

Factsheet 5

Dental care: NHS and private treatment

May 2018

About this factsheet

This factsheet explains treatment offered by the NHS, including how to find an NHS dentist, charges for NHS treatment, how receiving certain benefits or the NHS low income scheme can help with NHS treatment costs and what you can do if dissatisfied with the care you receive.

The factsheet also looks briefly at private dental treatment.

The information in this factsheet is correct for the period May 2018 to April 2019. Benefit rates are reviewed annually and take effect in April but rules and figures can sometimes change during the year.

The information in this factsheet is applicable in England. Please contact Age Cymru, Age Scotland or Age NI for their version of this factsheet. You can find their contact details at the back of the factsheet.

Contact details for any of the organisations mentioned in this factsheet can be found in the *Useful organisations* section.

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1 Recent developments

- Charges for NHS treatment are reviewed annually. This factsheet lists charges that apply in England.

From 1 April 2018, NHS Band 1 treatment costs £21.60, Band 2 costs £59.10 and Band 3 costs £256.50. See section 6 for more information.

2 Finding a dentist who offers NHS treatment

You can look for a dentist in your neighbourhood or further afield. Dental practices do not have catchment areas, so you can choose a practice convenient for you. To find practices offering NHS treatment, you can:

- Visit www.nhs.uk 'Find local services' and enter a postcode. This lists practices in the area, may indicate if they are accepting new adult NHS patients and lets you link to practice websites for further information.
- Contact your local Healthwatch.
- Contact NHS England by telephone.

Having identified suitable practices, contact them and ask when they can offer an appointment for a new patient. They may not be able to offer one immediately.

If you cannot find a practice to treat you as an NHS patient, ask NHS England for contact details of the Local Area Team who can advise you of your options.

3 Urgent and out-of-hours treatment

You should seek urgent treatment if you experience severe pain, for example due to an abscess or acute infection that is not eased by over-the-counter painkillers. Band 1 charges apply for NHS treatment needed to deal with the immediate problem. If the dentist issues an NHS prescription, you must pay your usual charge.

Your regular dentist may offer urgent treatment *during* normal working hours. If you need urgent treatment *outside* normal working hours, call the surgery and listen to the message telling you how to access care urgently.

If you do not have a regular dentist and need urgent treatment, call NHS 111. They can advise you and provide information about local out-of-hours dental services.

4 Frequency of check-ups

Guidance from the National Institute for Health and Care Excellence (NICE) helps dentists to decide how often you need a check-up. For adults this could be between 3 and 24 months. It is likely to be between 12 and 24 months if you have good teeth and gums.

Based on your oral health and risk of future disease, you and your dentist can agree a date for your next check-up and record this in your notes at the end of a course of treatment.

5 Check-up and treatment plans

A check-up allows the dentist to review your oral health – your mouth, teeth, and gums; ask if you have experienced problems; discuss your diet and teeth cleaning technique and how you can reduce your risk of dental decay, gum disease and mouth cancer.

Regular check-ups are important when you wear dentures. The dentist can check your mouth and how well the denture fits. Dentures usually last several years if you take good care of them. Eventually they fit less well because the shape of your jaw and gums changes over time.

NHS and private treatment

Most dentists offer NHS and private treatment, so make sure the dentist knows you want NHS treatment. A dentist should offer the full range of NHS treatment and tell you if private treatment is your only option for a particular problem. They should tell you the costs for NHS and any private treatment before you agree to it.

Practices contracted to provide NHS treatment should clearly display an up-to-date NHS price list and the surgery's complaints procedure.

Note

The NHS provides '*clinically necessary*' treatment to keep your mouth, teeth and gums healthy and free from pain. This does not include treatment for purely cosmetic reasons such as large white fillings or white crowns on back teeth, veneers or tooth whitening. You need to pay for these privately.

Discussing your treatment needs and options

If you need treatment, ask the dentist to explain:

- treatment options for each problem and their pros and cons
- whether there are NHS and private options and how they differ
- if treatment is complex, how many times they have carried it out
- what would happen if you do nothing or delay treatment
- how many visits are required and how much the treatment will cost
- if it is NHS treatment, which of the three NHS charge bands, described in the next section, the treatment falls into and when you need to pay
- the estimated cost of private treatment necessary for part or all of the treatment.

Note

The dentist should give you a written NHS treatment plan, describing Band 2 or Band 3 treatment, or a mix of NHS and private treatment, if you need it. You should have details of private treatment and associated costs in writing before you agree to it.

If having a '*dental appliance*' fitted, for example a crown, bridge or denture, you can ask for a statement of manufacture. This shows details of the device, who it was prescribed by and made by, confirmation it was made just for you and meets legal standards.

If you are unsure or unhappy about proposed NHS treatment, you can seek a second opinion. If the second opinion is different, it is important to remember dentists have the right to disagree and prefer different options. If you have a second opinion, you pay a Band 1 charge for this new consultation as described in section 6.

Gum disease and mouth cancer

Gum disease is a significant threat to teeth as it damages tissues that support teeth and hold them in your jaw. Teeth can become loose and ultimately fall out. Gums that regularly bleed when you brush your teeth could be a sign of gum disease and should act as a prompt to book a check-up. Smokers are at greater risk of gum disease than non-smokers.

Most cases of mouth cancer are linked to tobacco and alcohol consumption. You are at greater risk if you regularly consume them together. The tradition in some communities of chewing tobacco or paan is particularly dangerous.

NHS Choices offers information about gum disease and mouth cancer.

6 NHS charging system

NHS treatment falls into one of three charging bands with the most expensive part of the course of treatment deciding the band. The number of visits per course of treatment does not affect the charge.

Charges from 1 April 2018 are:

- **Band 1** – £21.60

This covers an examination, diagnosis including x-rays, advice on how to prevent further problems, preventive care such as application of fluoride and a simple scale and polish.

- **Band 2** – £59.10

This covers everything under Band 1 plus fillings, root canal work and extractions. The charge is not affected by the number of fillings or extractions in your agreed course of treatment.

- **Band 3** – £256.50

This covers everything under Bands 1 and 2 plus crowns, bridges and dentures. New dentures can be fitted with a metal identification tab on manufacture. This reduces the risk of losing your dentures, should you need to go into hospital or live in a care home.

There is no charge for taking out stitches, stopping bleeding or writing an NHS prescription. Your usual NHS prescription charges apply.

There is no charge for simple denture repairs. You are not usually charged if dentures require adjusting in the first few weeks after fitting.

There is no charge if you need more treatment at the same charge level (for example another filling) within two months of seeing your dentist.

Scale and polish. If your dentist says scaling is *clinically necessary*, it is available on the NHS and can be provided by a hygienist or dental therapist. A simple scale is included in a Band 1 course of treatment; if you have more complex gum related problems, it may be charged within a band 2 course of treatment. If you *choose* to have a scale and polish you must pay privately.

Missed appointments. Dentists cannot charge for missed appointments. However, if you continually miss appointments, they may not agree to treat you in future.

Urgent or out-of-hours treatment is charged at Band 1.

The replacement of lost or accidentally damaged dentures is charged at 30 per cent of Band 3. In 2018/19, this is £76.95.

Second opinions. You must pay the first dentist a Band 1 charge for the consultation and the second dentist a Band 1 charge for their consultation. You must pay for subsequent treatment you agree to, according to the Band it falls into.

NHS Choices offers information about treatment available on the NHS.

7 Help with cost of NHS dental treatment

Entitlement to free NHS dental treatment or help towards the cost of treatment is based on your income and savings.

Automatic entitlement for help with NHS dental charges

You, and your partner if you have one, are automatically entitled to free NHS dental treatment if you receive Pension Credit Guarantee Credit.

You are entitled to free treatment if you are included in an award of Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance. You must show your award letter to the dental receptionist as proof of entitlement.

You may be entitled to free treatment if you receive Universal Credit and meet eligibility criteria. Go to the NHS Choices website for information.

NHS Low Income Scheme

If you are not automatically entitled to help but have a low income and savings of less than £16,000 (£23,250 if you live permanently in a care home), you may be entitled to help through the NHS Low Income Scheme (LIS). Whether this is *full* or *partial* help with dental charges depends on your financial circumstances. To apply, complete application form HC1. If you live permanently in a care home and receive financial help from the local authority to pay your fees, complete short form HC1 (SC). You can request copies of either form by calling 0300 123 0849.

If you are entitled to *full* help, you receive an HC2 certificate; if entitled to *partial* help, you receive an HC3 certificate. Call the NHS Business Service Authority Customer Contact Team if you have questions about the LIS or need help completing the form.

Note

You can only receive help with the cost of NHS dental treatment through the NHS LIS or benefits mentioned above. There is no support towards private dental treatment costs.

Entitlement to help with other NHS costs

Entitlement to help with health costs because you receive certain benefits or because you have an HC2 or HC3 certificate also includes help with costs associated with other NHS charged-for services.

You can get help with the cost of NHS prescriptions and sight tests (if you are not already exempt from paying for them), buying new glasses and, in some circumstances, the cost of travel to receive NHS treatment.

The NHS low income scheme is described in factsheet 61, *Help with health costs*.

8 Community dental services

Many dentists can treat people with special needs at their practice. If you cannot use their premises because of a disability or physical or mental health condition, your dentist can refer you to a specialised dental service. This is usually provided by the community dental service either at their own premises or in a mobile unit that visits you at home or in a care home.

To find out about community dental services in your area, contact NHS England. They can provide contact details for your Area Team who know local arrangements. Your local Healthwatch may be able to advise you.

9 Dental care for care home residents

Care homes must identify your personal care needs, agree with you how to meet them and record this in your care plan. This includes oral health needs and whether you need support to maintain daily mouth care. Ask the care home manager to explain how residents access a dentist offering NHS treatment for regular or emergency care.

If you need help with daily mouth care or cannot clean your teeth, a local dentist or hygienist may be able to provide guidance to ensure care staff are competent to assist you. The Alzheimer's Society has useful information describing some of the problems people with dementia may face at different stages of their illness.

If you wear full dentures, you still need regular checks to review the health of your mouth and fit of your dentures. Your gums and jaw bone shrink with time, which affects the fit of your dentures.

Lost dentures can be a problem if staff clean your dentures or you are admitted to hospital. New dentures can be marked for easy identification, so ask your dentist about denture marking. Alzheimer's Society information includes a DIY method of temporarily marking dentures.

There is NICE guidance on *Oral health in care homes* and an accompanying quick guide for care home managers.

10 Dentists and other dental professionals

The role of the General Dental Council

To practice in the UK, dentists and dental care professionals - dental nurses, dental hygienists, dental technicians, clinical dental technicians, dental therapists and orthodontic therapists - must register with the General Dental Council (GDC).

Registered professionals must abide by the GDC '*Standards for the dental team*'. You can view the GDC register online and search for registration details of practicing dental professionals.

Dental nurses - work closely with and support the dentist during and following patient treatment.

Dental hygienists - have a role in promoting oral health and usually work alongside the dentist. Their services include thorough scaling and polishing, managing gum disease and applying topical fluoride and fissure sealants treatments. They may have training that allows them to offer tooth whitening under supervision of a dentist.

Dental technicians – make appliances including dentures, bridges, crowns and braces to a dentist's prescription.

Clinical dental technicians – like dental technicians, make dental appliances. If you have no teeth (the technical term is '*edentulous*') and no implants, a clinical dental technician can accept you directly for provision or maintenance of full dentures. Otherwise they must work to a dentist's prescription.

Orthodontic therapists - work alongside orthodontists (specialist dental practitioners) and can carry out a limited range of treatments and procedures to straighten and improve the alignment of teeth.

The GDC produces a leaflet *Smile*, available in several languages, explaining standards of care to expect from dental professionals, what to expect when you visit and options if unhappy with the experience.

Safety concerns and 'Fitness to practise' complaints

The GDC can investigate a complaint against a dental professional working for the NHS or privately, where it calls into question whether they should be able to remain on the register and practise. This might arise due to provision of very poor quality treatment, safety issues related to poor hygiene practice, inappropriate behaviour, fraud or being under the influence of drink or drugs.

If unsure whether your complaint is one the GDC can investigate, look on its website or contact the Customer Advice and Information Team. For general complaints about dental treatment, follow the procedures in sections 11 or 12.1.

10.1 'Direct access' to members of the dental team

It is possible to book an appointment to see a dental care professional listed in section 10, if you have not been seen or referred by a dentist. This is known as '*direct access*'. Not all dental care professionals offer this service and if they do, must only work to the scope of their practice and offer what they are confident they have competencies to provide.

Legally, hygienists and other dental professionals can only offer '*direct access*' treatment on a private basis. If employed by a dental practice, it depends on their employer's preference and whether they want and/or feel competent to work this way.

A dental practice offering a 'direct access' service should make sure its publicity is clear about:

- roles of different practitioners at the practice
- what treatments are available through 'direct access'
- how to book appointments, and
- what happens to ensure a patient is referred on appropriately if a practitioner decides they cannot provide the treatment needed.

A dental hygienist can set up in business without employing a dentist. If they do, they must have appropriate indemnity insurance and seek your informed consent before starting treatment. They should have explicit processes for referring you to a dentist for further advice or treatment.

Hygienists can only offer treatments, such as tooth whitening, through a dentist's prescription, with a dentist providing or being present on the premises for the first treatment. Dental therapists and clinical dental technicians have training in tooth whitening as an additional skill but the same conditions apply when offering a direct access service.

As these dental professionals may not have a dentist's prescription to work from, you should tell them about any medical or dental problems and they should keep a record of your treatment.

For further information about how 'direct access' works, see www.gdc-uk.org/professionals/standards/direct-access.

11 Compliments and complaints about NHS treatment

You may want to let your dental practice know you are pleased with their service. Many actively seek your feedback to help them improve the quality of care they provide.

Friends and Family Test

Dental practices must offer patients receiving NHS treatment a chance to provide anonymous feedback by answering the Friends and Family Test (FFT) question: 'How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?'

Response options are: Extremely likely; Likely; Neither likely nor unlikely; Unlikely; Extremely unlikely; or Don't know.

To allow you to explain your answer more fully, there may be a follow-up question for example 'what would have made your visit here better?'

Dental practices should offer a range of written and/or electronic ways to give your views. Practices submit FFT data and each month NHS England publishes results for dental practices overall on its website, alongside FFT results for other NHS services.

Concerns and complaints

You can often resolve concerns about treatment by speaking to your dentist. If you remain dissatisfied and want to make a formal complaint, the practice must follow the NHS complaints procedure.

There must be a member of staff responsible for managing concerns and complaints. This includes explaining the complaints process and investigating and responding to your complaint in writing. They should tell you how to contact the free, independent NHS Complaints Advocacy Service. This optional service is available to help you think through and make your complaint.

If unhappy with the response to your complaint, you can ask the Parliamentary & Health Service Ombudsman to investigate it further. The practice letter explaining the outcome of its investigation, should explain how to do this.

For information, see factsheet 66, *Resolving problems and making complaints about NHS services*.

If your complaint relates to fitness to practice, see section 10.

12 Private dental treatment

Some dentists offer NHS and private treatment, while others accept private patients only.

There are no official guidelines for the cost of private treatment. Practices set their own fees, so you may want to shop around or check practices' websites to get a general idea of fees charged locally. They may have a price list for relatively straightforward treatments but this will not give an indication of the quality of work.

Always ask for a written estimated cost of proposed treatment and agree fees before treatment starts. If expensive treatment is proposed, you may want to think about it before going ahead or seek a second opinion.

Dentists may offer different ways to pay for treatment. You may be asked to join a dental plan, choose to pay at the end of each course of treatment, pay through a private medical insurance scheme or take out an insurance policy.

Dental plans often involve the dentist assessing your oral health, then asking you to make a fixed monthly payment. Some plans offer a set number of visits to the dentist and hygienist per year and emergency cover, while others offer unlimited cover.

Always read the terms and conditions of any plan or policy before signing up, so you know what is and isn't included. You may need to have your dental needs and hence monthly payments reviewed annually.

12.1 Compliments and complaints about private treatment

Feedback, both positive and negative, helps practices understand patients' needs better, review their service and maintain high standards. If you have a concern about your treatment, you can often resolve it by speaking to your dentist without the need to make a formal complaint.

Practices have their own formal complaints procedure for private treatment. Ask about this when making your decision to join a practice or before starting private treatment. The NHS complaints procedure does not cover private treatment, even if your course of treatment has NHS and private elements to it.

If unable to resolve your concerns or complaint with the practice, you can approach the Dental Complaints Service (DCS) which is funded by, but independent of, the General Dental Council. The DCS looks at less serious complaints and can be contacted by phone or in writing.

If your complaint relates to a dentist's fitness to practice, see section 10.

13 The role of the Care Quality Commission

Dental practices, dentists and dental professionals who set up their own practice must register with the Care Quality Commission (CQC). The CQC inspects each practice to ensure it meets quality and safety standards. It looks at whether the practice is safe, effective, caring, responsive and well-led and then publishes an inspection report on the CQC website.

The CQC cannot investigate individual complaints but is interested to hear about patient's experience of care. This informs the regulation and future inspection of dental services. You can complete a '*share your experience form*' on their website or call a dedicated number. The CQC does not normally reply individually to feedback but in some cases may contact you for further information.

Useful organisations

Alzheimer's Society

www.alzheimers.org.uk

Telephone 0300 222 1122

Offers information and support to people living with dementia, their families and carers through its helpline and local branches.

Care Quality Commission

www.cqc.org.uk

Telephone 03000 616 161 (free call)

Independent regulator of adult health and social care services in England, covering NHS, local authorities, private companies or voluntary organisations and people detained under the Mental Health Act.

Dental Complaints Service

www.dentalcomplaints.org.uk

Telephone complaints helpline 020 8253 0800

Assists dental patients and dental professionals to resolve complaints about private dental services. It is funded by, but independent of, the GDC.

General Dental Council

www.gdc-uk.org

Telephone customer advice and information team 020 7167 6000

Responsible for registering all dentists and dental care professionals who practise in the UK. You can access a register on its website or call their Customer Advice & Information Team.

Local Healthwatch and Healthwatch England

www.healthwatch.co.uk

Telephone 03000 68 3000

Every local authority has a local Healthwatch that either provides free advocacy for those wanting to make a complaint about NHS services or can signpost you to your local NHS Complaints Advocacy Service. Search the Healthwatch England website or call for contact details of your local Healthwatch.

NHS Business Services Authority (Low income scheme)

www.nhsbsa.nhs.uk/HealthCosts/1136.aspx

Telephone customer contact team 0300 330 1343 or 0191 279 0565

Manages the NHS Low Income Scheme.

NHS Choices

www.nhs.uk

Comprehensive web health information service. Visit this website to find your nearest dentist, to help you find and use other NHS services, make choices about your health and learn more about the prevention and treatment of many health conditions.

NHS England

www.england.nhs.uk

Telephone 0300 311 22 33

Oversees the budget, planning, delivery and day-to-day operation of the NHS in England. It can give contact details of dentists in an area and of your Local Area Team if you cannot find a dentist to accept you for NHS treatment.

NHS 111

Telephone 111

24 hour helpline in England for advice on urgent but non-life-threatening symptoms, including dental related problems.

Oral Dental Health Foundation

www.dentalhealth.org

Telephone helpline 01788 539780

Independent charity dedicated to improving oral health. They run the National Dental Helpline and produce a range of leaflets on dental health and dental treatments.

Parliamentary and Health Service Ombudsman

www.ombudsman.org.uk

Telephone helpline 0345 015 4033

Investigates complaints about NHS care in England. You must usually raise your complaint with the provider of the service before the Ombudsman will agree to be involved.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice or Age Cymru Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.org.uk

0800 022 3444

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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