

**THE ROYAL COMMISSION on THE NATIONAL
HEALTH INSURANCE ACTS 1924**

**A MEMORANDUM on DENTAL TREATMENT UNDER THE
NATIONAL HEALTH INSURANCE ACTS ¹⁾**

**WITH SPECIAL REFERENCE TO PROPOSED
EXTENSION OF SUCH TREATMENT IN ANY FUTURE
MODIFICATION OF THE ACTS.**

*Prepared by the British Dental Association for Submission to the
Royal Commission on the National Health Insurance Acts.*

616.314 084 (42)

The British Dental Association desires respectfully to submit to the Royal Commission certain observations on the subject of dental treatment with particular reference to:

1. The nature and extent of dental treatment at present available under the National Health Insurance Acts.
2. The need for a wide extension of dental treatment and for its establishment as a permanent benefit under an amended Act.
3. The nature extent of dental service which would most economically and efficiently supply the required extension of dental treatment, as an addition to the medical benefit or of any modification of that benefit under amendments of the National Health Insurance Acts.

PRELIMINARY AND EXPLANATORY.

1. The need of Dental treatment for the Industrial classes has been keenly appreciated by the British Dental Association for many years. Long before National Health Insurance was projected, individuals and groups of its members were endeavouring to organize schemes of provident dental aid under which those persons who could not afford private dental fees might obtain skilled dental treatment upon such terms

Early recogni-
tion of need for
dental treat-
ment.

¹⁾ With reference to the Enquiry undertaken by the secretary of the H. C. during 1924—1925 with regard to Public Dental Care we have pleasure in giving here a memorandum which we are indebted for to Dr. W. Harrisson actually drawn up in Great Britain.

We sincerely hope that the regulations contained therein will meet the requirements.

When establishing their advices the Hygiene Commission will not fail to gather very useful indications out of them.

We wish the English profession further success, e.g. for dental benefit to be made compulsory instead of additional.

EDITOR.

I SOCIAL PART (B).

PUBLIC DENTAL CARE.

as they could afford. The Brighton and District Dental Service established in 1907, and the Reading Public Dental Dispensary opened in 1913, are examples of these efforts. Following upon the passing of the Act of 1911 and independently of State support of recognition, a scheme for Public Dental Service to be available for all persons coming under the wage limit of the National Health Insurance Act, was drawn up and preparations were made for making dental treatment available under it in all parts of the country.

2. The outbreak of the European War prevented the realization of this project. Prior to the passing of the Dentists Act, 1921, the Dental Profession in this country numbered less than 6,000. So many dentists were called up for active service first as combatants and later as commissioned dental officers, that the dental service to the civilian population was depleted beyond the possibility of any attempt to institute the dental service in 1913. Services which had been established prior to and during the early years of the War in such centres as Bournemouth, Brighton, Bedford, Birmingham, Bristol, Glasgow and Reading, and other places, were largely used in giving dental treatment to soldiers enlisted under the Kitchener scheme prior to the ultimate establishment of dental treatment in the Army, and thereafter were for the most part given up.

3. When, after the termination of the War, the first valuation of the funds of approved societies (which but the War would have been made in 1915) was actually completed and certain approved societies which had surplus funds submitted schemes for providing „additional benefits” to those of their members entitled to participate in these benefits, the British Dental Association proceeded to call meetings in all parts of the country with every dentist then upon the Register was invited to attend with the object of organizing panels of dentists who would undertake to treat persons insured under the National Health Insurance Act.

4. While the British Dental Association, as the only existing professional body capable of doing so, thus voluntarily undertook in the public interest, the trouble and expense of inaugurating the formation of these dental panels, it was impossible for it to assume the organization and control of the movement inasmuch as the composition of such panels was not limited to its own members but included any registered who wished to join. The panels so formed soon felt the need for co-operation and for uniformity of action and control, and in December 1922, combined to form themselves into the Public Dental Service Association of Great Britain, Limited.

5. The Public Dental Service Association now numbers nearly 7,000 members, and comprises among them dentists holding academic qualifications and many placed upon the Register pursuant to the provisions of Section 3 of the Dentists Act, 1921.

6. Its organization is such that in almost every part of the country where dental treatment is required there exists, so far as the personnel

Efforts of the British Dental Association to provide it.

Reasons for discontinuance of scheme.

Scheme revised after first valuation.

Reasons for change of control.

MEMORANDUM OF THE BRITISH DENTAL ASSOCIATION.

of the panels is concerned, ample provision for that treatment. The system has now been in operation for two years and has worked as satisfactorily as could be expected of a new and untried scheme.

7. While the British Dental Association does not deal directly with the details of the administration of the service, it retains a close and intimate interest in the general policy. Long experience in dealing with all questions of dental policy and in the preparation of schemes for all kinds of Public Dental Service, and its position as representative of the qualified members of the profession, give it peculiar authority in such questions, especially as it does not act exclusively in the interests of its own members but in the interests of the dental profession as a whole and of the public welfare.

THE NATURE AND EXTENT OF THE PRESENT DENTAL TREATMENT GIVEN AS „ADDITIONAL BENEFIT” AND OTHERWISE UNDER THE NATIONAL HEALTH INSURANCE ACTS.

8. Dental treatment comprises all dental operations; but the treatment at present required by the majority of insured persons is the extraction of diseased teeth and the provision of artificial dentures. As the effect of dental care of the rising generation during the school age becomes evident conservative work should take an increasingly important place.

9. Inasmuch as dental treatment is not a permanent benefit under the National Health Insurance Act, it is only available for certain of the members of those approved societies which possess surplus funds available for „additional benefit” and which have selected dentistry as an „additional benefit”.

10. Moreover, the interest of the patients has been affected by the unexpectedly large demand for dental benefit. Societies were required to set aside a definite sum of money for each „additional benefit” selected, to be expended over a given period of years. At first certain societies undertook to pay the entire cost of dental treatment, but later, on account of the large number of claims on the limited funds available, was found necessary to reduce the grant to one-half the cost, and in many cases a still further reduction of the part of the fee paid by the society took place. This left the patient responsible for so large a portion of the dentist's fee that in very many cases he or she was unable to find the money and had consequently to give up the claim.

11. When, therefore, the statement is made that about seven millions of insured persons are entitled to participate in dental treatment at present, an erroneous impression may be created unless it be borne in mind that on account of the position referred to in the previous paragraph the numbers who actually receive the benefit are very much smaller. Adolescents joining societies which give dental treatment as additional benefit are not eligible for such treatment when

The nature of dental treatment.

Persons entitled to dental treatment.

Limitation of present treatment.

Further defects of the present system.

I SOCIAL PART (B).

PUBLIC DENTAL CARE.

they join but must wait a variable number of years before they become entitled to the benefit, thus losing the advantage of dental treatment at the very age when it is most needed and would do the greatest amount of good. It is evident also that the conditions referred to in paragraph 10 are bearing hardly on the poorer members of the societies possessing surplus funds, that cases where urgent dental treatment is necessary as a health measure are delayed to the prejudice of the patients, or may have to be abandoned altogether, and also that dental treatment is altogether denied to all members of societies which have not shown a surplus, as well as to „Deposit Contributors”, all of whom must be presumed to need such treatment no less than their more fortunate fellows.

12. It is necessary to draw attention to the fact that as the expenditure of the surplus funds shown on valuation is entirely in the hands of the individual societies possessing them, dental benefit, as well as other additional benefits, is arranged for separately by each society. Members of very many approved societies are widely scattered over all parts of Great Britain and it consequently happens that when, for instance, an English society has a member in some remote part of Scotland extensive correspondence may be necessary with the headquarters of his society in England before that member can obtain dental treatment; similar conditions hold with respect to Scottish societies having members resident in England. The average insured person shrinks from correspondence of this nature, and thus the overlapping and multiplication of organization in such cases is a hindrance to the prompt settlement of claims, as well as a source of additional expense.

13. While the arrangement on the side of the dentists is remarkably complete, and capable of dealing effectively with a very large extension of the present service, it is evident that the amount of treatment available under present conditions is quite inadequate to meet the need.

14. It would appear therefore that the possibilities of benefit from dental treatment as at present given are limited by the conditions under which the treatment is made available, that the most that can be said about the present service is that it has afforded opportunity for the experimental testing of a means of supplying dental treatment and has demonstrated that the members of approved societies are eager to take advantage of such facilities for dental treatment as have so far been provided.

15. Under the „panel” system the person desirous of treatment is furnished by his approved society with a list of the dentists in his neighbourhood. From this list he selects the dentist of his choice, and, armed with an authority from the approved society, visits him at his ordinary consulting rooms, and gets an estimate of the cost of the treatment required. This estimate having been approved by his society, the treatment is undertaken by the dentist and charged for according

Present organization a source of delay and expense.

Complete arrangements of dentists.

Present scheme experimental.

Arrangement for treatment.

The „panel” system.

MEMORANDUM OF THE BRITISH DENTAL ASSOCIATION.

to a scale previously agreed upon between representatives of approved societies and of dentists.

16. Payment of the whole or some proportion of the fee is made by the society to the dentist; for the remainder the dentist must look to the patient.

17. The present system of dental panels organized on a territorial basis could with comparatively little alteration be adapted to any expansion of dental treatment. The existence of these panels over a period of years has familiarized a large number of members of the dental profession with the general organization of such a service, and the fact that 7,000 dentists have voluntarily taken part in this work is itself a guarantee that, given satisfactory conditions, there would be no difficulty in staffing such a service.

18. Under the „clinic” system, the patient attends, not at the dentist’s private consulting rooms, but at an institution specially organized for the purpose.

The „Clinic”
System.

19. A public dental service „Clinic” as understood by dentists, set up at the expense of dentists at which they attended at specified hours and saw those patients who wished to consult them or other cases in rotation. The institutional expenses were a first charge on the fees. The dental profession favours this type of clinic.

Two kinds
of clinics.

20. There is a conception of the „clinic” which is becoming common as premises fitted up by some body such as an approved society where whole-time salaried dentists are employed, where the control is not in the dentist’s hands. The dental profession is opposed to this type of clinic.

21. The arguments for and against these systems may be stated briefly thus: —

Respective
merits of the
two systems.

The clinic system permits of the handling of large numbers where a continuous supply of patients is assured, as in the Army, but is impracticable in sparsely populated districts. It is claimed that it ensures economical working and provides easy facilities for supervision and inspection of the work done; but it to some extent tends to limit freedom of choice of dentist on the part of the patient. The clinic system also involves considerable capital expenditure in setting up the clinics.

22. The panel system on the other hand is readily adaptable to supply either small or large demands for treatment, it facilitates free choice of dentist. The expense for premises or equipment is not a direct public charge. Its main disadvantage is that it is difficult to ensure adequate supervision and inspection, although this might be overcome by the institution of a system similar to that employed by the Ministry of Pensions for the inspection of dental treatment for pensioners or to that at present in operation with reference to medical benefit by means of regional medical officers.

23. A careful consideration of these two different methods seems to suggest that the panel system may be the most suitable, generally,

I SOCIAL PART (B).**PUBLIC DENTAL CARE.**

over the greater part of the country for the dental work involved in a scheme of permanent dental benefit, but it is to be noted that the only form of clinic approved by the British Dental Association for adult dental treatment is a clinic staffed by dentists working on a part time basis and under professional control.

Special arrangements would require to be made for such sparsely populated districts as the Highlands and Islands of Scotland.

**THE CASE FOR A WIDE EXTENSION OF DENTAL TREATMENT
AND ITS ESTABLISHMENT AS A PERMANENT BENEFIT
UNDER THE AMENDMENT OF THE PRESENT ACTS.**

The case for a wide extension of dental treatment as an essential part of National Health Insurance must rest upon the benefit which such treatment would confer on the national health. Recognition of the harm which dental disease causes both locally and constitutionally is no longer confined to the healing professions; it has become a commonplace of the lay press and is widely appreciated by the general public. The Report of the Departmental Committee on the Dentists Act (Cmd. 33, 1919), the Report of the Departmental Committee on Sickness Claims (Cmd. 7687), the Annual Reports of the Chief Medical Officer to the Ministry of Health and to the Board of Education, and the Report of the School Medical to the London County Council, extracts from which form an appendix to this Memorandum, prove the case for a wide extension of Public Dental Service up to the hilt.

25. To the dangers to health resulting from the presence in the mouth of diseased teeth as impairing mastication, there must also be added those still greater dangers due to oral sepsis.

All recent and contemporary medical and dental literature may be appealed to as evidence of the serious nature of the danger to health and to life which the present condition of the teeth of the nation entails, and it points to the tragic error involved in any plan of campaign against national disease and physical unfitness when what has been aptly described as one of the chief outposts of preventive medicine is neglected.

26. The present scheme of dental treatment as additional benefit has been in force for too short a time to show statistics of sickness returns any conclusive evidence of the effect of dental treatment in reducing the incidence of illness among insured persons, but certain statistics prepared by Mr. Alban Gordon, Secretary of the United Women's Insurance Society, are in resting in this connection. The United Women's Insurance Society has offered dental treatment to its members since 1915, under a scheme based upon the provisions of Section 26 of the National Health Insurance, Act. 1924. With a view to ascertaining the effect of this provision of dental treatment upon the incidence of illness among members of the Society over seven years, the secretary has divided the illnesses recorded into two groups.

Justification
of extensive
scheme.

Bad dental
conditions
a menace
to health.

Benefit of
dental
treatment.

MEMORANDUM OF THE BRITISH DENTAL ASSOCIATION.

In the first group, called „Dental illnesses” were placed those illnesses most commonly associated with bad dental conditions, such as anaemia, dyspepsia, gastritis and other gastric complaints and rheumatism, and into the second group, termed „Other illnesses”, were placed all other causes of incapacity recorded.

27. Taking the incidence of sickness in each group for the year 1915 as 100, the falling ratio is shown in the following table for each of the years to 1922: —

Statistical
evidence.

	Dental illnesses	Other illnesses
1915	100	100
1916	86	89
1917	81	91
1918	64	77
1919	52	70
1920	57	71
1921	59	82—5
1922	56	89

28. These figures are not exact; they can only be accepted as approximate. But they show remarkable results. A fall of 44 per cent, as recorded for 1922, in the incidence of illness commonly associated with bad teeth during a period in which dental treatment was given, justifies the acceptance of that treatment as an important cause of the fall, and this is emphasized by the fall of 11 per cent, shown in the incidence of „Other illnesses.” Even here we are justified in saying that healthy mouths capable of discharging their proper function as a result of dental treatment were a factor in the decrease of the incidence of sickness recorded. What that 44 per cent. fall represented in increased happiness, in freedom from pain and therefore in industrial efficiency, in saving of working hours which would otherwise have been lost to the worker and the nation, as well as in the monetary saving to the funds of the society, is not difficult to judge.

29. While it is difficult to obtain statistical evidence proving the beneficial effects of dental treatment upon the general health, the testimony of general medical and dental practitioners as to the benefit has followed with almost magical effect in individual cases upon proper dental treatment, is a commonplace of professional experience. Employers of labour who have established dental clinics for their workpeople are unanimous in testifying that, philanthropy apart, the treatment pays in increased efficiency of the worker and diminished loss of working hours through indisposition. The case as regards the individual is established. It may therefore be accepted that similar results will follow with reference to the health of the mass of insured persons following upon the institution of a comprehensive scheme of dental treatment organized on lines similar to those on which medical benefit under the Acts are organized.

General
testimony
to benefit
of dental
treatment.

I SOCIAL PART (B).

PUBLIC DENTAL CARE.

30. Great as have been the benefits to the national health resulting from the institution of medical benefit under these Acts, there can be no question that a properly organized scheme of dental treatment as an adjunct to the original medical service would have resulted in even greater improvement; incidentally such a service would have been the means of saving large sums of money expended in the supply of drugs employed in the palliative treatment of digestive and other disorders as well as a substantial part of those sums paid in sickness benefit.

31. When looked at from the standpoint of the promotion of health, dental treatment, even when of an operative or curative nature, may be really preventive in its effects on the incidence of illness, but in addition to provision for the treatment as set forth above it is strongly urged that a very definite part of any dental scheme should be a carefully devised and strong pressed scheme of propaganda in oral hygiene designed, by timely advice, to prevent those septic conditions of the mouth and teeth so common at present. This policy, in conjunction with an adequate school dental service, may be confidently expected in a comparatively short period to effect a marked reduction in the necessity for tooth extraction and the fitting of artificial dentures. It will certainly also reduce the expense of medical treatment and sickness benefit in the future.

THE NATURE AND EXTENT OF THE DENTAL SERVICE WHICH IT IS PROPOSED SHOULD BE INSTITUTED AS PART OF AN AMENDMENT OF THE NATIONAL HEALTH INSURANCE ACTS.

32. From what has been said as to the inadequacy of the present provision of dental treatment as „additional benefit”, it will be obvious that the desired effect on the general health of insured persons cannot be secured by any extension of the present system resulting from increase in the funds available as a result of the second valuation at present in course of completion.

33. The greater amount of money available may permit approved societies to pay a larger proportion of the dentist's fee and thus reduce, or entirely eliminate the hardship on their poorer members, to which reference has been made in paragraphs 13 and 14, but it has to be remembered that not all the members of the fortunate societies are entitled to participate in these surplus funds, and even were they all brought in, there would still remain the case of the members of those other societies which on valuation show no surplus, whose members, paying the same contribution as their more fortunate fellows, see themselves denied similar privileges. There are, in addition, the large classes, including the dependents of insured persons, who are, at present, entirely outside the scope of the Act.

34. A complete scheme would include: (1) Dental treatment at maternity and child welfare centres; (2) Treatment during school age;

Economy
in health
and money.

Dental
treatment
preventive in
its constitu-
tional effect.

Propaganda
in oral hygiene.

The remedy not
extended
„Additional”
Benefit.

A complete
service.

MEMORANDUM OF THE BRITISH DENTAL ASSOCIATION.

(3) Treatment for adults and their dependents under an insurance scheme. The more efficient (1) and (2) become, the less the need will be for (3), and the greater the gain to the nation in money, health and happiness. Such a scheme as applied to the adult population is to be found in the National Health Service outlined in the Interim Report of the Consultative Council on Medical and Allied Service (Cmd. 693) presented to the Minister of Health in 1920, in which provision is made for dental treatment at the primary and secondary centres proposed to be set up under that service.

35. Whether such procedure as is indicated above be adopted or no, it would appear from the proved necessity for dental treatment, if the benefits of medical treatment are to be effectively realized, that in future dental treatment should be a permanent benefit co-extensive with medical benefit and administered on the same general principles. The logical conclusion points definitely to the inclusion of dental treatment as a permanent benefit under an amended Act in which dependents of insured persons would participate in the benefits.

Dental benefit should be permanent.

36. It may be presumed that in considering the conditions under which dental benefit could be introduced into the scheme of National Health Insurance, the precedent of medical benefit will be followed; that similar care will be taken to secure to the insured person that free choice of dentist which is essential in the relations of the professional man and the patient; that dental benefit will be administered by the body which administers medical benefit and that there will be adequate dental representation on the Insurance Committees or other bodies controlling the administration of that benefit.

Administration.

37. The scope and nature of the treatment which would be necessary under such a scheme as is here recommended may be briefly defined as follows. —

Scope of suggested treatment.

The extraction of teeth under local or general anaesthetics.

The scaling of teeth and the treatment of inflammatory conditions of the mouth.

The filling of cavities in carious teeth.

The provision and repair of partial and complete artificial dentures.

38. These operations have been found to include all that is ordinarily required for the purpose of promoting health. In addition there would continue in the future, as at present, provision for the use of any materials or the performance of any operations which the special nature of particular cases rendered necessary.

A Dental Health Service

39. It would be foolish, however, to ignore or to attempt to minimize the fact that adult dental treatment for some considerable time must consist largely of the extraction of septic teeth and roots and their replacement in due course by artificial substitutes. This has been the experience with reference to the dental treatment of pensioners under the Ministry of Pensions scheme, and it is, at present, the experience under the scheme of dental treatment as additional benefit.

The immediate future.

I SOCIAL PART (B).

PUBLIC DENTAL CARE.

Public attitude
towards dental
treatment.

40. The improved dental methods available and the emphasis which has been laid in recent years on the importance of dental treatment as bearing upon health, have effected a great change in the attitude of the public towards it as is proved by the manner in which the claims under the present scheme of additional benefit have progressively increased. This, taken in conjunction with the fact that dental disease is so generally prevalent among the classes from which insured persons are drawn, makes it certain that the demands under any scheme of permanent benefit would be large until the effects of an extended system of school dental treatment began to be felt. It has also to be borne in mind that the dental requirements of deposit contributors, dependents of insured persons and other uninsured classes whose need is equally great must be taken into account.

Cost of a com-
plete scheme.

41. While, therefore, the British Dental Association recommends that dental treatment as set forth in paragraphs 30 to 36 as a permanent benefit to the extent defined in paragraph 37 be given to all insured persons as a necessary part of any adequate National Health treatment and also recommends that such treatment should be extended to dependents of insured persons and others unable to afford dental treatment by private dental practitioners in the degree to which, by amendment of the present Act, medical benefit is so extended; it is recognized that the cost of such a scheme, under present conditions, may be found prohibitory to its complete installation in the immediate future.

The only
effective
remedy

42. The British Dental Association desires again to repeat that the first and urgent necessity in the interests of the health of the nation is a complete school dental service staffed and organized so that every school child during its entire school age has dental treatment of a preventive and curative nature available, and that this service should be linked to and follow on an equally complete scheme of dental treatment for children under school age and for expectant and nursing mothers. In time this will render such dental conditions of the adult population as set forth in the Report of the Departmental Committee on the Dentists Act impossible by checking the tendency to dental disease at its source, and will materially reduce the cost and alter the nature of the dental treatment of the future; it will also do away with the necessity for much of the present medical treatment and sickness benefit.

43. Until these services are effectively organized, adult dental treatment of the industrial classes must remain chiefly a matter of extraction of septic teeth and the insertion of dentures, which is a perversion of the highest requirements of public health and an outrage on common sense.

44. Should considerations of expense make such a scheme as that set forth above impossible of adoption in its entirety at the present time, it might be modified so that „dental benefit” should include (a) operative treatment only (viz., extractions, anaesthetics local and ge-

Selective
treatment.

MEMORANDUM OF THE BRITISH DENTAL ASSOCIATION.

neral, scaling, treatment of inflammatory conditions of the mouth, and fillings not involving the pulp), with entire exclusion of the provision of artificial dentures; (b) operative treatment and such dentures as might be certified by the competent authority as necessary for health or vocational reasons; (c) operative treatment with part payment for dentures.

45. By some such means of selection the primary requirements of health might be assured, and the benefit given could be extended in its degree, or modified in its nature, to meet future requirements as a result of experience.

46. Inasmuch as it is recognized that the question of cost must enter very largely into the consideration of any scheme for the extension of dental benefits, the British Dental Association will be prepared to place at the disposal of the Commission all the evidence which it can obtain upon the subject, both as regards the remuneration of the dentist and the cost of such treatment to the State.

47. What has been aimed at is to demonstrate the necessity for the extension of dental treatment to the industrial classes of the community, to show the inadequacy of the present provision of that treatment, and to suggest means whereby it may be extended and improved, and the Association will be prepared to support and to extend by oral evidence the case outlined in this Memorandum.
