



June 2008

Key Points:

- Replaces version June 2007
- NHS charges for 2008
- Changes arising as a result of the 2006 dental contract
- Complaints processes for NHS treatment and for private treatment

Dental Care

This factsheet is aimed at people aged 60 and over.

Those living in Scotland, Wales or Northern Ireland may wish to contact their national Age Concern as there are variations in entitlement to free dental check-ups and in organisational structures within their health services.

The Scottish Helpline for Older People – Age Concern Scotland, tel: 0845 125 9732 (local call rates) Monday to Friday, 10am – 4pm; website: www.olderpeoplescotland.co.uk;

Age Concern Cymru, Ty John Pathy, Units 13/14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ, tel: 029 2043 1555 (national call rate); website: www.accymru.org.uk;

Age Concern Northern Ireland, 3 Lower Crescent, Belfast BT7 1NR, tel: 028 9032 5055 (national call rate) Monday to Friday 10am to 12pm and 2pm to 4pm, website: www.ageconcernni.org.

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Introduction

Changes to NHS dentistry in England were introduced on 1st April 2006¹.

These include:

A charging system based on three standard charges. This simplified system replaces the 400+ prices for different types of treatment.

A new contract for dentists who provide NHS treatment. Dentists have a contract with their local Primary Care Trust (PCT), rather than with the Department of Health. This is to help ensure that over time, NHS dentistry better meets local needs.

Dentists are no longer required to keep a list of registered NHS patients. Patients no longer need to visit their dentist at least every 15 months in order to maintain access to NHS treatment.

Your dentist will advise you how often you need to visit for a check-up. This could now be once every 12 to 24 months for those with good oral health.

These NHS changes and their implications are explained in more detail in Sections 1 – 12 of this factsheet.

1. NHS Charging system

The amount you pay from 1st April 2008 will depend on which of the charges the most expensive part of your treatment falls into.

i) £16.20

This charge will include an examination, diagnosis and preventive care. It will also include x-rays, planning for further treatment and scale and polish.

¹ A Department of Health leaflet: *What you need to know about changes to NHS dentistry in England* ref 272054 explains the changes. It is available from the Department of Health orderline. See section 15.

ii) £44.60

This charge includes all necessary treatment covered by the £16.20 charge plus treatment such as fillings, root canal treatment or extractions. The charge is not affected by the number of fillings or extractions an examination shows you need or the number of visits needed to complete the course of treatment.

iii) £198.00

This charge includes all necessary treatment covered by the £16.20 and £44.60 charges plus more complex procedures such as crowns, bridges or dentures.

The cost of the following has been also been specified:

- **Urgent or out-of-hours care** will cost £16.20;
- **Replacement of lost or accidentally damaged dentures** will cost £59.40;
- **Simple repairs to dentures** will remain free of charge. In addition, you are not usually charged if dentures require adjusting in the first few weeks after they have been fitted;
- **Missed appointments** – dentists can no longer charge for missed appointments. However if you continually miss appointments, they may decide not to offer you treatment.

You will not normally be charged for adjustments needed within a short time of the original treatment if a tooth is still uncomfortable or painful a few days after it has been filled.

There will be no charge for taking out stitches, stopping bleeding or writing a prescription. Usual charges will apply when your prescription is dispensed at the pharmacy.

If you need more treatment at the same charge level (for example another filling) within two months of seeing your dentist, this will be free of charge.

NHS treatment aims to 'secure and maintain oral health' and does not include treatment that is purely cosmetic e.g. tooth whitening, large white fillings or white crowns on back teeth. If you wish to have cosmetic treatment, you can decide to have this treatment privately.

2. Frequency of dental check-ups

There are NICE (National Institute for Health and Clinical Excellence) guidelines to help dentists decide how often you need a check-up². The guidelines consider the needs of patients of all ages, regardless of whether they have their own teeth or dentures.

NICE recommends that intervals between check-ups should reflect your current oral health and risk of future dental disease. For adults this could range from between 3 months and 24 months. For those with good oral health the interval is likely to be between 12 and 24 months. You and your dentist should agree a date for your next check-up when you finish a course of treatment and a note made in your records.

3. Finding a dentist

Your PCT is responsible for local NHS dental services including out-of-hours. Dentists are no longer required to register patients they accept for NHS treatment but this will not stop them keeping a list of regular patients or providing ongoing treatment and care.

You can find out which local practices offer NHS treatment by:

- i) calling NHS Direct on 0845 46 47 (lo-call rate) and asking for a list of local practices;
- ii) visiting the NHS Choices website: www.nhs.uk. At the top of the page, select Dentists then enter your town or postcode. This will provide a list of local practices offering NHS treatment, although it may not indicate whether they are taking new NHS patients. It also gives a dental enquiries number should you have difficulty finding a dentist able to treat you.

Not all dentists are contracted to provide the full range of NHS services. You may find some practices are only offering NHS care to children. However a dentist can no longer accept children as NHS patients on condition that their parents agree to sign up for private treatment.

Dentists offering NHS treatment produce a practice information leaflet giving details of NHS services they have agreed to provide.

² Dental recall – recall interval between routine general check-ups. NICE October 2004
www.nice.org.uk/page.aspx/?o=225866

4. Check-ups and treatment plans

A key purpose of a check-up is to examine the health of your mouth, teeth and gums.

If you need treatment, ask the dentist to explain –

- what treatment you need;
- your options if there is more than one way to manage the problem;
- which of the three NHS charges the treatment falls into;
- if private treatment for part or all of the treatment is proposed, what the private treatment costs would be.

If you need extensive work requiring several visits, you may find the practice asks you to pay the equivalent of the first charge level before beginning your treatment,

Most dentists offering NHS treatment also offer treatment privately. If you are to receive a mix of NHS and private treatment, your dentist should provide a written treatment plan (including costs).

If the dentist suggests private treatment as an *alternative* to NHS treatment and that treatment is available as NHS treatment, the dentist should not imply that it is not. Nor should the dentist seek to mislead you about the quality of care and treatment available through the NHS. You can choose to have some private treatment, but are not obliged to do so. Treatment that is purely cosmetic is only available privately.

You are under no obligation to have work done, if you are not sure you want to go ahead with the treatment offered. You may like to ask for a 'cooling off' period before agreeing to extensive or expensive treatment.

If you are unsure about the treatment plan, you can ask your dentist to refer you for another opinion. If you see another dentist for a second opinion, you may have to pay a private fee. If the second opinion is different, it is important to remember that dentists have the right to disagree on what the best treatment for a patient is.

5. Urgent and out-of-hours care

Your local PCT is responsible for out-of-hours care and urgent NHS dental treatment. However your dentist may provide urgent treatment during normal working hours.

You may be able to go for urgent treatment to one of the 50 dental access centres in England, if you live nearby. These centres may also offer the full range of NHS treatment. Appointments can be made by phone and in some cases an appointment may not be necessary.

To find out in advance what you should do if you need urgent attention during a normal working day or out-of-hours, speak to your dentist or contact your PCT or NHS direct.

6. Travel to the dentist

If you have difficulty using public transport or have to travel quite a distance to receive NHS dental treatment, ask your local Age Concern if there is a voluntary or community transport service that could help you. The NHS low income scheme explained in Section 12 cannot help with costs of travelling to a dentist.

7. Home visits

Your local PCT decides how dental care is provided for people who find it difficult to visit a dentist because of a physical, mental or sensory disability. There may be some local dentists who can visit patients at home. As treatment options are limited if you cannot visit the surgery, it may be preferable to be treated by the Community Dental Service. Contact your PCT PALS (Patient Advice and Liaison Service) for further information. NHS Direct can give PALS contact details. See section 15.

8. Community Dental Services

The Community Dental Service (CDS) provides NHS treatment for people who may not otherwise seek or receive dental care.

This includes people with learning disabilities, elderly housebound people, people with mental or physical health problems or conditions that make it difficult to receive treatment at a dental practice.

The CDS will tell you whether you are eligible to use the service and whether you need a referral from your doctor to explain your medical condition and any medication you are taking.

9. Dental care for care home residents

If you live in a care home you should be able to make the same choices about your dental health as when you lived in your own home. Ask the manager of your care home what arrangements are in place, so that residents have access to regular or emergency dental care.

The National Minimum Standards for Care Homes for Older People form the basis on which the Commission for Social Care Inspection (CSCI) will determine whether care homes meet the needs and secure the welfare of the people who live there³.

Standard 8 addresses issues that affect residents' health care needs and mentions the need:

- to maintain personal and oral hygiene;
- to support, where possible, residents' own capacity for self-care;
- to enable residents to have access to specialist dental services according to need.

The Relatives and Residents Association has produced a dental care information paper for care home staff. See Section 15.

Standard 8 also mentions the importance of good nutrition. Good oral health and, if dentures are worn, comfortable, well fitting dentures are vital if residents are to be able to eat and enjoy a varied diet. There is a close relationship between good oral health and nutritional wellbeing.

Many care home residents wear full or partial dentures. Lost dentures can be a problem for residents unable to clean their own dentures. Ask your dentist if your dentures can be marked for easy identification. See Section 14.2 for information about care of dentures and the importance of regular oral check ups for people with full dentures.

³ National Minimum Standards for Care Homes for Older People. Third edition 2003 available from The Stationery Office, PO Box 29, St Crispins, Norwich NR3 1GN, tel: 0870 600 55 22 (national call rate) You can also read the standards on the website: www.csci.org.uk

10. Professionals working alongside dentists

There is a range of professionals who work within the dental team at your practice, with the community dental service or in dental hospitals. These include dental hygienists, therapists, nurses and technicians.

Dental hygienists and therapists are registered with the General Dental Council (GDC)⁴. The main role of hygienists is to professionally clean teeth - usually called scaling and polishing.

Hygienists can help prevent and treat gum disease and have an important role in dental health promotion. This may involve showing patients the best way to clean their teeth and by advising on healthy eating for teeth. (See Section 14).

11. Complaints about NHS treatment

If you have complaints about your NHS treatment, first raise them informally with your dentist.

If you cannot resolve the issue this way, you should be given written information about the practice complaints procedure. You can make a formal complaint either by speaking to the person at the practice with responsibility for handling complaints or in writing.

The practice or NHS Direct will be able to give you contact details for the local Independent Complaints Advisory Service (ICAS) office. ICAS is an independent service that can help you make a formal complaint about your dentist (or other NHS services).

The practice must make a record of and investigate your complaint. You should receive a written response within 10 working days of the practice acknowledging your complaint. If this timescale is difficult to meet, you should be kept informed of progress.

The written response should include a summary of the investigation and its conclusions and tell you what the next steps are. If you remain dissatisfied with the final written response you can write to the Healthcare Commission. (See Section 15).

⁴ The General Dental Council is the regulatory body of the dental profession.

12. Help with NHS charges

Entitlement to free NHS dental treatment or help towards the cost of treatment is based on your income and savings.

12.1 Pension credit

Many *but not all* older people receiving Pension credit are entitled to free dental treatment.

Pension credit can be awarded in 3 ways:

- 1) Guarantee credit paid on its own;
- 2) Guarantee and savings credit paid together;
- 3) Savings credit paid on its own.

Only those awarded either 1) or 2) above automatically qualify for free NHS dental treatment. If you have been awarded guarantee credit, keep your award letter in a safe place. You must show it every time you visit the dentist as proof of automatic entitlement to free NHS treatment.

If you have been awarded 3) above ie, savings credit on its own, you may be entitled to partial help with the cost of dental treatment through the NHS low income scheme described later in this section.

If you are not sure if your pension credit payment includes guarantee credit, check the award letter you received from the Pension Service. If you cannot find it, call the Pension Service on 0845 606 0265 (lo-call rate) or 0845 606 0285 (textphone – lo-call rate) and ask for a copy. Have your national insurance number (NINO) to hand when calling.

If you would like to know more about Pension Credit, please see Age Concern Factsheet 48, *Pension Credit*.

12.2 Other benefits

If you or your partner are under 60 and receive Income Support (IS) or *income-based* Job Seekers Allowance (JSA IB) you will be entitled to free NHS dental treatment.

If you receive JSA (IB), you should tell the dentist and ask your Jobcentre Plus office for a letter covering the date your treatment starts or the date the charge is made. If you receive IS, you will need a letter from your local benefit office covering the date the treatment starts or the date the charge is made as proof of your entitlement.

You are *not* automatically entitled to help with NHS dental charges if you or your partner receives attendance allowance, disability living allowance, incapacity benefit or contribution based job seekers allowance. You may however be eligible for help with dental treatment through the NHS low income scheme described below.

12.3 NHS Low Income Scheme

If you or your partner

- receive savings credit part of pension credit only; ***and/or***
- have a low income and 'capital' of no more than £16,000 (£21,500 if you live permanently in a care home)⁵;

you may be entitled to help towards the cost of NHS dental treatment and other NHS services described later in this section.

Complete form HC1 if you think you may be eligible. It is available from your local Jobcentre Plus office or your dentist may have a copy. If you live in a care home, ask the manager for a short claim form HC1 (SC).

The Patient Services advice line on 0845 850 1166 (lo-call rate) can also send you this form, which is available in large print and other formats. They can also help you fill it in.

What counts as low income is explained on the HC1 form. Your low income entitlement is influenced by how much money you (and your partner) have left each week after you have paid for things like Council Tax, rent, or mortgage.

⁵ 'Capital' means all forms of savings, capital investments, land and property. It does not include the home you live in. The capital limits quoted apply from May 2007.

If you qualify for help, you will be sent either an HC2 or HC3 certificate:

- Certificate HC2 entitles you to full help with NHS dental charges;
- Certificate HC3 entitles you to partial help with NHS dental charges. With an HC3, you pay **either** the amount the certificate says you should pay towards your treatment **or** the actual charge for the course of treatment, whichever is least.

Note: a valid HC2 certificate does not entitle you to *receive* NHS treatment. It entitles you to full help with the cost once you have been accepted for NHS treatment. Neither an HC2 nor an HC3 certificate is valid if you have private dental treatment.

If you are single and aged 65 or over **or** one of a couple where at least one of you is 65 and your only income is state benefit related ie, no private pension or work related income, the certificate normally lasts for 5 years. In other circumstances, it usually lasts for 12 months.

If you think you may be entitled to help, try to complete and return claim form HC1 or HC1 (SC) before you have a check up or start a course of treatment. If you have a certificate that is near its expiry date, try to complete a new claim form four weeks before your current one expires.

When making a dental appointment/visiting the dentist

Tell the practice that you have an HC2 or HC3 certificate when you make an appointment. Take the certificate with you when you start a new course of NHS treatment.

War disablement pension

Help may also be available if you receive a war disablement pension and the dental treatment is for your accepted disablement. Contact The Treatment Group, Veterans Agency, Norcross, Blackpool FY5 3WP and have your reference number to hand, which can be found at the top of the award letter.

Other NHS services included under the low income scheme

You may be eligible for help with other NHS costs such as buying new glasses, help with travel costs for certain NHS treatment or charges for wigs and fabric supports. This will be explained on your HC2 or HC3 certificate.

The Department of Health leaflet HC12 - *A quick guide to help with health costs*, may be available from your dentist, GP practice or optician and is available from the Department of Health publications orderline (see Section 15).

The Age Concern Information Sheet IS20, *Help with health costs* explains the NHS low income scheme in more detail, including recent changes to extend the scheme to help with travel costs for certain NHS treatment following a referral by a doctor or a dentist. Previously, help with travel costs was only available for treatment received while under the care of a hospital consultant.

12.4 Refunds of NHS dental charges

If you have recently paid NHS dental charges and think you may be entitled to a refund, ask for a HC5 dental charges refund form as soon as possible. This is available from a Jobcentre Plus office or by calling Patient Services advice line on 0845 850 1166 (lo-call rate). Refund requests must be made within 3 months of paying the charge.

You may be eligible for a refund because:

- you receive Pension Credit, guarantee credit and did not tell the dentist or did not have your award letter with you as proof of entitlement to free treatment;
- you have, but did not provide at the time, a valid HC2 or HC3 certificate of entitlement;
- you have not yet applied for help on low income grounds. If you think you may be able to claim a refund on low income grounds you will need to send in form HC1 or HC1 (SC) **and** form HC5 **and** the receipts for the NHS treatment received, showing the date you paid. Keep the receipts you are given when you pay for NHS treatment in case you need to claim a refund.

13. Private dental treatment

You may approach a dentist with the intention of paying privately for all your treatment. There are no set limits on private fees and it may be worth 'shopping around' to get a general idea of fees charged by several local practices. Ask if they have the equivalent of a price list so you can see the likely charges for relatively simple treatment. However this will not give you any indication of the quality of work to be provided or the costs for more complex work.

Always ask to discuss your treatment options and for an estimate of the cost of the proposed treatments before going ahead.

There is no Government help towards private dental charges. The NHS low income scheme applies only to NHS treatment.

Some dentists offer different ways to pay for private treatment. A capitation scheme involves paying for future dentistry by monthly direct debit after your dental health has been checked and brought up to a minimum standard. You are then placed in an appropriate risk band and pay a fixed monthly charge regardless of how much treatment you then need. The monthly fee may change from year to year.

Another option is to pay a fixed rate by direct debit for a specified number of check-ups and hygienist visits but be charged for actual treatment.

Some insurance companies offer dental insurance plans to help cover the cost of private dental fees.

Your dentist will be able to tell you if he offers different ways of paying for treatment.

13.1 Complaints about private treatment

The NHS complaints procedure does not cover private treatment, even if the dentist concerned also offers NHS treatment.

Practices will have their own complaints procedure for private treatment, so it may be advisable to ask about this before starting your treatment.

If you are unable to resolve your complaint with the practice, the General Dental Council (GDC) operates a Dental Complaints Service to look at less serious complaints about private treatment. You can access this service by phone or by writing. See Section 15.

The GDC has a separate process to investigate complaints that involve serious professional misconduct and which raise doubts about whether a dentist should be allowed to continue to practice.

14. Taking care of your teeth and gums

Dental health in England has improved dramatically in recent years. The use of fluoride toothpaste, recognition of the importance of diet and also the fact that adults are much more concerned about keeping their own teeth are thought to account for this change.

Following a routine that includes daily brushing and flossing; good eating habits; caring for your mouth and dentures if you have them; and having regular check-ups can prevent most problems.

14.1 Tooth brushing

Tooth decay and gum problems are caused by the build up of plaque. Plaque is a sticky film of bacteria. It builds up on your teeth and reacts with sugars in food and drinks to produce acid. Acid can attack and dissolve tooth enamel and cause decay. (See also the section below on healthy eating for teeth). Effectively brushing your teeth is important in preventing this build up of plaque.

If plaque is allowed to collect at the junction of the teeth and gums, it eventually hardens to produce what is commonly known as 'tartar'. This releases poisons that cause gums to become inflamed and likely to bleed.

Gums that bleed when you brush your teeth are showing early signs of gum disease. Most adults recognise the importance of cleaning their teeth to prevent tooth decay. Many do not realise that adults lose more teeth due to advanced gum disease than tooth decay.

If caught early, gum disease can be completely cured. Left untreated the inflammation will affect the bone under the gums.

Teeth then become loose and have so little support that they wobble and need to be extracted. This is the extreme consequence of advanced gum disease, known as periodontitis. If you experience early signs of gum disease, it is important to visit your dentist.

Effectively cleaning your teeth is essential. The British Dental Health Foundation recommends using:

- a small to medium headed toothbrush with soft or medium multi-tufted, round ended nylon bristles; **and**
- fluoride toothpaste.

The small head allows you to reach your back teeth and difficult corners more easily. Medium textured bristles won't damage your gums.

Discuss your brushing technique with your dentist or hygienist and ask if you would benefit from using dental floss or tape to clean between your teeth. If you have sensitive teeth, you can buy special toothpaste and brushes with softer bristles.

Aim to brush your teeth twice a day. Change your toothbrush every two to three months, as worn bristles do not clean effectively.

You can check how well you brush your teeth by buying disclosing tablets from the chemist. Chew a tablet after you have cleaned your teeth. The harmless red dye in the tablet stains any plaque left on your teeth, indicating whether there are certain teeth or tooth angles that need particular attention. Brush your teeth again until you remove the dye and hence the plaque. It may leave your mouth and tongue red, so best to do this at bedtime.

If you find it difficult to hold or manipulate an ordinary toothbrush, there are toothbrushes which have large handles and angled heads to make them easier to use. You can buy handle adapters for ordinary toothbrushes. Contact the Disabled Living Foundation for further information. See Section 15.

Some people choose to use an electric toothbrush, which can be helpful if you have difficulty using an ordinary brush.

14.2 Care of full or partial dentures

If you have partial dentures, it is particularly important to clean your teeth and dentures effectively. Food can become trapped in clips that help to keep the denture in your mouth. This can lead to gum infection.

If you have full dentures, regular cleaning as recommended by your dentist and daily brushing of gums, tongue and palate with a soft bristle brush is important.

Your mouth is likely to need a rest from wearing dentures and many people choose to leave them out at night. Ideally they should be left out of your mouth for at least four and ideally eight hours every day. Always leave them immersed in cold water to prevent them from warping.

Dentures are likely to need replacing every five years, because the shape of the mouth continues to change throughout life.

It should not be necessary to use denture fixative all the time. If your dentures feel loose, you should discuss this with your dentist.

14.3 Dental health and smoking

Smokers are more likely to produce plaque, which if not removed can lead to gum disease. As smoking causes lower than normal levels of oxygen in the blood, damaged gums heal more slowly or fail to heal.

Most cases of mouth cancer are linked to tobacco and alcohol consumption. The risk is higher if alcohol and tobacco are regularly consumed together. The traditional habit in some communities of chewing tobacco or paan is particularly dangerous.

It is therefore important if you fall into one of these groups to have dental check-ups at intervals recommended by your dentist.

14.4 Healthy eating for teeth

Most people are aware of the link between sugar consumption - which leads to the production of acid - and tooth decay. (See tooth brushing above). However *how often* you have sugary food and drinks are more important than *how much* sugar you have at any one time.

If you are going to eat sugary food or drinks, try and ensure it is at mealtimes. This is a good time as chewing stimulates the flow of saliva which helps 'wash' teeth surfaces and neutralises any acid that has been produced.

Eating a piece of cheese at the end of a meal helps produce a good environment for teeth.

Acid is also present in food and drinks. Be aware of drinks, particularly citric ones such as orange and lemon fruit juices. Fizzy drinks and colas can also be acidic, even reduced sugar ones.

Every time you drink anything acidic, the enamel (the top layer on your teeth) becomes softer for a short while, and loses some of its mineral content. Saliva can neutralise this acidity and restore your mouth to its natural balance. However if you have acidic drinks frequently, there is no chance for your saliva to combat the acid and permanent erosion of the tooth enamel can occur.

If enamel is worn away, it exposes the layer underneath and makes the tooth more likely to decay. As this layer is sensitive, it can cause pain when you have hot, cold or sweet foods and drinks.

Do not brush your teeth within an hour of eating or drinking anything acidic. This allows your teeth to build up their mineral content again and ensures tiny particles of enamel are not brushed away.

If you take a medicine that has a sugary base, ask your GP or pharmacist if there is a sugar free alternative.

14.5 Have regular check-ups

Regular check-ups are important to ensure your whole mouth is healthy. This applies whether you have your own teeth or full or partial dentures. Your dentist will advise how often you need a check-up. See Section 2.

Dentures are likely to need replacing after about five years.

If you have any concerns between check-ups, contact your dentist. For example, a painless ulcer which does not clear up within two weeks, or white or red patches in your mouth or on your tongue, may be a sign of a more serious illness. Contact your dentist straight away, as the chances of a cure are much higher if an illness is detected at an early stage.

15. Further information

British Dental Health Foundation, Smile House, 2 East Union Street, Rugby, Warwickshire CV22 6AJ, helpline: 0845 063 1188 (lo-call rate), www.dentalhealth.org.uk This is a charitable organisation whose aim is to bring about an improvement in dental health. Qualified dental staff can provide impartial and independent advice on all aspects of oral health and dentistry. A range of information leaflets on various dental health subjects including bridges and partial dentures; crowns; gum disease; dental care for older people; root canal treatment; smoking and oral health and cosmetic dentistry are produced. Singles copies are available free on receipt of a sae.

These leaflets and discussion of a wide range of questions about dental health in a 'question and answer' format are featured on their website.

Department of Health Publications orderline, tel: 08701 555 455 (national call rate) or email: dh@prolog.uk.com. Delivery is within 10 working days of placing an order. Materials are available in large print, other formats and in several languages.

Disabled Living Foundation, 380 - 384 Harrow Road London W9 2HU, helpline: 0845 130 9177 (lo-call rate), textphone: 020 7432 8009, website: www.dlf.org.uk DLF is a national charity able to provide specialist advice and information sheets on aids and equipment to help with many daily tasks and activities; as well as expert, unbiased knowledge on the right kind of equipment and where to find it.

General Dental Council, Dental Complaints Service, Lansdowne Building, 2 Lansdowne Road, Croydon CR9 2ER, complaints helpline: 08456 120 540 (lo-call rate) during normal office hours or website: www.dentalcomplaints.org.uk. The (GDC) is the body responsible for registering all dentists who practice in the UK. You can contact the complaints service if you wish to complain about private dental treatment. Their website gives information about the type of complaint they can investigate.

Healthcare Commission, FREEPOST NAT 18958, Complaints Investigation Team, Manchester M1 9XZ, complaints helpline: 0845 601 3012 (lo-call rate) or website: www.healthcarecommission.org.uk. You can contact the Healthcare Commission if your complaint has not been satisfactorily resolved by the NHS organisation involved. More information about how the Commission will review complaints can be found on their website or by requesting the leaflet - What to do if you are not happy with the way your complaint has been handled by the NHS. This leaflet, a complaints form and a consent form can be downloaded from the website. You can also contact their helpline.

NHS Direct - a confidential national 24 hour telephone advice and information service on 0845 46 47 (lo-call rate) or website: www.nhsdirect.nhs.uk. NHS Direct can provide information on local health services, on healthy living and on a range of illnesses and conditions.

Relatives & Residents Association, 24 The Ivories, 6-18 Northampton Street, London N1 2HY, advice line 020 7359 8136, website: www.relres.org. A free information sheet 'Mouths, Teeth and Dentures: Look good, feel better and eat well' has been produced for professionals working in care homes but may also be of interest to relatives.

16. Further information from Age Concern

The following factsheets/information sheet may be of use:

Factsheet 44	<i>NHS services</i>
Factsheet 48	<i>Pension Credit</i>
Info Sheet (IS20)	<i>Help with health costs</i>

The following books may be relevant:

Your Rights to Healthcare: Helping older people get the best from the NHS by Lorna Easterbrook – Price: £7.99

Yours Rights: A guide to money benefits for older people by Sally West – Price £5.99.

Feeling Good! Easy steps to staying healthy by Dr Alan Maryon Davis – Price £9.99.

Available from Age Concern Books - to order, please telephone our hotline (9am-7pm Monday to Friday, 10am-5pm Saturday): **0870 44 22 120** (national call rate), or visit our **website: www.ageconcern.org.uk/bookshop** (secure online bookshop).

If ordering by post, please send a cheque or money order, payable to Age Concern England, for the appropriate amount plus p&p to Age Concern Books, Units 5 & 6, Industrial Estate, Brecon, Powys LD3 8LA.

(Postage and packing: mainland UK and Northern Ireland: £1.99 for the first book, 75p for each additional book up to a maximum of £7.50. Free on orders over £250. For customers ordering from outside the mainland UK & NI: credit card payments only; please telephone the hotline for international postage rates or **email: sales@ageconcernbooks.co.uk**).

If you would like

- to find your nearest Age Concern
- any additional factsheets mentioned (up to a maximum of 5 will be sent free of charge)
- a full list of factsheets and/or a book catalogue
- to receive this information in large print

phone 0800 00 99 66 (free call) or write to Age Concern FREEPOST (SWB 30375), Ashburton, Devon TQ13 7ZZ. For people with hearing loss who have access to a textphone, calls can be made by Tynetalk, which relays conversations between text and voice via an operator.

Age Concern factsheets and other information materials can be downloaded free from our website at: www.ageconcern.org.uk. To receive a free e-mail notification when new and updated factsheets are published, please either contact the Factsheet Subscription Service on tel: 020 8765 7200 by email: factsheet.subscriptions@ace.org.uk, or sign up on-line.

Age Concern provides factsheets free to older people, their families and people who work with them. If you would like to make a donation to our work, you can send a cheque or postal order (made payable to Age Concern England) to the Personal Fundraising Department, ACE Freepost CN1794, London SW16 4BR.

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No factsheet can ever be a complete guide to the law, which also changes from time to time. Therefore please ensure that you have an up to date factsheet and that it clearly applies to your situation. Legal advice should always be taken if you are in doubt. (*Age Concern England does not give legal or financial advice*).

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