

Policy for dental prescribing / stopping medication

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Introduction

The purpose of this policy is to outline the practice stance on the provision of prescribing for dental procedures or dental issues.

In the event that sedation is requested, refer to “Policy for provision of sedation for procedures or events”

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 that requires dental skills unless they have the appropriate training. Both the civil courts and GMC require doctors to have appropriate skills for any treatment they offer.

The BMA further advise that the GP must ascertain that the condition requires only dental treatment. Having established an apparent dental problem, GPs or the practice team, should direct the patient to a dentist or local emergency dentist service, or if signs of severe infection refer them to secondary care.

Patients are often under the misunderstanding that the GP will prescribe for dental procedures, and request medication from the GP that should be obtained from the dentist.

Patients often do not realise that the dentist can and should prescribe.

Dental scenarios:

- **Sedation** – see the “Policy for provision of sedation for procedures or events” – this will not be provided by the GP, the patient will need to obtain this from their dentist
- **Antibiotics** - antibiotics that are required for an abscess or other dental infection must be obtained from a dentist. There have been instances where a GP has prescribed for these historically, and the symptoms treated but the underlying

infection has not been managed and caused significant damage. The dentist is responsible for managing the infection and cause

- **Pain relief** – if the patient has tooth or gum pain, they must see a dentist to determine the cause of the pain, and for pain relief to be prescribed. Again, there have been instances where a GP has prescribed pain relief and the underlying issue has then not been managed, and significant tooth / jaw damage has been caused. The dentist is responsible for identifying the cause of the pain, and providing the pain relief that is appropriate for that situation.
- **Jaw pain** – if the patient has jaw pain, this is unlikely to require specific prescribing but may require referral – as could be ENT or TMJ related which would require onward referral (if the jaw pain is ear related, the ear condition would be treated)
- **Toothpaste** – only when recommended by secondary care, e.g. oral management of oncology patients, and confirmed by letter
- **Mouthwash** – only when recommended by secondary care, e.g. oral management of oncology patients, and confirmed by letter
- **Teething** – will not be prescribed, and is available to purchase ‘over the counter’
- **Mild toothache** – pain relief will not be prescribed, the patient will be advised to contact a dentist if the pain persists. Basic pain relief measures are available ‘over the counter’ should the patient wish to obtain this
- **Mouth ulcers** – are usually self limiting unless associated with another condition, in which case prescribing may be considered as part of the holistic condition management. Otherwise, if the patient is only presenting with mouth ulcers, we will not prescribe, and ‘over the counter’ options are available to purchase

Advice on stopping medication prior to dental work

The dentist is responsible for advising the patient on whether they should stop taking any medications prior to having dental work, this is not a query that the GP will advise on.

This includes advice on warfarin and anti-coagulation, the knowledge and decision making for this sits with the dentist to advise the patient.

Conversion of dental prescribing to GP prescribing

It is not clinically appropriate for medicines for dental conditions to be supplied by a GP, when a dentist has assessed the patient and treatment has been initiated and recommended by them. Dentists are best placed to assess, treat and monitor dental conditions.

The exception to this would be where NHS Secondary care specialist teams, e.g. Oral and Maxillofacial Surgery or Orthodontics, have determined a treatment plan and asked the GP to add some medication to the patients repeat template.