Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Inspection

Fake news

Sir, the latest annual report from the CQC^{1,2} includes the paragraph: '90% of dental practices inspected in the year to 31 March 2018 were meeting regulations and providing safe, effective care. This isn't always extended to effective prevention with a wide geographical variation across England of the number of children having teeth extracted (often in hospital under general anaesthetic) because of tooth decay.' The assumption is that general dental practice is responsible for this variation.

In oral health, the wide diversity of determinants and influences are well established.^{3,4,5} Modern theories and models of health promotion relate to enablement and empowerment of,⁶ capabilities of, opportunities for, and motivation of individuals,⁷ and changing individuals' entrenched perceptions of their own behavioural control.⁸

Coercion and forcing change in behaviour is a matter for governments and dictatorships, not for oral health promotion. Delivering Better Oral Health⁹ and the National Institute for Health and Care Excellence¹⁰ state clearly that to achieve effective behaviour change, it is necessary to identify and remove social, financial and environmental barriers that prevent people from making change. This is far removed from the ability of general dental practice to influence or change. Where is the basis for linking individual behaviour to the performance of dental practice?

It is also unrealistic to compare a population statistic (child extractions at a hospital) with an individual surgery-based strategy. Many in the population may never visit a dentist. It is probable that children who do not attend a dentist regularly are more likely to have to attend hospital for dental extractions than those who do, proving the opposite of the implied assumption from the CQC.

The CQC have seen fit to put into the national arena information which fits in with

the trend to manufacture 'fake news'.

J. Aukett, Seaford, UK, by email

References

1. O'Dowd A. Most practices provide safe dental care but good prevention varies, says CQC. *Br Dent J* 225: 801.
2. Care Quality Commission. The state of health care and adult social care in England 2017-18. 2018.
3. Newton J T, Bower E J. The social determinants of oral health: new approaches to conceptualising and researching complex causal networks. *Community Dent Oral Epidemiol* 2005; 33: 25-34.
4. Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Institute for Futures Studies. 1991.
5. FDI World Dental Federation. The challenge of oral disease. 2015.
6. World Health Organisation. Health education: theoretical concepts, effective strategies and core competencies. 2012.
7. Asimakopoulou K, Newton J T. The contributions of behaviour science towards dental public health: a new paradigm. *Community Dent Oral Epidemiol* 2015; 43: 2-8.
8. Ajzen I. From intentions to action: a theory of planned behaviour. In Kuhl J, Beckmann J (editors) *Action-control: From Cognition to Behaviour*. pp. 11-39. Springer, 1985.
9. Department of Health and Public Health England. Delivering Better Oral Health: an evidence-based toolkit for prevention. 2017. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf (accessed February 2018).
10. National Institute for Health and Care Excellence. Behaviour change at population, community and individual levels: NICE Public Health Guidance 6. 2007.

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Free dental treatment

An online tool for patients: eligible for free NHS dental treatment?

Sir, when patients receive certain benefits, such as universal credit, they can sometimes assume they are entitled to receive free dental treatment.

Anyone incorrectly claiming to be exempt from charges for dental treatment risks a penalty charge of up to £100 from the National Health Service Business Services Authority (NHSBSA) which carries out checks each month.

Dental reception staff can often be relied upon by the patients to assist with 'which box to tick' when completing the required paperwork, and this can be very confusing and time-consuming, as well as potentially lead to complaints to the practice if a patient receives a penalty charge.

The NHSBSA has launched a new interactive tool to assist patients when determining eligibility criteria for free prescriptions, and this includes eligibility for help to pay for NHS dental treatment.¹

This is only for use in England, Scotland and Wales. I encourage the dental team to utilise this tool, as well as review the practice staff guidance and patient factsheets which are also available online.²

W. Maguire, Newcastle Upon Tyne, UK, by email

References

1. National Health Service Business Services Authority. Check what help you could get to pay for NHS costs. 2018. Available at <https://services.nhsbsa.nhs.uk/check-for-help-paying-nhs-costs/start> (accessed February 2019).
2. National Health Service Business Services Authority. Free NHS dental treatment. 2018. Available at <http://www.nhsbsa.nhs.uk/freedental> (accessed February 2019).

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Tax returns

Should NHS Pensions pay HMRC's interest charges?

Sir, I have always diligently maintained my practice accounts, completed my tax returns, and paid tax on time. I have never been charged interest or penalties for 35 years.

Many of us have been dismayed and surprised by the tax we have to pay from the increase in our NHS pension values and having to pay extra tax if they exceeded the lifetime allowance. These changes were snuck in by the previous Labour government and the Tory government were still happy to take the tax.

It's all coming home to roost to the shock of many of us, with extra-large tax bills to pay.

The extra calculation is annually dependent on valuation information (total rewards statement) from NHS Pensions at Hesketh House, Fleetwood. The information is so slow in forthcoming, despite my financial adviser's