbial infection."

The work also adds to our knowledge of antibacterial activity in the gut. "Our data suggests that products of human digestion show antimicrobial activity. This could have implications for how bacteria colonize the cells lining the digestive tract and for overall gut health," explained Dr Brady.

"Our research has shown that digested milk protein not only reduced the adherence of harmful bacteria to human intestinal cells but also prevented some of them from gaining entrance into the cell. We are currently research-

ing coconut oil and other enzyme-modified foodstuffs to identify how they interfere with the way bacteria cause illness and disease," he said.

The researchers in AIT's Bioscience Research Institute are presenting their work at the Society for General Microbiology's autumn conference at the University of Warwick. [DT](#)



Coconut oil could help fight tooth decay

Dental workers' charity trek



The team at Durham City smiles

A Durham based dental practice team completed a 26km walk along the historic Hadrian's Wall to raise thousands of pounds for Help for Heroes.

The team at Durham City Smiles finished the achievement, and managed to raise an impressive £1,500 for the military charity. Help for Heroes provides direct, practical support to wounded, injured and sick service personnel, veterans, and their families. The charity is important to dentists Graeme Dentith and Stuart Cox, who both come from Royal Navy families.

Graeme Dentith, principal dentist at the practice, said: "The trek along Hadrian's Wall was really tough, but completing it and raising over £1,500 for Help for Heroes in the process is a fantastic achievement.

"We're very grateful to everyone who has supported and sponsored us – it really has made a huge difference."

Graeme said the camaraderie of the team kept them going through the punishing condition.

"We set off at 10am from Walltown Quarry with a little

apprehension of what was to follow, but we kept our spirits up as a team, even when our energy levels were flagging," he said.

"It was a real test of endurance for all of us, but there were lots of smiles and camaraderie, not to mention the stunning scenery which took us through the sweeping countryside along the Roman wall.

"We paused briefly at the Roman Fort of Housteads for lunch before our final descent to Chollerford where we enjoyed dinner and well-earned pint!" [DT](#)

The extra pains of mouth cancer

Being diagnosed with mouth cancer is a harrowing experience. Not only will the sufferer have to endure aggressive surgery, which often results in the loss of teeth and supporting structures, additional treatments such as radiotherapy and chemotherapy are common, and also have an unfortunate effect on a patient's oral health.

People who have had treatment for mouth cancer

unfortunately need further expensive dental treatment to restore their teeth which are damaged by the harsh cures for the disease, unlike sufferers of other types of cancers, who do not always have the same financial issues for follow up treatments.

A petition has been created by Dr Chetan Trivedy urging 'the government to review the current NHS dental charges by including an exemption category for patients

who have had treatment for mouth cancer.' As it stands, patients are able to claim their dental treatments on the NHS, a disparity Dr Trivedy wishes to highlight, stating "There is clearly a financial inequality for patients with mouth cancer to pay for the postoperative and reconstructive phase following their cancer treatment." [DT](#)

Patient fraud costs NHS £110m in Scotland

Thousands of patients have been found to be conning the NHS in Scotland. New information has shown that over 15,000 cases where dental patients have received free treatments they were not eligible for. Counter Fraud Services (CFS) investigators have obtained £538,000 back, however the problem has been found to be far greater than first realised.

It has been estimated that the Scottish NHS loses up to £110 million every year

through fraud, including false claims for free treatments and staff dishonesties. The number of people who received free treatments they were not entitled to has vastly grown over the last three years.

In 2009-10, there were 4994 incidents detected and £152,000 recovered. In 2010-11, there were 5238 incidents detected and £175,000 recovered, and, in 2011-12 there were 5398 incidents detected and £211,000 recovered. [DT](#)



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Link between alcohol and cancer



Scientists have known for 30 years about alcohol and cancer

Scientists have known for 30 years about the links between drinking alcohol and certain types of cancer, however there is new research explaining the effect the beverage has on people.

The report was first recounted during the American Chemical Society annual meeting in Philadelphia.

The human body metabolizes the alcohol in beer, wine,

and hard liquor into several substances, including acetaldehyde, a substance with a chemical backbone that resembles formaldehyde -- a known human carcinogen, according to lead author Silvia Balbo, PhD, a research associate at the University of Minnesota.

"We now have the first evidence from living human volunteers that acetaldehyde formed after alcohol consumption damages DNA dramatically," Balbo stated in a press release. "Acetaldehyde attaches to DNA in humans in a way that results in the formation of a 'DNA adduct.' It's acetaldehyde that latches onto DNA and interferes with DNA activity in a way linked to an increased risk of cancer."

To test the hypothesis that acetaldehyde causes DNA adducts to form in humans, Balbo and colleagues gave 10 volunteers increasing doses of vodka (comparable to one, two, and three drinks) once a week for three weeks. They found that levels of a key DNA adduct increased up to 100-fold in the subjects' oral cells within hours after each dose, then declined about 24 hours later. Adduct levels in blood cells also rose.

"These findings tell us that alcohol, a lifestyle carcinogen, is metabolized into acetaldehyde in the mouth, and acetaldehyde is forming DNA adducts, which are known major players in carcinogenesis," Balbo said.

People have a highly effective natural repair mechanism for correcting the damage from DNA adducts, so most are unlikely to develop cancer from social drinking, she added. In addition, most people have an enzyme called alcohol dehydrogenase that quickly converts acetaldehyde to acetate, a relatively harmless substance.

However, about 30% of people of Asian descent have a variant of the alcohol dehydrogenase gene and are unable to metabolize alcohol to acetate, resulting in an elevated risk of esophageal cancer from alcohol drinking, the researchers noted. Native Americans and native Alaskans have a deficiency in the production of that same enzyme. [DT](#)

Dental information website launched for Indian market

UK dentist Dr Priya Patel is launching a website in India called 'dentistmum' to provide information and raise awareness of dental issues and oral cancer amongst the Indian population. Although Dr Patel was born and raised in the UK, she says 'I am an Indian at heart'. The dentist, who owns the Village Dental Practice in Stevenage and also teaches postgraduate dental students at the Royal College of Surgeons in London and overseas dentists studying for their equivalency exams, decided to launch dentistmum.in after learning of the alarming statistics surrounding oral health in India: for exam-

ple, 40-50% have never visited a dentist; nearly 70% suffer from dental diseases; only 55% of the population uses toothpaste; and 90% of oral cancer cases in India are attributed to the habit of chewing tobacco and gutka. In addition, the dentist to population ratio in rural areas is just 1:250,000.

Dr Patel is working hard to develop the dentistmum website and the launch is set for early September. 'I am loading it with content on a regular basis and fixing minor bugs as well as marketing the website by raising awareness on social media channels and by contacting

bloggers in India to help spread the word,' said Dr Patel, who admits that she is not internet savvy and is learning as she goes. She intends to travel to India once the website has launched to raise further awareness.

'Ultimately even if only one person is successfully diagnosed and treated for oral cancer because of my website I will be very happy.'

If you are interested in contributing to Dr Patel's website she can be contacted on e-mail: priya.patel@dentistmum.co.uk and you can also follow her on Twitter: [@dentistmum](https://twitter.com/dentistmum). [DT](#)

Damage caused by electronic cigarettes

A recent study conducted by the University of Athens has found that electronic cigarettes can still cause irreparable damage to the lungs, despite being promoted as a safer alternative to cigarettes. Researchers at the university conducted a study involving eight non-smokers and 24 smokers, 11 of whom had normal lung function, while 13 had asthma or chronic obstructive pulmonary disease. (COPD).

Applicants used an electronic cigarette for ten minutes, after which their airway resistance was tested. The researchers found that the devices caused an increase in airway resistance for around ten minutes in both non-smokers

and smokers with normal lung function, but not in smokers with COPD or asthma, suggesting that electronic cigarettes, which work by delivering nicotine through a vapour, might still be damaging.

The findings were presented at the annual congress of the European Respiratory Society (ERS). 'We found an immediate rise in airway resistance in our group of participants, which suggests e-cigarettes can cause immediate harm after smoking the device,' said author Prof Christina Gratziau, who chairs the ERS Tobacco Control Committee. She added: 'More research is needed to understand whether this harm has lasting effects in the long term.' [DT](#)

Dentist sues patient over internet blogging



xx

A dentist is suing a former patient after he blogged online what the dentist felt were unfair and defamatory comments. Dr Mo Salah, of Dental Dynamics in Portland filed the lawsuit for \$300,000 after Spencer Bailey wrote a

series of blogs on Yelp, DoctorOogle.com and Google, in one instance stating "if Dr Salah tells you that you have a cavity — GET A SECOND OPINION." Bailey has said that he had never had a cavity before, however, Dr Salah found several. After

experiencing pain subsequent to the procedure, Bailey sought another dentist's opinion. The second dentist told Bailey that some of the fillings had not been necessary, and they were also badly fitted. It was then that Bailey took to the internet to warn others of the "improper and insufficient dental services by Dr Salah."

Salah has complained that the blogs caused 'damage to his reputation, loss of profits and emotional distress.' Bailey has since removed the posts, out of fear for the safety of himself and his family, however Salah is continuing with the lawsuit. [DT](#)



Spray-on teeth

Spray-on teeth are being developed by scientists at King's College London and Imperial College London.

The spray contains a type of calcium and helps repair damage to the teeth enamel and may help repair any exposed dentin.

The developers say the product blocks tiny tubes in the dentin, which can reduce sensitivity.

The spray is held a few mil-

limetres from the teeth and projects a dry powder — the action of the powder hitting the teeth also acts as a mild abrasive, helping to remove stains.

"Sprays allow more accurate and consistent delivery of the drug or treatment, and allow it to be held in the controlled sterile environment of a spray can," Sam Shuster from the Newcastle University said. [DT](#)

<http://www.kcl.ac.uk>

New appointment at IndependenDent Care Plans



Wayne Mayhew

IndependenDent Care Plans (ICP) are experiencing a sustained period of growth in their business, working with more and more dental practices who want to introduce new dental plans to their patients or indeed switch from other providers where current service levels are not met.

At a time of financial pressure on both dental practices and their patients, IndependenDent Care Plans are pleased to experience continued success in providing a service to dentists that helps increase additional regular income whilst providing their patients with a dental plan they can budget for.

As a result of the current growth, the company are also bucking the trend of staff support levels by increasing their Business Development team to support practices introducing, converting and developing their patient dental plans.

Therefore ICP are delighted to announce that Wayne Mayhew has joined the IndependenDent team as our new Business Development Consultant, bringing with him a wealth of experience in both the Dental & Healthcare sectors.

Wayhew is very experienced working with Dental practices and in particular with Dental Plans, having previously worked for Isoplan where he enjoyed developing fantastic and successful relationships with many Dental Practice teams.

Wayhew will provide business development support and advice, including guidance on marketing, conversion management, banding rate assessment and team training needs, helping practices to implement and grow their patient plans.

Gary Moore, Business Development Manager for ICP said "We feel Wayne is a great acquisition to the team and furthermore cements IndependenDent Care Plans growth in the market whilst providing Principal Dentists with a further option as their preferred Plan Provider".

Care Quality Commission survey

The Care Quality Commission is seeking feedback from health and social care staff. The CQC claim that 'our job is to check whether hospitals, care homes and care services are meeting government standards'.

The website shows the latest reports on whether government standards are being met, which includes encouraging both patients and health workers to share their experiences or report a specific concern.

The questions included in the recent survey include:

- 'Overall, how well do you think CQC is ensuring that all providers meet the essential

standards of quality and safety?'

- 'Overall, how well do you think CQC is ensuring that all providers are supporting quality improvement in health and social care?'

- 'How clear are you about what you need to do in your role to ensure that your organisation is meeting the essential standards?'

- And 'Are you aware of CQC's process for raising a concern about quality of care (whistle-blowing)?'

These questions are worthy of dentists and dental health workers time since the Care Quality Commission have just started regulating primary dental care for both private and NHS services, publishing up-to-date information assessments received on their websites.



Australia promises \$4B for dental care in rural areas

The Australian Department of Health and Ageing has announced a six year dental package for low-income citizens in rural areas. Three million children are now eligible for the government-subsidised dental care, as well as one million low-income adults and pensioners, according to Tanya Plibersek, Minister for Health.

The package includes the

following:

- \$2.7 billion for 3.4 million Australian children who will be eligible for subsidised dental care

- \$1.5 billion for 1.4 million additional services for adults on low incomes, including pensioners and concession card holders, and those with special needs

- \$225 million for dental capital and workforce to support expanded services for people living in outer metropolitan, regional, rural, and remote areas

The \$4 billion package is in addition to the \$515 million announced in the 2012-2013 federal budget. It will replace the Medicare Teen Dental Plan and the Chronic Disease Dental Scheme (CDDS).



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Does your continuity plan hold water or will it be powerless to help when the rains come?

Linda Young discusses contingency plans for dental practices



Have you planned for a 'rainy day'?

The last two British summers have been memorable for many businesses in the UK for a number of reasons: London 2012, Her Majesty The Queen's Diamond Jubilee celebrations, floods, riots, fuel shortages, storms and power blackouts were just a few of the events that disrupted businesses across the length and breadth of the country.

Whilst it is possible to predict when and how some man made events are likely to cause disruption to your practice, a natural disaster cannot be predicted and so poses a real challenge to businesses. What can a business do to plan for the unknown; the 'What if' scenario?

No Plan

Over the years I have worked in businesses that have had to temporarily cease trading for a variety of reasons, all of which were beyond their control. A very cold winter froze the locks of one business' only access door, which meant that nobody could get into the premises. There was no continuity plan and no one knew what to do! The staff, including me, arrived for work totally unaware of the problem; we were left standing outside in the bitter cold. The locksmith didn't arrive until midday. We had no other option but to direct our customers to the com-

petitor's business next door!

Gale force winds blew part of the roof off a relatively new building in which I was working. People working beneath the damaged roof were moved. The engineers could not access the roof area until the high winds subsided. The staff affected continued their shifts 'working from home'. The ability for these people to remotely connect to the main servers had been part of that business' continuity plan, resulting in negligible disruption to service levels.

Computer hardware and software failures, theft and server down times regularly can cause disruption to services for both staff and customers alike. Even the biggest company can get this wrong, look at NatWest's recent experience! Having good backup systems in place will pay dividends.

Personnel

Losing personnel through illness poses a serious risk to the smooth running of a practice. Episodes of contagious viral illnesses unfortunately cannot be avoided, but can reduce staffing levels to the point where only a basic service can be delivered. It is not only your own staff who might be affected by a 'flu epidemic'; remember that the availability of agency staff will also be re-

duced. Keep details of all staff, their skills and past experience in the plan; these skills could be called upon to help out in an emergency.

Many practices have a lottery syndicate of which the nurses and receptionist are all members. What would happen on a Monday morning if the syndicate had won on the Saturday night? If the win was substantial then I doubt they would report for work!

Virtual

If using a 'virtual receptionist' service appeals to a practice,

and both premises could be affected by the same event; too far apart may cause a logistical problem for staff, patients and suppliers alike. A practice can't set up shop in the spare room in someone's home even in the short term, so consider a reciprocal arrangement with another practice. The short notice change in location can be overcome by ensuring good communication with patients and suppliers, and perhaps the provision of a bus shuttle service for the patients, which would have to be agreed with the transport provider and, of course, noted in the continu-

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make sure that details of this facility and its provider are fully documented in the continuity plan. Test the service regularly to ensure connectivity to the appointment book and that it meets the practice and the patients' needs.

Finding suitable contingency premises is essential, but can be a dilemma! Choose the contingency premises with care: too close to the practice

ity plan. Include a map of the contingency location and the premises layout in the plan. As part of the continuity plan process and review the practice personnel should visit the temporary site so that they are familiar with it.

Check all the practice procedure documents. Are all, even the simplest, stages of every activity or process undertaken in the practice

recorded here? Make no assumptions that the person following the procedure in the event of a disaster has any prior knowledge of the process. If directing the reader to 'switch on the surgery' state exactly how to do this and where the switch is located. Think about where these procedure papers are kept. If storing documents electronically and off site, perhaps on a portable hard drive, or using virtual storage, make sure the location of these files is detailed in the plan, together with any logon, password and file path information. Perhaps the documents need to be protected from editing, so store them so that they can only be accessed as 'read only'.

Critical documents and information held on computer may already have been copied and backed up, but where are the copies and back-ups kept? Store them locally and they may also be affected or destroyed by the disaster, or may be inaccessible because the area is cordoned off. Installing a fire proof safe in the practice to safeguard documents that are in the short to medium term irreplaceable is a good idea. This will safeguard them against theft and fire, but will not protect them against a flood. Perhaps a set of certified copies should be stored off site.

Back up

A practice's ability to react quickly to any incident that affects their ability to trade is critical. The secret to achieving this is in continuity planning, and regularly reviewing the continuity plan to ensure it is still accurate and relevant. A good continuity plan should take into account all the practices' resources ie its premises, services, technology and people.

Making continuity planning part of the way a practice operates helps prepare for 'business as usual' in the quickest possible time. This is preferable to taking the attitude of dealing with the disaster should it ever happens. Having a tried and tested plan helps protect the practice against the impact of a man made or natural event, or disaster.

There are plenty of online sites eager to share their ideas

on how to draw up a plan. The time invested in collating all the information required for the plan at this stage could be one of the best investments a practice has ever made. The things that seem to be very simple now, when the practice is operating without any problems, could be insurmountable in the event of a crisis.

Level of detail

There are no hard and fast rules as to how long or short a continuity plan has to be. The level of detail in the plan is down to the continuity plan manager, who should never assume that everyone will still be around or be able to remember the essential processes, telephone numbers etc. So that your practice can continue to function without its premises and / or key personnel ensure that all the day to day activities and processes are all documented, and that that they are all reviewed regularly.

At the same time think

‘At the same time think about processes that would only come into force if the continuity plan were activated’

about processes that would only come into force if the continuity plan were activated. Why not create a set of procedures specifically for when the plan is activated? Include details in the plan of where these procedures are stored! Don't forget to make sure everyone in the practice is familiar with the plan, and regularly test it together to see what might need to be changed, and if indeed the plan really works!!

Testing

Once the plan has been written and carefully checked think about testing it. Don't be complacent and think that once the plan has been writ-

ten it cannot be changed. To assume this is to take a big risk. Even the simplest and smallest of plans will have some amendments. Make sure the plan is kept up to date by reviewing it, even down to the smallest detail. Test the plan on a regular basis, combining this with a team building exercise. Make the testing scenario as realistic as possible, change the theme each time it's tested from loss of prem-

ises, to people, to services and technology. Look at the impact of short-term losses to the medium and longer term. Keep a diary of the outcomes of each test so that key information that arises during each test isn't forgotten about and can be built into the plan to improve the process.

Success

This article is not meant to be about how to write a prac-

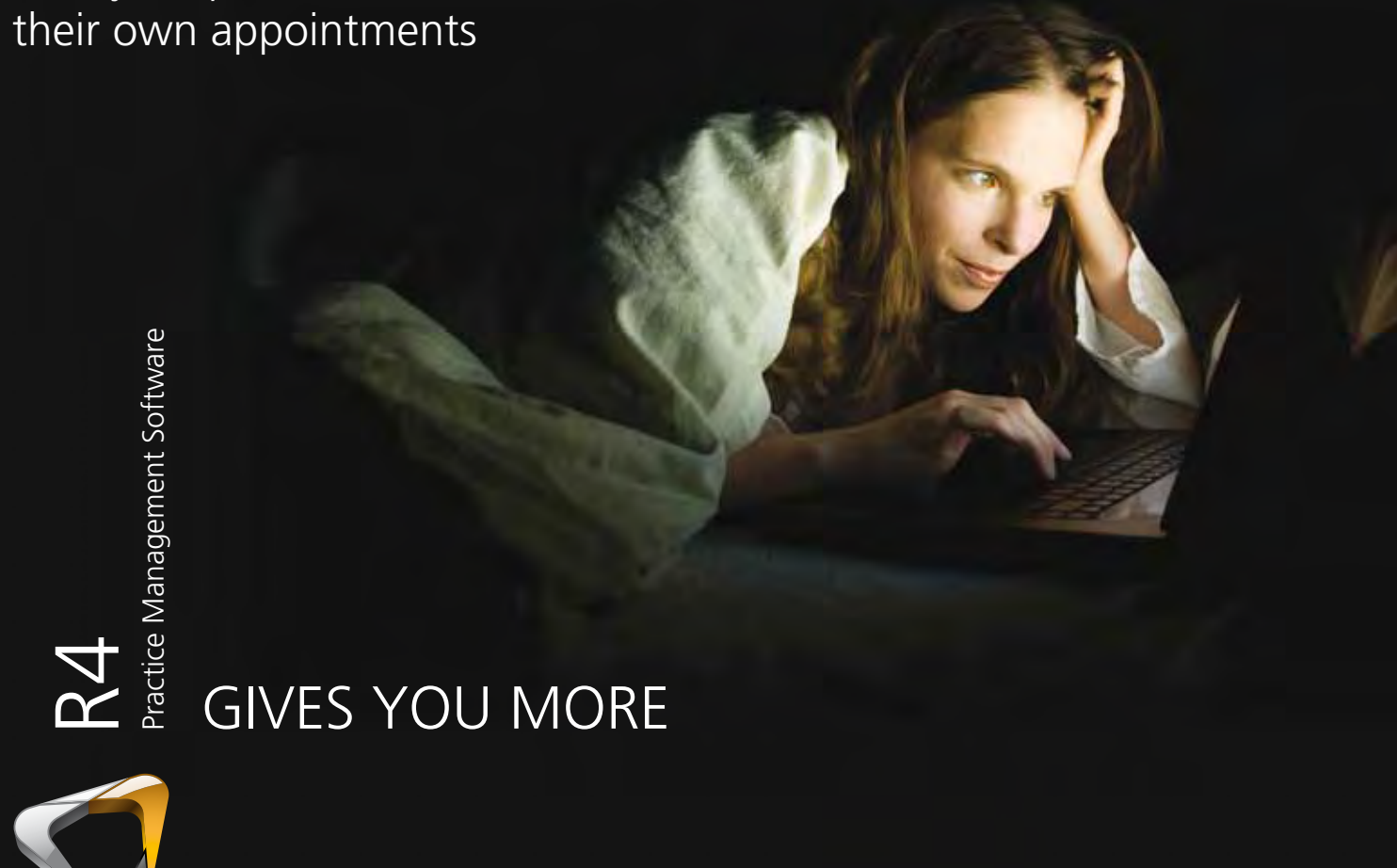
tice continuity plan: it's about thinking outside the box; thinking around all those decisions that will have to be made and which will make the difference to a plan, and your business' ability to carry on trading.

Success in a crisis isn't about good luck: it's about good management continuity planning. Good management of anything involves

planning, organising, implementing, control and finally reviewing. [DT](#)



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About the author

Linda Young was the Information Security Manager and continuity plan holder for an international company for over 20 years. She is currently writing a practical resource manual to be published in 2015, which is designed for dental practices looking to improve their team's management skills.