

# DENTAL TRIBUNE

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## News in brief

### Cash boost

An extra 36,500 people will be able to register with an NHS dentist in Leeds over the next three years after a £2m cash boost. The investment plans were agreed by Leeds Primary Care Trust (PCT) to improve access to dental services across the city in areas including Hyde Park, Pudsey, Horsforth, Harewood, Wetherby and Ardsley. The PCT said the funds were an interim measure until longer-term plans emerged.

### Fool's gold

People brought their dentures to a Nottingham antique dealer after reading an advert wanting to purchase false teeth. But the type of false teeth wanted by dealers, M. Kemp, were crowns and palates, which in former days were completely made from gold. A far cry from modern dentures, a whole palate could be worth hundreds of pounds. Nowadays, prices offered vary from £2.50 to £3.50 per gram of nine carat gold.

### UDA increase

The Department of Health has released data under its Dental Reform Monitoring programme, which shows the number of Units of Dental Activity (UDAs) commissioned for 2008-09. The key findings, from the 152 PCTs and Care Trusts, were that 81 million UDAs were commissioned for 2008-09, as on June 30 this year. This is an increase of 1.4 million (1.7 per cent) on UDAs commissioned for 2007-08.

### Company pull-out

Dental company, Primecare, is leaving an NHS contract covering thousands of North Yorkshire residents after only a year. The contract in Leyburn, Northallerton, Hawes and Bedale, terminates on October 31. Councillor John Blackie, North Yorkshire health scrutiny committee chairman, said the firm told him the deal signed with North Yorkshire and York Primary Care Trust (PCT) was 'flawed' due to a huge backlog. He explained: 'Primecare set up in areas without NHS dentists, so there was a large backlog of dental work and the way the contract rewards dentists meant they were unable to pay for it.' He called on the PCT to find an alternative provider before new dentists take over in April.

www.dental-tribune.co.uk

## News



### Financial re-think

The DH has launched a proposal for maternity payments as set out in its draft GDS statement of dentists' financial entitlements from April 2009.

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## Practice Management



### I spy...

Is your practice looking a bit flat? Kathy Adams lists the reasons why a feature wall could be the answer – but there's no room for disorganisation!

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## DCPs



### Wasted effort?

Nobody wants to deal with an emergency but you can't afford to take the risk. Sharon Holmes explains why you have to use your time wisely.

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## Clinical Case Studies



### Frequent claims

Did you know that crowns and bridgework account for a huge amount of cases involving claims against dentists? Dental Protection reveals all.

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## The government rebuffs HSC report

Dental practitioners have condemned the government's response to the Health Select Committee report on NHS dental reforms for being in 'total denial' and 'failing to accept any criticism'.

Derek Watson, chief executive of the Dental Practitioners' Association called the response from the Department of Health 'fairly predictable' and said: 'The Health Select Committee has done all of this work and it seems to have been ignored'.

In its interim response to the report on dental services in July by the Health Select Committee, the government said that the 'new dental contractual arrangements provide a better basis for Primary Care Trusts (PCTs) to commission services, as the new system equips them with greater powers and flexibility to meet the needs of local people'.

It did accept the 'Committee's view that progress on improving access has been disappointing to date' and pledged to 'work with professional and patient groups to review how, both nationally and locally, we and the NHS can achieve the maximum benefits for patients from these reforms'.

Mr Watson said: 'We were somewhat surprised that given that the Committee came up with a number of valid comments and concerns, the government is sticking very much to their line of nothing is wrong.'

One of the findings of the Health Select Committee was that things have worsened since the changes to the General Dental Service in April 2006 with nearly a million fewer people seeing a dentist since the reforms.

The Government concurred with the Committee in its response that 'progress during the

first two years of the new arrangements was uneven'.

However it added: 'The evidence shows that the NHS is now commissioning a growing volume of dental services, which we are confident will feed through into higher levels of access.'

There were 2.7 per cent more courses of treatment in 2007/08 than in 2006/07 and the number of dentists doing NHS work increased by 655.'

The government admitted that the change from the old dental contract to the new one had been 'a difficult transitional period, both for PCTs and for dentists'.

It claimed that an increase of funding by 11 per cent in 2008/9 will enable PCTs to commission a far greater range of new services and will further improve access.

Back in July, the Health Select Committee found that 'the introduction of units of dental activity (UDAs) as the measure of dental activity and the basis for remunerating dentists has proved extremely unpopular with dentists'.

However the government claimed in its response that 'the available evidence supports the view that this has led, as intended, to a reduction in workload'.

It added: 'For instance, statistics published by the NHS Information Centre on 21 August 2008 suggest that dentists' working hours are shorter than they were in 2000'.

In response to the report by the government, Susie Sanderson, executive board chair of the British Dental Association said: 'This response acknowledges the many issues facing NHS dentistry in England and Wales.'

The BDA recently called for the 'reintroduction of effective and

constructive consultation with the profession which was so lacking in the development and implementation of the new contract'.

Ms Sanderson added: 'We hope that the positive response to the BDA's call for dialogue with the profession and patient groups signals the start of a more constructive period in the relationship between the government and the profession.'

John Renshaw, co-founder of Challenge, a campaign group of general dental practitioners, said: 'The Department of Health

is in total denial of the problems because, in their terms, their planned changes have been totally successful. Their response to the Health Select Committee says as much in so many words.'

He added: 'The Health Select Committee looked at the problems in the service from a patient's point of view - as indeed they should. They also looked at the problems from the point of view of the providers of the service - again, not unreasonable. Their conclusions were clear and accurate. The system is not working.' ■

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# GDS financial entitlements revealed

The Department of Health has launched a volte face in its proposal for maternity payments as set out in its draft General Dental Service (GDS) statement of dentists' financial entitlements from April 2009.

The draft letter, sent out by the DH to dentists on October 2, set down proposals to follow the Statutory Maternity Pay (SMP) route and pay 90 per cent of pensionable earnings for the first six weeks, followed by the standard rate of £117.18 per week (2008 prices) for the remaining 33 weeks, which was likely to be much lower than the dentists' NHS earnings.

But in a surprise statement on October 7, the DH confirmed that 'the intention is to 'retain current arrangements rather than mirror SMP'.

The payment for Maternity Leave Payments (MLP) is not the same as SMP which covers 39

weeks. MLP pays a sum equivalent to dentists' net pensionable earnings, for 26 weeks. In contrast, SMP covers 39 weeks, paying 90 per cent of pay for the first six weeks, but dropping considerably for the final 33 weeks.

The letter also states that the DH does not want to introduce a national scheme to ensure quality,



Peter Ward: 'The proposed changes raise a number of issues'

as it believes PCTs are beginning to reward quality themselves.

Regarding seniority payments, the DH is proposing to freeze the scheme for 'current members', with no newcomers admitted after March 2009.

Eddie Crouch, from Birmingham local dental committee (LDC), said: 'Until the new contract, dentists were contributing towards eventual receipt of seniority payments to reward older dentists as they slowed their work rate.'

'Stopping these payments to those approaching 55 isn't acceptable, as the UDA system equally affects dentists who slow their work rate. The BDA should look for suitable replacements for those affected.'

He said last summer's LDC conference requested clarification on seniority payments and

passed the following motion. 'This conference demands that contributions should remain available, returned to contributors and not merged into general payments.'

He said the GDPC should take note of the conference's overwhelming support for the motion.

Peter Ward, chief executive of the BDA, said: 'The proposed changes raise a number of issues. The BDA is concerned about several of the proposed changes, including seniority payments, and the short timeframe stipulated for responses to them.'

'An urgent meeting is being sought with the DH to address these concerns.'

Derek Watson, CEO of the Dental Practitioners Association, also addressed the issue. He said: 'Seniority payments were a con-trick which rewarded dentists by giving them their own top-sliced

money back in the latter stage of their careers.

'PCTs have no intention of replacing this scheme and dentists' contributions are being stolen by the DH.'

'This will encourage experienced dentists to leave the NHS. The money must be refunded.'

'We have no evidence that PCTs are setting up quality assurance schemes in any meaningful way or doing anything to replace the seniority element.'

The PDS statement of financial entitlements, which will follow the same financial arrangements, is being published in due courses.

The final version on the proposed GDS SFE will be published on the DH's website in December. Comments are welcome until the end of October. [D](#)

# Showcase beats all records

More than 300 exhibitors demonstrated their wares during the BDTA Dental Showcase at ExCel earlier this month, attended by 3000 visitors. Cutting-edge technologies and innovations were complemented by launches and seminars.

Visitors packed out the world premiere of Smile-on and Dental Protection's (DP) innovative series, *Communications in Dentistry – stories from the practice*. Along with Smile-on founder, Noam Tamir, Stephen Hancock demonstrated through the soap-

opera style DVD, the essentials of good communication for the dental team. These include willingness to listen, talking to rather than at, eye contact, taking time and having an open-minded attitude.

Kevin Lewis of DP, who introduced proceedings, said: 'Effective teams are developed through clear communication. It is only by setting clear goals, efficient leadership and problem-solving skills, that team-work works.'

Clearstep, which focuses on clear positioning, launched its

new orthodontic systems. MD, Alistair McCance, said: 'Our orthodontics are designed to treat any malocclusion, from mild to severe, with minimal discomfort.'

PracticeWorks launched its new Kodak R4 version 111, with functions including automatic software updates and virus protection with a hosted service, a comprehensive appointment diary, online booking for patients and a new report manager, which almost instantly locates relevant data. There is also simplified credit-card processing, a

detailed clinical notes section and an SMS text message reply service for patients.

Neil Sanderson, from PracticeWorks, said: 'The R4 111 offers complete freedom to practices from the burden of IT system management.'

Dental Design launched its interactive e-touch system, for patient information and education about products, fees and treatments at the touch of a screen, complemented by animated images. Dr Chris Potts, BDHF president, said: 'When I

first saw it, I was blown away with its potential. As an educational tool, the e-touch is unparalleled.'

Pioneering dental plan scheme, Denplan, launched its brand-new online Essentials Direct scheme. Patients who visit its Find a Dentist page - used by 9,000 patients monthly, can sign up there and then.

Denplan has also launched, Membership Plan, to encourage loyalty among 'fee for item' patients and secure some regular income for dentists.

Denplan has more than 6,500 member dentists nationwide and 1.8 million registered patients. [D](#)

# Modern dentistry needs time, says BDA

The British Dental Association (BDA) has told the Government that dentists must be given the time to provide patients with top quality modern dentistry. BDA executive chairperson, Susie Sanderson wrote to health minister, Ann Keen, urging the Department of Health (DH) to undertake an exercise on timing, following the Health Committee's (HC) critical report on the Government's reorganisation of NHS dentistry.

Ms Sanderson said: 'This exercise must consider the time required to deliver a genuinely personalised service in line with the four pillars of the Next Stage Review and the time required to undertake treatment to the quality and standard that patients expect. Without this information, we believe it is impossible to develop a system to provide a sustainable future for NHS dentistry.'

Dr Sanderson's letter accompanies the publication of the BDA's detailed response to the July publication of the HC report. She continued: 'The introduction of the new contract has led to confusion for dentists and patients and it is important that the HC report has made those genuine problems a matter of public record.'

The BDA response reinforces criticism of the new target-driven contract and highlights the failure of the Government to meet its own success criteria, as set out in the DH report *NHS Dentistry: Options for change*. These included facilitating a more preventive approach to care and improving patient access.

A BDA spokesman said: 'Recent BDA negotiations with NHS employers over the salaried primary dental care contract provide an excellent example of open and transparent talks.'

The BDA also supports an urgent explanation from the DH of the apparent decline in the number of complex treatments since the new contract. It is committed to sharing work on good practice in commissioning, launched at a special conference in April. In

addition, it supports calls for review of items such as units of dental activity and treatment bands.

It has challenged the DH to publish a review of how services might develop over the next five years.

The BDA proposes the review should address future service provision and how far NHS dentistry should offer 'the growing number of treatments which do not address clinical ill-health but are concerned with improving quality of life'. [D](#)

## International Imprint

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# Editorial comment

## Turning a blind eye

The government's response to the Health Select Committee report conjures up the old adage of the three wise monkeys does it not; 'See no evil, hear no evil, speak no evil'. For it's an easy path to follow isn't it.



In short, turning a wilful blind eye to the situation is one way of dealing with a somewhat 'difficult' situation. But waves of disappointment are breaking on the profession. Has the hard graft required to compile the report been wasted? The meticulous detail combed together from the Committee was black and white i.e. 'Things have worsened since the changes of the General Dental Service in April 2006, with nearly a million fewer people seeing a dentist since the reforms'. Whoops!

Okay, so it's not exactly good news for the government to deal with, but to blatantly deny such evidence is not the way to go if it wants to build bridges. The local blurb is good though and we like that – but what's the point of having a system that provides local dental services if there aren't enough NHS dentists to provide the services anymore? Acknowledging that 'progress on improving access has been disappointing to date' is a start. And pledging to 'work with professional and patient groups to review how nationally and locally, we and the NHS can achieve the maximum benefits for patients and these reforms' also sounds good. But if the government fundamentally stands firm with the status quo how does it possibly think it can make any changes? It has claimed there will be an 11 per cent increase of funding, and that this will be sufficient for PCTs to commission 'a far greater range of new services and will further improve access.'

Will increased funding be enough and if so how will it be distributed?

Continuing on the thread of denial is the response to the Committee's evidence that UDAs remain 'extremely un-

popular with dentists.' It appears the government has its own separate evidence which tells an entirely different story. We all love UDAs apparently,

yes really. We must do, because 'the available evidence supports the view that this has led, as intended to a reduction of workload AND dentists work-

ing hours are shorter than they were in 2000.' But is the reduction of workload to do with some dentists who were under-allocated in the first place? Or maybe it's down to those forced to extract teeth instead of performing complex treatments through lack of funding? Something doesn't quite add up but the Committee has done its bit from every possible perspective. If only the government would follow suit. [D1](#)

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?

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# NHS Dentistry Boost in Yorkshire

Spending on NHS dentistry in Yorkshire is set to increase over the next two years by more than £6m, which is expected to increase people using NHS dentists by about ten per cent by 2010.

Although £1.9m was ploughed into dental services in Richmond, York, Scarborough and Harrogate

last year, moves to the private sector meant fewer patients could see an NHS dentist. North Yorkshire and York Primary Care Trust (PCT) is therefore expanding NHS dental provision, with £1.9m next year and £4.6m the following one, especially in areas such as Richmond, Selby, Northallerton, rural Harrogate, Pateley Bridge, Whitby and Ryedale.

The PCT also wants to re-commission NHS dentistry in Leyburn, Northallerton and Pateley Bridge where some dentists have announced they are set to reduce NHS provision. In March 2006, 53.7 per cent of the adult North Yorkshire population was using NHS dental care along with 74.8 per cent of children. In March last year, it fell to 52.8 per

cent for adults and 73.3 per cent for children. Jane Marshall, director of commissioning and service development, said although the proportion of the population accessing NHS dentistry was slightly above the England average, the downward trend was a concern, which would be addressed by the PCTs commissioning plans. She said:

'The scale of investment required to bring about improvements in access to NHS dentistry and orthodontic services is considerable.' [D](#)

## The GDC confirms registration

The General Dental Council (GDC) has confirmed that dental professionals have to be registered with the body, whatever their job titles. Titles such as dental nurse, dental surgery assistant, dental technician and dental technologist are protected by law, so if a title is used which misleadingly implies registration of the GDC, there is a risk of prosecution in the courts.

Unregistered dental nurses and dental technicians are effectively outlawed by GDC standards which make it clear that registrants – dental professionals who are literally signed up to the high standards set in the UK for their profession – must employ and work with appropriately registered people.

If a registered dentist or dental technician employs someone to work as a dental nurse or dental technician they have a duty to ensure that the employee is registered or in training. If they don't, they risk losing their own registration.

Transitional arrangements that were in place for two years, which allowed existing dental nurses and dental technicians to register on the basis of experience, are now closed. This means that men and women who are working as dental nurses and dental technicians can no longer apply for registration on this basis.

GDC director of operations, Edward Bannatyne, said: 'You have to be registered or in training to work as a dental nurse or dental technician. If you don't call yourself a dental nurse or dental technician, but you do the work of a dental nurse or dental technician, then whoever employs you risks a GDC fitness to practice investigation and is putting their own registration at risk.'

'The time to register under transitional arrangements that recognized existing experience is over. To be a dental nurse or dental technician, you must register or be in training. It's as simple as that.'

For information on registering as a dental nurse or dental technician, visit [www.gdc-uk.org](http://www.gdc-uk.org), email [GDCregistration@gdc-uk.org](mailto:GDCregistration@gdc-uk.org) or call 0845 300 7794. [D](#)



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# Mouth Cancer Action Campaign



A 2008 campaign against mouth cancer has just been announced by one of the UK's leading oral health charities, which claims it is time to take action against the disease. 'Action speaks louder than words' is the message from the British Dental Health Foundation, (BDHF) which is gearing up

to stage a November spotlight on this hidden killer disease.

Mouth Cancer Action Week takes place from November 16 to 22, as campaign organisers take up on a new, positive stance against the condition. The new Action Week replaces the former Mouth Cancer Awareness Week

name, as the BDHF together with health professionals across the land take action on this disease, which kills more people than cervical and testicular cancer combined. However, in the light of this, a fifth of the UK population still remain unaware of mouth cancer, with which nearly 5,000 are diagnosed annually. Mortality figures have remained above 1,500 deaths per year for a decade for mouth cancer, which kills someone every five hours in the UK.

The BDHF's Blue Ribbon Badge campaign is continuing to promote awareness by sending badges and collection boxes to dental practices, doctor's surgeries, pharmacies and health centres across the country, which will be on-sale to the public, with the key message: 'If in doubt, get checked out.'



The BDHF is launching Mouth Cancer Action Week to raise awareness and action

Easily recognisable symptoms and regular check ups can boost survival rates to 90 per cent with early detection. But survival rates once mouth cancer has spread can be as low as 50 per cent.

Foundation chief executive Dr Nigel Carter BDS LDS (RCS) said: 'Our slogan reinforces our call to action. We are encouraging the public and the health profession to wear their Blue Ribbons with pride, and not only talk about mouth cancer but take positive steps. Action can be as simple as visiting the dentist regularly to making lifestyle choices such as quitting smoking or drinking in moderation.'

Early detection of mouth cancer can save lives, so people should look out for ulcers which don't heal, red and white patches in the mouth or other unusual changes.

Common causes are smoking, chewing tobacco, drinking to excess and poor diets. Links have also been found between oral sex and mouth cancer.

For more information or for order forms for Blue Ribbon Badge campaign collection boxes, log onto: [www.mouth-cancer.org](http://www.mouth-cancer.org).

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# Flu pandemic advice

The Department of Health has issued advice to dentists in the event of a flu pandemic. This includes contacting asymptomatic patients 24 hours before an appointment to ensure they are symptom-free and screening them when they arrive.

In the case of infected patients, treatment should be delayed until they are asymptomatic, if possible. PCTs will provide advice on additional precautions required for emergency care.

During a flu epidemic, dental practices should ensure excellent hygiene, with disposable tissues for staff to cover the face during and after sneezing, coughing and wiping or blowing the nose, or during and after contact with respiratory secretions and contaminated objects. Hands should be thoroughly washed with soap and water or alcohol rub for 30 seconds.

Coughing and sneezing patients in waiting areas should wear surgical masks. Non-essential items such as soft furnishings, as well as toys, books, newspapers and magazines) should be removed from reception and waiting areas.


## NASDA members celebrate

The bi-annual meeting of the National Association of Specialist Dental Accountants (NASDA) has marked its tenth anniversary. At the meeting, members heard that hits on the NASDA website are rising with frequent enquiries from dentists seeking a NASDA accountant.

Attendees planned the publication of the NASDA annual benchmarking statistics - the earliest opportunity for an overview of UK dental accounts.

NASDA enables accountants with a significant commitment to dental clients to share knowledge and enhance their service. Lawyers can join as associate members of NASDA, which is forming a database of surgery sale prices.

Chairman, Nick Ledingham, of Morris and Co, paid tribute to NASDA founder, Paul Kendall, along with founder members, John Flewitt and Peter Howard.


Mr Ledingham said: 'As a result of the 2006 dental contract, NASDA members find their specialist knowledge in greater demand. We are now more focused than ever before on sharing information with a view to providing a high level of service to the dental profession.' 

Staff should not travel to and from work in uniforms, which should be transported in a tied plastic bag and washed separately. Dental healthcare workers who have recovered from the pandemic strain of influenza are unlikely to develop or transmit it, so should be prioritised for the care of patients with influenza.

Where patients with flu-like illness are seen at the same practice as non-influenza patients, it is important that the two groups are separated or seen at different times.

Wherever possible, different teams of staff should care for influenza and non-influenza pa-

tients, possibly by two practices working together. Recovered staff should work in the 'infected' surgery and wear sterilized surgical masks, gloves and aprons.

Treatment of infected patients should be limited to relief of pain and avoiding aerosol-generating procedures. Where this is not possible, turning on high volume aspiration before the turbine will help to reduce aerosol. 

Coughing and sneezing patients in waiting areas should wear surgical masks



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# Fluoridation expert visit

One of the world's leading experts on fluoride flew over to Southampton from the US to voice his views on the city's current consultation on whether to add fluoride to its tap water to improve dental health.

Dr Paul Connett, who is fiercely against fluoridation, is director of Fluoride Action Network and a retired professor of chemistry at St Lawrence University in New York. He has spoken about fluoride at conferences across the globe since he began researching its health impact more than 10 years ago.

Dr Connett believes that fluoride is attractive to Primary Care Trusts, because they do not have to bother educating parents or improving living family conditions.

He said: 'There is a far stronger relationship between tooth decay and living standards than you will



*Is it right to force fluoride on people who may be sensitive to it?*

ever find between tooth decay and fluoride. The answer should be to target vulnerable children in low income families and make sure that pregnant women in those areas get a good diet.'

He thinks it is not right to force fluoride on people who may be sensitive to it or who do not want it, because it can cause serious side-effects such as lowering IQ and fluorosis.

Dr Connett is keen to see in-depth studies of fluoride's side effects and claims there has been no research as to whether fluoride can stop decay in growing teeth cells, without damaging other tissue.

He said: 'Countries that have had fluoridation since 1950 have never done the basic studies to check this hypothesis out. If you don't study it properly, you don't notice the subtle changes.'

He claims studies from countries that do not fluoridate their water but have naturally high levels of fluoride, have been ignored, such as 23 studies done in China, India, Iran and Mexico showing fluoride lowers IQ levels in children.

He called upon the strategic health authority to show its impartiality by having a balanced debate. [DT](#)

# Ambleside dentistry increase

Campaigners in Ambleside have celebrated the opening of a new dental surgery with 2,000 NHS places. Mint Dental Practice, which also has practices in Barrow and Windermere, has opened its Ambleside branch at the Old Quaker House in Rydal Road.

Westmorland and Lonsdale MP, Tim Farron, who officially opened the surgery, said it was a triumph for everyone who had put pressure on Cumbria Primary Care Trust (PCT) to keep a surgery in Ambleside. On behalf of

residents, he lobbied the PCT, along with South Lakeland District councillors, Vivienne Rees and David Vatcher, following the closure of an NHS dental surgery earlier this year. The PCT were previously not planning to open a new dental surgery in Ambleside, but instead to provide more NHS places in Windermere. But members changed their minds when more than 2,000 residents appealed for the service to stay.

Mr Farron said: 'This is an important victory for local people. I am delighted that people in Am-

bleside and the surrounding villages will continue to have access to good quality, local NHS dentistry. This is further proof that when communities stand together and campaign hard, they can win.'

Eric Rooney, consultant in dental public health at NHS Cumbria, said Mint's opening illustrated the organisation's commitment to meeting the needs of the local population. A further 11,600 NHS dental places are expected to become available to the county's patients over the next 12 months. [DT](#)

# Oral probiotic helps Xerostomia symptoms

A new product claims to reduce Xerostomia, (dry mouth) a condition carrying an increased risk of periodontitis and dental caries, because oral mucosa are more vulnerable to infection and saliva is no longer re-mineralizing tooth enamel. Often, it is not possible to correct the Xerostomia itself so treatment focuses on relieving the symptoms and preventing damage to the gums and teeth.

Oral health probiotic gum, PerioBalance, contains *Lactobacillus reuteri Prodentis*, documented in clinical studies to help restore the natural balance of the mouth and reduce bacterial plaque build-up. Sufferers of dry mouth have reported relief by using the product, which is accredited by The British Dental Health Foundation. Patients with Xerostomia should pay attention to oral hygiene and avoid the use of decongestants and anti-

histamines. Drinking water can make the dry mouth more uncomfortable, but frequently sipping sugarless fluids, chewing xylitol-containing chewing gum and using saliva substitutes as a mouth-wash have been found to help.

Xerostomia can be caused by conditions including diabetes or other causes of insufficient saliva such as anxiety, some medications, radiation therapy, as well as consumption of alcohol or various drugs. It may also result from ageing. For more information about PerioBalance, log onto: [www.sunstargum.co.uk](http://www.sunstargum.co.uk) or call 01677 424 446. [DT](#)

# Scottish phobia dentists

Specially-trained dentists are on hand at a brand new £1 million walk-in surgery in Bonnyrigg, Midlothian in the Lothians to help patients who are scared of going to the dentist.

Mild sedation is offered as an option at the new surgery. Phobia dentists also use a variety of other methods to help patients relax,

which can include scented oils, relaxing music or aromatherapy.

The new facility, which offers NHS care as well as specialist dental services, is made-up of five purpose-built surgeries within the former Bonnyrigg Health Centre, with a team of 20 dental professionals. As well as treatment for dental phobics, the prac-



*Phobia dentists use a variety of other methods to help patients relax*

tice offers specialist care for the elderly, frail people and children, as well as an emergency facility for unregistered patients. [DT](#)

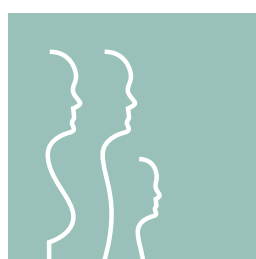
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# Unlocking website potential

With the benefits of broadband, you can afford to create a better quality website to boost your practice brand. Amy Rose offers some tips

When a visitor accesses your website, all of those pictures and reams of text need to be downloaded. With broadband officially the choice of connection for the average home internet user nowadays, it is now practical and feasible for websites to include files that might once have taken too long to download. Pretty soon, dial-up internet access will be consigned to the attic of history along with the mouse that only had two buttons. In fact, broadband access has already supplanted dial-up as the first choice for home Internet users.

According to the Office for National Statistics, 61 per cent of UK households had access to the Internet in 2007, an increase of one million households since 2006, making a total of 15 million households. Of these, a massive 84 per cent had a broadband connection. In London, this was even higher, at 88 per cent<sup>1</sup>.

## Easy access

The benefits of broadband are clear. Not only is it easier for the user to control the expenditure and retain the use of their telephone while on-line, broadband lets you download songs and music videos in seconds. Now, internet users can watch highlights from football matches, and with the BBC iPlayer – surely unthinkable in the days of dial-up! – see their favourite TV shows at a time that suits them. According to broadbandchoices.co.uk, broadband is ‘up to 480 times faster than dial up’. You should be taking advantage of this.

Why not visit the websites of your competitors? What do their sites say about the services offered? It is not just a question of the data on the site, but also a question of how that data is communicated. Since most visitors will be using broadband, why not employ the latest techniques to communicate more effectively with your visitors?

By enlisting a website design agency you can make use of the latest web-design concepts. The market leader offers exclusive, high-definition animations to show visitors in the most accessible way possible what to expect from treatment, with professionally written treatment text to expand on the animation content.

In short, because most of the people using your site will have a broadband connection, you can tailor the content for them, using more detailed images, high-quality animations and as much information as you want to impart. Just like your practice

interior, the website says a lot about your commitment to a modern, professional service. Take advantage of the opportunities afforded by broadband,

and contact a website design agency today. [DF](#)

<sup>1</sup><http://www.statistics.gov.uk/CCI/nugget.asp?ID=8>

## About the author



### Amy Rose

has over six years experience in the dental profession, working predominantly in a marketing capacity. She currently heads up the design and marketing team at Dental Design Ltd. For more information on how you can maximise the potential of your website, contact Dental Design on 01202 677277 or email [contact@dental-design.co.uk](mailto:contact@dental-design.co.uk).

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