NHS charges in Wales frozen

Dental patient charges in Wales have been frozen for the fourth year running, so more people can afford to access NHS dentists, according to the Welsh Assembly Government.

The current level of patient charges in Wales has remained the same since April 2006 and is set to stay at the 2006 level for 2010/11. The charges are:

Band 1 – Diagnosis, treatment planning and maintenance: £1.2
Band 2 – Treatment: £3.9
Band 5 – Provision of appliances: £1.17
Urgent treatment: £12

Health Minister Edwin Hart said: “Thanks to significant extra investment from the Welsh Assembly Government, access to general dental services continues to improve although I appreciate that there may be particular areas where access is still difficult.

The latest figures show that more work is being done for the National Health Service by more dentists in Wales. Areas where access has proved difficult in the past have seen some of the greatest improvements.”

She added: “In the Hywel Dda LHB area for example, there are now more than 40,000 more people accessing NHS dental care than in March 2008.

“By freezing dental charges again we are maintaining access to NHS dentistry for Welsh citizens and helping to tackle oral health inequalities. In addition to increasing access to dentists, we are also investing in raising awareness of people’s responsibility in taking care of their own oral health as they should for their general health and well-being.”

On the flip side of this, the seven new health boards that run the NHS in Wales and control all dentistry, are set to go more than £4.5m over budget, according to research by BBC Wales.

The research shows the seven boards have a running deficit of around £67m, which they forecast being able to bring down to £4.5m.

The boards control all dentist funding, hospitals and community services and GP funding.

A Welsh Assembly Government spokesman claimed that the forecast “represents a point in time, and is less than one per cent of the total NHS budget.”

‘Disappointment’ at pay increase

The British Dental Association (BDA) has expressed its ‘disappointment’ over the one per cent pay rise that has been awarded to dentists in the next financial year.

Salaried dentists have been awarded a one per cent increase, while general dental practitioners have been awarded zero per cent.

But the BDA’s Dennis Sandercock, said: “High street dentists will be particularly disappointed that the Government has chosen to disregard the Review Body’s advice that efficiency savings should only be considered retrospectively, allowing the scale of these savings to become apparent in earnings and expenses data.”

Two thirds of services already face significant difficulties filling vacancies. Where these difficulties exist, they threaten the ability of the dental profession to deliver essential services to the most vulnerable patients in the community.

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Ms Sanderson added that high street dentists will be particularly disappointed that “the Government has chosen to disregard the Review Body’s advice that efficiency savings should only be considered retrospectively, allowing the scale of these savings to become apparent in earnings and expenses data.”

“Disappointed dentists appreciate the necessary constraints on the public purse, but they are also aware of the challenges facing salaried dental services and the urgent need to address the problems of recruiting to the service.”

Hospital dentists, except consultants, have been awarded a salary increase of one per cent.

In line with the recommendation of the Doctors and Dentists’ Review Body (DDRB), consultants have been awarded zero per cent.

In a Ministerial statement, Andy Burnham (Secretary of State, Department of Health) commented: “The Government do not accept that there is a compelling case for the recommended award of 1.5 per cent for foundation house officers and their equivalents and in line with its evidence believe that all salaried doctors and dentists below consultant level should receive an award of one per cent. The remainder of the DDRB’s pay recommendations for salaried doctors and dentists have been accepted in full by the Government.”

In making these recommendations the DDRB has indicated that it considers efficiency savings made by GP and dental practices should only be taken into account retrospectively, after the scale of these savings becomes apparent in data showing trends in earnings and expenses. The Government do not consider this approach sustainable at a time when most areas of the public sector are having to achieve efficiency savings in order to sustain jobs and income levels. In view of this, and in line with recommendation, the pay review body, the Government have decided to abate the DDRB’s recommendations for GMPs and GDPs, applying a prospective efficiency assumption of one per cent of contractors’ operational costs. This will have the effect of reducing the proposed uplift in the value of contract pay-mens to 0.8 per cent, for GP practices and 0.9 per cent for dental practices.”
Congratulations to the General Dental Council on the two recent prosecutions of people illegally practising dentistry.

Those you know me well may think I am being my rather sarcastic self when I say that, but I am not—it is not only good for patients who can be safe in the knowledge that the regulatory body that protects their mouths is catching people who will only do more harm than good; but it is also good news for practitioners whose reputation gets tarnished when rogue traders like these end up hurting patients.

The GDC comes in for a lot of criticism, usually when the Annual Retention Fee goes up, but it sits in the rather awkward position of being the dentist ‘police’ and sometimes that makes it an easy target. Remember though, the police don’t just nick criminals, they support victims.

I hope those of you who went to the Dentistry Show had as good an experience as I did. Look out in the next issue when I’ll be talking about some innovations and reliving a UK first in implant surgery—and yes, I did make it through the whole thing!

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

Editorial comment
The GDC gets tough

Education and training provider, Smile-on, will be treating delegates at the British Dental Conference to a drinks reception to celebrate the company’s 10th anniversary.

Smile-on will be at stand A012 at the British Dental Conference 2010, which is being held on 20-22 May at the Arena and Convention Centre in Liverpool.

A spokeswoman for the company said: “Smile-on has spent the last decade providing education and training solutions that are flexible, involving and inspirational for everyone in the dental profession. Visit Stand A012 to discover how these specially designed programmes can help busy professionals meet their industry obligations.”

The team has recently launched a learning and management platform in conjunction with UCL Eastman Dental Institute and KSS Deeanery.

The platform, www.corecpd.com provides dental professionals with all the resources they need under one roof to fulfil the new core subject requirements as stated by the General Dental Council.

Smile-on will also be showcasing their course on Dental Nursing Education to delegates at the conference.

DNNET II is designed to help training dental nurses studying for the National Certificate or NVQ level 3 in Oral Health Care Dental Nursing and as an update for established nurses.

The spokeswoman added: “Smile-on’s key values of partnership, imagination, innovation, creativity and potential have helped evolve the products from simple training courses into the multi-media learning platforms of today and helped Smile-on become the source for cutting edge software and training resources.”

For more information call 020 7100 8880 or visit www.smile-on.com.
**Course accreditation by Chester University**

The Partners at The Dentistry Business have been celebrating earlier this month following the successful accreditation of their Level 4 and Level 7 courses in Dental Practice Management. The course acknowledges the achievements of the University of Chester; dentists will also be delighted to learn that the Postgraduate Certificate,.ed in their Level 4 and Level 7 courses in Dental Practice Management, will now result in a position. It will provide the theoretical and practical tools required to manage a dental practice. The course comprises three modules which will run over 10 full-day sessions. A successful pass will result in a government or University College for future studies, if desired. The modules include:

- Module 1 - Planning and controlling a dental practice
- Module 2 - Managing people and developing teamwork in dental practice
- Module 3 - Creating a service-led dental practice

The Postgraduate course will be available from October 2010. For more information on this Certificate in Dental Practice Management, Level 4 for Practice Managers or Level 7 for Dentists, contact Sim Goldblum on 0191 928 5995 or visit www.thedentistrybusiness.com.

**Illegal dentistry clampdown**

The General Dental Council has been successful in its mission to clamp down on illegal dentistry. The GDC has prosecuted Bristol man Samuel Harnarayan and Bexley-based Justin Seeley. Mr Harnarayan pleaded guilty to three offences at Bristol Magistrates Court. The case was brought about as a result of an undercover operation, with the suspect illegally holding himself out as a registered dentist. Since he is not registered with the GDC these are criminal offences under the Dentists Act.

Mr Harnarayan was given a conditional discharge for six months on each count and has been ordered to pay £500 towards the GDC’s costs. In the case of Mr Seeley, he pleaded guilty to the same offence at Bexley Magistrates Court in Kent. Mr Seeley was fined £100 and has been ordered to pay £90 towards the GDC’s costs. He has also been asked to make a £15 contribution to the general victims’ fund.

Commenting on the court rulings, Interim Chief Executive and Registrar of the General Dental Council, Alison White said: “The General Dental Council’s priority is to protect the public. One of the tools that we use to do this is by taking action against individuals who practise illegally.”

**Finalists announced for Dental Awards**

The Dental Awards is pleased to announce the finalists for this year’s annual awards ceremony, which takes place on April 23rd in London and will showcase the best in the dental profession.

The judging panel, which was made up of members from various dental professional associations and practitioners who have selected the finalists, has been announced. The panel includes dental professionals, dental teams and practices across the UK have been notified and are now gearing up to celebrate a black-tie awards ceremony taking place at the Royal Lancaster Hotel in London’s West End.

Commenting on the list, chair of the judging panel, Sophie-Marie Odom said: “We are pleased to announce the dental practices, professionals and dental teams that have been shortlisted as finalists by judges in this year’s Dental Awards. This is an immense achievement, especially given the high quality of entries that we have seen this year. It is fantastic to know that there are so many dental professionals providing the best clinical care and patient service possible. So many entries have reflected the high quality of the UK dental profession. We would like to take this opportunity to congratulate the finalists and wish them all the best of luck on the night.”

This year, the national event received entries from across the country, including Devon, Sheffield, London, Liverpool and Glasgow. In its 12th year, the Dental Awards will host a gilty event, which will include a cocktail reception, four-course meal and awards ceremony, fronted by celebrity compere, Fred MacAulay.

**GDC’s finance chair resigns**

The chair of the Finance and Human Resources Committee has resigned from the Council of the General Dental Council (GDC).

Suzanne Cosgrave was a lay member of the Council from April 2003 and also chaired the Finance and Human Resources Committee.

In 2005, she joined the firm of city lawyers, Berwin Leighton Paisner, where she is senior business manager - Real Estate. Suzanne was vice-chair of the Council for Professions Supplementary to Medicine in the years immediately before its replacement by the Health Professions Council.

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**‘Major challenges’ says BDA manifesto**

The new government will inherit a flawed dental contract and an unacceptable and growing chasm in oral health inequalities, according to the British Dental Association’s manifesto.

The manifesto, Smiles all round - a manifesto for better oral health in England, has been published by the BDA for the forthcoming General Election.

The BDA warns that the next government must get to grips with the process of developing new contractual arrangements based on the recommendations of the Steele Review, and do so while at the same time increasing access to NHS dental care and consulting with an already stretched public purse.

BDA Executive Board chair, Dr Susie Sandercock, said: “Whoever is elected this year will inherit major challenges.

“In England we still have a deeply flawed dental contract, patients who are not seeing a dentist, and significant variations in the commissioning of primary care trusts. We are also confronted by unacceptable and growing oral health inequalities.”

However it was not all doom and gloom as she added: “But the BDA also inherit the beginnings of a new contract and a profession that cares deeply for its patients and that desperately wants a better future for them.

“The new government must work closely with dentists on the priorities identified in the BDA’s manifesto to overcome these challenges.”

The BDA has produced the document to help members to lobby their prospective parliamentary candidates. It is urging members to talk to candidates where they practise about local issues.

The manifesto identifies priorities in six key areas of dental policy: the completion of the reform process arising from the Steele Review, the need to properly support primary care access for patients, the eradication of oral health inequalities, harnessing fluoride as a preventive measure, and safeguarding the future of the hospital and salaried services and dental academia.

The BDA will produce manifestos for the elections in Northern Ireland, Scotland and Wales next year.

The BDA’s manifesto and advice on local lobbying are available on their website: www.bda.org.manifesto.

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