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**A-dec Dental UK Ltd.**

Austin House, 11 Liberty Way, Attenborough Fields Industrial Estate, Nuneaton, Warwickshire CV11 6RZ.

Tel: 024 7635 9001
Fax: 024 7634 5106
E-mail: info@a-dec.co.uk
Web: www.a-dec.co.uk

**News & Opinions**

**Lord Hunt returns as Health Minister**

Lord Philip Hunt of Kings Heath, OBE, was appointed Minister of State for Quality at the Department of Health in January 2007 in succession to Lord Warner who retired from the Government at the end of last year. He will also speak for the Government on health matters in the House of Lords.

He previously worked at the Department as a Parliamentary Under-Secretary of State between 1999 and 2005. In that capacity he was responsible for dentistry and gained the respect of many in the profession for the support he gave on issues of concern to dentists. Lord Hunt was appointed a life peer in July 1997, and in 1998 became a Government Whip and spokesperson in the House of Lords on Education, Employment and Health. He resigned from the Government of the invasion of Iraq.

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 Community Health Authorities (NAHA) from 1984 to 1990.

**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 patients treated, and the incidence of certain charge-free courses of treatment for patients who would normally pay charges. She 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, if 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.

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.

**NHS primary dental care services**

Nur was it possible to quantify what proportion of the activity, supported by the £1.1 billion gross budget in 2005-06 for NHS primary dental care services, contributed to raising awareness of oral hygiene and the prevention of dental disease. One of the Government’s objectives in introducing from April 2008 local commissioning arrangements for primary dental care services and changing the basis of remuneration for dental practices away from item of service fees was 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.

The Minister replied that oral health promotion could take the form of educational and awareness campaigns aimed at the general public, a weighting of 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 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 system.”

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Lord Hunt

Health Authorities (NAHA) from 1984 to 1990.

Lord Hunt

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