



## Progress Report 2006

*I am very satisfied with the progress you have all made so far and I look forward to the future with great excitement.*

So far we have made great strides in the Company:

- We have successfully migrated to the new Dentist contract and we are on track to deliver our commitments to the PCT's. As you all know, the PCT's are our main Customers and we have to provide a good level of service to their Patients.
- Our strategy of focusing on NHS Business has paid off. We are now profitable and this is great news for all of us.
- We have built a very strong Commercial Department and since April 2006, this Dept has secured £4.2m of new PCT contracts. This is a remarkable achievement and I have no doubt that this success has come on the back of very strong operating teams in our practices. Our infrastructure is something to be proud of.
- We have successfully implemented a web based HR system which has taken a lot of pressure off our HR dept and helped to make our practices paperless.
- We have also successfully deployed an ADP Training portal and this is will be further developed in 2007.
- We have built a very robust Dentist recruitment process and this has helped practice operations enormously.
- As you all know, we have invested in OASIS Healthcare and we are now the largest shareholder. Our offer to acquire 100% of the Company has been rejected by the OASIS Board.

- Very soon this year, we will deploy an IT solution which will enable all the SOE data to be pulled to HQ. This will save the practice staff a lot of time and improve accuracy of data.
- The New ABM Structure is working very well and I get very positive feedback from all staff.
- You would have heard that we have launched an innovative solution of offering ADP Dental Plan to patients who cannot be registered on the NHS due to restricted PCT funding. In my view, this is a win/win solution for the patient, PCT and ADP. I am very confident that patients will appreciate that we have tried to solve their problem.

### Bharat Patel

*Chief Executive Officer*

### Next edition: Jan 2007.

If you have any ideas on what else you would like to see in incidentally or would like to send an article please contact Amanda Codrington, Comms & Compliance Manager, [kingslynn.manager@adpco.net](mailto:kingslynn.manager@adpco.net)

We are keen to have information on staff & practice achievements, charity & social events.

## Inside this issue:

Significant challenges for 2007

Dentaid

An RBM's Perspective

Operations Update

Mouth Cancer Awareness

Key Worker Housing

Training Update

Human Resource Update

Why Hygienists?

Why Implants?

Specialisms

Contaminated Dental Unit Waterlines

GDC Registration for DCP's

Quiz

Joining ADP

## Significant challenges for 2007

- To improve Customer Service, **ALL** our Practices should look presentable at all times.
- Reduce the amount of paper work and ensure that **ALL** our Practices focus only on tasks, which directly benefit the Patient.
- Open 12 New Practices.
- We want all our Staff to continue to improve their skills and to do this we need to accelerate delivery of the Training Agenda.
- Patients want Clean, Straight and White teeth, so we need to quickly build the Hygienist and Specialty business. This is a challenge, but I am confident we can meet it.
- We are going to invest in another big project to create a central call centre which can make appointments etc. thus releasing Practice Staff to focus on Patient care. I want to ensure that ADP provides the best Customer Service experience in the Industry.
- We have to increase the penetration of ADP Dental Plan and tackle the NHS waiting list.

Finally, I would like to take this opportunity to thank you all for the effort made in 2006.

Let us now focus on challenges that lie ahead in 2007. I have no doubt we will deliver our objectives.

**Bharat Patel**

*Chief Executive Officer*

## Dentaid

### Improving the world's oral health

#### *What do they do?*

Collect donated dental equipment, refurbish, where necessary, and transport it all over the developing world, run education and prevention programmes, increase access to fluoride toothpaste, equip tooth brushing programmes, increase the dental capacity of developing countries through training of indigenous engineers to repair dental equipment and by facilitating UK dental professionals to participate in volunteer programmes to increase the capacity of indigenous dental services.

#### *How can we help?*

At ADP Kings Lynn we have been donating our used inkjet printer and toner cartridges to Dentaid for the past 12 months. In September we received a certificate and thank you letter for our 'splendid' number of cartridge donations. In the month of September alone they had raised £15,000 from this scheme – enough to refurbish, crate and ship four complete surgeries to a new lease of life in a needy country.

If you would like to know more about their work or even join the recycling scheme you can visit their website [www.dentaid.org](http://www.dentaid.org), e-mail [rosemary@dentaid.org](mailto:rosemary@dentaid.org) or telephone 01395 274959.

## An RBM's Perspective



*When I was asked to write an article for incidentally I thought I would take this opportunity to review my first 4 months with ADP and comment on my initial observations.*

Coming from a predominantly retail background (evidenced by the fact that even now I still refer to patients as customers!) I was a little unsure of what to expect but I have to say I was very impressed with the quality of both the practice teams and the standards of practice presentation.

My first observation has just how many initials were used to describe different parts of the business. As an RBM, my CEO told me to ask the ABM's if the RCA had completed the APAT and if the BSA and the PCT were happy with the UDA's transmitted by the PM's – phew!

And can you imagine my surprise when I was told that we encourage all our patients to take the PSS...

Going forward, our Region faces a number of challenges – the UDA system is new for everyone this year and some practices are still falling short of UDA targets which needs to be addressed before the end of March next year. In addition, we need to maximise our patient services by really promoting Hygienists and the soon to be introduced Specialist services and utilising the newly introduced Interest Free Credit service to sell private treatment to our patients.

With regard to development, 5 additional practices will be added to the Region by then end of this year – Ramsgate & Sandwich in Stankas' Area and Melton Mowbray, Coalville and Oakham in Lisas' Area. In addition, we are tendering for additional practices in North Yorkshire and Durham and launching the ADP plan in Woodbridge and Holt – so all in all a very busy time!

I would like to say a big thank-you to my two ABM's – Stanka Silva and Lisa Bird for their continued hard work, receptiveness and willingness to take on board new ideas (however whacky they might have seemed) and for not laughing too much when I bored them with my clinical knowledge after reading a copy of Levisons!

I would also like to thank Jayne Larking for her excellent work in recruiting teams for the new practices and Amanda Codrington for the fastidious attention to detail she has applied in the role of Communications and Compliance Manager and everyone in the practices for making me feel so welcome.

**Tim Ball**

*RBM Kent/London/East Anglia & Leicestershire.*

# Operations Update

*As we fast approach the end of another financial year, I think it is a great time to review the progress made during the last 12 months.*

## *NHS Dentistry post 1 Apr 2006*

The biggest single issue has been the change to the new contracts from 1st April. This transition, when it came, was very smooth with very few contract issues and with most practices moving to the new system with minimum of disruption. The UDA meeting held in September confirmed that dentists and practices have a greater understanding of the new system. We are intending to continue with this type of format with the next meeting scheduled for the New Year. I would like to thank all those who have put so much effort into the development of our understanding of the new NHS system, in particular those dentists who have taken the time to pass on their learning to others.

## *The Growth of ADP*

There have been many other successes during the last year, not least the growth of the business mainly through the NHS tendering process. To date we have been commissioned to provide an additional 27 chairs in new or existing practices across the country.

Our first new practice opened on the 16th October and has already attracted a great deal of interest from patients and the PCT. The Wimborne practice will be the first of our new design of practice and will incorporate all the best features of our recent developments with a few new innovations and if successful, ADP intends to follow this format in other developments currently under construction. With the addition of the new practices there has been a considerable increase in the workload being placed on the head office team. I would like to take this opportunity to thank them on behalf of the operations team, for their assistance and back up at this very busy time. I am absolutely certain that without their assistance this growth would not have been possible.

We have a number of new sites currently being developed in Kent, Leicestershire, Berkshire and Somerset. Many of you will be required to assist with the development of the practices and the training of new staff. This is a very important for ADP and if this is completed successfully it will be a key factor to further expansion of the business in the future.

## *Changes in structure*

A further area where ADP has demonstrated its ability to adapt to a changing market has been the introduction of 6 Area Business Manager Posts. These posts have been complemented by the addition of two further roles, Communications and Compliance Manager (Amanda Codrington) and Professional Training Coordinator (Wendy Glenn).

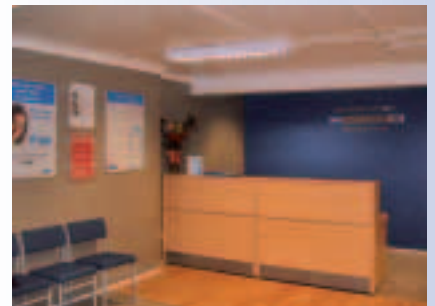
Both roles have proved to be very successful and have already aided the development of the business. I would also like to congratulate Jayne Larking who transferred from the Operation team to work as part of the HR Department. Jayne now has a very key role in the business and is responsible for the recruitment of dentists and other posts for the whole of the ADP group.

There has been too many other successes for ADP during the last 12 months to include each individually in this article, but to list a few, the IQE programme, Training portal and HR portal. I would like to thank all of those who have worked so hard to see ADP grow in both size and stature, to an organisation which is being recognised as a market leader in corporate dentistry. I look forward to working with you to further success in the future and to meeting you at the road shows in the next couple of weeks.

**Steve Frampton**

*Operations Director*

## Wimborne



Wimborne opened on the 16th October has 4 dentist surgeries and 1 hygienist surgery. Four dentists are currently working there and we are hoping to employ a hygienist soon. The practice was opened due to PCT tender. We have taken details of over 5000 patients so far who would like to register with us.

The practice is located in Jessop House, Mill Lane, Wimborne Dorset.

Wimborne is a lovely town in a very beautiful area of Dorset, situated just north of Bournemouth and Poole.



## Mouth Cancer Awareness

*"If in doubt get checked out"*

- In the UK over 4,400 new cases of mouth cancer are diagnosed annually.
- Mouth cancer kills one person every five hours in the UK.
- Mouth cancer is more likely to affect people over 40 years of age, though an increasing number of young people are developing the condition.
- Smoking, drinking alcohol and poor diet are major risk factors.
- A quarter of cases do not involve risk factors.

### *Raising Awareness*

Mouth Cancer can strike in a number of different places, including the lips, tongue, gums and cheek, so it is important that people examine their own mouths on a regular basis.

An increase in early detection will only be achieved with an increase in awareness. The dental team must educate patients on early symptoms like a non healing ulcer or red or white patch in the mouth. If patients develop these symptoms in the future they need to know that they should visit the dentist.

Patients need to be advised that tobacco and alcohol are the main risk factors and, if a person drinks and smokes, they can be up to 30 times more likely to develop mouth cancer.

There are lots of ways you can get involved, there is an annual Mouth Cancer Awareness Week, displaying posters, providing patients with information leaflets.

For more information visit the website [www.mouthcancer.org](http://www.mouthcancer.org)

## Key Worker Housing

Dental Nurses did you know that if you practice in London, the South East or the East of England you may be eligible for help with housing costs under the Government's £690 million Key Worker Living scheme.

This is designed to help key public-sector workers to buy a home, upgrade to a family home, or rent a home at an affordable price. Dental nurses with permanent contracts of employment qualify if they work for Health Service Bodies. This covers dental nurses working in salaried dental services and in practices with PDS contracts. Further information is available online: <http://tinyurl.co.uk/j1go>

## Training Update

I would like to take this opportunity to congratulate and to say well done to the following staff members of ADP in achieving the qualifications as stated below:

### *Radiography Qualification:*

Andrea Nagy – Epsom  
Sam Jarvis – Kings Lynn  
Suzi Saunders – Woodbridge

### *Oral Health Qualification:*

Laura Woolmington – Yeovil

### *Dental Nurse Qualification:*

Karen Cox – Luton  
Hema Keshav – Luton  
Nicola Glenn – Epsom  
Debra Rochford – Dorking  
Tracey Campbell – Norwich  
Jo Longford – Frome  
Kim Botha – Aldershot  
Michelle Retter – Sydenham

### **Laura Taylor**

TECH IOSH, Cert Ed, RDN, DHE.

*Clinical and Training Co-ordinator*

## HR Update

### *New Starter in HR*

It is with immense pleasure that I welcome Jayne Larking to the HR department at ADP. Jayne will be a familiar face to many of you as she has worked for ADP for many years and brings a wealth of experience of working in the practices. In her new role as Recruitment Manager, Jayne will primarily be responsible for the recruitment of Dentists and Hygienists for the business. In addition she will also assist with the general HR enquiries and activities.

### *Recruitment*

These last few months has seen a flurry of activity in the field of recruitment with several new practices coming on stream. Our IQE programme and recruitment initiatives in countries such as Germany are proving invaluable in being able to source candidates for these new practices.

Our IQE programme has proved to be immensely successful with a recent pass rate of 90% for the part C exam. Whilst we hit a stumbling block with the VT equivalence situation, it now seems that Deanery approval is being granted for IQE candidates although this has proved to be slow in the initial applications. We are very fortunate to have the assistance and

experience of Manish Chitnis as ADP's IQE Facilitator and I would ask that if any of you are experiencing difficulties with your IQE or portfolios, please contact Manish at the Andover practice. Manish has also kindly provided comprehensive IQE training for all stages of the IQE exams which has greatly enhanced the success rates.

### *HR Portal*

The HR portal is now fully operational and technical issues seem to be minimal. The HR portal is allowing us to automate certain processes minimising the scope for error, reduce the paper received (or lost) in the HR and payroll department whilst saving a few trees in the process. For the most part, timesheets are being completed accurately on the portal but please watch for sickness and unpaid leave being entered in the correct columns as this is the area causing the most errors. Please also ensure that sickness self-certificates are completed on the portal for all sickness absence.

If anyone is experiencing difficulties with the portal please email Vicky at: [hrrsupport@le-tech.co.uk](mailto:hrrsupport@le-tech.co.uk)

There will be further developments in the HR portal and these will be communicated to all practices as they appear.

# Clinical Update autumn 06

*At ADP we are continually looking to improve our services to patients and to our dentists. The next few months will see planned growth in the areas of hygienist, implant and specialist services*



If a new Hygienist is appointed as a result of your recommendation, and the Hygienist then works for ADP for three months continuously, the staff member who recommended the Hygienist will receive a bonus of £500 (subject to taxation as appropriate and pro-rata for part-time Hygienists). If that same Hygienist works for ADP for twelve months continuously, the staff member who recommended that Hygienist will receive a further £500 (subject to taxation as appropriate and pro-rata for part-time Hygienists).

The procedure for the Hygienist Finders Fee is as per the Finders Fee for Dentists in the Staff Handbook.

Morden, and Dr Somek in Edgware Road. There is little ethical justification for more than dentures or adhesive bridgework on the new NHS; if you think your patients would benefit from the best available treatment, we will be able to provide it at a practice near you.

## *Why Specialisms?*

We are all aware that orthodontic treatment has also been rationed under the changes to the NHS. Waiting lists are longer and many who could have had treatment before April 1st are now denied the availability through the new IOTN classifications. Again, we believe that ADP patients should have choice and we will be working with Angle House Orthodontic Group to provide a low cost, easy payment plan for the provision of orthodontics. Not just for children, but also to adults. We shall be piloting the scheme in London and one other location initially. However, when it is as successful as we all believe, you can expect to be able to offer the scheme in your practice next year.

We are also bringing Specialist Periodontal services and Specialist Surgical access to practices near you. There were 3,500 referrals in ADP to external surgical facilities from Dec 05 to Sept 06. This is an expensive use of NHS resources costing an average of 5 times more than providing the treatments in primary care. Encouragingly, some PCTs are exploring the possibility of providing specialist and DWSI services, but most are concentrating on access to mandatory services. We believe that patients should be offered the choice and, although it will be private, many will be delighted to access a local alternative without an excessive waiting list.

I hope that you all agree that ADP is continuously improving and a lot of that improvement is due to the skills and attributes of our clinical team. We will not be standing still. We will continue the improvement and broaden our range of skills and services. It benefits our patients and that brings a better quality of life to all.

**Martin Mayhew**

*Clinical Director*

[martin.mayhew@adpco.net](mailto:martin.mayhew@adpco.net)

## *Why Hygienists?*

Hygienists are a very important part of the modern dental team providing expert care in the prevention and treatment of gingivitis and periodontitis as well as preventive support to the management of caries. Patients also like to visit a hygienist to have their teeth cleaned and enjoy the simplest of whitening procedures, the removal of extrinsic staining.

Over the next few months we will be growing the numbers of hygienists and aim to create a team that will initially provide one hygienist for every 5 dentists. We cannot do this alone, we hope that everyone in ADP supports the vision of excellent patient care and will welcome and refer to our extended team.

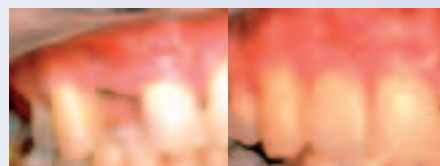
Our hygienists will be private as for the majority of the population, NHS health care will be satisfied by the provision of dental hygiene advice and the removal of plaque retention factors. Hygienist support for gingivitis thus becomes elective and can of course be provided throughout the duration of the new NICE guidelines patient recall period. For those with periodontal disease, it can be argued that private hygiene therapy is more cost effective than the permanent provision of 3 monthly band 2 treatments. The Government always said the new NHS would create winners and losers. We believe that the losers should have a choice and private hygiene is one of them.

## *Hygienist Finders Fee*

We have introduced a policy for rewarding all staff for making introductions to Hygienists.

## *Why Implants?*

As you all know, bone that is not in function slowly but surely disappears. With continued resorption, initial crown & bridge work often has to be redone or altered. As time goes by, the patient can even become impossible to treat with conventional methods. And to replace a missing tooth, healthy adjacent teeth must be ground down. This is not necessary if a single implant is placed. In addition, the bone is activated and stimulated and thereby maintained. So there is no question that implant treatment is the optimal alternative for the patient.



Implants are 95% successful at 10 years; should be the treatment of choice for problem denture patients and anywhere you are considering restoring missing teeth on root filled abutments. Implants are rarely permitted on the NHS and then usually only on patients who need post cancer reconstruction. At ADP, we will be making them increasingly available through the recruitment and training of our dentists.

We welcome Dr George Mexias to Gillingham, Dr Peter Bongard to Wimbourne, Drs Faas and Steinborn to East Anglia and are grateful for the continued support of Dr Dattani in Epsom, Dr Patel in

# Contaminated Dental Unit Waterlines (DUW's)

## Microbial contamination of water from the dental unit is moving up the dental agenda

Many practitioners are unaware of the extent of bacterial contamination of their dental unit water system (DUWS). A recent study of dental units in general dental practice in the UK has demonstrated that contamination is ubiquitous. The study indicated that the water samples taken from 55 surgeries failed to conform with EU drinking water standards in 98 per cent of samples. There are no published standards in the UK for DUWS and therefore it would seem sensible to use drinking water standards as a benchmark.

### Current Advice

The current dental advice on the management of DUW's is risk-led, and is based on the small number of verified cases of DUW-associated infections. The Health and Safety Commissions code of practice on maintenance of water supplies in commercial premises requires that the practice perform a risk assessment and implement measures to reduce the generation of contaminated DUW aerosols as well as demonstrating evidence of implementation of the guidelines and monitoring of the process.

Many products are commercially available for treatment of contaminated DUWS, these provide good quality water if the manufacturer's instructions are followed.

### Origin of contamination

It is now recognised that the source of ongoing contamination of DUWS is a result of the proliferation and maintenance of a microbial biofilm found on the internal walls of the narrow bore tubing which constitute a large part of the dental unit.

These originate from the incoming mains water, independent bottled systems and, to a lesser extent, from patients' mouth. Modern dental handpieces normally incorporate an antiretraction valve, which prevents suck-back of oral microbes. If the valve is not fitted or is malfunctioning, it is estimated that approximately 0.9ml, containing 25,000 oral bacteria, could

contaminate the handpiece each time the air turbine is stopped. Bacterial contamination may also occur with use of independent bottled water systems. If the bottles and lines are not disinfected on a daily basis and then stored dry, the interior of the bottle becomes colonised.

Microbes in the bottle proliferate in the stagnant room-temperature water and form a biofilm on the internal walls of the tubing that make up a large part of the dental units. One of the major advantages of using distilled water is that they are unlikely to be contaminated by respiratory pathogens, such as *Legionella* spp, which are found in mains water.

The flow of the water through the tubing in the water system is turbulent and will cause the surface of the biofilm to slough off, enabling organisms to contaminate the water ejected from the 3:1 syringe, handpiece, air-rotor and ultrasonic scaler. Occasionally large sections of biofilm will break away, causing blockages of the fine passageways of the air rotor.

### Significance of contamination

The significance of contamination is not known. It may, however, pose a health risk to both patient and practice staff, indeed because of the greater exposure of staff to this contamination the risk may be greater for this group than for patients.

There have been two reported cases of two immunocompromised patients infected with *Pseudomonas aeruginosa*, after dental treatment, where the source of infection was traced back to the dental unit used to provide their treatment.

There have also been two reports of a link between dental treatment and infection with NTM. One was the report of a prosthetic heart valve infection with *M. gordonae* following dental treatment. A preliminary report has also suggested that the presence of endotoxin, derived from the contamination of DUWS, in dental unit water is a contributory factor in the increasing prevalence of asthma in dentists.

### Risk Assessment

It is probably safe for practitioners to assume that, unless you are treating your dental units on a daily basis, it is very likely that they will have high levels of contamination.

### Risk Management

The basis of a risk management policy should be focused in two ways. Firstly it is important to remove the source of the contamination, namely the biofilm. Secondly, the unit should be maintained by preventing the reformation of the biofilm by daily disinfection. If the disinfection regime is not carried out daily, the biofilm will reform within 48-72 hours and contamination levels will rise back to or above previous levels. There are many biocides marketed for treatment of DUWS. They work by providing a concentrated chemical shock to the biofilm, causing it to detach from the internal surfaces of the dental unit. This is then flushed out of the system after removal of all fine bore connectors. Following this a more dilute form of the disinfectant is used daily as an overnight treatment or by using a constant supply of the dilute chemical within the unit at all times. Water bottles should be drained at the end of a day and left to dry and re-filled with water at the beginning of the day. Some practices use distilled water to supply their units. Practices will need to consider the following factors, to determine if they need to continue using this type of water, or if they can use tap water:

- **Hardness of water in their area** (hard water can reduce the longevity of the units)
- **Cost**
- **Manufacturer's instructions**

As waterline contamination has been shown to be both heavy and widespread in the majority of dental units and has the potential to be a health hazard. Practices should be introducing risk management regimes to contain this potential risk.

# *DCP Registration*

*All dental nurses must be registered by 30 July 2008.*

*Are you ready for it?*

## Step 1

Obtain and complete an application form

(download from GDC website or call 020 7887 3800)

## Step 2

A referee **MUST** complete section 2a of the application, they must follow the guidance for referees, which will be included in your application pack or can be downloaded from the GDC website.

A medical referee **MUST** complete section 2b, guidance on what your medical referee needs to do can be downloaded from the GDC website.

## Step 3

Send in completed application form and supporting documents, including registration fee (£72.00)

## Step 3

GDC Process registration

## Step 4

If your registration is successful, your name is added to the register

## Dental Quiz

Please return your answers to [kingslynn.manager@adpco.net](mailto:kingslynn.manager@adpco.net) by Friday 24 Nov. The first practice, with all the correct answers, pulled out of a hat will win a bottle of bubbly.

**1. If you have an aching jaw, which of the following should you avoid?**

- a. Soft food
- b. Over the counter pain killers
- c. Yawning widely
- d. Your dentist

**2. What is tooth erosion?**

- a. Sugar dissolving the tooth enamel
- b. Acid dissolving the tooth enamel
- c. Tooth decay
- d. Don't know

**3. Sugar contributes to tooth decay because?**

- a. Sugar directly attacks tooth enamel
- b. Sugar combines with salivary proteins to create a layer of film over tooth surfaces
- c. Sugar is converted by bacteria into acid which attacks tooth surfaces
- d. Sugar mechanically abrades tooth surfaces

**4. What important precaution should be made to prevent alginate impressions from distorting after they had made?**

- a. Prevent them from drying out or changing shape due to inappropriate packing prior to casting
- b. Submerge them in water during transit
- c. Put them in a vacuum pack
- d. Keep them at room temperature

**5. Which staff members in a dental practice should be aware of the company's policies for confidentiality?**

- a. The dentists, dental nurses and receptionists
- b. All practice staff, both clinical and non-clinical including the cleaners

- c. The dentists, dental hygienists, practice manager and the receptionists
- d. Just the dentists

**6. Which HSE publication is recommended to help dental staff deal with violence at work?**

- a. Prevent Aggression in the Workplace (2003)
- b. The Good, the Bad and the Ugly (1985)
- c. Handling Difficult Patients (2006)
- d. Violence at Work (1997)

**7. Which BDA Advice Sheet contains information about radiation in dentistry?**

- a. A12
- b. A5
- c. A11
- d. A3

## Joining ADP

*It seems a lifetime ago that I met Justine Lagarrigue for the first time back in April, at the Reigate Hill Hotel, for my first interview.*

I had tried to research as much as possible about dentistry in the UK but it seemed dominated by the new UDA system and the queues for access to NHS dentistry.

Two months later, and after four more interviews and tests (I passed... I think!) I was offered a position with ADP starting on 1st June. First day nerves were soon over as I was introduced to the team around the office. The only issue that concerned me was; where was everyone?

No need to write out lists of names and section heads who could help my induction into the business... how did everything happen in a business with only 12 people in a head office? I soon found out that everything does happen and things are in place for ADP to grow as a business.

In the first month I closed and merged two surgeries into one, discovered that I had a

new surgery opening in Hungerford before Christmas and, last week Portsmouth PCT awarded another two three-chair surgeries to open in early February. Central region will have grown to seventeen surgeries. Much the same has happened in the other regions too.

My role is to develop the business and people within Central Region with Penny and Becky. As a team we have set goals for us to achieve and exceed, agreed working guidelines and discovered how we perform best together. It is a new working relationship that we have committed ourselves to and we are willing to work at.

If the question is asked of you: how have you worked within your team to improve the business and working relationships... how would you answer? What might you do to make things better, rather than what can others do for you?



ADP will grow to become the number one corporate provider of NHS dentistry within the UK. It is growing, not because people waited for someone else to do it, but because people worked together to make it happen.

Make sure you are clear in your contribution to our success.

**Howard Wright**

*RBM Central Region*