NHS Tayside

Local Report ~ May 2009

Out-of-Hours Emergency Dental Services
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Out-of-Hours Emergency Dental Services
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ISBN 1-84404-538-2

First published May 2009

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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 Tayside. The review visit took place on 18 November 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

Tayside is situated in the east of Scotland and has a population of around 407,338. The majority of the population live in urban areas, of which Dundee and Perth are the largest in the region, although a significant proportion live in rural areas. Three local authorities administer the area and three local community health partnerships (CHPs) have been established in Dundee, Angus and Perth & Kinross.

The NHS Tayside Out-of-Hours Emergency Dental Service (OOH EDS) was launched in August 2007 and 77% of dental practices currently participate in the service. The NHS Tayside OOH EDS is delivered from clinics operating in two major populated centres, Perth and Dundee. Appropriate next day care for unregistered patients is delivered by the Community Dental Service.

Further information about the board can be accessed via the website of NHS Tayside (www.nhstayside.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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### 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 Tayside.

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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 identifies the needs of those potentially using the service in a number of ways. Demographic data showing the population distribution across Tayside, Information Services Division (ISD) statistics on patient registration with general dental practitioners (GDPs) in Tayside and existing service use has been collected and analysed by the board to inform the planning, location and level of services provided. Historical data on dental attendance was also used in the initial stages by the board when determining the number and location of OOH sessions required. Dental disease and dental attendance behaviour is considered by the board to be strongly associated with deprivation indices and, as such, the board 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 determining the location of the service, as well as information on road networks and the availability of good transport links. The current OOH clinics in Dundee and Perth were chosen as they were the most accessible sites. Currently, 90% of the Tayside population are within a 30 minute travelling distance of either site.

The board recognises that the OOH dental needs of the population change over time, and demand and activity data are routinely monitored by the OOH steering group to inform the service. Previous analysis of these data resulted in the board identifying that an extra clinic was required resulting in the provision of an extra afternoon clinic. The board also has a mechanism in place to increase clinics short term, during periods of high demand, if necessary.

A dedicated dental helpline recently opened in Tayside and this was recognised as a strength by the review team. A patient satisfaction questionnaire is also planned and
results from this will be used to inform service developments. The board reported that a three centre model, with an additional clinic based in Angus, was initially considered based on demographic data. However, the board decided on the two centre model in the initial instance, but plans to use the results from the patient survey to determine whether a third site is required.

The board confirmed that it will continue to monitor and evaluate the service through the OOH steering group and the patient experience and clinical practitioner satisfaction surveys once developed. The review team would encourage the board to continue to use demographic data to identify the needs of patients potentially using the service and give further consideration to reviewing the OOH dental needs and access issues facing patients who live in remote and rural areas, areas of social deprivation and those patients who are homeless.

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

STATUS: Practising

Registered and unregistered patients are triaged by NHS 24 according to their clinical needs and all patients are categorised in line with the SDCEP guidelines for emergency dental care.

The board also confirmed that there is a dedicated practice based in Perth for dental care of the homeless. Homeless patients receive a referral card for this service, however, the card advises patients that if they experience dental pain before their referral date then they should call the OOH clinic number. This is displayed on the referral card and, also, a poster with this information is displayed in the clinic window.

Independent practitioners and the salaried dental services provide patient information leaflets that outline the process to their own patients. Information for unregistered patients on how to access the service is widely advertised in the press, Accident & Emergency (A&E) departments, GP surgeries, community centres and libraries. Information about the NHS Tayside dedicated dental helpline, which provides advice to patients on how to access dental services, is also displayed widely in these areas. The board reported it will consider using the NHS Tayside website to provide further information on, and publicise, the service.

The board confirmed that 77% of all dental practices in Tayside now participate in SEDS. The review team recognised this high percentage of practices participating in SEDS as a strength.

At the time of the review visit, 23% of dental practices in Tayside were not participating in SEDS. The board acknowledged that it currently has no formal system in place to monitor non-SEDS practices. However, the board intends to use
the newly developed non-SEDS monitoring tool to establish what arrangements these practices have in place to meet the needs of those using the service. The board intimated its intention to encourage all practices to join SEDS.

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

**STATUS: Practising**

OOH emergency dental care is accessed by telephone via NHS 24, regardless of whether the caller is a registered or unregistered patient. 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 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 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.

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: Practising**

The board reported that the East of Scotland Booking Hub appoints patients on behalf of NHS Tayside for weekend clinics and passes the names of appropriately triaged patients to NHS Tayside during weekdays. NHS 24 appointing officers in Glenrothes can contact local clinics by telephone and fax to inform the clinics of patients requiring treatment.

The board described the patient pathway for emergency, urgent and routine categories. In the emergency care category, following triage, an emergency outcome will be determined by the dental nurse. Emergency care can be arranged by referral to the emergency dental clinic or through contact with the on call oral and maxillofacial service (OMFS) team. The OMFS team may liaise with a local hospital in NHS Tayside to arrange treatment. In such instances, information on the patient from the point of triage is sent directly to the OMFS department.

In the urgent category of care, during weekdays, registered patients are advised to contact their own dentist to arrange an urgent appointment. Unregistered patients are offered an appointment to see a dentist at a local SEDS participating practice on the same day. If an urgent appointment is required at the weekend, all patients are given an appointment by the triage service at the next emergency session. An additional dentist is on call during weekend sessions and will be called upon if the clinic is particularly busy to ensure all patients are treated.
In the routine category of care, the SEDS triage nurse will advise the patient to make an appointment with their own dentist, if registered. Unregistered patients are provided with a central telephone number and advised to contact this number to arrange an appropriate appointment.

With regards to non-SEDS practices, NHS Tayside recently carried out a telephone audit of practice messages during OOH periods to ensure those practices were compliant with providing emergency care for their patients. Practices found to be non-compliant are followed up and supplied with the correct wording for their answer machines. The board also intend to utilise the recently developed non-SEDS monitoring tool to continually monitor their arrangements and compliance. The review team highlighted the implementation of the non-SEDS monitoring tool as a challenge.

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

There is a 24-hour, 7 days a week telephone translation service, Language Line Services (LLS), available for non-English speaking patients using NHS Tayside services. As the service is telephone based, a translator is generally available instantly. The review team considered the prompt availability of translation services to be a strength. The board also has access to Babelfish, a web-based language facility. Translation of patient information leaflets and other correspondence, such as letters and referrals, are provided on request.

At the point of triage, NHS 24 has ‘Typetalk’ for patients who are deaf or speech impaired. This service is a communication link between deaf or speech impaired callers with textphone equipment and NHS 24 frontline staff. Tayside Association for the Deaf can also be accessed for patients within NHS Tayside, if required.

All new policies and functions are subject to the EQIA process. The board recognise that an EQIA is required for this newly established 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

A number of multidisciplinary groups have been established to address dental issues including the dental executive group and the area dental advisory committee (ADAC). The dental executive group functions as a reporting pathway to disseminate information on dental services to all branches of the service. A representative from
the OMFS department attends meetings as required when there is an appropriate agenda item. There is no formal pathway or protocol for patients to go to the OMFS department, however, patients are triaged in accordance with the emergency care pathway as outlined in the SDCEP guidance.

An agreement is in place between NHS Tayside and the East of Scotland Booking Hub which operates as an appointing hub for the emergency dental services weekend clinics.

Local arrangements are in place for salaried dentists and GDPs to receive a written reminder of their scheduled participation in an OOH session.

The board issues each practice in the board area with a letter outlining the general operation of the service and the appropriate message that should be recorded on the practice answer machine.

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 ensures wide distribution of relevant information on how all patients in the board area can access the OOH EDS. Methods of dissemination include patient leaflets, dental helpline, notices on practice doors and practice answer machine messages.

Information on the service, including dental services available, the access telephone number and festive season cover arrangements, appear regularly in the local press.
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: Practising**

The development of the OOH service in Tayside was largely guided by the NHS Tayside dental executive group which meets every 3 months and contains public representation. Additionally, the ongoing review of the service is a prime function of the NHS Tayside OOH steering group. The board’s public partner group (PPG) meets monthly and the representative on the dental executive group provides feedback to their public partner colleagues from all three localities in Tayside. NHS Tayside managers also regularly meet with the group to provide an update on services. Additionally, the public partner group meets with the public in community settings and invites them to comment on services. The findings are then passed on to the board to inform service developments. The review team considered the patient and public involvement in the service to be a strength.

A patient and practitioner satisfaction questionnaire was conducted following a pilot of the service in Perth & Kinross. The questionnaire was issued to a random sample of patients who had contacted the OOH EDS telephone line during the pilot period and to all practitioners who had undertaken sessions or been on call. The responses were used to inform minor operational changes in the service. The review team highlighted the completion of the pilot patient and practitioner satisfaction surveys as a strength.

The board reported that all CHPs in Tayside have dental representation and public partners on their main committees. CHPs are updated on dental access issues and were closely involved in the development of new premises accommodating the EDS. Local authorities were consulted in the planning of the location of the emergency and OOH centres and were supportive in the review of local transport routes and bus stop locations. The review team commended the board’s collaborative working with local authorities and bus companies, and the resulting good transport links that were established, as a strength.

The board advised that it uses a number of methods to feedback to the Tayside community. Communication tools such as press releases, the talking newspaper, local community newsletter and the PPG bulletin, are used to feedback information on the service to the local community.
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**

Treatment provided, as well as verbal and written information, such as post-operative instructions or antibiotic advice, are provided to patients or carers as appropriate. The board recognised the requirement to ensure consistency between the advice given by the board and that given by NHS 24 and the need to work towards this. At the time of the review, there were plans to train all dental staff on how to best utilise SDCEP guidance, used by NHS 24, to help facilitate consistency. Ensuring advice given by dental staff is consistent and in line with triage advice from NHS 24 was considered a challenge.

Patient information leaflets are currently available in English or Polish, however, there is an individual at the board with responsibility for ensuring that patient leaflets are translated into other languages, if required.

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 service is continually reviewed through the OOH steering group which reports to the dental executive group. It was highlighted that the governance structure allows two-way communication of policies and information from the NHS executive team through to the ADAC and GP sub-committee.

Board protocol for the development and ratification of guidelines, procedures and clinical policies are followed and all new and revised policies are issued to staff.

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 Tayside risk management system which is supported by board-wide use of the incident reporting and monitoring system, Adverse Incident Management (AIM). All incidents and near misses in the OOH EDS service would be recorded on this system. The board also noted that all premises are subject to governance from the practice inspection process which takes place on a 3-yearly basis.

The board reported that risk assessment and risk management was discussed at the first meeting of the OOH steering group, and an item has been placed on the next agenda to discuss developing a specific OOH risk register. The review team acknowledge the board’s ongoing consideration to develop this.
The board’s adverse incident management committee meets regularly to discuss issues arising from the AIM system and present any findings. A locally developed newsletter, ‘Getting it Better’, is used to share any learning and best practice points. The OOH clinical governance group also holds meetings with representatives from the public partner group to discuss incidents.

The board confirmed that the dental team is trained on how to report incidents and escalate any concerns. Training is provided on root cause analysis and this is ongoing until each staff member is comfortable with the process.

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

**STATUS: Focusing**

The board described the reporting structure that is in place between the board and the clinical governance committee. It was reported that NHS Tayside recently redesigned its clinical governance committees. The Tayside improvement panel has recently been developed with a remit to focus on making rapid improvements at an operational level and any improvements made are reviewed on a 6 to 12-monthly cycle. The group meets every two months and includes public partnership representation. The board confirmed that the Tayside improvement panel will receive reports from the OOH EDS, however, as the creation of the group was only a recent development, a formal programme of reporting is still being agreed.

### 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 noted premises providing services to patients following triage are subject to governance from a practice inspection. All practices undergo an inspection on a 3-yearly basis and this process includes a risk assessment. The board has carried out a telephone audit of a significant sample of participating and non-participating practices to determine their compliance and arrangements for providing emergency care.

### 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 reported that the GDP sub-committee and ADAC meet every 3 months and a representative from the board attends the meetings. Additionally, GDPs are represented on the board’s OOH steering group.
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 as 100% of patients in NHS Tayside have access to OOH EDS, they all have access to emergency dental care. All patients will be triaged through NHS 24 and receive emergency care, if appropriate.

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

**STATUS: Practising**

There are a number of processes and procedures in place to ensure that all staff involved in the NHS Tayside OOH EDS meet employment requirements. In order to provide general dental services on behalf of NHS Tayside, a dentist must be included on the board’s dental list. Pre-employment checks include General Dental Council (GDC) registration and appropriate indemnity insurance. Board officers use a comprehensive checklist to assess applications against the terms of the NHS (General Dental Services) (Scotland) Regulations 1996 to ensure all practitioners meet the required standards. Registration status is checked at the time of initial inclusion on the dental list and annually thereafter. The board routinely check indemnity provision through the practice inspection process. However, the review team recommended that, as the practice inspection process is undertaken only once every three years, the board should give consideration to introducing a system of annual checks. This was highlighted as a challenge by the review team.

The review team noted that from July 2008 all dental nurses are also required to be registered with the GDC.

For those practitioners providing salaried primary dental care services, recruitment is managed in line with NHS Tayside’s recruitment policies and guidelines. Originals of GDC registration documents are submitted annually and these are checked, copied and each copy stored. The board reported that, as NHS employees, all salaried practitioners are covered by Crown Indemnity arrangements.

The board reported that independent contractors are not subject to Disclosure Scotland checks, however, as all dentists must be on the GDC’s register, this measure is used to monitor independent practitioners eligibility to provide services. For practitioners providing salaried primary dental care services, the board has a process to ensure Disclosure Scotland checks are carried out for all potential staff and adheres to the Partnership Information Network (PIN) guidelines on pre and post-employment checks for Disclosure Scotland. The review team considered there to be an effective recruitment and selection process in place.
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 confirmed that it adopts evidence-based guidelines in the OOH EDS. SDCEP OOH guidelines are fully implemented and staff can also access Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Needs Assessment Programme (SNAP) guidelines, which along with SDCEP guidelines, are available in the OOH EDS clinic reception areas or can be accessed from the internet. The board also disseminates SIGN guidelines throughout the organisation, with a wide distribution including dentistry.

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

STATUS: Focusing

Patients are initially triaged appropriately by NHS 24. However, if a dentist has a concern that a patient has been inappropriately triaged this can be raised in a feedback form to NHS 24. The board plans to use feedback from its patient experience questionnaire, scheduled for January 2009, to help inform the development of the service. An audit of treatment modalities was being undertaken at the time of the review visit.

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

STATUS: Practising

The board confirmed that all drugs used within the OOH EDS are securely stored in locked cupboards within the clinic. Emergency drugs are ordered by the responsible senior dental nurse through the local pharmacy. The senior nurse ensures that drugs are placed in a secure emergency drug box which is readily available during clinic hours but locked away securely at all other times. The oxygen cylinder is also stored in the drug box and a weekly maintenance check is carried out. The board also has a system in place to replace any drugs used during the OOH EDS clinic. A communications book is available in each clinic whereby staff can record any drugs
that were used and need replaced or any broken equipment. The review team considered this an effective drug management system to have in place.

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

**STATUS: Practising**

The board reported that there is an NHS Tayside-wide cross infection policy which the OOH EDS conforms to. The cross infection policy is updated and reviewed at regular intervals by the Community Dental Service and decontamination team. The board reported that the Dundee OOH EDS clinic based in Kings Cross Hospital has a local decontamination unit and the Perth OOH EDS clinic has an on-site decontamination unit. All dental nurses working in the OOH EDS have decontamination training as part of their induction. The review team considered this to be a comprehensive decontamination process and recognised the training provided for dental nurses to be a strength.

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

**STATUS: Practising**

The board demonstrated that there are a range of protocols in place to address the potential needs of high-risk patients groups.

All children with dental trauma are appointed to the OOH sessions and are seen on the day of trauma by a dentist. The board confirmed that child protection guidance is included in the induction training of staff involved in the OOH service.

Patients with a complex medical history are referred to a qualified clinician.

Hospitalised patients and those with specific physical access problems are treated as domiciliary care along with those who specifically require domiciliary care. The board reported that there has been very little demand for domiciliary care since the service commenced. All domiciliary visits are identified by the triage nurse. The dental nurse will then discuss with the senior dentist whether to visit the patient at the end of the clinic session or call in the reserve dentist and dental nurse. Domiciliary kits are kept in Dundee and Perth and are checked weekly. The review team identified that the board has a robust process in place for domiciliary care and recognised this as an area of good practice. Non-emergency patients in remote and rural locations access the service and are triaged in line with the usual processes.

Arrangements are in place to treat patients with orthodontic appliance problems. The board reported that orthodontic appliance problems are not classed as high risk by the board unless it is causing an urgent or emergency problem as outlined in SDCEP guidance. In such cases it would be treated as the urgent or emergency condition that it presents.
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: Focusing

The board confirmed that all patient records are held in paper form with individual patient records filed alphabetically in a secure area separate from non-EDS records. However, the review team noted that an audit of record-keeping has not been carried out and recommended that an audit to ensure accurate and consistent recording of patient information is performed.

The board confirmed that there are currently no plans to move to an electronic record system. The board cited significant training requirements and the need for individual log-ins, allowing traceability and adherence with clinical governance guidelines, as the main reasons as to why it had not yet progressed to an electronic recording system. The review team recognised moving towards an electronic patient recording system 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

The board reported that if it is deemed important that the patient’s own dentist knows about the patient’s attendance at the OOH EDS clinic then a letter would be written, however, this is at the discretion of the treating clinician. The letter is then given to the patient to pass on to their own dentist. If necessary, a radiograph would also be given to the patient to pass on to their dentist. In such instances, a note is made on the patient’s record card of the treatment provided, and radiograph if applicable, was given to the patient to pass on to their dentist.
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

All patients are required to sign a GP17 form consenting to treatment on attendance at an OOH EDS clinic. Following attendance at the clinic, patients are given information on the treatment they received to pass on to their own dentist. The board reported that as this information is passed on by the patient, the patient implies consent by handing information from the OOH EDS to their own dentist. This was deemed as an appropriate system by the review team.

The board confirmed that the only instance when information would be shared without prior consent would be in a Child Protection case.
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: Aware

The board reported that the OOH steering group is to consider the development of KPIs. However, the board was unable to detail, at this stage, what areas the KPIs would focus on. 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 handled by the complaints/claims department in line with the NHS Tayside complaints procedure. A response is sent to acknowledge that the complaint has been received and is being dealt with. The complaints team then investigates the complaint and any findings are fed back to the staff involved. The board reported that the complaints/claims department monitors the number of complaints and adheres to strict timescales for investigating and responding. It was noted that, at the time of the review visit, one formal complaint had been received in relation to an independent contractor and, therefore, the complaints system has been tested and was shown to work effectively. The review team considered the integration with the NHS Tayside complaints procedure as a strength.

Comment boxes are available in the reception areas of the OOH EDS clinics. An informal practice of feeding comments and compliments is in operation. However, the board confirmed that it is giving consideration to developing a process to formally recording these. The public partner group is currently exploring methods of recording compliments and comments and considering how these could be fed back into the service and to individual clinicians.
3(a) 3  The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Focusing**

A patient and practitioner satisfaction questionnaire was conducted following a pilot of the service in Perth & Kinross. The questionnaire was issued to a random sample of patients who had contacted the OOH EDS telephone line during the pilot period and to all practitioners who had undertaken sessions or been on call. The board found that the responses were very positive and the results were used to inform minor operational changes and to develop and enhance the definitive service that was then developed for Perth & Kinross before being rolled out across NHS Tayside.

There are plans to repeat the satisfaction survey for dentists, nurses, users and anyone involved in the service. The board reported the intention to carry out the patient experience survey every 3 years thereafter. The review team identified the implementation of the satisfaction survey as a challenge.

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

**STATUS: Focusing**

The board reported its intention to produce an annual report for dental services reflecting the first year of operation, most likely to be published at the end of the financial year. The board recognised that the involvement of the oral health steering group is required to assist with the development of the report and discuss areas for inclusion. However, the board anticipated that the report will include operational information and progress against any KPIs which may be developed. Once completed, the report will be widely disseminated through the clinical governance structure and will be issued to the Tayside improvement panel, dental executive group, Area dental advisory committee, dental sub-group, Tayside Executive Team and the NHS Tayside Board. The review team recommended that the board move towards determining the content and format of the annual report.
# Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
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<tr>
<td>ADAC</td>
<td>Area Dental Advisory Committee</td>
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<tr>
<td>AIM</td>
<td>adverse incident management</td>
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<tr>
<td>CHP</td>
<td>community health partnership</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>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>GP</td>
<td>general practitioner</td>
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<tr>
<td>ISD</td>
<td>Information Services Division</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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<td>PIN</td>
<td>Partnership Information Network</td>
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<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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<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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<tr>
<td>SNAP</td>
<td>Scottish Needs Assessment Programme</td>
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Appendix 2 – Review process

- 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
- 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
- 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 Tayside was conducted on 18 November 2009.

### Review team members

**Mike Devine (Team Leader)**  
Director of Salaried Primary Care Dental Services, NHS Lanarkshire

**Kim Jakobsen**  
Dental Services Manager, NHS Dumfries & Galloway

**Colwyn Jones**  
Consultant in Dental Public Health, NHS Lothian and NHS Borders

**Jim Purdie**  
Public Partner, Fife

**Janice Rollo**  
Clinical Governance Co-ordinator, NHS Grampian

**Gill Sinclair**  
General Manager for Emergency Dental Services, NHS 24

**NHS Quality Improvement Scotland Staff**

**Kirsteen Eydmann**  
Project Officer

**Steven Wilson**  
Performance Assessment 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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