



**DR JOHN MILNE**, Chair of the BDA's General Dental Practice Committee looks at the recent success of LDC recognition within the restructured NHS...

**T**HE new, reformed NHS is now a month old. Unlike the countdown to the Millennium, where we held our breath at the point of switchover, not knowing if the world would change and we'd suddenly slip into technological chaos, the move from transition phase to the new NHS establishment lacked the same hype and anticipation.

But, the excitement came a mere six days before the dawn of the new phase, when the NHS Commissioning Board suddenly changed its name to NHS England and acknowledged it had directed its Area Team staff – who have taken responsibility for all 38,000 NHS dental contracts across the country – to properly recognise Local Dental Committees (LDCs) in the new, reformed NHS.

This is a good outcome for the profession and the result of a long-running campaign by the BDA, which began during the passage of the Health and Social Care Bill. Through sustained lobbying and meetings with the then Commissioning Board, we stressed

the value of LDCs to improving patient health and the importance of their being preserved and properly utilised.

A letter from Dr David Geddes, the Head of Primary Care at NHS England, to the NHS regional and area directors of commissioning, confirmed the continuation of recognition as well as outlining the levy collection for existing LDCs. This means LDCs will continue to hold the remit provided for in the National Health Service Act 2006, but will now be recognised by NHS England rather than by each primary care trust.

Recognition will need to be established within an interim period of six months, which will allow time for LDCs to finalise the necessary amendments to their constitutions. There is a directive to Area Team staff to plan appropriate meetings, at which LDC constitutions can be fully recognised and a record made of the recognition granted to them, in the minutes of those meetings.

The BDA will continue to support LDCs in England, seeking recognition from NHS England via the Area Teams. Should LDCs face any difficulties in

transferring their recognition from the respective PCT(s) to the newly formed Area Team(s), it is important that they contact the BDA for advice.

Those LDCs that have not yet amended their constitutions in line with the changes required by the Health and Social Care Act 2012 will need to make the necessary amendments and submit the constitutions to the appropriate Area Team within six months, from April 1 2013. In order to ensure that LDCs maintain a sensible local coverage and their geography is in line with the new structures created by the Act, we recommend all LDCs seek to align themselves with one or more Health and Wellbeing Boards – those boards having been created at local authority level. This is consistent with the advice being given to the local representative committees of the other primary contractor professions.

Set up in 1948, at the very inception of the NHS, LDCs remain cornerstones in the planning and delivery of NHS dental care. We will continue to inform and support LDCs across the UK. ■



**DR NILESH R PARMAR**, one of the few dentists in the UK to have a degree from all three London dental schools, asks, should only orthodontists move teeth around?...

**S**HOULD only orthodontists move teeth around? This is the burning question at the moment, which is certainly raising a few eyebrows (and a few tails) in various dental circles. It all kicked off (to use a youngster's term) when the British Orthodontic Society took out an advert in a national newspaper, which intimated that only orthodontists should be placing braces, and that, "some GDPs may have as little as only three hours of training in straightening procedures". Not really the proudest moment for our profession, which came across as disjointed and hostile in this advert.

The underlying issue is that short-term orthodontics; Inman Aligners, Six Month Smiles, C-fast, etc. have all become very popular as of late. GDPs are moving away from the veneer-, porcelain-fuelled boom of the 2000s and have moved onto tooth whitening and alignment as the

cosmetic treatment of choice. I would say that it's a good thing that we aren't cutting teeth away anymore, merely putting them into the correct (says who?) position and then making them nice and white. Nothing wrong with that!

However, it would seem that a small section of orthodontists believe that perhaps GDPs should not be carrying out the alignment portion of this treatment and that it's best left up to them. The GDPs are defending themselves vigorously (and rightly so) by saying that they are only doing the simple cases, and referring the complicated cases to their local orthodontists... anyone see any similarities here? I myself refer out the complicated endodontic and periodontal cases, but all others I do myself. Orthodontics isn't really any different... is it?

Now, in my opinion this is all getting very childish. As dentists, we all have a BDS or equivalent, which allows us

to practise dentistry in any specialism to within our capabilities, training and skill set. To put it into perspective, my local, specialist endodontist doesn't get upset because I carry out root canal therapy, nor does my local periodontist shout at me because I do some occasional sub-gingival debridement. If they did, then I would consider referring my patients to a friendlier specialist. This situation is a sad episode for UK dentistry, and I for one would like for everyone to kiss and make up.

We all need to work together, in a happy, hippy kind of way. Our careers in dentistry are very long and drawn out, we'll lose a lot less hairs over the years if we help each other. What kind of example are we leaving for the younger dentists, who aspire to emulate those in senior positions? Elitism disappeared a long time ago; we are all dentists first, before our speciality, so why can't we all just get along? ■



Chair of the BDBS and founder of the DWT, **DR LINDA GREENWALL**, looks at Dental Wellness Projects to help underprivileged communities...

**T**HE Dental Wellness Trust has a number of projects underway to help underprivileged communities in the UK, Rwanda and the Western Cape.

Dr Itzi Weinberg, an accomplished dentist from Zurich, visited some Rwandan orphanages in May to deliver donations of toothbrushes and toothpaste, teach prevention and perform dental check-ups. Dr Weinberg spent two weeks screening the orphans and recording the results, and these statistics will give us a clear view of the children's health and level of need.

In August, the Trust will take part in meetings with the Mayor of Cape Town and the Western Cape Government to progress the proposed new dental clinic in Kayelitsha, where there are a million people with no access to oral healthcare. Also in South Africa, Ikamva Labantu has asked the DWT to set up an oral health initiative in the Western Cape, that will

involve all interested organisations, in order to educate local people on tooth decay and tooth brushing.

Ikamva Labantu is a charity that provides community-led support to the most vulnerable in South Africa's deprived townships. Helen Lieberman is the charity organiser and an inspirational woman, who first became involved with the townships as a 23-year-old speech therapist during apartheid in 1963.

Lieberman wants to incorporate the work of the DWT into Ikamva Labantu's community health projects, which provide education on subjects such as AIDS, drugs and many other issues. We will teach preventive care and dental wellness to the teachers, schoolchildren and community health workers. Once all of those structures are in place, we'll assess the best options for a clinic, whether it's in a redesigned sea container, a mobile van or a standalone building. The Trust is currently in the

very early stages of the project, carrying out research and meeting with relevant people, such as professors from the University of the Western Cape.

The DWT is also preparing Wellness packs, including a pack designed specifically to alleviate the symptoms of dry mouth. As an initiative to help their unemployment, the township's women will sew these Wellness packs, which will then be transported to England. Henry Schein has agreed to collate the packs for distribution to hospitals and other vulnerable or disadvantaged people in the UK.

Our work helps the poorest individuals in society, and we urgently need assistance from dental professionals and organisations alike. Whether you'd like to get involved with our prevention programmes, offer your clinical skills, or make donations of money or dental supplies, any support goes directly to where it is needed most. ■