

Information about NHS Dentist

The **principals are Dr Amir Vahdat and Dr Nancy Yousef, both qualified in Sweden.** 14 other dentists work at the practice, their names and qualifications are attached. Each surgery has the name of the dentist treating you and the name of the usual nurse attending. We have three **hygienists.**

We use **high quality materials and laboratories** to ensure the highest standards of dentistry. We strictly adhere to the cross-infection and hygiene control requirements of the **General Dental Council (GDC).**

The clinic is **computerised** and therefore information you supply us with is processed. Information stored about patients may be seen by them by prior appointment. Copies can be supplied in line with the **GDPR Regulations 2018.** Each dentist is registered with the Information Commissioner and he/she holds information as to the categories of information we hold and to whom we may disclose it. You must give us written permission to **tell someone that you are our patient, to confirm that you are on the premises or to change your appointment for you. We share information with other medical services when we refer you for treatment. Please see our Data Protection Privacy Notice on our website www.nhsdentist.com.**

We do **not register private patients** and will treat anyone on the NHS, who is working or not working. To register you need only to make an appointment for a check-up. At that time we will ask for your name, mobile, e-mail and date of birth. You will also be asked to complete a medical questionnaire in confidence. You will be our patient as long as you are under a current course of treatment. The Government no longer permits us to charge for missed NHS appointments and has set targets for NHS dentists on the amount of treatment they have to provide. As a result, we have unfortunately had to institute a system whereby treatment will be withdrawn if you fail for an appointment, arrive or cancel late (8 working hours' notice excluding Saturdays), owe us money, have been ill-mannered, abusive, aggressive, unreasonable or uncooperative with staff. Sometimes dentists feel that a patient is not cooperating with them or does not trust them, in these few cases, the dentist will refuse further treatment as a good working relationship is vital for successful treatment. We charge missed or late cancelled private appointments.

You will see the **same dentist** except in your dentist's absence. You **may request to see a particular Practitioner** who will diagnose, compile and complete your course of treatment. You may move dentist at the end of a course of treatment. Only in the most exceptional circumstances will another dentist take over your treatment in the middle of a course of treatment. **Frequent cancellations** will lead to a course of treatment being closed as treatment needs to be completed normally within 2 months. This will mean you will have to pay again, if you are a paying patient.

We will see patients who are in pain urgently. **We operate two urgent slots,** Monday to Friday 10am – 10.45am and 2pm – 2.45pm, Saturday only am (except Bank Holidays). You do not need to book and we cannot guarantee at what time you will be seen but it is strictly first come, first served. **There is a charge for urgent appointments.** We will explain anything that you do not understand about the treatment or cost of treatment. We welcome questions regarding your treatment options or any aspects of your treatment. After your initial assessment, you will be provided with a printed **treatment plan and estimate. If you are not exempt from payment, payment will be required for a new course of treatment IN FULL to make the next appointment. If you do not return to complete the treatment we will endeavour to contact you. If we don't hear from you we will have to close the course of treatment, charge for the work we have done and when you provide the means to refund the remainder of your money (if any) we will do so within 48 hours. The Government's current charges are to be found below. Courses of treatment can change after treatment has started. We will endeavour to tell you this beforehand but in some cases this will not be possible as medical factors may only become obvious once the treatment has started.** We provide the **full range of NHS treatments.** Most white fillings, white crowns on molars and scale and polish are not considered "clinically necessary" by the Government. We can provide this service to you privately. All clinically necessary hygiene treatment will be provided by your dentist. If you need extensive periodontal treatment, you may be referred to our hygienist under the NHS. You can, with the dentist's agreement, have regular cleanings with our hygienist and the treatment will be classed as private.

Private appointments will be charged IN ADVANCE and 8 WORKING hours' notice of cancellation is required for a refund of the charge. If you cancel an appointment and are due a refund, please make a note of the name of the person you speak to.

According to GDC guidelines, dental hygienists and dental therapists can see patients without a prescription from a dentist. However, the British Dental Association has identified different barriers with direct access and it is up to every practice to decide whether or not they want to introduce these arrangements. At NHS Dentist we have decided not to follow a direct access path to protect our patients.

If you have to be **referred** to a specialist, we are required to collect the appropriate charge from you on behalf of the Government BEFORE we refer you. We must also have your GP's name and address.

We will **not combine NHS and private dentistry** on a tooth doing related work at the same time. Up until April 2006, the Government would not allow this to happen as it caused complications for patients if they wished to complain. We will be consistent and provide a wholly NHS treatment on a tooth or a wholly private treatment on a tooth in one course of treatment.

We welcome **children** as patients or just accompanying their parents. There is a chair in the surgery for parents and toys and books are provided for young children. Please keep your children under control and well supervised. There are chemicals, instruments and machinery in the building. We understand that babies cry, but please keep children as quiet as possible, patients are often nervous and reception staff have to be able to hear other patients. Children **under 16** MUST be accompanied by a parent or legal guardian in order to receive treatment. **DO NOT USE MOBILE PHONES.**

The clinic is accessible for **wheelchair** bound patients. One surgery has been built with a wide doorway, we have an automatic front door, hearing loop and a lavatory for the disabled. All major facilities are at ground floor level. Please let reception know if you need assistance when making your appointment and we will arrange for you to be treated by a dentist on the ground floor. If you have difficulty completing our forms, then please ask our receptionists to help you in confidence. This form can be supplied in large print as can the medical questionnaire. We have achieved **GOLD** membership of the **Good Practice Scheme** by the British Dental Association which has to be reaffirmed annually and **Gold Standard Investors in People** which has to be reaffirmed every three years. We are committed to training our own staff on a continuous basis and we also offer work experience to children from local schools and foreign dentists. If you would prefer not to have a trainee in the surgery with you, please tell your dentist. This will not affect your treatment.

Opening Hours are: Monday 8.30am – 8.00pm, Tuesday – Friday, 8.30am – 5.30pm, Saturday 8.30am – 12.30pm. Staff in the clinic speak various **languages**, please enquire at Reception. Should you need an interpreter, NHS England can arrange this. **We take calls between Monday-Friday 8.30am – 11.45am and 1.00pm to 5.30pm.**

NHS England is responsible for **out of hours'** emergencies. NHS England request that you call 111. Should you have any **complaints**, concerns or suggestions please ask to see the Practice manager in the first instance. Your complaint will be treated seriously and in confidence. You can contact your local PALS, address can be found from your local authority or hospital, website www.pals.nhs.uk If you are not happy with the complaints procedures of the practice and PALS you can complain to the Parliamentary and Health Service Ombudsman Tel: 0345 015 4033 or www.ombudsman.org.uk.

NHS PRICE LIST FROM 1st April 2018 for treatment that is clinically necessary (ie not cosmetic)

| Name | Description | Charge |
|--|---|---------------|
| Band 1. Diagnosis, treatment planning and maintenance | Clinical assessment, radiographs, scale (if clinically necessary only) by dentist, preventive work: e.g. oral health assessment, study models, denture eases | £21.60 |
| Band 2. Treatment | Simple treatment e.g. fillings including root canal therapy, extractions, surgical procedures and dental additions, periodontal treatment (hygienist) | £59.10 |
| Band 3. Provision of appliances | Complex treatment that includes a laboratory element: e.g. bridgework, crowns and dentures, excludes mouth guards for sport & cosmetic veneers | £256.50 |
| Band 4. Urgent treatment | Assessment, radiographs, dressings. DEFINITION: If in the opinion of the dentist prompt treatment is necessary because the patient's oral health is likely to deteriorate significantly or they are in severe pain by reason of that oral condition, the dentist may provide treatment that is necessary to prevent the deterioration of the condition or to address the severe pain . | £21.60 |

PRIVATE PRICE LIST FROM 1ST April 2018

These are treatments considered clinically unnecessary by the Government. If you wish to have them they will have to be provided by us to you on a private basis at the current prices, which are subject to change without notice. Once a course of treatment has commenced, we will not raise the prices as long as the course of treatment is completed within three months. **A full estimate and treatment plan will be given to you in writing before treatment commences (after your initial consultation)**

| Name | Cost - approximate |
|--|---------------------------|
| White filling side or back tooth (includes direct composite onlay) | £67.00 - £180.00 |
| Endodontic (root canal) under a private crown or filling (including re-root treatment) | £200.00 - £500.00 |
| VMK crown | £399.00 |
| Zirconia crown | £499.00 |
| E-max crown | £599.00 |
| Tooth whitening | £300.00 |
| Private Hygienist H20 <i>only refunded if 8 working hours' notice is given</i> | £36.00 IN ADVANCE |

Treatment plans may vary as treatment continues. In these cases new estimates will be provided in writing to you and you will be informed by the dentist of the alterations. This may be whilst you are in the surgery. If you are unsure of anything at any time, please ask your dentist, nurse or receptionist for more information. It is important to us that you understand your treatment and the charges.

IF YOU MAKE AN APPOINTMENT TO CONTINUE TREATMENT IT IS ASSUMED YOU HAVE GIVEN YOUR INFORMED CONSENT FOR THE TREATMENT SPECIFIED ON THE TREATMENT PLAN TO BE CARRIED OUT.

The following is a list of our dentists and hygienists:

Mr Henrik Overgaard-Nielsen, Tandlaege (6/7/95-70789)
Copenhagen, Denmark 1983 (part time)

Ms Noushin Karimi, Tandlakare (22/10/98-75302)
Stockholm, Sweden 1998

Mr Amir Vahdat, Principal dentist Tandlakare (5/12/00-78699) Stockholm, Sweden 1999 (part time)

Ms Nancy Yousef, Principal dentist Tandlakare (5/12/00-78698) Stockholm, Sweden 1999

Ms Divya Vadher BDS (5/7/01-79371)
Liverpool, England 2001 part-time

Ms Afra Godarzi-Mofrad BDS (7/7/99-76122)
Sheffield, England 1999

Ms Karen Pinto BDS MJDF RCSEng (04/07/05-85593)
Manchester, England 2005

Mr Antonio Garcea Dip Dent (2/8/05-86068)
Siena, Italy 2003 (part time)

Ms Megha Sethi BDS (20/06/2011 -209548)
Mumbai, India 2006

Ms Alice Victoria Lewis BDS (8/07/2014-251702)
Bristol, England 2014

Ms Maryam Bhatia – BDS (2011 – 203775)
Leeds, England 2010

Mr Rupert Monkhouse, BDS (17/07/17-271681)
Kings College, London, England 2017

Mr Harry R. Davis, BDS (20/07/2017-271869)
Kings College, London, England 2017

Mr Viraj Patel BDS (14/07/2017-271591)
Kings College, London, England 2017

Mr Amro Ismail, BDS (18/07/17-271779)
Kings College, London, England 2017

Mr Daniel Armstrong, BDS (03/06/2015-258540)
Newcastle, England 2015

Mr Carl Manhem DDS Oral Surgeon (30/10/98-75322)
Gothenburg, Sweden 1983 part-time

The hygienists/therapist practising are:

Ms Serena De Rossi (16/7/01-5905)
Dental Hygienist, Rome, Italy 2000

Ms Melody Schwartz BOH (25/02/15-255779)
Dental Hygienist, South Africa 2014 (part time)

Ms Stephanie Balfour (2012- 227776)
Dental Hygienist/Therapist - London, England 2016

Ms Regina Stepniak (2010 – 200235) Oral Health
Educator, London, England 2010

(The date is the first registration with the General Dental Council – number is the GDC registration number)

9. ORAL CANCER

What is it?

Mouth cancer is a dangerous abnormal growth that can affect any part of the mouth.

What to look for?

Mouth cancer can appear as:

- An often painless, ulcer that fails to clear up after about two weeks
- A growth or swelling which has been present for more than about two weeks
- Sometimes as a white or red patch in the mouth.
- Most things like this will not turn out to be cancer: but if you have these signs see your dentist immediately.

Who is at risk?

- If you use tobacco (smoked or chewed) and drink over the recommended intake (see below) of alcohol. You increase your risk of developing cancer.
- Prolonged exposure to sunlight increases risk of lip and skin cancer.
- Aged over 40 years and over but younger people can get it too.
- People who don't eat a healthy diet.
- People who have a chronic infection such as candidosis or syphilis

What can be done?

- Follow the advice in the "Who is at risk" section.
- See your dentist at regular intervals as he can detect it early and then the chances of a cure are good. He may monitor you or send you to see a specialist.
- Keep your alcohol intake to below 14 units for women and 21 units for men (a unit is roughly equal to a single measure of spirit, a half pint of beer or a small glass of wine)
- Eat five portions of fruit and vegetables every day.
- Make an appointment with your doctor to talk about giving up smoking and the help that is available from the NHS.
- A '7 point self screening' instructions leaflet can be requested at reception.

Once a suspicious lesion has been identified your dentist will refer you to a specialist for investigation. In today's world there are many treatment options from excision (removal) of the tumour, cryotherapy (freezing it off) radiotherapy or chemotherapy. Any treatment, if needed will be specifically tailored to your needs.

10. BASIC ORAL HYGIENE

What is it?

Keeping your teeth and gums clean, healthy and free from infection. Good oral hygiene will prevent dental decay and periodontal disease and is essential for preserving gums and the bone which keeps your teeth secure in your mouth.

If you smoke you are much more likely to get periodontal problems. You are urged in the strongest terms to stop smoking. If you continue to smoke you are more likely to lose your teeth. Your doctor can prescribe medicine to help you give up smoking.

How do you do it?

Toothbrush

Consider a powered brush (the dentist or hygienist can advise on models) OR

Choose a manual toothbrush which

- Has a head size that feels comfortable and allows you to reach the back teeth
- Has nylon bristles (natural bristles allow the growth of bacteria)
- You should only use a soft or medium toothbrush
- Children up to 10 years old need an adult to brush their teeth for them every day

For you to brush your child's teeth you will need a brush with a small head and large handle.

Correct Brushing

- Brush using circular movements on each tooth, both inside and outside of the teeth and the area where the tooth meets the gum.
- Brush the chewing surfaces of the teeth using a horizontal action.

Dental Floss

- Use dental floss and/or interdental brushes at least once a day to remove dental plaque and to clean between teeth.

Toothpaste

- Fluoride – to fight tooth decay.
- Antibacterial agent – to fight dental plaque and to protect from gum disease.
- Other ingredients – according to your specific dental problems (sensitivity etc)
- Children – use only toothpaste specifically made for them. (Remember only to use as much toothpaste as cover the child's little fingernail – no more).
- Do not use any other fluoride on children, other than the toothpaste unless instructed to do so by your dentist.
- Children over the age of 6 can use adult toothpaste.

If gums bleed, it is an indication that you need dental care. If you have periodontal problems then you can be referred for a series of two consecutive appointments with the hygienist on the NHS as part of your course of treatment.

27. ORAL HYGIENE TREATMENT AT NHS DENTIST

14. FLUORIDE

What is Fluoride?

Fluoride is a natural mineral that is able to protect teeth against decay. It is not a substitute for cleaning your teeth and eating healthily. It is found in toothpastes, mouth rinses and is added to public water supplies in some areas (not in London).

How does Fluoride work?

If fluoride is present in the mouth, together with minerals in saliva, it helps repair the damage done by plaque. Dental plaque is a soft sticky substance that builds up on your teeth. Plaque is mostly made up of bacteria in a biofilm which builds up in your mouth, on your teeth. The bacteria feed on sugar (from sugary foods and drinks), producing acids as a waste product. The acids attack the teeth by dissolving the minerals in the tooth structure and when this happens too often the damage results in tooth decay.

If fluoride is used in appropriate amounts by both children and adults it helps to make their teeth more resistant to decay.

How to get Fluoride in the correct doses to protect your mouth?

Most people get fluoride from toothpaste. Excessive amounts of fluoride ingested when young can cause unsightly marks on teeth which cannot be removed. Up to the age of 7, it is important that children use only the proper amount of toothpaste, the size of a small pea or the amount which can lie on the fingernail on their little finger is recommended. Parents should brush their child's teeth morning and evening until children are at least 10 years of age. The concentration of fluoride in toothpaste varies. Children under the age of three should use a smear or pea sized amount of toothpaste containing no less than 1000 ppm fluoride. Children over the age of three should use a toothpaste containing approximately 1450 ppm fluoride. No one should take additional fluoride unless it is recommended by their dentist.

Adults should use fluoride toothpaste (1450ppm) at least twice daily and can use a fluoride mouth rinse once or twice daily at other times than when they brush. After brushing or rinsing you should spit out but not rinse.

New research carried out over the past few years has shown that new methods of controlling and improving oral health are more effective than previous methods. This practice has investigated the new methods of treating periodontal disease and we are altering our treatments accordingly. This will impact patients in the following ways:-

1. Patients will be generally identified as being either in the **15%** of the population that suffers from significant periodontal disease or the **85%** that does not. These are approximate percentages and medicine is not a perfect science so there will be grey areas between these categories where professionals will use their clinical judgement.
2. Those patients who fall in the **15%** group will discuss the diagnosis with the dentist and will then be offered extensive oral hygiene instruction (OHI) in two appointments with the hygienist. They may also receive OHI from one of our qualified nurses. These appointments will consist almost exclusively of information, instruction and support in changing their oral health habits. Very little, possibly no, intervention will be necessary to secure oral health and this will be almost exclusively a patient lead exercise. The appointments will be 3-5 weeks apart. A significant improvement will be seen if the patient is compliant. Clinical photographs may be taken (with patients' consent) for recording, motivational and instructional purposes.
3. The patients who fall into the **85% group** will be given OHI or their oral hygiene will be discussed if the dentist believes it is necessary. Regular monitoring of periodontal status will take place at check-ups – that is one reason regular check-ups are so important. Your periodontal status can alter.

Scaling and polishing. There is no evidence that routine scaling and polishing has any health benefits (Cochrane review 2005). **It will not therefore be provided on the NHS.** There will be some exceptions such as special needs patients who cannot clean their own teeth or those with adverse anatomy. It will be at the dentist's discretion as to whether a scale is necessary.

Patients who wish to have a **scale and polish**, in particular for **staining**, should book this privately with the hygienist having discussed a referral with their dentist at their last check-up. The cost of this appointment will be £36.00.