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Strategic Planning and Performance Group of the Department of Health

Joining the NI Dental List

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Areas to be covered today

Part 1
HSC structure
Main roles
Minimum standards
GDS Regulations
SPPG – Dental
Forms- HS48 & HS50
COVID in Practice

Part 2
Record keeping
RDS
Probity Service
Prior Approval

Part 3
Individual responsibilities

Part 4
Out Of Hours clinics

Part 5
Adverse Incidents/SAIs
Complaints
Referrals to specialists
Occupational Health

Part 6
Orthodontic issues

Part 7
Dental Prescribing Issues

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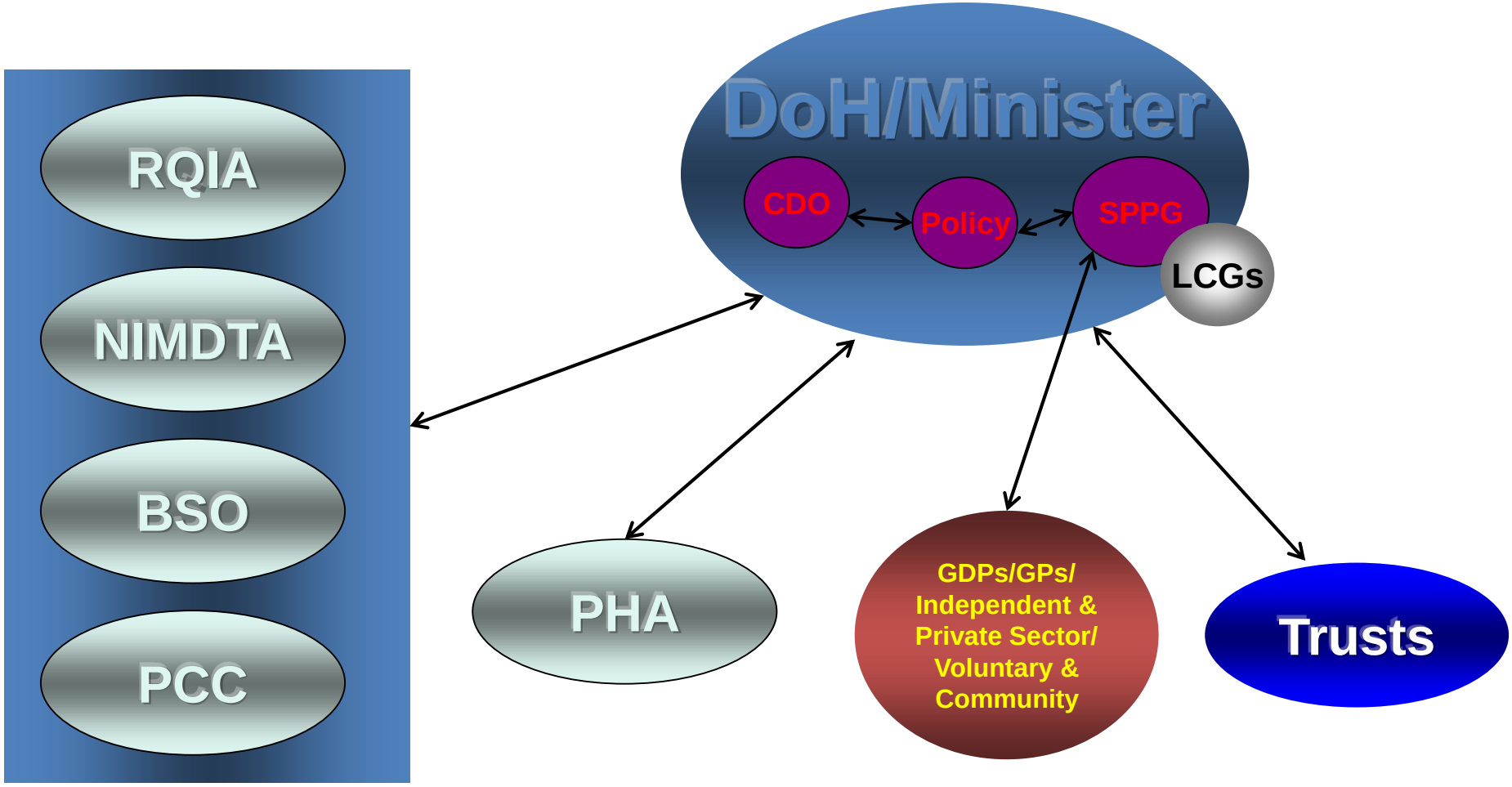
Part 1- HSC structures



Strategic Planning and Performance Group

Main roles

Healthcare Policy Group of the Department of Health

Minister + civil servants advising politicians in The Assembly

- Formulates and sets policy
- the GDS regulations
- the SDR
- sets the Dental Budget
- negotiates contracts

Main roles

Strategic Planning and Performance Group of the Department of Health (SPPG)

- Implements policy, the GDS Regulations and the SDR set by the Healthcare Policy Group
- Makes arrangements with contractors (dentists) within a budget set by the Healthcare Policy Group
- Monitors performance of the dentists – RDS and Probity reviews, prescribing, CA and PR compliance
- Takes action as required. In relation to dentistry this is done *directly* with GDPs, practitioners in any pilot (PDS) and salaried GDPs.

Main roles

Chief Medical Officer Group of the Department of Health

Chief Dental Officer

- Provides professional support to the Minister, MLAs, and civil servants

Main roles

RQIA

- Registers and inspects all dental practices where ANY private work is carried out (SPPG inspects all practices that declare themselves wholly health service)

Trusts – secondary care and CDS

- Are commissioned (in relation to dentistry) to provide hospital and community dental services

Patient and Client Council (PCC)

- Advocates on behalf of patients

Business Services Organisation 'BSO'

- "broad range of business support functions and specialist professional services to the health and social care sector in Northern Ireland"

- Family Practitioner Services (primary care) Medicine, Pharmacy, Dentistry, Ophthalmic
- Dental services for patients and contractors e.g.

❑ Dental list
❑ Dental payments
❑ Clinical audit

Minimum Standards for Dental Care and Treatment (Dept. of Health)

- Describes the standards of care to be provided from the patient's perspective
- There are 15 Standards
- Applicable to both health service and private care.
- These may form the theme(s) for RQIA practice inspections and include:
  - - Choosing your dental service
  - -The quality of your care and treatment
  - - Medical and other emergencies
  - - Children, young people and vulnerable adults

https://www.health-ni.gov.uk/publications/professional-dental-guidance-publications

General Dental Services Regulations (Terms of Service)

- Please note that these Regulations apply to **individual practitioners** and not to practices
- For all dentists on the Dental List
- Principal/Associate/Assistant/Deputy
- Role of corporates
- https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/gds-regulations-ni-1993/

General Dental Services Regulations (Terms of Service)

- Key areas:

a. Care quality
b. Infection Control standards met
c. Health and Safety Compliance
d. Radiological Regulations Compliance
e. CPD compliance (both clinical audit, and peer review and GDC requirements)
f. Compliance with QA returns (practice based)

Statement of Dental Remuneration

- List of health service dental treatments and their associated codes and fees

Statement of Dental Remuneration (SDR) - Business Services Organisation (BSO) Website

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Michael Donaldson
AD(D)

Donncha O'Carolan /
William Priestley
Joint Regional Lead – GDS and Governance

Sinead Preston
Regional Lead – CDS, HDS and Public Health

8 Dental Advisers (~6 WTE)

Structure of the SPPG - Dental

Strategic Planning and Performance Group

8 Dental Advisers DAs (~6 WTE)

Joe McGrady	(South Eastern LCG / BSO)
Jonathan Montgomery	(Northern LCG / BSO)
David Marshall	(RQIA / BSO/ Dental Prescribing)
William Priestley	(Belfast LCG / RDS)
Julie Collins	(Southern LCG / Orthodontics / RDS)
Julie Kelly	(Northern LCG / OS pilot)
Derek Maguire	(Southern LCG / OOH / Probity)
Gerry Cleary	(Western LCG / Probity)
Antoinette Toner	(Western LCG / Probity)

queries to GDS correspondence: GDS.Correspondence@hscni.net

GDPs– how to access information

- GDS Correspondence
- Contractor Information - Business Services Organisation (BSO) Website
- Telephone - email - in person –DAs
- Local Dental Committees
- New Starts presentation
- Talks during FD year
- Postgraduate courses

Local Dental Committee

The LDCs in Northern Ireland are endorsed by the BDA and provide support, guidance and advocacy for NHS dentists in their regions.

Contact Information for Local Dental Committees

- **Eastern LDC**: ealdcsec@hotmail.co.uk
- **Northern LDC**: northernldcni@gmail.com
- **Southern LDC**: southernldc@hotmail.com
- **Western LDC:** chairwesternldc@hotmail.com

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SPPG Office Contact Numbers:

Directorate of Integrated Care:

- Northern Office 028 953 62849
- Belfast Office 028 953 63926
- South East Office 028 953 63926
- Southern Office 028 953 62104
- Western Office 028 953 61010

Forms available from the BSO website

HS48

Dental List application form + FAQs available at same link

New Entrants to the NI Dental List (hscni.net)

HS50 - Block Transfer Form

It is very important that arrangements are made for full patient transfer otherwise patients could technically be ***deregistered***

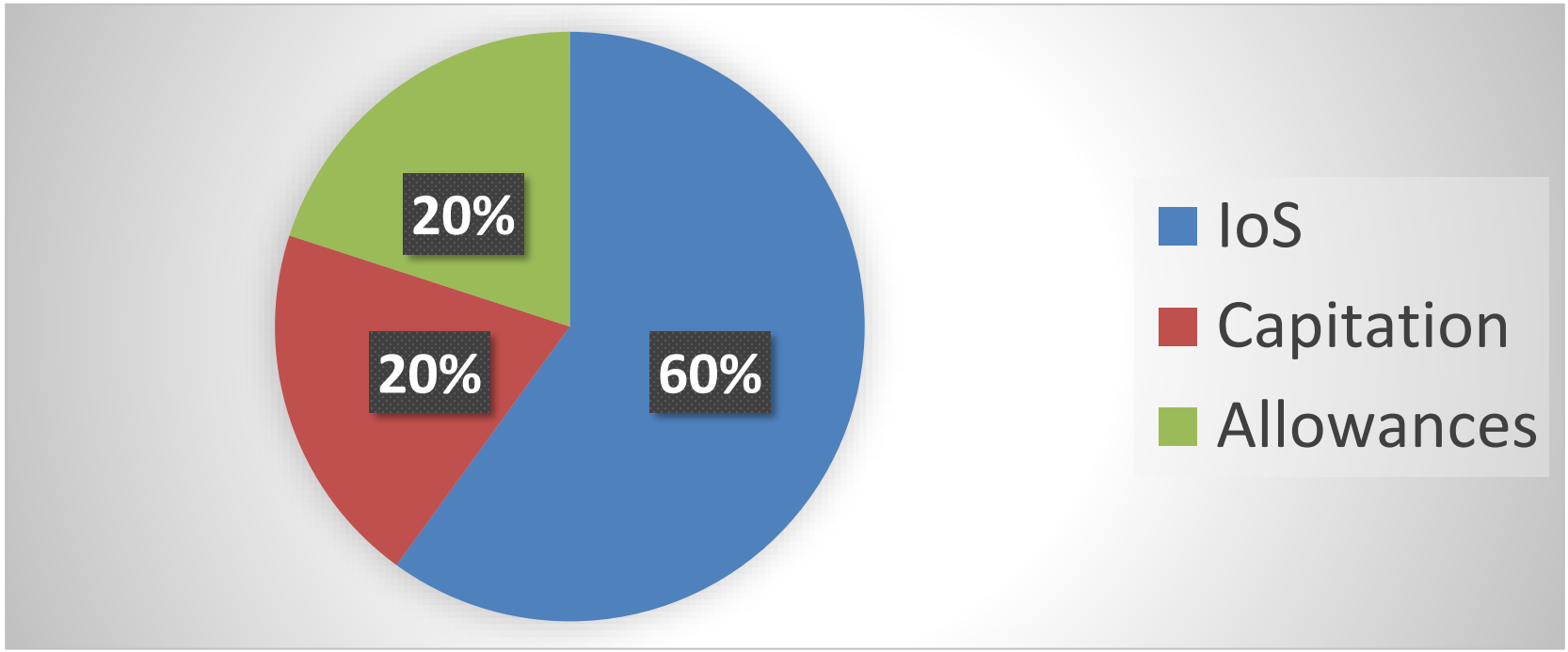
Part 1 should be completed by the practitioner with whom the patients are registered

Contact: professionalSupportTeam@hscni.net

GDS Income

- Item of service – SDR codes
- Capitation payments – adults and under 18s
- Allowances – individual and practice
- HSC Pension scheme

GDS Income



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HSC Pension Scheme

Notify SPPG about the start of Superannuable Employment by completing the form in the HS48 application (even if you opt out of the scheme).

Further information on the Scheme can be obtained via the following link:

HSC Pension Service (hscni.net)

HSC Health and Social Care

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Individual payments

- Maternity, paternity and adoption leave
- Long-term sickness
- Continuing professional development allowance
- Clinical audit and peer review
- Seniority

Health Service earnings thresholds are applicable

Claim forms available for download at:

Forms Library - Business Services Organisation (BSO) Website

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Practice payments

- Practice allowance
- Rates reimbursement
- “one-off” payments e.g. a revenue grant scheme to target a need in primary care dentistry

These payments are paid directly to the practice owner(s)

The BSO Dental Portal

- January 2019
- Reduction in paper based communications from BSO to practitioners
- Useful during pandemic
- BSO Dental Portal - Business Services Organisation (BSO) Website
- Please refer to our colleagues in the BSO for advice.

Transferring or Leaving practice

- For advice on joining or withdrawing from the Dental List / switching practice contact: : ProfessionalSupportTeam@hscni.net

- Provide 3 months notice in writing to BSO
- Inform your local office and Dental Adviser (DA)
- If transferring a patient list - complete HS50- Block transfer form
- Make appropriate emergency cover/contact arrangements with the practice principal/other associates
- Full advice available in:

"Guidance for GDS Practitioners: Dealing with Practice Changes"

which is available to download from the BSO website at:
Governance - Business Services Organisation (BSO) Website

Leaving practice - GDC

- Contact GDC if intentionally withdrawing from the register otherwise you will appear on the next calendar year's "Removals due to Non Payment list", which is forwarded to SPPG Dental Advisers for action.
- Be careful if long-term sick or taking a career break and "to save money" a decision is made to drop GDC registration for a year or two!

This could affect Pensions

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Overview Part 2

Record Keeping

Monitoring

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Records

The importance of keeping records

“If it isn't written down - it didn’t happen”

Why do we need clinical records?

- To satisfy legal or regulatory requirements

The content of records is the responsibility of the dentist (even when dictating to someone else)

- To verify treatment
- To assure a third party
  - RDS
  - Probity
  - Prior Approval
  - GDC
  - PSNI
  - Lawyers

Riskwise Jan 2017

'…..the critical aspect of record keeping is that a **third party** needs to be able to read and understand the records and subsequently know exactly what has happened and when……..''

Who is the third party ?

- Patient or their representative
- Prior approval
- RDS service
- Probity services
- Legal
- PSNI
- GDC

Patient Record Definition

- Everything relating to the patient's treatment, i.e.
- Record card, HS45, HS45PR, HS45DC, DB114(Ortho), Radiographs, photographs, study models, receipts, lab documents, Statements of Manufacture(SOM), details of prescribed drugs, etc.
- Medico legal... Referral letters and reports are also included in the definition above.
- Patient records must be retained for 6 years (GDS Regs).

Referral Dental Services

- Monitor the **quality** of health service dental treatment
  - Quality of care
  - Quality of record keeping
  - Compliance with GDS Regulations
  - Compliance with IR(ME)R
  - Probity
- Provide information for policy makers

What the RDS looks like

- Three yearly cycle
- Records Review- 10 records submitted for a desktop review
- Patient Examinations suspended during the pandemic
- Follow-up where necessary

Learning points from recent reviews

- Quality of care
  - Non-treatment of diagnosed disease
  - Radiograph interpretation
- Record keeping - Contradictory records

"non-smoker"	"advice given on smoking cessation"
"no caries noted clinically"	BWs and fillings suggest otherwise
"no LA used"	"LL5 forceps extraction"
"UL4 extracted"	"warning re numbness in L.Lip and chin"

Probity Services

Correct payment for necessary and appropriate activity carried out by qualified persons in accordance with Regulations (see slides 10 and 11).

Verification

A Probity Review checks:

Claim against Payment for accuracy

- If treatment was carried out
- If treatment was necessary
- Quality of treatment
- If the patient exists

Who is selected for a probity review?

Contractors will be selected on the following basis:

- Randomly
- Quarterly monitoring reports (profiles) identifies **outliers**
- Receipt of information/concerns raised elsewhere, whistle-blowers, complaints, Referral Dental Service
- Repeated issues/errors

30-50 contractors selected each quarter

- 50% selected randomly
- 50% selected from other areas

What is an **outlier**?

- Volume of claims -number and value
- Average cost per claim
- Exemption/remission vs non-exempt patients appear to have different prescribing patterns
- Unusual claim patterns e.g. split estimates – incomplete treatment

Codes to look out for

- 0111 charting and BPE recorded
- 1011 perio > 1 visit but not on same day!
- 1441 evidence of early caries in record or caries removal as item 1441 is a restoration
- 1501 Incomplete root filling-discretionary fee (post-op rad)
- 2201 soft tissue extraction – flap/sutures recorded
- 1742/3 temporary crown provided before Prep appointment
- 1425 buccal cusp tip in first molars
- 2941 heat cured occlusal appliance (BG) adjustments

Codes (continued)

- 3701 acute conditions – pericoronitis, ulcers, herpetic lesions

  but NOT chronic abscesses or ‘dry sockets’

- 2311 Treatment of infected sockets

Prior Approval Process

BSO Dental Officers review cases on behalf of the Dental Committee

1. Pre-treatment Examination
2. Carry out necessary emergency treatment
3. Seek approval when:

a) total fee for proposed course of treatment exceeds £380

b) individual code attracts a discretionary fee e.g. r/c veneer

Dentist will be notified of outcome by form DB26 and may wish to appeal if unhappy with the decision

- Dental Committee - Appeals Procedure

Dental Committee

- Statutory Committee
  - Chairman appointed by Minister
  - Six experienced GDPs (4 nominated by LDCs + 1 DPC (BDA) representative + 1 BSO nomination
- All identifiers on records/models etc redacted- each case judged on clinical merits
- Committee usually meets 4-6 weekly at the BSO
- Further appeal available to DoH – CDO decision or outside specialist referral

Management of Underperformance

Peer to peer engagement by Case Officer resulting in:

- Action plans
  - Targeted CPD
  - Mentorship
  - Clinical audit
  - Follow-up reviews
- Referral to the “Regional Professional Panel”
  - Refer to NHS Resolution / GDC / PSNI /Reference Committee
- Referral to the HSC Disciplinary Procedures

Overview Part 3

Individual responsibilities

Individual responsibilities

- Cross Infection control (DoH PEL (13)13 is the NI guidance)
- IR(ME)R
- Data handling and data protection
- CPD and Clinical Audit and Peer Review
- Mixing HS and Private care
- NHS +
- IV sedation

- "Infection control is everyone's business and it is important that all members of staff observe good infection control practice"

  (*Teare et al. J Hospital Infection 2001; 48:312-319)*

- In relation to endodontics remember that files are single use, NOT single patient

IR(ME)R 2000

•all radiographs must be:

Justified - only determined by examination of the patient

Quality assured - Poor quality radiographs may lead to fee recovery for that and associated items. 'not acceptable' (NA) radiographs must always have a report in the records (even if not making a payment claim)

Recorded a clinical evaluation of the outcome of each exposure made in the patient notes

- **IRR99** also applies

•See "Prescribing radiographs in GDS Practice" and letter from Michael Donaldson of 19 Sept 2011(BSO website)

Grading

"Aim of dental radiography is to produce an image of adequate quality for diagnostic purposes while minimising patient dose as far as reasonably possible"

Old NRPB system of 1, 2, 3 replaced with:

'A' – acceptable 'NA' - not acceptable

Target for Digital is 95% *(Film 90%)*

Regulations on X-Ray Use - IRR17 and IRMER18

- The Ionising Radiation Regulations 2017 (IRR17) - has replaced IRR99, and IRMER (NI)

- Ionising Radiation (Medical Exposure) Regulations 2018 (IRMER18) - has replaced the original IRMER 2000 (and amendments from 2006 and 2011) as of February 2018.

•The Faculty of General Dental Practitioners (FGDP) has published an article on the implications for General Dental Practitioners which can be found at:

https://www.fgdp.org.uk/news/updated-new-regulations-x-ray-use-likely-implications-irr17-and-irmer18.

Data handling and data security

- Personal legal obligation to protect and process patient information in line with the Data Protection Act 1998
- Personal information can only be used for the purposes that it is collected for and for HSC monitoring purposes
- Sanctions can be financial and there could also be criminal convictions

See links to advice sheets on BSO website

General Data Protection Regulation (GDPR)

- UK GDPR guidance and resources | ICO
- Was implemented on 25 May 2018

- **CPD**
- All GDC registrants must comply with the GDC requirements for CPD

- **Clinical Audit / Peer Review**
- Under the GDS "Regs", practitioners are required to participate in 15 hours of Peer Review or Clinical Audit every 3 years and must submit a report of their activity to CAPRAP (see BSO website)
- Please consider an audit or part of a peer review on AMS

Mixing HS and Private treatment

In one course of treatment – mixing NHS/Private treatment is permissible with patient consent

On one tooth mixing NHS/Private treatment in one course of treatment – not permissible

Charging additional fees (NHS +)

"Levying additional charges additional to those stipulated in the SDR"

- Would constitute a breach of the GDS regulations, even if the patient has consented to such an additional charge.
- If the patient is unaware that the charge is additional to HS charges, the practitioner may be open to an allegation of fraud.
- PPE

Conscious sedation

- CDO has endorsed the SDCEP guidelines for conscious sedation – her letter is available on the prescribing page of the BSO website:

  Sedation - Business Services Organisation (BSO) Website

- The SDCEP guidelines can be reviewed at this link:

  https://www.sdcep.org.uk/published-guidance/conscious-sedation/

Other areas of individual responsibility

- Health and Safety Legislation e.g. COSHH, risk assessment/management, workplace ergonomics
- Medical Devices Regulations 2002
- EU Regulations re dental amalgam

EU directive: Article 10 of the Minimata Convention

- Please see: Changes to the Use of Dental Amalgam - Business Services Organisation (BSO) Website
- From 1 July 2018, dental amalgam can not be used for dental treatment of deciduous teeth, of children < 15yo & of pregnant or breast-feeding women, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient (**Article 10(2))**
- From 1 Jan 2019 dental amalgam can only be used in pre-dosed encapsulated form (**Art 10(1))**
- A requirement for a national plan on measures to phase down the use of amalgam by 1 July 2019 **(Article 10(3))**
- From 1 Jan 2019 a requirement for dental facilities to be equipped with an amalgam separator **(Article 10(4))***
- No new legislative provisions required to fulfil the requirements except for Article (10(4)) – amalgam separator

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Overview Part 4

Out of Hours Arrangements

Out of Hours Arrangements

Under GDS regulations dentists 'are required to make reasonable arrangements to ensure that a patient requiring prompt care and treatment will receive such care and treatment as soon as appropriate either from him/herself, or from another dentist '
(HPSS GDS Regulations NI 1993*)*

- Emergency Dental Clinics (EDCs) situated at Dalriada Urgent Care (DUC), Carlisle (Belfast), and Victoria House (Armagh) are in place to cover Saturdays, Sundays, and recognised Public Holidays

- *Only dentists who have applied to join an EDC rota are permitted to avail of this service* .
  To join a rota please email your details to: edc@duc.hscni.net

- **NB - Local arrangements are in place for patients in the West**

OOH continued

- *A standardised telephone message in each participating practice will direct patients to a telephone triage service in DUC*

- *Indemnity is NOT provided by any EDC site. Dentists work under their own Indemnity and are responsible to ensure they have the correct and valid indemnity to cover them for working at the EDC site – inform indemnifier!*

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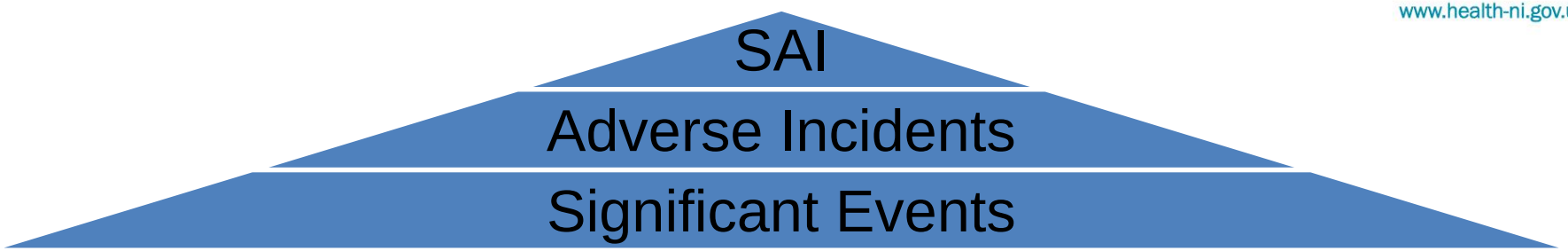
Overview Part 5

Adverse Incidents
Complaints
Referrals
Occupational Health

What is an Adverse Incident?

"Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation."

This includes "near misses"



- Significant Event: - Within Practice, discussed over coffee, specific to practice, solved by practice, no learning outside Practice
- Adverse Incident: - Within/involving Practice, could happen to another Practice, may/may not be solvable by Practice, potential learning for other practices (individual /trend)
- Serious Adverse incident: - As for AI but meets SAI criteria

GDS examples of AI (single event)

- Prescription pad goes missing
- Sharps injury from a non-sterile needle
- A patient is admitted to hospital with a spreading oral infection after receiving dental treatment
- Loss / misuse of patient data

When should an adverse incident be reported?

- It should be an immediate response to the occurrence…don't investigate first!

- If the incident is related to the sudden or unexpected death of a patient then….within 24 hours

- All other adverse incidents should be reported within 72 hours

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Complaints

Definition

"Any expression of dissatisfaction which requires a response"

What practices need to do ….

- Appoint a designated practice complaints officer
- Develop a Practice-based complaints procedure.
- Develop a complaints leaflet for patients
- Respond in appropriate timescales
- Monitor/take cognisance of issues being raised
- Learn from complaints

Referrals

- Each practitioner is responsible for referring patients for hospital/ specialist care, as appropriate
- New practitioners should acquaint themselves with local specialists
- Referral Guidelines for Specialist Hospital Dental Services (currently under review):
- Referral Guidelines for Hospital Dental Services - Business Services Organisation (BSO) Website

Occupational Health

- The SPPG provides an occupational health service for all
- members of the dental team The contact details are ….
- **Belfast Trust (Belfast) 028 9504 0401**
- **Southern Trust (Armagh) 028 3741 2473**
- **Northern Trust (Antrim) 028 9442 4403**
- **Western Trust (Derry) 028 7161 1407**
- **Western Trust (Omagh) 028 8283 5395**
- **Western Trust (Enniskillen) 028 6638 2342**
- **South-Eastern Trust (Ulster Hospital) 028 9056 1300**

Occupational Health Services

- **Screening service at the start of employment**

This is a one off service and from that point, the onus is on the practitioner to inform OH if their status has changed, e.g. a sharps injury with a NON sterile needle, travel to an endemic TB area or high risk behaviour.
Following such a sharps injury the clock is ticking so **stop** work and deal with it **immediately** following the HSC flowchart (*Management of Sharps Incidents in Dental Practices & GP Practices)* and practice policy

Report to the HSCB as an adverse incident

- **Back pain management**
- **Stress management** – Don't suffer in silence. Talk to your colleagues. 'a problem shared…….'

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Overview Part 6

Orthodontics

Strategic Planning and Performance Group

Introduction of IOTN

- Since April 2014, all health service orthodontics cases treated and submitted/claimed for payment of items listed in the SDR, must fulfil the criteria of IOTN ≥3.6
- No prior approval is required but any case submitted for payment and adjudicated as not achieving this criteria will have the full fee recovered.

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Overview Part 7

Prescribing and Prescribing Security

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

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

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

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BNF- dental formulary

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/

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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*


000074
HS 21D
Northern Ireland Health Service
104
No. of days treatment
H+C No.
Code numbers
2mg diazepam
X3/day
small pack.
624
15
Signature of Prescrib
Date 22/6/15
109942
PATIENTS – please read the notes overleaf
04095963776
Form Number

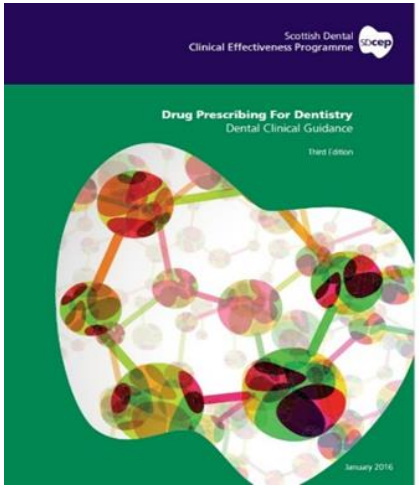
Points to Consider when Prescribing

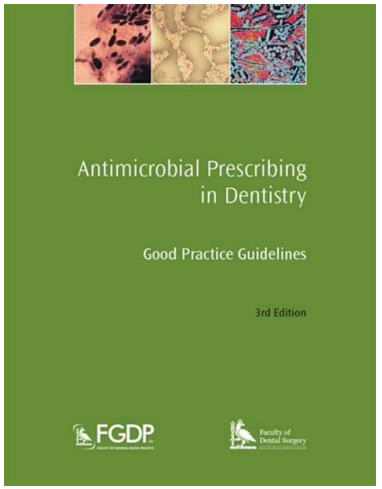
- Is prescribing necessary: risks v benefits
- Check Medical History – contraindications, interactions
- Caution in potential high-risk groups e.g. .
    - Pregnancy/Breastfeeding
    - Elderly
    - Children
    - Patients on anticoagulants

- 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





Writing Prescriptions

For all <u>NHS and private</u> 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 **POM**s 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 SDCEP Drug Prescribing for Dentistry Guidance

BSO 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
- Secure delivery

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www.health-ni.gov.uk

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

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

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 Costs

- Approximately £40 to cover all costs for processing a prescription from printing to pharmacy and BSO.
- Does not include the cost of the actual medicines

Alternatively!

- Paracetamol to purchase over the counter (OTC) 25p to £3.00

Controlled drugs monitoring

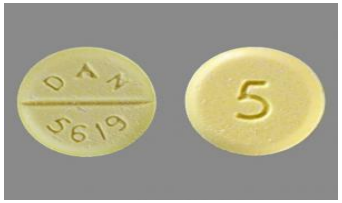
The Shipman Enquiry (2001) found major flaws in the processes of:
- death registration
- prescription of drugs
- monitoring of doctors

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

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Prescribing quantity thresholds in NI

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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

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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:

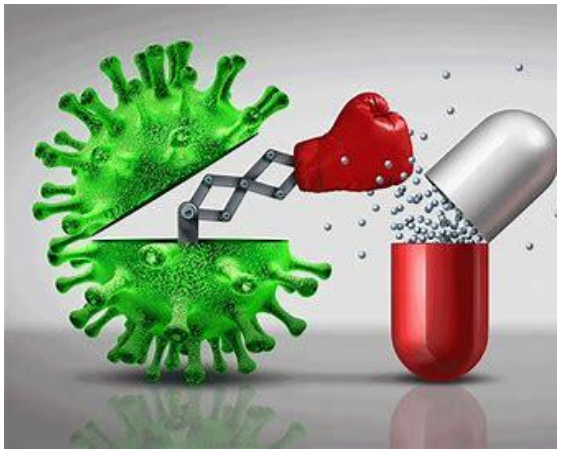
- IV sedation practices – Midazolam
- All practices – buccolam for medical emergency drug kit

- **For everything else, use headed practice notepaper with usual prescription requirements**

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

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Prescribing data

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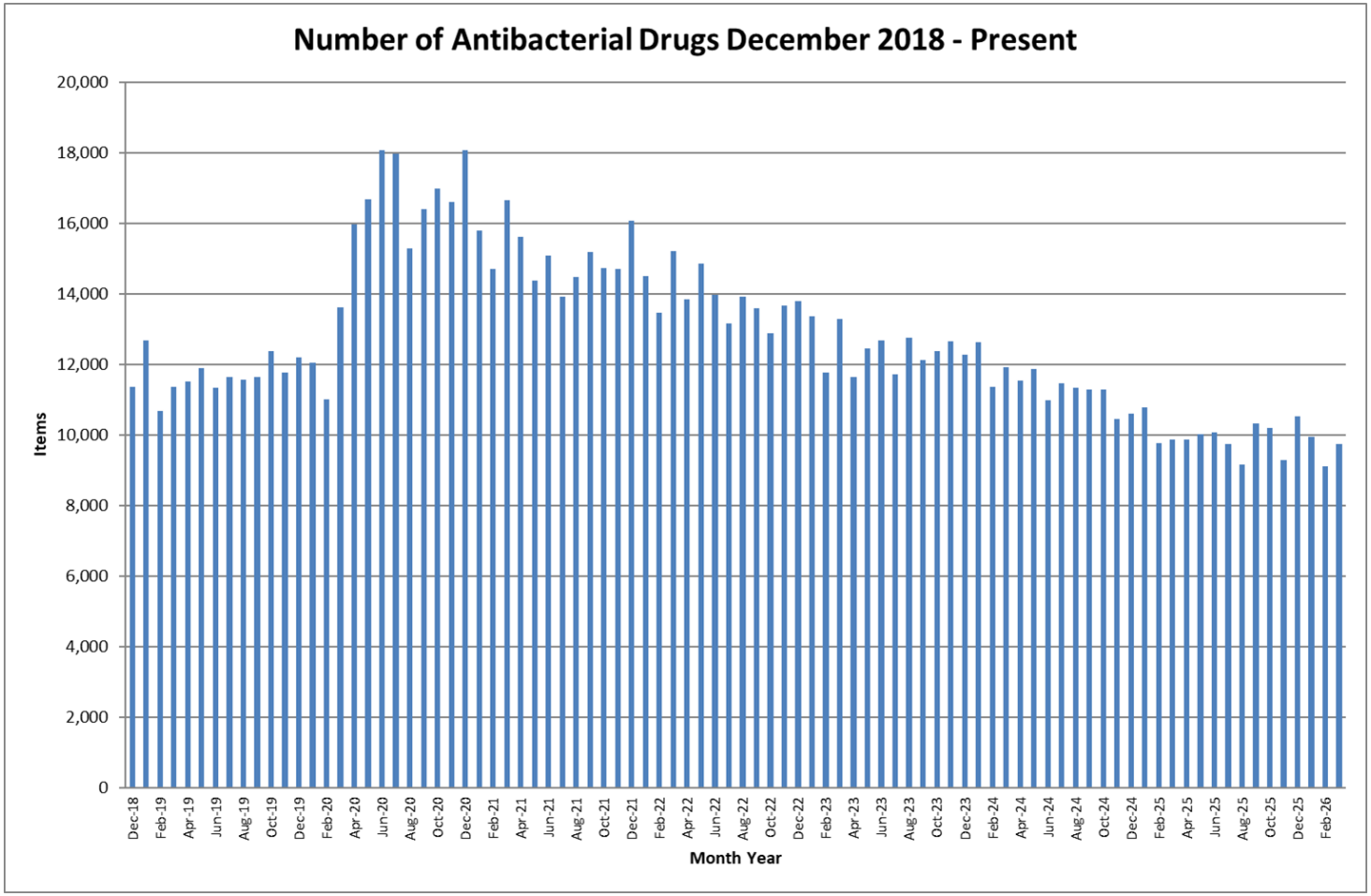

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Antibiotic Prescribing data for primary care dental practices

	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	

Dental Prescribing Guidance

- Please see

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

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Useful websites

- HS48 and HS50 forms, Minimum Standards for Dental Care and Treatment
  https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/new-entrants-to-the-ni-dental-list/
- https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/forms-library/
- Statement of Dental Remuneration
  https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/dental-charges-fees/statement-of-dental-remuneration-sdr/

Other websites that may be of use
https://www.health-ni.gov.uk/topics/dentistry
https://online.hscni.net
https://bso.hscni.net/
http://www.hse.gov.uk/risk/index.htm
www.rqia.org.uk

www.gdc-uk.org

Health and Social Care

Department of Health
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Contact Numbers:

Directorate of Integrated Care:

- Northern Office 028 953 62849
- Belfast Office 028 953 63926
- South East Office 028 953 63926
- Southern Office 028 953 62104
- Western Office 028 953 61010

Thank you for your attention