

# CDO UPDATE

A COMMUNICATION TO THE DENTAL TEAM FROM THE CHIEF DENTAL OFFICER

## CDO Foreword



As you all know, the General Election on 6 May 2010 produced the first coalition government in over 60 years and the policy of the new administration is based on the Government's Coalition Agreement, which builds on the Conservative and Liberal Democrat parties' pre-election

manifestos. In relation to dentistry, the Coalition Government has committed itself to reforming the dental contract to produce a system based on registration, capitation and quality – with a particular focus on improving child oral health.

The new Minister with portfolio responsibility for dentistry is Earl Howe, who was shadow spokesman on health in the House of Lords from 1997 to 2010. Speaking during the debate in the House of Lords following the Queen's Speech, he gave a commitment to consult upon, and pilot, long-term reforms prior to implementation.

The Minister has already met representatives from the British Dental Association (BDA) several times, visited general practices that provide NHS services (as featured in this issue) and met with Professor Jimmy Steele and other parties who are interested in the provision of dental services to patients. As well as the White Paper on NHS structures – *Equity and excellence: Liberating the NHS*, which we also look at in more depth in this issue – the Government will publish a further White Paper later this year setting out its programme for public health.

I should also add that this will be the last print edition of CDO Update. As part of the Cabinet Office's programme to reduce government spending on publications, future editions of CDO Update will be made available online at: [www.dh.gov.uk/cdo](http://www.dh.gov.uk/cdo). If you would like to be added to our subscriber list and receive an email to alert you when future editions are published, please send an email to [cdoupdate@dh.gsi.gov.uk](mailto:cdoupdate@dh.gsi.gov.uk) – see further details on the back cover of this issue.

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**Barry Cockcroft**  
Chief Dental Officer for England

# NHS DENTAL SERVICES AND THE WHITE PAPER

**T**he White Paper *Equity and excellence: Liberating the NHS*, published in July, was the first of a series of documents setting out the Government's proposals to reform the NHS by:

- putting patients and the public first
- improving healthcare outcomes
- improving autonomy, accountability and democratic legitimacy
- cutting bureaucracy and improving efficiency.

For dentistry, the White Paper itself has significant implications. Subsequent publications, notably *Liberating the NHS: Commissioning for patients – A consultation on proposals* ([www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_117587](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117587)) and *Liberating the NHS: Report of the arm's-length bodies review* ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117691](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117691)), will also impact on dental services.

The most significant proposals in the White Paper relate to the changes in commissioning envisaged for the future. Currently, primary care contracts are between individual primary care trusts (PCTs) and providers of services. In the proposed new structure, the responsibility will be held centrally by the new NHS Commissioning Board. The NHS Commissioning Board will also be responsible for interface at a local level with GP consortia, local authorities and other stakeholders.

There are many questions yet to be answered but, clearly, PCTs' statutory duties – including their duty to commission NHS dental

services – will have to be transferred to fit with the new structure. We are currently working to ensure that we are able to map out in detail the new system for dentistry.

As well as the changes proposed in the White Paper, all providers of dental services will need to register with the Care Quality Commission (CQC) by 1 April 2011 – for more details see the article on CQC registration on page 8.

**Barry Cockcroft**





## DEVELOPING PREVENTION IN PRACTICE

**O**ne of the few things that it is possible to get clinicians to agree on is that prevention is always better than cure. Nowhere is this more true than in dentistry, where the two most commonly occurring dental disorders – caries and gum disease – are wholly preventable purely by changing parent and patient behaviour. Given the new Coalition Government's commitment to moving towards a more prevention and outcomes-based approach we are likely to see further developments in this direction. However, as always, moving forward with a system that requires a significant change of culture needs enthusiasts to champion it – and can also meet resistance from people wedded to the status quo.

Trying to remunerate the delivery of practice-based prevention using a system based on item of service is doomed to failure. Prevention should be seen as part of the measurement of quality of a service, not the activity. Beyond the lack of appropriateness of units of dental activity (UDAs), there are many aspects of prevention-based services that require changes in historical and cultural approaches.

Using the extended duty skills of dental nurses, and further utilising the skills of dental

hygienists and therapists, we are now able to see the delivery of evidence-based preventive procedures moving apace.

This is borne out by the most recent data, for Q3 and Q4 of 2008/09, published by the NHS Information Centre, in *Clinical Dental Report, England and Wales: Quarter 3 and Quarter 4, 2008/09 – Experimental Statistics*. These data indicate that about 600,000 courses of treatment included fluoride varnishes, and the numbers continue to increase.

This change of emphasis from a reliance on the dentist being present for all things at all times opens up lots of opportunities both to enhance the work of dental care professionals and to free dentists up to put their skills to the most appropriate use.

If a dental nurse is suitably trained to apply a fluoride varnish, a dentist is not required to be present. Nor does the procedure need to be carried out in a traditionally equipped dental surgery setting. It also should not require that the dental nurse be individually indemnified.

In short, there is now a real opportunity to develop a preventive approach based on true team working.

**Barry Cockcroft**

# THE USE AND MISUSE OF NON-PRECIOUS GOLD IN RESTORATIONS

**E**arlier this year, there was some press coverage on dentists providing restorations using what were described as 'inappropriate materials' – with a particular focus on metal alloys .

The article also suggested that some dental supply companies were supplying significant volumes of this alloy to dental laboratories. Providing restorations made from 'non-precious gold' would be a breach of contract under the new NHS regulations: although the alloy possesses a CE mark, the patient charges regulations, which clearly define the materials that may be used under the NHS, do not include this material.

Dental technicians are, of course, registrants of the General Dental Council (GDC) in their own right. If asked to provide a restoration under the NHS using this material, they should either bring to the dentist's attention that the material is not permitted or, failing that, bring the issue to the attention of the GDC.

Equally, if a dentist prescribes a restoration and they have reason to believe that a technician has constructed the restoration using this inappropriate material, then the dentist should make the GDC aware of this.

The vast majority of dental registrants will always provide quality restorations in the best interests of their patients, but it is very unfortunate when media stories cast a cloud over dentistry as a whole.

**Barry Cockcroft**

## SUE'S UPDATE

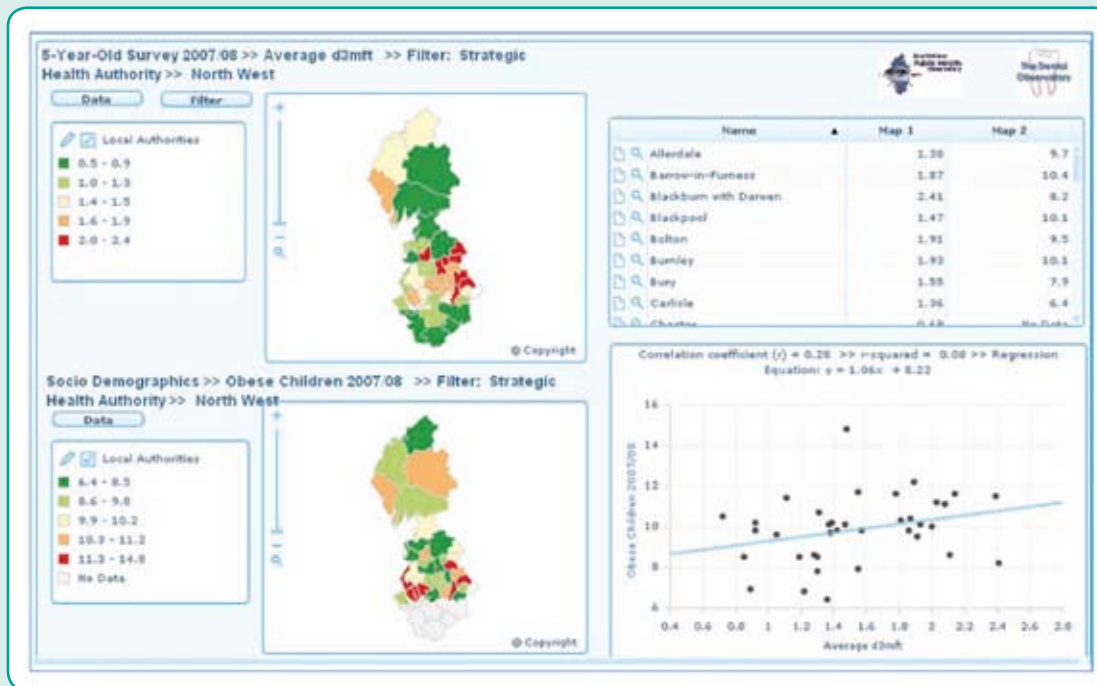
### NHS Dental Epidemiology Programme for England

Commissioning dental/oral health improvement services to meet the dental needs of the population requires an understanding of oral health status. Those areas in receipt of fluoridated water have a specific requirement to report on the health effects of water fluoridation under the provisions of the Water Act 2003.

Oral health is an important indicator of the health of a population, and oral health has previously been identified as a Local Area Agreement target in some areas. There is a need, therefore, for other partners in health, such as local authorities and other community groups, to have ready access to good quality comparative data on oral health. For these reasons, regulations were made under the NHS Act 2006 requiring PCTs to undertake epidemiology surveys.

This requirement is contained in The Functions of Primary Care Trusts (Dental Public Health) (England) Regulations 2006 (Statutory Instrument 2006/185), backed by accompanying directions (Directions to Primary Care Trusts concerning the exercise of Dental Public Health functions 2008).

Standardised and coordinated NHS epidemiology surveys of children's teeth have been undertaken nationally since 1985. As a result, the UK has one of the best oral health databases in the world. Data obtained from these local surveys, together with the centrally commissioned decennial national surveys of child and adult dental health, have been – and continue to be – used by the Department of Health and the NHS to enable the NHS to focus on health outcomes and improvement, to target preventive resources to areas of



Oral health data mapping against obesity

highest need and to assist in workforce planning and research.

The North West Public Health Observatory (NWPHO), The Dental Observatory (under the leadership of Eric Rooney) and key stakeholders including the British Association for the Study of Community Dentistry (BASCD) are working together to generate intelligence to support a range of requirements for dental epidemiological information. The NWPHO currently plays a key role in coordinating the programme nationally and has set up a dedicated area within its website which includes the results and analysis of the findings in narrative, tabular and interactive formats (see: [www.nwph.info/dentalhealth](http://www.nwph.info/dentalhealth)).

The NHS Dental Epidemiology Programme for England is now available on the NWPHO website (see: [www.nwph.info/dentalhealth/reports/NHS\\_Dental\\_Epidemiology\\_Programme\\_for\\_England\\_Report\\_June\\_2010.pdf](http://www.nwph.info/dentalhealth/reports/NHS_Dental_Epidemiology_Programme_for_England_Report_June_2010.pdf)). This report covers the activity of the programme over the past three years. Interactive mapping of the data is available on the website, which also links the oral health

data with other health variables, for example obesity, as illustrated above.

## New NHS orthodontic PDS contract guidance issued

We have recently issued new guidance advising PCTs on how to approach the review of existing NHS orthodontic Personal Dental Services (PDS) contracts, which are expected to expire at the end of March 2011, in order to maintain continued access to services for patients.

To read the guidance in full, see: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121386](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121386)



**Sue Gregory**  
Deputy Chief Dental Officer for England

## PROVIDING PATIENTS WITH DENTAL APPLIANCES – STATEMENT OF MANUFACTURE

**A**mendments made to the Medical Devices Directive 93/42/EC require that a copy of the statement of manufacture is made available to the patient for whom the dental appliance is made.

The patient can request the statement of manufacture at any time during the lifetime of the appliance. Dentists should inform patients of the existence of the statement and offer them a copy. They should record whether or

not the patient chooses to take a copy. If the patient does not, the dental practice will need to keep the statement for the lifetime of the device in case it is requested at a later date.

Further guidance is available on the Medicines and Healthcare products Regulatory Agency website at: [www.mhra.gov.uk/Howweregulate/Devices/index.htm](http://www.mhra.gov.uk/Howweregulate/Devices/index.htm)

### **Jerry Read**

Section Head – Oral Health and Dental Education. DH Dental and Eyecare Division

## NEW HEALTH MINISTER VISITS OASIS DENTAL PRACTICE IN CAMBRIDGE

**H**ealth Minister Earl Howe recently visited the Oasis Dental Practice in Cambridge to meet local dentists. During his tour of the premises, he spoke to staff about their views on NHS dental services and the way they are provided to patients.

Oasis Dental Practice is one of the longest established practices in the Cambridge area and has been in operation since the 1920s. It moved to its present site in the 1990s and joined the Oasis group in 2002

After his visit, Earl Howe commented: 'I'm delighted to have had the opportunity to visit Cambridge, to meet the professionals that are making a difference to the health of local people. We are committed to improving access and providing NHS dental care for at least an additional 1 million patients nationwide. That's why I'm keen to visit practices like the Oasis Dental Centre to find how they are helping to improve access locally.'

Justin Ash, Chief Executive of Oasis Dental Care, was delighted to welcome the Minister to the practice, saying:

'We were very pleased to have the opportunity to meet Earl Howe and to be able to talk to him about the dentistry services that we offer local people in Cambridgeshire. In particular it gave us the opportunity to discuss the work we are doing to improve the patient experience by focusing on preventative treatments and the importance of good oral health.'



*Lord Howe with members of the Cambridge Oasis dental team*

# THE IMPACT OF THE NEW CAPITA CONTRACT ON NHS DENTAL SERVICES

In December 2009, the NHS Business Services Authority (NHSBSA) appointed Capita Business Services Ltd to provide services to transform the efficiency of the processing and payment of dental contracts and a managed IT service on behalf of NHS Dental Services (NHSDS).

The contract, which has seen a number of NHSDS staff transfer to Capita, covers the outsourcing of work by the NHSBSA's dental services division, including processing about 40 million FP17s made each year to dentists in England and Wales. This extends to include all the administrative activities surrounding the payment of dentists, patient benefit eligibility checks, patient surveys and the setting up of Dental Reference Service visits.

The contract also covers IT-managed infrastructure services for the organisation's corporate requirements, including the prescription processing division. An important element of this contract is the redevelopment of NHSDS legacy IT systems, some of which have been in place since 1990. To this end, Capita will be putting in place a new system

design which, by mid 2011, will provide a portal that primary care organisations, dentists and patients can use to access NHSDS services. This means that dentists will be able to view data on their performance against contractual commitments, copies of monthly schedules and pay statements, information on individual FP17s processed by NHSDS and the latest position on superannuation contributions and payments made.

The replacement of the legacy IT systems also means that FP17s will be processed in real time throughout the month, so delays as a result of the current scheduling programme will no longer be incurred. This real-time processing will start to take place from the end of 2010 when the old mainframe is decommissioned and the new systems are fully implemented.

NHSDS will be sending out various communications nearer the time to explain more fully what the changes are and when they will come into effect.

## Carol Doble

Business Operations Manager, NHSBSA  
Dental Services

## NHS CHOICES – IMPORTANT CHANGES TO DENTAL LISTINGS

From autumn 2010, NHS Choices is introducing the following key changes to the way in which dental practice profiles are presented and updated:

- Dental practices will be able to edit their own profile details (subject to agreement with their PCT).
- Patient feedback on NHS dental practices – and practice responses – will be included.

These enhancements provide an opportunity for PCTs to work closely with their dental practices to encourage them to expand the range, quality and accuracy of information published, as well as to improve patient awareness of availability of their local NHS dental services. A series of training workshops are being held in November to help PCTs understand and implement the new content and format. For more information, see: [www.nhs.uk/dental](http://www.nhs.uk/dental)

# PRIMARY DENTAL CARE AND CQC REGISTRATION

## Background

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. Its purpose is to make sure that people get better care through driving improvement, putting people first and championing their rights, acting swiftly to remedy bad practice, gathering and using knowledge and expertise, and working with others.

One of the key ways in which the CQC meets its aims is through the registration of health and adult social care providers. In order to be granted – and thereafter maintain – registration, services must meet essential levels of quality, protect people's safety and respect their dignity and rights wherever care is provided, wherever they live.

From 1 April 2011, under the requirements of the Health and Social Care Act 2008, all primary dental care services that provide 'regulated activities', whether NHS or private, must be registered with the CQC. All NHS trusts were brought into the system on 1 April 2010; all GPs have to register from April 2012; and all adult social care and independent healthcare providers must be registered by 1 October 2012.

## The criteria and process for registering

To be registered with the CQC, a provider must show that essential levels of quality and safety in all of its regulated activities, as set out in regulations, are being met.

Applications for registration will begin in November 2010 and continue until March 2011, with a series of 'windows' during this period when providers will be able to apply.

Providers will be able to apply for registration online and will be required to declare that they meet all the registration requirements – however, at this stage, no supporting information needs to be supplied. Where the provider is an organisation or a partnership, the person running the service



## EARLY SUCCESS FOR ORAL HEALTH FOR THE HOMELESS INITIATIVE

**T**he oral health initiative launched in November 2009 is already proving to be successful in helping homeless people to access dental services. A new leaflet signposting the location of dedicated community and emergency dental services for the homeless has recently been produced. It has been welcomed and praised by all those involved with the homeless population in London and beyond.

The leaflet, plus complimentary dental supplies, have been distributed in a variety of ways. For example, they are given to all homeless people attending tuberculosis screening sessions on a mobile X-ray van, as well as being distributed via hostels, day centres and Crisis.

Over 270 homeless individuals have been asked for their views on the initiative. Their responses clearly indicate that they have real problems accessing conventional NHS dental services and that the help and information provided in the leaflet is a valuable new development.

The initiative will continue to run until spring 2011 with a focus on improving access for those without a settled home by means of extending some existing outreach and mobile dental services and seeking ways to improve pathways into regular dental and oral health care.

To obtain copies of the leaflet, please email: [relletb@1greekstreet.org.uk](mailto:relletb@1greekstreet.org.uk)



(or one of the partners) at each location must also register as a 'registered manager'. There is no joining fee for existing providers; however, an annual fee will apply from April 2011. The CQC is currently consulting on its proposals for annual fees, and dentists are encouraged to respond before the closing date of January 2011. For full details, see: [www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content\\_view\\_1&cit\\_id=36785](http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content_view_1&cit_id=36785)

### What will happen following registration

After initial registration, the CQC will continuously monitor whether providers are meeting essential levels of quality and safety. Should a provider fall below these levels, the CQC will work with them so that they return to compliance as quickly as possible. If a provider fails to improve, the CQC can take swift action, using its legal powers if necessary. The CQC will hold a 'quality and risk profile' for each registered provider containing all provider information relevant to compliance, and these profiles will be regularly reviewed.

Please note that the CQC has access to an accurate database of all practices with an NHS contract. There is no pre-existing database of practices that provide primary care dentistry services only outside the NHS. Practices in this category are urged to contact the CQC as soon as possible.

### Further information

More information, including guidance on meeting the essential levels of quality and safety, is available on the CQC website at: [www.cqc.org.uk/dental](http://www.cqc.org.uk/dental). Alternatively you can call the CQC on 03000 61 61 61.

### Naomi Drewitt

Primary Medical Care Team,  
Department of Health

## MEDICAL EDUCATION ENGLAND DENTAL PROGRAMME BOARD WORKSTREAM UPDATE

### Demand/supply scoping

A demand paper is currently being prepared to look at need, as well as supply, in dentistry. One of the main challenges will be to factor in private/cosmetic trends and economic considerations.

### Skill mix

Following its recent consultation exercise, the skill mix group is currently working on a draft report. New Health Minister Earl Howe is particularly interested in this workstream given the potential for cost improvements through delegation from dentists to dental care professionals and its natural alignment with the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

### Small dental specialties

The base evidence has now been assembled and the challenge is how to measure demand (need) for specialist dental care. The Dental Programme Board now hopes to recruit an epidemiologist with a view to scoping ahead for the next 10 to 30 years.

### Oral surgery

The final version of an oral surgery review paper is due out shortly. A key theme is the importance of oral surgeons working collaboratively with maxillofacial surgeons in the best interest of patients and the efficient delivery of services in future.

### Foundation training

Given the GDC's current work on the development of a revalidation scheme for dentistry, the Dental Programme Board will be looking to adopt a joined-up approach regarding issues such as the introduction of summative assessment.

Further details on the workstreams and upcoming meetings are available at:

[www.mee.nhs.uk/programme\\_boards/dental\\_programme\\_board.aspx](http://www.mee.nhs.uk/programme_boards/dental_programme_board.aspx)

# NEWS IN BRIEF

## Latest GDC consultations

### GENERAL DENTAL COUNCIL

#### GDC to review Standards and Scope of Practice

The General Dental Council (GDC) has begun a review of its 'Standards Guidance' and 'Scope of Practice'.

The aim is to go back to square one, with the GDC asking registrants, patients and other stakeholders what level of detail they would find helpful, what they think of the current standards, what works, what does not and what is missing.

Due to run throughout 2011, the review will include consultations, focus groups and a working group, and will involve GDC staff attending events across the UK to hear directly from those affected. It is anticipated that the GDC will produce the new guidance in early 2012.

If you would like to make any comments on the current guidance, please email: [standards@gdc-uk.org](mailto:standards@gdc-uk.org)

#### Consultation on learning outcomes

The GDC is inviting views on the new learning outcomes that it is currently developing in order to prepare students for practice as registered dental professionals. All learning outcomes are in draft form only, and there is plenty of scope for further change following feedback. The deadline for consultation responses is 3 December 2010 and the GDC anticipates publishing the final version in spring 2011.

For more details, see: [www.gdc-uk.org/News+publications+and+events/Consultations/Current+consultations/Consultation+on+learning+outcomes.htm](http://www.gdc-uk.org/News+publications+and+events/Consultations/Current+consultations/Consultation+on+learning+outcomes.htm)

#### Consultation on revalidation

The GDC plans to introduce revalidation for

dentists in 2014. This will provide, for the very first time, a way of checking that dentists continue to meet the GDC's standards after they have joined its registers.

Revalidation requirements will also make clear the minimum standards that all dentists must meet. It is expected that the majority of dentists will already be meeting these standards and should have no difficulty in revalidating.

The consultation takes into account the findings of an earlier consultation, research and pilots carried out in 2009. These pilots focused on the experiences of general dental practitioners. However, the GDC anticipates carrying out further piloting and consultation with other dentist groups in 2011 and 2012.

The consultation closes on 6 January 2011. For further details, see: [www.gdc-uk.org/News+publications+and+events/Consultations/Current+consultations/Revalidation+consultation+2010.htm](http://www.gdc-uk.org/News+publications+and+events/Consultations/Current+consultations/Revalidation+consultation+2010.htm)



#### NHS Information Centre – latest dental reports



for health and social care

**25 August 2010:** *Dental Working Hours England and Wales 2008/09 and 2009/10*

**18 August 2010:** *Dental Earnings and Expenses, England and Wales, 2008/09*

**18 August 2010:** *NHS Dental Statistics for England: 2009/10.*

To read the reports in full, see: [www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry](http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry)

#### HTM 01-05: information on the endotoxin level and hardness of water supplies

Water companies are not able to give out information on the endotoxin level and hardness of water supplies. The advice given in paragraph 3.14 of HTM 01-05 has now been removed from the Essential Quality

Requirements. Please would practices therefore not contact their local water companies to request this information. The next issue of HTM 01-05 will be amended to reflect this.

### **Dental Reference Service Transformation Programme in England**

A transformation programme for the Dental Reference Service in England is being implemented by the NHSBSA. Key principles of the programme are outlined in a paper that has just been published on its website at: [www.nhsbsa.nhs.uk/DentalServices/3157.aspx](http://www.nhsbsa.nhs.uk/DentalServices/3157.aspx)

### **NCAS launches online EEA directory**

The National Clinical Assessment Service (NCAS) has produced a practical resource to underpin the support of European Economic Area (EEA) qualified dentists working in the UK. Intended for organisations that currently employ – or may be considering employing – non-UK EEA qualified dentists, the resource will also be useful for dental practice owners and bodies corporate. The resource will be launched later in the year on the NCAS website at: [www.ncas.npsa.nhs.uk](http://www.ncas.npsa.nhs.uk)

### **New dental access resource pack published**

*Delivering dental access more effectively: A PCT resource pack for working with providers* is a resource pack developed and published in July 2010 to help PCTs improve dental access for patients. The main sections of the pack cover:

- key advice on the dental regulations
- a guide to developing a local performance policy
- advice on the effective use of information/ data and e-reporting
- information on contract variations
- case studies and examples.

Feedback from a number of PCTs has indicated that they are sharing the new pack with their local providers and dentists and that it is proving a helpful tool. It is available online at: [www.pcc.nhs.uk/dap-delivering-dental-access-more-effectively](http://www.pcc.nhs.uk/dap-delivering-dental-access-more-effectively)

### **Your HPC Network needs you**

One of NHS Network's most successful projects, the Healthcare Professionals' Commissioning Network (HPCN), held its second meeting on 6 October. The session included a presentation by Ben Dyson, head of DH primary care, who covered the kind of provision being made for multi-professional inclusion – specifically how the HPCN can support policy development. For more details, see: [www.networks.nhs.uk/nhs-networks/healthcare-professionals-commissioning-network](http://www.networks.nhs.uk/nhs-networks/healthcare-professionals-commissioning-network)

The HPCN is steadily growing in numbers and momentum – however dental representation still needs augmenting. If you would like to volunteer to represent dentistry on behalf of the network, please contact Julia Battersby at [julia.battersby@pcc.nhs.uk](mailto:julia.battersby@pcc.nhs.uk)

### **Recent events and dates for your diary**

#### **27 October – Ministerial Smile4Life launch**

On 27 October, Health Minister Lord Howe launched the innovative Smile4Life programme in Chorley, Lancashire, designed to promote good oral health among pre-school children in the region.



*Lord Howe's visit to Chorley*

Smile4Life sees Lancashire County Council join forces with NHS Central Lancashire, NHS North Lancashire and NHS East Lancashire to combat the region's poor record on tooth decay in children by educating pre-school children about the importance of looking after their teeth.

The programme involves members of the local NHS dental team visiting pre-schools across the county to provide advice to young children and their carers on tooth brushing, the importance of regular visits to the dentist and encouraging them to follow a healthier diet.

A full report will follow in the next edition of CDO Update.

#### **11–12 November 2010 – NADA conference**

The 2010 National Association of Dental Advisers (NADA) conference was held in Sheffield on 11 and 12 November 2010 at Kenwood Hall Conference Centre. Topics on the agenda include infection control and the impact of the CQC, access, outreach and law and ethics. For more information, see:

[www.nada-uk.org](http://www.nada-uk.org) or contact [Richard.Taylor@Sheffieldpct.nhs.uk](mailto:Richard.Taylor@Sheffieldpct.nhs.uk)

#### **23 November 2010 – Children's Health 2010**

Following the success of Children's Health 2009, this conference will discuss the next steps and key strategies in delivering excellence in children's health services, including oral health in a presentation to be given by Barry Cockcroft. It will take place at the Queen Elizabeth II Conference Centre in Westminster. For more information, see:

[www.childrens-health.co.uk](http://www.childrens-health.co.uk)

#### **25 November 2010 – BASCD autumn scientific meeting**

Entitled 'New Directions in Oral Health – Revisited', this meeting will be held in honour of the BASCD's late President, Liana Zoitopoulos, and will take place at the International Coffee Organisation, 22 Berners Street, London W1T 3DD.

For more information, see:

[www.bascd.org](http://www.bascd.org)

#### **Don't miss out on future issues of CDO Update**

In line with the new Coalition Government's 'low cost/no cost' communications directive, CDO Update will only be published in electronic format from now on. You will be able to continue to find it on the CDO pages of the DH website at: [www.dh.gov.uk/cdo](http://www.dh.gov.uk/cdo) and links will also be posted on the websites of a number of other regional and national dental websites, including:

- the BDA
- the Faculty of General Dental Practice (UK)
- the NHSBSA – NHS Dental Services
- Medical Education England
- Local Dental Committee websites

#### **Register for e-alerts for future issues of CDO Update**

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