NHS Ayrshire & Arran

Local Report ~ *May 2009*

Out-of-Hours Emergency Dental Services
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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www.nhshealthquality.org
1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) supports NHS boards and their staff in improving patient care by bringing together 3 essential elements:

- provision of advice and guidance, including standards
- support for implementation and improvements, and
- assessment, measurement and reporting.

NHS QIS also has central responsibility for patient safety and clinical governance across Scotland.

In March 2005, the former Scottish Executive Health Department published an action plan for health and modernising NHS dental services in Scotland, and an increase in funding was made available to NHS boards to provide out-of-hours emergency dental services in a more integrated manner. In response to the objectives set out in the action plan, an integrated service model was developed and has been established as the Scottish Emergency Dental Service (SEDS). The SEDS programme is scheduled to be fully implemented throughout NHSScotland during 2009.

In November 2007, the Scottish Dental Clinical Effectiveness Programme (SDCEP) published guidance in relation to emergency dental care, incorporating standards in respect of the provision of out-of-hours emergency dental services (www.scottishdental.org/cep/guidance/emergencycare.htm). These standards were adapted from the NHS QIS Standards for The Provision of Safe and Effective Primary Medical Services Out-of-Hours published in August 2004.

SDCEP developed 3 standards for out-of-hours emergency dental care covering:

- accessibility and availability at first point of contact
- safe and effective care, and
- audit, monitoring and reporting.

About this report

This report presents the findings from the out-of-hours emergency dental services peer review visit to NHS Ayrshire & Arran. The review visit took place on 4 November 2008 and details of the visit, including membership of the review team, can be found in Appendix 3.

The review process has 3 key phases: preparation prior to the performance assessment review, the review visit and report production and publication following the visit. (See flow chart in Appendix 2 for further detail.)
During the visit, each multidisciplinary review team assesses performance using the categories ‘aware’, ‘focusing’, ‘practising’ and ‘optimised’, as detailed below.

- **‘Aware’** applies where the NHS board is aware of the issues to be addressed but is unable to demonstrate actions taken to address them.
- **‘Focusing’** applies where the NHS board recognises the key issues and has taken steps to identify, prioritise and develop practical applications to take these forward.
- **‘Practising’** applies where the NHS board demonstrates significant evidence of practical application across the service.
- **‘Optimised’** applies where the NHS board has a well-developed service with evidence of evaluation and benchmarking leading to continuous improvement.

Review teams are multidisciplinary and include both healthcare professionals and members of the public. All reviewers are trained. Each peer review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached. The composition of each team varies, and members are not employed by the NHS board they are reviewing.
2 Summary of findings

2.1 Overview of local service provision

NHS Ayrshire & Arran is situated in south-west Scotland and has a population of around 368,000. The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region, although a significant proportion of the population live in rural areas. The geographical area spans 70 miles from north to south and 25 miles from east to west and includes the islands of Arran and Cumbrae. Three local authorities administer the area and three local community health partnerships (CHPs) have been established in the North, South and East of the board area.

Following publication by the Scottish Executive of an action plan for improving oral health and modernising NHS dental services in Scotland in 2005, NHS Ayrshire & Arran established a working group to develop a model for delivering out-of-hours emergency dental care. The NHS Ayrshire & Arran Out-of-Hours Emergency Dental Service (OOH EDS) was launched on 27-28 May 2006. All dental practices agreed to participate in the service with the exception of one practice on the Isle of Arran. At the time of the review visit the Isle of Arran practice had recently joined the service bringing participation to 100%.

The NHS Ayrshire & Arran OOH EDS is delivered from two clinics which are based at Crosshouse Hospital, Kilmarnock and Ayr Hospital. Dentists participate in a 1 in 70 rota while dental nurses participate in a 1 in 8 rota. Four salaried dentists act as on-call lead dentists for the service in a 1 in 4 rota system.

Further information about the board can be accessed via the website of NHS Ayrshire & Arran (www.nhsayrshireandarran.com).
### 2.2 Summary of findings against the standards

A summary of the findings from the review is illustrated in this section. Overall performance is rated using the four assessment categories. The most appropriate category is agreed by the review team to describe the NHS board’s current position against each criterion. The shaded areas demonstrate those positions. A detailed description of performance against the standards/criteria is included in Section 3.

<table>
<thead>
<tr>
<th>Assessment category</th>
<th>Aware</th>
<th>Focusing</th>
<th>Practising</th>
<th>Optimised</th>
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<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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2.3 Criteria identified for follow-up

The criteria detailed in the table below have been identified by the review team as areas for action by NHS Ayrshire & Arran.

<table>
<thead>
<tr>
<th>NHS Ayrshire &amp; Arran</th>
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<tbody>
<tr>
<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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<tr>
<td>1(a) 5</td>
<td>Conduct an Equality &amp; Diversity Impact Assessment (EQIA) for all Emergency Dental Service clinics to include the OOH EDS in Arran</td>
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<td>1(a) 6</td>
<td>Audit and monitor arrangements for collaborative and consistent working across all branches of the service</td>
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<td><strong>Standard 2(a) Safe and Effective Care – Healthcare Governance</strong></td>
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<td>2(a) 1</td>
<td>Ensure patient involvement in the design, development and review of services</td>
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<td>2(a) 4</td>
<td>Introduce risk registers for the OOH EDS clinics</td>
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<td>2(a) 9</td>
<td>Consider increasing the frequency of indemnity checks for dentists working in the OOH EDS</td>
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<td><strong>Standard 2(b) Safe and Effective Care – Clinical Care</strong></td>
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<tr>
<td>2(b) 2</td>
<td>Audit and monitor the use of SDCEP guidance and clinical care/outcomes</td>
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<td>2(b) 3</td>
<td>Establish a formal protocol and monitoring process for out-of-hours drugs management</td>
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<td><strong>Standard 2(c) Safe and Effective Care – Information and Communication</strong></td>
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<td>2(c) 1</td>
<td>Roll out training for Kodak R4 system</td>
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<td><strong>Standard 3 – Audit, Monitoring and Reporting</strong></td>
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<td>3(a) 1</td>
<td>Develop a set of local key performance indicators (KPIs) for the OOH EDS</td>
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<td>3(a) 3</td>
<td>Re-audit patient experience</td>
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</table>
3 Detailed findings against the standards

Standard 1: Accessibility and Availability at First Point of Contact

**Standard Statement:**

Out-of-hours emergency services* are available and accessible to patients and their representatives (irrespective of their dental registration status).

* ‘Out-of-hours’ is defined in PCA 2003(D)18 as:

- Weekdays 5.30pm to 8.30am
- Weekends from 5.30pm Friday to 8.30am Monday

1(a) 1 Arrangements are in place to identify the needs of those potentially using these services.

**STATUS: Practising**

The board outlined a number of ways by which it identifies the needs of those potentially using the OOH EDS. The availability of dental services and dental attendance behaviour has been taken into account by the board in the planning, location and level of services provided. The dental management team routinely contacts general dental practitioners (GDPs) to determine which dentists are registering NHS patients. At the time of the review visit 28 practices across the board area were taking on NHS patients. This initiative was identified as an area of good practice by the review team. Dental attendance behaviour is considered by the board to be directly related to deprivation indices and, as such, the dental management team uses local CHP community profiles to gather information about the distribution of deprivation in the board area. The density of the resident population in these areas was a factor in determining the initial capacity required within the service. This factor was also taken into account by the board in deciding on the location of the service, in addition to the availability of good transport links. The board receives details of the increase in temporary population during the summer months from the Tourist Board, particularly on the Isle of Arran where the population can treble due to occupation of holiday homes.

A dedicated dental helpline is in operation covering the board area and this was recognised as a strength by the review team. The board regards the demand for the service as the best indicator of need and has used both historical and current data to monitor the uptake of the service. Dental helpline calls are monitored and themes identified to inform ongoing service development.

The board reported that, at the time of the review visit, the winter plan was in place for the forthcoming festive period. The collection of 2 years historical data had
informed the planning of additional clinic sessions and staff required for the service during this time of increased demand.

The board has established a 3-year (2005–2008) local strategic implementation plan monitoring update in response to an Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland, published by the Scottish Executive in 2005. The monitoring update includes a section on a 24-hour unscheduled care service for dental emergencies. This was identified as an area of good practice by the review team.

Data are collated from the service to include: the number of patient contacts, presenting symptoms, geographical spread of patients, number of registered and unregistered patients and the number of patients exempt from payment. This information has enabled the board to identify any gaps in service provision and has highlighted the need for the board to consider a third site for the service, possibly at Ayrshire Central Hospital, Irvine. The OOH EDS is routinely monitored by the dental management team and the dental services steering group. Recommendations and action plans are produced to address any identified issues.

1(a) 2 Arrangements are in place to meet the needs of those potentially using these services.

**STATUS: Practising**

Both registered and unregistered patients, who contact the service, are triaged by the NHS Fife triage service and treated in line with SDCEP guidelines for emergency dental care. The NHS Ayrshire & Arran OOH EDS flow chart is followed to ensure patient need is appropriately met. At the time of the review visit, both weekend OOH EDS clinics were operating 3-hour sessions on a Saturday and Sunday with an overspill session available at Crosshouse Hospital in the event of high demand. This session is covered by one of the on-call lead dentists. The board reported an intention to establish the overspill session as a second fixed 3-hour session at Crosshouse Hospital each Saturday from January 2009. A separate rota has been established for the Isle of Arran. Training has been provided on a one-to-one basis to the three GDPs based on the Isle of Arran and further training is planned.

The NHS Ayrshire & Arran dental helpline poster, giving details of how to access emergency dental services out-of-hours, is displayed widely across the board area in health centres, GP practices, accident and emergency (A&E) departments, Ayrshire doctors on-call clinics, local authorities and larger workplaces. The poster is also displayed in dental practices and pharmacies. The helpline assists patients to register with an NHS dentist.

All 58 general dental practices, plus the salaried dental service, participate in the OOH EDS. The review team commended the 100% participation in the OOH EDS as a strength.
Arrangements are in place for patients or their representatives to access care by telephone (in the first instance).

**STATUS: Practising**

Patients initially access out-of-hours care by telephone through NHS 24, regardless of patient registration. The NHS 24 telephone number is displayed throughout the board area, on the dental helpline poster and on the NHS Ayrshire & Arran website. Callers can contact NHS 24 directly and may also be directed to call NHS 24 via a standardised telephone answering machine message at their dental practice. NHS 24 call handlers record key patient details and re-direct calls to a trained dental nurse. Using established protocols and decision support software, the nurse will assess the urgency of the patient's condition and direct them into an appropriate care pathway in the categories of emergency, urgent or routine. NHS 24 has contingency plans in place to reroute calls in the event of a telephone system breakdown.

Following triage, patients receive advice and care from a suitably trained health professional, appropriate to the degree of urgency of their condition.

**STATUS: Practising**

The board described the patient pathway for emergency, urgent and routine categories.

In the emergency category of care, the patient is given an appointment for the OOH EDS, within clinic hours. Outwith OOH EDS clinic times, the patient is advised to attend Crosshouse Hospital A&E department where they will be seen by the on-call maxillofacial senior house officer (SHO). If deemed necessary, an ambulance will be called to take the patient to hospital. The emergency weekend dental service also has a protocol for referral to oral and maxillofacial surgery (OMFS). The review team commended this protocol as an area of good practice.

In the urgent category of care, the dental triage nurse faxes a list of patients to the booking hub and the patient will be appointed to an appropriate OOH EDS clinic. The patient is advised to take cash if required to pay for treatment.

In the routine category of care, the dental triage nurse will advise the patient to make an appointment with their own dentist, if registered. Unregistered patients are given the dental helpline number to assist them to register with a GDP. If unsuccessful, they are offered an appointment at a dental access clinic in their locality.

The review team acknowledged the clear patient pathways within the OOH EDS.

Following treatment, a discharge letter outlining treatment provided is sent by the OOH EDS clinic to the patient’s GDP, if registered. This initiative was recognised as a strength by the review team.

An audit of inappropriate referrals was completed in September 2008. The audit was carried out between May-July 2008 with the purpose of identifying the number of patients deemed, by the dentist working in the service, to have been inappropriately
triaged. The results showed that only 1% of patients appointed to the OOH EDS clinics were considered to be inappropriately triaged. An action plan was formulated to identify any measures to further reduce this percentage. The review team commended the audit as an area of good practice.

1(a) 5 Access to, and delivery of, services is not compromised by physical (including medical conditions) language, cultural, social, economics or other barriers.

STATUS: Practising

All NHS Ayrshire & Arran posters and leaflets are available in alternative formats such as larger print, Braille and audio tape. In addition, all publications are printed in a variety of languages. A poster, which is displayed in all areas of the OOH EDS, gives details of facilities to support appointment needs to include British sign language interpreters, lip speakers and electronic note takers. The availability of language interpreters is also widely advertised across the board area.

The board reported that oral healthcare support programmes have been developed for priority groups such as prisoners, homeless and adults with learning disabilities. The progress of these programmes is monitored through the board’s action plan monitoring update.

An audit of current provision of communication support systems has been undertaken by the board in line with the board policy on communication and support services for people with a sensory impairment. At the time of the review visit, NHS Ayrshire & Arran was working on plans to implement the policy in a phased approach throughout the board area. The audit was identified as a strength by the review team.

Hearing loop facilities, language interpreters, lip speakers and electronic note takers are available at OOH EDS clinic sites. The review team acknowledged this availability as an area of good practice. The public are able to access ‘BrouseAloud’ speech enabling software through the board’s website and this service is advertised at the clinics. However, the board was unable to demonstrate the extent of uptake of the service as no monitoring had taken place.

The board confirmed that all clinic sites are regularly monitored for Disability Discrimination Act (DDA) 2005 compliance by the NHS Ayrshire & Arran estates and facilities management department. An access audit toolkit is utilised to assess accessibility of all public and staff areas. The standards design brief for any new or major refurbishment project ensures that DDA compliance is taken into account. The minor capital progress report monitors progress with any improvements made to further comply with DDA requirements.

All new policies and functions are subject to the EQIA process. The board reported on plans to carry out an EQIA for the new Isle of Arran OOH EDS. The review team identified this as a challenge.
1(a) 6 Arrangements for access should be integrated across all areas of dental out-of-hours care (general dental practice, community, salaried and hospital dental service), and, where appropriate, with other primary care emergency services.

STATUS: Practising

An agreement is in place between NHS Ayrshire & Arran and NHS Fife whereby NHS Fife dental nurses triage calls from patients and then send the patients details to the booking hub which will appoint the patient to one of the NHS Ayrshire & Arran OOH EDS clinics.

A local arrangement exists for the maxillofacial department within A&E to provide treatment under the emergency category of need as part of NHS Ayrshire & Arran’s integrated single system working. Under this system, the OMFS department is regarded by the board as an integral element of the OOH EDS and part of the patient pathway.

Local arrangements are in place for salaried dentists and GDPs to participate in the OOH EDS rota. This is supported by an Agreement to Participate which is signed by all GDPs. The review team recognised this as a strength.

A number of multidisciplinary groups have been established to address dental issues to include the area dental professional committee, the dental clinical governance group and the dental services steering group.

1(a) 7 Information on how to access the service should be available to all and not compromised by physical, language, cultural, social, economic or other barriers.

STATUS: Practising

The board demonstrated wide distribution of relevant information on how all people in the board area can access the OOH EDS. Information is made available in a dental helpline poster, appointment needs poster and a language line leaflet.
Standard 2(a): Safe and Effective Care – Healthcare Governance

Standard Statement:
The service provider has a comprehensive patient-focused healthcare governance programme in place.

2(a) 1  Patient Focus: Throughout the service, work is undertaken in partnership with individuals, communities and community planning partners in the design, development and review of services. The results of this work are acted upon and feedback provided to all those involved.

STATUS: Focusing

A formal open meeting was held, as part of a consultation exercise, during the planning of the current OOH EDS. Key stakeholders invited to the open meeting included dentists and the triaging service at NHS Fife. Other stakeholders (dentists, dental nurses, GPs, practice managers, and pharmacists) were included in the issue of the proposed service outline.

It was noted, however, that there had been no public involvement in the establishment and development of the service and that there is no patient/public representation on any of the NHS Ayrshire & Arran dental committees. The board reported that the dental management team was, at the time of the review visit, liaising with the patient focus and public involvement (PFPI) department to identify the best mechanism for future public involvement in the development and evaluation of the OOH EDS. This was highlighted as a challenge by the review team.

The OOH EDS is represented on the NHS Ayrshire & Arran oral health strategy group which comprises representation from public health, dental services management, surgical and head and neck services, community dental health, oral health promotion, primary care and local CHPs. Each of the three CHPs hosts an oral health action plan implementation group which has membership from public health, dietetics, community dental health, oral health promotion, dental services management and the local authority.

Members of the public are kept informed about service developments via press releases in local newspapers.

2(a) 2  Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.

STATUS: Practising

The OOH EDS dentist provides the patient and/or carer with verbal information on any proposed treatment. The dentist also explains what to expect following treatment and any necessary follow-up. Patients who are not registered with a dentist are
provided with information to enable them to do so. The board also provides a leaflet on registering for NHS dental treatment.

Patients and their carers are given verbal and written information in the form of leaflets giving advice on what to do after an extraction and information on antibiotics and the oral contraceptive pill.

2(a) 3 Clinical Governance: There are clear, cohesive plans across the service that direct and support policy development and service delivery internally and through delivery partners.

**STATUS: Practising**

It was reported that the dental management team, dental clinical governance group, area dental professional committee and dental services steering group are involved in all aspects of service planning, delivery and review.

Organisational guidance for the development and ratification of clinical policies, guidelines and procedures is followed. New and revised policies and protocols are issued to key stakeholders by email and tabled at relevant committees and staff meetings.

2(a) 4 Clinical Governance: Service providers operate a system of risk management to ensure that risks are identified, assessed, controlled and minimised.

**STATUS: Practising**

The board described the NHS Ayrshire & Arran organisation risk management strategy which is supported by board-wide use of the Incident Reporting and Monitoring System (IRAMS) and Datix. Incidents that are indicative of other factors are entered on the electronic risk register, Advantage X, from which regular reports are produced. The board confirmed that independent contractors are subject to risk assessment which covers mostly health and safety but also some clinical risk. Both OOH EDS clinics were recently subjected to risk assessment via the practice inspection document, which includes health and safety, clinical care and use of equipment.

IRAMS identifies incidents and near misses to the dental management team which would then feed back any issues through the clinical governance structure. Issues would also be highlighted in the nursing newsletter as well as at nurse meetings which take place 3 or 4 times per year.

The board reported that a general dental services risk register is in place, and that there is a risk register for the community dental service (CDS). However, the review team noted that there is no specific risk register in place for the OOH EDS clinics and recommended that of a risk register is established for each clinic.

The board reported that only one incident had occurred relating to the OOH EDS prior to the review visit. Therefore, there are currently no trends to monitor.
However, should that number increase, recommendations and feedback to staff would be the responsibility of the risk management team who would produce an action plan. The risk management team will also support training for the OOH EDS staff in the use of incident reporting software.

2(a) 5 Clinical Governance: Board clinical governance committees receive regular reports on out-of-hours emergency dental services.

**STATUS: Practising**

The board described the reporting arrangements that are in place between the board and the clinical governance committee. The dental clinical governance steering group reports to the East Ayrshire CHP clinical governance group which reports to the NHS Ayrshire & Arran clinical governance committee. The clinical governance committee reports directly to the board. The review team acknowledged the robust reporting systems in place and identified this as a strength.

2(a) 6 Clinical Governance: Boards have systems in place to ensure that all primary care dental providers have satisfactory arrangements in place for the emergency care of their practice patients.

**STATUS: Practising**

All dental practices within NHS Ayrshire & Arran are required to have a standardised message on their telephone answering machines giving instructions to patients on how to access the OOH EDS. Scripts are sent regularly to all dental practices and random telephone audits are conducted. A small working group was set up to examine audit results and to establish a formal protocol for those dentists who are identified as not compliant with the Agreement to Participate. At the time of the review visit, one practice had been issued with a formal letter regarding non-compliance. Persistent offenders may ultimately be removed from the rota.

2(a) 7 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.

**STATUS: Practising**

The board reported that key professionals and external parties are represented on each of the dental committees. Local authorities and specialist support groups also have established links with the 3 CHP oral health action plan implementation groups.
2(a) 8  Clinical Governance: Systems are in place to ensure that secondary care providers have access arrangements for their patients with dental emergencies.

**STATUS: Practising**

The board described the arrangements in place for the on-call maxillofacial SHO to attend any dental emergencies presenting at an OOH EDS clinic or at A&E. The SHO will administer any treatment necessary, following best clinical practice as outlined in the maxillofacial unit SHO manual and in line with an established joint protocol. The availability of a joint protocol and SHO manual was identified as a strength by the review team.

2(a) 9  Staff Governance: Staff involved in out-of-hours dental care meet employment requirements, including qualifications and training.

**STATUS: Practising**

Processes and procedures are in place to demonstrate that all staff involved in the OOH EDS meet employment requirements, including qualifications. Dentists providing treatment under the NHS must be included in the board’s dental list. Independent contractors are subject to checks by the primary care contracts department prior to being included in the dental list. The primary care department also notifies the service when a dentist comes off the list. Pre-inclusion checks include General Dental Council (GDC) registration and appropriate indemnity insurance. The practice inspection process includes current indemnity provision and GDC registration. However, the review team recommended that, as the practice inspection process is undertaken only once every 3 years, the board should give consideration to introducing a system of annual checks. Independent contractors are not subject to Disclosure Scotland checks.

Dental nurses are directly employed by NHS Ayrshire & Arran and, as such, are subject to pre-employment checks as part of the board’s recruitment policy, which includes enhanced Disclosure Scotland checks and GDC registration. The board reported that, as NHS employees, all dental nurses are covered by Crown Indemnity arrangements.
Standard 2(b): Safe and Effective Care – Clinical Care

Standard Statement:

Clinical guidelines are readily available to support clinical decision-making and facilitate delivery of quality services to patients.

2(b) 1 Procedures are in place to ensure quick and easy access to evidence-based clinical guidelines to support clinical decision-making.

STATUS: Focusing

The board’s clinical effectiveness department has the responsibility for ensuring that guidelines, including Scottish Intercollegiate Guidelines Network (SIGN) guidelines and standards relating to dental care, are disseminated through, and reviewed by, the dental clinical governance group. SDCEP guidelines have been distributed to all dental staff. The board monitors adherence to SDCEP guidance on the triaging of patients by conducting telephone audits. Staff are kept informed by the featuring of new guidelines at evening events and by displaying information in prominent places within the service. Two team leaders in each area have responsibility for updating information. The review team recommended the use of e-learning as an access route to the SDCEP guidelines.

2(b) 2 Patients are assessed and responded to, based on clinical need and professional judgement.

STATUS: Focusing

The board reported that the quality and integrity of patient care is monitored by the dental reference officer (DRO) service. However, at the time of the review visit, no DRO reports had been made to verify this. GP17 forms are randomly selected and the patient to whom the form relates may have their mouth examined to ensure appropriate patient care and treatment. Any clinical issues for concern are identified through complaints or staff feedback. The dental management team investigates any issues and feedback regarding areas of clinical concern is given to staff through telephone contact, letters and at dental nurse meetings.

The review team recommended that, in order to ensure appropriate clinical assessment and care for patients, the board should conduct an audit of clinical care within the OOH EDS. This was identified as a challenge.
2(b) 3 Emergency dental services have drugs that are in date, and equipment that is regularly maintained.

**STATUS: Focusing**

All drugs within the OOH EDS are stored in locked cupboards within the clinic. While the dental nurse on duty is responsible for checking expiry dates of drugs and ordering supplies, the dental nurse team leaders have overall responsibility for drugs management and routinely carry out spot checks on drug stocks. An informal process is in place whereby a check sheet with a list of drugs and expiry dates is updated by dental nurses on a regular basis. The review team recommended the development of formal protocols across all areas of drug management and identified this as a challenge. Equipment is routinely maintained and tested by a dental services maintenance craftsman and equipment breakdowns requiring urgent attention are reported to the NHS Ayrshire & Arran estates department.

2(b) 4 Emergency dental services have effective decontamination procedures in place.

**STATUS: Practising**

The board reported that the OOH EDS conforms to the NHS Ayrshire & Arran decontamination policy. Health Protection Scotland (HPS) guidance for decontamination units is followed as closely as possible. The decontamination areas in the clinics were built before the HPS guidance was issued and are too small to comply entirely with the guidance. Therefore, any risks are managed locally. Both OOH EDS clinics are subject to practice inspections which include decontamination arrangements.

The board’s infection control committee hosts a decontamination sub group and a decontamination working group, both of which include representation from the dental management team.

2(b) 5 Protocols are in place to address the needs of specific high-risk patient groups.

**STATUS: Practising**

A range of protocols are in place to address the needs of high-risk patients.

All children are automatically appointed to the out-of-hours sessions, even if under the routine category.

Where a patient has a complex medical history, advice is sought from a maxillofacial SHO regarding any additional precautions or changes to treatment that should be taken into consideration. As an example, the board cited the placement of a laminated Warfarin pathway in the department.
Hospitalised patients who fall into the routine category are triaged by NHS 24 and seen by the CDS. Urgent cases are given an appointment with an OOH EDS clinic, where possible. A dentist may also provide treatment on the ward, if necessary. In emergency cases, the on-call SHO would determine the appropriate treatment.

Only housebound patients are seen at home. The board reported that domiciliary visits have been carried out only twice in two years. In the event of a home visit, the dentist would be accompanied by a dental nurse.

Patients in remote and rural locations can attend an OOH EDS clinic in either the east or the south of Ayrshire and there are arrangements in place to airlift life-threatening cases from the Isle of Arran to the mainland.

Arrangements are in place to treat patients with orthodontic appliance problems. Most orthodontic appliance problems are resolved by the triage service which will give advice to the patient prior to the patient being seen by their own orthodontist at the earliest opportunity.
Standard 2(c): Safe and Effective Care – Information and Communication

Standard Statement:

Information gathered during care out of hours is recorded (on paper or electronically) and communicated to the patient’s dentist in addition to any other professionals involved in the patient’s ongoing care when appropriate.

2(c) 1  Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.

STATUS: Practising

All patient records are held in paper form by the dental management team and are archived in accordance with information governance legislation. GP17 forms are subject to accuracy and consistency checks prior to being forwarded to the Practitioner Services Division of NHS National Services Scotland, for processing and storage.

All treatment records are retained for 11 years or, in the case of a minor, until he/she reaches 25 years of age.

The review team noted that the Kodak R4 electronic system of records management has been established in both OOH EDS clinics. However, staff training in the use of the system had not been implemented at the time of the review visit. The board reported that an IT facilitator had been appointed to the dental service and there are plans to roll out training in 2009. The review team identified Kodak R4 training provision as a challenge.

2(c) 2  Systems are in place for receiving and communicating information to inform the patient’s ongoing care in a timely manner.

STATUS: Practising

Information on patient contact and outcomes following attendance at an OOH EDS clinic is communicated to the patient’s own dentist by the next working week, where possible. A discharge letter is sent to the dentist which includes the patient’s details, date of attendance at the OOH EDS clinic, diagnosis and treatment provided. The review team commended this as a robust system for communicating information to inform the patient's ongoing care.
2(c) 3 Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.

**STATUS: Practising**

On attendance at an OOH EDS clinic, all patients are required to complete a patient record card and medical history details. The card has a statement that reads "Please note that we will write to your dentist to inform them that you have attended the Emergency Dental Service". This is re-iterated by the clinician attending the patient. By completing the record card, implied consent is considered to have been given. This was deemed as an appropriate system by the review team.
Standard 3: Audit, Monitoring and Reporting

Standard Statement:

A provider-specific quality assurance framework is in place to support routine audit, monitoring and reporting of performance.

3(a) 1  A set of key performance indicators (patient-focused public involvement, clinical and organisational) are in place.

STATUS: Focusing

The board described indicators in place to include: numbers of patients accessing the service; treatment given to patients and the geographical area from which patients have come. These indicators are monitored by the dental management team. The patient services operational plan for the CDS shows a summary of all its work including the work of the OOH EDS. Statistical reports on service usage and income are produced for the dental management team. A report on inappropriate triage also gives information on patients attending the OOH EDS.

The review team considered that, while these indicators have a value in monitoring operational performance, they do not constitute patient-focused public involvement, clinical and organisational KPIs. The review team encouraged the board to develop KPIs specific to the OOH EDS and identified this as a challenge.

3(a) 2  Comments, complaints and compliments are recorded, regularly reviewed and action taken, if appropriate.

STATUS: Practising

Formal complaints are dealt with in line with the Scottish Executive’s complaints procedure, “Can I help you?”. Complaints are received by the board’s patient relations and complaints team, actioned by the appropriate service and responded to within 20 working days. The board confirmed that any complaints about independent contractors, while they are working in the OOH EDS, would be managed in line with the complaints procedure. The dental practice adviser would investigate and escalate to the medical director, if appropriate. It was noted that, at the time of the review visit, no formal complaints had been received about the OOH EDS since its establishment.

Comments from patients and staff attending the OOH EDS clinic are recorded on a comments sheet which is tabled at the dental management team meeting on a monthly basis. Areas of concern are identified and action plans are set for review at a subsequent meeting. The dental management team also passes on letters of compliment to relevant areas where they are displayed and shared with staff.
Complaints leaflets and posters for patients and carers are widely available. This was recognised by the review team as an area of good practice.

3(a) 3 The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Practising**

A formal patient experience survey was conducted within the OOH EDS over a 2-month period from May to June 2008. The survey found that the majority of patients had a positive experience of the service. The results will inform the development of an action plan to address recommendations arising from the survey. The board reported the intention to repeat the survey on a regular basis. This was recognised as an area of good practice by the review team.

The review team encouraged the board to consider a plan and timescale for re-audit and to embed a cycle of audits into the service. This was highlighted as a challenge.

3(a) 4 An annual report on performance and services is available when requested by those contracting services.

**STATUS: Practising**

An annual report for dental services is produced by the chair of the dental clinical governance group. The report features a local clinical governance action plan for the coming year to include training, digital X-ray centre and decontamination improvements. The report is widely disseminated through the clinical governance structure.

In addition, monthly reports are produced by the dental services steering group with an annual overview provided at the end of the year.

The production of an annual report was regarded as a strength by the review team. The review team recommended that the board also makes the report available on its intranet and the internet.
## Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
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<tr>
<td>CDS</td>
<td>community dental service</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>DRO</td>
<td>dental reference officer</td>
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<tr>
<td>EDS</td>
<td>emergency dental service</td>
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<tr>
<td>EQIA</td>
<td>equality &amp; diversity impact assessment</td>
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<tr>
<td>GDC</td>
<td>General Dental Council</td>
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<tr>
<td>GDP</td>
<td>general dental practitioner</td>
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<tr>
<td>HPS</td>
<td>Health Protection Scotland</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
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<tr>
<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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<tr>
<td>SDCEP</td>
<td>Scottish Dental Clinical Effectiveness Programme</td>
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<tr>
<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
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<tr>
<td>SHO</td>
<td>senior house officer</td>
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<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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Appendix 2 – Review process

Prior to Visit

- Standards published and issued by SDCEP
- NHS QIS develops and issues self-assessment framework
- NHS board completes self-assessment and submits evidence to NHS QIS
- NHS QIS sends information from self-assessment submission to peer review team
- Review team analyses submission and meets for discussion one day prior to visit

During Visit

- NHS board presentation to review team covering local service provision
- Review team meets stakeholders to discuss local services and validate content of submission
- Review team assesses performance in relation to the standards based on the submission and visit findings
- Review team feeds back findings to NHS board

After Visit

- NHS QIS produces draft local report and sends to review team for comment
- NHS QIS sends draft local report to NHS board to check for factual accuracy
- NHS QIS publishes local report
- NHS QIS out-of-hours emergency dental services project group considers findings of all local reviews and drafts national overview
- NHS QIS PUBLISHES NATIONAL OVERVIEW
### Appendix 3 – Details of review visit

The review visit to NHS Ayrshire & Arran was conducted on 4 November 2008.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Sheena Cochrane</strong></td>
</tr>
<tr>
<td>Associate Director of Operations &amp; Nursing, NHS 24</td>
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<td><strong>Marion McLoone</strong></td>
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<td>Quality and Effectiveness Manager, NHS Greater Glasgow and Clyde</td>
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<td><strong>Terry Simpson</strong></td>
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<td><strong>Eileen Wallace</strong></td>
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<tr>
<td>Public Partner, Forth Valley</td>
</tr>
<tr>
<td><strong>Andrew Yuill</strong></td>
</tr>
<tr>
<td>Dental Practice Advisor, NHS Fife and NHS Tayside</td>
</tr>
</tbody>
</table>

#### NHS Quality Improvement Scotland Staff

| Doris Smith                           |
| Project Officer                       |

| Steven Wilson                         |
| Team Manager                          |

During the visit, members of the review team met with executive staff, service managers, GDPs, dental nursing representatives and clinical governance staff.
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- in Braille, and
- in community languages.

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