

THE CAMPBELL CLINIC MAGAZINE FOR PATIENTS

# Practice News

April 2021

**THE STANDARD**  
**YOU'VE BEEN LOOKING FOR**



# EDITORIAL

## **Hello and welcome to The Campbell Clinic's April newsletter!**

To begin our April newsletter we will be showing you a case study of one of our patients who underwent Orthodontic treatment here at The Campbell Clinic. This treatment was performed by our Consultant Orthodontist Andrew Flett, who also works at the Queens Medical Centre and has a huge amount of experience in this area. This case study presents the patients treatment plan from start to finish and before and after images are positioned to reveal the outcome of the treatment.

After moving into the new practice in February 2020, we were forced to shut our doors the following month due to the Covid-19 pandemic. In this newsletter Colin Campbell, the owner and clinical director of The Campbell Clinic, speaks about how we have coped throughout such unusual times and how the practice has adapted to create a safe and secure environment for all of our patients.

Collaboration has become even more important following the pandemic which is why we have dedicated a section to tell you a bit more about some of the charities that we are associated with. These include Bridge2Aid, We R Here, Framework and The Children's Bereavement Centre.

To bring this newsletter to a close we would like to introduce Bill Seddon, who has recently joined The Campbell Clinic team to provide Endodontic treatment. Bill's work is outstanding and we are thrilled to have him working here.

Thank you for taking the time to read this and we hope to see you very soon in our new practice.





# CASE STUDY

## The Campbell Clinic and Orthodontics

Whilst at The Campbell Clinic, we do treat adults requiring complex orthodontic restorative solutions to their problems, we do also treat teenagers for their orthodontic concerns.

The patient presented at The Campbell Clinic in December 2018 and was unhappy with the appearance of their upper and lower front teeth and the appearance of their chin which they felt was a little set back.

Clinically, the patient presented with a class 2 division ii incisor relationship, on a moderate class II skeletal base with an increased overbite.

Due to the retroclination of the upper incisors there was moderate crowding in the upper arch and mild crowding in the lower arch.



The patient and their mother were keen to avoid extraction based orthodontic treatment. Therefore, in this case, we decided after discussion on a treatment plan as follows:

- 1) Oral hygiene to an exemplary standard.
- 2) Functional twin block appliance to address anteroposterior discrepancy - sectional fixed appliance upper 3-3 used during twin block treatment to procline upper labial segment teeth.
- 3) Reassess space requirements attempting to treat on a non-extraction basis.
- 4) Upper and lower fixed appliances (upper ceramic and lower fixed metal).
- 5) Finish and retain.



# CASE STUDY

Functional twin block treatment began in February 2019, asking the patient to wear the blocks as much as possible (ideally 21 hours/day)



Twin block treatment continued with a sectional fixed appliance until October 2019 by which time the canines had improved from a  $\frac{3}{4}$  class II unit position bilaterally to an almost perfect class I position. We then moved into the fixed appliance stage of the treatment plan.

Due to some upper arch expansion and proclination of the upper labial segment, we decided to proceed on a non-extraction basis as intended. The fixed braces were used to close the lateral open bites and fully correct the positions of all teeth in the upper and lower arches. Final detailing was completed by September 2020 and the patient was debonded in November 2020.



The patient and parents were delighted with the results that orthodontic treatment had achieved for them. We provided the patient with upper and lower vacuum formed retainers to be worn every night for the first year and alternate nights for the second year and indefinitely for as long as she wants her teeth to remain as straight as they were when the brace was removed.



# COPING THROUGH COVID

Like everyone, the past year has seen extraordinary circumstances and has made us question how and why and what we do on a day-to-day basis, this has been the same for us as it has for everyone else.

Our 'Covid adventure' was only enhanced by the fact that we were just moving into our first week of clinical work at the new practice when things started to properly shut down at the start of February 2020.

We'd moved from a position of complete security over 18 months into one where we were on the line financially by opening a brand-new 7,000 square foot clinical building and hoping to catapult ourselves into the future.

Then we were shut.

Within an hour on the 23rd March 2020, I closed the practice with my team in the waiting room and there were tears and people took plants home (that had only recently been put out for launch nights) and we left and turned our clinic entirely digital for the foreseeable future.

One of the many saving graces from having moved to the new site was what we'd done with our practice management system and what we'd done with our telephony system.

Our telephone system had moved to Avaya as an App based system and we could put our reception team at home with an App on their phone linked to our full telephone system within an hour of closing the doors.

A year before, in preparation for the move, we transitioned to Dentally which is a cloud based clinical system so it meant with a laptop and a mobile phone we could have receptionists working from home in the midst of the pandemic.

We were able to reschedule patients, arrange emergency rota's and on-call advice and start to provide a monitored triage service for all of our patients at the practice, for any trouble that they might encounter.

In fact, this went so well that we ended up publishing in the British Dental Journal our version of a covid triage system which gained quite a lot of praise and support.



Dentally allowed us to look after our patients as well as possible and allowed us to communicate with each other really well.

The Campbell Academy had been a Zoom organisation since about 2016 using online teaching from all over the world and in particular in collaboration with Michael Bornstein in Hong Kong so, we were able to transition to online events for our academy delegates pretty much immediately.

Zoom allowed us to communicate as a team through the weekly social hangouts, meditation sessions and other social events as well as meetings for members of the team that wanted to stay in touch.

The members of our team who were not furloughed were able to begin the process of trying to work through a system for when the practice would open again, which eventually turned out to be the 8th June.

For me, it was one of the hardest working times of my life but it allowed us to catapult forward some idea of things that we were going to do in the future which we would have never had time for had the clinic opened and being as busy as it was.

That doesn't mean it was easy, it was terrible and as we're not a practice that has any regular income from plan patients or from the NHS, we found ourselves in a situation where our turnover went to all but 0 for 3 months.

On return to operation on the 8th June, it turned out that the building was about as suitable as any building could be in the midst of the pandemic.

We already had air recycling systems to provide positive pressure filtered recycling at more than 10 air changes per hour, present in all clinical areas, in our academy teaching space and in our laboratory and shower rooms.

That meant that we could calculate fallow times really quickly and reduce down the minimum amount of disruption for clinical work.

# COPING THROUGH COVID

Our waiting room is massive and allowed us to socially distance so patients could get back into the waiting room at the earliest opportunity and we could begin automating many of the systems through Dentally so that patients had all of their Covid questionnaires delivered to their inboxes together with a full amount of information regarding how we were working within the pandemic.

With this in mind, we got back to full character on hygiene services really quickly and full AGP services at the same time.

Our new systems allowed us to cope with the amount of demand for enquiries from patients who were having trouble and difficulty.



During lockdown number 1 and out of their own initiative, our reception team had phoned everybody on our Dentally database over the age of 70 to make sure they were safe and secure and didn't need any sort of help or signposting.

This has allowed us to arrive at this time of year and stabilise the business entirely and has given us the opportunity to look to the future.

We continue to work through new and advanced protocols when working in pandemic and post pandemic situations and also redeveloping our systems and our products to make us as available to as many people as possible through the work that we do and the example that we set.



We've kept close communication with the local dentists and our academy community and have developed a new dental buying group which is being launched out to local dentists, a system of peer review study clubs for both dentists, young dentists, hygienists and practice managers and a network of referral coordination and discussion to make sure we continue to collaborate with everyone locally.

One of the things we're most proud of is the fact that we're able to continue our charity donations and our social legacy project work after a short halt throughout lockdown to bring us back to a situation now where we feel that we can keep an eye on the future and look forward to brighter days ahead.

# WHO WE WORK WITH



## OUR SOCIAL LEGACY PROJECT

The Campbell Clinic Social Legacy Project is all about making a difference - to our patients, our team, the wider community and to future generations. We are committed to supporting a number of charities (local, national and international), providing opportunities for the next generation of dentists, and finding new ways to promote sustainability and care for the environment within our practice.

In addition, we make monthly donations to local food banks, Christmas collections, and small donations to other charities nominated by staff or patients and we contribute a percentage of our annual turnover to support all of these causes.

The four main charities we support are:

Bridge2Aid: Over 70% of the world's population does not have access to a dentist.

Our annual donations pay for the training of 3 to 4 health workers in rural Africa - that's enough to provide emergency dentistry to 40,000 people.

Since we began supporting Bridge2Aid we have funded access to emergency dental care for over 300,000 people. Read more [here](#).



At the heart of The Campbell Clinic is a drive to make a positive difference in people's lives. The obvious way we do that is by giving people the best dental treatment and clinical care possible.

But equally important to us is our commitment to making a difference for people through the business.

# WHO WE WORK WITH

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## We R Here

We R Here offer support for children, young people, families and parents/carers, who are struggling as a result of domestic abuse, bereavement, conflict and traumatic life events. This small local charity relies on financial support to help fund counselling, group work and therapeutic support. Read more about We R Here via the link [here](#).

## Framework

Framework provide housing support to the homeless, along with specialist health and social care, employment support and bespoke care to improve quality of life, all aimed at empowering people to learn new skills, live independently and control their own future. Find out about Framework [here](#)!



## Bereavement centre

The Children's' Bereavement Centre provides support to children aged 3 to 18 who have suffered a bereavement, providing one-to-one and group support, play therapy, support for schools, counselling for parents and much more. Find out more [here](#)!



*...you are not alone*

# MEET THE TEAM



## Bill Seddon

Qualifications: BDS Sheffield  
GDC No: 65830

Bill graduated from the University of Sheffield in 1990 and began his dental career in an NHS practice in Wigan.

In 1992 he worked as an associate in Chesterfield, gaining valuable endodontic experience with Brian Kirkland. In 1995 he worked in group practices within Sheffield and Chesterfield performing mainly endodontic procedures, treating around 3000 endodontic cases.

Bill joined the British Endodontic Society in 1992 and since that time has attended over 20 BES meetings.

Bill remains committed to improving his own knowledge and hopes that his teaching will inspire the next generation of clinicians to always question themselves and provide excellent care for their patients.

Outside of work he enjoys spending time with his wife Jaana and their 3 children. Bill is a keen cyclist and enjoys skiing and scuba diving. He is also a life-long Wigan Rugby League fan.

Bill has only recently joined The Campbell Clinic team but has already made a huge difference through the outstanding treatment he provides!

# WHAT IF YOUR CHILD had toothache and no hope of help



Its effects are **not mild** or inconsequential, they are **agonising, debilitating** and **inescapable**.



## 70%

of the world has **no access** to a dentist **but**

**£5** will give access to **emergency treatment** for the **whole family** in East Africa

Visit [www.bridge2aid.org/whatif](http://www.bridge2aid.org/whatif) to find out how you can help

0845 8509877 @Bridge2Aid Facebook.com/Bridge2Aid

Bridge2Aid is a UK registered charity no 1092481