Feeling the pinch?

In the fourth in the series, Neel Kothari suggests that the harsh reality of the new system means that for some people, dental healthcare is no longer an affordable necessity, freely available to all, but rather a difficult choice to make that will have a direct impact on their wallets.

Over 60 years ago on July 5, 1948, the National Health Service was launched with the proud expectation that it would make the UK the ‘envy of the world’. Prior to its introduction, healthcare services were at best patchy and the level of care received was linked very closely to one’s wealth. The introduction of the NHS revolutionised the way healthcare was provided in the UK. For the first time, hospital, doctors, nurses, pharma-
cists, opticians and even dentists were brought together under one umbrella organisation with the caveat of being ‘free for all at the point of delivery’.

From the very start, its central principles were clear; the NHS was to be available to all and financed entirely from taxation, which meant people paid into it according to their means. Today, the NHS still operates with many of its core principles intact, but it now faces a different set of challenges. Words such as ‘credit crunch’ and ‘recession’ play heavily on the minds of those who are most affected by the economic downturn and for some the quality of their dental health care will surely be affected.

The Google test

Since the dental reforms, many companies and industries have benefited from its failings. By simply googling ‘dentistry’ you can see that private dental care both in the UK and abroad is at the forefront of marketing. The daunting reality is that the rise in the private market is not just about people choosing cosmetic options, but rather a range of options, such as emergency dental care, that should be provided in the NHS. As well as private treatment in the UK there has also been an alarming increase in dental tourism, rather than being the envy of the world, the world is now telling NHS patients ‘we can provide you more for less’.

As I mentioned in my last article, the recent reforms of NHS dentistry seem to have taken the fairness out of the system and replaced it with a system aimed at the average majority rather than the individual. But, with the average person feeling a little worse off, we have to ask ourselves whether this new system adequately meets the needs of our patients. And as a profession, how well are we looking after our poorest and those on the fringes of society? Well, recent reports from the Health Select Committee (HSC) and patient groups seem to suggest, not well enough.

The economics of dentistry

In recent months, it has become clear that people are feeling poorer, and when I have quoted £198 for treatment, some patients have asked me, ‘Is that the NHS price?’ While the majority of people still opt to have their treatment, I am particularly concerned about those that feel they cannot afford to do so. If we look at how this affects our elderly population, we can see that the cost of day-to-day living is rising at an alarming rate and many elderly people are struggling to make ends meet. Although there is financial help available towards dental costs, many people who are feeling the pinch of inflation do not qualify for this help. Surely having some patients struggling to find £198 for necessary dental care vies us away from the initial promise of the NHS and draws us back to a time where health care was not freely available to all.

Failing our society?

It is now clear that the introduction of banded courses of treatment has not effectively addressed the needs of society’s most vulnerable and this may indeed be the area where the system has failed the most. The link between work needed and patients’ fees has been messily severed with a blunt scalpel. For those patients who have looked after their teeth and need simple restorative work such as a single crown, we as a profession cannot tell them they are paying 80 per cent of their NHS costs, because we simply do not know if that is true. What we can say to them is that they are probably a little worse off than in the old NHS system, and that their fees will be contributing towards paying the fees of someone who needs more than just a single crown.

As a general dental practitioner I would like to see a system that returns fairness to the dentalist and the patient. It’s not fair to expect a pensioner paying £198 for a denture to subsidise someone else needing an unlimited number of fillings for £44.60; just because the ‘swings and roundabouts’ approach can be made to work, that doesn’t make it a good idea.

Although it was anticipated that those patients with the highest dental need would benefit from the NHS reforms, we are yet to see clear evidence that this is happening. What we can see is that the average majority of patients have moved along with the NHS relatively smoothly, whereas the fringe minority seem to bear the biggest burden, both in terms of accessing dental care and finding value for money.

What is also clear is that since the dental reforms there has been a growth of private insurance schemes aiming themselves at the NHS market, not just to provide a private alternative, but to directly help spread the cost of NHS dental treatment. For many patients, £198 constitutes a massive proportion of their disposable income; and let us not forget that people may need more than one hand three course per year. This leads many to fear that they simply cannot afford the spiralling costs of dental care and having private insurance allows them buffer the financial impact of hearing that they need expensive treatment.

Shining true colours

So, in a time where the burden of the economy is affecting people for the worse, it is perhaps here where failures of the dental reforms are most visible. The dental reform has blindly severed many crucial links, such as patients’ registration and the links between patients paying according to the amount of treatment they need. Further to this, the much-needed constructive dialogue between the Department of Health and the dental profession seems to be missing. While some patients have benefited from this new system, others are now worse off. As the nation begins to tighten its belts, we may find more patients struggling to pay for NHS dental treatment as many may feel it is becoming beyond their means. The harsh reality is that for some people, dental health care is no longer an affordable necessity, freely available to all, but rather a difficult choice to make that will have a direct impact on their wallets.

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and saw the changes brought about through the introduction of the new ‘NHS’ system. Like many other dentists, he has concerns for what the future holds for dentists and as an NHS dental practi-
tivist, appreciates some of the difficul-
ties it is facing in providing dental healthcare within this widely criticised system.