NHS Western Isles

Local Report ~ October 2009

Out-of-hours Emergency Dental Services
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.
1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) supports NHS boards and their staff in improving patient care by bringing together three 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 three 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 Western Isles. The review visit took place on 20 May 2009 and details of the visit, including membership of the review team, can be found in Appendix 3.

The review process has three 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

The Western Isles is a name covering the Outer Hebrides, an island group situated north-west of mainland Scotland. The area has a population of around 26,500, the majority of whom live on the largest island, the Isle of Lewis, where the town of Stornoway is located. Due to tourism, annual visitor numbers can reach approximately 170,000.

The Western Isles Health Board (WIHB) Out-of-Hours Emergency Dental Services (OOH EDS) commenced in November 2008 following integration with SEDS. The service currently operates from three sites throughout the board area, located in Stornoway, Balivanich and Castlebay.

Further information about the board can be accessed via the website of NHS Western Isles (www.wihb.scot.nhs.uk).
### 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.

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<th>Assessment category</th>
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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 Western Isles.

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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 analyses a range of data to establish the out-of-hours emergency dental needs of its population. Population figures are gathered from census records and from the Comhairle nan Eilean Siar website. Due to tourism, migrant students and the prevalent fishing industry, population figures can vary dramatically throughout the year, increasing up to seven times during the summer and winter months. The board, therefore, monitors annual tourism figures to predict population increases during the summer and winter months, allowing it to plan the service accordingly.

The board also monitors recalled attendance figures which were reported to increase in the summer months. The review team acknowledged the flexibility of the OOH EDS staff to adapt to large fluctuations in the populations and recognised this as a strength.

Local needs were assessed during the initial stages of integration with SEDS by analysing the usage data of the preceding on-call service which was provided for the population for several years prior to integration with the SEDS service. To establish these figures, the Scottish Dental Practice Board figures for out-of-hours surgery openings were analysed together with reports from practitioners within the WIHB practice group. The data collected was then used to predict the approximate uptake of the new service prior to its launch.

Calls to the service are analysed on a month by month basis to ensure the service is meeting targets and its population’s needs. Figures of those contacting the service are also analysed by the board to identify any trends in order to plan future service provision.

Locally, the board has developed a contact outcome form for each patient accessing the OOH EDS which is submitted for monitoring purposes. The review team
commended the board’s development of the contact outcome form and recognised it as an area of good practice.

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

STATUS: Practising

Prior to the launch of the OOH EDS, the board closely examined SEDS integration criteria before determining that the criteria could be met with certain local variants. An audit of service requirements at the board’s busiest site was also carried out. Additionally, anecdotal information was gathered from dentists participating in the previous, direct contact, on-call service to inform the development of the new service.

Due to geographic spread of the board area, the service currently operates from three locations in Stornoway (for Lewis and Harris), Balivanich (for Benbecula and the Uists) and Castlebay (for Barra). This ensures a greater equity of access for all patients living across the board area. The board investigated public transport and ferry services when determining the location of each of the clinics, to ensure that the sites chosen were in the most accessible locations. The review team recognised multiple OOH EDS clinics and the geographic spread of these as a strength.

The board reported that it considered publicity of the new service as paramount to its success. Press releases were prepared and local papers carried editorial information for potential patients prior to the OOH EDS’ implementation. Additionally, staff meetings were held to ensure staff compliance and information on the new service, and how to refer to it, was disseminated to local GP surgeries and accident and emergency (A&E) departments.

In order to monitor whether the needs of those using the service are being met, all patients who access the OOH EDS are invited to complete a patient feedback form. The review team commended the board both for its patient feedback form, and for carrying this out on an ongoing basis throughout the year.

The board also confirmed that 100% of dental practices in the board area participate in SEDS. The review team recognised full participation in the board area as a strength.

1(a) 3 Arrangements are in place for patients or their representatives to access care by telephone (in the first instance).

STATUS: Practising

Patients either contact NHS 24 directly or 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 SEDS triage 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.
NHS 24 has contingency plans in place to re-route calls in the event of a telephone system breakdown.

Those requiring either emergency or urgent care are transferred to a booking hub located in Highland, the Highland Hub, who directly book the patient an emergency clinic appointment at their local OOH EDS clinic. The board reported that it has the capacity to extend the OOH EDS clinic operating times during periods of high demand allowing the service to treat all patients requiring emergency care in line with the SDCEP timescales.

1(a) 4 Following triage, patients receive advice and care from a suitably trained health professional, appropriate to the degree of urgency of their condition.

STATUS: Focusing

There is a formalised triage pathway in operation for all patients accessing the OOH EDS in the emergency, urgent and routine categories of care.

Those patients categorised as ‘emergency’, require a one hour call-back by an on-call dentist. In these instances the Highland Hub contacts the relevant on-call dentist directly and passes on the patient’s information. The dentist then contacts the patient directly and takes the appropriate action. The board did note, however, that in the case of ‘emergency’ patients calling after 10pm, there is an agreement in place for calls to be automatically redirected to the on-call medical GP service and local A&E departments. The board acknowledged that this referral route may result in a delay to patients receiving a response within one hour and the review team highlighted this as a challenge.

For those patients who fall into the urgent category of care, the Highland Hub arranges for the patient to receive an appointment within 24 hours. The hub directly books appointments to the appropriate geographic clinic determined by the patient’s postcode. The patient’s details are sent to a central, secure email address which can then be accessed by the on-call dentists in all locations.

In the case of patients requiring routine care within 7 days, patients are asked to contact their local clinic at the earliest opportunity to arrange an appointment.

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: Focusing

The board reported that it has a policy of active identification of social and cultural groups within its service area and 23 groups have been identified. An equality and human resource policy, with an associated action plan to support these groups, was under the final stages of development at the time of the review visit.

Portable hearing loops and written communication are available for those with hearing impairments. The board can also access Language Line Services (LLS), an interpretation service for patients whose primary language is not English. In addition
to LLS, the board has an agreement with an additional interpretation service who provide a 24/7 on-call video conferencing service.

An equality and diversity impact assessment (EQIA) had not been carried out on the new OOH EDS at the time of the visit and therefore the review team recommended that the board undertake an EQIA for the service.

The board confirmed that all clinics and surgeries within the Western Isles have been Disability Discrimination Act (DDA) 2005 risk assessed, resulting in modifications to a number of buildings. A further number of buildings were under development at the time of the review visit. This work was done in association with Comhairle nan Eilean Siar’s disability access officer. In cases where modifications are not practical, the board reported that such properties will be replaced in due course. In the meantime, should patients experience access difficulties at one of these properties, a secondary DDA compliant clinical unit would be used to treat the patient.

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: Focusing

The board reported that regular contact takes place with all personnel involved with the OOH EDS both individually and in groups with administrative and clinical personnel involved with OOH EDS provision. Group meetings take place on a quarterly basis and regular telephone interaction also takes place between the service and NHS 24 and SEDS to discuss and monitor the shared component of the service.

In addition, the service is in close, regular contact with the Area Dental Committee (ADC) and GP surgeries and A&E departments to ensure effective service provision.

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: Focusing

The board reported that information on the service has been widely distributed to potential users through press releases in the local press, posters and notices located within WIHB clinics and hospitals, GP surgeries and A&E departments. In addition, the board intends to provide information on the service to carer and education groups, local social services, tourist information offices and local hotels. A patient information card for patients to retain, containing information on contacting the service, was also under development at the time of the review visit. Additionally, LLS can be used for translation services should it be required.
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

The OOH EDS has established a patient review programme, whereby patients who have accessed the OOH EDS are asked to provide feedback on the service, and this is carried out on an ongoing basis. Feedback is then collated and analysed and used to inform service improvements.

The board’s public involvement officer is involved in establishing links with community groups and members of the public. The board did acknowledge that there is currently no specific individual acting as a public partner for the OOH EDS. However, the board is focusing efforts to secure a public partner representative to become involved in the development of the service. The review team recommended that the board implement a robust system of involving patients and the public in the design, development and review of the OOH EDS.

Reporting on the operation of the service is, however, made to the local Community Health and Social Care Partnership (CHaSCP) which has reporting links from six localities within the board area. The partnership also includes representation from public and voluntary organisations as well as the local council. In addition, CHaSCP meetings are open to the public and minutes are available on the website for the public to access.

The board intends to feedback to community partners and service users on the effectiveness and volume of the service through the dental committee member of the CHaSCP. The board also reported its intention to expand the membership of the WIHB emergency dental committee to include GP and community representatives. The review team encouraged the board in its efforts to take this forward.

Currently, the dental department is in contact with local GPs and A&E departments to ascertain satisfaction levels of the OOH EDS service. The feedback received is used in collaboration with NHS 24 and SEDS to influence future changes and enhance the service. An informal reporting pathway is in place allowing for regular reports to be sent to the board’s clinical governance committee and also to the CHaSCP via the committee’s dental representative. However, the review team
recommended formalising the reporting structure between the OOH EDS and the clinical governance structure.

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

Information on the patient’s condition and treatment is provided verbally to the patient and also as a written information sheet or card when possible. The information provided to the patient includes the cause of the problem, control of symptoms, treatment options and any requirements for follow-up care. A number of patient information leaflets are also available and arrangements are in place for the leaflets to be translated into additional languages, if required. Information, in the form of a written summary of the emergency treatment provided, is also given to the patient to pass on to their dentist.

If any medications are prescribed, additional information is provided detailing the frequency of dosage and the duration of the antibiotic course.

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: Focusing

The WIHB emergency dental committee meets regularly with a remit to monitor and refine the service with input from local dentists, nurses, GPs and community representatives. In addition to this, each practice hosts monthly staff meetings where the OOH EDS is discussed. Formal, written protocols for the service are in operation and these are circulated to all staff involved in the implementation and delivery of the service. However, there was no confirmation of how policies are formally developed and ratified.

The ADC in the Western Isles discusses the OOH EDS at its meetings and the Area Medical Committee (AMC) also receives information on the service. Additionally, the board’s medical director is briefed on developments regarding the service.

Meetings and telephone conferences take place regularly between WIHB OOH EDS, NHS 24 and the Highland Hub to discuss any issues that arise and an ongoing audit of the service is undertaken.

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 has recently adopted the electronic Datix risk management system, moving from a previously paper-based system, and staff were undergoing training at
the time of the review visit. The board confirmed that there is a specific risk register for the dental department and risk assessments have been carried out for all clinics, hospitals and buildings used in the provision of the OOH EDS.

Any risks identified by staff are reported back through the line management structure using a standardised reporting form, in line with the board’s risk management strategy. Feedback on any incidents that have arisen are communicated to staff by a range of methods including staff meetings, practice visits, or emails and memoranda. In the instance of a serious issue arising, this would be fed back to staff immediately.

The board confirmed that all identified risks are monitored to ensure satisfactory outcomes of control measures.

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

**STATUS: Aware**

The board acknowledged that there is no formal reporting structure currently in place, however the board is now focusing efforts on establishing a formal reporting mechanism. It is planned that the OOH EDS will report into the board’s clinical governance committee through annual reporting. A system of annual reporting is expected to be established once the OOH EDS has been in operation for one year.

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**

The board demonstrated that it ensures local primary dental care providers have satisfactory arrangements in place for the emergency care of their patients. The dental department has procedure manuals and information sheets in place and issue memoranda when required providing further clarification of any issues that may arise.

Practice inspections are also carried out every 3 years allowing the board to monitor practices on a regular basis. Information leaflets are regularly reviewed for content and revised copies are distributed on a timely basis. The board also provides answer phone scripts for use by all clinics to direct out-of-hours calls to NHS 24.

As there is 100% participation in SEDS among practices operating in the board, emergency dental care arrangements are in place for all people residing in the Western Isles.
2(a) 7 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.  

**STATUS: Focusing**

The board has identified all associated key professionals within the board area and reported that, because of the size of the board area, many personnel have several functions, which in turn leads to increased communication between colleagues. Local GPs and A&E departments are also informed of the protocols for the OOH EDS. As all dentists in the board area participate in the OOH EDS, it is regularly discussed at ADC meetings. Additionally, the dental department has a committee position within the CHaSCP allowing for a communication pathway to the community division. The service also has involvement from the board’s diversity and equality steering group, spiritual care committee and voluntary organisations through patient focus and public involvement (PFPI) routes.

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 reported that there is no permanent secondary dental providers within the WIHB area, and that these services are provided by visiting specialist clinicians, including a visiting orthodontist and oral and maxillofacial surgery (OMFS) consultant. Alternatively, patients who cannot be treated by dental practitioners based within the WIHB and cannot await the arrival of a specialist are treated by referral to other centres within Scotland, primarily in Inverness, Aberdeen or Glasgow. It was confirmed that transfer protocols exist for emergency evacuation to these centres should the need arise and this is arranged via A&E departments.

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

**STATUS: Practising**

The board demonstrated that there are processes and procedures in place to ensure that all staff involved in the OOH EDS meet employment requirements. All qualifications and certificates are checked against the registers of national registering bodies at the point of application to a post. The chief administrative dental officer (CADO) then continues to check registrations on an annual basis and any anomalies are followed up immediately. Indemnity checks are carried out at the time of appointment and in the case of the two independent practitioners in the board area, these are checked annually.

Additionally, all staff with direct patient contact are subject to enhanced Disclosure Scotland checks prior to taking up any position.
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: Practising

The board disseminate guidance documents and guidelines, such as Scottish Intercollegiate Guidelines Network (SIGN), throughout the board. SDCEP documents are issued to staff as they become available, and all clinics have access to the internet and the eLibrary for further copies. Additionally, staff are encouraged to access the Scottish dental website (www.scottishdental.org) for further resources. Team meetings and briefing sessions take place on a regular basis where new practices and policies are introduced. Staff are also encouraged to meet with one another regularly and arrange peer review sessions to discuss new guidelines.

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

STATUS: Focusing

All patients accessing the service are asked to provide feedback on the service following treatment. The collated information is then used as a tool to assess the service’s performance and identify any areas requiring further development. The board also has a procedure manual in use within the clinics offering advice and guidance on the OOH EDS to dental staff, and this is subject to review and revision on a continual basis. Additionally, memoranda are utilised to communicate minor variants to procedures.

However, the review team recommended that the board undertakes an audit of clinical outcomes to ensure treatment provided is appropriate.

2(b) 3 Emergency dental services have drugs that are in date, and equipment that is regularly maintained.

STATUS: Practising

Emergency drugs are stored in appropriate containers in a marked location in each surgery. Each clinic in the board area has a standard emergency drug tray so all dentists working within the board area are familiar with the set-up of drug trays. A designated individual has responsibility for checking expiry dates on all drugs and arranging for replacement drugs as required. When drugs are used clinically, drug
trays are replaced in their entirety. Replacement drug trays are sourced locally through prescribing practices on the islands or from central pharmacy supplies. Clinics and surgeries in remote areas, where no 7-day pharmacy facilities are available for patients, also have access to analgesics and antibiotics for supply to patients as appropriate. In such areas, the service has an agreement in place for drugs to be supplied to patients from A&E departments or local GPs. Maintenance of equipment is primarily carried out by the board’s estates department or with the appropriate dental supply company who carry out ad hoc inspection and servicing visits. In the event of equipment failure during OOH EDS clinic times, the board confirmed that an alternative surgery would be sourced. However, it was noted that this could potentially be at another location within the Western Isles.

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

**STATUS: Practising**

Infection control is managed in line with the WIHB infection control policies, including specific infection control policies for dental clinics. All staff working in the OOH EDS are required to be fully aware of current infection control policies and copies are held in every clinical location within the board area. Staff receive training in infection control when first taking up employment with the service and additional refresher courses are provided. The board confirmed that decontamination and infection control inspections take place on a regular ongoing basis. There is a named member of staff located at each clinic who is a trained ‘cleanliness champion’ who recognises infection risks and takes appropriate action.

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

**STATUS: Practising**

There are a number of protocols in place to address the needs of those patients identified as high risk.

Children with dental trauma will be treated by an available dentist during the day. Alternatively, children presenting after 10pm will be treated within the A&E department. If A&E staff are unable to treat the problem, an on-call dentist would be contacted to come in and treat the patient. The board confirmed that all dental personnel are subject to Disclosure Scotland checks prior to commencing employment with WIHB. All dental staff are aware of child protection issues and are kept informed of any developments through close liaison with the CHaSCP. The board is also involved in the Childsmile initiative and reported that many school-age children are known to the dental department.

Patients recognised as being medically compromised will be treated as a domiciliary patient if they are unable to leave their homes. Domiciliary visits are also made to patients in residential care homes.
All hospitalised patients are treated in the hospital environment. The board confirmed that all three hospitals in the Western Isles have a working dental surgery onsite. As all WIHB employed dentists have access to all three hospitals they are, therefore, able to visit and treat all hospitalised patients in the hospital environment.

Due to the geography of the WIHB area, all patients experience remote and rural issues and, subsequently, the entire service operates in a remote and rural capacity. Thereby, remote and rural issues are automatically tackled in routine working practices.

The board reported that as there is no consultant orthodontic presence on the Western Isles, emergency treatment for patients with orthodontic appliance problems is limited to immediate relief of pain and symptoms by the OOH EDS until the patient can be referred on to specialist care, as appropriate.
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

The board reported that there are various patient record management systems adopted across the board area. A proportion of clinics use a paper-based system whilst other clinics use either the Systems of Excellence or Kodak R4 electronic systems. Each patient’s recorded details are re-checked at every visit and assessed for accuracy by the patient. Additionally, patients are required to complete and sign a medical history form at each course of treatment. The board confirmed that community health index (CHI) numbering is used for patient’s notes and radiographs. At the time of the review visit an audit of the dental records systems was ongoing.

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

Patients who have accessed the OOH EDS are given a report letter which they are then asked to pass on to their own dentist at the next available opportunity. In cases where it is deemed appropriate, the board confirmed that the letter may be supplemented with a telephone call to the dentist. In cases where patients are referred directly to A&E, details of treatments provided are passed on to the dental department.

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

The board establishes a patient’s consent to the sharing of their information through the use of a medical history questionnaire. The form contains a section which refers to information sharing and consent, and patients are required to sign the form prior to treatment. The review team considered the use of the medical history
questionnaire, containing a specific section for consent to share information, to be a strength. However, it recommended that the board ensures the form is being used consistently across all areas of the OOH EDS.
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 reported that for each patient treated by the OOH EDS, a contact report form is generated which will be used to measure against KPIs. The information gathered from this will be monitored and discussed within the WIHB emergency dental committee and will also be used for ongoing planning and service review purposes. The information will then be passed to the CHaSCP, the WIHB clinical governance committee and the board as appropriate. The board noted that performance indicators have to date concentrated on meeting time targets for the 1-hour and 24-hour referral timescales and that it had 100% compliance with these.

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

STATUS: Practising

Complaints in relation to the OOH EDS are managed by the dental department and handled in accordance with the WIHB complaints policy.

In relation to compliments, these are communicated to staff who have been directly involved and, on occasion, public acknowledgements have been made in the local press. The board reported that it is looking to establish a system for monitoring the number of compliments being received over a yearly period to include in the annual report.

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

STATUS: Practising

Patients accessing the OOH EDS are asked to complete a questionnaire following each visit to the clinic. This is done on an ongoing basis, as opposed to a periodic audit of patient satisfaction levels, and the review team recognised this as an area of good practice. The board confirmed that the results of the questionnaire are used to inform future service developments and planning of the service.
3(a) 4 An annual report on performance and services is available when requested by those contracting services.

**STATUS: Focusing**

The board confirmed its intention to produce an annual report for the service once it has been in operation for a year. Consideration has been given to the format of the report which will form part of the dental performance annual report. It will be distributed to the board and appropriate groups and committees within WIHB and will be available to the public via its website. The board confirmed it plans to continue producing a report on an ongoing, yearly basis.

In the meantime, a regular report on the service is to be sent to the clinical governance committee.
## 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>ADC</td>
<td>area dental committee</td>
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<tr>
<td>AMC</td>
<td>area medical committee</td>
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<tr>
<td>CADO</td>
<td>chief administrative dental officer</td>
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<tr>
<td>CHaSCP</td>
<td>community health and social care partnership</td>
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<tr>
<td>CHI</td>
<td>community health index</td>
</tr>
<tr>
<td>CHP</td>
<td>community health partnership</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>EDS</td>
<td>emergency dental service</td>
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<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
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<tr>
<td>GDP</td>
<td>general dental practitioner</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>LLS</td>
<td>Language Line Services</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>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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<tr>
<td>WIHB</td>
<td>Western Isles Health Board</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 with 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 Western Isles was conducted on 20 May 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td>Andy Yuill (Team Leader)</td>
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<tr>
<td>Dental Practice Advisor, NHS Fife and NHS Tayside</td>
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<tr>
<td>Michele Jamieson</td>
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<tr>
<td>Associate Director of Nursing, NHS 24</td>
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<tr>
<td>Joanna McGregor</td>
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<tr>
<td>Public Partner, Highland</td>
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<tr>
<td>Anne Palmer</td>
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<tr>
<td>Clinical Governance Facilitator - Clinical Effectiveness, NHS Borders</td>
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<tr>
<td>Ashley Rennie</td>
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<tr>
<td>Principal Dental Nurse, NHS Fife</td>
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<tr>
<td>NHS Quality Improvement Scotland Staff</td>
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<tr>
<td>Kirsteen Eydmann</td>
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<tr>
<td>Project Officer</td>
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<tr>
<td>Steven Wilson</td>
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<tr>
<td>Team Manager</td>
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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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