

Interim Policy: Advanced restorative dentistry

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Advanced restorative treatment includes treatments such as endodontics, periodontics and crown and bridge treatment which are beyond the scope of general dental practice. This involves the need for specialised/specialist skills and facilities which may be available in either primary or secondary care.

There is evidence that advanced restorative care is clinically effective and can benefit patients at an individual level. However, public funding needs to be directed to best meet the identified health needs of the population which includes taking a view on the population level prioritisation of relevant interventions and treatments. The priorities for the Wessex area are to improve dental health and reduce dental health inequalities particularly in young children, and increase access to and utilisation of primary dental care services, particularly within high-needs and vulnerable groups.

Advanced restorative care is therefore considered to be of low clinical priority.

Advanced restorative care may be provided on the basis of exceptionality, i.e. where there is evidence that:

- the patient is significantly different to the general population of patients with the condition in question;

AND

- the patient is likely to gain significantly more health benefit from the intervention than might be normally expected for patients with that condition.

It is up to the requesting clinician to demonstrate why the patient should be considered as an exception. The fact that a treatment is likely to be effective for a patient is not in itself, a basis for exceptionality.

Advanced restorative care is not available for aesthetic reasons alone. Social and psychological circumstances, whilst recognised, are not considered decisive factors in funding.

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