DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

PUBLISHED IN LONDON | NOVEMBER 23-29 2009 | VOL. 3 NO. 28

News in Brief

Innovative Solutions
Smile-on provides easy access to training programmes for the entire dental team to meet their industry obligations and advance their skills, using a flexible approach to education whatever the level of training needed. Popular courses include Clinical Photography, bringing dental professionals up to speed with the best proven methods of image capture, as well as, Communication in Dentistry, which has been expanded with three new modules exploring handling, achieving consent and recording communication. There is also DNSTART and DNNET ll, which provide essential knowledge for dental nurses, studying for the national certificate or NVQ level three in oral health care and can also be used as an update programme for established nurses. Clinical Governance Progress Management is designed to enable total compliance with healthcare commission standards. For more information call 020 7400 8989 or email info@smile-on.com

New NASDA Media Officer
Paul Kendall has been appointed media spokesman for the, National Association of Specialist Dental Accountants. (NASDA). He was the founder of the association more than 11 years ago and served as its first chairman. Mr Kendall, who is a partner in Dodd and Co, in Cumbria, has 110 dentist clients. He is a member of NASDA's technical committee and has just written his second book on dental accounting.

Teeth Grinding Solution
Dental patients who grind their teeth while asleep are being given mild electric shock treatment to ease the condition. A chain of private dental practices in Hull is trialling a device which delivers a very small electrical impulse when grinding. The new device, called Grindcare, which was developed in Denmark, incorporates a small electrode which is placed on the temple and then monitors the movement of facial muscles. When it detects increasing facial tension, it delivers a tiny electrical impulse called biofeedback. This is not consciously felt by the sleeper but still relaxes the facial muscles. The technology is reputed to be able to reduce teeth-grinding by up to 80 per cent within a two-month period.

www.dental-tribune.co.uk

News

Richmond Reception
Champagne flowed as Endocare opens its new surgery in SW London

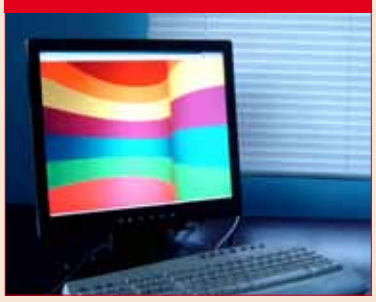
page 4

News

Research Funding
The University of Manchester receives £1.7m to research preventative cost-effectiveness

page 6

Money matters



Love Work!
Peter Dunn discusses why we should start liking what we do for a living

page 14-15

Education

Treating Children
Dental Protection looks at medico-legal issues surrounding the treatment of children

page 20-21

Is Improved Access Really Necessary?

The *NHS Constitution: a Consultation on New Patients' Rights*, was published on November 10, with a Government pledge that everyone wanting NHS dental access should have it by Spring 2011

The document states: *"There have been problems with NHS dentistry access since the early 1990s. Our 2006 dental reforms have given PCTs the power to contract dental services to meet local needs. In order to expand services wherever they are needed, we have set up a national dental access programme, headed by Dr Mike Warburton, to support the NHS in further improving access.*

We have also accepted recommendations from the independent review led by Professor Jimmy Steele published in June 09, to improve long-term access and quality."

Recommendations also include linking some of dentists' income to registered NHS patients and encouraging preventive care advice. The right to private treatment is proposed, if a patient cannot access an NHS specialist within 18 weeks, after referral.

But Eddie Crouch, Birmingham LDC secretary, has hit out at what he regards as the Department of Health's (DH) 'blanket policy' to improve country-wide NHS dental access. He says registration in the early 90s was never cross-referenced, hence figures are likely to be inaccurate and inflated. He thinks Government money would be better targeted towards an area's particular needs, as access isn't a nationwide problem. He explains: "In South Birmingham everyone who wants NHS dentistry access already has it, so the money would be better spent differently."

He claims the previous responsibility given to PCTs to choose how to spend their money has been removed, replaced by a one-size-fits-all central Government directive, which does not always answer local dental needs.

He adds: "Just making a huge investment of over £150 million doesn't mean there will be a massive flood-in of NHS dental patients. It means new practices will open, but the same amount of patients will access care. So other surgeries may well see numbers drop.

"In South Birmingham PCT, it's been decided we need 23,000 new NHS dentistry patients. But there are simply not that amount of people waiting for an NHS dentist.

"However, many patients complain that orthodontic, periodontal and endodontic treatments are hard to access and home-visits for housebound patients and nursing home residents are inadequately funded. Surely money would be better spent on real problems."

Mr Crouch also thinks the time-span for PCTs to make comprehensive needs' assessments is too short. But he adds: "I have sympathy with the pressure PCTs are under, they are unlikely to want to object to pressure from central Government, even if they agree with local dentists."

He is awaiting a response from a letter, drafted to Ann Keen, minister responsible for dentists and LibDem MP, John Hemming, has taken up the matter.

Heart of Birmingham PCT (HOBTPCT) is currently doing a consultation on NHS dental service provision.

Ros Hamburger, HOBTPCT dental public health consultant, said: "We are committed to providing the right kind of dental care and want to ensure everyone has a say in how that service functions in the future."

DH figures released in August showed that 720,000 more NHS dental patients accessed services in the four quarters ending June 09. Courses of treatment in 2008/09 increased by four per cent (1.4 million) from the previous year and UDAs were up 5.7 per cent.

Chief Dental Officer for England, Dr Barry Cockcroft says access is not only about procurements, but also covers improved contracting and better communication. He says: "How needs are tackled is also about social and cultural education, not just more services. It is important to get the right message through." DT

Leicester in NHS dentist drive

NHS Leicester City is on a drive to encourage people to visit NHS dentists in the area. Dentists in Leicester are aiming to brush away myths about the lack of NHS dental provision, in a bid to inspire thousands of local people to access dental services.

A campaign was recently launched to raise awareness as to which dental surgeries in Leicester are offering NHS treatment, as well as to challenge the notion that it is hard to find an NHS dentist in Leicester. There are currently 60 NHS general dental providers in the city, of which more than half - 33 in total - are accepting new patients.

L-R - Philip Martin, chair of Leicestershire and Rutland LDC; Toby Sanders, NHS Leicester City's director of Primary and Community Care; Jit Hindocha, local dentist and NHS Leicester City's dental clinical adviser

Staff from NHS Leicester City's patient advice and liaison service (PALS) are signposting people to those dentists accepting new patients via a new dedicated dental helpline.

The campaign is also aiming to make dental charges clearer, so that patients who pay for NHS treatment can easily understand charge bandings.

Toby Sanders, NHS Leicester City's director of primary and community care, said: "There is a belief that it is difficult to find an NHS dentist, but in Leicester this is no longer true.

"We have invested in dental services to make it easier than ever before for people to get an appointment. There are dozens of dentists across the city waiting to see NHS patients and we want people to take full advantage of this.

Dentist Philip Martin, who is chairman of Leicestershire and Rutland local dental committee and has a dental practice in Leicester, said: "There are many high quality NHS dentists available to people in Leicester and as local dentists we are all keen to support good oral health. We are sure that this campaign will encourage people to make an appointment now and to continue to see a dentist regularly in the future.

"We particularly want to see people back in our practices, who have not been to see an NHS dentist for some time. Visiting the dentist before problems develop is the best way to avoid costly bills and potentially painful problems in the future." DT

International Imprint

Executive Vice President Marketing & Sales — Peter Witteczek, p.witteczek@dental-tribune.com

Dental Tribune UK Ltd
4th Floor, Treasure House, 19–21 Hatton Garden, London, EC1N 8BA

DENTAL TRIBUNE
The World's Dental Newspaper · United Kingdom Edition

Published by Dental Tribune UK Ltd

Chairman Torsten Oemus, *t.oemus@dental-tribune.com*

Managing Director Mash Seriki, *Mash@dentaltribuneuk.com*

Editor Lisa Townshend, Tel.: 020 7400 8979, *Lisa@dentaltribuneuk.com*

Director Noam Tamir, *Noam@dentaltribuneuk.com*

Advertising Director Joe Aspis, Tel.: 020 7400 8969, *Joe@dentaltribuneuk.com*

Sales Executive Sam Volk, Tel.: 020 7400 8694, *Sam@dentaltribuneuk.com*

Marketing Manager Laura McKenzie, *Laura@dentaltribuneuk.com*

Design & Production Keem Chung, *Keem@dentaltribuneuk.com*

Left-Right: Duncan Rudkin, Angie McBain, Martin Fallowfield, Sue Bruckel, Tony Reed, Sally Naish, Martin Brace (Photo: Sally Burford)

National Dental Nursing Conference Success

This year's National Dental Nursing Conference held at the Cheltenham Chase Hotel was the biggest and most successful to date. A record number of delegates attended the conference in October, which was sponsored by the BDTA, NHS Direct and Philips Sonicare.

Outgoing President Angie McBain hands over the Chain of Office to 2009-2011 BADN President Sue Bruckel (Photo: Sally Burford)

Participants saw outgoing president, Angie McBain hand over the chain of office to Sue Bruckel who became BADN's 2009-2011 president at the opening ceremony, where the keynote speaker was GDC president, Hew Mathewson.

The conference's extensive lecture programme offered up to seven hours of verifiable CPD. Lectures covered cross infection control, introducing preventive practice, law and ethics, back care for dental nurses, risk assessment, prosthetics, oral and maxillofacial surgery, implants, medical emergencies and resuscitation, the new BSc for dental care professionals, forensic dentistry and accessibility for people with learning disabilities. Delegates could choose in advance which presentations they wanted to attend, through BADN's new CVENT on line registration facility. A wide variety of speakers attended the event, from organisations including Schuelke, Colgate, the British Chiropractic Association, Nobel Biocare, Philips Sonicare, the University of Kent, Gloucestershire PCT and the 2gether NHS Foundation Trust.

Outside the lecture theatre, delegates talked to representatives of NHS Direct, the GDC and Parliament Hill, providers of the BADN benefits' scheme. At lunch, they were treated to a selection of British cheeses, courtesy of the British Cheese Board.

Peterborough general dental practitioner, Martin Fallowfield, was master of ceremonies at the black tie presidential dinner. Entertainment was provided by swing tribute act Swing Thru a Lens, whose repertoire of rat pack classics and modern swing favourites proved to be a big hit with delegates.

At the closing ceremony, the new president presented four new BADN fellows with their certificates, introduced new members and first-time delegates, congratulated delegates on recent qualifications and achievements and presented a wedding present from the BADN to newly-married chairman of the BADN's national education group, Samantha Ball.

Next year's national dental nursing conference is at the Blackpool Hilton in November. DT

Editorial comment

Access v need – a utopia

The top story this week looks at the necessity of improving access over addressing need. Some areas of the UK are seeing 'access saturation', where there are no more people wishing to access an NHS dentist, and plenty of spaces left.

So, is access the best target? If there are areas where money is being spent on surgeries which aren't, where do we look? Local need is a vital area to look at. The needs of the population can vary from county to county, town to town, postcode to postcode. Dental professionals working in the NHS system know their patient base and know the needs that they have. Why not pass this information to the PCT or SHA? If every dentist in the same area did this, the strategic planners would be able to see the vital areas of need existing in their region.

I understand that in a perfect world this would be the case and I have no doubt that some readers are shouting 'I do that already!', maybe with little success. Those in the profession know that the levels of engagement are variable across the country, and if your views are not being heard, with the new wave of commitment by the NHS to the dental profession, perhaps now is a time to try again and let your PCT know what your patients' needs are. DT

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

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

Or email:
lisa@dentaltribuneuk.com

Champagne reception

Patients and staff at EndoCare Richmond celebrated its recent opening with a champagne reception.

EndoCare Richmond combines the latest endodontic specialist treatment techniques with the best quality patient care. The new branch, which is based in south west London is an opportunity for dental professionals to make use of this service, which is provided by clinical director, Michael Sultan and his team of specialists.

Mr Sultan said that dentists referring patients to the Richmond centre could be assured of the same outstanding care and high calibre endodontic solutions for their patients, which have already given Endocare its outstanding reputation.

He said: "It is a very exciting time for Endocare and now we can continue to take great care of your patients and treat them at either Harley Street or our new Richmond practice. We understand the trust that is placed on us by referring dentists and we want to work as an extension of your team, so you can continue to proceed with the next part of the treatment. We will make ourselves available to you and are always happy to give advice and support, aiming to see your urgent referrals as quickly as possible."

For more information, log onto: www.endocare.co.uk. DT

A Fixture of Success

Dr. Anoup Nandra explains why DIO Implants are perfect for the UK

DIO Implants have an effective cutting edge for ease of insertion, with double threading for better primary stability and excellent torque values. The tapered shape improves bone healing and density, whilst the internal torx design helps to reduces stress during insertion by up to 30% compared to hex-type fixtures. The availability of eight platform options makes for the best abutment performance.

A successful practice based in Birmingham, the ,Edgbaston Dental Centre offers a full range of dentistry and related services. A key part of their business is dental implants, with this aspect of the centre led by practice partner Dr. Anoup Nandra, the principal dental surgeon & implantologist.

Having trained at the Eastman Dental Hospital in London and currently studying for an MSc in restorative dentistry at the Royal College of Surgeons, Dr. Nandra is familiar with the demands of delivering a consistently high quality implant service to patients.

Given that there is a wide selection of implant products on the market, one challenge for Dr. Nandra and his colleagues at Edgbaston is to make the right decision in selecting components that meet strict requirements in terms of durability and performance. As he explains, this is one of the main reasons why he chooses to rely on DIO:

"I use the full range of DIO products. I surgically place DIO implants and then restore them with **DIO components**, and I also have the **implant surgical kit**, **osteotomes** and **sinus lift instruments**. I have found them all to be of extremely high quality."

DIO has been manufacturing implants for over twenty five years, which means users are assured of a highly developed and reliable product that meets all key requirements. Their most popular implant range is based around the **SM Submerged Fixture**, which boasts a range of important features to improve durability, surgeon usability and patient comfort.

It has an effective cutting edge for ease of insertion, with double threading for better primary stability and excellent torque values. The tapered shape improves bone healing and density, whilst the internal torx design helps to reduces stress during insertion by up to 30% compared to hex-type fixtures. The availability of eight platform options makes for the best abutment performance.

However, given the current economic climate Dr. Nandra is finding that quality is not the only critical factor. Instead, the balance between product performance and cost, as well as the subsequent impact on the end user, are becoming increasingly important considerations.

"Alongside usability, price is of key importance. All implant surgeons will appreciate the handling and ease of use of all the DIO range, but we have found that the **competitive price** means everyone - from patient to surgeon - benefits."

Historically, high prices of implants here in the UK have meant that many people are choosing to travel abroad where costs are much lower. Many practices are discovering that the pricing of DIO products mean they can offer a high quality and financially attractive service, growing their customer base as people realise they do not have to go through the hassle of travelling abroad to afford the treatment they want. Dr. Nandra continues:

"The credit crunch has meant more and more people are carefully considering the financial implications of dental treatment. I am able to offer my patients an excellent product at a significant saving to them. This does not harm my business as I can maintain the same level of profitability and pass the cost saving on to my patients. It is a win-win situation."

The Edgbaston Dental Centre is representative of many practices across the UK that are finding the comprehensive range, cost effective pricing and high quality of DIO products appealing for their own technical demands and customer satisfaction. All fixtures are approved to relevant **CE, ISO and FDA** standards across Europe, the USA and Asia.

Dr. Anoup Nandra BDS (U.Birm) MFGDP RCS

BDA attacks Widening Gap in Oral Health Inequalities

There is an "unacceptable and growing chasm" between those with good and poor oral health, according to the British Dental Association.

The Association's recently published oral health inequalities policy document highlights the growing gap between satisfactory and unacceptable oral health in the UK. The document stresses the close association between low socio-economic status and poor oral health, calling for more focus on preventive care. It also emphasises that there should be a more integrated approach to oral health from health and social care providers. In addition, the paper argues that greater priority should be given to specific patient groups, such as those with disabilities, older people and the prison population.

The effect of alcohol and tobacco on oral health inequalities is stressed in the paper, especially with regard to their role as risk factors for oral cancer.

Professor Damien Walmsley, scientific adviser to the BDA, said: "There has been a significant improvement in the nation's overall oral health over the last 30 years, but in spite of that, we still see a huge disparity which is all too often related to social deprivation. It is completely unacceptable that in Britain, in 2009, such a wide gap should exist.

"Much good work to address this problem has begun and this report commends a number of schemes such as Brushing for Life and Sure Start which are starting to make a difference. However, a great deal of work still remains to be done and it is vital that dentists are supported in carrying it out."

> *'It is vital that dentists are supported'*

The BDA's Oral Health Inequalities policy sets out measures designed to tackle the unacceptable and growing inequalities in the nation's oral health. It shows that those living in the most deprived areas of the UK suffer the highest levels of oral disease.

It identifies the dental team as ideally placed to inform and advise patients about matters affecting their oral and general health, including nutrition, tobacco and alcohol. Strategies are set out to address the special requirements of vulnerable sections of society, including children, older people, prisoners and those with disabilities.

The paper also highlights the need for resources and remuneration to enable the dental team to spend time with patients and carry out their central role effectively. It is calling for an evidence-based, integrated approach between all healthcare and social services, because many causes of poor oral health are also risk factors for systemic diseases. Oral health prevention and education programmes should be part of overall Government health programmes. DT

Fellows in honour ceremony

Four new fellows of the British Association for Dental Nurses (BADN) were honoured at the closing ceremony of the 2009 National Dental Nursing Conference.

BADN president, Sue Bruckel presented new fellows Val Davis, Jackie Gazzard, Anne Hewitt and Wendy McCormack with their certificates at the recent conference in Cheltenham.

In order to become a fellow, dental nurses must have been a BADN member for 10 or more years, be registered with the General Dental Council and hold the City & Guilds Licentiate in Dental Nursing. In order to be awarded the Licentiate, a dental nurse must hold a preliminary qualification in dental nursing, such as the National Certificate or the S/NVQ 3, have further qualifications or evidence of five years in a supervisory position, and have evidence of further CPD. DT

Time to talk about dry mouth?

Approximately 20% of people suffer symptoms of dry mouth[1], primarily related to disease and medication use. More than 400 medicines including tricyclic antidepressants and antihistamines can cause dry mouth[2] and the prevalence is directly related to the total number of drugs taken.[3]

Ask your patients

Some patients develop advanced coping strategies for dealing with dry mouth, unaware that there are products available that can help to provide protection against dry mouth, like the Biotène system.

Diagnosis may also be complicated by the fact physical symptoms of dry mouth may not occur until salivary flow has been reduced by 50%.[4,5,6]

Diagnosing dry mouth

Four key questions have been validated to help determine the subjective evaluation of a patient's dry mouth:[7]

1. Do you have any difficulty swallowing?
2. Does your mouth feel dry when eating a meal?
3. Do you sip liquids to aid in swallowing dry food?
4. Does the amount of saliva in your mouth seem to be too little, too much or you do not notice?

Clinical evaluations can also help to pick up on the condition, in particular:

- Use of the mirror 'stick' test - place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced
- Checking for saliva pooling - is there saliva pooling in the floor of the mouth? If no, salivary rates may be abnormal
- Determining changes in caries rates and presentation, looking for unusual sites, e.g. incisal, cuspal and cervical caries.

Consequences of unmanaged dry mouth include caries, halitosis and oral infections.

The Biotène patented salivary LP3 enzyme system

The Biotène formulation supplements natural saliva, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths.

The Biotène system allows patients to choose appropriate products to fit in with their lifestyles:

Products specially formulated for dry mouth:

- Biotène Oral Balance Saliva Replacement Gel
- Biotène Oral Balance Liquid.

Hygiene Products:

- Biotène Dry Mouth Toothpaste
- Biotène Dry Mouth Mouthwash.

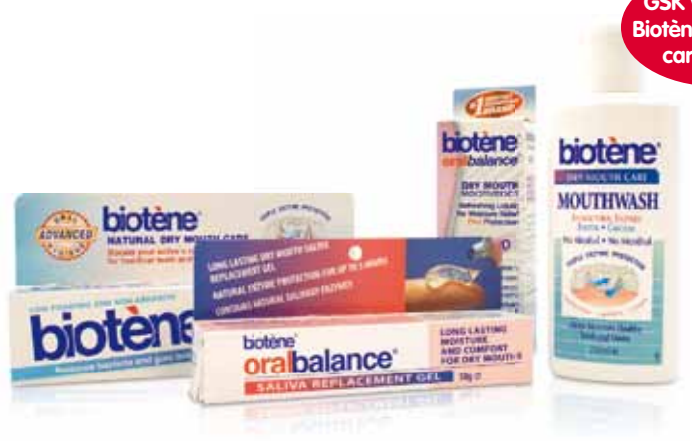
The range is appropriately formulated for the sensitive mucosa of the dry mouth patient:

- Alcohol free
- Mild flavour
- Sodium Lauryl Sulfate (SLS) free.

The Biotène formulation:

- Helps maintain the oral environment and provide protection against dry mouth
- Helps supplement saliva's natural defences
- Helps supplement saliva's natural antibacterial system - weakened in a dry mouth.

GSK welcomes Biotène to its oral care family



Samples available from www.gsk-dentalprofessionals.co.uk

biotène® for dry mouth

1. Billings RJ. Studies on the prevalence of xerostomia. Preliminary results. Caries Res. 23:Abstract 124, 35th ORCA Congress 1989 **2.** Eveson JW. 'Xerostomia'. Periodontology 2000. 48: 85-91
3. Sreebny LM, Schwartz SS. 'A reference guide to drugs and dry mouth – 2nd edition'. Gerodontology 1997. 14: 1; 33-47 **4.** Dawes C. 'How much Saliva Is Enough for Avoidance of Xerostomia?'. Caries Res 2004. 38: 236-240 **5.** Dawes C: Physiological factors affecting salivary flow rate, oral sugar clearance, and the sensation of dry mouth in man. J Dent Res 1987; 66 (special issue): 648-653
6. Wolff MS, Kleinberg I: The effect of ammonium glycopyrrolate (Robinul)-induced xerostomia on oral mucosal wetness and flow of gingival crevicular fluid in humans. Arch Oral Biol 1999; 44;97-102.
7. Fox PC, Busch KA, Baum BJ. 'Subjective reports of xerostomia and objective measures of salivary gland performance'. JADA 1987. 115:581-584

gsk GlaxoSmithKline Consumer Healthcare

New Oral Cancer Test

A new non-invasive technique of oral cancer diagnosis is in the process of development, which could mean screening is more accessible for those at risk.

A recent discussion on oral cancer in the House of Lords revealed increasing evidence suggesting that the condition is becoming more common in females and young adults than previously recorded.

Although this type of cancer has a relatively low profile in the public consciousness, and is less widespread than some other forms of the disease, it is still responsible for more deaths than testicular and cervical cancer combined.

Prof Stephen Porter, director of the UCL Eastman Dental Institute, said there remained a need for effective methods of early diagnosis once a clinician's suspicions had been aroused. He pointed out that there was a growing case for the screening of those sections of the population with the highest potential risk of developing this form of cancer.

He said: "The analysis of a biopsy of the suspect lesion is currently the universally accepted best practice to achieve a definitive diagnosis of oral cancer, but this procedure is both invasive and time-consuming. Research carried out by the UCL Eastman Dental Institute, one of the UK's leading centres for oral medicine, has also shown that some methods of non-invasive diagnosis may have limitations.

"However, researchers from the UCL Eastman Dental Institute and the University of Surrey are pursuing a study, funded by the National Institute for Health Research (NIHR), on the potential benefits and efficacy of a new, non-invasive method of diagnosing oral cancer and other potentially malignant diseases involving abnormal cellular development."

The new technique, known as dielectrophoresis, detects electrophysiological changes within the cell structure. Although only in the early stages of development, it is hoped that this new analytical method will prove to be an effective diagnostic tool in the early identification of oral cancer prior to the creation of a tumour, or before the cancer itself actually develops.

> *'It is hoped that this new analytical method will prove to be an effective diagnostic tool in the early identification of oral cancer'*

Prof Porter said: "The sampling method is non-invasive and merely requires brushing the surface of the lesion; if the accuracy of dielectrophoresis is proven to deliver an accurate diagnosis, then the screening of large at risk populations will become both practical and cost effective, potentially saving many lives." DT

£1.7m in funding has been invested in the research project, aimed at investigating the cost-effectiveness of prevention programmes

Dental Prevention Study Funded

The University of Manchester's oral health unit (OHU) has been awarded funding to lead a study focusing on prevention rather than treatment.

The £1.7 million research project will investigate as to whether a prevention package - delivered by dentists in their practices - can actually prevent the development of tooth decay in children.

The OHU, which was selected to run the trial following a call for applicants, has a good track record of delivering high-profile dental research. Its outcomes could be useful in informing the development of NHS dental services and interventions in the UK.

Although the three-year collaborative trial involves a team of dental experts led by Professor Martin Tickle of the OHU at Manchester University, it actually takes place in Northern Ireland. The region has a particularly significant oral health problem, in that approximately 45 per cent of five-year-olds have tooth decay.

Professor Tickle said: "This trial is hugely significant for dentistry, because we were competing with all other areas of dental, health and health care research. It demonstrates our research reputation, in being selected to deliver a study with such important potential outcomes."

Recent studies have shown that prevention of decay in children's primary teeth in NHS general dental practice is not as effective as it could be. Studies have shown that over a three-year period, approximately 35 per cent of two-to-three-year-olds registered with a dentist develop tooth decay.

Although all NHS general dental practitioners in England have been sent *Delivering Better Oral Health; an evidence-based toolkit for prevention,* which identifies the best evidence for preventive care, research has yet to demonstrate as to whether these interventions are cost-effective when used in everyday NHS practice.

> *'This trial is hugely significant for dentistry, because we were competing with all other areas of dental, health and health care research'*

Therefore the trial will test the cost-effectiveness of fluoride varnish and family-strength fluoride toothpaste, which are provided in general practice two times a year to help prevent tooth decay.

Professor Tickle added: "The aim of the trial is to see if we can keep a larger proportion of children free of decay by using a fluoride varnish and toothpaste. Hopefully, the findings will help to inform future policy on children's dental health and focus on proactively preventing tooth decay, rather than treating the disease once it has started."

The trial, which is backed by the Department of Health, will be managed by a partnership of general dental practitioners and community dental service dentists, as well as academics from the University of Manchester and Queen's University. DT

Eight ways to significantly increase your impact on those you treat

The experiences that your patients/clients/customers have can vary between forgettable and memorable. The ideas which follow will ensure that what they take away from you will be positive, says Adrianne Morris...

1 Promise less, deliver more - experience has shown that it really pays to undersell what you are giving and then overdeliver: the end result, a client who is thrilled to have gained a truly valuable product/result which vastly exceeded their expectations. At the same time you will have more than fulfilled your brief and hopefully have an extremely satisfied client who will be happy to recommend you and use your services again and again. Whatever you have gained profit-wise, you will have vastly exceeded as far as your reputation for performance, delivery and reliability is concerned.

2 Play full out - you know this isn't a dress rehearsal! Treat each and every opportunity as if it's the most important in your life and give it everything you've got. You never know who is watching you from the sidelines to see how you're performing and even if they don't sign up this time, it may take just one more occasion for them to see you or the results of your work in action to convince them that you've got what they want. Don't be disappointed if they don't give you an order or booking at the first meeting or the next - you have to build up trust and confidence and hopefully if you're always giving of your best, that will be enhanced each time they meet you or hear about you.

3 Pay attention to detail - don't be sloppy - attend to even the smallest detail because all those minute details add up to a great professional finish and that's always going to make a good impression. Check spellings of names, check titles and how people like to be addressed.

4 Know your subjects - If you're trying to reach someone, get names of the 'gatekeepers' i.e. secretaries, personal assistants, receptionists – establish a rapport with them - they're the ones who might just get you through the door when they're rejecting everyone else (Peter Thomson, the renowned business consultant, refers to receptionists as 'rejectionists' with good reason!).

5 Follow up good contacts - always follow-up when you meet someone new with whom you feel you have really connected - drop them an email and remind them of what it was you had in common or had chatted about, remind them what it is you do, and for whom you have done it. If you have to write a thank-you, a hand-written note will always leave a good lasting impression, as long as it's legible! Mention that if you meet someone who could be a potential client for them in whatever they do,you will definitely put them in touch - and do so! Hopefully in time they will reciprocate.

> *'Success is the result of good judgement. Good judgment is the result of experience. Experience is often the result of bad judgment' - Tony Robbins*

6 Be positive and put on a happy face - sure it's hard to remain positive when you're feeling overwhelmed but wingeing isn't an attractive quality. The Tony Robbins mantra "attitude of gratitude" really does have power. Whenever you're facing a setback, do a mental checklist of what IS working in your life right now, what you DO have going for you, who IS in your corner cheering you on, and give thanks for your good health, for a roof over your head, for your friends and family, the strength and courage you have to be striving to do better. Lift up your head, put your shoulders back and smile - you should feel better straight away!

7 Focus on solutions, not problems - you have to switch your focus to solving the issues preventing you from getting to where you want to be. During the process every step will be a learning exercise and it is this learning that is going to help you grow and in itself be life-changing. This, as well as the end result, is going to make a significant difference to you in the long run. Facing a seemingly daunting task but breaking it down into manageable chunks and dealing with each of these, one step at a time, will make it seem much more approachable. The learning you will get from your setbacks will be invaluable and make you stronger. Focusing on the solutions rather than the problems is a much more positive approach.

Walk the walk - spend time with the peer group you want to be in

8 Walk the walk - spend time with the peer group you want to be in - in other words, hang out with people already living the kind of life you want, doing what you want, who have what you want! You learn so much by listening carefully - remember God gave you two ears and one mouth - use them in that proportion! By just listening carefully you will pick up so much from them. Don't be nervous about asking for advice - you must have noticed how people love to give it, even when you haven't asked for any! Copy their behaviour, their style, dress the part, talk the talk - but only if it feels right for you because if you don't feel relaxed, it will show in your body language. Be a "player" - remember the coaches' adage - "fake it 'til you make it!" DT

About the author

Adrianne Morris is a success coach helping professionals and small businesses reach new heights of success in all areas but in particular confidence, self-esteem, communications and relationship issues. She can be reached on 07956 514714 or coach@alplifecoach.co.uk Read more at http://alplifecoach.com

GDPUK round-up

Tony Jacobs shares the most recent snippets of conversation from his ever-growing GDPUK online community

One of the things colleagues on GDPUK like to discuss is their input to other forums. Often, when there are articles in the mainstream media, the public is encouraged to comment on the story, which is often done so in ignorance, when of course, we are better informed. When this type of article is highlighted on GDPUK, it can often be seen that our members are wading in and righting the wrong impressions and negative PR put about by the doomsters.

One of the GDPUK stalwarts has spent years patrolling the forums of moneysavingexpert.com and correcting errors and misconceptions about dentists, dentistry and how the system works. Recently there was a call for colleagues to help out in the same way on another more obscure forum, to repel those ill-conceived ideas and spread positive PR on dentistry. A worthwhile occupation.

Will a pay freeze in dentistry help dentists find further efficiency savings? Or has the owner operator system in UK dentistry made dental practices lean and efficient already, and indeed increasingly so for the last 50 years? The Department of Health evidence to the Review Body calls for a freeze in dentists' pay. It will be some time before any freeze or change in pay will be announced, which usually happens in the new year. Dentists also have to factor in that VAT will rise in January, and thus expenses next year will rise, as well as inflationary pressures. Something has to give – where do you think the fracture lines will appear?

What would you do in this situation? A patient, two years ago had a crown prep. They paid in full, and you make an excellent temporary crown. The patient is phobic however, and before the crown can be fitted, he gets in touch with the practice and decides to live with the interim situation, meaning the crown and models remain in the cupboard. Now, 27 months down the line, the patient calls and asks for the crown to be sent, and for another dentist to fit it – she has paid for this service, but has decided to ask for this elsewhere. Do you send it without question, or refuse? Contact the other dentist? Warn the patient of the risks? Contact your defence society?

Here is another thread, which has not been fully discussed at the time of writing. Suppose Key Performance Indicators are contracted, and dental income is partly based on patient responses following treatment. What do patients really know about their treatment? In other countries, it is illegal to publish a website where patients can compare services from medical and dental providers, including hospitals. It is considered that patient's opinions are not appropriate to judge professional services. Does this hold in the UK? Should dentists be revolting against this? Or will there be some colleagues who will accept and sign the new access contracts with these clauses and provisions?

These short summaries of topics are just a small sample of the complex and interesting ideas and concepts discussed – there are hundreds more online at GDPUK.com. DT

About the author

Tony Jacobs, 52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, www.gdpuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 35,000 visits and generate more than a million pages on the site per month. Tony is sure GDPUK.com is the liveliest and most topical UK dental website.

The 10th Dimension... the power of 10

In part one of this two-part series, Ed Bonner and Adrianne Morris discuss the important art of effective problem solving

What's the problem?

When we started writing this article, we encountered a problem – we could not agree on what the word 'problem' actually meant. Is a problem, as one dictionary suggests, *"a source of perplexity"?* Well, indeed it is, if you are talking about say Sudoku or a crossword, but there is nothing in that definition to suggest the emotional component that very often accompanies a problem.

If you can't work out a correct sequence of letters or numbers, that's one kind of problem - there's always a solution: a dictionary, going online, checking your newspaper the next day. But if you have that problem and also torment yourself that you are stupid, cannot do anything properly, or are getting Alzheimer's, that's another problem altogether. A much bigger problem occurs when there doesn't appear to be a solution: for example, you are getting bad headaches or your overdraft is getting bigger and bigger despite increasing effort to prevent either of these occurrences.

Whatever kind of problem you might be having, there are some things that you can contemplate that will make dealing with it a great deal easier, so here is a list of things to consider:

1 **Origins:** To deal with a problem appropriately, you need to think about when you first became aware of the problem. What happened? When did it happen? How did it make you feel?

2 **Background history:** Are the issues that have arisen consequences of events that happened in your infancy, childhood or youth? Is the work problem a consequence of something happening at home, or vice versa? 'It's my mother/father, husband/wife, manager/nurse, associate/partner.'

3 **Attempt at resolution:** What did you do about it? How effective was what you did in terms of offering a solution? If not effective, what was blocking its resolution?

4 **Secondary problems:** What has happened since you first encountered the problem? Has the problem got worse? Why? Has the initial problem created one or more secondary problems? For example, not earning enough can cause relationship stress and loss of respect. Is there a relationship between the first event and the way you feel about it at present?

5 **Effects:** What is this problem causing you to do? Perhaps

→ DT page 11

'A much bigger problem occurs when there doesn't appear to be a solution: for example, you are getting bad headaches or your overdraft is getting bigger and bigger despite increasing effort to prevent either of these occurrences.'