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 something 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 treatments, prices have rocketed under this new contract. Do you feel that the ‘swings and roundabouts’ approach is unfair for patients?

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-treatment 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 packages, but at the moment we have a situation where middle England 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 unlimited amount of work for a fixed fee. Do you feel this is workable or do you feel that this is another one of the problems of this new contract?

MP: The package isn’t helpful in the way that you’ve just described. The government I think knew this anyhow. Dentists should be treated fairly and the contract should remunerate you fairly. What really worries me at the moment is that as some of the contracts have been issued we have people coming in from outside the United Kingdom, quite legally under the European Union employment laws, but are being paid a pittance to provide the services. That’s not fair in the 21st Century and that shouldn’t happen.

But I think if we move the contract back to what the NHS was designed to do, which was to be the welfare state, to look after the oral hygiene of the people in this country for those that do not wish to have or cannot afford private dentistry. That’s where we need to be.

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 position where we are now; a payment plan which isn’t a deterrent to the patient, isn’t a deterrent 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 report, the previous Health Select Committee report into dentistry and this one, all of them slammed the government over the way they were handling dentistry. They actually turned around and said that personal dental contracts were fundamentally good things. Why the government didn’t put personal dental contracts in around a registration 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 conference, no minister turns up. At the London Dental Council, no