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The vulnerability of UK dentistry to dental tourists and dental tourism

A growing trend in dental health tourism reflects growing pressures on dental services and risks to the NHS.

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THE UNKNOWN COST OF HEALTH TOURISTS AND HEALTH TOURISM TO THE NHS

Tabloid fears of foreign nationals travelling to the UK for free NHS care[1] sit alongside stories of British residents engaging in medical tourism overseas to avoid NHS waiting lists, or to find miracle cures and cosmetic procedures unavailable or unaffordable at home.[2] Often framed as politicised morality tales, these accounts seldom do justice to the anguish, agony or risks involved – to patients, practitioners and healthcare services.

While some ineligible non-residents seem able to access some NHS services without paying[3] (at "150% of the national NHS rate"),[4] current waiting lists make it unlikely that many of them will find it easy to access care not considered 'immediately necessary'. Nevertheless, the surreptitious nature of ineligible service use means that definitive data on the scale, impact and cost involved remain elusive.[3,5] Estimates vary wildly from several billion pounds to a fraction of this amount[6] and often disregard those:

- services exempt from charges and free for all regardless of nationality or residency status;[4]
- visitors and temporary residents who are eligible for NHS care;[7]
- service users whose care is funded or reimbursed through reciprocal agreements with other countries.[8,9]

Although data will be available on UK residents accessing public healthcare overseas through each of these reciprocal schemes, the numbers involved are likely to be dwarfed by those who access private care (whether at home or abroad). This is because most of these schemes only offer care that is broadly equivalent to that available in the NHS and a good number only offer a more limited range of services or require users to contribute a proportion of the treatment costs involved. None of the schemes cover the associated travel and accommodation costs of accessing care abroad, and many impose substantial constraints and administrative costs on prospective service users. These include securing prior approval for planned care from both the NHS and healthcare provider(s) in the country concerned, and paying upfront before reclaiming the cost of care.[8,9]

Meanwhile, remarkably little information is available on the number of incoming medical tourists accessing private healthcare in the UK and there is next to nothing on UK residents engaging in private medical tourism abroad.[5,10,11] Provided neither impose costs on NHS services (or divert staff and resources away from the delivery of publicly funded care), they should be of little concern to the NHS.[6] They may even help alleviate pressure on NHS services and subsidise the provision of some of these services.[4,5]

However, the lower standards of training, regulation and care available overseas can pose substantial risks to the patients involved and to the NHS.[11,12] This is particularly the case whenever the costs of additional follow-up and remedial care are not covered by the overseas providers concerned.[13] Indeed, whenever the cost of any subsequent necessary care exceeds the means of the patients involved,[11,14] the NHS will be at risk of significant additional costs.[5,13] This has led to growing disquiet about the burgeoning health tourism market, not least with respect to elective procedures considered clinically inappropriate or unnecessary. UK practitioners also face substantial medicolegal risks and liabilities when treating patients who have received substandard care abroad.[15,16]

THE POTENTIAL RISKS OF HEALTH TOURISM FOR PUBLIC AND PRIVATE DENTISTRY

The scale, complexity and impact of medical tourists and medical tourism on UK dentistry is likely to be very different from that experienced by other UK healthcare services. This is because the bulk of UK dentistry is delivered by independent providers, only some of whom are contracted to provide NHS care and most of whom also offer (or solely offer) private care.[17,18] At the same time, since 1951, most NHS dentistry has only been free at the point of care for specific

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populations such as those receiving or dependent on low-income benefits, and those requiring hospital or community dental care. Everyone else accessing NHS dental care (including non-UK residents) must pay subsidised user fees for the assessments and treatments they receive.[17] As a result, the vast majority of UK residents who are eligible for NHS dental services already expect to pay for their care, and are obliged to rely on private dental services for treatments and procedures not covered by NHS dentistry.

These complexities aside, there are longstanding flaws in the UK market for dental services, and in the design and funding of NHS dental care[19] – including perverse contractual arrangements under which independent providers are currently paid for NHS care.[20] Under-investment in preventive services, the backlog of care following the COVID-19 pandemic and a continuing decline in the number of providers willing or able to offer NHS care[21,22] have caused a "crisis of access".[17,20] This is likely to disproportionately affect:

- those with more extensive (and expensive) needs;[20]
- those eligible for free NHS care but who are unable to access such care;[22]
- those on modest incomes, who cannot afford the higher costs of private care.[22]

The UK also has limited capacity for training dental professionals as well as lengthy procedures for examining, certifying and registering those trained overseas.[17] These have exacerbated the impact of escalating costs and deteriorating remuneration on workforce shortages in NHS dentistry, such that even providers still willing to offer NHS care struggle to find the staff required to do so.[21]

While the growing tide of unmet need has increased demand for public and private dentistry, the limited capacity for rapid growth in dental provision has constrained the supply of dental services and helped sustain high market rates for private dentistry in the UK.[22] This makes the UK uniquely vulnerable to both dental tourists and dental tourism:

- first, because any undervaluation of sterling (such as the decline in the pound's value following the 2016 Brexit referendum)[23] makes UK private dental care more attractive to incoming dental tourists facing even higher costs at home – and they risk displacing UK residents reliant on private dental care;[3]
- second, because the desperation of UK patients who are unable to access NHS care[22] and unwilling to pay for private dentistry at UK market rates makes them vulnerable to dental tourism providers operating in countries where the upfront costs of care are low (but where the costs of follow-up or remedial care are borne by the patient concerned and/or the NHS).[11,14]

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Although some dental tourism providers are based in jurisdictions with similar standards of dental training, regulation and care to those in the UK,[8,9,12] those operating in countries where training and regulation lag far behind will be able to offer the cheapest dental care. In such contexts, the upfront costs of even the most advanced dental procedures (such as dental implants) become affordable to those with limited means, including many who might baulk at the cost of less intensive treatment from a private dentist in the UK.[22]

THE CHALLENGE OF HEALTHCARE REGULATION IN A GLOBALISED WORLD

Healthcare regulators face extraordinary challenges in a globalised world. Internet marketing, online 'consultations' and affordable travel make a mockery of efforts to maintain standards and to protect consumers from unqualified and unregulated providers.[24] The UK's regulators already have their work cut out monitoring and inspecting registered dental professionals, and prosecuting unregistered providers of dental services in the UK.[25] They have little if any authority to impose UK standards of dental practice[12] and associated marketing codes on providers operating overseas,[26] and they often have few if any sanctions for those unwilling to improve the care they offer or the claims they make. In the internet age, their capacity to challenge or deter such practices is further constrained by legal uncertainties regarding the provision of online dental assessments and advice to patients in the UK,[24] and the online marketing of unlicensed 'DIY dentistry' products to UK consumers by providers and companies based overseas.[27]

In the absence of more stringent legislation and more vigorous enforcement, there is little more that UK regulators and others can do than "[raise] the alarm bells

about the risks of dental tourism",[28] and issue precautionary advice to anyone considering dental treatment abroad.[12,14,29] Whether such advice proves accessible and effective remains an open question. The General Dental Council's guidance on going overseas for dental treatment, for example, assumes a high level of dental literacy to understand the many questions (on qualifications, regulations and standards of care) that it encourages prospective consumers to ask.[12] (See supplementary material – available online.) It also assumes that anyone contemplating dental care abroad has a UK dentist they can ask for advice without fear of losing access to care and yet a sizeable proportion of the UK population does not have access to a dentist.[17,20,22] Moreover, UK dentists have substantial misgivings about dental tourism and the risks involved in treating patients who have sought dental care overseas.[11,14–16]

While solutions are required across all areas of UK dentistry to address the current "crisis of access"[17,20] and high levels of unmet need,[19] understanding the vulnerability of UK dentistry to dental tourists and dental tourism warrants serious consideration, further research and much better data.[5,10]

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