



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

Working as a Foundation Dentist
in the health service in
Northern Ireland

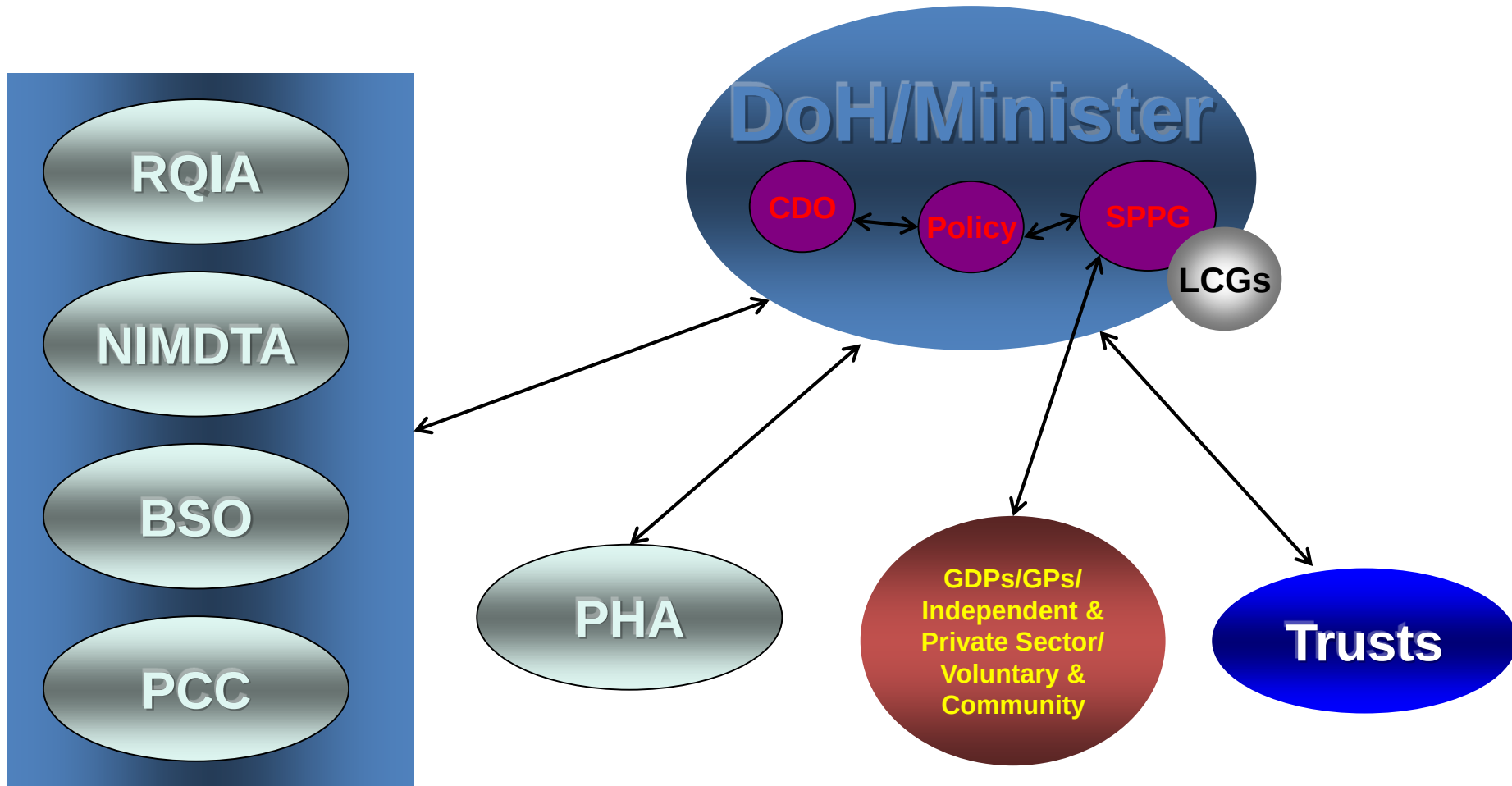
Strategic Planning and Performance Group

Areas to be covered today

- Part 1 HSC structure
- Part 2 Role of SPPG
- Part 3 Record Keeping
- Part 4 Prescribing
 - Practical Advice
 - Clinical Advice
 - Antimicrobial Stewardship
- Part 5 Misc

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
- Principal/Associate/Assistant/Deputy
- Role of corporates

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



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Contact Number

- BSO Dental Payments 028 953 60333

Part 2 Role of the Strategic Planning and Performance Group

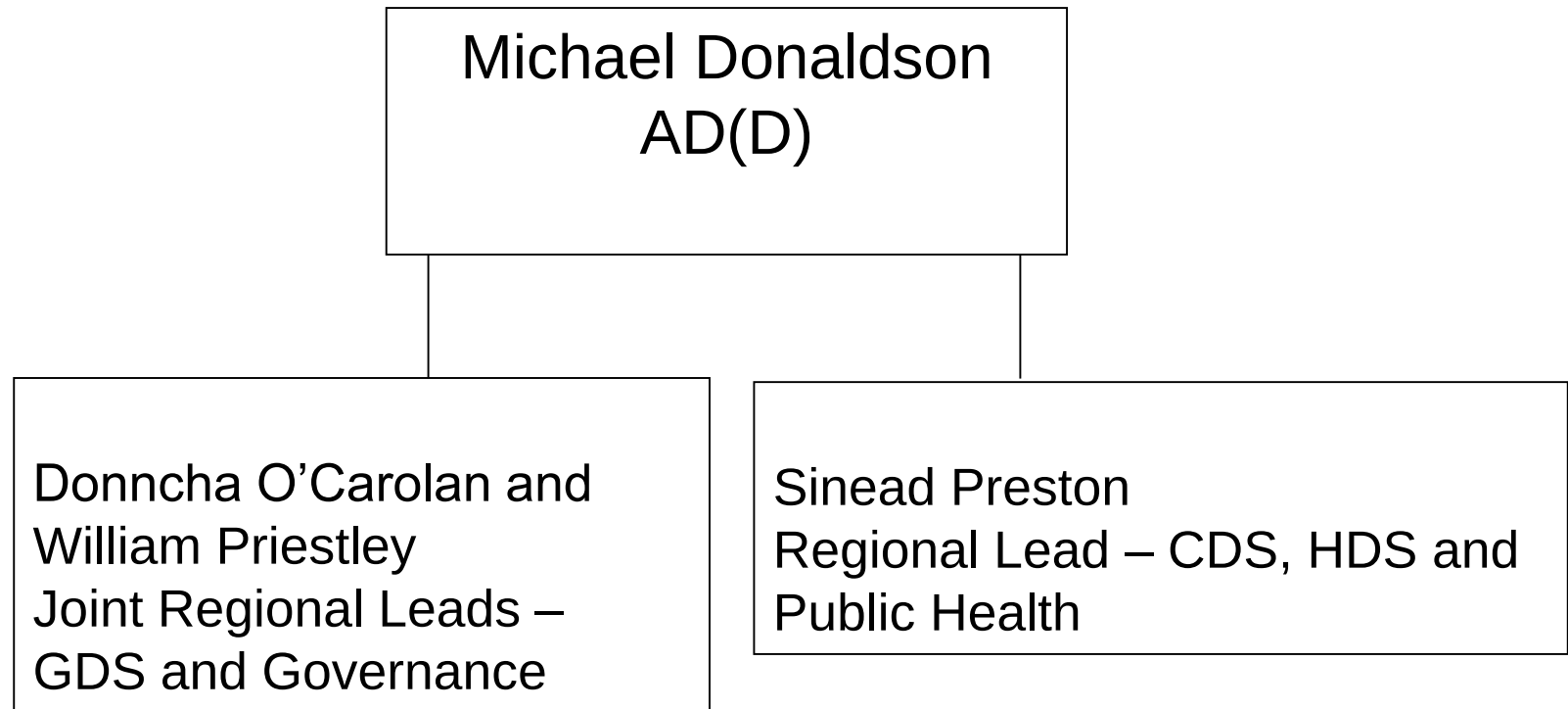


Main roles

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- Implements policy, the GDS Regulations and the SDR set by the Healthcare Policy Group
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SPPG – Who we are



9 Dental Advisers plus one vacant post (~6 WTE)

9 Dental Advisers DAs (~6 WTE)

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

Monitoring Processes

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

Referral Dental Services

- Monitor the quality of health service dental work
 - 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
- Patient Examinations
- Records Reviews
- Follow-up if necessary

Learning points from last years FDs

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



Probity Services

Correct payment for necessary and appropriate activity carried out by qualified persons in accordance with Regulations

Verification

A Probity Review checks:

- Claim against Payment
- If treatment was carried out
- If treatment was necessary
- Quality of treatment
- If patient exists



What makes you an outlier?

- Volume of claims -number and value
- Average cost per claim
- Exemption/remission vs non-exempt 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 it is a restoration
- 1501 Incomplete root filling-discretionary fee (post-op rad)
- 2201 soft tissue extraction – **record** flap/sutures
- 1742/3 temporary crown
- 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
- 2311 Treatment of infected sockets

Prior Approval Process

- Pre-treatment Examination – Dentist notified by DB26
- BSO Dental Officers review cases on behalf of the Dental Committee
- Dental Committee - Appeals Procedure
- Current waiting times for approval = 2-4 weeks. Complex cases may take longer.



Dental Committee

- Statutory Committee
 - Chairman appointed by Minister
 - Members nominated by 4 Board LDCs, 1 DPC (BDA) representative, 1 BSO nomination
- Six experienced GDPs
- Committee usually meets monthly at the BSO
- Appeal available to DoH – CDO decision or outside specialist referral

Management of Underperformance

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

Part 3 Record Keeping



What is a clinical record?

- 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)

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

How much detail do we need?

GDS Regulations:

“A dentist shall keep a full, accurate and contemporaneous record”

GDC Standard 4.1

“You must make and keep complete and accurate patient records.”



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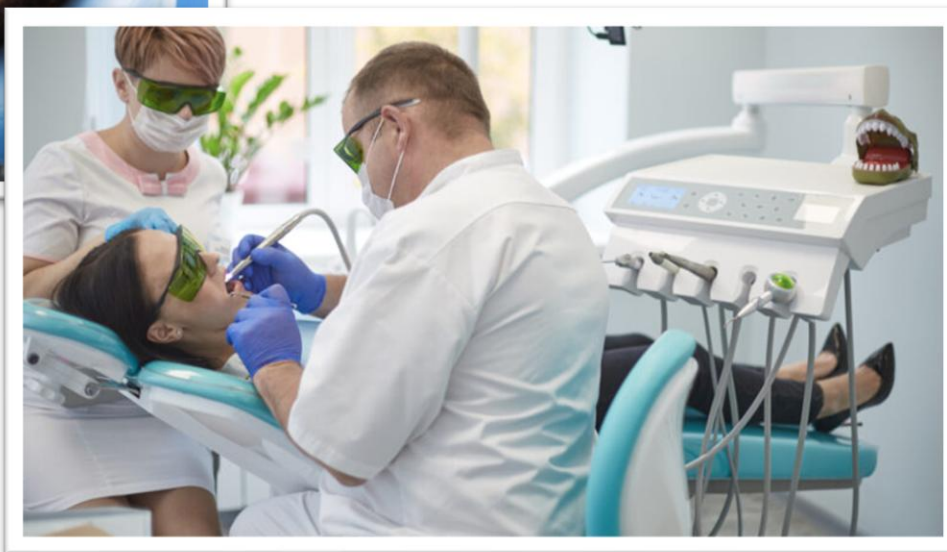
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What does “full” or “complete” mean?

Record Keeping Workshop



Part 4 Prescribing





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What can you prescribe?

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

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
- GDC advises 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

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



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How can you prescribe?

Prescription Costs

- Approx £20 to £40 to fully process a prescription
- Does not include the cost of the actual medicines

Alternatively

- Paracetamol to purchase OTC 25p to £3.00



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HS21D Form for Health Service prescriptions

- Product Code HS21D
- 1 pad with 100 scripts in each
- *6-digit number above product code - useful to check sequence*
- *Cypher number = 10 + DS number*
- *Unique 11-digit reference number*



000074 Northern Ireland Health Service 104
HS 210

No. or days treatment	H+C No.	Code numbers
2mg diazepam x3/days small pack.		624 15
Signature of Prescriber		Date 22/6/15
		109942
PATIENTS - please read the notes on leaf 04095963776		Form Number

Writing Prescriptions

For all NHS and private 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 **POMs** 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



Prescription Security

- The practice should have a written protocol signed up to by all staff outlining procedures for the management of prescription security on all practice sites
- Should be a nominated person to take responsibility for prescription security procedures
- All staff should be made aware of prescription security procedures through training.
- A register should be maintained detailing information about prescriptions ordered, received and taken for use.
- Guidance for Prescription Security is available on dental prescribing section of BSO website

Using colleagues' pads

Responsibility – prescriber has a duty of care to prescribe only within their competence – are you, as the owner of the pad, satisfied that they have complied with this?

- Foundation training
- Inform the SPPG if assistants, locums and Dental Foundation trainees in place - Form Den Ph1 available on BSO website
- Importance of script log 'who wrote what.....'
- Controlled drug monitoring, RDO and Probity checks
- Print name beside signature box and do not deface!



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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



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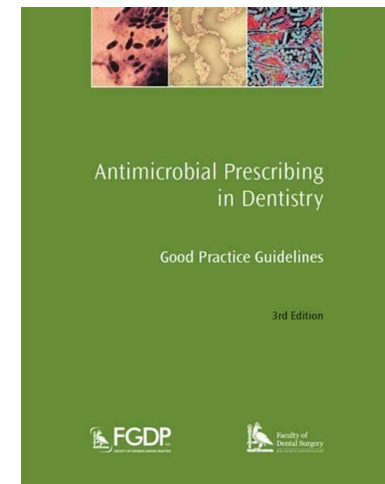
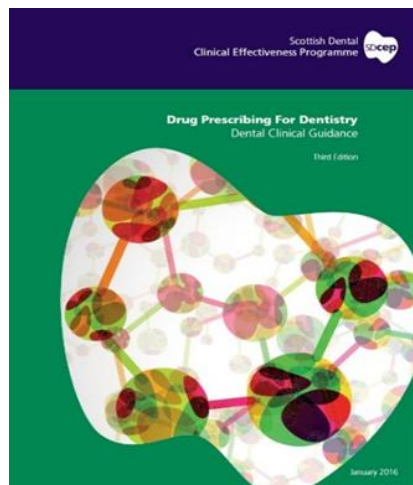
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Why should you prescribe?

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



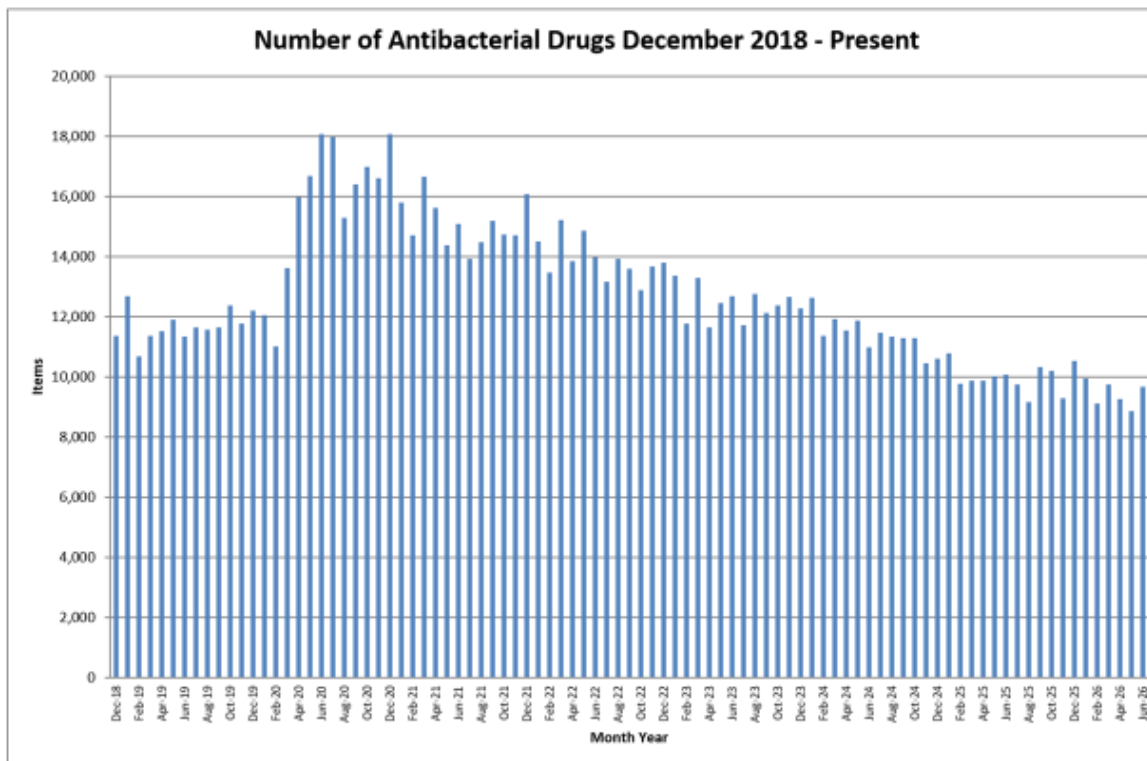
Points to Consider before Prescribing

- 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

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
- 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







	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	9,251
May		11,892	16,684	14,378	14,860	12,445	11,870	10,018	8,870
Jun		11,339	18,064	15,084	13,958	12,668	10,982	10,066	9,672
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	

When To Prescribe for a Dental abscess?

- Antibiotics are not appropriate in cases where there is no clinical indication, such as when the infection is localised to the peri-radicular tissues as this indicates that the infection is being adequately managed by the immune system.
- SDCEP guidance states to treat dental abscesses in the first instance using local measures to achieve drainage, with removal of the cause if possible.
 - If pus is present in dental abscess, drain by extraction of the tooth or through the root canals.
 - 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.sdcepdenalprescribing.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 and the reasons for prescribing in the patient's clinical record, give safety netting advice as below 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
- Patients with certain medical conditions:
- Following SDCEP Advice on the Provision of Antibiotic Prophylaxis Against Infective Endocarditis for patients with certain cardiac conditions



CD Monitoring

- Community pharmacists forward dispensed private and NHS prescription forms to the BSO
- The SPPG is responsible for monitoring CD prescribing (BSO data used) on behalf of the NI CDAO
- Please see dental Prescribing page of BSO website at:
- <https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/dental-prescribing-guidance/>

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

Useful Links

- Prescribing page on BSO website

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

- Dental Antimicrobial Stewardship Toolkit

<https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit#contents>



Part 5 Miscellaneous





General Dental Services Regulations (Terms of Service)

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Complaints

Definition

“Any expression of dissatisfaction which requires a response”

What you 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:
- <http://www.hscbusiness.hscni.net/services/2470.htm>

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



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
www.hscbusiness.hscni.net/services/2371.htm
- Minimum Standards for Dental Care and Treatment
<http://www.hscbusiness.hscni.net/services/2668.htm>
- Statement of Dental Remuneration
<http://www.hscbusiness.hscni.net/services/2069.htm>

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

Thank you for your attention

