NHS Fife

Local Report ~ May 2009

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

1. Setting the scene ........................................... 5
2. Summary of findings ...................................... 7
3. Detailed findings against the standards ............... 10

Appendix 1 – Glossary of abbreviations .................. 27
Appendix 2 – Review Process ............................... 28
Appendix 3 – Details of review visit ......................... 29
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 Fife. The review visit took place on 22 January 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

Fife is a relatively small region situated in east-central Scotland and has a population of around 360,000. The majority of the population live in urban areas, of which Dunfermline, Glenrothes and Kirkcaldy are the largest in the region. Three local community health partnerships (CHPs): Dunfermline and West Fife CHP; Kirkcaldy & Levenmouth CHP and Glenrothes and North East Fife CHP; have been established in the board area.

The NHS Fife Out-of-Hours Emergency Dental Service (OOH EDS) has been in operation since 1990 and 94% of practices currently participate in the service. The OOH EDS clinic is situated in Kirkcaldy. Appropriate next day care for unregistered patients is delivered via a general dental practitioner (GDP) rotation delivered within five geographical areas of Fife daily. Same day emergency care is delivered via the salaried dental service from five centres across the board area in Kirkcaldy, Cowdenbeath, Dunfermline, Leslie and Cupar.

Further information about the board can be accessed via the website of NHS Fife (www.nhsfife.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.

<table>
<thead>
<tr>
<th>Assessment category</th>
<th>Aware</th>
<th>Focusing</th>
<th>Practising</th>
<th>Optimised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1 – Accessibility and Availability at First Point of Contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1(a) 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 2(a) Safe and Effective Care – Healthcare Governance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(a) 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 2(b) Safe and Effective Care – Clinical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(b) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(b) 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(b) 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(b) 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(b) 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 2(c) Safe and Effective Care – Information and Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(c) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(c) 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(c) 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 3 – Audit, Monitoring and Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(a) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(a) 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(a) 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(a) 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Fife.

| NHS Fife |
|------------------|-------------------------------------------------|
| **Standard 1 – Accessibility and Availability at First Point of Contact** |
| 1(a) 2 | Patient and public involvement in the development of leaflets and posters |
| 1(a) 4 | Continued implementation of non-SEDS monitoring tool |
| 1(a) 5 | Undertake an equality and diversity impact assessment (EQIA) of the OOH EDS |
| **Standard 2(a) Safe and Effective Care – Healthcare Governance** |
| 2(a) 3 | Finalise and implement the clinical governance strategy within the EDS |
| 2(a) 9 | Consider annual indemnity checks for GDPs |
| **Standard 2(b) Safe and Effective Care – Clinical Care** |
| 2(b) 4 | Further training for GDPs involved in providing services for the OOH EDS, particularly in decontamination procedures |
| **Standard 2(c) Safe and Effective Care – Information and Communication** |
| 2(c) 1 | Audit of accuracy and consistent recording of patient information |
| **Standard 3 – Audit, Monitoring and Reporting** |
| 3(a) 1 | Develop a set of key performance indicators (KPIs), for the OOH EDS that are patient focused, clinical and organisational |
| 3(a) 3 | Review frequency and timing of patient satisfaction survey |
| 3(a) 4 | Develop and widely disseminate 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) 1 Arrangements are in place to identify the needs of those potentially using these services.

STATUS: Practising

The board detailed the number of ways it identifies the needs of those potentially using the NHS Fife OOH EDS. The board collects and analyses a range of information sources including demographic data detailing population distribution and density across Fife, as well as deprivation data. These data are taken into account, as well as information on road networks and the availability of good transport links, in determining the location and level of service required.

In the initial stages of development, NHS Fife developed a strategy for Dental Access Centres, including emergency dental care. This was informed through data collected on dental registration levels in the board area, calls to the NHS Fife Dental Advice Line and also contact from MSPs and local politicians who provided feedback on behalf of constituents experiencing dental access issues. The board reported that, currently, the main source of information used to identify the emergency needs of the population is through the analysis of weekly and quarterly activity data from the NHS Fife Dental Advice Line, including the geographic location of callers using the service. A patient satisfaction survey is also routinely carried out and results from this are used to inform service developments.

Registration and deregistration figures are reviewed annually as are recalled attendance figures, which were reported to have decreased significantly when the OOH EDS weekend clinics were introduced. Recalled attendance figures are continuously monitored to ensure they do not rise. If they do rise, the board examines when and why, to inform service developments. Recalled attendance data are analysed and monitored alongside population and registration figures and data collected on out-of-hours geographic need for emergency care.

The board reported that all data collected are used at a public health level for strategic planning of emergency out-of-hours services, and also at dental executive
level to plan resource usage. A strategy document, Improving Oral Health in Fife, to cover the 2008 – 2013 period, has been developed by the board with public involvement both during the development and consultation phase of the strategy. The board also confirmed there was patient and public involvement in the establishment of its salaried dental service centres.

The service is monitored and evaluated through weekly departmental monitoring, monthly dental executive operational reviews and 6-monthly EDS subgroup meetings.

The review team commend the board on its continual collection and analysis of a wide range of data sources and the thorough insight it has developed into its population’s needs.

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

STATUS: Practising

The board confirmed that 94% of all practices in Fife participate in SEDS. The review team recognised the high percentage of practices participating in SEDS as a strength.

At the time of the review visit, 6% of practices in Fife were not participating in SEDS. The board acknowledged that until recently, it had no formal system in place to monitor non-SEDS practices. However, the board had recently utilised the newly developed non-SEDS monitoring tool to establish what arrangements these practices have in place to meet the needs of their patients requiring OOH care.

Registered and unregistered patients who contact the OOH EDS are triaged by the East of Scotland triage centre, based in Glenrothes. They are triaged according to clinical need and categorised in line with the SDCEP guidelines for emergency dental care.

Patients are informed about how to access the triage service through practice information leaflets, the NHS Fife website, uniform answer machine messages and posters displayed in dental surgeries and community areas, including one specifically developed for the homeless. NHS Fife also operates a dedicated dental helpline, which provides advice to patients on how to access dental services, and information on this service is also displayed widely. The board did, however, acknowledge that there had been little involvement from patients and public in the development of information leaflets and posters. The review team recommended that there is public and patient involvement in the development of these in the future.

All telephone triage and advice services are linked to the next day care rota, for unregistered patients, or next day assistance by the GDP for registered patients. The service also works in collaboration with the oral and maxillofacial surgery (OMFS) department for emergency care provision.
1(a) 3 Arrangements are in place for patients or their representatives to access care by telephone (in the first instance).

**STATUS: Practising**

Regardless of registration status, patients initially access out-of-hours care by telephone through NHS 24. Callers will either contact NHS 24 directly or may also be directed to call NHS 24 via a standardised telephone answering machine message at their dental practice. NHS 24 call handlers record key patient details and re-direct calls to a 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 re-route 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 has a robust, formalised triage pathway in place for all patients accessing the OOH EDS service in the emergency, urgent and routine categories of care. The board has developed formal triage and booking hub protocol maps to ensure staff are informed of the triage pathways and ensure consistency across triage operations. The protocol serves to provide information not just to the clinical team but also to patients in outlining the services they are to receive.

For patients requiring emergency treatment, a formal agreement is in place between the OOH EDS and the OMFS department allowing triage nurses to refer patients directly to the OMFS during out-of-hours periods.

A booking hub is located in Fife for those patients who fall into the urgent category of care to receive an appointment within 24 hours. The board reported that it has a system whereby an additional, reserve dentist can be called into the OOH EDS to provide an additional clinic during particularly busy periods. This ensures all patients requiring an urgent appointment are guaranteed one within 24 hours.

For unregistered patients requiring the routine category of care, the Fife booking hub will arrange an appointment for the patient to be seen at one of the five salaried dental service centres within the board area. Patients are given an appointment in the centre closest to them. Registered patients are asked to contact their own dentist, however, the board did report that if a registered patient did contact the salaried dental service they would not be refused treatment.

The review team recognised that triage pathways are clear, concise and robust and commended the systems and protocols the board has in place for the OOH EDS.

With regards to non-SEDS practices, NHS Fife regularly carries out a telephone audit of practice messages during OOH periods to ensure practices are compliant with providing emergency care for their patients. The board also intends to utilise the
recently developed non-SEDS monitoring tool to continually monitor their arrangements and compliance. The review team recommended the continued use of this tool to monitor the OOH arrangements for the 6% of practices not involved in SEDS.

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

STATUS: Focusing

The Dental Advice Line fully utilises NHS Fife translation services, including the Language Line Service (LLS), a 24-hour, 7 days a week telephone translation service available for non-English speaking patients. As the LLS is telephone based, a translator is generally available instantly and the review team considered the prompt availability of translation services to be a strength. LLS is advertised in the clinics on posters and language cards, and detail how patients requiring translation services can access the service. The board reported that it actively promotes the use of the service to its staff both in the triage centre and in clinics, and staff are encouraged to do a practice run in using the service as part of their personal development.

Translation of patient information leaflets and other correspondence are available in a wide range of languages with additional languages provided on request. In addition, the service is supported by an up-to-date board wide website with information in various languages or advice on how these can be obtained.

For the hearing or speech impaired, the board utilises the Sign Interpreters and Typetalk services, and hearing loops are present within the clinic areas.

The board acknowledged that, while the OOH clinic was constructed in 2006 to full Disability Discrimination Act (DDA) 2005 compliant specifications, a full EQIA has not been carried out for the OOH EDS. The review team, therefore, recommended that the board undertakes a full EQIA of the service.

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 its dental executive group operates as a reporting function for co-ordinating all branches of the service through a standing agenda item. The group’s membership includes representation from the salaried dental service and the OMFS department. The board reported that no accident and emergency (A&E) representative is required on the group as A&E is not involved in service provision as the service works collaboratively and directly with the OMFS department. A formal agreement is in place for patients identified as requiring emergency care to be triaged directly to the OMFS department, if required.
In addition to the dental executive group, the board reported that monthly meetings are also held with NHS 24 to discuss and monitor the shared component of the service.

The board also liaises with all participating SEDS dental practices outlining the general operation of the service and the appropriate message that should be recorded on the practice answer machine advising patients on how to access the OOH EDS.

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

**STATUS: Practising**

The board demonstrated wide distribution of relevant information on how all patients in the board area can access the service. Methods of dissemination include patient leaflets, dedicated dental helpline, practice answer machine messages and posters advertising the service. Posters are displayed in community areas, dental clinics and GP co-operative clinics, and have included posters developed specifically for the homeless. The review team recognised the efforts made by the board at a public health level to access hard to reach groups within the community.

The NHS Fife website also has a dedicated dental section and language assistance and textphone services are available for patients with hearing impairments. The review team commended the board for producing patient information leaflets in a wide variety of languages with provision available for translating leaflets into a range of other languages, if required.
Standard 2(a): Safe and Effective Care – Healthcare Governance

**Standard Statement:**

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

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

**STATUS: Practising**

Regular reviews of the OOH EDS have taken place over its 19 year history, involving public involvement which has helped shape and develop the service. Initially, a review of patient and practitioner satisfaction, triage services and the dental helpline were carried out. Currently, a patient satisfaction survey is undertaken every 2 years. Results from the surveys have been used to inform operational service developments.

The board confirmed that there has been both patient and public involvement during the establishment of the service and also in the development and consultation of the NHS Fife oral health strategy.

Information on the service is fed back through the dental executive group and each of the CHPs, which have public representation. Additionally, regular briefings on the service are given to MPs and MSPs every 3 months to allow them to feed this back to their constituents.

### 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**

Advice on treatment given is provided to patients or carers as appropriate. Both verbal and written instructions are also provided such as post extraction advice and guidance for both unregistered and registered patients requiring follow-up care. Patient information leaflets are available in a range of languages, however, arrangements are in place for leaflets to be translated into additional languages, if required.

Patients are also provided with a discharge slip stating the date of attendance at the OOH EDS clinic and outlining the treatment and care provided.
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 the service is continually reviewed through the dental executive group and EDS subgroup. Practice participation is reviewed using information provided by the primary care department in relation to SEDS participation.

Staff are also informed of the reporting pathway for escalating any concerns. Frontline staff report issues to the service nurse who will then refer the issue to the clinical director for escalation through the clinical governance structure.

The board did, however, acknowledge that its clinical governance strategy is currently under review and the EDS’ position in the formal clinical governance structure was not effectively demonstrated. The review team, therefore, recommended that the board finalises and implements the clinical governance strategy within the OOH EDS.

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**

All risks are identified, controlled and minimised in line with the NHS Fife risk management strategy. The NHS Fife risk management system is supported by the board-wide use of the Datix IT risk management system which is the repository for all risks, incidents, claims and complaints. The board confirmed that all salaried and community dentists, nurses and receptionists undergo risk analysis and risk management training annually. An operations folder is also held in each clinic and this contains a risk flow chart and incident forms. Furthermore, a staff training prospectus is issued to all staff and includes all aspects of risk management training.

All dental risks are reported to the dental executive group and listed on the CHP risk register. The register is then monitored by the CHP clinical governance group. On an annual basis, the CHP accountable officer submits a high level risk report to the Controls Assurance Group. At triage level, there is a formal protocol in place for handling complaints that involves all partner organisations.

Outcomes of the risk management system are monitored through the CHP clinical governance group. The board reported that any risks identified would be fed back directly to the staff involved. If the risk had broader implications, it would be fed back to staff during quarterly staff meetings.

Additionally, the board reported that it considers the practice inspection process to ensure all emergency clinics and practices providing emergency appointments are appropriately governed.
2(a) 5  Clinical Governance: Board clinical governance committees receive regular reports on out-of-hours emergency dental services.

**STATUS: Practising**

The board described the reporting arrangements that are in place between the board and clinical governance committees. It reported that there was no individual report for the EDS in 2008 as it was incorporated into the CHP clinical governance annual report. An annual report is due to be submitted to the Glenrothes and North East Fife CHP clinical governance group in early 2009. The EDS is also reviewed by the dental executive group and the emergency dental subgroup and information is fed back to the other CHPs.

It was also reported that any relevant national reports are reviewed by a senior clinician and a summary report submitted to the relevant governance committee.

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 reported that all practitioners registering with, or being issued with, a list number in NHS Fife are required to either sign up to the EDS or, alternatively, demonstrate that other adequate arrangements are in place to meet the emergency care of their patients. To assist with this process, NHS Fife has developed guidelines on the provision of emergency cover by GDPs outlining the two options and the criteria required for each. Additionally, the board undertakes an annual verification of non-SEDS practices’ answering machines to determine their compliance and arrangements for providing emergency care. The board has also recently distributed the non-SEDS monitoring tool to all non-participating practices.

All premises providing services to patients following triage are subject to governance from the practice inspection, which practices undergo on a 3-yearly basis, and this process also includes a risk assessment.

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 GDP subcommittee and area dental advisory committee (ADAC) meet every 3 months and a representative from the board attends the meetings. Additionally, the area clinical forum and the dental executive group discusses the EDS. The board confirmed that there is currently no public participation on the dental executive group. However, consideration has been given to the inclusion of a public representative on the group, although this would involve a degree of restructuring to the committee as currently a number of confidential issues are discussed during the meetings. The board did report, however, that there
are other public involvement routes through the CHPs which are accessed when service developments are being considered.

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 full integration of secondary care services is part of the OOH EDS and, as 100% of patients in NHS Fife have access to the OOH EDS, all patients have access to secondary emergency care. The OMFS department provides patients with a ward contact on discharge. Patients under the care of an orthodontist are encouraged to contact their orthodontist first, however, if they are unable to contact them they can access the OOH EDS and will be triaged appropriately through the standard triage route.

The review team commended the excellent links between the OOH EDS and OMFS department.

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

**STATUS: Practising**

Processes and procedures are in place to demonstrate that all staff involved in the NHS Fife OOH EDS meet employment requirements. Recruitment into NHS Fife OOH EDS is either through the salaried dental service or is governed by meeting the criteria for inclusion on the NHS Fife dental list. GDPs must be registered on the dental list in order to provide general dental services on behalf of NHS Fife. Pre-employment checks include General Dental Council (GDC) registration and appropriate indemnity insurance. This is monitored through the completion of a comprehensive induction checklist to assess all applications and ensure all practitioners meet the required standards.

Salaried dental service clinicians and dental nurses are subject to annual registration checks and both are covered by Crown Indemnity. GDPs are also subject to annual checks by the primary care department and the board routinely checks indemnity provision for GDPs through the practice inspection process. However, the review team recommended that, as the practice inspection process is undertaken only once every 3 years, the board should give consideration to introducing a system of annual indemnity checks. This was highlighted as a challenge by the review team.

Disclosure Scotland checks are carried out for practitioners providing salaried primary dental care services, however, the board reported that independent contractors are not currently subject to Disclosure Scotland checks.
The review team considered there to be an effective recruitment and selection process in place, and highlighted the thorough induction checklist as an area of good practice.
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 considers the SDCEP guidelines to be the core of the clinical decision-making process and these are disseminated to practitioners throughout the board area by the primary care department. The director of salaried dental services also ensures that salaried and dental nursing staff receive the guidelines.

Paediatric trauma guidelines are available to all OMFS staff and regular training on the topic is provided. Further access to evidence-based guidelines, such as SIGN guidelines, are available in the clinic and also on the internet.

At the time of the review visit, the board had recently commenced an audit of daytime emergencies to identify whether there are differences in practice, and whether practitioners are adhering to clinical guidelines. The review team recognised this as an area of good practice.

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

STATUS: Practising

Patients are initially triaged appropriately by NHS 24. Additionally, the board provides written communication to all dentists participating in the scheme outlining the level of service expected, advice on making clinical judgements, treatment options and advising that all treatments should be based around the control of pain.

The board also uses feedback from its patient satisfaction surveys to establish if patients consider themselves to have received an appropriate level of care.

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

STATUS: Optimised

Provisions are in place for drugs used both within the treatment of medical emergencies and those used in the provision of emergency dental treatment and there is a formal OOH EDS clinic drug check protocol in place. The senior dental nurse has the responsibility for the storage and ordering systems and checks the
status of emergency drugs, oxygen, antibiotics and painkillers on a weekly basis. A record sheet is dated and initialled to keep an accurate record that weekly checks have been carried out.

The board reported that there is a standard box for emergency drugs in all clinics and practices, and this is serviced through a provision agreement with a central pharmacy. This ensures that practitioners will be familiar with the emergency drug box in the OOH EDS clinic as it is consistent with the drug box in their own clinic. If a drug box is opened and anything used, it is returned in its entirety.

An emergency kit is located in the Kirkcaldy OOH EDS clinic for use on domiciliary visits. Additionally, the kit includes guidance on domiciliary care for clinicians who may not be familiar with the responsibilities involved.

It was reported that NHS Fife, in collaboration with NHS 24, has recently received a research grant to investigate the best methods for managing anxious and challenging patients in the OOH EDS.

The review team considered that the OOH EDS has a thoroughly robust drug management system in place.

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

**STATUS: Practising**

The board reported that the OOH EDS is compliant with the NHS Fife cross infection policies and procedures. The review team noted that the infection control manual was a very thorough document which is updated yearly and recognised this as an area of good practice.

Departmental policies and standard operating procedures are in place and all OOH EDS staff receive induction and training in these policies annually, including annual updates on infection control for nurses. The board reported that concerns have been raised over GDPs’ differing practices in decontamination procedures and, as a result, dental nurses have been empowered to draw dentists’ attention to decontamination procedures and raise any concerns they have. The review team recommended that GDPs involved in providing OOH EDS services are provided with training, particularly regarding decontamination procedures.

The review team considered NHS Fife’s OOH EDS to have a comprehensive decontamination process in place and recognised the training provided and infection control manual as significant strengths.
2(b) 5 Protocols are in place to address the needs of specific high-risk patient groups.

**STATUS: Optimised**

High-risk patients are identified through NHS 24 triage and a range of protocols are in place to address the needs of high-risk patients.

Children with dental trauma will either be categorised as urgent and see a qualified clinician within 24 hours, or if categorised as an emergency will be seen by a clinician within one hour or referred directly to the OMFS department.

Those patients identified during triage as being medically compromised are assessed on a case-by-case basis, although generally have their status upgraded. If categorised into the urgent care pathway, medically compromised patients are not left a full 24 hours before seeing a clinician.

Patients who are hospitalised, or those with specific physical access problems and, therefore, cannot access the OOH EDS clinic, are provided with domiciliary care. The board reported there is also a large population of patients with learning disabilities residing in Fife and while the majority of patients are willing to travel to the clinic, this group of patients can be treated as domiciliary, if appropriate. A stand-by dentist is available during each OOH EDS session to undertake domiciliary visits to urgent cases. If any patients requiring domiciliary care require emergency treatment, an ambulance admission would be arranged to the OMFS department in either Dunfermline or Kirkcaldy.

The board reported that as transport links to Kirkcaldy, where the OOH EDS clinic is based, are excellent, it does not experience significant remote and rural issues. However, it does note that some patients living in north-east Fife access OOH EDS services in Tayside rather than Fife if it is easier for the patient to travel there. The board reported that there is a goodwill understanding between NHS Fife and NHS Tayside regarding this service provision and there have been no issues to date.

Patients with orthodontic appliance problems are triaged and provided with care in line with the SDCEP guidelines and follow the same care pathways into either the routine, urgent or emergency categories of care.
Standard 2(c): Safe and Effective Care – Information and Communication

Standard Statement:

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

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

STATUS: Practising

There is an information governance framework in place in Fife, with the health records management group and the medical records department following the Records Management: NHS Code of Practice guidance.

Currently, all dental records within the OOH EDS are paper based and kept in a secure environment. However, the board reported that it is currently 2 years into a board-wide roll-out of the electronic Kodak R4 system. The Kirkcaldy clinic, where the OOH EDS is based, will be the last clinic to implement the system and this is scheduled to take place in March 2009. The board confirmed that all staff will be trained to use the system in their own clinics.

There is a procedure in place to ensure there is systematic, accurate and consistent recording of each patient’s information. All data entry is completed by administrative staff, then checked by a clinical nurse and is finally verified by a clinician. The board confirmed that whilst informal audits in areas such as treatment outcomes and number of prescriptions have been undertaken and fed back to practitioners, no formal programme of audit has been established. The review team would encourage the board to consider embedding a cycle of audits into the accurate and consistent recording of patient details within the service.

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

STATUS: Practising

Information on all registered patients’ contact with, and outcomes following attendance at, an OOH EDS clinic is communicated to the patient’s own dentist through a discharge slip completed by the OOH dentist. The discharge slip includes the patient’s details, the date of treatment, and treatment provided. The letter is then passed to the patient and the patient is advised to hand the letter to their own dentist on the next working day, or as soon as possible, as their dentist may require them to attend an appointment for follow-up care. The board reported this protocol has been in operation for a year, as previously the board would write directly to the patient’s
own dentist. The previous protocol was changed as a large volume of letters were being returned as a number of patients were incorrectly informing the OOH EDS that they were registered with a particular dentist and this resulted in patient confidentiality issues.

The board did acknowledge that under the new protocol, no audit has been undertaken to establish whether patients’ own dentists receive the letter and whether the information included was useful to them.

2(c) 3 Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.

STATUS: Practising

The OOH EDS clinic operates in line with the NHS Fife obtaining informed consent for treatment policy which is currently under review. Additionally, on attendance at the OOH EDS clinic, patients are required to sign a GP17 form consenting to treatment. Numerous patient information leaflets on consent and what it means are also available within the clinic areas. The clinic’s operations folder also has a section on consent, containing information for staff and includes guidance and advice on the Adults with Incapacity (Scotland) Act 2005 and child protection. Nursing staff also receive annual training in child protection issues. The board reported that staff are made aware that they can contact the senior on-call clinician during the OOH period to obtain advice on who can and cannot give consent.

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 through 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.
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 no formal programme of KPIs has been developed, however, patient satisfaction audits have been carried out. It has also undertaken a one day KPI audit of the urgent care pathway, assessing the board’s compliance with the SDCEP’s 24-hour timeframe for treatment. The board reported that the results of the audit demonstrated that the OOH EDS was 100% compliant with the timescales. While the review team acknowledged the work undertaken so far, it recommended that a formal set of clinical, organisational and patient focused KPIs be developed.

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

STATUS: Practising
All complaints are dealt with in line with the NHS Fife complaints policy, which the board reported is currently under review, and adhere to strict timescales for investigating and responding to complaints. The board also has an information leaflet for the public detailing how to complain and outlines the timescales the board must adhere to when responding to complaints. Currently, all formal complaints are directed to that particular CHP’s general manager before a response is issued. Although the board reported that it had not received a complaint on a significant issue, there are reporting pathways in place should the instance arise, and all such complaints would be referred to the clinical governance department.

In relation to any compliments and positive feedback received, these are copied and sent to the OOH EDS clinic. The board reported that it does not send the compliment directly to the individual OOH EDS practitioner involved. However, in regards to feedback from NHS 24 on triage nurses, these are shared directly with the nurse involved and are used to inform training and improvement developments.

The board reported that very few compliments and complaints are received on the service itself from the public, and all complaints have been non-clinical. This is one of the key reasons that the board carries out patient satisfaction surveys in order to obtain patient views on the service.
3(a) 3  The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Practising**

The board reported that throughout the history of the OOH EDS and triage service, it undertakes regular evaluations of patient satisfaction which it then uses to inform operational service developments and this was recognised as an area of good practice by the review team.

Evaluations are carried out through the use of the patient satisfaction questionnaire which looks at several aspects of the service including the dental helpline, OOH EDS clinic and next day care experiences. It was established that the patient satisfaction survey is undertaken every 2 years, however, the review team recommended that the board considers carrying out this survey annually.

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

**STATUS: Focusing**

Currently, an annual summary of service is submitted to the ADAC and the dental executive group, however, this is not a formal annual report and primarily focuses on attendance levels.

NHS Fife provides OOH EDS triage services for other health board areas and the board reported difficulties in separating data specific to NHS Fife in order to produce an annual report. Therefore, an annual report for the NHS Fife OOH EDS service has not been produced since the board began operating triage services for additional boards. Nonetheless, the board confirmed that once NHS 24 takes over all OOH EDS triage services nationally, NHS Fife hopes to establish a pattern of annual reporting once again. Consideration for the content of the report has already been given, with usage data, call volumes and analytical tracking of the website to be included in the report. The annual report will then be disseminated through the dental executive group and also the hosting CHP whereby any required action would be taken.

The review team recommended that the board continues with plans and develops a specific annual report on the performance of the OOH EDS and disseminates the report widely across the board area.
### Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
</tr>
<tr>
<td>ADAC</td>
<td>area dental advisory committee</td>
</tr>
<tr>
<td>CHP</td>
<td>community health partnership</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>EDS</td>
<td>emergency dental service</td>
</tr>
<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
</tr>
<tr>
<td>GDC</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>GDP</td>
<td>general dental practitioner</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>LLS</td>
<td>Language Line Service</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
</tr>
<tr>
<td>OOH</td>
<td>out-of-hours</td>
</tr>
<tr>
<td>SDCEP</td>
<td>Scottish Dental Clinical Effectiveness Programme</td>
</tr>
<tr>
<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
</tbody>
</table>
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 Fife was conducted on 22 January 2009.

## Review team members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorraine Beresford</td>
<td>Senior Dental Nurse, NHS Lanarkshire</td>
</tr>
<tr>
<td>Michele Jamieson</td>
<td>Associate Director of Nursing, NHS 24</td>
</tr>
<tr>
<td>Anna Lang (Team Leader)</td>
<td>General Dental Practitioner, Glasgow</td>
</tr>
<tr>
<td>Denise Marshall</td>
<td>Clinical Governance Officer, NHS Tayside</td>
</tr>
<tr>
<td>David Shaw</td>
<td>Dental Advisor, NHS Grampian</td>
</tr>
<tr>
<td>Sheila Tunstall-James</td>
<td>Public Partner, Tayside</td>
</tr>
</tbody>
</table>

## NHS Quality Improvement Scotland Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirsteen Eydmann</td>
<td>Project Officer</td>
</tr>
<tr>
<td>Steven Wilson</td>
<td>Performance Assessment Team Manager</td>
</tr>
</tbody>
</table>

During the visit, members of the review team met with executive staff, service managers, GDPs, dental nursing representatives and clinical governance staff.
You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

**NHS Quality Improvement Scotland**

**Edinburgh Office**
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Email: comments.qis@nhs.net
Website: www.nhshealthquality.org

**Glasgow Office**
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316