PrescQIPP Community Interest Company

Medicines for dental conditions on FP10 (DROP-List)

This is one of a number of bulletins providing further information on medicines contained in the PrescQIPP DROP-List (Drugs to Review for Optimised Prescribing). This bulletin focuses on the prescribing of medicines for dental conditions and provides the rationale for discontinuing their supply via General Practitioners (GPs) on FP10 prescriptions. Further bulletins, including the DROP-List[1] are available on the PrescQIPP website, available at www.prescqipp.info

Recommendations

- GPs should not accept requests from dentists to prescribe medicines that the dentist could reasonably prescribe themselves.
- GPs 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.
- Patients should be advised of self care measures and signposted to purchase over the counter remedies for dental conditions where appropriate.

Background

The PrescQIPP DROP-List is an accumulation of medicines that are regarded as low priority, poor value for money or medicines for which there are safer alternatives. There are also medicines which could be considered for self care with the support of the community pharmacist included on the DROP list. Medicines for dental conditions on FP10 prescriptions feature on the DROP-List as items that are either more appropriately obtained via the patient's dentist or should be purchased over the counter.

Nationally almost £5.8 million was spent on dental products (toothpastes, mouthwashes, fluoride preparations, ulcer healing treatments etc.) over the course of a year (ePACT August - October 2014). There are also additional costs for analgesics and antibiotics which cannot be quantified. As with all prescribing, individual patient circumstances need to be borne in mind, however, with assistance from practice nurses, support from your local CCG medicines management teams and the experiences of CCGs/GPs that have already undertaken this work, it is hoped that practices will participate in realising the cost savings.

Rationale for discontinuing prescribing medicines for dental conditions on FP10

Prescribing medicines is an integral aspect of many dental treatment plans.[2] UK prescribing data shows that dental products are sometimes prescribed by GPs, and anecdotally GPs report receiving requests from dentists and patients to prescribe acute or repeat medicines for dental conditions. Examples include the prescribing of high-strength prescription-only fluoride toothpastes (Duraphat®), ulcer healing preparations, antibiotics and analgesics.

GPs are responsible for all prescribing decisions they make and for any consequent monitoring that is needed as a result of the prescription given.[3] Dentists are responsible for assessing their patient's condition and prescribing within their competence.[2] If a dentist deems that a medicine is needed to treat their patient's dental condition, and they are able to prescribe or direct the patient to that medicine via an appropriate route (see 'Obtaining medicines for dental conditions' below) then it is reasonable to expect the dentist to do so, rather than involve the GP. Some dental medicines require ongoing monitoring and clinical assessment by the dentist, which is in keeping with the dentist retaining the responsibility for prescribing.

Involving GPs in prescribing medicines for dental conditions is usually unnecessary, and uses valuable appointments and GPs' time.

This does not affect a GPs ability to prescribe dental products where they are deemed to be an appropriate part of the care that the GP is providing for a patient, and where the GP is happy to take responsibility for that prescribing decision.

Obtaining medicines for dental conditions

There are various routes by which a dentist can provide their patients with, or direct them to appropriate medicines:

- Dentists can issue NHS prescriptions for medicines from the Dental Practitioners' Formulary (DPF, see current BNF) for treatment provided within an NHS contract.[4]
- Dentists can issue private prescriptions. Legally they can do so for any medicine, although ethically they should restrict prescribing to areas in which they are competent (i.e. medicines that are used in dentistry). When a person receives treatment as a private patient, they must always be given a private prescription even if the medicine required is on the DPF list.[4]
- In some circumstances, dentists are also able to sell medicines directly to patients,[4] but the regulations governing this are complex and beyond the scope of this bulletin.
- Dentists, like other healthcare professionals, are also able to signpost patients to appropriate forms of self care, e.g. direct them to a community pharmacy to purchase an over the counter analgesic.

Key points

- Dentists are usually best placed to assess dental problems, and prescribe and monitor medicines for them.
- Dentists are usually able to prescribe or direct their patients to appropriate sources of medicines for dental conditions without involving the GP.
- Getting GPs to prescribe medicines for dental conditions means that the GP is responsible for both the prescribing and any consequent monitoring required, for which they may not be the most appropriate clinical practitioner.
- Involving GPs unnecessarily in prescribing medicines for dental conditions uses valuable appointments and GPs' time, which could be better utilised.

Savings

Discontinuing prescribing of dental products on FP10s (toothpastes, mouthwashes, fluoride preparations, ulcer healing treatments etc.) could release savings* of almost £5.8 million nationally, per year. **This equates to savings of £10,204 per 100,000 patients.**

There are potentially additional savings for analgesics and antibiotics which cannot be quantified.

*The savings quoted will consist of some true savings to the NHS, where medicines that should be prescribed on private prescriptions or purchased over the counter cease to be supplied on FP10s. It is recognised that some of this figure is a shifting of cost from the CCG prescribing budget to the dental budget, which is still ultimately paid for by the NHS. Nonetheless, there is a sound rationale for avoiding unnecessary involvement of GPs in dental prescribing, from both a governance perspective and to ensure optimal use of GPs' time.

References

1. PrescQIPP DROP-List. Bulletin available at www.prescqipp.info
2. Guidance on prescribing medicines, General Dental Council, 30th September 2013. (Accessed via www.gdc-uk.org October 2014)
3. Prescribing in General Practice, General Practitioners Committee, May 2013. (Accessed via www.bma.org.uk October 2014)
4. UKMi Medicines Q&A 193.3 When can dentists supply medicines? December 2012. (Accessed via www.ukmi.nhs.uk October 2014)

Additional PrescQIPP resources

Data pack

Poster

Available at: http://www.prescqipp.info/resources/viewcategory/309-dental-products-on-fp10-drop-list

Information compiled by Lindsay Wilson, PrescQIPP Programme, December 2014 and reviewed by Katie Smith, East Anglia Medicines Information Service, January 2015.

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