NHS Dumfries & Galloway

Local Report ~ August 2009

Out-of-Hours Emergency Dental Services
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.
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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 Dumfries & Galloway**. The review visit took place on **25 March 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

NHS Dumfries & Galloway is situated in the south-west of Scotland and covers an area of approximately 2,400 square miles which stretches from Langholm in the East to Stranraer in the West, and from Kirkconnel and Carsphairn in the North down to the Solway Coast. The region has a population of 148,500 which is divided between four local health partnerships in Annandale & Eskdale, Dumfries & Upper Nithsdale, Stewartry and Wigtownshire.

NHS Dumfries & Galloway provides general dental services from 25 general dental practices and six salaried dental practices.

The Out-of-Hours Emergency Dental Service (OOH EDS) is delivered from two locations in Dumfries. The Dumfries Dental Centre opened in January 2008, providing salaried and community dental services together with dental undergraduate and therapist training facilities. The centre operates a Sunday OOH EDS clinic. The Loreburn Dental Centre, in Dumfries town centre operates a Saturday OOH EDS clinic and is managed, through contractual arrangements with NHS Dumfries & Galloway, by Integrated Dental Holdings (IDH).

At the time of the review visit, NHS Dumfries & Galloway was planning the forthcoming integration with SEDS.

Further information about the board can be accessed via the website of NHS Dumfries & Galloway (www.nhsdg.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 Dumfries & Galloway.

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<th>NHS Dumfries &amp; Galloway</th>
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<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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| **1(a) 2** | a) Engage with the SEDS regarding integration  
  b) Establish an action plan to identify and encourage dentists to participate in the integrated OOH EDS |
| **1(a) 3** | Install a call-recording system |
| **1(a) 5** | Promote the OOH EDS to patients from diverse social and cultural backgrounds |
| **Standard 2(a) Safe and Effective Care – Healthcare Governance** |
| **2(a) 3** | a) Establish a clear, cohesive framework for clinical governance in relation to the OOH EDS  
  b) Review the quality assurance/clinical governance contractor arrangements with IDH |
| **2(a) 4** | Review and update the NHS Dumfries & Galloway risk management strategy |
| **Standard 3 – Audit, Monitoring and Reporting** |
| **3(a) 1** | Develop a set of patient-focused, clinical and organisational key performance indicators (KPIs) |
| **3(a) 3** | Finalise and initiate the OOH EDS patient satisfaction survey |
| **3(a) 4** | Produce and disseminate an annual report on the performance of the OOH EDS |
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) Arrangements are in place to identify the needs of those potentially using these services.

**STATUS: Focusing**

NHS Dumfries & Galloway reported the use of a number of information sources to identify the needs of those potentially using emergency dental services out-of-hours. Demographic data on the distribution of the population across the region are provided by the board's health intelligence department and this information assists the board in identifying dental needs in both urban and rural areas.

Dental registration data indicate that 56% of the population is registered with a dentist. The board reported that it is working towards a target of 60% dental registration, utilising additional capacity in the board-managed salaried dental service. An allocation list holds details of patients who are seeking dental registration. The board acknowledged the absence of registration data in respect of private dental providers. Recalled attendance data indicate the level of out-of-hours emergency call-outs for the registered population, and this information is used by the board as a proxy for measuring capacity and need in the service.

The board reported that demand from unregistered patients is monitored through the dental helpline. A snapshot of helpline activity was provided as evidence for the visit but the board acknowledged that this provides limited information in terms of service design. However, at the time of the review visit, work had commenced on the development of a database to capture data that will identify long-term trends in patient need. While the helpline records the post code of patients, building data on the distribution of demand, the board acknowledged that there may be value in mapping the data in order to match demand to capacity.

The OOH EDS is centred in the Dumfries area in the east of the region. There is no OOH EDS clinic in the west of the region. Therefore, patients in this area access the service in Dumfries. The board reported that, in an effort to develop a sustainable board-wide service, discussions were ongoing to divide the service between two
areas: Dumfries in the east and Newton Stewart in the west. The review team identified the board-wide sustainability of out-of-hours emergency dental care as a challenge.

The information gathered on the needs of the population is used to inform ongoing service development and to identify pressure points in service delivery. For example, the board established an additional OOH EDS clinic on Saturdays at the Loreburn Dental Centre in Dumfries in response to increased demand. This clinic complements the existing Sunday clinic at Dumfries Dental Centre. The review team highlighted the use of the board's contractual arrangement with IDH, to improve access to the OOH EDS, as a strength. The board confirmed that clinics operated by IDH are also subject to the practice inspection system.

Quarterly monitoring meetings are held between representatives of the board and IDH, to include review of the OOH EDS. The outcomes and actions resulting from the meetings are reported to the board's medical director. Routine monitoring of weekend clinic appointment logs is undertaken to ensure maximum use of capacity.

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

STATUS: Focusing

Information on accessing the OOH EDS is made available on the NHS Dumfries & Galloway website and via the board's dental helpline. Patient information leaflets and posters advertising the helpline are displayed in health centres, dental practices, GP surgeries, pharmacies, libraries and other community buildings. Salaried dental clinics' messaging services also carry the dental helpline telephone number.

The dental helpline operates between 9am and 4.30pm, Monday to Friday, and patients may speak to, or leave a message for, the dental service co-ordinator. The dental service co-ordinator triages patients who contact the helpline, to determine whether an emergency appointment is appropriate. The review team identified the availability of the dental helpline as a strength.

At the time of the review visit, board plans for integration with SEDS were under development. The board issued initial proposals for SEDS integration to all independent contractors and salaried dentists in July and October 2008. Following a number of information sessions on SEDS integration in November 2008, a revised proposal was issued, incorporating detailed patient pathways for secondary care. The board reported that responses to the proposal, and agreements to participate, were due to be received by April 2009. It is expected that the majority of dentists in the board area will participate in SEDS. IDH practices in the board area had formally agreed to participate and one independent practice had indicated that it would not take part in SEDS. The board reported plans to use the non-SEDS monitoring tool for non-participating dentists in order to ensure compliance with SDCEP standards.
of care, once integrated with SEDS. The review team recognised that achieving high levels of dentist participation in the new integrated service is a challenge.

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

STATUS: Focusing

Unregistered patients and their representatives initially access the OOH EDS by telephoning the board’s dental helpline during normal daytime hours of operation. Callers who leave messages on the helpline answering service may be called back by weekday staff up until 8pm. However, patients who leave a message after this time on weekdays will not be called back until the following morning. The answering machine message gives no guidance to patients who may be experiencing a medical complication of a dental issue and the board considered that the patient would call NHS 24 directly. However, no formal agreement is in place between the board and NHS 24 regarding this. The review team highlighted improved signposting for patients as a challenge.

Incoming calls to the helpline are not recorded and the system has no monitoring facility. The review team recommended that the board addresses this issue by installing a call-recording system. The board reported that patients are sometimes triaged by non-clinical reception staff and any concerns identified during triage are escalated to a senior dental nurse. Messages left on the helpline at weekends (Friday 4.30pm to Monday 8.30am) are downloaded by the out-of-hours medical service at Dumfries & Galloway Royal Infirmary (DGRI) on an hourly basis and call backs are made to patients who are then triaged by this service. Appointment logs for the Sunday clinic are made available to the out-of-hours medical call-handlers and patients are appointed as required. The appointment log is then faxed to the Dumfries Dental Centre. The review team identified the collaborative working with the out-of-hours medical service as a strength.

All communications are logged on either the board’s EDS database or on a paper record. However, the board reported plans to replace this system with a new electronic system which will enable the board to monitor key elements and adherence to SDCEP timescales.

Independent general dental practitioners (GDPs) provide an out-of-hours emergency messaging service for their registered patients. Local protocol stipulates that patients will be contacted within 4 hours and should receive any necessary treatment within 24 hours. However, at the time of the review visit, there was no process for the board to monitor GDP compliance with the protocol.

The review team recommended the implementation of a cohesive development plan for the OOH EDS and identified this as a challenge.
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**

On weekdays, following triage, patients are appointed to the next day in-hours service or to the Saturday OOH EDS clinic. The review team noted that there is no OOH EDS evening triage after 8pm. Therefore, the board cannot guarantee patient contact with a clinician within one hour in the urgent category of care, as per SDCEP guidelines. Weekday non-clinical staff use a call record sheet and an appointment log, to which notes are added, for the purpose of passing information to clinical staff. The review team identified the absence of evening triage by appropriately trained staff as a challenge.

At weekends, the out-of-hours medical service gives basic triage to patients and appoints them to the first available appointment at the Sunday OOH EDS clinic, therefore, not guaranteeing treatment within 24 hours for patients in the urgent category of care, as per SDCEP guidelines. Call handlers use OOH EDS appointment logs to which patient information is added, for relaying to the receiving clinic.

Information is faxed from the helpline to IDH on a Friday afternoon, with details of patients appointed to the Saturday OOH EDS clinic.

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 contract in place between the board and Language Line to provide translation services by telephone, in order to support patients and staff in the OOH EDS. Board publications are available in a variety of formats, for example, large print, audio and Braille. The board reported that policies are in place to allow access to clinical areas for guide dogs and that hearing loops are in operation in all salaried dental clinics. There is no provision for domiciliary visits. However, the board provides a patient transport service which is available to the weekend OOH EDS.

The board confirmed that IDH premises are fully compliant with the Disability Discrimination Act 2005 (DDA), as are all board-managed dental sites. However, the board acknowledged that the OOH EDS had not been subject to an Equality and Diversity Impact Assessment (EQIA). There are plans to undertake an EQIA of the service following SEDS integration.

The review team was given a guided tour of the Dumfries Dental Centre and was extremely impressed by the range and standard of facilities that are available to patients. The review team highlighted the dental centre as a strength.
1(a) 6 Arrangements for access should be integrated across all areas of dental out-
of-hours care (general dental practice, community, salaried and hospital
dental service), and, where appropriate, with other primary care emergency
services.

STATUS: Focusing

The board reported that the out-of-hours medical service supports the OOH EDS
by participating in the weekend patient call back arrangement. The ongoing
development of the SEDS integration in the board area will build on existing
working arrangements across board services. The board's area dental committee
(ADC) had received updated information about the new SEDS service at the most
recent annual general meeting (AGM).

A senior management group is responsible for overseeing out-of-hours medical
services. However, there is no dental representation on this group to facilitate
ongoing links between the two services.

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: Aware

The OOH EDS is advertised through the use of posters and leaflets placed in GP
and GDP practices. However, the board acknowledged that the service is not actively
promoted. The board reported on a local initiative to produce an information pack
for migrant workers but no update on progress was available to the review team at
the time of the visit. Although referred to in the board's submission, there was no
evidence of booklets and leaflets aimed at patients from different social and cultural
backgrounds. The review team recommended that the board actively promotes the
OOH EDS to these patients.
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 absence of public and patient involvement in the design and development of the service. Public partners had previously formed part of the membership of the commissioning group for Dumfries Dental Centre and also influenced the development of an operational manual for dental services. The board reported plans to establish a short-life management group for the OOH EDS which will have similar lay membership and provide feedback on services to individuals and groups. It is expected that public partners will contribute to the future development and evaluation of the integrated SEDS service. The board reported that there are no formal links with community planning partners.

The board reported ongoing discussions with the local community health partnership (CHP) regarding the roll out of the SEDS programme. A detailed integration proposal will be submitted to the CHP senior management team and to the NHS Dumfries & Galloway board.

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: Focusing
In addition to verbal information provided by clinicians to patients, a range of leaflets is also available to include information on post-extraction bleeding and infection.

A board-wide policy is in place for the production of leaflets, whereby leaflet content is checked for such aspects as readability and equality and diversity and is then subjected to patient-testing prior to board sign-off. However, the review team noted that many of the leaflets submitted in evidence by the board were not designed for patients or had not been produced locally and, therefore, had not gone through the usual board sign-off process. The board reported plans to revise patient leaflets in line with SDCEP guidelines, as part of service integration with SEDS.

The review team identified the production of improved patient leaflets as a challenge.
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: Aware**

The board reported that there is no formal clinical governance reporting structure and framework in place for the OOH EDS, through which the service is delivered and policy developed and appropriately updated. A senior salaried GDP post, with a clinical lead role, was created and advertised. However, the recruitment was unsuccessful and, at the time of the review visit, the post was to be re-advertised with a revised job description, to include a SEDS element. A dental co-ordinator post was also vacant and the job description was being re-written. As a result of these two pivotal posts remaining unfilled, no clear lines of responsibility were evident.

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

**STATUS: Focusing**

NHS Dumfries & Galloway operates within an established risk management strategy. The review team noted that the strategy document, given in additional evidence, was dated July 2005 and was due for review in July 2007. However, no updated version was available at the time of the review visit. The board’s risk register is the responsibility of the clinical director. The review team noted that the risk register did not appear to adequately reflect risks to the OOH EDS.

Training is provided to the board’s senior dental nurses in the completion of risk assessments. Agreement is reached on any necessary changes to protocol which will alleviate identified areas of risk, at monthly senior dental nurse meetings.

The board reported that the Datix risk management system was recently introduced and was being used by dental services, and that an appropriate reporting structure is in place. The review team recognised the use of a robust risk management system as a strength.

The dental director receives minutes from the health and safety committee and shares information relating to the service with staff.

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

**STATUS: Aware**

The board stated that reports on dental services are made to the manager for primary care development. However, the reports comprise of statistics only for the number of dental emergencies presenting to the accident and emergency (A&E) department.
The review team identified the establishment of a clinical governance structure and framework, through which regular reports on OOH EDS are received by the appropriate committees and groups, as a challenge.

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: Focusing**

The practice inspection document, which is issued every 3 years to all GDPs, indicates whether adequate provision is in place for the emergency care of their patients. The board confirmed that practice leaflets are audited as part of this process. The board expects that any issues surrounding a lack of provision would be highlighted through patient complaints.

The board reported that telephone audits of practice answering machine messages are undertaken to ensure that patients are given appropriate information on accessing emergency dental care out-of-hours. However, the review team noted that there is no formal protocol in place to identify and follow-up practices that do not comply with the requirement to provide emergency care for their patients.

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

**STATUS: Practising**

The board reported that the dental director regularly attends ADC meetings through which information on the OOH EDS is reported. Meetings also take place with emergency service stakeholders such as the board’s primary care division and the community dental service.

Regular communication takes place between the board and SEDS regarding integration and there is also ongoing communication with IDH in respect of the emergency dental services it provides for the board in clinics at Dumfries, Moffat and Stranraer.

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: Focusing**

A protocol is in place for the transfer of patients requiring oral and maxillofacial surgery (OMFS). At weekends, following A&E assessment, OMFS patients attend the Southern General Hospital in Glasgow as there is no OMFS cover at NHS
Dumfries & Galloway. The review team noted that there is no formal process in place for the treatment of OMFS patients during the week.

No separate arrangement exists for orthodontic or restorative patients to access emergency care. These patients access the service through the normal OOH EDS pathway. The board reported that there has been no highlighted need for extra emergency care for these categories of patient.

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

**STATUS: Practising**

The board described the process for ensuring that all staff employed within the OOH EDS meet the necessary employment requirements, in line with the NHS Dumfries & Galloway recruitment policy. At the time of the review visit, all dentists and nursing staff working in the OOH EDS on board premises were employed in the salaried service and were, therefore, subject to pre-employment and enhanced Disclosure Scotland checks. No independent contractors were working in the OOH EDS on board premises. The board acknowledged that integration with SEDS will require the involvement of independent contractors and that local policies and protocols should be issued to these dentists, as part of the induction process. It was also reported that one independent contractor would be providing a service at the Sunday OOH EDS clinic in the near future.

The board confirmed that dentists working in the OOH EDS must be included on the board’s dental list.

Qualifications and registration for clinical staff are verified by the board’s dental director through accessing the General Dental Council (GDC) website.

The board considers that, as staff working in the OOH EDS on board premises are employees, they are covered by Crown Indemnity. The board also considers that any independent contractors that may, in future, work in the OOH EDS on board premises, will also be covered by Crown Indemnity in the same way.
Standard 2(b): Safe and Effective Care – Clinical Care

Standard Statement:

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

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

STATUS: Focusing

Clinical guidelines can be accessed online, by salaried staff, through a dentistry shared area on the board’s intranet, where guidelines are stored in operational, induction and governance folders. The senior salaried dentist has overall responsibility for ensuring that staff use this route to access guidelines in order to support clinical decision-making. The board reported that, while there are plans for a local audit to determine appropriate implementation of clinical guidelines, there had been no progress in this area.

It is the responsibility of the board’s primary care department to distribute guidelines to independent contractors. However, the review team noted that there is no process in place to monitor implementation of guidelines in the IDH service.

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

STATUS: Focusing

The board reported that all clinical information from the Sunday OOH EDS clinic is recorded on the Kodak R4 system, but acknowledged that there is no process to monitor information. IDH provides the board with clinical outcomes for patients treated at the Saturday OOH EDS clinic. However, the board has no means of monitoring or analysing the quality of care provided by IDH. As the board has no access to IDH clinical systems, the review team recommended that contractual arrangements with IDH are reviewed, in respect of quality assurance, and identified this as a challenge.

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

STATUS: Practising

The board described the OOH EDS drug management system at the Dumfries Dental Centre. Drugs are provided by the DGRI pharmacy department, within sealed emergency kits. There is a process in place whereby the pharmacy department
checks expiry dates and replaces used items. Patients who require drugs outwith the emergency kit are given a prescription to be dispensed at the local chemist, which is open on Saturdays and Sundays. Oxygen and other emergency items are also held on site and checked weekly.

All equipment is maintained in line with the board’s reporting system for recording maintenance issues, which is built in to the dental service operational procedure.

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

STATUS: Practising

The board evidenced a number of local procedures that are in place to ensure compliance with local decontamination policies and those covered by SDCEP guidance. These policies are available at OOH EDS clinics and compliance is monitored through regular senior dental nurse audits. The review team identified the robust and effective decontamination processes in the Dumfries Dental Centre as a strength.

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

STATUS: Focusing

The board outlined how the needs of high risk patients are supported. All salaried staff receive training in: awareness and fairness; dealing with aggression and violence; and child protection. Clinicians also receive specific training on how to identify child protection issues. The Dumfries Dental Centre has a separate reception area and, within larger practices, panic buttons are available.

Full medical histories are completed for medically compromised patients, with options available to clinicians for onward referral to an appropriate service. Patients who are hospitalised may be referred to the domiciliary service, as are those patients with specific physical access problems. However, the review team noted that, while the board provides domiciliary visits throughout the board area, domiciliary visits are not provided in the OOH periods.
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 electronic Kodak R4 system of records management is used by the board, and all staff have unique usernames and passwords for access. This system is also used by IDH. While IDH retains patient notes, the board may request these. For example, in the event of a complaint being lodged with the board.

Following integration with SEDS, GDPs working in the OOH EDS will be able to view and edit notes but will not have permission to access the system directly. The board acknowledged that a formal induction process for GDPs should be instituted prior to SEDS integration. The board reported that an audit of clinical records is under way.

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

At the time of the review visit, the board provided OOH EDS care solely to unregistered patients. Therefore, there is no requirement to transfer patient information to a patient's own dentist. The board reported that, once integrated with SEDS, there will be a process in place for transferring information. The review team noted that the board did not have any means of determining whether a patient seeking emergency dental care through the OOH EDS is registered with a 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: Focusing

Patients sign a GP17 form to confirm their request for treatment and the board regards that, by allowing the dentist to provide treatment, the patient implies consent to share their information. Written consent is only obtained for specific treatments,
for example nitrous oxide sedation. NHS leaflets on confidentiality and consent are available at dental clinics and on the Internet.
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 an intention to develop KPIs for the OOH EDS, once integrated with SEDS. The KPIs will be set in accordance with SDCEP guidelines. IDH has performance indicators in place, however, these are not specific to the OOH EDS.

The review team highlighted the development of formal KPIs for the OOH EDS as a challenge.

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

**STATUS: Practising**

All complaints are recorded and investigated in line with the NHS Dumfries & Galloway complaints policy and procedures. Complaints on a clinical level are escalated appropriately through the board’s structure. Within the salaried service, complaints are recorded on a complaints/compliments database and this is reviewed on a monthly basis at senior management team meetings and clinical staff meetings. Compliments are shared appropriately throughout the service. The board reported that there are plans to report patient and public feedback through a new management group which will report to the board’s quality improvement working group.

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

**STATUS: Focusing**

At the time of the review visit, a patient satisfaction form was being developed, in consultation with staff. The form will be given to all patients attending OOH EDS clinics. A patient feedback form is also available at the Dumfries Dental Centre and patients can record comments, compliments and concerns through this medium. The review team identified the availability of the patient feedback form as a strength.
3(a) 4 An annual report on performance and services is available when requested by those contracting services.

**STATUS: Aware**

No annual report on the OOH EDS has been produced. However, the board indicated that the annual report of the medical out-of-hours service for 2008-2009 will contain a section specific to the OOH EDS.

The board hopes to develop an annual report for the OOH EDS as part of integration with SEDS, to be available in a variety of formats and on-line. The review team identified the creation of an annual report specific to the OOH EDS as a challenge.
# 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>AGM</td>
<td>annual general meeting</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>DGRI</td>
<td>Dumfries &amp; Galloway Royal Infirmary</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>IDH</td>
<td>Integrated Dental Holdings</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
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<tr>
<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>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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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 Dumfries & Galloway was conducted on 25 March 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Graham Ball</strong></td>
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<tr>
<td>Consultant in Dental Public Health, NHS Fife</td>
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<td>Safety Governance &amp; Risk Support Officer, NHS Tayside</td>
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<td><strong>Catherine Lush</strong></td>
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<td><strong>Hilary Stevens</strong></td>
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<td>Senior Dental Nurse, NHS Shetland</td>
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<td><strong>NHS Quality Improvement Scotland Staff</strong></td>
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<td><strong>Doris Smith</strong></td>
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<tr>
<td>Project Officer</td>
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<tr>
<td><strong>Steven Wilson</strong></td>
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<tr>
<td>Team Manager</td>
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During the visit, members of the review team met with executive staff, service managers, GDPs, dental nursing representatives and clinical governance staff.
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- in community languages.

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