Dental crisis in Lincoln improves

All patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county’s dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS dentist with new practices recently opened in Sleaford and Gainsborough. The only areas in which the waiting lists still need to be reduced are Louth and Mablethorpe.

Before the Government introduced the new NHS dental contract in April 2000 when local PCTs began to control dental provision in their areas, it was almost unheard of to find a dentist taking on new NHS patients in the Lincolnshire area at the time when dentistry was controlled centrally.

As a result, there was more cash given to the county to improve the availability of NHS dentists and the situation was remedied, although NHS dental uptake has a long way to go.

The challenge now is to get the message across to residents that dental access has greatly improved, with regard to NHS dentistry in the locality.

The number of people seen by NHS dental practitioners has dropped by about one million since the contract was introduced.

In July, the Commons Select Committee on Health said that the Department of Health (DoH) had gone back on its words by not bringing about improved access to dentists, because the amount of complex treatments such as crowns, bridges and dentures fell by over 50% since the contract’s introduction. The number of root canal treatments fell by 45% in England and Wales, although it rose in Scotland, because the DoH, in consultation with the Department of Social Security (DSS), had gone back on its word.

The government that gave us MRSA, and other superbugs which have been bred by abuse of chemicals on the back of hygiene deficiency, do we need to add to the toxic burden of people when there is a much simpler and healthier alternative?

The notion that dental decay is somehow a ‘fluoride deficiency’ is one of the greatest lies we have been fed by ‘science’ propagandists. Nutrition and hygiene are the keys to the prevention of decay. People in impoverished areas suffer from dental decay due to malnutrition and hygiene deficiency.

Adding fluoride to the water does nothing but increase the toxic burden.

This is a truth that is unpalatable to swallow as it goes against the grain of industry hell-bent on creating new ‘needs’.

I do not agree that water fluoridation has any benefit other than to fill the fertilizer industry’s toxic residues. Fluorosilicic acid is highly toxic waste. It is disposed of in the water supplies under the guise of ‘prevention’.

The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist benefactors. It is long documented that some ‘optimally fluoridated’ areas even have higher incidents of dental decay than non fluoridated areas.

Drop-ins for fluoridation consultation

Residents and workers in those areas of Southamp- ton which might receive fluoridated water can attend a series of drop-in events during the period. The sessions are organised by South Central Strategic Health Authority (SHA) and began in Bitterne on Thursday, September 18. Interested parties are invited to talk to experts and give feedback on the controversial proposal. There are display boards with detailed information, as well as the consultation documents and other explanatory literature.

The SHA claims it is independently overseeing the consultation to help people understand the arguments for and against fluoride. However, anti-fluoride campaigners are not allowed to give their own presentations at the sessions leading to claims of bias against the health authority.

Chairman of Hampshire against Fluoridation John Spottiswoode said the outright refusal by the SHA to let his organisation make their own presentations at the drop-in events gave weight to the notion that the consultation was a ‘sham’.

He said the material produced to date by the health authorities was one-sided and a false picture about the true effects of fluoride. It did not take into account other research which showed that fluoride could cause serious and negative side-effects on health.

Six figure salaries for dentists revealed

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Yet again we have another ‘misguided’ decision this week only this time it’s to axe the Standing Dental Advisory Committee (SDAC). The BDA has done its bit by writing to Alan Johnson, MP, but whether it will make a difference remains a mystery. But the fact that there was ‘overwhelming’ support to keep SDAC, says it all. The profession’s respect for the Committee is apparent – but armed with the knowledge of its commitment to patient care and quality service is – ironically - disconcerting to say the least. For why, oh why would the government want to eliminate this professional authority, which has been a political stalwart in such uncertain times? If quality dentistry is key for the government, would it not make more sense to work more closely with SDAC instead of pushing it out the door? Or is the plan to weaken the profession further all part and parcel of a much bigger, bleaker picture? We hope not.

Okay, so we all know the old saying – the contract was rolled out without consultation...blah, blah, blah but then ‘ding!’ Let’s get rid of SDAC – for who needs a body that not only draws to ‘simple’ work to accumulate this extra cash or not? The evidence of less complex work is the talk of the profession. Crowns and bridges, and dentures have fallen by 57 per cent, while root canal treatments have decreased by 45 per cent. Should we be worried? These are not small changes by any means – so how can the figures be accurate – is this a result of resorting to ‘simple’ work to accumulate this extra cash or not? The evidence of less complex work is the talk of the profession. Should we be worried? These are not small changes by any means – so how can the figures be accurate? Erm, the government maybe? Oh and also the ‘second-best’ profession please sir. It doesn’t make sense - but never mind - let’s rest assured that there must be good reasons why. England’s CDO has got a new consultant adviser to complement the skills of his team after all, and apparently a ‘specialist’ from secondary care dentistry. Let’s wait and see what the Secretary of State is going to say in reply.

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