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 pilot 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 hygienists 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 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 thinking
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 treat-
ment plan starts, and if the dentist has used their UDA's 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 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-
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
cess it, either because it’s not
available or they can’t afford it. The people who 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. 

About the author

Neel Kothari

Qualifed 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-

dends postgraduate courses to keep up-to-date with current best practice. Immediately post gradu-
ation, he was able to work in the older NHS system and see the difficulties in providing to the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the differences 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 con- summation treatment from a con- summate 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 hes- itate to come back, because pre- vention should always precede cure.’

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.

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