Lord Philip 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 Parliamenta-
ry Under Secretary of State be-
tween 1999 and 2003. In that ca-
pacity he was responsible for
dentistry and gained the respect
of many in the profession for
the support he gave on issues of
correlation. Lord Hunt
was appointed a life peer in July
1997, and in 1998 became a Gov-
ernment Whip and spokes-
person 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 be-
gan 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 Exec-
tive of the NHS Confeder-
aion, 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 Direc-
tor of its predecessor organisation, the National Association of
Health Authorities (NAHA) from
1984 to 1990.

News & Opinions

Lord Hunt returns as Health Minister

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 Minis-
ter, Rosie Winterton that no for-
mal 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 commis-
sioned by PCTs, the time needed for new dental services to be commissioned and come into operation, the timeliness of the reports submitted by den-
tists on completed courses of
treatment, changes in the mix of charge-paying and charge-
exempt patients, and the incidence of certain charge-
free courses of treatment for patients who would normally pay charges. She said that the Department had provided guid-
ance to help PCTs and dentists understand the local factors that may affect patient charge revenue and the possible ac-
tions, if appropriate, that they can take to improve the posi-
tion.

Undeterred, Mr. Lansley asked a similar question two days later. What recent assess-
ment she had made of the differ-
ce between the originally an-
ticipated 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

or local residents of managing their over-all net finan-
cial commitments. The Depart-
ment was not in a position to
make a reliable estimate of pa-
tient charge revenue at na-
tional-level ahead of receiving final outcome data for the full
financial year. The Information Centre for Health and Social Care would be publishing infor-
mation 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 den-
tal/oral hygiene in 2005-06.

The Minister replied that
oral health promotion could take the form of educational and
awareness campaigns aimed at popula-
tion groups, or personal information and advice given
by dentists, hygienists or other
members of dental teams in the
course of treating individual pa-
tients. Information on local oral
health promotion campaigns was
not collected centrally, how-
ever, although, over the period
2005 to 2006 the Department
contributed £1.1 million to the
“Brushing for Life” scheme inten-
ded to get families with
young children into the habit of
brushing their teeth regularly with fluoride toothpaste.

Nur it was possible to quan-
tify what proportion of the ac-
tivity, supported by the £2.2 bil-

lion gross budget in 2005-06 for
NHS primary dental care serv-
ices, contributed to raising aware-
ness of oral hygiene and the pre-
vention of dental disease. One of
the Government’s objectives in
introducing from April 2008
local commissioning arrange-
ments for primary dental care
services and changing the basis
of remuneration for dental prac-
tice away from a fee per item of
service fees was to give dentists
more scope to focus on preven-
tive care. Primary care trusts are
also now required to provi-
de oral health promotion pro-
grammes to the extent that they consider it necessary to meet all reasonable require-
mounts in their areas. To assist them
we published an oral health plan for

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 re-
cognised 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 contin-
ued: “The contractual arrange-
ments introduced in April 2006
provide a more flexible basis
for dental practitioners to
undertake the function of
dentists and to focus on de-
tal care. We are asking dentists
to consider new business models
that may improve patient out-
come and patient satisfaction. We
are also introducing a new sys-
tem of remuneration for dental
services and will work with the
Department to ensure that
dentists are paid for the
work they undertake on the
NHS.” She added that :

Management of improved den-
tal/oral hygiene in 2005-06.

The Minister replied that
oral health promotion could take the form of educational and
awareness campaigns aimed at popula-
tion groups, or personal information and advice given
by dentists, hygienists or other
members of dental teams in the
course of treating individual pa-
tients. Information on local oral
health promotion campaigns was
not collected centrally, how-
ever, although, over the period
2005 to 2006 the Department
contributed £1.1 million to the
“Brushing for Life” scheme inten-
ded to get families with
young children into the habit of
brushing their teeth regularly with fluoride toothpaste.

Nur it was possible to quan-
tify what proportion of the ac-
tivity, supported by the £2.2 bil-

lion gross budget in 2005-06 for
NHS primary dental care serv-
ices, contributed to raising aware-
ness of oral hygiene and the pre-
vention of dental disease. One of
the Government’s objectives in
introducing from April 2008
local commissioning arrange-
ments for primary dental care
services and changing the basis
of remuneration for dental prac-
tice away from a fee per item of
service fees was to give dentists
more scope to focus on preven-
tive care. Primary care trusts are
also now required to provi-
de oral health promotion pro-
grammes to the extent that they
counter it necessary to meet all reasonable require-
mounts in their areas. To assist them
we published an oral health plan for

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 re-
cognised 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 contin-
ued: “The contractual arrange-
ments introduced in April 2006
provide a more flexible basis
for dental practitioners to
undertake the function of
dentists and to focus on de-
tal care. We are asking dentists
to consider new business models
that may improve patient out-
come and patient satisfaction. We
are also introducing a new sys-
tem of remuneration for dental
services and will work with the
Department to ensure that
dentists are paid for the
work they undertake on the
NHS.” She added that :

Management of improved den-
tal/oral hygiene in 2005-06.

The Minister replied that
oral health promotion could take the form of educational and
awareness campaigns aimed at popula-
tion groups, or personal information and advice given
by dentists, hygienists or other
members of dental teams in the
course of treating individual pa-
tients. Information on local oral
health promotion campaigns was
not collected centrally, how-
ever, although, over the period
2005 to 2006 the Department
contributed £1.1 million to the
“Brushing for Life” scheme inten-
ded to get families with
young children into the habit of
brushing their teeth regularly with fluoride toothpaste.