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 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.

Scope of 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 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 who can receive dental implants and provide implants for each case. 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 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 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 part of her treatment and she could top up the rest, but as I have explained to her, in the current climate there do 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 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 the basis that ‘we are all in need regardless of class’. It would be wrong to decide that all patients should be able to access a wider range of cancer medication as opposed to what the NHS chooses to fund.

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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.’

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 oral and maxillofacial prosthodontics 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 with the changes brought about through the introduction of the new NHS system. Like many other dentists he can appreciate some of the difficulties in providing dental healthcare within this widely criticised system.