

From: Tony Newton, OBE, MP, Minister for Health



HOUSE OF COMMONS
LONDON SW1A 0AA

Prime Minister²

JLN
21/12

17 December 1987

Dear colleague.

DENTAL EXAMINATIONS AND SIGHT TESTS

I thought you might find it helpful if I wrote to set out the background to the Health and Medicines Bill's proposals concerning dental examinations and NHS sight tests.

It is important to recognise that they are not isolated proposals, but part of a wider package whose overall aim is to raise the standard of the family practitioner and other 'primary care' services which are the front line of the NHS. For example, we want more health care teams working from better premises, especially in deprived areas; more doctors to have support from other professions like nurses, physiotherapists and chiropodists; more effective vaccination and immunisation programmes; and more systematic general health checks for young children and the elderly.

In financial terms, our plans are not to reduce expenditure but to increase it - by well over £600 million a year in 1990/91, which will include substantial additional spending on the sort of developments I have mentioned. It is in this context that we think it reasonable to ask most people, other than children and the least well-off, to pay part of the cost of dental examinations and to accept loss of entitlement to free eye tests. This will help us to the extent of about £170 million a year by 1990/91, towards the extra spending of £600 million plus.

In respect of dental examination charges, let me stress two points in particular. First, that nearly half (45%) of all courses of dental treatment are free, because of the extensive range of exemptions from charges, and it is therefore likely that the same large proportion of examinations will remain free since the same exemptions will apply. The exceptions cover children, students, expectant and nursing mothers, and all those on supplementary benefit or Family Income Supplement. There is a scheme for helping people on low incomes but above the supplementary benefit level.

Secondly, for those who do pay, the proposal to charge for examinations needs to be set alongside our intention to change the method of charging for treatment to a straightforward percentage of cost (a move which has long been supported in principle by the dental profession itself, as being simpler and fairer than the present position in which people end up paying anything from 50% to 100% of the cost). Even with the 75% charge we propose, the cost of some 2 million courses of examination and treatment will be less than the cost of the treatment alone now. The net result will be to make regular routine treatment a much better buy than it is now.

At current costs, the 75 per cent charge for a dental examination alone would be £2.93 - equivalent to less than 12 pence a week for a six-monthly examination. Bearing in mind the range of exemptions, and the fact that the average family spends £4.50 a week on tobacco and £8 on alcohol, it is hard to believe this will have the deterrent effect some have suggested.

So far as the NHS eye test is concerned, here too there are many exemptions which mean that those most in need will continue to be entitled to have one free. In this case they cover children, students under 19, people on supplementary benefit or Family Income Supplement and those who are registered blind or partially sighted. I should also mention that some of the money we plan to plough back into services will go to a number of useful improvements in the voucher scheme for spectacles, including its extension to contact lenses, and to paying for a home sight-testing service for people entitled to a free test who are housebound.

For those who would lose entitlement to a free test, any fee will be set by the optician, not laid down by the government (£10 is simply what the DHSS pays opticians for doing a test at present). In view of our experience in introducing competition into the spectacle market, which has reduced many prices and greatly increased the range of choice, we can expect that fees would be kept to very reasonable levels. And for most people the need to be tested will arise very infrequently.

I am of course aware that some people, in expressing concern that even very modest charges will deter, have laid emphasis on the incidental advantage of such checks or tests in revealing medical conditions of various kinds. In our view the right general approach must be to foster improved general health checks for at-risk groups, as our wider proposals seek to do, rather than rely on whether or not people happen to go to the dentist or the optician; but we shall certainly bear such points in mind as work on those wider proposals continues.

Yours ever.

TONY NEWTON