Steve Field named CQC Chief Inspector of General Practice

Professor Steve Field has been named as the Care Quality Commission’s (CQC) first Chief Inspector of General Practice

Professor Field, a GP and past Chair of the Royal College of General Practitioners, joins CQC from NHS England, where he was its deputy national medical director responsible for addressing health inequalities.

The Chief Inspector of General Practice will lead CQC’s inspection and regulation of providers of primary care services across the public, private and independent sectors.

Professor Field’s new role will involve working in the interests of people who use primary medical and dental services and make judgments about the quality of care provided. He will ensure that the CQC is providing assurance that the health and adult social care services join up from the perspective of people who use services.

He will also introduce a ratings system for registered primary care providers. The system will identify good as well as poor care in order to support commissioning decisions and a more informed user choice, as well as providing assurance that the fundamental standards are met and action is taken where improvements are needed.

Professor Field said: “I am thrilled at being appointed the first Chief Inspector of General Practice in England. I see this as a wonderful opportunity to highlight what’s good in general practice and dentistry, and to shine a light on what isn’t. It’s an opportunity to make sure that all organisations are encouraged to live up to the standards of the best.

“I have had a long-standing commitment to address health inequalities and this role will enable me to ensure that primary medical services put this increasingly important issue high on their agendas. It will also allow me to focus on making sure that people receive health and care services that are integrated.

“I am sad to be leaving NHS England, and the great team that we’ve established, but I am looking forward to working with Mike Richards again and joining David Behan’s executive team, which has been making great strides in moving the CQC forward in a very positive direction.”

CQC Chief Executive, David Behan said: “It is important that the Chief Inspector of General Practice is trusted not only by his peers in primary care, but leaders, staff, and managers throughout the NHS. Steve Field is known and respected across healthcare and is the ideal person to lead our work in primary medical and dental services as well as to ensure that these services link well with other health services and with social care.”

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results from two of the largest international clinical studies performed to date with dental implants have just been published and demonstrate excellent clinical performance. Together, the studies have evaluated more than one thousand Straumann Bone Level implants in Europe, the US and Australia.

The studies both reported very high implant survival rates of more than 98 per cent with practically no bone loss around the implants.

The first study was a randomised controlled clinical trial (RCT) at 11 clinical centres in Europe, USA and Australia.

This RCT has evaluated 106 patients each treated with one implant and followed for three years. The investigators compared the outcomes of two different approaches – the first involving two surgical steps, in which the implant is covered with gum tissue (‘submerged’) during healing, and the second involving just a single step, in which part of the implant is left exposed (‘transmucosal’) thus saving a second surgical operation. Only a single implant was lost, yielding three-year implant survival rates of 98.1 per cent and 100 per cent for the transmucosal and submerged groups respectively. Because bone loss around implants has been documented as a common undesirable effect of implant treatment, this study looked carefully at bone level changes. It showed that bone level was impressively stable over three years after implant placement, with mean decreases of less than 0.7 mm and 0.6 mm in the submerged and transmucosal groups respectively.

While RCTs demonstrate that products or treatments work well, they are usually conducted by specialists in selected and strictly-controlled populations. This study was performed by dental practices and universities clinics that are highly specialised in dental implantology, which raises the question of whether its excellent results can be reproduced in daily dental practice. To answer this, a large study using the same implant was conducted in Europe and the US, in which the dentists had to follow the product guidelines but were able to use the implant as they would in normal daily practice. The strength of this type of investigation, which is known as ‘non-interventional study’ (NIS), is that it documents real-life situations, in which indications, patients and conditions all vary widely. In this study, a total of 908 implants were evaluated in 558 patients who received dental practices in six countries, revealing an implant survival rate of 98.5 per cent after one year (the risk of failure is highest in the first year after implant placement). Besides the very high survival rates, the bone level remained very stable in the majority of cases. The investigators therefore concluded that treatment with Straumann Bone Level Implants yielded very successful outcomes in ‘real life’ conditions.

The annual ‘Dental Earnings and Expenses’ report has now been published.

The report covers England and Wales 2011-12, and provides a detailed study of the earnings and expenses of full and part time self-employed primary care dentists who carried out some NHS work in England or Wales during 2011-12.

The report found that the average taxable income from NHS and private dentistry for Providing-Performer dentists was £112,800, compared to £61,800 for Performer Only dentists. For all self-employed primary care dentists this figure was £74,600.

The average gross earnings for Providing-Performer dentists were £558,400, compared to £96,200 for Performer Only dentists. The average total expenses for Providing-Performer dentists were £245,600, compared to £112,800 for Performer Only dentists. The average total expenses for Providing-Performer dentists were £245,600, compared to £112,800 for Performer Only dentists.

These figures are down from last year’s report, which showed that the all incomes and expenses were higher in 2010-11.

Cancer patients in Wales are more than four times less likely to receive a newer drug on the NHS than those in England, it is claimed.

The Rarer Cancers Foundation (RCF) said the Welsh government’s figures show the full extent of inequality in access to cancer drugs across the country. Health ministers in England set up a special fund worth £200m a year in 2010, to help pay for expensive new cancer drugs. In contrast, patients in Wales have to make individual requests for funding through their doctor if a new medicine has not yet been approved by the watchdog NICE.

Andrew Wilson, chief executive of the RCF, claims cancer patients in Wales are paying the price for a failure to fix the broken system. “The Welsh Assembly Government’s own figures reveal the extent of inequality in access to cancer drugs in Wales. Cancer patients are paying the price for a failure to fix this broken system.

“The needs of cancer patients are no less pressing on one side of a border than they are on another, nor are treatments any less effective. Urgent action is needed to end this inequality.”

A spokesperson for the Welsh Government said: “We care greatly about providing the best care for the people of Wales and our commitment is to provide evidence-based, cost-effective treatments fairly to everyone.

“Cancer drugs fund would unfairly disadvantage many patients with serious conditions other than cancer.”

I n 2011, dentist Michael Zuk purchased John Lennon’s tooth at auction and has since made a line of DNA pendants from it. Now he has gone one step further, and given the tooth to scientists in the hope that they will be able to use the DNA and clone Lennon.

“The needs of cancer patients are no less pressing on one side of a border than they are on another, nor are treatments any less effective. Urgent action is needed to end this inequality.”

“I am nervous and excited at the possibility that we will be able to fully sequence John Lennon’s DNA,” he said. “With researchers working on ways to clone mammoths, the same technology certainly could make human cloning a reality.”
Hello all and welcome to the latest edition of Dental Tribune UK. I hope you all had time to enjoy the summer and are back refreshed and ready to go for the rest of the year!

You may have noticed that DTUK has undergone a couple of changes, the biggest of which is how many times it is being published. With immediate effect, Dental Tribune UK will now be published monthly.

The editorial team will still strive to maintain the usual mix of high quality clinical and business articles, news and views. We have our new columnist, Amit Rai, who will be taking a regular look at the world of dentistry and giving his comments. Neel Kothari is as ever a regular feature, and you’ll still see plenty of news and analysis.

As always, if you’d like to give feedback or want to contribute with an article or clinical case study please get in touch.

This month the big news is the appointment of Professor Steve Field as the CQC’s Chief Inspector of General Practice. Now, we all know that any lead job at the CQC will make you about as popular as, well, an inspector on your doorstep from the CQC, and Prof Field will have his work cut out for him as he brings in a ratings system for inspected services and strives to provide consistency across all inspections, including those of dental practices.

Good luck to Prof Field!

Editorial comment

Letter to the Editor

Dear Editor,

Last spring it was widely reported that dangerous x-ray machines from China, which emit harmful x-rays both to the dentist operating the machine and the patient, had been bought by some dental practices. I had thought this would have been clamped down on by now by the authorities.

However, the BBC 1 programme “Fake Britain” recently reported that this is still occurring. These fake dental x-ray machines do not have the lead protection inside, so the patient’s whole face is exposed to radiation and the operator’s hands and body receive x-rays, which can cause cancer. The thyroid gland is particularly damaged by radiation.

The programme stated that all kinds of dangerous fake dental instruments are being sold to dental practices, including drills which could explode and shatter in a patient’s mouth while being used. The results could be horrific.

Why are these not being prevented from entering the country, and I wonder if any investigations being done by the authorities to check if dental practices have unknowingly bought dangerous fake dental equipment? This is necessary for the health of both dental staff and patients.

Best wishes,

A. Willis.

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Ban lifted on healthcare workers with HIV

Healthcare workers with HIV will be able to return to practice, Chief Medical Officer Dame Sally Davies has announced.

Following independent scientific advice, the Department of Health will lift the ban on healthcare workers with HIV being able to carry out certain dental and surgical procedures. Strict rules on treatment, monitoring and testing will be in place to safeguard patients.

The regulations were brought in after the publicity associated with the death of an American dental patient in 1990, one of six patients believed to have been infected with HIV in an unsolved Florida case. Regulatory bodies in most countries responded to the case differently – the UK banned all HIV-infected healthcare professionals from undertaking exposure-prone procedures, leading to health workers becoming disaffected, losing their careers, or suffering in silence. Since most dental procedures are classified as exposure-prone, the ban had a devastating significance for dentists diagnosed with the disease.

This change will bring the United Kingdom in line with most other Western countries. Under the new system, patients will have more chance – around one in five million – of being struck by lightning than being infected with HIV by a healthcare worker.

There is no record of any patient ever being infected through this route in the UK. There have been just four cases of clinicians contracting patients reported worldwide and the last of these was more than a decade ago.

The policy will be put in place from April 2014. Decided on a case-by-case basis, HIV-infected healthcare workers may be allowed to undertake certain procedures if they are on effective combination antiretroviral therapy (cART); have an undetectable viral load; and are regularly monitored by their treating and occupational health physicians.

The British Dental Association’s scientific adviser Professor Damien Walmsley said: “Dentists in the UK comply with rigorous infection control procedures to protect both patients and the dental team against the risk of transmission of blood-borne infections.

“The announcement brings England into line with nations including Sweden, France, Canada and New Zealand, and is good news for patients and HIV-positive dental staff alike. We look forward to seeing its implementation.”

Kevin Lewis, Dental Director at Dental Protection, said: “This is a huge victory for human rights. After decades of living in fear and dealing with prejudice, dentists can finally return to their professional calling, although regrettably it is too late for some to do so. Patient safety should be at the forefront of healthcare, but the original rules were introduced as a reaction to a mysterious and exceptional case, the likes of which we have not seen before or since.”

Allan Reid is a dentist with HIV, and as a result has been unable to practice since 2008. Speaking to Dental Tribune UK, he said the lift on the ban was “a great step forward. It’s the correct thing to do; there’s a massive body of evidence that healthcare workers won’t pass on the virus to patients, but the timescale from implementing the ban to lifting it has been huge.”

He is, however, concerned about the level of support health-care workers will receive if they want to return to practice: “I’m worried about the number of careers that have been lost, and I hope people won’t be forgotten about. It’s really important that those who want to go back into practice are re-trained and given full support.”

As for Allan, he is currently training as a consultant in public health – something he would very much like to go back to practicing dentistry – provided he is given the appropriate training to make up for five years that he has been unable to practise.