



Health and
Social Care



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Strategic Planning and Performance Group of the Department of Health

Transferring from DFT to
joining the NI Dental List
June 2026

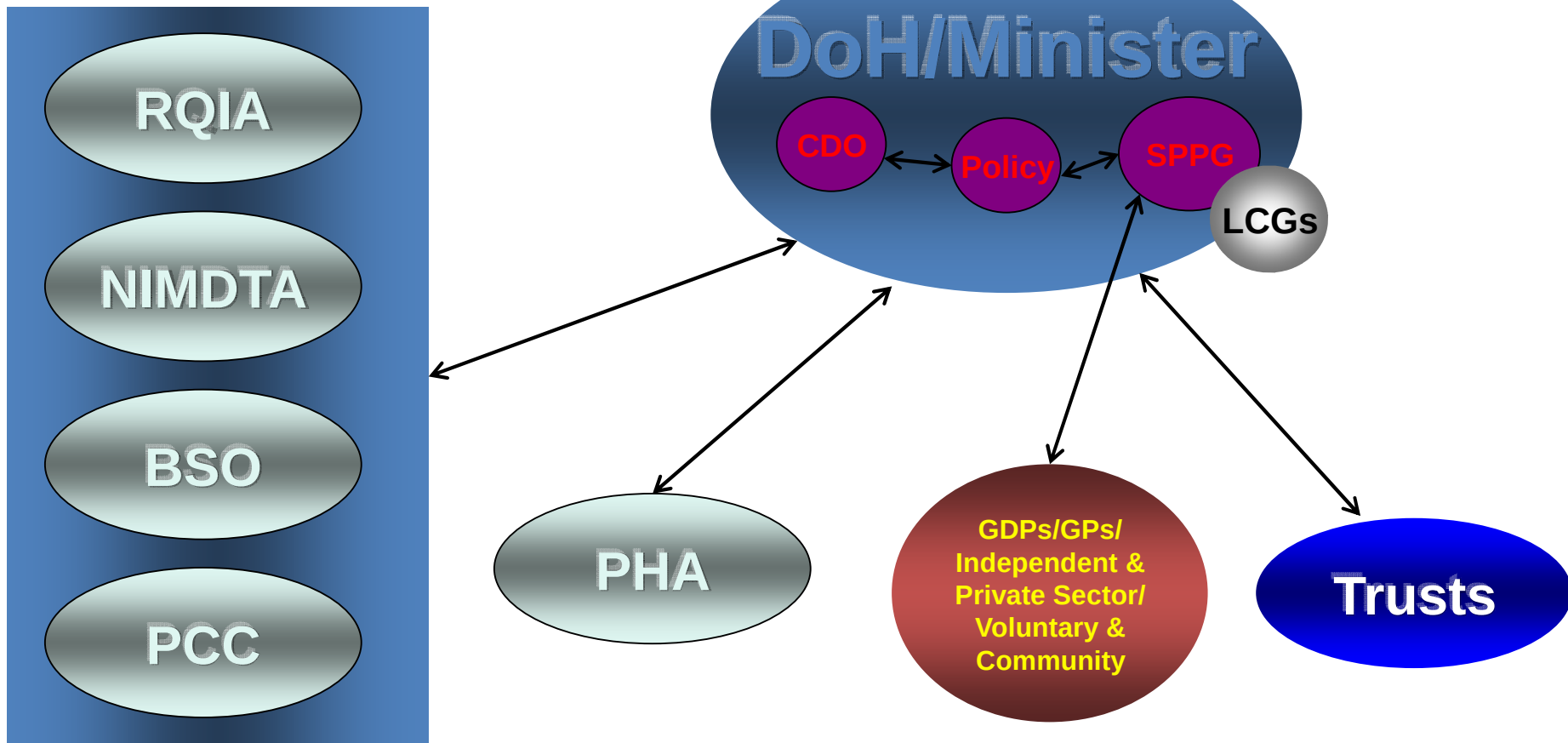
Strategic Planning and Performance Group

Areas to be covered today

- Part 1 HSC structure
- Part 2 Application Process
- Part 3 Role of SPPG
 - Workshop
- Part 4 Adverse Incidents
- Part 5 Individual Responsibilities
- Part 6 Prescribing
 - CD Monitoring
 - Prescription Security
 - Workshop

Part 1 HSC Structure





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 for the Board
- negotiates contracts

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

General Dental Services Regulations (Terms of Service)

- Key areas:
 - Care quality
 - Infection Control standards met
 - Health and Safety Compliance
 - Radiological Regulations Compliance
 - CPD compliance (both clinical audit, and peer review and GDC requirements)
- Compliance with QA returns (practice based)

Statement of Dental Remuneration

List of health service dental treatments and their associated fees

Main roles

Strategic Planning and Performance Group of the Department of Health

- Implements policy, the GDS Regulations and the SDR set by the Healthcare Policy Group
- commissions services from 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 and 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

Contact Number

- BSO Dental Payments 028 953 60333

Part 2 Application Process for joining the NI Dental List

HS45 (Updated June 14)

**APPLICATION FOR INCLUSION IN THE DENTAL LIST OF THE
HEALTH AND SOCIAL CARE BOARD**

COMPLETE ALL RELEVANT SECTIONS OF THIS FORM AND IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET OF PAPER AND INDICATE CLEARLY TO WHICH PART OF THE FORM IT REFERS.

Return the completed form to the Health and Social Care Board local office according to the LCG area in which you will be working (See map on page 12 for ease of reference):

- **Belfast and South East LCG areas:** Directorate of Integrated Care, HSCB, 12-22 Linenhall St, Belfast, BT2 8BS (028 9536 3526)
- **Northern LCG area:** Directorate of Integrated Care, HSCB, County Hall, 182 Galgorm Rd, Ballymena, BT42 1QB (028 2531 1140)
- **Southern LCG area:** Directorate of Integrated Care, HSCB, Tower Hill, Armagh, BT81 9CR (028 3741 4574)
- **Western LCG area:** Directorate of Integrated Care, HSCB, 15 Glansha Park, Clonony Rd, Londonderry BT47 6FN (028 7186 4316).

YOU MUST INCLUDE: (ORIGINAL COPIES ONLY, PHOTOCOPIES NOT ACCEPTABLE)

- a current **Certificate of Registration** with the General Dental Council
- a current **Certificate of Professional Indemnity** issued by a Medical/Dental Protection Society
- a **Certificate of completion of Vocational Training** if you have one, or evidence of exemption or equivalence
- a completed **Statement on the use of Intra-Venous Sedation** in your clinical practice (Part 5 of this application form)
- a **Certificate of an approved English Language Test** - if English is not your first language
- a **Certificate of Health Clearance** and/or signed **Declaration** (see page 9)
- **Proof of attendance at a new start Information Session**. (held monthly - please see page 13 for a list of dates and details on how to book a place.)
- **Two References**, one must be your most recent employer (Principal or equivalent) (see forms attached - see pages 10 & 11)

FOR OFFICIAL USE ONLY

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How can I provide GDS care?

- Principal
- Associate
- Assistant
- Deputy (or locum)
- Foundation Dentist



Principals and Associates

The HS48 form

- Your details
- FD Number (with proof)
- Indemnity (with proof)
- Practice details
- Professional declarations
- IV Sedation
- Brand new practice?
- Occupational Health (with proof)
- Two references
- “New Starts” session (with proof)



Occupational Health

- Your OH certificate when starting DFT should be acceptable. This is an online certificate and can be requested from dentalfoundation.nimdt@hscni.net
- New OH clearance required if re-joining after two years
- OH clearance not required if re-joining within two years unless something has happened or you have travelled to an area with endemic TB



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New Starts Session?

- This is your New Starts session!!

What next?

- Submit to your local SPPG office
- Reviewed and approved
- Forwarded to BSO and DS number established
- HS50 form (patient transfer)
- Principal / Associate / Deputy / Assistant
- Role of corporates

The BSO Dental Portal

- Submit claims appropriately
- Check HSCNI emails regularly

And when I leave?

- Consult the “Dealing with Practice Changes” guidance document
- Three months notice to SPPG and BSO
- Make alternative arrangements for your patients
 - HS50 form
- Inform GDC if leaving the profession



Assistant or Deputy

- You can work as an assistant dentist
 - Employed by a principal dentist
 - One page application form
 - DS Number in your name but “owned” by the principal dentist
 - Must complete practices pre-employment checks including occupational health

Assistant or Deputy

- You can work as a deputy
 - Arrangement with a principal dentist
 - “Holding” DS number in their name
 - Must complete practices pre-employment checks including occupational health

Part 3 Role of the Strategic Planning and Performance Group



Main roles

Strategic Planning and Performance Group of the Department of Health

- Implements policy, the GDS Regulations and the SDR set by the Healthcare Policy Group
- commissions services from 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

Monitoring Processes

- Referral Dental Services
- Probity
- Prior Approval
- Prescribing of CDs
- Clinical Audit and Peer Review
- Complaints
- Quality Assurance Returns
- Adverse Incidents



Annual FD RDS Review

- Review of ten randomly selected clinical records of patients seen under the GDS by the FD
- Two FDs did not have an RDS review in 2026
 - A few reviews not completed yet
- Records assessed for:
 - Quality of Care
 - Quality of Record Keeping
 - Compliance with GDS Regulations
 - Compliance with IR(ME)R
 - Probity

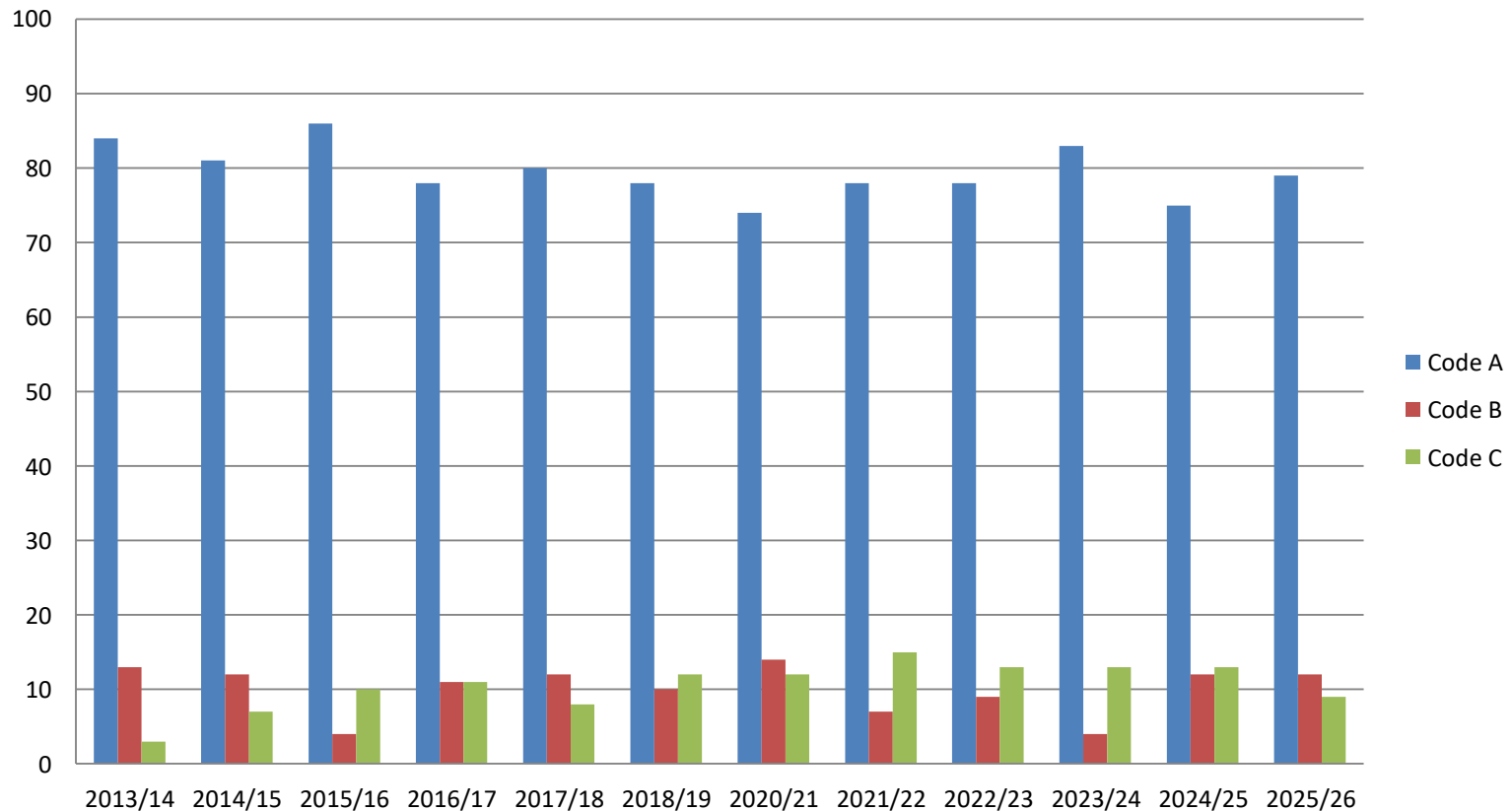
General Comments

- New approach this year
 - Radiographs
 - Code C threshold
 - As such less easy to compare to previous years
- Generally straight forward!

General Findings

RDS Review

Historical Records Review Analysis



Code C Analysis

Issues identified	2022	2023	2024	2025	2026
Quality of care	22	10	12	15	9
Compliance with GDS Regulations	1	1	1	1	0
Probity	20	18	21	30	11
IR(ME)R compliance	6	2	3	4	0
Record Keeping	9	6	3	33	0
Total	58 (43)	37 (33)	40 (35)	83 (53)	23(23)



Code C Analysis

Issues identified	2022	2023	2024	2025	2026
Quality of care	38	27	30	18	43
Compliance with GDS Regulations	2	3	3	1	0
Probity	34	49	53	36	52
IR(ME)R compliance	10	5	7	5	8
Record Keeping	16	16	7	40	0

Code C Analysis

Issues identified	FDs	GDPs
Quality of care	43	17
Compliance with GDS Regulations	0	8
Probity	52	34
IR(ME)R compliance	5	21
Record Keeping	0	20

Quality of Care

- 24% of FDs had a quality of care issued identified
- Mostly related to non-treatment of diagnosed dental disease

Quality of Record Keeping

- No FDs had a record keeping issue identified
 - But most code Bs related to record keeping
 - Lots of duplication

GDS Regulations

- No FD advised to review the GDS Regs re mixing of private and health service treatment



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IR(ME)R Compliance

- In general IR(ME)R compliance was noted

Probity

- 20% of FDs had probity issues identified
 - Over 50% last year
 - Code 0111 and 3631



Record Keeping Workshop

01/06/2023 (WP)

Exam

- ST, TMJ, Extra-oral all clear
- 222/222
- Charting updated

2BW's: assess caries/bone

– X2 Grade 1: NAD

TCA: Flg UL6 and LL5, S+P

07/06/2023 (WP)

UL6 MO GIC

- 1xart inf
- Flg deep so GIC placed (1426)

LL4 DO Amg

- 1xligno
- Lined with dycal
- Simple Scale

TC: Recall = Six months



Record Keeping Workshop

01/04/2023 (WP)

Exam

- ST, TMJ, Extra-oral all clear
- ST: Small round ulcer right buccal mucosa
- 311/121
- Charting updated

Pain++ LL6 with TTP

- Rx: Amox 500mg TID (15tabs) (code 3701)

TCA: 2appts: IOPA LL6,Ext and B flgsx5

22/04/2023 (WP)

LL6 still sore

Simple Ext LL6

TCA flgs

29/05/2023

Socket healing well.

B composites placed LR45 and UR45

- Mild buccal wear (no LA needed); no caries
- Etch and Bond, Kerr Solo A2
- Occlusion checked
- Warned re RCT/ext if any pain
- LA warning given

TC: Recall 6 months

Record Keeping Workshop

01/06/2023 (WP)

Exam

- ST, TMJ, Extra-oral all clear
- 222/222
- Charting updated

2BW's: assess caries/bone

– X2 Grade 1: **NAD** **Code B?**

TCA: Flg UL6 and LL5, S+P

07/06/2023 (WP)

UL6 MO GIC **Code C (probity)**

- 1xart inf
- Flg deep so GIC placed (1426)

LL4 DO Amg **Code B/C (records)**

• **1xligno** **Code B**

• Lined with dycal

Simple Scale

TC: Recall = Six months

Record Keeping Workshop

01/04/2023 (WP)

Exam

- ST, TMD, F, oral all clear
Code B
- ST: Small round ulcer right buccal mucosa
- 311/121 Code C (care)
- Charting updated

Code C (care/records)

- Rx: Amox 500mg TID (15tabs) (code 3701)
Code C probity)

TCA: 2appts: IOPA LL6, Ext and B flgsx5

Code C (care)

22/04/2023 (WP)

LL6 still sore

Simple Ext LL6

Code C (records)

TCA flgs

29/05/2023

Code B

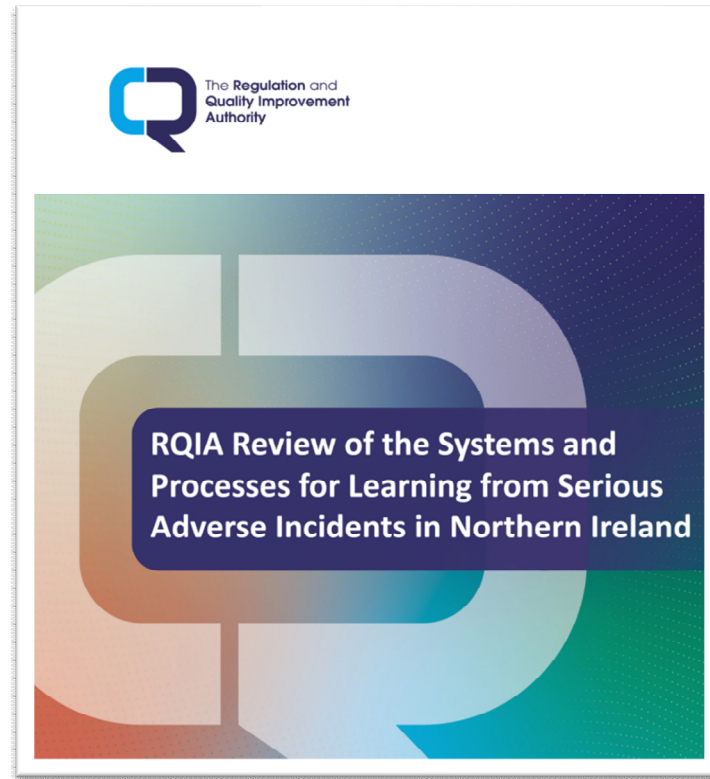
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- Warned re RCT/ext if any pain
- LA warning given

TC: Recall 6 months

Part 4 Adverse Incidents



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”

SAI

Adverse Incidents

Significant Events

- 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

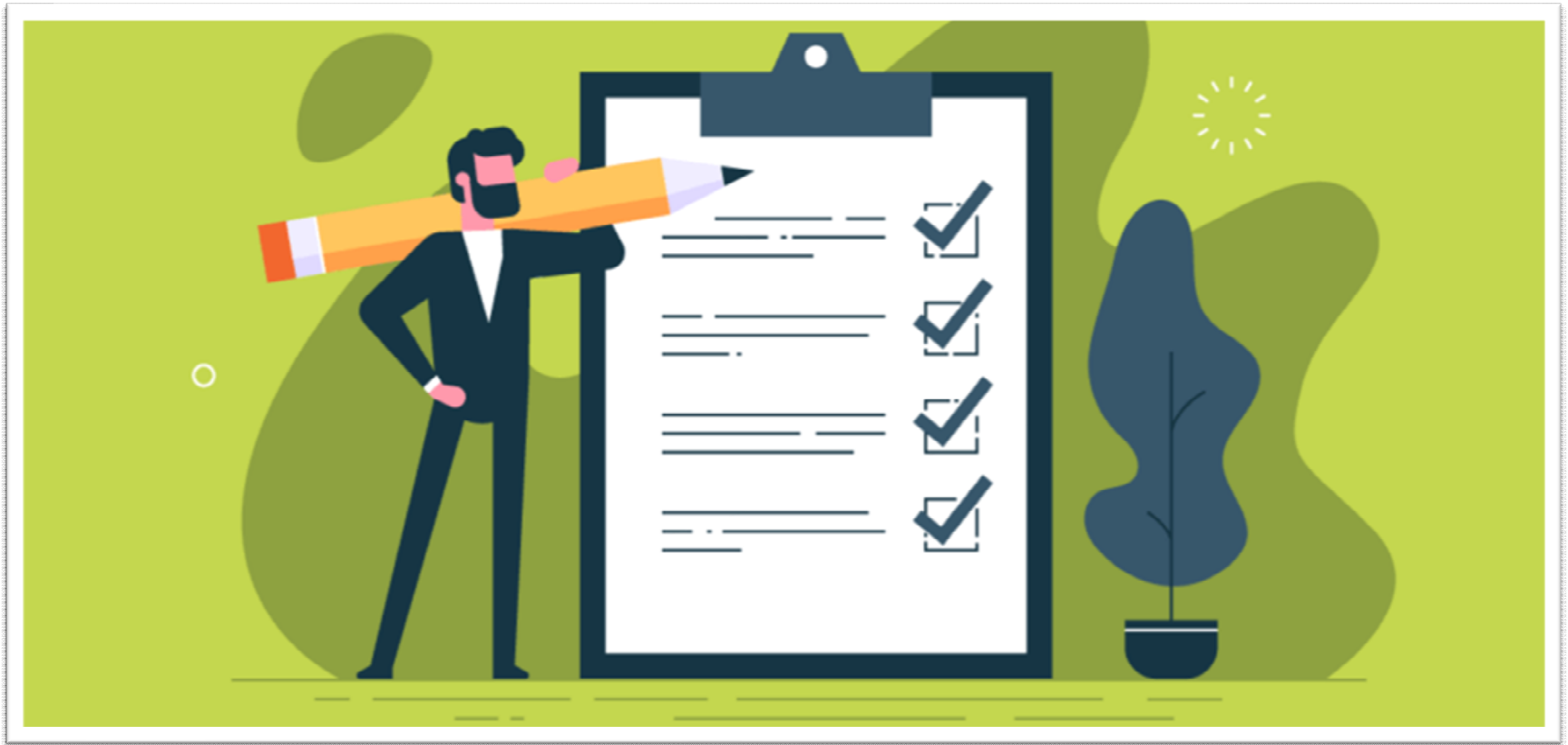
GDS examples of AI (single event)

- 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 of patient data

When should an adverse incident be reported? And to whom?

- 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

Part 5 Individual Responsibilities



Complaints

Definition

“Any expression of dissatisfaction which requires a response”

What you need to do

- Have a designated 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:
- <https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/referral-guidelines-for-hospital-dental-services/>

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.

Mixing HS and Private treatment

- NHS/Private treatment in one course of treatment- permissible with patient consent
- NHS/Private treatment on one tooth 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

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
- **IRR17** also applies

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

Digital 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.
- Further guidance can be found at: <https://cgdent.uk/safe-use-of-x-ray-equipment/>

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
- Further info about GDPR can be found on the ICO website

CPD

- The GDC provides an annual update to SPPG of all registered practitioners' compliance with the GDC requirement

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)

IV sedation main points to consider

- Policies and Protocols (drug registers)
- Skills, Training and Experience
- IV Sedation in children = advanced technique
- Low strength midazolam
- Rapid Response Report compliance
- Related Peer Review and Clinical audit recommended

Other areas of individual responsibility

- Infection Prevention and Control
 - Single use endo files
- Health and Safety Legislation e.g. COSHH, risk assessment/management, workplace ergonomics
- Medical Devices Regulations 2002
- EU Regulations re dental amalgam

Occupational Health Services

- Screening service at the start of employment
 - Available from NIMDTA
- Management of sharps injuries
 - Report to the SPPG as an adverse incident
- Back pain management
- Stress management – Don't suffer in silence. Talk to your colleagues.
 - 'a problem shared.....'

Occupational Health

- The SPPG commissions 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

Out-of-Hours

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 ‘

- Provide own OOH
- Join local rotas
- Join the EDC rota
 - Email edc@duc.hscni.net and request a “Joiners Form”

Part 6 Prescribing



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>

If the worst happens!

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
- Gerry Cleary/David Marshall 02895 361006 - help with forms



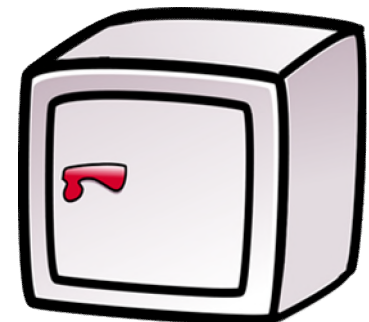
Prescription Log and patient record

- 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

Controlled drugs (CD) monitoring

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

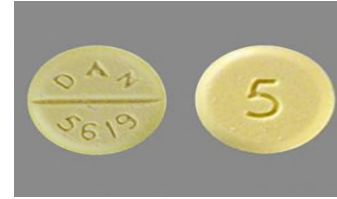
- *death registration*
- prescription of drugs
- monitoring of doctors

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 CD's 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



Prescribing

quantity thresholds in NI



Drug	Quantity queried to be
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

Strategic Planning and Performance Group

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

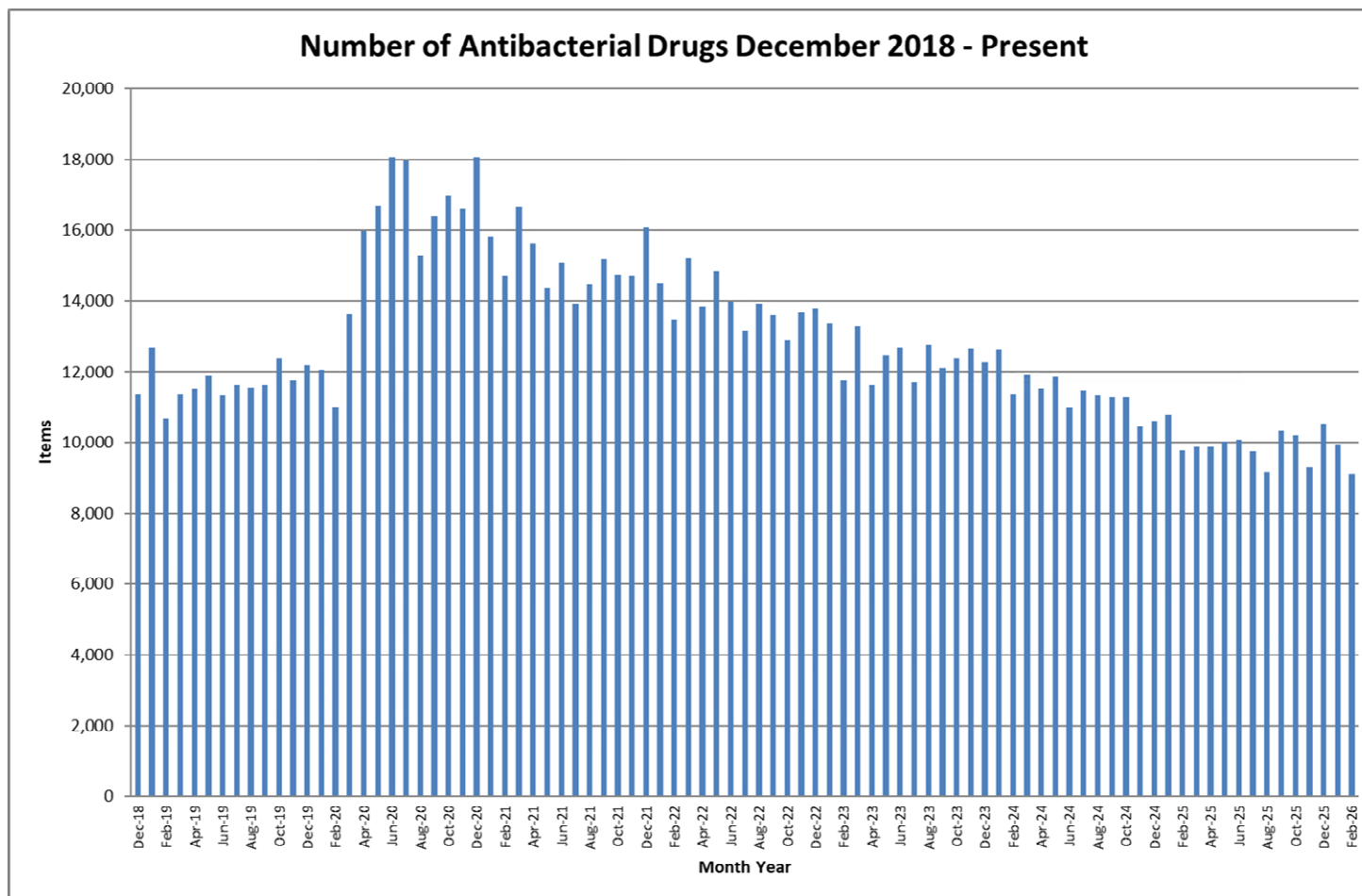
- These include:
 - Reducing the need for antimicrobials with improved infection prevention control, public engagement and education
 - Optimising their use with workforce training, antimicrobial stewardship and clinical decision support



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	
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 or 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 was updated in May 2026 and is available at <https://www.sdcepdprescribing.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 or 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

- For any patient with red flag signs and symptoms of severe or rapidly progressing spreading infection, such as significant trismus, floor-of-mouth swelling, difficulty breathing, difficulty swallowing, rapidly spreading cellulitis or involvement of deep or high risk fascial spaces, transfer them to hospital as an emergency
- Be aware of possibility of sepsis

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

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

Areas to be covered today

- Part 1 HSC structure
- Part 2 Application Process
- Part 3 Role of SPPG
 - Workshop
- Part 4 Adverse Incidents
- Part 5 Individual Responsibilities
- Part 6 Prescribing
 - CD Monitoring
 - Prescription Security
 - Antimicrobial Resistance

How to find us!

Directorate of Primary Care contacts:

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

Useful websites

- Forms including HS48 and HS50 forms
<https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/forms-library/>
- Minimum Standards for Dental Care and Treatment
<https://www.health-ni.gov.uk/publications/northern-ireland-minimum-standards-dental-care-and-treatment-2011>
- Statement of Dental Remuneration
<https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/dental-charges-fees/statement-of-dental-remuneration-sdr/>

Useful Websites

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

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>

Thank you for your attention

