



Welcome to the Autumn edition of our CESRC newsletter. We have some exciting things going on at the Centre and I would like to take this opportunity to congratulate Fiona, my nurse of 27 years, on her promotion to treatment coordinator. Those of you who know Fiona, I know will agree that there really is

no one better placed to look after our new patients. Also congratulations to Jade who will be stepping into the role of senior nurse and looking after the day to day running of the surgeries. Congratulations to Sabrina who has been accepted onto the Dental Hygiene MSc programme with UCL. As part of our Corporate Social Responsibility Plan we are always looking at ways to develop our team and training and development is at the heart of the Centre and the core of improving our patient journey.

Thank you to Simon Walker for talking to us about his experience working alongside the Centre and what it means to him and his practice as well as his experience of the Aesthetic Restorative Course (ARC). ARC returns

to the Northwest in October and there are still a couple of places available so why not visit the website for more information: arc-dental.com

Our next Study Clubs will be presented by Ben Edwards and Monica Campos Gallego and I would like to thank them both for what I know will be informative evenings with plenty of practical useful tips to take back to your practices and apply immediately to your work. This is the first time we have welcomed hygienists for their own Study Club and we hope we can continue these in the future. Everyone is welcome to attend the Study Clubs (booking is essential) and referring dentists are invited to join the CESRC closed Facebook group by searching CESRC Dentists Club in the Facebook search bar.

As we enter the last quarter of the year I wish you all well and look forward to catching up with some of you at the Study Clubs. Remember I am here to help and should you need me regarding your patients care you can either use the contact page on our website to send an encrypted message or you can call me on **07973381492**.

Dr. Neil Wilson

AESTHETIC RESTORATIVE COURSE (ARC) IS RETURNING IN OCTOBER 2019

Dr Neil Wilson joins ARC co-founder Dr Amin Aminian for this comprehensive 12 module course designed for the general dental practitioner who has an interest in all aspects of restorative dentistry.

Taking place over 16 months in Manchester the course brings together leading dental speakers and includes hands-on sessions with a small group size to ensure greater time with mentors.

To register your interest for Octobers course please contact Nikki on nikki@clinic334.co.uk

WHAT PREVIOUS DELEGATES HAD TO SAY...

“ Great course would recommend to any general practitioner at any stage of their career.

NW LIVERPOOL

“ ARC is inspirational and a great way to boost knowledge and skills for a practitioner at any level. The level of support is phenomenal and always non-judgemental and uncritical. I look forward to every course date! I can't say thank you enough!

AD CHESTER

INSIDE THIS ISSUE

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Access and Facilities

OPENING HOURS

Mon - By appointment only : Fri 8am - 4pm
Tues - Thurs 8am - 6pm : Sat 8.30 - 1pm
: (alternate Saturdays)

INTERVIEW WITH SIMON WALKER

Simon is the joint principal of Headless Cross Dental Practice in Redditch. He qualified from Birmingham Dental Hospital in 1990. He recently took the time to meet with Sabrina and discuss his practice and his experiences with CESRC and ARC.

WHAT MADE YOU WANT TO BE A DENTIST?

My family are all medics however my brother in law who was a GP thought the grass was greener and he advised me to go into dentistry rather than medicine. I don't regret it and I'd do it all again. I am not sure I'd be accepted now but if I was I would do the same again. I do like what I do.

WHO HAVE BEEN YOUR BIGGEST INFLUENCES IN DENTISTRY?

Paul Tipton, back in 1994, as he opened my eyes to 'evidence based' dentistry and how you can do things better. The stress in dentistry comes from things being unpredictable so if your treatments are predictable and you understand what works and what doesn't there is less stress. The stress comes when you see something that has broken and you don't know why and then you try stronger cement or take a little off but it still doesn't work and you don't know why because you've not understood, you need to understand what is going on and then that takes the stress away. Other influences have been Bill Comcowich, an American dentist, Roy Higson and Amin Aminian and of course Neil Wilson.

Neil is someone who has always been on the end of the phone for me and he is very approachable and he gives very good practical 'practice based' advice, it's not unrealistic advice but evidence based advice that works in my Practice and that's the relationship we have. On the ARC course Neil and Amin are ying and yang they 'ham and egg' as the Americans would say. And both have very different styles and I like them both. I really enjoyed going to ARC... I suppose to a degree it is work but it's not. They are a great bunch of people you mix with both fellow colleagues and Neil's team, you learn loads and it's a very friendly environment its good fun and you're going to benefit yourself and of course your patients and then there is the food!

The second time I did ARC it was due to having a new partner at the Practice and we wanted to do something together. I did wonder if I should do it again and I spoke to Neil... that sounds arrogant and I was massively wrong! I learnt loads much more than I thought I would, the different days build on what you have done before

WHAT MAKES YOU PASSIONATE ABOUT DENTISTRY?

I love doing the aesthetic stuff and I like knowing we are doing it in a biologically kind manner and you see your stuff work. I've been in practice so long I've got cases going on for 15 years that still look good, our strap line at the Practice is 'smiles that last a life time'. I realise nothing lasts for ever but the relationships you build with patients do and that's what I like and that

teaches you a lot, you can't cut corners, if you're moving from practice to practice you don't see your failures whereas when you're in one place you see the problems and that sharpens you up. The courses I've enjoyed because I've gained so much from them and seeing longevity is a real buzz, that's what I like and also doing the fiddly stuff and seeing it work.

HOW HAS YOUR SKILL SET GROWN?

Courses, Neil has helped me with practical advice and hands on courses. If you're doing a new technique you don't want to be trying it on the patient first time and that's important. It's important to be honest with patients if they could be referred and have the conversation with them to decide if they should see a Specialist or if they want you to do it. I also do lots of reading and using online education such as Dental Tubules I can watch lectures in my own time.

WHY DID YOU DO ARC?

The first time was for knowledge and the second time was because I had a new business partner and I thought it would be good to build our relationship but both massively benefited me. The friends that you make, the groups that you join and the cases you discuss. For me the ARC 'cases' are great you learn most from these and also the cases colleagues bring in and ask what would you do here? You tend to do things a certain way and then you hear something else and think that's a good idea I'll do that differently from now on, you only get that from sharing and showing cases. That's why using good labs is important, having a great relationship with the technicians, ensuring you get good impressions/records.

WHAT ADVICE WOULD YOU GIVE TO SOMEONE CONSIDERING THE COURSE?

Definitely do it, what's there to lose? Nothing you will gain loads, I wouldn't give a second thought to advising anyone to go and do Neil and Amin's course because I think it's brilliant. It's a fun day and when your relaxed you enjoy and learn more.

WHAT'S YOUR VISION FOR YOUR PRACTICE?

The practice vision for me is to carry on providing the best dental care I can for patients in an ethical way. I want to grow the practice as I have 10 years left and I want to grow it so someone wants to bite my hand off and buy it. I want someone to come in and think great this all works well, there's a great team and everyone's doing what they should. I believe we put the patients first and that way the dentist wins and the patient wins. I also want to improve my skill set with perio next so I'm doing an Ian Dunn course on grafting, that's next year's goal.

WHY DO YOU REFER TO CESRC?

For a whole host of reasons: excellence in care, the advice I get, my patients are well looked after and I can watch Neil work. I come along to consults and I always learn something from Neil which means I can improve what I offer my offer patients too. Patients have good experiences



and they are generally very pleased with the work they have had done and how they have been looked after by Neil and the Team. You just feel comfortable and confident when you're at CESRC that you're in the right place to have that level of care.

WHAT ARE THE BIGGEST CHALLENGES FACING YOU AND YOUR PRACTICE RIGHT NOW?

The thing we are looking at now is social media and seeing how it can benefit the practice and help us grow patients numbers. There are a host of challenges including the CQC, but I've got a great team of people around me who I can trust, that will do tasks and get them done I feel very fortunate. Patients can be very demanding quite rightly. Growing costs and working more than I want too...

WHAT ADVICE WOULD YOU GIVE TO YOUNG DENTISTS?

It's a different world and I can only speak from my experience but go and get as much training as you possibly can, especially early on, go on courses. That's hugely important because your problems will all hit at the start and should trail off. The more relationships you can build with your peers like I have done with Neil the better. You can go to him with a problem and ask for help and rather than just take the patient from you he will try and help you and you can go to the Centre with the patient if you want to and do the treatment... it's a win/win. He will hold your hand if you need him to and to me that's massively important. I know some Specialists who will tell you "that's too hard send it to me" I've witnessed it and CESRC is not like that. There is an abundance mentality there is enough for everyone. Build relationships with people you like and that know more than you and you will have a fulfilling working life.

WHAT ADVICE WOULD YOU GIVE ADVICE TO PEOPLE CONSIDERING BUYING A PRACTICE?

There is a sense of ownership, building something up and you have control, you don't have someone telling you what to do I'm a control freak!

WHAT'S NEXT FOR YOU AND THE PRACTICE?

World domination! I want to continue to grow the Practice and develop our team... it's great to see the successes, have fun and when things go wrong approach it in the right way. For me I'd like to continue to improve what I do until I walk away and I will know that I have strived to look after people to the best of my ability.

THE JOURNEY FROM UNDIAGNOSED HIV STATUS TO A CONFIRMED HIV DIAGNOSIS

BY SABRINA GRIFFITH

BACKGROUND

The patient presented for an examination as he suspected he had gum disease. He had noticed a swelling buccal to 21 one month ago but was experiencing no pain. The patient was referred across to Sabrina on the same day who was providing locum cover at the practice.

HISTORY

The medical history was clear and he was not taking any medications. He is a smoker but had cut down to 2 in the past few months. Alcohol units were approximately 12 per month. He had lost some weight recently but stated this was intentional. He is a shift worker and reports general tiredness.

EXAMINATION

Intra oral examination revealed extensive white plaques present on the dorsum of the tongue, the hard palate and cheeks. There was a purple hypertrophic gingival lesion noted between lower left 1 to lower left 4. There was a purple swelling buccal to the 21 which had a slightly vascular appearance. This was pedunculated and attached to the interdental papillae. There was no deep pocketing around the upper anterior teeth. A periapical radiograph confirmed there was no bone loss or pathology related to the 21. There was an additional pedunculated mass on the dorsum of the tongue with overlying candida. The BPE was recorded 333/333.

REFERRAL

The patient was referred to Birmingham Dental Hospital on a fast track referral and was booked for a review with Sabrina in 4 weeks time.

FOLLOW UP

Four weeks later the patients appointment from the dental hospital had still not come through. On examination the purple swelling which was localised to the 21 was now a 3x2cm mass extending from the upper right 2 through to the upper left 2 and had a papillary appearance on the superior aspect. I suspected that the patient was undiagnosed HIV positive and given the manifestations in the mouth I was concerned that he was very ill and would be susceptible to other infections, given the reduced immune response. The gravity of the situation was communicated to the patient and he was advised he needed to be seen urgently. The patient was advised to attend the dental hospital emergency clinic the next morning.

DENTAL HOSPITAL

The patient presented himself to the dental hospital the next day. The team discussed with him the possibility of undiagnosed HIV being the cause of the candidiasis. He was prescribed a three week course of Fluconazole 100mg. The probable diagnosis for the swelling was Kaposi Sarcoma but a biopsy was deferred due to the risk of heavy haemorrhage. The patient was referred to the GUM clinic for blood tests which did reveal a HIV positive status. At the time of diagnosis the patients CD4 count was 80. When the CD4 count falls below 200 a person is diagnosed with AIDS. The normal range for CD4 cells is 500-1500. The patient's viral load was 200000. HIV viral load is typically undetectable below levels of 40-75 copies. The patient was started on a course of Truvada and Rezolsta and low dose Trimixazole. The diagnosis of Kaposi Sarcoma was confirmed and other lesions on the patient's body were identified.

FOLLOW UP

The patient was seen two months following his diagnosis. The patient had started his anti-viral treatment and his CD4 count had increased to 147 and the viral load was down to 600 copies. On examination there was a significant reduction in the Kaposi Sarcoma in the anterior region and the candidiasis had cleared. We continued with intense oral hygiene and commenced scaling. A recall of 6-8 weeks was advised.

The patient is now on a three-monthly recall and maintains his oral hygiene. His recent CD4 count is 605 and his viral load is undetectable. The patient is living a fit and active life and is no longer susceptible to infection. He is under the care of the Queen Elizabeth Hospital and The Birmingham Dental Hospital.



Footnote from Mr Luis Bruzual Consultant Oral Surgeon DMD, MS(OMFS), GDC no. 224921

"Sabrina, this is a unique case which shows that dental hygienists and therapists are as important as the dentist in the early detection of oral manifestation of systemic diseases. Cases like these are rare in general practice and you did an excellent job spotting this patient's lesion, documenting it with clinical photography and guiding the patient to get in the hands of a specialist with an urgent referral.

Suspected lesions should always be flagged and referred urgently to a specialist oral surgeon (ideally with clinical photography and a good medical and dental history) Urgent referrals can be done to the local hospital or via our online referral to CESRC and these will be processed immediately for a final diagnosis. If you see a case like this and refer it to the centre as an urgent referral online please also call the centre to alert the team to the urgency of the case".

BOOK REVIEW BY DR NEIL WILSON

Black Box Thinking by Matthew Syed

This book was recommended to me by one of my own patients. By page 7 you learn the story of Elaine Bromley a 37-year-old woman attending hospital for what was supposed to be a routine operation on her nasal air passages.

She suffered catastrophic brain damage after unexpected complications that occurred at the start of the procedure and on 11th April 2005 died after thirteen days in a coma.

This is just one of the many real life cases that the book goes on to explore and that make this book a real page turner, as it draws you into the world of learning from mistakes with real life stories from the aviation industry, formula one and the criminal justice system amongst others.

It evokes you to think intensely about the decisions you have made personally and professionally and more importantly, the failures or successes of those decisions and what can be learned from them.

As a dentist, dental care professional or a practice owner the book will also compel you to think about how you or your practice makes its decisions and how things can be improved in your work environment. The

way we have been conditioned and taught to view failure is wrong and, in Syed's view, we should embrace failure as an opportunity to improve versus using failure to blame someone.

Going forward, this perspective will be something I use in all areas of my life and share in practice. This book illustrates how powerful a simple change in thinking can produce extraordinary outcomes, both good and bad.

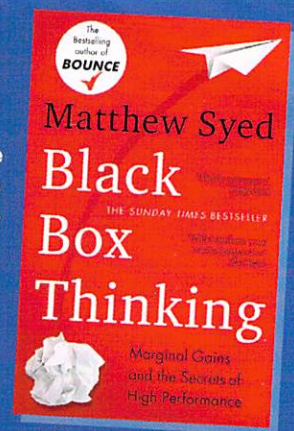
There are several things that I have taken away from this book that relate directly to the Centre for example, how we deal with our significant event analysis in a positive way to ensure we learn and improve rather than blaming a team member for their errors. How we break things down and analyse the practices performance with new patients, the patient journey and our profit and loss statements to look for where we can make our marginal gains leading to significant overall wins. How we conduct our CPR and medical emergency training, ensuring the team all adopt the mnemonic which has been used to improve the assertiveness of junior members of the crew in aviation is called P.A.C.E. (Probe, Alert, Challenge, Emergency), as its clear

from the case studies when one is focusing on one thing they easily lose awareness of other things and this is where the team really need to step up.

"Black Box Thinking" is an excellent read for anyone seeking to grow personally and professionally and would benefit anyone in a leadership role. Syed's message although at times can feel a little repetitive, is very clear and drives home the theme of creating systems and cultures that enable organizations to learn from errors, rather than being threatened by them.

Ultimately if we wish to fulfill our potential as individuals and organizations, we must redefine failure. A great thought provoking book which has subsequently led me to pick up Matthew Syed's other books off the back of this.

Enjoy!




WE NEED YOUR HELP


We want to develop our study clubs to meet the demands of you and your team. Do you want hygienist, nurse or practice manager study clubs? What topics do you want covered in the study clubs for dentists and your team. Please email your suggestions to Sabrina@centralenglandreferrals.co.uk and we will do our best to deliver on any requests.


SOCIAL MEDIA


You can now follow us on **Facebook**, **Twitter** and **Instagram** to keep up-to-date with all our news, events and courses. You can also direct your patients to these media channels to take a look at the centre and to see patients who have undergone similar treatments to them.

For Study Club delegates or dentists who refer to the centre, please search "CESRC Dentists Club" to join our closed Facebook group where you can post cases or ask questions.

 CentralEnglandReferrals

 @CESpecialistRef

 central_england_referrals

 drneilwilson



CESRC SURGERY HAS WHEELCHAIR ACCESS AND FACILITIES

When considering where to refer your patients if there are any mobility issues, please remember that we have on site disabled parking and fully accessible surgeries and bathrooms. We also have a lift to the first floor so there are no restrictions on moving around the building. When you send your referral please tell us if your patients have any special requirements.

New to Online Referrals?
It couldn't be easier!

1

Your referral will be passed on to the appropriate specialist

2

The patient is contacted immediately with an appointment date

3

A copy of the referral is emailed to you, the referring practitioner and confirmation of being referred is sent to the patient

4

Patient attends the appointment

5

All copies of correspondence are passed on to you, the referring practitioner