

THE CAMPBELL CLINIC MAGAZINE FOR DENTISTS

Practice News

MAY 2021

THE STANDARD
YOU'VE BEEN LOOKING FOR



The
Campbell
Clinic

EDITORIAL

To begin our May 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 field. 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.

Due to the COVID-19 pandemic we were unable to host our yearly charity ball but we have recently confirmed the date for this year and we are hopeful that it will go ahead and will be a brilliant evening. More details are to follow!

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, 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.

With regards to The Campbell Academy, we have lots of exciting things happening and in the pipeline, to provide high-quality education to dentists. Within this newsletter we have outlined some of these offerings and how they can help you with your development.

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. You can visit our referral portal [here](#) to find out more.

Thank you for taking the time to read this and we hope to see you very soon in our new practice, either for a look around or to attend one of our study club events.





THE CAMPBELL CLINIC

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.

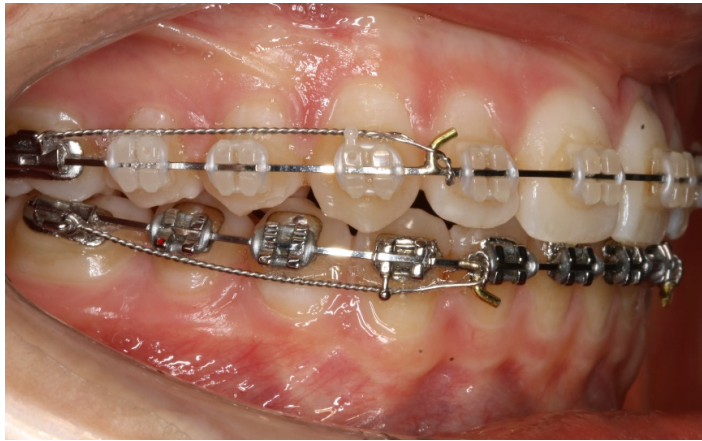
The patient and their mother were keen to avoid extraction based orthodontic treatment. Therefore, in this case, we decided after discussion on a treatment plan as follows:

- 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.



6TH NOVEMBER 2021

THE CAMPBELL CLINIC CHARITY BALL

The Crowne Plaza - Nottingham



Book your place:

Individual tickets to the ball are £50 and for a table of 10 people the cost is £500.

GET READY FOR THE BALL

We are extremely excited to announce that we have now confirmed the date for our 2021 Charity Ball! This fantastic event will be held on November the 6th and the theme is halloween fancy dress!

After the 2020 ball was cancelled due to the pandemic we are sure that this night will be one not to miss out on!

It is such a great way to raise some money for the brilliant charities we support and you can read more about these charities on page 10 in this newsletter.

Your ticket includes a drink on arrival, a 3 course meal, a disco and a few other surprises throughout the evening.

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 have recently created a new dental buying group in association with Wrights which is being launched at the current time. We also have a variety of study clubs available to our local dental community including our peer review group, young dentist study club, hygienist study club and practice manager study club which allows our local dental community to continue to collaborate.

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.



The Campbell Academy

2021 Update

During 2020 The Campbell Academy launched our first online offering, a course that is designed to help dental practitioners organise their business structures for more effective, efficient and profitable businesses.

The course was extremely successful and we received some fantastic feedback from the attending delegates.

At the end of May we will begin the second edition of this course and we are so excited to help another group of practitioners to transform their practice.



We have also recently launched our Online Implant Restorative Course, this course follows the same format as our Digital Business Course and is running twice throughout 2021, to provide practitioners with an overview of straightforward implant reconstruction.



We are excited to announce that later this year we will begin our first course for Endodontics. This course is a year-long course and is designed for individuals wanting to learn Endodontics to the highest possible standard. Microscope based treatment will be central to the course and shall encompass both non-surgical and surgical Endodontics.

In addition to this, we will be joined by Laurence Masters to provide a one-day master class on clear aligners which will be focused around how to maximise the impact for patients and achieve the best results. Laurence will discuss how practitioners can make their treatment predictable and help them to feel more confident using clear aligners.

WHO WE WORK WITH



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.

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](#).



WHO WE WORK WITH



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](#)!



And so, in they came and away they went and we're still here and moving along to another day.

Our CQC inspectors arrived 30 minutes early on Wednesday the 5th of May and so the process began.

I offered to show them round but we were quite sure they wouldn't let me and would want someone else to do that but they didn't and were delighted to be shown round by me and to hear me waffle on about the tales of building the practice and why we did it.

That certainly made me feel a whole lot better about the process and being able to just put across my thoughts about why we were here.

It's one thing though thinking that you've done a good thing and built it properly and specially and tried to make it honest and the best you can, it's another thing to seek external validation from people whom you've never met before, whose job it is to test that theory.

Two inspectors arrived, one who was clearly compliance based and one clinical and the next thing I was in my office talking to the clinical inspector about case notes and being asked (very nicely and calmly and kindly) to demonstrate points from case notes of different types of treatments to ensure that we were meeting standards.

It was at that point exactly that I realised that almost all the aspects of everything to do with this inspection were nothing to do with me.

A real lightbulb moment.

All of the stuff that I've read about leadership styles and all of the training I've done and the books I've scoured through and the videos I've watched, to try to help formulate what I felt was the best way to set-up the business that I would like to have, pretty much came down right to that needle point.

As I was chatting to the clinical inspector I said "it really would be much better if Louise were to show you this (my clinical lead)".

The clinical inspector was delighted for me to pass that over and I explained that I felt it was a whole lot better if I was able to demonstrate to the inspectors how brilliant and capable my team are, instead of me fumbling through things that really aren't in my department.

And so, I passed Louise on to the clinical inspector and they went into one of the treatment rooms, onto a proper computer (and off the Mac I was trying to use) and I went to see some patients for new implant consultations, which is in fact my job.

About 40 minutes later I checked in to make sure they were ok and they had, in fact, finished that entire checklist with no problems whatsoever and got onto something else.

Every time I finished a new patient (about once an hour) I popped into the board room where the inspectors were to answer any questions they might have which I was best placed to deal with.

Colin writes a regular blog which is published on his website:

www.campbellacademy.co.uk

An example of one of the recent blogs is listed below, just to give you an insight into what goes on inside his crazy head.

If you are interested in receiving the blog either subscribe on our website

www.campbellacademy.co.uk/blog or just contact Colin at: colin@campbell-clinic.co.uk and we will sign you up.

Why not have a look and why not comment it is great for discussions overall.

At any point that I wasn't best placed to deal with the questions I delegated them to someone else whose much better placed than me, which might have been Louise (my clinical lead) or Lucy who runs the IPC (sterilisation) or Kath who runs the audits.

In the end I came into the board room for another round of possible questions to find Hayley speaking to the lead compliance inspector about box-sets on Netflix and hearing stories about some of the practices they had inspected.

Round about that point, I realised that I was only answering questions because I was available and when Angela started to answer questions on the sedation aspects of the service, I realised that pretty much anybody in the business could be answering the questions that I was being asked to answer.

Please don't misunderstand this, it's not that I am in anyway upset or disappointed by the fact that I am surplus to requirements, after all the videos and book and hours as above that's exactly what I'd hoped to be.

The lead compliance inspector asked at one point whether it would be ok for his manager to come to look round and to see what we are doing. So much was he impressed with the setup that we have and in particular how we had been able to teach DFT's between lockdown 1 and 2.

But I suppose the final cherry on the top (and not for me in any way but for Hayley and for our team) was when they suggested that they might like to invite Hayley to be a CQC inspector just before they finished up.

Whilst the report is yet to be published and we are to have sight of it, we're told that there is nothing (that means nothing) on the report.

After all the checklists and box ticks and handstands and star jumps, we weren't missing anything.

They found 5 points of advice, one of which was suggesting that we might hang our mops in the other direction but none of that would appear on the report.

We had as a team (not I, but us) decided we would try our best to aim for an 'outstanding Ofsted'.

It would appear that we were successful in that regard.

Make no mistake though, while every single person in our building (and I think there are 41 now) made a significant role in what happened today. It was conducted entirely at the front by Hayley Brown.

This is entirely her triumph, because she invented the people who helped her to do it and she carried the responsibility entirely for what was happening, so much so that even to write this blog is to produce utter fraud to seem to take any credit whatsoever in what is the most outstanding achievement.

Hayley knows what I think about that and would not thank me for writing it here.

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 has spoken to many National Societies, including the British Dental Association, British Endodontic Society, Indian Dental Association and the International Academy of Endodontics in the USA.

Bill has recently trained over 270 dentists in 3 cities in Saudi Arabia including Cosmetic Dentists, Specialist Endodontists, and Orthodontists.

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 to find out how you can help

0845 8509877



@Bridge2Aid



Facebook.com/Bridge2Aid

Bridge2Aid is a UK registered charity no 1092481