

GDS prescribing



What can dentists prescribe?

For all prescriptions, dentists should only prescribe medication that:

- Meets the identified dental needs of the patient
- That you are competent in prescribing



Health Service and Private Patients

- Dentists can prescribe any medication in the BNF Dental Formulary on an HS21D prescription. A HS21D prescription is exclusively for the use of health service patients for whom the dentist- prescriber agrees to provide general dental services at the date of issue of the prescription
- Dentists can prescribe any medication in BNF on a private prescription (to meet the identified dental needs of your patients). Exceptions are schedule 2 & 3 controlled drugs (apply for a PCD1 pad)
- Remember that patients can purchase appropriate OTC if not POM
- CD stock orders requisitions – use form CDRF1



Health and
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BNF- dental formulary



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The following list has been approved by the appropriate Secretaries of State, and the preparations therein may be prescribed by dental practitioners on form FP10D (GP14 in Scotland, WP10D in Wales, HS21D in Northern Ireland).

<https://bnfc.nice.org.uk/dental-practitioners-formulary/>



HS21D is a legal document!

- Product Code HS21D –1 pad with 100 scripts in each
- Cypher number = 10 + DS number – identifies prescriber
- Unique 11-digit number identifies prescription form
- *note 6-digit number above “HS21D” - useful to check sequence for missing scripts*



www.gdc-uk.org

General
Dental
Council

protecting patients,
regulating the dental team

Guidance on prescribing medicines

Standard 7.1 of *Standards for the Dental Team* states:

'You must provide good quality care based on current evidence and authoritative guidance'

Prescribing medicines is an integral aspect of many treatment plans. You must make an appropriate assessment of your patient's condition, prescribe within your competence and keep accurate records.

You must have an understanding of your patient's current health and medication, including any relevant medical history, in order to prescribe medicines safely. If in doubt, you should contact the patient's General Medical Practitioner (GP) or other appropriate healthcare professional.

Under the various National Health Service (and equivalent) Regulations in the UK dentists can prescribe certain medicines to NHS patients. These are listed in the respective Drug Tariff documents for England, Wales, Scotland and Northern Ireland and in the List of Dental Preparations in the British National Formulary.

A dentist can prescribe any medicine from the British National Formulary (BNF) on a private prescription; however you must only prescribe medicines to meet the identified dental needs of your patients. Hygienists and therapists can independently supply or administer certain medicines for their patients' dental needs under Patient Group Directions. Clinical dental technicians, dental technicians, dental nurses and orthodontic therapists are not able to supply or administer medicines without the prescription of a dentist.

You must **not** prescribe medicines for yourself.

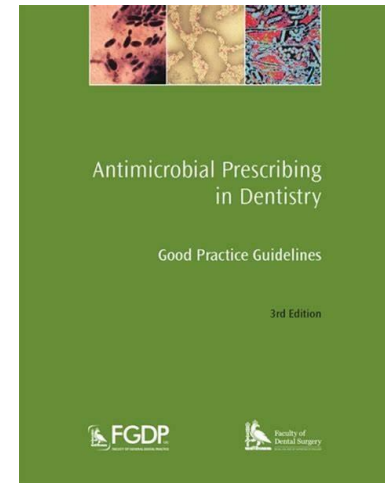
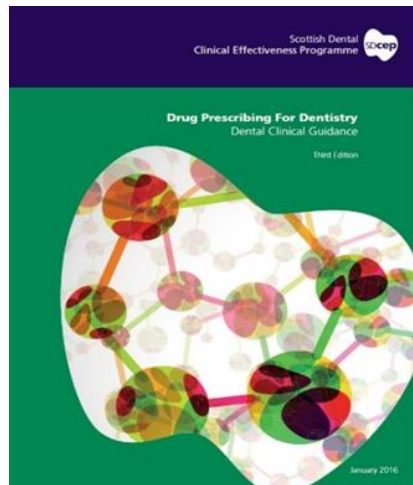
Part of prescribing medicines responsibly means prescribing only where you are able to form an objective view of your patient's health and clinical needs. If you prescribe medicines for someone with whom you have a close personal relationship you may not be able to remain objective and you could overlook serious problems, encourage addiction, or interfere with treatment provided by other healthcare professionals. Other than in emergencies, you should

Points to Consider before Prescribing

- Is prescribing necessary: risks v benefits
- Check Medical History – contraindications, interactions
- Caution in potential high-risk groups e.g. .
 - Pregnancy/Breastfeeding
 - Elderly
 - Children
 - Patients on anticoagulants
- Adequate information should be provided to the patient e.g. clear instructions, benefits of medication, potential side-effects and suitable disposal

Current Guidance around prescribing

- BNF, Scottish Dental Clinical Effectiveness Programme (SDCEP) 'drug prescribing for dentistry' guidelines and CGD 'Antimicrobial Prescribing in Dentistry: Good Practice Guidelines' are all useful resources for guidance on prescribing





Prescription Order Process

- <https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/dental-prescribing-guidance/prescription-forms/>
- Online form for ALL primary care orders
- DLRT (NI) Ltd in Lisburn

Writing Prescriptions

For all NHS and private prescriptions, the prescription must:

- be written in indelible ink
- be signed in ink by the prescriber (*ensure legible*)
- be dated
- specify the prescriber's address and profession
- include the name and address of the patient
- The age and date of birth of the patient should be stated, and it is a legal requirement in the case of **POMs** to state the age for children under 12 years.
- Include details of the medication – name, strength, appropriate quantity and **clear instructions** on dose, frequency and number of days treatment

Practical Advice

- Avoid ‘excessive prescribing’ **antimicrobials!**
- For medication prone to abuse (CDs), write the quantity in words and figures **four tabs**
- Draw a diagonal (or spiral) line across the blank part of the form
- Add in ‘two or three items only’ where appropriate
- Ensure alterations are clear and initialled
- Make sure to familiarise yourself with and adhere to the individual practice protocol
- Further advice around prescription writing is available in the BNF and from the Scottish Dental Clinical Effectiveness Programme (SDCEP).



Prescription Writing

- Further advice around prescription writing is available in the BNF and from SDCEP Drug Prescribing for Dentistry Guidance
- <https://bnf.nice.org.uk/medicines-guidance/prescription-writing/>
- <https://www.sdcepdenalprescribing.nhs.scot/guidance/introduction/prescription-writing/>

Prescription Security

‘there must be appropriate written security policies, procedures and systems in place in each dental practice to reduce the risk of prescription theft and misuse’ **March 3rd 2017**

- Should be a nominated person take responsibility for prescription security procedures
- Share policy with staff and appropriate training provided
- Register formally recording the ordering, receipt and issue of prescription forms must be kept
- Guidance for Prescription Security available at <https://bso.hscni.net/wp-content/uploads/2024/03/Prescription-SecurityGuidanceV11.pdf>

Stolen/Missing Prescriptions

Contact:

- PSNI on 101
- BSO Counter Fraud and Probity (CFPS)
 - 0800 096 3396 <https://cfps.hscni.net/report/>
 - Missing/Stolen prescriptions for Controlled Drugs must always be reported to the Department of Health Controlled Drugs Accountable Officer
- SPPG – Local Pharmacy & Medicines Management Office
- Submit Adverse Incident form to SPPG
- Local Dental Advisor - help with forms if required
- Assume “lost” prescriptions are stolen until evidence is available to the contrary



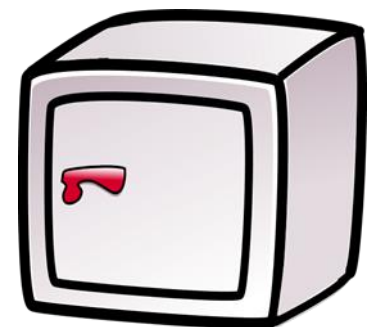
Prescription Log and patient record

- Good discipline needed to keep updated
- Readily available and easy to audit
- Gives indication of prescribing patterns (AMS)
- Should contain all necessary detail
- Computerised v paper



Storing prescription pads

- Named dentist responsible for security of pad
- Unused prescription pads should be kept in a secure locked area to which access is kept to a minimum number of nominated people.
- Prescription pads in use should not be left unattended or unsecured at any time in the practice or in a car.
- Forms should be kept in a locked drawer/cabinet in the practice when not in use
- Store all logs separate to pads



Domiciliary visits

- Risk assess the proposed trip
- Take an appropriate number of scripts
- Log the serial numbers before leaving
- Store securely during visit
- Update the log on return





Collection of Scripts

- Ideally patient examined first and then given script
- Risk assess and agree a safe procedure for collection of scripts
- Do not leave blank/written scripts in public or semi-public areas
- Remember patients might send someone else - measures should be taken to determine the identity of the person collecting a prescription
- Record of collection (signature and date)
- If never collected? Disposal – record in chart

Prescribing Audit

Carry out an annual audit of prescription management and security in the practice to identify any issues or training needs

- Prescription Logs with appropriate details recorded
- Disposal of obsolete forms
- Domiciliary visits –risk assess – how many - update log
- Collection of scripts
- Storing pads

Obligation on each prescriber to log the prescriptions they issue and regularly check their pad for missing prescriptions

Retirement, practice closure, new DS no.

- ✓ Old script pads with discontinued cypher numbers
- ✓ If not disposed-of and then used – creates confusion in BSO
- ✓ Dispose of all obsolete/unused pads/scripts
- ✓ Obsolete prescription forms should be destroyed according to the practice's confidential waste policy
- ✓ Record first and last serial no. and total number
- ✓ Two witness signatures (authorising practitioner and person doing the destroying)
- ✓ Keep details for at least 18 months

Using colleagues' pads

Responsibility – prescriber has a duty of care to prescribe only within their competence – are you, as the owner of the pad, satisfied that they have complied with this?

- Foundation training
- Inform the SPPG if assistants, locums and Dental Foundation trainees in place - Form Den Ph1 available on BSO website
- Importance of script log 'who wrote what.....'
- Controlled drug monitoring, RDO and Probity checks
- Print name beside signature box and do not deface!



Controlled drugs monitoring

The Shipman Enquiry (2001) found major flaws in the processes of:

- *death registration*
- *prescription of drugs*
- *monitoring of doctors*

This led to a number of legal changes:

- Healthcare bodies must appoint an **Accountable Officer, AO**
- **Standard Operating Procedures , SOPs**, must be in place in practices
- Schedule 2, 3 & 4 validity restricted to 28 days
- Private Prescription Forms – PCD1 and Private Stock Requisition Forms – CDRF1
- Monitoring of CD prescribing
- Investigation of incidents - patient harm (or potential), theft and misuse of prescriptions

Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009

Controlled Drug Monitoring



Community pharmacists forward dispensed private and NHS prescription forms to the BSO

- SPPG monitors the prescribing of controlled drugs (CDs) by GPs and stock orders of CD's to ensure their safe management and use
- Assurances are also sought from GPs that they have appropriate systems in place to manage their CD prescribing process
- Where the prescribing exceeds the thresholds, GPs will be asked to provide a written explanation for their prescribing pattern



Prescribing

quantity thresholds in NI



Drug	Quantity to be queried
Diazepam 2mg / 5mg tablets	> 10 tabs per script
Diazepam 10mg tablets	Any quantity per script
Diazepam liquid 2mg/5ml	Quantity > 50ml
Temazepam 10mg/20mg	> 5 tabs per script
Temazepam liquid 10mg/5ml	> 20mls per script
Dihydrocodeine 30mg tablets	> 16 tabs or if routinely prescribed i.e. more than 2 prescriptions / month for quantity > 16 tabs

Strategic Planning and Performance Group

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Private Patient Prescription Forms for CDs

- PCD1 forms for healthcare prescribers
- Schedules 2 and 3 CD's
- Obtained through BSO application process
- Prescribers must have a unique prescriber identification number



Requisitions = stock orders

- If controlled drugs – use CDRF1 form

Examples include:

- IV sedation practices – Midazolam
- All practices – buccolam for medical emergency drug kit
- For everything else, use headed practice notepaper with usual prescription requirements



Dental Prescribing Guidance

- Please see

<https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/dental-prescribing-guidance/>

Antimicrobial resistance

- The emergence and spread of antibiotic resistance is a global concern and is a major threat to public health
- Prudent and appropriate use of antibiotics in line with current clinical guidelines will slow the emergence of bacterial resistance and will preserve the usefulness of existing drugs for future generations





National Action Plan for antimicrobial resistance

- UK has produced its second 5-year national action plan setting out ambitions and actions in support of the 20-year vision for antimicrobial resistance
- To confront AMR, the 2024 to 2029 NAP has a number of strategic outcomes and themes

Confronting antimicrobial resistance

- These include:
 - Reducing the need for antimicrobials with improved infection prevention control, public engagement and education
 - Optimising their use with workforce training, antimicrobial stewardship and clinical decision support

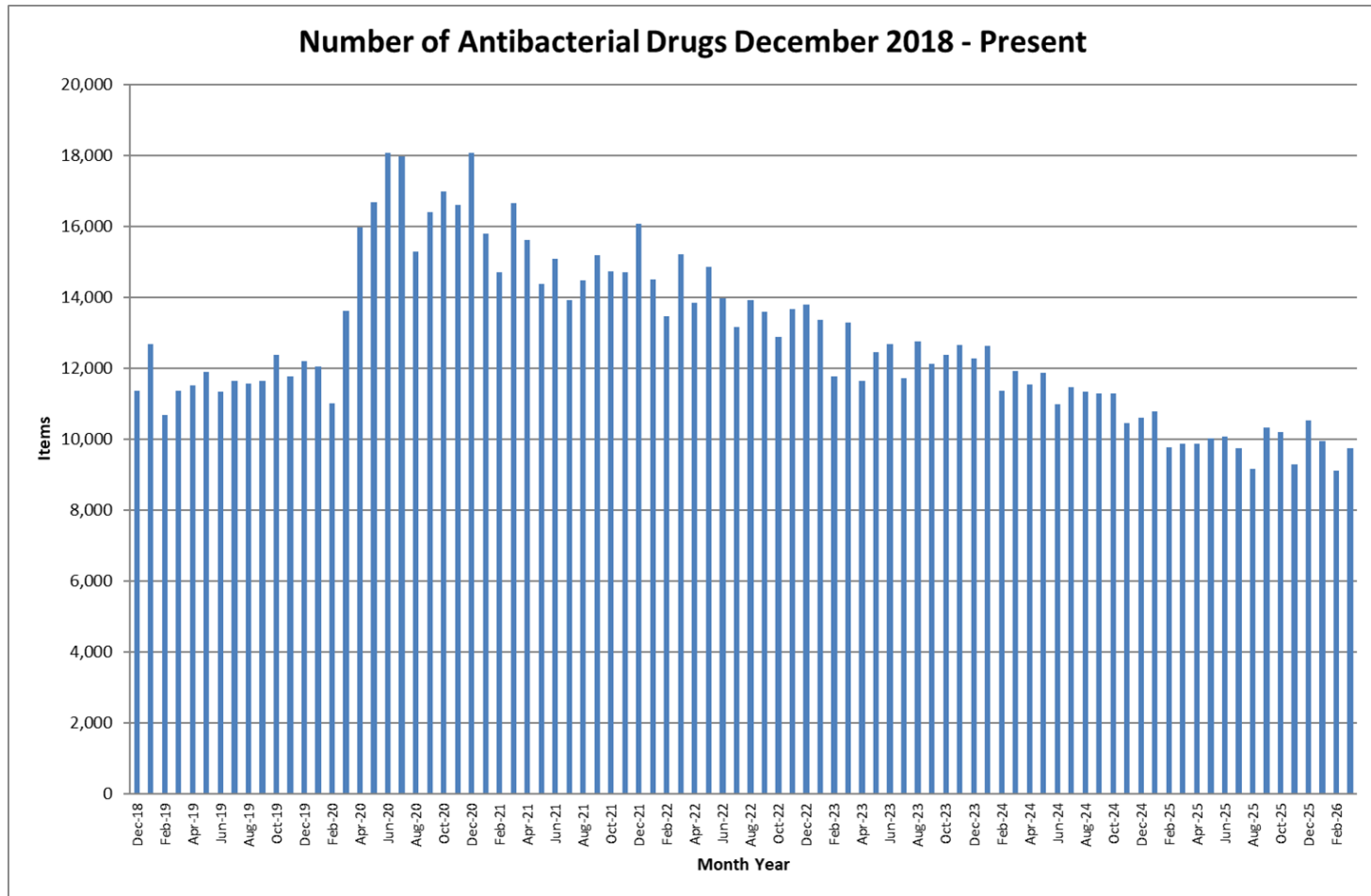


Antibiotic Prescribing data for primary care dental practices

	Year								
	2018	2019	2020	2021	2022	2023	2024	2025	2026
Jan		12,685	12,054	15,789	14,499	13,372	12,632	10,780	9,939
Feb		10,668	11,017	14,707	13,454	11,779	11,363	9,776	9,120
Mar		11,351	13,616	16,660	15,203	13,293	11,918	9,879	9,743
Apr		11,527	15,971	15,626	13,841	11,634	11,534	9,868	
May		11,892	16,684	14,378	14,860	12,445	11,870	10,018	
Jun		11,339	18,064	15,084	13,958	12,668	10,982	10,066	
Jul		11,649	17,972	13,926	13,169	11,707	11,453	9,753	
Aug		11,555	15,297	14,486	13,923	12,750	11,328	9,168	
Sep		11,629	16,402	15,183	13,586	12,135	11,285	10,325	
Oct		12,375	16,968	14,727	12,886	12,375	11,297	10,194	
Nov		11,758	16,606	14,711	13,666	12,655	10,445	9,285	
Dec	11,374	12,189	18,080	16,077	13,803	12,279	10,608	10,525	



Prescribing data





Prescribing Issues

*To **prescribe** or **not to prescribe**, that is the question!*

BNF, Scottish Dental Clinical Effectiveness Programme (SDCEP) 'drug prescribing for dentistry guidelines' and CGD 'Antimicrobial Prescribing in Dentistry: Good Practice Guidelines' may all be used to guide antimicrobial prescribing and advice on analgesics

antibiotics
DON'T cure
toothache!



Scenario for Discussion?



- Adult male attends a routine examination
- During intraoral inspection, you notice a draining sinus adjacent to UR1.
- The tooth has a bonded crown which has been in place for years.
- The tooth feels a bit different when tapped but doesn't hurt.
- The patient was unaware that there was a problem with the tooth – but does recall a funny taste in the mouth every so often.



When To Prescribe for a Dental abscess?

- Antibiotics are not appropriate in cases where the infection is localised to the peri-radicular tissues. This indicates that the infection is being adequately managed by the immune system.

SDCEP guidelines advise in the first instance use local measures to establish drainage if pus is present and remove the cause of infection if possible:

- RCT
- Extraction
- If pus present in any soft tissue attempt to drain by incision if appropriate
- Appropriate analgesics if required and review



SDCEP guidance on Bacterial infections

- The SDCEP drug prescribing for dentistry guidance for bacterial infections is available at

<https://www.sdcepdenalprescribing.nhs.scot/guidance/bacterial-infections/>

- Antibiotics must only be prescribed when clinically indicated.
- Use local measures to treat bacterial infections in the first instance and provide advice on optimal analgesia
- Antibiotics should not be used to manage the pain of inflammatory conditions (e.g. irreversible pulpitis, dry socket following dental extractions)
- When antibiotics are prescribed, record the diagnosis in the patient's clinical record, give safety netting advice and ensure that the patient is reviewed
- Advise the patient to contact the practice if their symptoms worsen rapidly or significantly, do not improve, or new symptoms appear

- Antibiotics are appropriate for oral infections where:
 - There is evidence of spreading infection (swelling, cellulitis or lymph node involvement) or systemic involvement (fever, malaise, body temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$)
 - the patient has a high risk of complications (e.g. immunocompromised states, uncontrolled diabetes)

Other indications are:

- Persistent swelling or systemic involvement despite local treatment for necrotising gingivitis, necrotising periodontitis or pericoronitis
- Immediate drainage not achieved with local measures (e.g. for a dental abscess)



Antibiotics may also be required:

If treatment is not possible or has to be delayed
e.g. community referral required for extraction in
anxious/un-cooperative patient

or

Patients with certain medical conditions:

- Following SDCEP Advice on the Provision of Antibiotic Prophylaxis Against Infective Endocarditis for patients with certain cardiac conditions



Severe infections

- Transfer patients with significant trismus, floor-of-mouth swelling, difficulty breathing or other red-flag signs of severe infection to hospital immediately as an emergency
- Be aware of possibility of sepsis

<https://sepsistrust.org/about/about-sepsis/>

<https://www.sdcepdenalprescribing.nhs.scot/guidance/bacterial-infections/sepsis/>

References

- SDCEP, Drug Prescribing For Dentistry, Dental Clinical Guidance.
- UK 5-year action plan for antimicrobial resistance 2024 to 2029, available at <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2024-to-2029>