NHS Borders

Local Report ~ May 2009

Out-of-Hours Emergency Dental Services
NHS Borders

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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 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 Borders. The review visit took place on 10 December 2008 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

NHS Borders is situated in the south-east of Scotland and covers an area of approximately 2,000 square miles. The area has a population of 114,454. The majority of the population live in rural areas where 65% live outside settlements of 10,000, compared to 28% for Scotland as a whole. The largest towns in the area are Galashiels and Hawick.

The NHS Borders Out-of-Hours Emergency Dental Service (OOH EDS) is delivered from the Borders Emergency Dental Service (BEDS) clinic which is based at the Borders General Hospital, Melrose. The service was established on 1 September 2005 and is staffed by local general dental practitioners (GDPs), the salaried dental service, dental nurses and administrators. At the time of the review visit, 100% of dental practices were contracted to participate in the service.

Further information about the board can be accessed via the website of NHS Borders (www.nhsborders.org.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.

<table>
<thead>
<tr>
<th>Assessment category</th>
<th>Aware</th>
<th>Focusing</th>
<th>Practising</th>
<th>Optimised</th>
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<td>Standard 1 – Accessibility and Availability at First Point of Contact</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 Borders.

#### NHS Borders

<table>
<thead>
<tr>
<th>Standard 1 – Accessibility and Availability at First Point of Contact</th>
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<tbody>
<tr>
<td>1(a) 4</td>
<td>Clarify a clear patient pathway following triage</td>
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</tbody>
</table>
| 1(a) 5 | (a) Undertake an Equality and Diversity Impact Assessment (EQIA) specifically for the NHS Borders OOH EDS  
(b) Establish a risk register specifically for OOH EDS |

<table>
<thead>
<tr>
<th>Standard 2(a) Safe and Effective Care – Healthcare Governance</th>
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</table>
| 2(a) 1 | (a) Establish public involvement at committee level in respect of future service development and evaluation  
(b) Appoint to dental practice adviser (DPA) post as a matter of urgency |
| 2(a) 3 | Initiate an action plan following annual audit of the service |

<table>
<thead>
<tr>
<th>Standard 2(b) Safe and Effective Care – Clinical Care</th>
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<tbody>
<tr>
<td>2(b) 2</td>
<td>Undertake an audit of patient assessment and clinical care specific to the NHS Borders OOH EDS</td>
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<tr>
<td>2(b) 5</td>
<td>Revise guidelines for domiciliary visits in respect of dentists being accompanied by a dental nurse</td>
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<tr>
<th>Standard 2(c) Safe and Effective Care – Information and Communication</th>
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<tbody>
<tr>
<td>2(c) 1</td>
<td>Review the use of the Kodak R4 system by out-of-hours dentists accessing the system via dental nurse user details</td>
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<tr>
<td>2(c) 2</td>
<td>Establish a formal discharge arrangement in respect of the transfer of patient information to the patient's own dentist</td>
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<tr>
<th>Standard 3 – Audit, Monitoring and Reporting</th>
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<tr>
<td>3(a) 1</td>
<td>Develop key performance indicators (KPIs) specific to the NHS Borders OOH EDS</td>
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<tr>
<td>3(a) 2</td>
<td>Finalise completion of the draft localised complaints procedure</td>
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<td>3(a) 3</td>
<td>Establish regular patient satisfaction survey and identify a mechanism for analysing results</td>
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<tr>
<td>3(a) 4</td>
<td>Produce an annual report on performance and services of the NHS Borders OOH EDS</td>
</tr>
</tbody>
</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

In identifying the needs of those potentially using the NHS Borders OOH EDS, the board takes a number of demographic factors into account. Population projections are used to inform future service requirements, along with dental registration data. Dental registration for both adults and children was reported to be lower than the national average. The availability of dental services is a major factor in identifying the level of services provided and the board reported a ratio of only one GDP to 3,000 patients which is below the national average.

Recalled attendance figures have been monitored and are reported to have decreased since the establishment of the BEDS.

A dental enquiry line is in place which is staffed by a dental call handler, with a triage nurse available for advice and support. In addition to dealing with a large number of enquiries regarding access to dental services and registration, the call handler regularly contacts GDPs to determine if and when they will be opening their list to NHS patients. Emergency calls received by the dental enquiry line are appointed to the in-hours service, wherever possible, in order to moderate the number of patients attending the OOH EDS. Capacity in the in-hours service normally exceeds requirements. The effective management of in-hours capacity was identified as a strength by the review team.

Dental enquiry line activity is used to monitor the uptake of the service and to inform future service development. The availability and remit of the dental enquiry line was recognised as a strength by the review team.

The board reported plans to address increased demand on the service over the festive period. Staff rotas are amended to accommodate the anticipated increase in the numbers of patients attending the clinic. Posters advertising clinic times are displayed in the waiting area of the clinic.
The board reported that the service is monitored through the BEDS steering group which comprises representatives from a number of areas across NHS Borders. However, at the time of the review visit, it was noted that there was no DPA or GDP on the group. The DPA post was vacated in August 2008 and the board reported plans to appoint a GDP to the position. At the time of the review visit, there was also no public involvement representative on the steering group. There is, however, public involvement representation on the oral health strategy group and any issues in respect of the OOH EDS are escalated through this group. Quarterly monitoring data are presented to the steering group using Kodak R4 practice management software. The data provided by Kodak R4 details patient registration status, the number of attendances at the clinic and follow-up appointments. Data are also produced which outline treatment given and the numbers of patients who fail to attend appointments. The system also allows for monitoring of the 'did not attend' rate. There are plans to introduce a ‘text reminder’ system to help to reduce the numbers of patients who fail to attend their appointment. The Kodak R4 system enables dental staff to view clinical data at any time, ensuring access to the most current information. This was identified as an area of good practice by the review team.

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

**STATUS: Practising**

The NHS Borders in-hours emergency dental service is accessed through the dental enquiry line during the week until 4.30pm. The out-of-hours service is then accessed by registered and unregistered patients via NHS 24 from 6pm. The review team noted the gap in service accessibility. However, the board reported that no demand had been identified between these times and that patients are still contacted within target times. Calls are triaged by an NHS 24 dental nurse who faxes the patient’s call record to the East of Scotland Booking Hub for appointing to the emergency dental clinic. Appointments are made in accordance with the triage nurse's written outcome, and patients are seen within 24 hours of contacting the service. Appointments are set at 20-minute intervals and patients can be added to the list at any time during the clinic.

The BEDS clinic is located at Borders General Hospital which is situated in central Borders and no more than one and a half hour’s travel from the furthermost points of the area. The board reported that, on weeknights, the service is not heavily used with only 12 calls received and six patients attending the service in the year before the review visit. NHS salaried dental staff are on call for this part of the service and would be telephoned on a mobile telephone number by NHS 24 if there is a need to attend to a patient at the clinic. The weekend service operates on Saturday and Sunday from 1-4pm each day at the BEDS clinic. The times were chosen to facilitate ease of access by public transport from the more geographically remote parts of the
area and to enable patients to have prescriptions dispensed during local pharmacy opening times. The review team acknowledged the identification of appropriate clinic times as a strength. There are two dentists for each clinic, one works in the session and the other is on standby should the number of patients exceed 10. Contingency arrangements are in place for the standby dentist to provide cover for the clinic in the event of sickness, leave, etc. The board confirmed that there has never been a breakdown in service. The service employs dental nurses from both the independent and salaried sectors, and all dental nurses are eligible to apply for a position in the service.

All independent, community and salaried dentists in the NHS Borders area participate in the OOH EDS. GDPs provide sessional input while community and salaried dentists cover the OOH EDS through a rota system. GDP practices also provide weekday access slots for emergency treatment, to support the weekend OOH EDS clinic. In addition to sessional input, there are three independent dental practices in Hawick, Peebles and Eyemouth which offer enhanced emergency cover on Saturday mornings for their registered patients. The board reported that this arrangement helps to reduce the impact on the weekend emergency clinic. The review team highlighted the 100% participation in SEDS 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 initially access out-of-hours care by telephone through NHS 24. The NHS 24 telephone number is displayed throughout the board area, on the dental helpline poster and on the NHS Borders 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 triage nurse. Using established protocols and decision support software, the triage nurse assesses the urgency of the patient's condition and directs them into an appropriate care pathway in the categories of emergency, urgent or routine care. 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: Focusing**

The board submission did not describe the system in place to ensure an appropriate patient pathway, following triage, in the categories of emergency, urgent and routine care. There was lack of clarity about lines of responsibility following triage, ie when NHS 24 responsibility ends. Following discussion, it was accepted by the review team that patients receive advice and care appropriate to their condition. However,
the review team strongly recommended that the board clarifies the patient pathway following triage and identified this 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**

NHS Borders information leaflets are printed in a variety of languages to suit the diversity of the local community. There is a translation and interpreter service in place to support patients and staff. The interpretation and translation guidelines, while not included in the board’s evidence, were made available at the review visit. All documents can be translated at the patient’s request.

Hearing loop facilities are not available in the area used for the dental clinic. However, these facilities are available in another room which can be used, if necessary.

There are a number of board-wide policies in place to cover race, gender and disability equality schemes. The board acknowledged the need to carry out an EQIA in respect of the OOH EDS. The review team identified this as a challenge.

No specific needs assessment of the OOH EDS clinic has been carried out. However, the board confirmed that, as the hospital is compliant with the Disability Discrimination Act 2005 (DDA), the clinic area is regarded as being compliant. The board plans to undertake a needs assessment specific to the OOH EDS clinic, although no date has been set for this. An action plan will be developed to address any issues arising from the planned needs assessment. While the board carries out an annual risk assessment and regular hazard spotting is in place, risk is assessed in the OOH EDS from the perspective of orthodontic use. The review team, therefore, recommended the development of a risk register specifically for the OOH EDS.

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**

The board reported that emergency dental services are provided in a collaborative manner and involve salaried, community and independent dental practitioners and dental nurses. There is a draft communication policy in place with an action plan to ensure effective communication across all areas of the board.

Information regarding the service is shared with the NHS Borders Emergency Care Service (BECS) and there is representation from BECS on the BEDS steering group. There are informal links between dental and medical staff regarding patient care, as well as service planning during peak times. There are also informal links with the
accident and emergency (A&E) department at Borders General Hospital whereby patients who present to A&E are transferred to the OOH EDS, where appropriate. A local arrangement exists for A&E to refer patients on to the maxillofacial department at St. John’s Hospital at Howden for treatment under the ‘emergency’ category of need.

The review team identified the effective collaborative working as a strength.

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 OOH EDS is advertised through the use of posters and leaflets placed in prominent positions within health centres across the board area. Information on the service is also publicised on the board’s website. The dental enquiry line poster gives information on accessing emergency dental services. The dental enquiry line is also advertised on the back of local buses.

The board reported that, at the time of the review visit, equality and diversity training was under way and nearing completion.
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 board acknowledged the lack of public involvement in the establishment and development of the service. However, it was reported that plans are in place to secure public representation on the BEDS steering group through the board’s patient focus public involvement (PFPI) structures, to contribute to the future development and evaluation of the service. This was highlighted as a challenge by the review team.

A patient satisfaction pilot questionnaire was developed by the board and has been given to patients attending the BEDS clinic from 1 November 2008. Patients were also contacted by telephone 2 weeks following their attendance at the clinic to ask their opinion on their experience of the service. The board reported that results will be analysed and reported back to the steering group. The review team identified the implementation of a patient satisfaction pilot as a strength.

Ongoing developments are discussed by the steering group. The DPA, once in post, will become a member of this group and will also attend the local dental committee (LDC) and the area dental committee (ADC), which has representation from salaried and community dentists.

The board acknowledged that the DPA post had been vacant longer than anticipated. It is hoped than an appointment will be made early in 2009. The review team identified the timeous appointment of a DPA as a challenge.

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

A medical history is taken from all patients attending the OOH EDS clinic. The dentist provides the patient and/or carer with information on any proposed treatment and the treatment given is then documented. A log sheet detailing advice given to the patient is completed and recorded on the Kodak R4 system to which all staff have access. This was recognised as an area of good practice by the review team.
Patients and their carers are also given verbal and written information in the form of leaflets giving advice on any post-extraction bleeding.

Registered patients are given a discharge letter to pass to their dentist outlining information on treatment received. Unregistered patients are given a business card for the dental enquiry line to organise further treatment, if required. A letter is also sent to the dental enquiry line in the event of the patient requiring additional care. The link back to the dental enquiry line from the OOH EDS was identified as a strength by the review team.

Prescriptions for full courses of medication are given to patients to take to a local pharmacy and a list of pharmacies, with opening times, is available at the clinic. The hospital pharmacy supply is only used in extreme circumstances, for example, in the case of children in distress.

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

It was reported that a set of NHS Borders standards is in place to support staff in the development of clinical policies, procedures, protocols and guidelines. The outcome of an annual audit of the service to review current practice and identify areas for development is normally included in the DPA’s annual report. However, any action plan or follow-up is not possible until the DPA post is filled.

The BEDS steering group is responsible for the development and review of policy within the service.

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 a robust risk management system through which incidents are escalated appropriately. Incidents that are graded at a high or very high level are referred by the clinical risk team to the integrated clinical governance group that was formed in September 2008, combining the functions of the acute clinical governance group and the clinical risk review team. Recorded events are graded according to the NHS Borders risk matrix and all events with extreme actual outcome are considered for the application of root cause analysis methodology. The dental nurse manager and all dental nurse co-ordinators are trained risk assessors.

Identified serious risks are also referred by the clinical risk team to the integrated clinical governance group and the information is then escalated to the risk management group and risk management board. Minutes from the integrated clinical governance group are also disseminated to the clinical governance steering group and
clinical governance committee. Outcomes and action plans arising from investigations are reported through the clinical governance structure on a 6-monthly basis. The review team identified the robust risk management system as a strength.

The board provided additional information on shared learning across the NHS Borders area and with other board areas. At the time of the review visit, a Scottish lead dental nurse peer group had been established as a forum for sharing practice experiences and other information across all boards, for example, sharing information on minimising risk in respect of the packaging and transporting of instruments and reducing the risk from sharps. The review team commended this initiative and considered it an example of good practice.

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

STATUS: Practising

The board outlined the reporting arrangements that are in place for ensuring that clinical governance committees receive regular reports on the service. The clinical director is a member of the BEDS steering group as well as the primary care interface group and clinical risk management group. Any issues identified by these groups are reported by the clinical director through the clinical governance structure.

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 the NHS Borders area have a standardised message on their telephone answering machines with instructions to patients on how to access emergency dental care out-of-hours. Telephone message scripts are provided to dental practices. The call handler at the dental enquiry line conducts a randomised telephone spot-check to ensure all practices are directing patients appropriately. The review team highlighted this as a strength.

The OOH EDS operates on all local and public holidays. In addition, most GDPs in the area work on local holidays. Private practices have their own arrangements.

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 effective communication is maintained via the clinical service manager and DPA who both attend the LDC. The oral surgery department at the Borders General Hospital has close links with the OOH EDS as surgeries are
shared and informal communication has proven to be effective through the establishment of good working relationships. The orthodontist is also a member of the senior management team of the NHS Borders dental team.

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 the BEDS clinic is located within Borders General Hospital, there is a simple process for referral of patients from wards to the OOH EDS. There is an existing arrangement for patients who require treatment in the emergency category of care to be treated by the oral and maxillofacial surgery (OMFS) department at St. John's Hospital at Howden.

The board tabled draft plans for a proposed relocation of the clinic to an area next to the A&E and radiology departments. It is hoped that the patient journey will be improved, and links strengthened between departments, if the plans are approved.

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

**STATUS: Practising**

NHS Borders has a pre-employment/pre-placement policy statement and protocol in place for recruiting staff and carrying out all necessary checks on registration and qualifications, in addition to visa status. The board confirmed that all dentists and dental nurses are subject to Disclosure Scotland checks prior to working with the service.

The Staff Governance Information System (SGIS) records registration details of all dentists and dental nurses. At the time of the review visit, the system did not flag up registration renewals. However, there are plans to add this facility to the system in the future. In the meantime, the board confirmed that a manual system is in place to monitor registration and to issue reminders to update registrations. Registrations for dentists are also checked annually on the General Dental Council (GDC) website.

Salaried GDPs and dental nurses are employed directly by NHS Borders and are, therefore, considered to be covered by Crown Indemnity. Indemnity provision for independent dentists and dental nurses is checked prior to placement on the BEDS rota. The NHS Borders human resources department has responsibility for issuing a reminder letter to dental staff annually, to ensure continuing indemnity.

There is a mechanism on the Kodak R4 system to record both registration and indemnity. The board intend to upgrade the system during 2009 to allow the capture of this information.

The effective board-wide use of the Kodak R4 system was identified as a strength by the review team.
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’s clinical governance support team is responsible for ensuring that appropriate guidelines, including Scottish Intercollegiate Guidelines Network (SIGN) guidelines and SDCEP guidelines, are disseminated to relevant staff on a core distribution list. A tear-off reply slip confirms receipt by the appropriate individual and an agreement to ensure the guidance is made available to frontline staff.

The board confirmed that all relevant guidelines are available in the BEDS surgery and that the use of guidelines is monitored. However, there is an acknowledged difficulty in monitoring the use of guidelines by independent contractors who may only be on duty in the surgery once every 10 months.

A staff handbook containing protocols for the service is available in the BEDS surgery, as well as copies of guidelines, for example, SDCEP and SIGN guidelines.

Relevant members of staff are identified as assessors and asked to comment on local practice against recommendations and guidance to facilitate the development of action plans to address any gaps in implementation. Priorities for implementation are agreed at a clinical executive meeting where individual staff members are identified to assume responsibility for progressing action plans. Updates on the implementation of guidelines are submitted to the board’s clinical information guidelines group and the clinical executive. The review team acknowledged this robust system of assessment of local practice.

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

STATUS: Practising

The board reported that compliance with national standards is audited by the DPA and a clinical audit programme is in place for dental services within Borders General Hospital. However, it was acknowledged that there has been no audit conducted specific to the OOH EDS. Clinical issues for concern are identified through a feedback book located at the BEDS surgery.

The Kodak R4 system allows for the collection and monitoring of clinical and non-clinical information which is then escalated to the BEDS steering group.
The review team recommended that, in order to ensure appropriate clinical assessment and care of patients, the board should conduct an audit of clinical care in respect of the OOH EDS.

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

STATUS: Practising

All drugs for the OOH EDS are stored in the hospital within the BECS area. Drugs are managed in line with policies and procedures relating to the hospital as a whole. Oxygen and resuscitation packs are checked by a dental nurse every Monday morning, following the weekend clinic sessions, in order to identify whether replacements are required. Replacement supplies are immediately available from the hospital stock.

The board confirmed that all staff in the OOH EDS have up-to-date cardiopulmonary resuscitation (CPR) training, in line with GDC regulations, and that new staff must evidence this as part of the induction process.

A maintenance log book is kept within the surgery for recording any maintenance issues. The log book is checked by the dental nurse manager on a regular basis.

The personal electronic catalogue and ordering system (PECOS) system is used to order equipment or other resources, as appropriate.

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

STATUS: Practising

The board described the policies and procedures in place to ensure that effective decontamination is in place for the OOH EDS. Decontamination is the responsibility of the area sterilisation and decontamination unit (ASDU) which is on-site at the Borders General Hospital and complies with the Health Technical Memorandum (HTM) 20.30 part two – Operational Management Policy.

The local dental nurse co-ordinator has responsibility for ensuring that adequate stocks of decontaminated instruments are available for the service at all times, including public holidays. As a contingency, if supplies were ever to run out, the service is able to use the on-site orthodontic supply of instruments. The review team recognised the robust arrangements in place for the tracking of instrument trays to individual patients as an area of good practice.

The board also reported that all dental surgery inspections will be conducted by the dental nurse co-ordinator in the future.

The review team highlighted the effective decontamination procedures as a strength.
2(b) 5 Protocols are in place to address the needs of specific high-risk patient groups.

**STATUS: Practising**

The board outlined a number of protocols that are in place to address the needs of high-risk patients.

All children are seen by the on-call dentist and, in the event of significant trauma, the child will be transported to St. John's Hospital at Howden. Outwith clinic hours, the child will be triaged through the A&E department at Borders General Hospital and transported to either the Chalmers Dental Service in Edinburgh or St. John's Hospital at Howden.

If a patient has serious health issues that prevent travel to the OOH EDS surgery at weekends or on weekday evenings, the dentist on duty will decide whether a domiciliary visit is necessary, or whether a community dental officer should visit during weekday time. If there are concerns relating to the medical condition of the patient, advice is sought from the BECS. If necessary, a doctor from the BECS will attend the OOH EDS surgery.

Hospitalised patients are triaged by NHS 24 and given an appointment at the OOH EDS surgery the following day. A dentist may also provide treatment on the ward, if necessary.

As the OOH EDS surgery is sited within a general hospital, wheelchairs and lifts are available to enable access and, in the surgery area, portable chairs and hoists are at hand. Support is also available from other departments, where necessary.

The NHS Borders transport policy allows for the dentist on duty to request that transport is made available to bring patients from remote and rural locations to the OOH EDS. This was identified by the review team as an area of good practice. For patients unable to attend the surgery, protocols are in place for the dentist on duty to assess the patient for a domiciliary visit. The standby dentist will undertake a domiciliary visit to stabilise the patient. The patient is then referred to the dental enquiry line, if unregistered, for further treatment. Registered patients are advised to contact their GDP for any necessary follow-up.

The review team noted that the NHS Borders guidelines for domiciliary visits state that it is ‘desirable’ for the dentist to be accompanied by a dental nurse. The review team recommended that the requirement for the dentist to be accompanied should be mandatory and identified this as a challenge.

Patients with orthodontic problems will be given advice and made comfortable prior to the patient being referred back to their 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: Focusing

The Kodak R4 records management system records all clinical and non-clinical information and has an online tracking system that identifies which staff member has accessed a patient record. Monthly training on the system is made available to all staff. However, difficulty in training OOH EDS dentists on the use of the system, due to many dentists working only evenings and weekends on a very infrequent basis, was acknowledged by the board. The review team suggested that the board should make arrangements for this group to receive Kodak R4 online training. It was reported that dentists in the service are logged onto the system by a dental nurse who will also input any data. The review team recommended that the board considers the possible IT security issues surrounding the use of the system by personnel under another user name.

The board reported that use of the Kodak R4 system ensures the consistent and accurate recording of patient information. An audit of patient records is carried out on a random basis by the practice manager as a further consistency check and this was recognised as an area of good practice by the review team.

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

STATUS: Focusing

Informal arrangements are in place for the patient's own dentist to receive a discharge letter, outlining treatment given, either by post or by giving the letter to the patient to pass on to their dentist. As there is no mechanism for ensuring that a patient will pass on the discharge letter to their dentist, the review team recommended that the board puts in place formal discharge arrangements.
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

Patients attending the OOH EDS sign a medical history form giving permission for the sharing of information about them and their care. Separate documentation is also in place to record consent from children requiring dental treatment and adults with an incapacity.
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, at the time of the review visit, consideration was being given to the development of KPIs for the general dental service, addressing, in particular, the patient journey/pathway and SCDEP guidelines. There are no specific plans for the OOH EDS.

The review team recommended that the board develops 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

NHS Borders does not have a localised written complaints procedure. However, the board confirmed that formal complaints are managed in line with the Scottish Government Health Directorate's complaints procedure. Work is currently under way on the preparation of a draft localised complaints procedure. Complaints are received by the board’s complaints officer and all formal complaints about dental services are reported to the primary and community services clinical governance group on a quarterly basis. Action plans are formulated for those complaints which are 'upheld' or 'partly upheld' and are forwarded to the senior staff involved in the investigation of the complaint. Once all action points are addressed, the action plan is returned to the complaints officer. The board reported that a system of further review/reporting is in development. Informal comments are reported in a patient feedback annual report. Compliments are also recorded within the complaints function. Senior staff ensure that all frontline staff involved in the investigation of complaints are advised of outcomes. The review team highlighted the robust complaints system as a strength.
3(a) 3  The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Focusing**

The board reported that there are plans to establish a regular patient satisfaction feedback survey, following on from the pilot which was undertaken. The review team encouraged the board to establish the survey in the near future and to put in place mechanisms for analysis of results.

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

**STATUS: Focusing**

The board acknowledged that no annual report on the OOH EDS has been prepared as this function falls within the remit of the DPA. The board has undertaken to review the production of an annual report once a new DPA is appointed.

The board also reported an intention to make future annual reports publicly available through the NHS Borders website.
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>ASDU</td>
<td>area sterilisation and decontamination unit</td>
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<tr>
<td>BECS</td>
<td>Borders Emergency Care Service</td>
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<td>BEDS</td>
<td>Borders Emergency Dental Service</td>
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<tr>
<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
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<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>DPA</td>
<td>dental practice adviser</td>
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<td>EDS</td>
<td>emergency dental service</td>
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<td>GDC</td>
<td>General Dental Council</td>
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<td>GDP</td>
<td>general dental practitioner</td>
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<td>HTM</td>
<td>health technical memorandum</td>
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<td>KPI</td>
<td>key performance indicator</td>
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<td>LDC</td>
<td>local dental committee</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
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<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>PECOS</td>
<td>personal electronic catalogue and ordering system</td>
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<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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<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
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<tr>
<td>SGIS</td>
<td>Staff Governance Information System</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 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 Borders was conducted on 10 December 2008.

### Review team members

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### NHS Quality Improvement Scotland Staff

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Project Officer

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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