the introduction of this contract been fair on PCTs?

MP: Well again I think you have touched on probably one of the greatest flaws within the contract, which is that it is so compli-
cated to manage and so difficult to work within. There is so much documentation and so much op-
portunity for the PCTs to get it wrong, and when they get it wrong to blame someone else. I can assure you we will plot the
legislation that comes forward from the Conservatives. We will publish a green paper and white paper and we will work with the whole industry including hygien-
ists and technicians who are also struggling with the increased leg-
islation that they have to deal with, such as registration. This is so that we can have as simple a contract as possible that protects the tax payer, but at the same time gives a service.

‘I actually think there has been a lot of money gone into NHS dentistry in the last 10 years which has been very, very badly spent’

NK: Can you give me an idea as to how will you make this happen?

MP: Well the key has to be reg-
istration. One of the great scams that is going on at the moment is people are being fooled into think-
ing they are registered with a den-
tist. They haven’t got a dentist; you and I know that once you’re treat-
ment plan stops, you don’t have a dentist until the next time your treatment plan starts, and if the dentist has used their UDs as they may have to find another dentist if they wish to have their treatment under the NHS. To have people registered with dentists costs nothing and I believe that will be the start of the rebuilding process we need within dentistry.

NK: Do you think NHS den-
tistry has been poorly funded?

MP: No, I actually think there has been a lot of money gone into NHS dentistry in the last 10 years which has been very, very badly spent and some of it not spent at all. So I think we need to spend the money we have got better and make sure it gets under the front line more rather than forever saying give me more. The NHS has tried to do this over the last 10 years, it has nearly doubled the amount of money going into the NHS from our taxpayers and our outcomes of productivity have actually dropped.

NK: Since the introduction of the new contract the private den-
tal sector seems to have done un-
believably well. Is this a sign that the contract has failed?

MP: I think this is one of the key barometers that shows that the contract has failed. Very often dentists have written to their pa-
patients and I have had this from my own dentist, ‘We can no longer work within the contract, we are going private. If you’d like to come across with us, we’d love to keep you.’ Now for a lot of people they didn’t have any choice... The people that worry me are the peo-
ple that can ill-afford it and have just about managed to pay the premium and they’ve already paid their taxes remember. Ad-
mittedly you only pay 20%; the taxpayer pays 20%, 80% has al-
ways been your contribution to-
wards it.

But the other area where it’s fundamentally obvious it fails is if you come into a night shift with me at an A&E. Come to one of our A&Es, anywhere around the country, and just stand and ask the consultant how much of an increase they have seen over the last two to three years of oral pain and oral abscesses coming through their A&Es and the graph will just show you, it has rocketed. Of course the government will tell you that the figures are not available. I’ve tried. So I go to the A&Es and find out.

NK: Who has been worst af-
fected by the changes in the NHS?

MP: The people who are be-
ing worst affected are those be-
ing affected by the postcode lot-
tery. It’s a term which has been banded around from year to year, but you can live on one side of a road in London and have a damn good NHS dentist working for that particular PCT, or you could live on the other side of the road and have almost no dental provi-
sion whatsoever, unless you can pay for it, whether you’re on a welfare package or not. And those are the people that are be-
ing worst affected. The people that need the care and can’t ac-
cess it, either because it’s not available or they can’t afford it.

NK: Very final question, does the Conservative party feel that by the government consistently defending this new contract they are trying to cover up a massive mistake?

MP: That’s a very leading question. The answer to that is yes, and they have consistently as you said tried to defend the inde-
fensible. Last week they put up the white flag and said, we’re go-
ing to have an independent re-
view into NHS dentistry. What do we need an independent review for? What’s the minister paid for? What is Barry Cocksroft paid for? Why don’t they just read the Health Select Committee’s report and look at what was said there. They don’t need a review; it’s there in black and white.
South-west London resident, Anselm Mcleod, 38, had avoided dentists for some time after becoming dissatisfied with private treatment. After getting acute toothache from several dislodged fillings, he rang an NHS dentist and was offered an appointment the day after.

He says: ‘I needed to visit the dentist quite urgently, because I hadn’t had a check-up for over a year, because private treatment had put me off. ‘I changed from private to NHS, partly because of cost. Previously I went to a dental practice for seven years, which gave patients NHS or private treatment. Prices shot up when the surgery went completely private two years ago. But the service was no better, though I was paying more.

Anselm chose an NHS dentist from the PCT website. Although there were no NHS dentists in ‘posh’ Clapham Common, there were many in nearby Brixton.

He says: ‘The NHS treatment I received was second to none. The dentist was very thorough, professional, caring and honest. Each session lasted 25-30 minutes. He took the time to do a good job.

Anselm’s treatment spanned four visits over one month and he felt all the treatment he received was really necessary, with appointments spaced out according to the dentist’s advice. He adds: ‘After I completed the course of antibiotics he prescribed, he asked me a series of detailed questions to check my discomfort level, before deciding on further treatment.

‘He did an excellent job technically and his patient care and consideration could not have been better.’

Anselm also thinks the amount he was charged was ‘incredibly reasonable’ at under £45 for the whole lot. ‘It was re-assuring that the NHS dental price tariff is clear and carefully explained to me in advance.’ The dentist also gave him a full ‘hygienist’ treatment, privately, in addition to NHS scaling and polishing.

Anselm comments: ‘It was good to have the dentist himself carrying out the “hygienist” treatment. He said that the NHS regards such treatment as “cosmetic”. But I cannot understand why such a basic preventative measure should not be included in NHS dentistry.

He concludes: ‘I would like to get across that I have read much negative press about NHS dentistry, specifically about course over costs and inappropriate, rushed treatment.

View From The Mouth
The views of dental professionals are frequently read and talked about. But it’s rarer to get an opinion about treatment from the patient themself. So what is NHS dentistry like from the perspective of the patient on the dental couch? Yvonne Gordon talks to a patient, who was treated at an NHS dental surgery as a new patient.

My experience was completely contrary to this. I had excellent treatment from a consummate professional as well as advice on prevention, carried out with a high regard for patient comfort, satisfaction and quality. The dentist reassured me that if anything bothered me not to hesitate to come back, because prevention should always precede cure.’

Seeing CAD/CAM in a new light.
The new CEREC AC with CEREC Bluecam captures highly detailed images using a powerful blue light-emitting diode (LED). Rapid, easy imaging results in a quantum leap in CAD/CAM precision, clinical reliability and efficiency. Capture a quadrant in less than one minute. Create precise models and perfect restorations including long-term four unit temporary bridges with CEREC AC. It will be a great day. With Sirona.

CEREC – PRECISION AND SIMPLICITY REDEFINED
Seeing CAD/CAM in a new light.

Ceramic Systems Ltd
Telephone: 0845 070 0137
e-mail: sales@ceramicystems.co.uk
www.ceramicystems.co.uk

Henry Schein Minerva Dental Ltd
Telephone: 08700 102041
e-mail: sales@henryschein.co.uk
www.henryschein.co.uk

Sirona Dental Systems Ltd
Telephone: 0845 071 5040
e-mail: info@sironadental.co.uk
www.sironacadcamsolutions.co.uk

www.sirona.com