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 nationwide regard the provision of dental implants as a low priority treatment rather 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 the evidence has shown the 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 tooth 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 cough up 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 where healthcare renews its links with affluence rather than available to all free at the point of delivery?

How funding is distributed
In my recent interview with Chief Dental Officer Barry Cockcroft, I asked him about how the NHS funds dental implants. Dr 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.’

On my recent return to the NHS, the NHS still lives on unreasonably high priorities, and indeed, we are still left with the difficulties in providing dental care. But the NHS has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove- dent has been set with drugs used yet to be known, but the prove-

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 post graduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends post graduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and witness the changes brought about through the introduction of the new NHS system. Like many other dentists, he has been left in the difficult position of trying to come to terms with the future holds within the NHS and as a consequence, appreciate some of the difficulties in providing dental healthcare within this widely criticised system.