Lord Howe has had a long involvement with health issues, having been opposition spokesman for health since 1997. Although never a specific responsibility of dentistry, he believes that has been a part of the general issues surrounding healthcare. “I have always been well aware of the general issues that the area of dentistry involved; it was no accident that my party colleagues and I, in preparing our manifesto, made specific promises about dentistry. As the minister now charged with looking after dentistry, I am very pleased that I have this responsibility.

Key Representatives

Although I have only been here for a few months I have made it my business to have meetings with key representatives from the profession to bring myself up to speed. I’ve met the BDA twice and I attended a reception in Westminster where I spoke to a number of stakeholders. I have met Prof [Jimmy] Steele informally, and I am due to meet him again within the next few weeks. In addition, I’ve received a number of invitations to visit dental providers and have already visited a clinic in Cambridge, which was extremely valuable to me.”

The political place dentistry seemed to hold in this year’s General Election shows exactly how much of a key issue for the voters it is. “I think dentistry is as much a priority for us as it is for the public. It’s become more salient as a health issue for the voter than maybe it was a few years ago, we certainly sensed this when we were in opposition.

Dentistry on the radar

“The importance of oral health in terms of how it plays into general health is certainly not lost on us and I hope you will have felt from the Health White Paper that dentistry is very much on our radar. Of course we have got to work out exactly how the system is configured but we are clear that we want an architecture for the health service that promotes quality, that promotes the prevention agenda and that gives consistency in commissioning services.”

Lord Howe is by no means immune to the size of the task facing dentistry in tackling the oral health inequalities that still exist around the country, calling it ‘the biggest challenge’. He is keen to see the adoption of a number of approaches to improve the picture in terms of child oral health, many focusing directly on the dental contract. “The statistics that I have seen on children, which is a particular area of concern that I have, are quite encouraging in that oral health in children seems to have improved much over the last 20 years. Yet if you drill down into those figures you do see a pretty horrific picture in terms of those children whose oral health is poor and I think that there are a number of approaches we can adopt to this.

“The reform of the dental contract lies at the centre of this. You will have seen in our election manifesto that we built in an undertaking to reform the dental contract. I have asked officials to take that work forward - obviously it can’t happen instantly - but the principles on which a new contract should be built are there.

“There needs to be a pronounced emphasis on preven-
tion and a move away from unintended perverse incentives. Although the current contract was formulated with extremely good intentions - one mustn’t deny its good features - I am afraid there have been some perverse consequences arising from it and I think both dentists and patients have been aware of these.

End of UDAs?

“Does that spell the end of UDAs? We’re looking at all of that. I think that the Steele review had a great deal of information in it which will inform the work we do on modifying the contract; on the whole the Steele review met with a good response. So, I am taking stock of all that before deciding in any detail how we are going to take the reform forward.”

Of course time is a major factor in the reforms and Howe is very conscious of the balance between getting things done and rushing the process. “One can never do things as quickly as one wants because there are so many things that are subject to consultation and detailed work - it can’t be done in a hurry. I can’t tell you that in a year’s time we will be on the brink of a new contract, that would be too soon, because any new contract will have to be piloted, we have to be sure it is going to do what we all want it to do, so we’re looking reasonably far down the track in terms of this Parliament. By the middle of this Parliament I would hope to be very much further with the new contract.”

Centralised control

The biggest topic that has been discussed over recent times is the White Paper and the implications that it will have for dentistry. Speaking of the proposed return to more centralised control over dental commissioning Lord Howe said: “The point of that proposal is that we should first of all have a commissioning mechanism designed to ensure consistency, as I mentioned, and in the standard of consistency. One of the commissioning board’s tasks will be to promote equality and access, and its access to a service that delivers quality that I think lies at the heart of this.

“One can never do things as quickly as one wants because there are so many things that are subject to consultation and detailed work.”

Also I think that it sits more logically with the board as it does with services like pharmacy and we’re looking at other areas which may more logically sit with the NHS commissioning board, nothing to do with dentistry. How the board configures itself is a matter for them. But I would be surprised if it didn’t consider regional outfits so that services such as dentistry are commissioned with a view to the needs to a local population.”

One of the major fears expressed over the new proposals is what is going to happen in the period between PCT control and the taking over of the reigns by the NHS Commissioning Board. Many practitioners are concerned about how they’re going to be able to interact with their PCTs in the interim period, and Lord Howe was quick to reassure: “This is a very important question and it’s one that we’re looking at across the piece. I would like to reassure practitioners that we are alive to the risks in all of this but we believe it to be manageable and we have time in which to make sure that nothing slips between the cracks, not least dentistry.

“PCPs are clear as are strategic health authorities that they have a very important role to play in making sure that this transition works smoothly, we will be setting up the NHS Commissioning Board in shadow form quite soon, so that by the time it starts its role for real we should have sorted out most of the transfer functions. Of course we don’t plan to abolish PCPs until we are absolutely sure that the transition has occurred. I can understand the anxiety of dentists but I think they need to be assured that I am very much with them on this. I am not going to take risks with the way that NHS dentistry is made available to patients and there certainly will be no hiatus in terms of administration.”

HTM 01-05

Another controversial topic in dentistry is the issue of cross infection control and the HTM 01-05 guidelines issued by Lord Howe, though reluctant to revisit the guidelines, did say he believed that they needed more clarity: “I would be surprised if HTM 01-05 is going to stay in force as it is, but the messaging has to be clear because there has been a lack of clarity in this. Clearly, patients expect to be treated in a safe environment, and dentists and dental staff expect to work in a safe environment, that I don’t think is a matter for argument.

“Currently the HTM 01-05 guidance sets out two distinct things; it sets out essential quality requirements, which practices have to achieve by the end of this year. Now I have looked at this in some detail with CDO Barry Cockcroft’s help and I am absolutely clear that no self-respecting dentist would wish to do anything other than to meet essential quality requirements and acceptable practice. Beyond that guidance does no more than reflect existing guidance. The essential quality requirements differ
slightly from the pre-existing guidance that were set out in the BDA infection control document (A12), so I think its wholly appropriate that dentists meet those requirements to reduce the risk of transferring infections and the evidence that the requirements have the effect of doing that is also pretty clear.

“The other side of the guidance of course is best practice, which is quite separate. We have been quite deliberate in not setting a timetable for dentists to meet best practice as we know that for many practices this is difficult and for some it isn’t. What we’ve said is that we expect dentists to have a plan to work towards best practice; there is no mandatory timetable involved. The HTM 01-05 guidance is an evidence based document and for that reason I’m not minded to revisit it, other than to obviously update it as time goes on and our knowledge improves.”

Lord Howe definitely seems to be taking dentistry to his heart, especially focusing on the longer-term aspects of improving oral health in children. “What I want to see is us doing a lot better with children’s dental health. We need to find a way through the public health agenda, accessing young mums in particular and getting the right messages across to them. There’s some quite promising work going on in Scotland in this area and we can perhaps learn from that. I just think that improving children’s oral health and getting the young into good habits early on is massively important. When you look at children with poor oral health, you can see it impacts on them adversely throughout their lives. It’s the most damaging way to start your life. So I’m keen to look at ways in which we can help children avoid tooth decay and get them into good habits. It is a long-term challenge, it’s not going to happen in a hurry but I wanted to mention that because it very much permeates the thinking we’re doing on the dental contract and public health planning.”

'I have looked at this in some detail with CDO Barry Cockcroft’s help and I’m absolutely clear that no self-respecting dentist would wish to do anything other than to meet essential quality requirements.'