

# V-mail

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## LETTER

### Putting training into practice

One of the practices I train regularly had the unfortunate opportunity to put their medical emergency training into action before Christmas. One of their elderly patients collapsed at the reception desk and two very efficient staff members were by his side instantly and an ambulance was called. He had suffered a respiratory arrest and was completely unresponsive. The staff members, despite their shock, acted swiftly and confidently giving oxygen therapy whilst preparing the patient for defibrillation. The ambulance crew were on scene quickly and were very complimentary of the staff who had acted correctly.

The outcome was good, the gentleman made a full recovery and he has been back to the practice to thank them.

I am very proud of the immediate response of their team and their actions, which clearly helped to save a life!

Updating your skills is essential – you never know when you may need them!

**Ann Clark**  
**SURVIVE ALIVE LTD**  
(and *Vital* cover star, winter 2011 issue)

*Ann wins Beverly Hills Formula goodies worth £100.*



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## A no-win situation

I am writing in relation to the article *Let your hygienist shine!* (*Vital* autumn 2011 pages 24-26). I feel that this article does not represent the average hygienist and dental practice. I, like the majority of hygienists, work in an NHS practice but I operate on a

private basis. Having said that, our prices are minimal: £18-£22 per appointment.

Even at these prices a lot of patients find this expensive and I would be hard pushed to get a patient to agree to any more than two visits – in the current economic climate patients do not see perio treatment as vital.

There are not many patients in an average NHS practice that would be prepared to and able to pay £586.00 for treatment that does not include cosmetic work. This article is only representative of a fully private practice with affluent patients.

The reference about us being 'scaling machines' is something a lot of hygienists cannot help but be. With 15 or 20 minute appointments, charting TBI/OHI and the actual treatment is sometimes too much to fit in, not to mention the usual running behind (thereby reducing your 15 minutes). I would also argue that most of us are booked up for some months in advance, unable to fit

in 4 x 60 minute appointments and follow ups.

When I did work under the NHS the dentists had to stop me from doing 'prolonged perio' as patients were failing to complete the treatment due to its drawn out nature and if they did complete it would then fail to return for the final pocket chart. This meant the dentist did not get paid fully for it but had paid me so it was therefore counterproductive.

I cannot blame patients for their failure to attend; unless you have a lot of time and money, perio treatment becomes tiresome and costly. My patients who work find it hard to fit in their schedule and those that don't can't afford it.

We do refer to our nearest dental hospital who then always refer back to us asking us to complete it 'in house' due to their lack of funding (closure of perio department/busyness!) Sometimes, to me, it appears that those with advanced perio are in a no-win situation.

*Hygienist from Merseyside*

