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 wounds have healed well. W have also been able to temporarily restore some of his teeth with composites and a small denture, which will hopefully buy us some much needed time especially as he is due to sit his A-level exams. His family would like him to have the best treatment possible, ideally within the NHS, but are aware of the limitations within the NHS especially with dental implants.

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 paying 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 maxilla-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 they 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?

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."

Once again, we hear the phrase 'clinically appropriate' as brandished 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 nationwide 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 the NHS 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?

In my opinion, something at some point needs to change, but as yet the more I read into this the more confusing things seem to get. While in an ideal world I would like to think I could get an implant under the NHS (if I needed it, I guess the reality is that I would prefer to know that if I had a serious life-threatening illness, the NHS is there to provide treatment.

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 commissioning system of 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 half of her treatment and she could top up the rest, but as I have explained to her she has not 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 precedent 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 unease of the public as to whether the NHS is there to provide treatment.

Unreasonable expectations

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Qualifies 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'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 has seen the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for the future holds within the NHS and as an associate appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

About the author

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