

WESSEX AREA TEAM

POLICY FOR PROVISION OF DENTAL IMPLANTS

May 2013

A dental implant is an artificial substitute for the root of a tooth that is placed into the jawbone. The implant ultimately fuses with the bone in order to support a replacement tooth, bridge or denture. Dental implants are only suitable if the jaw is fully grown and there is sufficient bone to support the implants (or to be able to have a bone graft). To maximise the success of a good outcome, the patient must be able to maintain healthy oral tissues and not suffer from any conditions that will affect bone healing. There are alternative conventional treatment options such as dentures or bridges, which may be effective in many patients.

There is evidence that using dental implants as an adjunct to 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.

The provision of dental implants is therefore considered to be of low clinical priority.

Currently Recognised Exceptions

1. As part of reconstructive treatment following surgery to the mouth and surrounding tissues for the treatment of malignant disease, where the bone and soft tissue loss is such that ONLY dental implants can be used. Patients who have had jaw resection are a high priority group. It does not follow that all such patients have the same need for dental implants or would wish to undergo the procedure.
2. As part of reconstructive treatment following severe intra and peri-oral trauma involving significant loss of the alveolar bone, where restoration of oral function can ONLY be achieved with the use of dental implants. Simple damage to or loss of one or more teeth will not be considered major defects.
3. To restore oral function for patients with severe developmental defects, for example, cleft palates, and other syndromes, where the process of correcting the oral defect, makes it extremely challenging for other prostheses to be used.
4. For patients with hypodontia where the spaces make it extremely challenging for treatment by any other restorative means. Minimum criteria are at least six permanent teeth missing in an arch, prior to the

minimisation of spaces with orthodontics. Spaces posterior to the last standing molar are excluded.

5. To restore oral function for edentulous or partially edentulous patients when conventional prosthetic dental procedures have failed, or will, in the considered opinion of a specialist in restorative dentistry, fail due to lack of bone support, neuromuscular control, or other medical conditions.

The provision of dental implants is not available for aesthetic reasons alone. Social and psychological circumstances, whilst recognised, are not considered decisive factors in funding.

Referral Requirements

For a referral to be accepted the following criteria are required:

- Full medical history including any indication of any complicating medical factors and history of any substance misuse. *Dental implants will not be approved for patients who smoke as this reduces the success rate by around 50%. Patients must be smoke-free for at least the last 6 months.*
- Evidence of regular dental attendance over the last 24 months.
- Comprehensive periodontal charting including plaque scores for previous 12 months to ensure patient is maintaining a good standard of oral hygiene
- Appropriate diagnostic radiographs
- Referrals must state which of the criteria the patient meets.

If the approval is successful, the NHS will only fund the current course of treatment. The cost for maintenance and any future replacement cannot be guaranteed. In the event of a problem, a new referral and application for approval would need to be made, which will be assessed against the prevailing criteria at the time of application.

Inability to pay for private treatment is not an indication for a referral.

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