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 continued 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 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 pri-vately if he is eligible for treat-ment at no cost to him under the NHS? Discussing the case with various clinicians it was clear that they were not the ones decid-ing 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 suit-ability. Of course money matters and the NHS must provide a cost-effective solution, but how ex-actly do senior managers decide the benefits in terms of quality of life for individual patients need-ing 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 bandished 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 situa-tion where my patient still cannot get an implant under the NHS. While the public may be led to be-lieve that actual clinical decisions are based on clinically appropri-ate reasons many PCTs nationally-wide regard the provision of dental implants as a low priority treat-ment 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 technol-ogy and dentistry continues to progress it is clear that more con-sideration will need to be given to complicated treatment items such as implants. Since 2006 all the NHS’s evidence shows the provision of more complex treat-ments 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 op-tions. But all this comes at a cost and the real debate is not whether implants or other com-plex dentistry is clinically effect-ive but more a case of whether it is cost effective. If we cannot pro-vide 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 ab-solutely 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 fork out £600 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 can-not claim that this would be a pri- vate option for ‘cosmetic improve-ment’ and if the patient does pro-ceed with dental implants, does this not return us to a time where healthcare renewes 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 seri-ous 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 cos metic 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 compartments 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 prob-ably pay privately for her son. She has enquired whether the NHS could pay for part of her treat-ment and she could top up the rest, but as I have explained to her, I would have no scope for that at present. Whether pa-tients will ever have scope under the NHS to have complex treat-ments such as implants under the NHS in a part-payment system is yet to be known, but the prece-dent has been set with drugs used in the treatment of cancer (March 2009). Although this has come under public criticism for intro-ducing a two-tier system within the NHS, the NHS still lives on the back of the NHS and it is cost effective. If we cannot pro-vide 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.)

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 Insti-tute, and regularly attends post-graduate courses to keep up-to-date with current best practice. Immedi-ately 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 den-tists, he has come to realise that the future holds within the NHS and as such appreciates some of the difficulties in providing dental healthcare within this widely criti-cised system.