Help where it's due?
Could the NHS do more for those who want the best available, yet essential treatment, but are unable to afford it? Neel Kothari finds out

Last week, an 18-year-old patient came in with severe facial trauma, an avulsed central incisor, as well as multiple fractures affecting his alveolar bone and incisor teeth, after falling of his bike at speed. Thankfully his patient still cannot get an implant under the NHS. While the public may be led to believe that actual clinical decisions are based on clinically appropriate reasons many PCTs nationally regard the provision of dental implants as a low priority treatment other than in the selected groups due to the availability of more cost-effective treatments.

Scope for treatment
After discussing his case with an oral surgeon and a specialist prosthodontist, it is clear his avulsed tooth is best replaced by a dental implant, so I decided to find out the scope for this treatment under the NHS. After searching through a range of online articles and NHS sources, the conditions under which implant services are available within the NHS are still unclear.

For patients with congenitally missing teeth, as well as head and neck pathology such as cancer, there does appear to be good scope for having dental implants, but if a patient suffers from trauma it is still very unclear as to whether the patient is eligible to get dental implants on the NHS. I decided to contact my local maxillo-facial department to find out more.

In my opinion, this patient would be an excellent candidate for dental implants, so why should he have to pay for this privately if he is eligible for treatment at no cost to him under the NHS? Discussing the case with various clinicians it was clear that they were not the ones deciding on which cases the NHS would provide implants for. Each case has to be approved from senior administrators, which leads me to question how they judge suitability. Of course money matters and the NHS must provide a cost-effective solution, but how exactly do senior managers decide the benefits in terms of quality of life for individual patients needing dental implants?

Unreasonable expectations
Personally, I’m still not absolutely convinced that the NHS should provide dental implants, as I’m sure PCTs do have other areas of high priority, but asking a teenager to pay several thousand pounds for a private implant retained crown, which is clearly the best option for him, is far too much to expect from an average 18-year-old.

Surely here the government cannot claim that this would be a private option for ‘cosmetic improvement’ and if the patient does proceed with dental implants, does this not return us to a time when the NHS does not have scope for that at present. Whether patients will ever have scope under the NHS to have complex treatments such as implants under the NHS in a part-payment system is yet to be known, but the process has been set with drugs used in the treatment of cancer (March 2009).

This however still leaves a big void in the middle where far too many patients are having to go private for treatments they feel they need, not just elective cosmetic procedures like tooth whitening.

The rising cost of dentistry as well as a greater demand from patients for fixed permanent tooth replacements seems to get lost within the fixed target driven UDA system of commissioning primary dental care. Whilst the core values of helping those most in need still remain, unless NHS dentistry changes with the times it will by de facto become a more basic service.

Coughing up
My patient’s mother will probably pay privately for her son. She has enquired whether the NHS could pay for part of her treatment and she could top up the rest, but as I have explained to her there is no scope for that at present. Whether patients will ever have scope under the NHS to have complex treatments such as implants under the NHS in a part-payment system is yet to be known, but the process has been set with drugs used in the treatment of cancer (March 2009). Although this has come under public criticism for introducing a two-tier system within the NHS, the NHS still lives on with the issues now able to access a wider range of cancer medication as opposed to what the NHS choosers to fund.

About the author

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 endodontics at UCL’s 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 was able to see the changes brought about through the introduction of the new NHS system. Like many other dentists he has come to the realisation that the future holds within the NHS and as a consequence appreciates some of the difficulties in providing dental healthcare within this widely critised system.

How funding is distributed
In my recent interview with Chief Dental Officer Barry Cockcroft, I asked him about how the NHS funds dental implants. Cockcroft replied: ‘We fund it where it’s clinically appropriate in the secondary sector, but at the moment it’s not part of primary care.’

Once again, we hear the phrase ‘clinically appropriate’ as branded all over NHS literature, but we are still left with the reality of clinical opinion clearly opposing the reality of clinical practice, and I’m left in the situation where my patient still cannot get an implant under the NHS. While the public may be led to believe that actual clinical decisions are based on clinically appropriate reasons many PCTs nationally regard the provision of dental implants as a low priority treatment other than in the selected groups due to the availability of more cost-effective treatments.

A wider argument
This single dilemma draws a wider argument into how NHS dentistry is funded. As technology and dentistry continues to progress it is clear that more consideration will need to be given to complicated treatment items such as implants. Since 2006 all evidence shows that provision of more complex treatments has gone down within the NHS, but this is not the case with the rest of the world where the provision of implantology is on the rise as patients demand more predictable, fixed long term options. But all this comes at a cost and the real debate is not whether implants or other complex dentistry is clinically effective but more a case of whether it is cost effective. If we cannot provide dental implants to patients with teeth loss due to trauma, could NHS dentists also deny treatments such as root canal therapy on the same grounds of cost effectiveness or is this a bridge too far? (Excuse the pun.)

Unreasonable expectations
Personally, I’m still not absolutely convinced that the NHS should provide dental implants, as I’m sure PCTs do have other areas of high priority, but asking a teenager to pay several thousand pounds for a private implant retained crown, which is clearly the best option for him is far too much to expect from an average 18-year-old.

Surely here the government cannot claim that this would be a private option for ‘cosmetic improvement’ and if the patient does proceed with dental implants, does this not return us to a time when the NHS does not have scope for that at present. Whether patients will ever have scope under the NHS to have complex treatments such as implants under the NHS in a part-payment system is yet to be known, but the process has been set with drugs used in the treatment of cancer (March 2009). Although this has come under public criticism for introducing a two-tier system within the NHS, the NHS still lives on with the issues now able to access a wider range of cancer medication as opposed to what the NHS choosers to fund.

About the author

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 endodontics at UCL’s 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 was able to see the changes brought about through the introduction of the new NHS system. Like many other dentists he has come to the realisation that the future holds within the NHS and as a consequence appreciates some of the difficulties in providing dental healthcare within this widely critised system.