

Policy for the prescribing of products for dental conditions in primary care

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CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
Samantha Bostock RSM UK Risk Assurance Services LLP		11/10/2022
	Staffordshire and Stoke-on-Trent Area Prescribing committee and Group in Common	18/01/2023
	Staffordshire and Stoke-on-Trent Health and Care Senate	09/03/2023

APPROVALS & RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
Staffordshire and Stoke-on-Trent ICB Finance and Performance Committee	04/04/2023

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
0	South Staffordshire position statement	2021	Mary Johnson
1	Change from position statement to policy and reformatted into latest ICB policy template	2022	Renee Larson Mary Johnson

IMPACT ASSESSMENTS – available on request

	Stage	Complete	Comments
Equality Impact Assessment		27/09/2022	Approved
Quality Impact Assessment		25/10/2022	Approved

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This policy applies to the Staffordshire & Stoke-on-Trent Integrated Care Board.

Policy statement

Staffordshire and Stoke-on-Trent Integrated care Board (SSOT ICB) do not support the routine prescribing of medicines or preparations for dental conditions (including toothpastes such as Duraphat®, ulcer healing preparations, antibiotics and analgesics) by clinicians working in General Practice except in the following circumstances:

- Where the GP or a non-medical prescriber (NMP) working in General Practice is the responsible clinician for assessing and monitoring the effectiveness of treatment. The GP/NMP should only prescribe where the patient meets the exemption criteria in the [NHS England Over the Counter Guidance](#).¹
- GP/NMP prescribing on the advice or recommendation of secondary/tertiary care specialists such as oncologists treating head and neck cancer
- For patients receiving palliative care as part of ongoing symptom control.

1.0 Introduction

- 1.1 The purpose of this policy is to clarify responsibilities of General Practice clinicians when prescribing products for the management of dental conditions.
- 1.2 The British Medical Association (BMA) reports that a typical GP practice can expect to see 30-48 patients with dental problems a year. This does not include all patients that requests repeat medication for dental care on an GP FP10 prescription.²
- 1.3 Under the Dentists Act 1984, the practice of dentistry is restricted to registered dental professionals and those in training.³
- 1.4 Dental treatment is not covered as part of the GP contract and the BMA advise that GPs are not responsible for treating dental problems and should not attempt to manage a condition requiring dental skills unless they have appropriate training.^{1,3} Both the civil courts and the General Medical Council (GMC) require doctors to have appropriate skills for any treatment they offer.
- 1.5 The BMA further advise that the GP must ascertain that the condition requires only dental treatment. Having established an apparent dental problem, GPs or practice teams should direct the patient to a dentist or local emergency service if signs of severe infections or refer them to secondary care as per GMS and PMS regulations.^{2,5}
- 1.6 If the patient does not have a dentist, the practice can direct them to;
 - Staffordshire Community Dental Service who provides dental care for vulnerable children and adults and emergency and urgent care to anyone not currently under treatment with a dentist locally (Staffordshire and Stoke-on-Trent).
Phone; 0300 123 0981
 - NHS 111
 - [How to find an NHS dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- 1.7 It is not clinically appropriate for medicines for dental conditions to be supplied on GP FP10 prescription when a dentist has assessed the patient and treatment has been initiated or recommended by them. Dentists are best placed to assess, treat and monitor dental conditions.⁶
- 1.8 Some dental medicines require ongoing monitoring and clinical assessment by the dentist, which supports the dentist retaining the responsibility for prescribing.⁵ For example, patients who are prescribed high concentration fluoride toothpaste should remain under the care of a dental team to receive regular monitoring and management of their dental decay risk.
- 1.9 [NHS England](http://www.nhs.uk) issued guidance in 2018 that for certain conditions items should not be routinely prescribed in primary care. These conditions include teething/mild toothache, prevention of dental caries and mouth ulcers. Reasons for this include that these conditions are self-limiting, there is little evidence of clinical effectiveness, and that treatment can be purchased over the counter. The latter will save both money for the NHS and free up time for clinicians to focus on more complex and/or serious health concerns.¹

- 1.10 NHS England’s guidance for “Conditions for which over the counter items should not routinely be prescribed in primary care” does include general exemptions where GPs can prescribe. This includes treatment for complex patients and patients needing an over-the-counter item to treat an adverse effect or symptom of a more complex illness and/or prescription only medicine. However, these must still be within the prescriber’s competence as detailed above.
- 1.11 The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and/or Bone Marrow Transplantation Clinical Guidelines recommend potentially long-term treatment of dental products such as fluoride toothpaste and mouthwashes.⁷ They recommend that this is prescribed and monitored by primary care dental team. However, it is routine practice for GPs to continue to prescribe a drug that is either initiated by a hospital consultant or recommended by the consultant and is in keeping with any local formulary classification. Bearing this arrangement in mind, GPs would be expected to prescribe drugs for management or prevention of oral conditions, for example, patients treated with radiation for head and neck cancer will require drugs and products for conditions such as mucositis, oropharyngeal candidiasis and dental caries.

2.0 Aims and objectives

- 2.1 The purpose of this document is to clarify responsibilities of General Practice clinicians around prescribing of products used for dental conditions in primary care.
- 2.2 This policy will improve patient experience of receiving care for their dental condition

3.0 Scope

- 3.1 The policy is applicable to prescribing for all SSOT ICB patients within primary care and within all ICB commissioned services.
- 3.2 For general dental care dentists are able to prescribe preparations listed in the NHS dental practitioners’ formulary. If medication is required for treating/preventing a dental condition, then the prescribing and monitoring should be carried out by the dentist.
- 3.3 General Practice clinicians should only prescribe products for dental conditions in the following circumstances:
- Where the GP/NMP is the responsible clinician for assessing and monitoring the effectiveness of treatment. The GP/NMP should only prescribe where the patient meets the exemptions listed in the [NHS England Over the Counter Guidance](#)
 - On the advice or recommendation of secondary/tertiary care specialists such as oncologists treating head and neck cancer.
 - For patients receiving palliative care as part of ongoing symptom control.

4.0 Implementation

- 4.1 General Practice clinicians should not accept requests from dentists to prescribe medicines for which the dentist can reasonably prescribe themselves, e.g., high

strength prescription-only fluoride toothpastes (Duraphat®), ulcer healing preparations, antibiotics and analgesics.

- 4.2 General Practice clinicians should not accept requests from patients to issue FP10 prescriptions for items prescribed on a private prescription by their dentist during dental treatment as a private patient.
- 4.3 Patients should be advised on dental self-care measures and signposted to purchase over-the-counter remedies for dental conditions where appropriate.
- 4.4 General Practice clinicians should prescribe dental products in line with the policy statement as above.
- 4.5 For patients currently receiving products for dental conditions on FP10 prescription, review and discontinue their prescription if appropriate (see circumstances above whereby prescription is appropriate) and signpost patients to appropriate sources of over-the-counter medicines or to their dentist.
- 4.6 Patients requiring emergency dental treatment “in hours” should be referred to their regular General Dental Practitioner, or if they do not have a dentist, advised to phone the Dental Advice Line 0300 123 0981. Out of hours, all patients should be advised to contact NHS111. Staffordshire Community Dental Service manage the Dental Advice Line and provide emergency or urgent dental appointments at clinics across Staffordshire on weekdays, and more limited appointments on evenings, weekends, and Bank holidays (when stricter triage criteria apply). Other ways of finding a dentist are via the [How to find an NHS dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk) weblink.

5.0 Equality Impact Assessment

- 5.1 NHS England published equality and health inequalities impact assessment for the conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: guidance for CCGs. [Conditions for which over the counter items should not routinely be prescribed in primary care Update March 2018](#)

6.0 Monitoring and Evaluation

- 6.1 The SSOT ICB Medicine Optimisation Team will conduct clinical audits and data analysis to support the implementation of the policy and monitor ongoing compliance with the policy.
- 6.2 Evaluation of these results will be reviewed and shared with the relevant healthcare professional as shared learning and case study examples.

7.0 Policy development and review

- 7.1 The SSOT ICB policies will be reviewed no less than every three years from the date of approval. The lead person for the policy will be responsible for ensuring that the review is undertaken and where changes are required that the process of consultation on the revised arrangements is completed.

- 7.2 This policy has been developed based on the NHS England “[Guidance on conditions for which over the counter items should not routinely be prescribed in primary care](#)” as well as NHS England GP contract.
- 7.3 Acknowledgement to SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG) position statement on prescribing of dental products on GP FP10 prescriptions. This position statement is the bases for the advice in this policy together with advice from the Local Dental Network for Shropshire and Staffordshire

8.0 References

1. NHS England Guidance on conditions for which over the counter items should not routinely be prescribed in primary care. [otc-guidance-for-ccgs.pdf \(england.nhs.uk\)](#) Accessed 26/08/2022
2. BMA- Patients presenting with possible dental problems. <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/patients-presenting-with-dental-problems> Accessed 02/08/2022
3. Dentist Act 1984 (part IV). <https://www.legislation.gov.uk/ukpga/1984/24/2022-04-01> Accessed 26/08/22
4. NHE England GP contract 2022/23. [NHS England » GP Contract](#). Accessed 25/08/22
5. NICE CKS Dental Abscess updated July 2022 [Scenario: Management | Management | Dental abscess | CKS | NICE](#). Accessed 26/08/2022
6. PrescQIPP Medicines for dental conditions on FP10 (Bulletin number 263). November 2020
7. The Royal College of Surgeons of England/The British Society for Disability and Oral Health Clinical Guideline. The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and/or Bone Marrow Transplantation. Updated 2018