

## **The National Health Service in the United Kingdom**

### **A brief overview of 60 years of state-funded dental care**

The National Health Service (NHS) was introduced by the post-war socialist government in 1948, its ethos being that healthcare should be available to all and free of charge at the point of delivery; the service to be entirely funded by taxation. It was to be a comprehensive service including both general medical and dental practice as well as hospital and specialist treatment.

Its introduction remains the most visionary, the most important and the most directly social initiative of post-war Britain insofar as the general population is concerned. It largely met the needs of a population recovering from the hardships and deprivations of war. At that time an enormous amount of untreated dental disease was in urgent need of treatment, and the NHS provided a dental service which was accessible and affordable to all, and which cost-effectively addressed the problem. As a result, in less than 2 generations, the efforts of the dental profession had transformed public expectation from one of edentulousness and dentures in early adulthood, to one of 'teeth for life'.

Not surprisingly, the availability of free dental treatment, for a population which had largely neglected its dental care during the preceding years, resulted in demand far exceeding the government's expectations and budget. This in turn led to the introduction of patient charges, as a contribution towards the cost of treatment, but with free treatment continuing for children, students, expecting mothers and families on low income. Prescription charges were also introduced but all other NHS medical care remains free.

### **So how does it work?**

Dentists working in general dental practice are mostly self-employed, providing their own premises and paying their own staff and costs, materials etc.. Those dentists wishing to offer NHS treatment to some, or all, of their patients join a local NHS list, thereby agreeing to comply with the NHS regulations and terms of service.

Patients are entitled to have all treatment 'necessary to maintain their dental health' provided under an NHS course of treatment. Once the dentist has agreed to accept a patient for treatment, the dentist is contractually obliged to carry this out in accordance with the NHS regulations, or to refer the

patient if part or all of this necessary treatment required specialist or hospital care.

Until 2006, dentists were paid on a fee per item basis. Annual negotiations between the Department of Health and the British Dental Association would result in an agreed (or imposed) annual target net income which an NHS dentist, working the average number of hours and carrying out the average mix of treatment, should earn; to this would be added the average annual cost of practice expenses – this including the cost of premises, staff, laboratory work, materials etc. - to give an annual gross income. Some 400 different items of treatment were then priced, according to the average time taken to carry them out, so that there should be no financial incentive for a dentist to carry out more of one type of treatment than another. Certain expensive items of treatment, including orthodontic treatment and most bridgework, required the prior approval of the NHS before they could be provided. Claim forms for each NHS patient's treatment is submitted for payment at the end of treatment, with any patient's charges being paid directly to the dentist

Dentists offering NHS treatment are also entitled to treat other patients on an entirely private basis, with fees being agreed between dentist and patient. Similarly, for NHS patients requesting treatment in excess of that to which they were entitled under the NHS, the dentist was permitted to offer and provide a private alternative.

This system of fee-per-item payment had inbuilt problems. As dentist's NHS fees were derived solely from the provision of items of treatment, total earnings depended upon the speed rather than the quality of treatment. Thus by working longer hours and/or more quickly, many dentists earned considerably more than the agreed target income. This in turn resulted in the government's budget for dental services being exceeded and so resulted in a reduction in the following year's fee increase, or even a cut in fees being imposed; this would in turn encourage dentists to work even faster or longer so as to maintain their income – resulting year on year in a treadmill effect. However, from the government's point of view, this system of payment did encourage high productivity by dentists, initially at a time when there was a huge need for treatment.

### **But times changed.**

The future post-war generations of patients did not suffer from similar malnourishment and lack of dental care in childhood; a much healthier diet, regular dental attendance and a greater emphasis on the importance of

good oral health resulted in a decrease in basic restorative treatment but an increasing demand for higher standards of care, more advanced treatment, and with an emphasis on prevention of dental disease. Patients are much better informed about dental health, and have ever higher demands as to the quality of their dental care and the aesthetic results. This has resulted in increasing numbers of patients opting for private dental care, and to meet this demand many dentists have either ceased or reduced their provision of NHS treatment.

So in 2006 a new NHS contract was introduced to try to simplify the system and address the problems. In place of payment through the fee per item system, dentists were contracted annually to carry out an agreed number of 'units of dental activity' (UDAs). Treatment was classified into band 1 (examination and basic perio treatment), band 2 (to include restorative treatment) and band 3 (treatment with a laboratory fee component) with these bands attracting a differing number of UDA payments for the dentist, and different patient charges. However already this new system has resulted in widespread dissatisfaction and a further major review is to be carried out in the near future.

### **The problems of third-party involvement in dental care**

The interference of a third party – whether it be the NHS or private managed care providers - in the traditional dentist/patient relationship almost inevitably at times will result in clinical and ethical difficulties.

For patients, dental treatment under the NHS is at an affordable cost, is provided by a dentist of their choice and with certain assurances as to the quality of the treatment, the inspection and regulation of participating dentists and – and ever more importantly – a user-friendly complaints procedure if required. However, patients may have difficulty in locating a dental practice which is accepting new NHS patients because of the increasing demand for private dental care.

For dentists – the complex and burdensome bureaucracy inevitably imposed by a state funded service restricts the independence of the dentist to a significant, and often frustrating, extent. However, having said that, the NHS does provide the opportunity for full employment of dentists in areas where there are insufficient numbers of patients wanting private care.

The ethical difficulty with a state-funded healthcare system is that the ethos of the Health Department inevitably differs in some fundamental respects from the ethos of the dentist. Health Departments have a finite annual budget allocated for dental services, and would no doubt maintain – entirely reasonably - that this should be devoted to providing the maximum amount of satisfactory dental treatment for the population as a whole, rather than to providing the best possible treatment for a small proportion. Whereas dentists have an ethical obligation to put their patients' interests first – and this at times may prove difficult under a system where treatment availability and fee levels are imposed by a third party, rather than being solely a matter for agreement between dentist and patient.

**Dr Peter B F Swiss BDS LDSRCS DGDP(UK) FADI, ADI BRITISH ISLES REGENT**

*Dr Swiss is a former President of the British Dental Association and is the Chairman of the Ethics Committee of the FDI World Dental Federation.*