Lord Philip Hunt returns as Health Minister

Lord Hunt’s NHS career began in 1972 when he joined the Oxford Regional Hospital Board as a works study officer, moving to Nuffield Orthopaedic Centre as hospital administrator in 1974. He was the first Chief Executive of the NHS Confederation, and was also the Director of the National Association of Health Authorities and Trusts (NAHAT) on its formation in 1990. Prior to that he was Director of its predecessor organisation, the National Association of

Westminster Week

Questions covering a wide variety of dental topics were asked this week.

Patient charge revenue

Andrew Lansley, shadow health secretary asked: What representations the Minister had received from primary care trusts on the levels of patient charge income for NHS dental services in the 2006-07 financial year.

He was told by Health Minister, Rosie Winterton that no formal representations had been received but some PCTs had raised concerns that the levels of patient charge revenue so far reported during the year were lower than originally expected. She claimed that a number of factors may have affected levels of charge income, including the annual number of UDA’s commissioned by PCTs, the time needed for new dental services to be commissioned and come into operation, the timeliness of the reports submitted by dentists on completed courses of treatment, changes in the mix of charge-paying and charge-exempt patient treated, and the incidence of certain charge-free courses of treatment for patients who would normally pay charges. She also said that the Department had provided guidance to help PCTs and dentists understand the local factors that may affect patient charge revenue and the possible actions that may be appropriate, that they can take to improve the position.

Undeterred, Mr. Lansley asked a similar question two days later. What recent assessment she had made of the difference between the originally anticipated level and actual level of patient charge income.

The Minister neatly side-stepped this one by saying that it was for PCTs to monitor and manage patient charge revenue locally in the context of managing their over-all net financial commitments. The Department was not in a position to make a reliable estimate of patient charge revenue at national-level ahead of receiving final outturn data for the full financial year. The Information Centre for Health and Social Care would be publishing information on income from dental patient charges in due course.

Oral Health

Adrian Sanders, the Lib-Dem MP for Torbay wanted to know what proportion of the NHS bud-get was spent on the promotion of improved dental/oral hygiene in 2005-06.

Mrs. Winterton who said there was no need to give dentists more scope to focus on preventive care. Primary care trusts are also now required to provide oral health promotion programmes to the extent that they consider it necessary to meet all reasonable requirements within their areas. To assist them we published an oral health plan for England, “Choosing Better Oral Health” in November 2005.

Mr. Sanders returned to the fray by asking if the Minister would ensure that dentists are paid a fee for each filling they undertake on the NHS. He received a dusty answer from the Ms Winterton who said there were no plans to return to a fee-per-item remuneration system. Adding a little spin she continued: “The contractual arrange-ments introduced in April 2006 give dentists the stability of an agreed annual contract sum, in return for carrying out an agreed number of courses of treatment, with a weighting for relative complexity, over the course of the year. This is designed to support dentists in carrying out simpler, more clinically appropriate courses of treatment without additional financial detriment. It also responds to long-standing representations from dentists and from the British Dental Association criticising the treadmill nature of the former fee-per-item sys-tem.”