Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

The dentist & King's Crown
It has been reported that the same dentist who brought John Lennon's tooth at auction has now purchased the spare tooth made for Elvis Presley. The Canadian dentist, who paid more than $30,000 for the spare tooth, said in a report that the auction for the King of Rock n' Roll's tooth was 'tough to resist' because like Lennon, Elvis was an important cultural icon. According to a report, the dentist, Dr Zuk, has been asked to participate in a movie related to celebrity DNA.

Dentist unlocks secret
A Hong Kong dentist is wielding forceps to help reach for answers inside the last surviving example of the Seven Wonders of the Ancient World, the Great Pyramid of Giza. Reports have stated that dentist Ng Tze-chuen, 59, has helped organise a team to work with Egypt's former antiquities minister Zahi Hawass to help unlock the mystery surrounding two doors blocking two narrow shafts in the pyramid, which have left archaeologists puzzled since they were first discovered in 1872. Drawing on the experience of his own designs for dental forceps, Ng Tze-chuen said his team will mount tiny grippers on an insect-sized robot which is expected to travel up the shafts and drill into the doors. It will carry a camera to record what it finds.

Parents back advertising ban
A survey has suggested that parents would like to see a ban on junk food advertisement before the 9pm watershed. More than 1,000 parents took part in the poll, which was commissioned by the Children's Food Trust, and more than half of them thought that advertisement for sweets and unhealthy foods made it difficult for them to provide their children with a healthy diet. According to a BBC report, the majority of the parents admitted they could do more to help give their children healthy foods, however many of them admitted that they felt 'pestered' into buying unhealthy foods by their children. As a result, two-thirds of the parents who took part in the poll said there should be a total ban on commercials which advertise food that is high in salt, sugar and fat before 9pm. The poll was published as the Children's Food Trust and the School Food Trust hosted their first Children's Food Conference on Wednesday 7 March 2012 at the CBI Conference Centre, London.

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Tug of war between dentists' associations

Power struggle developing between CODE and DPA; claims of 'illegal activity' darken situation

In a move that had tongues wagging at the recent Dentistry Show, dental association CODE has assumed the management of the Dental Professionals Association (DPA).

In a recent press release, Paul Mendlesohn, the Chief Executive of CODE, confirmed that the Council of the DPA has in fact accepted in principle a proposal by CODE to manage the DPA. Reasons behind DPA's decision to 'join forces with CODE' were stated as 'a result of falling membership levels' and 'concerns over declining finances'.

A statement from DPA has stated how the new joint working relationship would mean that DPA members would receive 'greater benefits' such as access to CODE's management skills and 'free benefits' including CODE Infection Control Prevention kits and access to the employment legal helpline with First Assist.

The DPA press release also states that the new venture *'means that members of CODE and the DPA will both benefit from the increased resources that joining forces will bring' however, it does stress that 'both organisations will remain as completely separate entities with their own unique goals and objectives.'*

Despite the positive noises coming from the joint relationship, it would seem that everything is not quite clear cut. Some DPA members are garnering support against the 'agreement', claiming illegal activity on the part of the DPA Council and not allowing DPA members a vote on the decision. As displayed on the DPA website www.ukdentistry.org, there is a backlash against the move and many are prepared to resign and withdraw their subscriptions if the decision goes ahead.

Dental Tribune spoke to ex-Treasurer Neville Bainbridge, who said: "Under the disputed CODE Association Management Agreement, CODE has been running the DPA on a day-to-day basis since 1st March. Therefore the press releases put out by the 'DPA' and CODE have been written by the same person. It was only when I decided to go public and the story broke on internet forums that the members found out what was actually happening behind their backs.

"Obviously it is difficult to communicate with DPA members if they are being told 'officially' that the merger is going ahead, however I hope we are succeeding in communicating to members what happened on 21st January (when a meeting was held to vote on the possibility of a working agreement).

"I would like to emphasise that whatever the outcome, our only motivation is to act in an open and transparent way in line with the wishes of the members." DT

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Does your dental practice website meet new GDC criteria?

Dentists are urged to review their practice websites to ensure they comply with strict new GDC guidance.

UK-wide dental defence organisation MDDUS is advising every practice to check their website includes all relevant and up-to-date information as detailed in the GDC's Principles of Ethical Advertising.

Under the new rules, practice websites must include a range of information including the dentist's professional qualification and GDC number, the GDC's address and contact details, details of the practice's complaints procedure and the date the website was last updated.

MDDUS welcomes the clarity of the GDC's website criteria – which came into force on March 1 – in an age where an increasing amount of information is accessed via the web.

The use of a website can help a dental practice communicate with and inform their patients and the new guidance aims to ensure all practice websites are accurate and do not display misleading information, in line with European regulation. The guidance sets out a clear breakdown of what websites should display to ensure they are accurate and accessible.

MDDUS dental adviser Rachael Bell believes the guidance benefits both patients and dentists. She says: "While a website is no substitute for face-to-face contact with patients, the new guidance will help patients as it ensures they are given clear and accurate information that is easy to access.

"For dentists, a website is a useful tool to communicate with their patients as information is now so readily available online and patients are ever more internet literate. Websites can also be a great marketing tool, but exactly what is being offered and to whom needs to be clear and accurate if dentists are to keep themselves in line with the GDC's guidance.

"Most practices that have websites will already have most of the information that the GDC are asking them to display but it would be beneficial for practices to re-check their websites in light of the new guidance.

"If dental practices are exploring setting up their own website they will now know from the GDC what information must be included."

The guidance asks for a dentist's registration number to be clearly displayed as well as their professional qualification and the country from which that qualification is derived.

Other information that must be displayed is the name and address of the practice, contact details including an email address and the GDC's address or a link to their website. There also needs to be a section giving details of the practice complaints procedure which should include details of who patients can contact if they are not satisfied with the response.

The guidance also states a dental practice website must not display information comparing skills or qualifications with other dental professionals and that all information on the website is updated so it reflects the personnel at the practice and the service offered.

"If a dental practice has a website, it is imperative they keep it as up-to-date as possible as patients have a right to assume all information on the website is accurate," adds Bell.

As well as websites, the guidance covers advertising services, the use of specialist titles and states all information or publicity material regarding dental services should be legal, decent, honest and truthful.

For full details of the GDC guidance entitled Principles of Ethical Advertising, visit www.gdc-uk.org. DT

Goodbye to tobacco displays

On 6 April 2012, all large shops in England will have to hide tobacco products from view in a drive to cut the number of smokers and protect young people who are often the target of tobacco promotion.

Sainsbury's, The Co-operative and Waitrose have already been trialling hiding tobacco displays. Other shops have just one month to find out if they are classified as a large shop, to plan how they are going to cover up their tobacco displays and to train their counter staff on the new law.

Cigarettes and tobacco products are to be hidden from view except when staff are serving customers or carrying out other day-to-day tasks such as restocking.

Ending open cigarette displays will also help people trying to quit smoking and help to change attitudes and social norms around smoking.

Chief Medical Officer, Professor Dame Sally Davies said: "More than eight million people in England still smoke – it is our biggest preventable killer and causes more than 80,000 deaths each year.

"Nearly two-thirds of current and ex-smokers say that they started smoking before they were 18, with 39 per cent saying that they were smoking regularly before the age of 16.

"With only one month to go until large shops need to cover up their tobacco displays, we will soon start protecting children and young people from the unsolicited promotion of tobacco products in shops, helping them to resist the temptation to start smoking. This will also help and support adults who are trying to quit."

Jean King, Cancer Research UK's Director of Tobacco Control, said: "With one month to go before tobacco displays are removed from large shops, we look forward to cigarettes being less visible to children and young people.

"Around 80 per cent of smokers start before they turn 19, so it's vital that cigarettes are not seen as normal, harmless products instead of the deadly and addictive drugs they really are. Preventing young people from starting to smoke is vital and putting tobacco out of sight is a step towards putting them out of mind for the next generation."

Deborah Arnott, Chief Executive of ASH, said: "Despite the scare stories put out by the tobacco industry in the past, the countdown to implementation is going smoothly. Indeed many retailers have already covered up their displays and manufacturers are meeting the cost of adapting tobacco gantries with inexpensive covers, just as we said they would. In Canada and Ireland retailers found no short term impact on tobacco sales and no growth in smuggling. There's no reason why it should be any different here."

Large shops are defined as having a relevant floor space of more than 280 square metres, as used in the current Sunday Trading law. When serving customers or actively carrying out one of the other tasks allowed, each temporary tobacco display must not exceed 1.5 square metres. Guidance on the new law is available on Businesslink or through local authority trading standards departments.

Retailers wanting to find out more about the end of tobacco displays can contact their local authority trading standards for more information. DT

New tools launched for healthcare professionals

The East Midlands Adult Safeguarding Board has developed four new tools designed to be used at all levels across services that have a responsibility for promoting and ensuring the protection of vulnerable adults.

From research there seemed a vast disparity in levels of understanding of the Mental Capacity Act, its associated Code of Practice and the Deprivation of Liberty Safeguards (DoLS) across those health and social care professionals that come into contact with vulnerable people. To help address this, two versions of a Mental Capacity Act e-learning tool have been devised; one for primary care workers, and the other for social care, which also provides flexibility and ownership for the end user.

To ensure theoretical learning can be reinforced at the frontline of health and social care, the NHS East Midlands has produced 'Prompt Cards' that clinicians and practitioners can easily refer to in practice. The need for a simple-to-use and accessible tool to help adult safeguarding was identified following the pilot use of the Safeguarding Self-assessment and Assurance Framework (SAAF) in 2010.

This initiative was developed by a small working group of safeguarding health leads from across the region, in consultation with the East Midlands Adult Safeguarding Network. The colour coded cards ensure that the relevant information can be accessed quickly to support good practice and help the user identify vulnerable individuals.

Finally, the 'Valuing People Team' in Leicestershire has developing a number of new resources to help keep people in the community safe, particularly people who may have a learning disability or a learning difficulty. DT

The tools are designed to promote and ensure the protection of vulnerable adults

Editorial comment

This week I'd like to make an apology to all our readers of *Dental Tribune*.

It's not something editors like to do, being practically perfect in every way, but on this occasion it is necessary!

The last issue of *Dental Tribune* saw an unacceptable lapse in our usually high editorial standards in the form of some glaring mistakes on the front page.

Readers have written in and given feedback, and thanks for that – it is good to know that readers care about what we do and keep us on our toes so to speak.

We very much want to make sure this is an isolated occurrence so I'd like to assure readers we have looked into what went wrong and we are putting it right.

English poet Alexander Pope said: "To err is human; to forgive, divine." So please forgive our human errors, and we promise to learn by our mistakes. 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?

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FDI launches Guide

During a session on NCDs, hosted by the American Dental Association (ADA), the FDI launched its publication *'Oral health and the United Nations Political Declaration on NCDs: a guide to advocacy'*.

The guide provides FDI national dental associations with the necessary information and tools to follow up their government's commitments on NCD prevention and control. It further provides a timetable for their exchanges with policy makers and government officials and a blueprint for evaluating policy and monitoring progress, based on suggested oral health targets and indicators.

FDI Executive Director Dr Jean-Luc Eiselé characterised the guide as a means for NDAs to demonstrate their understanding of the Political Declaration, their intention to hold government accountable and their willingness to contribute their knowledge and experience. He pointed out that the guide contained no stated position on the 'communicability' of oral diseases. "FDI seized the opportunity to raise the profile of oral diseases, advocate for better oral health at a global level and place oral health on the political and development agenda."

According to Dr Eiselé "the issue of oral health and NCDs is an opportunity to increase the visibility of the dental profession at the highest levels of government."

In his presentation *'NCDs, oral health: a common response'* Science Committee member Prof Harry-Sam Selikowitz said: "We know that the epidemiological and economic consequences of oral diseases in developing and developed countries have not been fully translated into a global response proportionate to the magnitude of their impacts."

The guide, he said, was a call to action, a briefing and a practical tool, containing key messages to deliver to governments. "There must be an understanding that oral diseases cause suffering and pain, disruption of daily life, and therefore present an economic burden to society." DT

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Text service could cut three million missed appointments

Research carried out by the British Dental Association discovered that at least three and a half million dental appointments are missed in England each year, and is a common problem across the whole of the health sector. But new research from overseas has shown that text message reminders could be a solution to improve attendance rates.

In a recent trial, dentists in India who sent their patients a text reminder found that four in every five people attended their appointment on time. Although text messaging is used by many dental practices in the UK, it is not widespread and with an estimated 91 per cent of adults in the UK owning or using a mobile phone4 it is the most ubiquitous form of communication.

While it remains to be seen whether the system would eradicate missed dental appointments in the UK, it is a solution that should be given further consideration, according to Chief Executive of the British Dental Health Foundation. Dr Nigel Carter.

Dr Carter said: "At present individual practices are responsible for how they communicate with their patients. However, with such a large number of people not attending dental appointments, it's obvious better communication is needed.

"A text message is a very simple, efficient and cost effective way of communicating in modern society. With so many mobile phones in use, it could be the answer to the problem."

The cost of NHS dental treatment, allied with dental anxiety within the population, accounts for the reason three in every four people think twice about looking after their oral health. With basic NHS dental charges due to increase on 1 April 2012, Dr Carter believes now more than ever patients need to be informed about how important their oral health is.

Dr Carter said: "While patients may have genuine reasons for not attending dental check-ups, the Foundation has previously reported on other factors, particularly financial constraints, influencing dental treatment choices.

"The general public need greater access to information to educate them on how important their oral health is. It has been proven that looking after your oral health can reduce the risk of getting infections which in turn can spread to other parts of the body. For instance, heart disease, strokes, diabetes, pneumonia, pancreatic and colon cancer are all problems made worse or even caused by poor dental health, particularly gum disease.

"If people realised that dental care is not a luxury that should be overlooked, regular check-ups can identify early signs of gum disease. The cost of not doing so has health implications, not to mention more extensive cost implications."

The research, carried out on 206 people attending outpatient clinics at the ITS Centre for Dental Studies and Research (ITS-CDSR), Muradnagar, Ghaziabad, Uttar Pradesh, India, found the rate of attendance on time was found to be significantly higher in the test group (79.2 per cent) than in the control group (35.5 per cent). DT

Study reveals causes of 'meth mouth'

A study in *Quintessence International* (March 2012, Vol. 43:3, pp. 229-237) has revealed how dental researchers are trying to reveal the factors that contribute to a condition known as 'meth mouth'.

The disorder, which develops in the oral cavities of methamphetamine (MA) abusers, can lead to a series of problems, such as extensive tooth decay, caries and severe periodontal disease.

The study came about after it was identified that there had been few in depth studies on 'meth mouth' and the authors wished to characterise the oral health of subjects with a history of meth abuse as compared to non-abusing control subjects.

"A small number of studies had been published describing 'meth mouth,' but most were limited in their design or were conducted by non-dental personnel," lead author Michele Ravenel, DMD, associate professor at the Medical University of South Carolina's College of Dental Medicine, said to reporters.

28 meth abusers and 16 subjects who were non-abusers of MA took part in the study, which consisted of interviews and surveys regarding meth abuse, dental history, oral hygiene, and diet. An oral exam, which consisted of a soft tissue examination, a decayed missing filled surfaces index, an evaluation of the presence of calculus and plaque, and a record of gingival signs and tongue condition was also conducted by dental professionals. The subject's saliva was also analysed for pH testing, flow rate, volume, and buffer capacity.

According to the researchers, significantly higher rates of decayed surfaces, missing teeth, tooth wear, plaque, and calculus were noted among the meth abusers. Although there were no significant differences in salivary flow rates the results did show significant trends for lower pH and decreased buffering capacity among the meth abusers.

The authors concluded that the findings suggest that salivary quality may play a more important role in meth mouth than previously considered. DT

Could collagen 'matrix' be the cure for receding gums?

New research has demonstrated that an innovative method using bovine collagen is able to enhance gum healing, helping to cover exposed roots that have been caused by receding gums.

The study was led by Dr Shahram Ghanaati and dentist Dr Markus Schlee, who together with a team of researchers from Germany and Switzerland, investigated how collagen could be used to form a support frame to help mend receding gums and exposed roots.

To extract the collagen, reports stated that various processes, such as oxidative and alkaline treatments, were used to ensure that bacterium, viruses and other pathogens were removed and that the cell walls were broken down.

The study focused on 14 patients who had more than 60 cases of gum recession between them. The participants' teeth were cleaned before collagen implants were held in place on the infected teeth with loops of surgical thread. Two weeks later the sutures were removed and it was reported that none of the patients needed antibiotics. It is believed that the collagen acted as a 'scaffold' for the body to repair the damage caused by gum recession.

Speaking in a report after the participants had been re-examined six months later, Dr Schlee described the results: "In all cases the healed-over implant improved the look and severity of the recession, and, in over half of all treatments, resulted in total coverage of the exposed root. We would not have expected any of these patients to get better without surgery."

The study was published in BioMed Central's open access journal *Head & Face Medicine*. DT

New research could help cover exposed roots that have been caused by receding gums

NI Executive funds cut to 'hit dental services'

The British Dental Association has warned that dental services in Northern Ireland could deteriorate if plans to cut funds are carried out.

According to Claudette Christie, national director of the BDA in Northern Ireland, the proposed cuts would result in a six per cent reduction in dental service funding and with the vast majority of people dependent on National Health Service dentists, the proposal is causing concern.

"The cuts would reduce some of the treatments available to the patients, most notably how frequently you could have your teeth cleaned at the dentist," Ms Christie said.

"That would go back to once a year from four times a year. That's a very significant change... and it's important that you do that to manage and maintain your oral health."

Quoted in a BBC report, Ms Christie also stated how other changes would mean that treatments currently routinely available would no longer be routinely available.

"The dentist would have to ask the health service in advance if they could do them and that would introduce a delay for patients and we think all of that would disadvantage our patients' oral health," she said.

"If you take money away, naturally jobs will follow and resources will follow."

The news of the cuts comes only weeks after it was reported that Northern Ireland has the worst teeth in the UK.

The British Dental Association said a dental health strategy, published five years ago, must be implemented. DT

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Rainforest remedy could spell end of dental pain

The Amazonian rainforest plant used in the remedy

An ancient Incan toothache remedy – for centuries handed down among an indigenous people in the rainforests of Peru – could be on the cusp of revolutionising worldwide dental practice.

The remedy, made from an Amazonian plant species from varieties of Acmella Oleracea and turned into a gel for medical use, has proved hugely successful during the first two phases of clinical trials and may hasten the end of current reliance on local anaesthetics in dental use and Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in specific applications.

Cambridge University anthropologist Dr Françoise Barbira Freedman, the first westerner to be invited to live with the Keshwa Lamas in Amazonian Peru, is leading efforts to bring this wholly natural painkiller to the global marketplace as an organic alternative to synthetic painkillers.

In doing so, the company she founded, Ampika Ltd (a spin-out from Cambridge Enterprise, the University's commercialisation arm) will be run according to strict ethical guidelines, and will be able to channel a percentage of any future profits back to the Keshwa Lamas community who agreed to share their expertise with her.

With no known side-effects during the past five years of Phase I and II trials, Dr Freedman, who has continued to visit and live among the Keshwa Lamas over the past 30 years, is confident the stringent Phase III trials (multi-location trials across a diverse population mix) will be the final hurdle to clear. If successful, Ampika's plan is to bring the product to market in 2014/15.

She said: "The story began in 1975 when I first went to live among the indigenous people of Peru. We were trekking through the rainforest and I was having terrible trouble with my wisdom teeth. One of the men with me noticed and prepared a little wad of plants to bite onto. The pain went away.

"This treatment for toothache means we could be looking at the end of some injections in the dentist's surgery. We've had really clear result from the tests so far, particularly for peridodontological procedures such as root scaling and planing, and there are many other potential applications. The native forest people described to me exactly how the medicine could and should work and they were absolutely right. There are a range of mucous tissue applications it could benefit, and may even help bowel complaints such as IBS (irritable bowel syndrome)."

The Keshwa Lamas remedy represents the first clinical trial of a natural product in Peru using the International Convention of Clinical Trials, of which Peru is a signatory, the gold-standard for clinical trials that is recognised across the Pacific and Atlantic regions.

Dr Freedman, who will visit the Peruvian community again in the coming weeks, has already been able to channel some early funding to the Keshwa Lama to help in the creation of a medicinal plant garden to conserve plants and plant knowledge related to women's health and maternity care – with the express aim of preserving wisdom for future generations. DT

NICE identifies key role for dentists to help smokeless tobacco cessation

The National Institute for Health and Clinical Excellence (NICE) is recommending a key role for dental professionals in their public health intervention proposals to help stop the use of smokeless tobacco by people of South Asian Origin.

Dentists, dental nurses and dental hygienists may be asked to play a leading role as part of new proposals to stop the use of smokeless tobacco in the UK. The National Institute for Health and Clinical Excellence (NICE) have published a consultation on their proposals, which recommends a key intervention and education role for dental professionals.

NICE is also recommending more training for dental professionals to help them gain a greater understanding of smokeless tobacco including terminology, symptoms and approaches to successful intervention.

Smokeless tobacco is associated with a number of health problems including nicotine addiction, mouth and oral cancer, periodontal disease, heart attacks and strokes, problems in pregnancy and following childbirth and late diagnosis of dental problems as smokeless tobacco products can often mask pain. Smokeless tobacco is mainly used by 'people of South Asian origin', which includes people with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka.

The draft guidance recommends that dental professionals take specific actions including:

- Asking patients about their smokeless tobacco use and record the outcome in their patient notes
- Making users aware of the potential health risks and advise them to stop, using a brief intervention
- Referring users who want to quit the habit to tobacco cessation services that use counsellors trained in behavioural support
- Recording the person's response to any attempts to encourage or help them to stop using smokeless tobacco in the patient notes

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "Smokeless tobacco is a little known area for many health professionals in the UK so the current draft public health guidance is a positive step to bring greater knowledge and understanding.

"The evidence that does exist indicates that South Asian women – the main users of smokeless tobacco – are approaching four times more likely to suffer from mouth cancer. Quite rightly dental professionals have been identified as major players to help reduce these risks and prevent the serious health conditions caused by smokeless tobacco.

"The British Dental Health Foundation supports NICE's draft proposals and encourages all dental professionals to include the intervention of smokeless tobacco usage as part of their continuing professional development."

The consultation is open to comments until 25 April 2012. DT

Killing Candida with mouthwash

Scientists have discovered that silver nanoparticles can kill yeasts which cause hard-to-treat mouth infections.

As a result of the discovery, Professor Mariana Henriques, University of Minho, and her colleagues hope to test silver nanoparticles in mouthwash and dentures as an aid to help prevent yeast infections.

According to a recent report, the team of researchers looked at the use of different sizes of silver nanoparticles to determine their anti-fungal properties against yeasts such as Candida albicans and Candida glabrata, which cause oral thrush and dental stomatitis, a painful infection which affects a reported 70 per cent of denture wearers.

Infections such as oral thrush and dental stomatitis are particularly difficult to treat because the microorganisms involved form biofilms. However, during the study the scientists discovered that by adding different sizes and concentrations of silver nanoparticles the different sizes of nanoparticles were effective at killing the yeasts.

Although the authors have stressed that more research is required at this early stage, the researchers hope that the study will enable the nanoparticles to be used in many different applications.

The research was published in the *Society for Applied Microbiology's journal Letters in Applied Microbiology*. DT

Scientists have discovered that silver nanoparticles found in mouthwash can kill yeasts

Demands on prison dentistry are stretching services to the limit, BDA warns

Dental records must be delivered in a timely manner to improve continuity of care for prisoners when they move from one secure setting to another, the British Dental Association (BDA) advises in a series of reports on oral healthcare in prisons and secure settings.

This would assist prison dentists in providing continuity of care to a population that has complex, high needs, and tends to access care only in emergencies. The high turnover of prisoners, particularly in short stay institutions, means that many courses of dental treatment go unfinished, the reports suggest.

The challenge of delivering effective dental services to prisoners is often compounded by a history of substance abuse with many prisoners only recognising a need for dental care when they are undergoing detox from drug and alcohol addictions. It is also well recognised that the prison population has a higher incidence of mental health conditions or learning difficulties than in the general population.

The reports highlight that national IT systems were installed in England and Wales last year to improve the transfer of prisoners' medical records but not dental records, a missed opportunity to enhance the delivery of dental services. They also draw attention to gaps in training for prison dentists in the handling of personal threats to security, and the specific clinical challenges of treating prison populations.

The BDA began collecting evidence from prison dentists about the challenges of working in the prison environment in 2010, culminating in the current reports. This included a survey of prison dentists which revealed that 64 per cent of respondents said they wanted more training, particularly around issues connected to security and treating patients with substance abuse.

Reflecting on her 11 years' experience of delivering dental care for prisoners, the Deputy Chair of the BDA's Executive Board, Judith Husband, said: "Providing good quality continuing care in prisons is obviously challenging, but too often the provision of such care is hampered by the failure to transfer dental records with the patients when they move between establishments.

"This increases the workload for dentists, and the cost to the NHS of commencing a new treatment plan each time the patient is relocated.

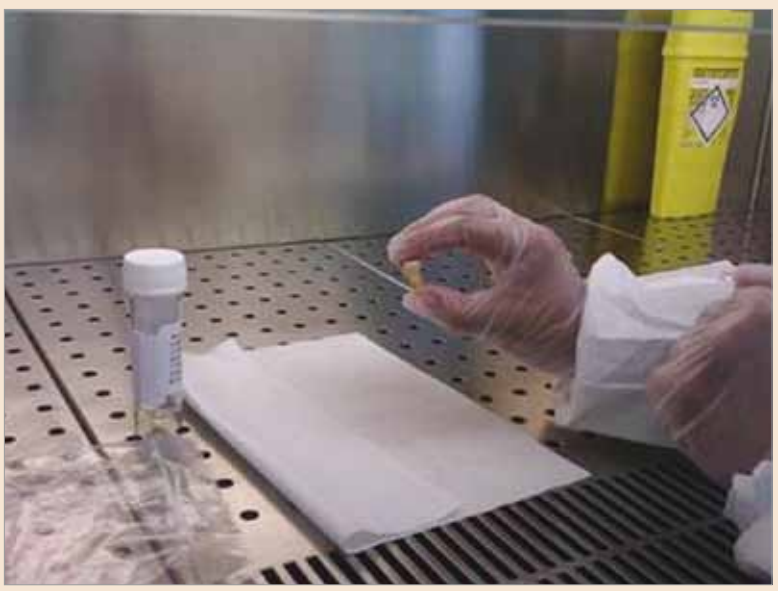
"The delivery of medical care has undoubtedly been improved by the electronic transfer of records; surely this system can be emulated in dental services?

"It's also essential that dentists new to the prison environment receive mandatory training in diffusing threats to general and personal security, as well as clinical training appropriate to the needs of prisoners."

To reflect the different commissioning arrangements for prison dentistry and routes to clinical training across the UK, the BDA has produced tailored guides for England, Scotland and Wales. Go to: www.bda.org/dentists/policy-campaigns/research/patient-care/prisons.aspx. TO access the reports for Northern Ireland, which is currently being finalised, will be added to the list.

Untreated dental disease in prisoners is around four times greater than the level found in the general population coming from similar social backgrounds. (Strategy for Modernising Dental Services for Prisoners in England, Department for Health, April 2003). DT

Breaking news from Brunel Science Park



Precious Cells International opens their central stem cell processing and storage facility at Brunel Science Park

Precious Cells International has opened their central stem cell processing and storage facility at Brunel Science Park, near Uxbridge, London.

Headed by Dr Husein Salem (stem cell biologist), Dr Nasreen Najefi (dentist) and an expert team of clinical advisers, the company has now opened subsidiary offices and stem cell collection centres in fifteen countries to date. Precious Cells International is the only family stem cell bank in the world to offer collection, processing and long term storage of stem cells from five different sources in the body: umbilical cord blood and tissue, bone marrow, adipose tissue and teeth.

Stem cells from teeth are found in pulp (DPSCs) and exfoliated deciduous teeth (SHED). SHED cells have the unique advantage of being retrievable from naturally exfoliated teeth which can be considered a disposable source of postnatal human tissue. Deciduous teeth, healthy wisdom teeth and permanent teeth extracted for orthodontic purposes all contain stem cells that have the ability to develop into many different types of tissue (skin, nerve, muscle, fat, cartilage and tendon) and can potentially be used to replace diseased and damaged tissues in the body without rejection.

Teeth are by far the most natural, non-invasive source of stem cells. There are no medical interventions required and no religious or ethical objections to overcome.

In the near future it is predicted that dentistry will move from restorative to regenerative, as dental stem cells show their capability to regrow teeth, jawbone, and muscle tissue. In addition to being the person you go to for a root canal or cavity filling, the dentist will serve as a gateway to a wide variety of regenerative therapies, making the term regenerative dentistry a reality.

Precious Cells International now offers dentists the opportunity to become affiliate healthcare professionals in order to offer their patients what could be a life-saving opportunity to preserve precious stem cells and to position the dental practice at the forefront of modern health technology.

Patient educational leaflets explain the opportunity for storing stem cells from teeth and the potential health benefit for the patient or patient's family. Further website support is also available for patients. Patient response so far in the early months of the company's operation has been very positive, with several hundred choosing to store stem cells for the future.

Fully licensed by the Human Tissue Authority, Precious Cells International welcomes visitors to their website www.preciouscells.com or telephone calls for further information to 0845 4755221 DT

"When did you last speak up?"

The Dental Complaints Service (DCS) is encouraging private dental patients to talk to their dental professional if they have any concerns about their treatment.

The DCS helps dental patients and dental professionals in the UK resolve complaints about private dental treatment. They aim to do it fairly, efficiently, transparently and quickly by working with both parties.

Staff from the DCS will be at the Vitality Show in London's Earls Court 2, Stand H376 from the 22 to 25 March 2012 to remind patients that the first step if a problem arises is to speak to their dental professional.

Head of the DCS, Hazel Adams says they want to help patients understand what to expect from their dental professional and what to do if their expectations are not met:

"There are lots of questions that patients should feel confident asking before they go ahead with treatment, for example; how much the treatment will cost, when they will have to pay and what happens if they are unhappy with the results. The patient might also want to ask how long any particular course of treatment will take."

Hazel adds that good communication between patients and professionals can make all the difference when problems arise and patients should know that they can ask for a detailed treatment plan before work begins.

The DCS has a leaflet 'Making a complaint about private dental care' that helps guide people through the complaints process and will be available on the stand.

There are four key principles to the work of the DCS, which is funded by the General Dental Council:

- The service is free
- It is independent of the NHS and the Government
- It will treat people fairly, whatever their background or circumstances
- It does not take sides

For more details about the service and what it can help with log on to the website www.dentalcomplaints.org.uk DT

Dental Complaints Service

DENTAL TRIBUNE United Kingdom Edition · March 19-25, 2012

Neel Kothari interviews Dr Susie Sanderson OBE

In the first part of this four-part series, Neel Kothari talks to Chair of the BDA Exec Board Susie Sanderson about the future of NHS dentistry

Susie Sanderson

NK: What does the BDA hope to see from the current new NHS contract pilots?

SS: I think we have a unique opportunity to influence reform this time around. The 2006 contract is disastrous in two main areas – disastrous for dentists and disastrous for patients. It's also been disastrous for the government. As a result of our lobbying, the Health Select Committee carried out an enquiry into the 2006 contract and found very little that was acceptable about it. That resulted in the review, so we then had a recipe if you like, a template, for looking forwards. The key thing at that point, having done all that work making compelling stories, making sure that everyone knew that the contract was disastrous, was to make it survive through the change in government – and through significant efforts we managed to achieve that.

The pilots are a pretty unique opportunity to test what should happen in the new contract. They're not a testing a prototype contract, but they're testing parts of it, looking at things like remuneration models, oral health assessments and care pathways. What we want to see is something which satisfies the three stakeholders.

Patients come first

Patients always come first. The patients want a contract which provides them with care when they want it and need it that's affordable, good value for money and a quality that they can rely on. They want to improve their oral health and actually, those who think about it deeply enough will also want the public health to improve. They'll want their children's health to have improved and they'll want a situation where that will continue.

The dentists want all of that, but they also want to be able to do it in an environment where they can sustain their businesses and where they can have a decent work-life balance and they're not run ragged, running round in circles being anxious about how they're going to pay their next set of bills. So they want to be able to have a system where they can deliver everything that's needed to improve oral health, and that includes prevention, restorative interventions and taking in all the new technologies that come along; the NHS shouldn't be an area where you can't do things because it's the NHS. The NHS should be able to sustain financially and from a support point of view any innovation that comes along as well. So the dentists want all that, but primarily dentists want to be able to carry on doing that, so they want the financial challenges to fade away and they want to be able to do it in an environment which is sustainable.

> *'The Department of Health have got to hold their nerve, because intuitively you and I as dentists will think at some point they're going to realise that they can't afford this'*

And then the government want to be able to afford it; they want access, they want to be able to say that anybody who wants dental treatment can get it. That's not the same as saying everybody in the whole country can get comprehensive dental care; it's that those that want it can access it when they need it. But they also want to be able to control it. So they want to be able to continue with the 2006 notion - a capped, funded service. That was the fundamental change which made it so difficult. There's no way that's going to go away again. The government want to continue to control what they spend on dentistry.

The important thing is for everybody to hold their nerve as we go through the testing process. The practices that are involved are NHS practices are used to running themselves ragged and being constrained in what they can do and the time that they can do it in. Now, holding their nerve and actually working through these contracts in a way that they will want to do in the new contract, with enough time, enough resources, being able to sustain it, doing the right things for the patients, implementing prevention, improving oral health; all of those things they've got to do in these tests. Whether or not it's not what normally happens, they've got to hold their nerve and do that.

No going back

The Department of Health have got to hold their nerve, because intuitively you and I as dentists will think at some point they're going to realise that they can't afford this. And at that point they cannot, they must not go back on their promise to test this properly. So we've got to see the testing right through to the point where evaluations are meaningful. There's no point saying half-way through, this seems like it's working, let's make it substantive because it looks ok and we've still got the control. We really, really need to know. And once we know, then as dentists we can say whether we want to be part of this or not.

NK: When the new contract is eventually rolled out, what criteria do you think are needed to judge whether it is successful?

SS: It's again to do with the needs and the aspirations of the three stakeholders. Are we improving oral health? Does everybody who wants it, needs it, have access to it, within the structures that it is, within whatever the NHS offer turns out to be? Are dentists able to make a living, sustain their practices, invest, educate, keep patients safe, still have some interest in what they're doing on a day-to-day basis, still be inspired to go to work? Are they able to build their teams so that everybody grows in self-worth, self-esteem and their part in delivering the care? The most important thing is that it has to be sustainable. It has to be affordable for a practice to be able to do this. You can't expect a practice for example that's been in a two-up two-down since 1948 not to be needing to put some investment into their building, or relocate, or do something, to get to the point where they can improve the situation they're working in.

NK: So is there government funding for this?

SS: Not at the moment. But there has to be within those contracts enough for dentists to say, 'I can provide that care and I can set something aside to plan for investment. I can make sure I've trained my staff, I can fulfil sensible, proportionate regulatory requirements' – it all has to be covered and you've got to make a living. You have to have some headroom for investment. My personal view is that that headroom, that flexibility for every practice to invest if they need to, is not there at the moment.

NK: Is it fair for any profes-

sional to enter into a situation where they're being paid a certain sum of money without having an idea of how much work they potentially need to do? Does that not introduce a perverse incentive? Is that fair for the patient?

SS: Of course it does. No, it isn't. And that's absolutely the fundamental flaw in the contract. Whoever you are, whether you're an associate or a practice owner, that's absolutely the basis of the flaw, and it's what the Health Select Committee, when they finally understood how it worked, agreed as well. You are absolutely right. This is why we've got to carry on the testing for long enough so that the valuation is real and credible and gives some meaning to proper funding and proper structure in the future.

'There's no point saying half-way through, this seems like it's working, let's make it substantive because it looks ok and we've still got the control. We really, really need to know. And once we know, then as dentists we can say whether we want to be part of this or not'

Sustainability

The difference in the treatment volumes between patients in the very high deprived areas and other areas is just phenomenal and as an associate I would want to know what it looked like before I went there. I mean we're all up for doing some high needs, because it's actually very rewarding turning people around. But you can't do it on every patient every day for the average UDA value. It's just not sustainable.

NK: UDA values are kept confidential between practice owners and the PCTs and often not passed on to associates in full. Why is this information, which really is the only true measure, although not an accurate one, of patient need being kept secret?

SS: Because it's a business contract. Any business contract would need to be kept confidential. It is the head contract, which is completely different to the sub contract. As a practice owner your contract is with the PCT and that's confidential. But if you were going into a practice as an associate where your contract is with the practice owner, not the PCT, you would want to know the sort of spread of work that you were going to be expected to do for £9 a UDA, or whatever it is you're going to be paid - that's good business sense in any sort of case. If you wanted me to paint all the garage doors down Wimpole Street Mews, I'd want to know what you are going to pay me per garage door. If I got £9 per garage door in the last job, and you offered me the same, I'd say that's fine. But it might turn out they're three storeys high and 60 foot wide! It's the same in dentistry – we need to be very careful to check what it is we're taking on. DT

In the next article, Susie Sanderson answers questions on dental regulation.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL's Eastman Dental Institute.