



From Barry Cockcroft
Chief Dental Officer for England (Acting)

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21 April 2006

Information: All dentists

Dear Colleague,

Since my last letter to you in March, the most significant change to NHS dentistry since its inception in 1948 has taken place and all dentists with NHS contracts are now working under local commissioning arrangements.

This letter sets out a number of important current issues. While the first relates specifically to dentists with NHS contracts, the enclosed information also addresses wider issues relating to all dentists in England:

- Details of the **amendments to the Statement of Financial Entitlements (SFEs)** following the government's acceptance in full of the Doctors' and Dentists' Review Body's (DDRB) recommendations on dentist pay
- Current difficulties in the **supply of Local Anaesthetics**
- The recent **amendment to the dental prescribing list** in relation to **fluoride toothpaste and mouthwash**
- **Drug alert:** Dental Treatment for patients on or prior to taking Bisphosphonate medication

I should also like to take this opportunity to report that the great majority of dentists providing NHS dental services have signed contracts with their Primary Care Trusts (PCTs). These contracts represent around 96% of NHS dental services and PCTs are now working actively with the many dentists who wish to grow their NHS services to ensure continuity of services.

A major programme of system reform such as this will inevitably cause some uncertainty. Around 30% of contracts have been signed 'in dispute' and while the NHS Litigation Authority will ultimately assess some of these, many dentists and PCTs are now taking the opportunity to finalise details of the contracts without recourse to the litigation process.

SFE Amendments - Implementing the 2006/07 pay award

The SFEs for both general dental services (GDS) and personal dental services (PDS) set out how contract values are calculated as well as providing details of other payments. (See www.dh.gov.uk/dental)

As both SFEs came into effect on 1 April 2006, (in order to enable payments to be made), the financial figures represent 2005/06 values. These figures now need to be updated by 3% following the Government's recent acceptance of the DDRB's recommendations. The SFEs will be amended retrospectively from 1 April 2006 and will come into force on 1 May 2006. Payments on the first working day in June will reflect these increases including back payments.

Contractors that have opted to keep their original PDS pilot pay date will be paid the uplift on their original date in May and will also receive back pay associated with their part April 2006 payment on that same date in May.

PCTs' dentistry allocations have been increased appropriately to reflect this award. The 2006/07 adjustment to your contract value referred to in both SFEs will be made by the NHS Business Services Authority (BSA) so there is **no** action you or your PCT need take to implement the uplift.

Vocational Training payments are also being increased by 3% and for 2006/07 are:

- training grant £705.00 per month
- VT salary £2,349 per month
- service costs £4,892 per month

The 2006/07 adjustments do not alter the banded charges under the new dental charges regulations which remain at:

- band 1 £15.50
- band 2 £42.40
- band 3 £189.00
- urgent treatment £15.50

Current difficulties in the supply of Local Anaesthetics

Some dental practitioners are currently experiencing difficulties obtaining supplies of local anaesthetic cartridges and the Department is working closely with the two manufacturers (Dentsply and Deproco (Septodont)), who supply cartridges to the UK market, as well as stakeholder bodies, to effectively manage the situation.

Following recent problems at their manufacturing plant, Dentsply are now in advanced discussions with the Medicines and Healthcare products Regulatory Agency (MHRA) about transferring production to an alternative site. They anticipate that they will be back on stream in the near future but are unable to confirm a definite date yet.

In the meantime, Dentsply have obtained approval from the MHRA to supply a consignment of Citanest with Octapressin 1.8ml (standard) from product manufactured for other markets. These will be re-packaged and provided with 1.8ml syringes. Distribution to dental wholesalers has already begun and is continuing throughout April.

Deproco (Septodont) have also increased their supply of cartridges to the UK and are making regular deliveries on a weekly basis to dental wholesalers.

However, please note that in order to ensure that supplies of local anaesthetic cartridges are available to all dentists who need them, some wholesalers are restricting supply on each order.

The Department's assessment, based on historic supply patterns and information provided by the manufacturers, is that sufficient product is entering the supply chain to meet demand. However, to achieve a stable supply environment, dentists should:

- *Place orders for small quantities at regular intervals*
- *Avoid placing large orders and stockpiling*
- *Be familiar with their dental wholesalers' arrangements for dealing with back orders, as these are known to vary*

Due to the action being taken we anticipate that the market will stabilise over the coming months as Deproco increases their supply and Dentsply come back into production. In the meantime, the Department will continue to monitor the situation closely and will ensure the profession is kept informed of developments by working with manufacturers and stakeholders.

More details can be found on the Department's website at: www.dh.gov.uk/cdo.

Dental prescribing list amendment - fluoride toothpaste and mouthwash

The Department has amended the list of drugs and preparations that general dental practitioners may prescribe for NHS patients (on form FP10D). As of 1 March 2006, the list will include the following topical fluoride preparations for caries prone patients:

- Sodium Fluoride Mouthwash, BP
- Sodium Fluoride Toothpaste 0.619%, DPF

Drug alert: Dental Treatment for patients on or prior to taking Bisphosphonate medication

Possible predisposition to osteonecrosis of the jaw

We have been alerted to the potential oral health and dental care impact of the use of bisphosphonate medication for the prevention of skeletal related events in patients with advanced malignancies involving bone and for the treatment of tumour induced hypercalcemia. **There appears to be a possible predisposition to osteonecrosis following dental intervention for some patients receiving these drugs.** Women receiving treatment for bone secondaries following breast cancer will probably comprise a large percentage of this patient group.

Through the Yellow Card adverse reaction reporting scheme, the MHRA has received 62 reports of osteonecrosis in patients receiving zolendronic acid (Zometa), 9 reports associated with pamidronic acid (Areida), 4 with ibandronic acid (Bondronat) and 2 reports with sodium clodronate (Bonefos and Loren). The majority of these have been associated with intravenous bisphosphonates, although there are isolated reports with the oral formulation.

Osteonecrosis of the jaw has also been reported in patients with osteoporosis receiving oral bisphosphonates. The MHRA has received 8 reports in association with alendronic acid (Fosamax and Fosamax Once Weekly) and one report with risedronate sodium (Actonel and Actonel Once Weekly).

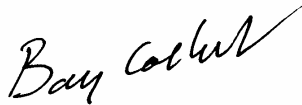
There is an article on this issue in the latest bulletin of the MHRA/Commission on Human Medicines drug safety bulletin which will be sent to all dentists as well as doctors and pharmacists and should reach all dentists in the week commencing 8 May. **This advises that a dental examination with appropriate preventive dentistry should be considered prior to treatment with bisphosphonates in patients with concomitant risk factors (eg cancer, chemotherapy, corticosteroids, poor oral**

Gateway Approval Reference Number: 6467

hygiene). It also advises that patients with concomitant risk factors should avoid invasive dental procedures where possible.

The marketing authorisation holders for these products have been asked to write to doctors and dentists to emphasise this issue.

Yours sincerely

A handwritten signature in black ink, appearing to read "Barry Cockcroft". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Barry Cockcroft
Chief Dental Officer for England (Acting)