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 too 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
eron. I've tried. So I

NK: Can you give me an idea as
to how you will 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
work within the contract, we are
make sure it gets under the front
line more rather than forever
saying give me more. The NHS
has tried to defend the NHs over the last 10
years, it has nearly doubled
its income 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-
tients 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
always 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 our A&Es and the
graph will just show you, it has
rocketed. Of course the govern-
ment 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 Cockcroft 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.

About the author

Neel Kothari

qualified as a dentist from Bristol
 University Dental School in 2005,
 and currently works in Cam-
 bridge as an associate within the
 NHS. He has completed a year-
 long postgraduate certificate in
 implantology at UCL’s Eastman
 Dental Institute, and regularly at-
 tends postgraduate courses to
 keep up-to-date with current best
 practice. Immediately postgradu-
 ation, he was able to work in the
 older NHS system and see the
 changes brought about through
 the introduction of the new NHS
 system. Like many other dentists,
 he has concerns for what the fu-
 ture holds within the NHS and as
 an NHS dentist, appreciates some
 of the difficulties in providing
dental healthcare within this
 widely criticised system.
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, is not included in NHS dentistry.’

He concludes: ‘I would like to get across that I have read much negative press about NHS dentistry, specifically about confusion 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.’

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