minister turned up. They keep sending Barry Cockcroft; Barry is not a politician, I will not debate with Barry, he’s a civil servant, not the minister of state responsible for dentistry.

NK: What effects do you think the recession will have on middle England, who is as you say struggling to pay for some of the more expensive NHS work?

MP: I think we’ve got a two-fold crisis going on. Before the recession we knew that less people were having any form of oral preventative work done at all, which has been increasing for some time. That is sending a disaster down the line, which our A&Es are already starting to pick up. With the recession there will be more and more people that can ill-afford their private insurance policies; that will put even more demand on the ever-decreasing availability of NHS dentistry.

NK: It’s likely that there are going to be far more people who are hit in their wallets, who may not be claiming welfare packages, but will still have the increased dental charges to pay under this new NHS contract, can these people get a fair deal?

‘Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea.’

MP: Under the existing contract, absolutely not. One of the things we want to do with the contract as we phase it in is to expand, not back to the hundreds of different funding systems we had before, but certainly expand probably going into 15 or 20 areas of treatment, because it can’t be right that you have one piece of treatment that costs you £198 odd and have something much more complicated which costs a lot less.

NK: The Health Select Committee has recommended increasing the width of range of band 2 treatment plans. What do you think about this?

MP: Well I’ve already said earlier on that the very limited area of our bands make certain treatments ridiculously expensive and actually preclude some treatments being done, in that the dentist looks at them and says the amount of work I’m going to do for you, I’m going to lose money on this. And that’s a crazy situation. People must be treated. We must look at outcomes... I think we need to move to much better longevity outcomes.

NK: Has local commissioning been a success or an expensive failure?

MP: In some parts of the country it has been a success but in other parts of the country it has been a disaster.

NK: But overall?

MP: I believe in PCT’s quality commissioning. If the PCT’s aren’t commissioning well we have to look at why this is. Is it the amount of funding they have? Is it the quality of people managing their commissioning or is it that the contract is fundamentally flawed? In most cases where it is not working it will be a bit of each. The contract is where the main drive of the failure is happening.

NK: You mentioned the quality of PCT commissioning; has

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