

Medicines for dental conditions on FP10

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.

The NHS England (NHSE) guidance “Conditions for which over the counter items should not be routinely be prescribed in primary care” published in March 2018, makes specific recommendations regarding prescribing for dental conditions, where it may be more appropriate for self care.

Our bulletin aims to provide further information and advice regarding prescribing for dental conditions as well as including the latest recommendations from this recent NHSE Guidance.¹

Recommendations

- Dentists are usually best placed to assess dental problems and prescribe and monitor medicines to treat them.
- Dentists are usually able to prescribe or direct their patients to appropriate sources of medicines for dental conditions without involving the GP (e.g. self care).
- GPs and practice staff should be aware of in hours and out of hours dental services available locally to manage urgent and emergency dental conditions,
- If a GP prescribes medicines for dental conditions, the GP is then 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.
- GPs should discontinue the prescribing of dental products, and recommend patients purchase over the counter as self care or visit their dentist for advice and prescribing, where appropriate.
- As with all prescribing interventions, individual patient circumstances need to be borne in mind. The current climate and its effect on capacity (e.g. COVID) may also need to be considered before undertaking any new projects.

Background

The number of patients seeking dental advice from GPs or using A&E for dental problems is increasing. The British Dental Association (BDA) estimates that this costs the NHS over £20 million per year, in appointment and prescribing costs.² A potential driver that may be pushing patients from dental services to GPs is possibly the NHS dental charge.³

The NHSE Guidance regarding Over The Counter (OTC) items, sets out three specific areas relating to dental treatment where self care is recommended.¹

- Prevention of dental caries

Dentists may advise on using higher-strength fluoride toothpaste if a patient is particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter. Others which are prescription only medicines will need to be prescribed by the dentist recommending the treatment (e.g. Duraphat®).

- Teething/mild toothache

Teething can be distressing for some babies, but there are ways to make it easier for them.¹

Non-medicinal treatments, such as teething rings or massaging the gums, are the first line choice of therapy. Teething gels often contain a mild local anaesthetic, which can help to numb any pain or discomfort caused by teething, however there is a lack of evidence to support their use. Lidocaine containing teething gels should only be used when non-medicinal treatments have failed to provide sufficient relief.⁴

If the baby is in pain (i.e. crying and irritable) or has a mild raised temperature (less than 38C), then paracetamol or ibuprofen suspension can be given. These can also be purchased over the counter as self care.¹

Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.¹

- Mouth ulcers

Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing a dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.¹

Rationale for discontinuing prescribing medicines for dental conditions on FP10 prescriptions

Prescribing medicines is an integral aspect of many dental treatment plans.⁵ 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 over the counter mouth washes (e.g. Difflam® Corsodyl® or chlorhexidine mouthwash), accounting for over £849k primary care prescribing annual spend in England and Wales (PrescQIPP financial dashboard September 2019 to August 2020) and high-strength prescription only fluoride toothpastes (e.g. Duraphat®), which account for another £807k annual spend in England and Wales (PrescQIPP financial dashboard September 2019 to August 2020).

GPs are responsible for all prescribing decisions they make and for any consequent monitoring that is needed as a result of a prescription being given.^{3,5} Dentists are responsible for assessing their patient's condition and prescribing within their competence.⁵ Dentists are obliged to issue NHS prescriptions to NHS patients where required and have a duty of care to issue private prescriptions to private patients. Dentists cannot issue NHS prescriptions to private patients.³

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, 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 would need the dentist to retain the responsibility for prescribing.

The British Medical Association (BMA) recommends that if after seeing a dentist, a patient asks their GP for an NHS prescription, the GP must refuse unless they are sure they are able to accept sole responsibility for the prescribing decision.^{3,5} GPs should be cautious about accepting a patient's understanding of dental advice and, although they may take a dentist's advice into consideration, GPs should satisfy themselves that what they prescribe is appropriate to the patient's condition.³

For patients requesting an NHS prescription following the issue of a private prescription or where a particular drug has been recommended by a dentist, an NHS prescription should not be provided by a GP unless there is a legitimate need to do so.³

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, (on forms FP10D in England, GP14, in Scotland, and WP10D in Wales) for medicines from the Dental Practitioners' Formulary (DPF, see current BNF) and for treatment provided within an NHS contract.^{3,4,6}
- 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).⁵ 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. Dentists can issue private prescriptions to their NHS patients.⁷ This situation is different to general medical practice where medical practitioners may only issue private prescriptions to NHS patients in certain situations such as for malaria prophylaxis, medicines in travel kits and blacklisted medicines.⁷
- 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.
- Dentists can also supply medicines directly to the patient if they are for immediate use before the issue of a prescription or are to be personally administered to the patient.⁷

Savings available

In England and Wales, the total annual spend on dental products is over £2.7 million (NHSBSA ISP June to August 2020). There may also be additional costs for prescribed items, such as antibiotics, which cannot be quantified using prescribing data as the indication is not available.

Discontinuing 80% of prescribing of these dental products on GP FP10 prescriptions (toothpastes, mouthwashes, fluoride preparations, mouth ulcer healing treatments etc.) **could release savings of almost £2.2 million nationally, per year.**




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 however 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 clinical and legal governance perspective and to ensure optimal use of GPs' time.

References

1. NHS England and NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in primary care. Guidance for CCGs. March 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
2. British Dental Association. Press release: NHS dental charge increases covering cuts and undermining prevention. 11 March 2019. <https://bda.org/news-centre/press-releases/nhs-charges-increases-covering-cuts-and-undermining-prevention>
3. British Medical Association. Patients presenting with possible dental problems. Last updated 8th September 2020. <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/patients-presenting-with-dental-problems>

4. Medicines Health and Regulatory Agency (MHRA). Drug Safety Update. Oral lidocaine-containing products for infant teething: only to be available under the supervision of a pharmacist. 13th December 2018. <https://www.gov.uk/drug-safety-update/oral-lidocaine-containing-products-for-infant-teething-only-to-be-available-under-the-supervision-of-a-pharmacist>
5. NHS England-Direct Commissioning Change Projects. Responsibility for prescribing between Primary & Secondary/Tertiary Care. EL (91) 127. 29 January 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>
6. General Dental Council. Guidance on prescribing medicines. 30th September 2013. https://www.gdc-uk.org/docs/default-source/guidance-documents/guidance-on-prescribing-medicines.pdf?sfvrsn=2e82e39c_2
7. United Kingdom Medicines Information (UKMI) – NHS Specialist Pharmacy Services. When and how can dentists supply medicines? October 2019. <https://www.sps.nhs.uk/articles/when-and-how-can-dentists-supply-medicines/>

Additional PrescQIPP resources

 Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-263-dental-products-on-fp10/
 Implementation tools	https://data.prescqipp.info/#/views/SelfCareDynamicInfographics-Dental/Introduction?:iid=1
 Data pack	https://data.prescqipp.info/views/B263_DentalProductsonFP10/FrontPage?:iid=1&:isGuestRedirectFromVizportal=y&:embed=y

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