Children with oral health problems will have to live with those problems for the rest of their lives.

The second part of your question was, have they cocked some-thing else up that is similar; yes, there are other areas of health where they did. The first ISTC programmes that came out in phase one were a fundamental disaster. Contracts were being paid 100% on 40% of activity and had no training facilities.

NK: For most simple treat-ments, prices have rocketed un-der this new contract. Do you feel that the ‘swings and round-abouts’ approach is unfair for pa-tients?

MP: I think you’ve touched on one of the fundamental flaws within the system. We know that under the previous contract there was probably excessive treatment done at times. What we’ve got now is under-treat-ment in many cases, because people cannot physically afford to have their treatment done. Dentistry has always been a co-payment system, unless you’ve been on one of the welfare pack-ages, but at the moment we have a situation where middle Eng-land are struggling to afford NHS dentistry, which seems to be somewhat of an anomaly.

NK: Dentists who take on new patients under this contract have been asked to do a potentially un-limited amount of work for a fixed fee. Do you feel this is work-able or do you feel that this is an-other one of the problems of this new contract?

NK: Yes, but the key link that I want to draw here is if a patient requires 10 fillings, should they be paying the same as if they require 1 filling?

MP: No, of course not.

NK: And should a dentist be remunerated the same as if he was doing 1 filling?

MP: Well what we need to look at is having a payment plan which doesn’t put us in the posi-tion where we are now; a pay-ment plan which isn’t a deter-ent to the patient, isn’t a deter-ent to the NHS dentist and also isn’t a deterrent to the taxpayer, who quite rightly will say “is this value for money?” If you look at the last audit commission re-port, the previous Health Select Committee report into dentistry and this one, all of them slammed the government over the way they were handling den-tistry. They actually turned around and said that personal dental contracts were funda-mentally good things. Why the government didn’t put personal dental contracts in around a reg-istration system, I’ve no idea. That’s something they’ll have to explain for themselves. All I know is that every time I try and debate with them, when I go and speak to the BDA at their confer-ence, no minister turns up. At the London Dental Council, no