NHS Lothian

Local Report ~ June 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.

© NHS Quality Improvement Scotland 2009

ISBN 1-84404-535-8

First published June 2009

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

Information contained in this report has been supplied by NHS boards/NHS organisations, or taken from current NHS board/NHS organisation sources, unless otherwise stated, and is believed to be reliable on publication.

www.nhshealthquality.org
## Contents

1 Setting the scene  
2 Summary of findings  
3 Detailed findings against the standards  
   Appendix 1 – Glossary of abbreviations  
   Appendix 2 – Review process  
   Appendix 3 – Details of review visit
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 Lothian. The review visit took place on 12 February 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 Lothian provides a range of primary, community-based and acute hospital services for the second largest residential population in Scotland (809,764) across the City of Edinburgh, Midlothian, East Lothian and West Lothian.

In the NHS Lothian area, out-of-hours emergency dental services are provided and centred in two geographical areas: West Lothian and Lothian.

In West Lothian, the Out-of-Hours Emergency Dental Service (OOH EDS) is integrated with the SEDS. The service operates from two surgeries in the dental clinic situated in the outpatients department of St. John's Hospital at Howden, Livingston. The SEDS service was established in this area in November 2007 and delivers out-of-hours emergency dental care to a population of 167,770. The main centres of population are Livingston, Bathgate and Linlithgow.

The rest of Lothian operates independently of the SEDS where the OOH EDS has been in operation since 2005. The OOH EDS delivers care to a population of 641,994 from the multi-surgery Chalmers Dental Centre in Edinburgh. The centre serves the populations of the City of Edinburgh, Midlothian and East Lothian. The EDS is staffed by contracted dentists during the day. Out-of-hours, staff are drawn from the salaried primary care dental service (SPCDS), the Edinburgh Dental Institute, and from general dental practitioners (GDPs), along with dental surgery assistants from all three areas of the dental service.

The West Lothian Community Health and Care Partnership (CHCP) manages out-of-hours emergency dental care across NHS Lothian, through the board's SPCDS. Further information about the board can be accessed via the website of NHS Lothian (www.nhslothian.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><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></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><strong>Standard 2(a) Safe and Effective Care – Healthcare Governance</strong></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><strong>Standard 2(b) Safe and Effective Care – Clinical Care</strong></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><strong>Standard 2(c) Safe and Effective Care – Information and Communication</strong></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><strong>Standard 3 – Audit, Monitoring and Reporting</strong></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 Lothian.

<table>
<thead>
<tr>
<th>NHS Lothian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
</tr>
<tr>
<td>1(a) 1</td>
</tr>
<tr>
<td>1(a) 2</td>
</tr>
<tr>
<td>1(a) 3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Standard 2(a) Safe and Effective Care – Healthcare Governance</strong></td>
</tr>
<tr>
<td>2(a) 4</td>
</tr>
<tr>
<td>2(a) 9</td>
</tr>
<tr>
<td><strong>Standard 2(b) Safe and Effective Care – Clinical Care</strong></td>
</tr>
<tr>
<td>2(b) 1</td>
</tr>
<tr>
<td>2(b) 2</td>
</tr>
<tr>
<td><strong>Standard 3 – Audit, Monitoring and Reporting</strong></td>
</tr>
<tr>
<td>3(a) 1</td>
</tr>
<tr>
<td>3(a) 4</td>
</tr>
</tbody>
</table>
3 Detailed findings against the standards

Standard 1: Accessibility and Availability at First Point of Contact

**Standard Statement:**

Out-of-hours emergency services* are available and accessible to patients and their representatives (irrespective of their dental registration status).

* ‘Out-of-hours’ is defined in PCA 2003(D)18 as:

- weekdays 5.30pm to 8.30am
- weekends from 5.30pm Friday to 8.30am Monday

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

**STATUS: Focusing**

In identifying the needs of those potentially using out-of-hours emergency dental services across NHS Lothian, the board takes a number of demographic factors into account. Population projections from the General Register Office for Scotland are used to inform future service requirements, along with dental registration data. The availability of dental services is a major factor in identifying the level of out-of-hours service provided and dental registration was reported to be above the national average. Recalled attendance figures are also monitored and are reported to have decreased considerably since the establishment of the existing emergency dental service arrangements. Data on ethnic minority populations are accessed through local authority partner websites.

The board reported its intention to analyse NHS Lothian information from the adult dental health survey and other national surveys.

At the time of the review visit, there was no mechanism in place in the Lothian service to identify patient needs through the number of calls made to the Lothian Dental Advice Line (LDAL). Callers to the LDAL receive only a recorded message when both incoming lines are busy. The board acknowledged the limitations of the telephone system and reported that it was actively exploring the implementation of a more streamlined system. It is expected that a new telephone structure will allow enhanced reporting, transfer to a live operator and an interactive voice recording system.

The board reported that the opening of the Bonnyrigg Dental Access Centre had relieved pressure on the OOH EDS operated from Chalmers Dental Centre.

Service provision is monitored and evaluated by the EDS steering group which covers the whole of NHS Lothian. Reports are made to the SPCDS management...
team as a standing agenda item on a monthly basis. The emergency dental service is also a standing item on the West Lothian dental action group agenda. The group is chaired by the Head of Health, West Lothian CHCP.

The review team recommended the implementation of a cohesive development plan across all areas of the OOH EDS in NHS Lothian and identified this as a challenge.

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

**STATUS: Practising**

A new NHS Lothian patient information leaflet: How to Access Urgent Dental Care has been devised and, at the time of the review visit, was being printed. Copies were provided to review team members. The board reported plans to update the leaflet in 12-18 months. A publicity poster has been disseminated to appropriate locations. The availability of patient information was identified by the review team as a strength.

**Lothian**

The Lothian SPCDS provides an out-of-hours triage service via the LDAL. Incoming calls to the line are handled by a member of the reception staff to determine whether the patient conforms to the criteria for attending the service. The service is available to registered and unregistered patients during all out-of-hours periods. Lothian uses the NHS Fife OOH EDS algorithm to triage patients. This form has a section to record patient registration status, which was highlighted as an area of good practice by the review team. Calls are triaged in accordance with the SDCEP guidelines.

The review team noted that there is no overnight triage available after 10pm and identified the lack of access as a challenge.

Each out-of-hours session is staffed by a team of two salaried dental practitioners, a visiting GDP, four dental nurses, two triage nurses, two reception/call handlers and a member of the security staff. A standby dentist is available to assist during periods of high demand and to release one of the salaried GDPs, if there is a need for a domiciliary or hospital visit. Clinics are open on weekdays from 7pm to 10pm, with telephone triage from 5pm, and at weekends from 10am-1pm and again from 7-10pm.

The board reported that 101 of 126 (80.2%) dental practices participate in the Lothian EDS. The 25 (19.8%) practices that do not participate in the service are independent practitioners.

**West Lothian**

The out-of-hours service in West Lothian is accessed by unregistered patients via NHS 24, Monday-Friday from 6pm-8am and continuously from Friday at 6pm to Monday 8am. Calls are triaged in accordance with the SDCEP guidelines. Local
GDPs staff the two weekend sessions at the clinic in St. John’s Hospital at Howden. The hours of operation for the clinic are Saturday 1-4pm, and Sunday 10am-1pm. Three GDPs cover each weekend on a rotational basis, equating to approximately one duty weekend each year. A standby dentist is allocated to the rota and is available to assist in periods of increased activity or where cover is required for illness.

The board reported that all 30 West Lothian dental practices participate in the SEDS, equating to 100% participation.

The review team highlighted the high percentage of participation in both the Lothian OOH EDS and the West Lothian OOH EDS as a strength.

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

**STATUS: Practising**

**Lothian**

The NHS 24 and NHS Lothian websites direct unregistered patients to contact the LDAL for access to out-of-hours emergency dental care. Information is made available through medical and dental practices, community pharmacies and hospital switchboards, as well as advertisements in local newspapers. Patients who are registered with independent GDPs, who participate in the out-of-hours service based at Chalmers Dental Centre, are directed to the service by a dental practice voicemail message. Operating times for triaging patients are 5-10pm on weekdays and 9am-10pm on Saturdays and Sundays. A walk-in service is also available at the centre until 4.45pm. Patients telephoning the helpline after 10pm receive a voicemail message directing them to NHS 24 for access to care in the event of a medical complication of a dental issue. However, no guidance is given to patients on diagnosing a medical problem. The board confirmed that there is no formal agreement in place with NHS 24 and that no information is gathered about calls to NHS 24.

Incoming calls to the LDAL are handled by a member of the reception staff and the call logged for call-back by the first available triage nurse. Calls are logged on the Exact dental software system which is then accessed by the triage nurse. The triage nurse then has to access the dental triage decision support system and uses both systems simultaneously, using a split screen to enter data separately in each system. Any appointment is then made in the Exact appointments diary, along with a record of triage. There is no interface between the two systems, resulting in double entry data. The review team highlighted this as an area of potential risk. The board reported that there are plans to investigate integration of IT systems by extending the use of the Adastra patient management software that is used by the Lothian Unscheduled Care Service (LUCS). The review team identified the integration of IT systems as a challenge.

Call handling and triage services are located at Chalmers Dental Centre. Two telephone lines are available for incoming calls and two lines for calling back patients.
The time of the initial phone call and the time when the patient is called back are both logged to ensure compliance with the timescale of 60 minutes in the SDCEP guidance. Where the call handler is unsure of the clinical importance of a call, they seek advice from the triage nurse. The board reported that elapsed time between the patient's initial call and time of call-back by the triage nurse is determined by patient need, with those in most urgent need prioritised. Therefore, no average call time data is ascertained. If both incoming lines are busy the caller gets a voicemail message telling them to call back in 5–10 minutes. The telephone system does not have a call-waiting or call-recording facility. The review team considered this to be an area of risk since urgent calls may be lost at periods of peak demand. The board intimated an intention to address this issue with the introduction of call centre software. Calls are monitored informally by the senior dental nurse.

Unsuccessful call-backs are logged and three attempts are made to re-establish contact with the patient and the call record kept open until the end of the session. If a patient’s telephone is subject to call-barring, the service will contact the telephone exchange to lift the block temporarily to allow call-back.

The board reported that there has been no failure of the telephone system. In the incidence of a failure, the only means of access to telephone triage would be through NHS 24. However, no agreement is in place with NHS 24 to assume responsibility for this. The board reported that contingency measures would be incorporated in a business continuity plan for dentistry. In the event of a failure of IT, paper records would be used and a senior nurse tasked with transferring information to the system when it becomes operational.

**West Lothian**

Patients initially access out-of-hours care by telephone through NHS 24. The NHS 24 telephone number is displayed throughout the board area, on the dental helpline poster and on the NHS Lothian website. Callers can contact NHS 24 directly and may also be directed to call NHS 24 via a standardised telephone answering machine message at their dental practice. NHS 24 call handlers record key patient details and re-direct calls to a trained SEDS dental triage nurse. Using established protocols and decision support software, the triage nurse will assess the urgency of the patient’s condition and direct them into an appropriate care pathway in the categories of: emergency, urgent or routine. NHS 24 has contingency plans in place to reroute calls in the event of a telephone system breakdown.

The review team highlighted that access to care by telephone, in the first instance, can prove difficult for patients. There is no single point of access board-wide as both out-of-hours emergency dental services have different telephone systems and numbers. Callers to the LDAL encounter a more complex patient pathway to access triage. When both lines are busy, a voicemail message provides a large number of options. While there are some acknowledged difficulties surrounding the complex patient pathway, the review team concluded from the evidence provided, and comprehensive discussions, that the board has adequate arrangements in place for
patients or their representatives to access care by telephone. However, the review team identified the development of a more streamlined route for patients to access care as a challenge.

**Status: Practising**

**Lothian**

Following contact with the LDAL, patients are triaged according to SDCEP guidelines and clinical care is provided accordingly.

The review team noted that the LDAL voicemail message is generic to all categories of care.

In the emergency category of care, patients are directed to Chalmers Dental Centre in the first instance and given priority over patients waiting to be seen. If the patient calls the LDAL between the hours of 10pm and 9am and considers that they are developing a medical complication of a dental condition they are advised, by voicemail message, to contact NHS 24. In this event, a SEDS triage nurse would be likely to triage the patient and, if it were a true dental emergency, dispatch the patient to an accident and emergency (A&E) department at either the Royal Infirmary of Edinburgh or St. John’s Hospital at Howden, dependent on the patient’s geographical location. Children will be referred to the Royal Hospital for Sick Children (RHSC). Following medical assessment at A&E, the patient is referred to the oral and maxillofacial surgery (OMFS) department at St. Johns Hospital, if necessary. However, no formal agreement exists with NHS 24 to provide this service.

In the urgent category of care, registered patients are given advice appropriate to their condition. If clinical care is deemed necessary out-of-hours, and if there are available appointments at Chalmers Dental Centre, the patient will be directed there for treatment. If no out-of-hours care is required, the patient is advised to contact their dental practitioner the next day for an emergency appointment, except where the practice is not open within 24 hours of the call being received. In this case the patient will be given an appointment to the next available slot at Chalmers Dental Centre. Between the hours of 10pm and 9am, callers to the LDAL receive a message giving them the operating times of the LDAL and advising them to contact their dental practitioner the following morning. Unregistered patients are given advice appropriate to their condition and are directed to Chalmers Dental Centre, should clinical care be required out-of-hours. If no out-of-hours care is arranged, the patient will be given an appointment to attend the centre’s walk-in service the following day. If contacting the LDAL between 10pm and 9am, callers are also advised of the opening times of the walk-in service at Chalmers Dental Centre and the Children’s Department of the Edinburgh Dental Institute, where they may attend for urgent care.
In the routine category of care, registered patients are given advice appropriate to their condition and advised to contact their dental practice for an appointment when it is next open. Between the hours of 10pm and 9am registered patients who call the LDAL receive similar advice, by voicemail message, in addition to details of the operating times of the LDAL. Unregistered patients are given advice appropriate to their condition and advised on the opening times of the walk-in services at Chalmers Dental Centre and the Bonnyrigg Dental Centre. If contacting the LDAL between 10pm and 9am, callers are advised of the opening times of the walk-in service at Chalmers Dental Centre and the Children’s Department of the Edinburgh Dental Institute, where they may be assessed and advised on the most appropriate place to receive routine care.

Appointments are made by triage nurses on the Exact IT system. The call handler logs the call and triage details are entered into the patient’s clinical notes, to which the clinician has access. Paper-based assessment information from telephone triage is also passed on to the clinical team.

**West Lothian**

Following contact with the dedicated emergency helpline or NHS 24, patients are triaged according to SDCEP guidelines and clinical care is allocated accordingly.

In the emergency category of care, patients are advised to attend A&E at St. John’s Hospital at Howden where they will be seen by a medical clinician. The clinician will refer the patient to the on-call OMFS house officer at St. John’s, who will see the patient in accordance with an agreed arrangement. The board confirmed that, while no formal protocol is in place, it is accepted practice that OMFS will see patients referred by A&E, who fit the criteria for emergency care. The board also reported that OMFS has agreed to see out-of-hours referrals of an acute nature from the A&E department at the RHSC.

In the urgent category of care, registered patients are given advice on pain relief and advised to contact their dental practitioner for an emergency appointment. Unregistered patients are given advice on pain relief and the name of the on-duty rota dental practice for West Lothian and encouraged to phone for an appointment. The receiving practice is obliged to see the patient within 24 hours. At weekends, both registered and unregistered patients are seen within 24 hours at the emergency clinic in St. John’s Hospital at Howden. The review team highlighted the need for robust clinical protocols to be put in place.

In the routine category of care, registered patients are given advice on pain relief and advised to contact their dental practitioner the following day to arrange an appointment within 7 days. Unregistered patients are given advice on pain relief and advised about dental practices that are accepting new patients.
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: Practising**

Interpretation and translation services are immediately available board-wide. The LDAL and out-of-hours treatment service at Chalmers Dental Centre have access to a range of services to facilitate interpretation and translation during telephone triage and clinical treatment. A contracted service has been established with Language Line which can be contacted to take part in a three-way telephone discussion when a patient does not have English as a first language and the line can also provide a translator to attend the out-of-hours service. The NHS Lothian minority ethnic health improvement project (MEHIP) assists in meeting the needs of patients for whom language and other cultural barriers may hinder access to healthcare.

The BT Typetalk service is available for patients with profound hearing difficulties and an induction loop is present at Chalmers Dental Centre reception area. The availability of a dental phrasebook, for unambiguous face-to-face communication, was considered by the review team to be an area of good practice. Patients with visual impairment may gain access to Chalmers Dental Centre with a guide dog. All written post-operative instructions and literature can be adjusted to a large font size for patients with a moderate degree of visual impairment. BrowseAloud is also available through an online portal.

The board reported that Chalmers Dental Centre is compliant with the Disability Discrimination Act (DDA) 2005 and a risk assessment was conducted in November 2008.

The board confirmed that the OOH EDS surgery, at St. John’s Hospital at Howden, is also DDA compliant. A business case for relocation of the service within the hospital has been agreed and a new purpose-built unit, accommodating five dental chairs, is planned for 2009. DDA compliance for the new unit will be addressed as part of the planning process.

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 arrangements are in place to facilitate integration of emergency dental services across the board area. Collaborative work is undertaken with secondary care providers, NHS 24 and paediatric dental services. The board described effective arrangements that are in place for the management of dental emergencies attending the RHSC A&E department. The review team identified the robust pathways for paediatric cases as a strength.
The LUCS is represented on the EDS steering group by the clinical director and an arrangement is in place to redirect dental patients from the LUCS to the LDAL.

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 patient information leaflet states that advice on translation of the document in a community language is available through the interpretation and translation service. This message is written in the five languages most commonly used in the Lothian area. There is also a board-wide policy on enabling patients from diverse backgrounds to access the OOH EDS.
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

Lothian
The board described links with key partners such as local authorities and community health partnerships (CHPs), each of which hosts a public partnership forum. Invitations have been extended to partnership forums to provide representation on the EDS steering group. However, the review team identified the lack of public involvement in the design and development of services as a challenge. An LDAL patient satisfaction survey was undertaken to determine public opinion on the Lothian service and results indicated a 90% satisfaction rating of good or very good and no further action was planned. The board expressed an intention to repeat the survey on a 12-monthly basis, and at times of any major changes to the service. It is also hoped to introduce a system of patient feedback through the NHS Lothian website. A lay member of the public serves on the Lothian committee for quality in dentistry (LCQD).

West Lothian
A patient satisfaction survey conducted for the West Lothian OOH EDS, similar to that undertaken in Lothian, indicated that 93.1% of patients were satisfied with the service. The public partnership forum of the West Lothian CHCP was actively involved in the design of the questionnaire. A survey of dental staff highlighted issues surrounding the telephone system in Lothian. These issues have previously been highlighted and the board is in the process of addressing them. The West Lothian CHCP website has a facility for leaving comments and feedback on services. The patient satisfaction survey in both services was highlighted as a strength.
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**

The board reported that staff are trained to ensure that patients, or their representatives, have positively consented to treatment and are given information on proposed treatment. Clinicians also give patients an assessment of the likely outcome of treatment.

Patients and their representatives are given written information, in the form of leaflets, giving advice on the management of post-operative bleeding and information on antibiotics and the oral contraceptive pill. Post-extraction leaflets are available in a range of other languages.

All leaflets are stored electronically and are regularly reviewed. Old versions of leaflets are removed from the system when updated new versions become available for download.

2(a) 3 Clinical Governance: There are clear, cohesive plans across the service that direct and support policy development and service delivery internally and through delivery partners.

**STATUS: Practising**

NHS Lothian has a board-wide process in place for the development and approval of clinical policies. Policies relating to emergency dental services are approved by the EDS steering group and include a review date. There are also healthcare governance and risk management policies in place which include procedures for dissemination of external guidance, such as Scottish Intercollegiate Guidelines Network (SIGN) guidelines and NHS QIS standards. The LCQD reviews publications and guidelines and develops audit tools to support implementation. The board reported that all GDPs in the NHS Lothian area had received the SDCEP guidelines.

Frontline staff are actively involved in development of the service. In the Lothian service, team meetings are held each working day and out-of-hours clinicians will feedback any issues to the GDP sub group. In the West Lothian service, Saturday morning nursing staff meetings are held to discuss any issues that have arisen. In addition, the lead nurse communicates any change in policies, procedures, etc, to staff on an ad-hoc basis. The OOH EDS is a standing item on the West Lothian dental action group agenda. Feedback and suggestions from staff are addressed through these forums.

The regular communication with frontline staff was identified as a strength by the review team.
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

Lothian

The board reported that, while a risk assessment of the premises at Chalmers Dental Centre had been undertaken, there had been no risk assessment specific to the service itself. No risks have been identified in relation to clinical pathways, triage, etc. and no risk register is in place which covers these clinical risks. Individual risks are managed on a day-to-day basis and highlighted to the EDS steering group. The review team recommended that the board establishes a risk register specific to the OOH EDS.

West Lothian

West Lothian CHCP has a central risk register for serious risks. High and very high risks are reported to be managed at a higher level and put on the register.

Risk management training is available board-wide to all dental staff and delivered through the clinical governance structure. There are plans to repeat a risk management course which was delivered to dental staff in December 2008. Risks are identified, controlled and minimised in accordance with the board’s risk management manual and map.

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

STATUS: Practising

Both the Lothian and West Lothian OOH EDS are part of the SPCDS. The West Lothian CHCP hosts the SPCDS and, therefore, has responsibility for clinical governance reporting in relation to board-wide emergency dental services. In addition, the LCQD quality improvement programme for dentistry is monitored through the NHS Lothian clinical governance and risk management structures. Governance issues are recorded in the minutes of the LCQD, escalated to the dental division executive and reported through the clinical governance and risk management committee to the NHS Lothian board. All quality improvement teams provide reports to the board’s clinical governance committee on a 6-monthly or annual basis.
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**

**Lothian**

Dental practices that are affiliated with the Chalmers Dental Centre service are reminded, on a regular basis, of their obligation to have satisfactory arrangements in place for their practice patients. Any practice failing to comply is issued with a warning.

**West Lothian**

100% of practices participate in the SEDS and reminders are sent to practices in respect of compliance.

**Non-participating GDPs**

Practices not participating in the OOH EDS rota were last sent a reminder about their contractual obligations in November 2008. The practice inspection document, which is issued every 3 years to all GDPs, asks whether provision is in place for the emergency care of their patients. Any issues surrounding a lack of provision would be highlighted through patient complaints. If a patient of a non-participating practice contacts the LDAL with a complaint, the primary care contracts team is notified and a letter sent to the practice highlighting a breach of their terms and conditions. The NHS QIS-developed monitoring tool has been issued to this group of GDPs. Following analysis of returns, practices which are identified as having insufficient arrangements in place will be followed up on an individual basis.

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

**STATUS: Focusing**

NHS Lothian reported a board-wide approach to dental services. Aspects of the emergency dental service are reported through the Lothian area medical committee and Lothian area pharmaceutical committee. However, no formal arrangements are in place to identify and communicate with key partners. The board intimated that various options are under consideration.
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 described a number of systems in place to ensure access to secondary care for patients with dental emergencies. The Edinburgh Dental Institute provides unscheduled care for registered and unregistered children between the hours of 9.15am – 5pm Monday to Friday. Outwith these hours, patients are assessed on a case-by-case basis and arrangements are made for children to be seen immediately, where possible. In the case of a child who attends the clinic late in the afternoon with an acute complaint, a senior clinician undertakes an assessment of the child's condition and can make a referral to Chalmers Dental Centre, OMFS or the RHSC A&E department. Arrangements are in place for effective communication with OMFS and A&E departments to ensure access for patients with a dental emergency to secondary care.

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

STATUS: Practising

Staff employed in the OOH EDS are recruited in line with NHS Lothian recruitment policy and processes. The recruiting manager is responsible for a range of pre-employment checks to include identity, qualifications and health screening. The board reported that triage nurses are required to have a minimum of 2 years post-qualification experience. The job description outlines competencies which will be evidenced at interview. Core induction is provided on a one-to-one basis with a senior nurse and triage skills are monitored until competently demonstrated. Induction training for staff in the use of the telephone and IT systems is also provided. The review team noted that, although a procedure is in place, there is no formal framework for staff induction and training, and identified this as a challenge.

Staff directly employed by NHS Lothian are subject to enhanced Disclosure Scotland checks. At the time of the review visit, there was no requirement for GDPs to provide a Disclosure Scotland certificate.

The board confirmed that employed staff are required to provide their registration status on appointment to the OOH EDS and to submit registration certificates on an annual basis, copies of which are placed in the staff member's personal file. Registration for GDPs is checked on admission to the dental list and, thereafter, every 3 years as part of the practice dental inspection. A process is in place for all registrations to be checked on the General Dental Council (GDC) website.

All salaried dentists and dental nurses are employees of West Lothian CHCP and are considered to be covered by Crown Indemnity arrangements. Indemnity for GDPs is checked on admission to the dental list and, thereafter, every 3 years as part of the
practice dental inspection process. The board reported that the primary care contracts team is investigating a process for annual checking. The review team commended this as a potential 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’s clinical governance support team has responsibility for ensuring that appropriate clinical guidelines, to include SIGN guidelines and standards relating to dental care, are reviewed 6-monthly. The review team identified the comprehensive guideline provision and 6-monthly review cycle as a strength. Folders with guidelines are held at both Chalmers Street Dental Centre and the OOH EDS surgery at St. John's Hospital at Howden. All clinicians have access to the Internet, and data are held on a secure server in both locations. A list of stored guidelines is available and links are in place to access electronic versions of guidelines. Clinicians at Chalmers Dental Centre also have access to the NHSScotland e-Library.

In the Lothian service, the NHS Fife OOH EDS triage algorithm is used to determine the patient’s pathway. The board reported that work is underway to review the algorithm. The review team highlighted the updating of this algorithm as a challenge.

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

STATUS: Focusing

Lothian

The board reported that a number of projects had been completed with a view to ascertaining whether the needs and wants of service users are met. Other projects are at data-collection stage or awaiting approval by the LCQD, including an audit of clinical outcomes.

West Lothian

An audit of clinical outcomes is planned for the OOH EDS in West Lothian. The aim of the audit is to assess the standard of care given to patients who have received treatment from the OOH EDS.
2(b) 3  Emergency dental services have drugs that are in date, and equipment that is regularly maintained.

**STATUS: Practising**

**Lothian**

Chalmers Dental Centre carries a limited supply of drugs which are held in a locked cabinet. The senior dental nurse is responsible for checking drug stocks and expiry dates on a daily basis. The senior dental nurse orders pharmacy supplies on a weekly basis from the Western General Hospital in Edinburgh, in line with LDAL/Chalmers Dental Centre policies and protocols. Drug dispensing by clinicians is recorded in Exact and on a dispensing proforma.

Equipment is routinely maintained by the NHS Lothian estates department. The senior dental nurse is responsible for checking equipment prior to each session and repairs are actioned through the support services manager.

**West Lothian**

The senior dental nurse has responsibility for all aspects of the out-of-hours drug management system. Drug dispensing by clinicians is recorded, signed and dated.

The board reported that the maintenance of specific items of equipment is subject to individual contractual arrangements and that the senior dental nurse is responsible for ensuring maintenance and repair of all other equipment.

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

**STATUS: Practising**

Dental instruments for the Lothian service are supplied by and sterilised within the Edinburgh Dental Institute.

The board reported that Chalmers Dental Centre carries 33% additional stock of instruments as a contingency. A central sterilisation unit also provides a service on Sundays and on public holidays. The review team identified these contingency arrangements as a strength.

Dental instruments for the West Lothian EDS are supplied and sterilised centrally at the Royal Infirmary of Edinburgh.

Both services are subject to practice inspections to include decontamination arrangements.
2(b) 5 Protocols are in place to address the needs of specific high-risk patient groups.

**STATUS: Practising**

The board described a range of measures and protocols that are in place to address the needs of high-risk patients.

The protocol for the management of medically compromised patients is service wide and not limited to out-of-hours care. Services are ensured for hospitalised patients, those with physical access problems and patients who require domiciliary care.

Orthodontic instruments are available in surgeries and patients are referred for further treatment in line with orthodontic emergency guidelines.
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

Lothian

All patient details are recorded and stored electronically in Exact software and backed-up on a daily basis, as is the computerised NHS Fife OOH EDS dental triage algorithm.

An audit of dental record-keeping was completed in November 2008 when data were collected over an 8-day period in October 2008. Information from the audit identified areas for improvement in record-keeping and an information sheet highlighting these areas was distributed to staff in December 2008. A second round of data collection is planned.

West Lothian

Handwritten records are completed for patients and patient record cards are stored locally in a secure filing system. The board reported plans to replace the paper-based system with the Kodak R4 records management system when the new unit at St. John's Hospital at Howden is operational.

The board reported that an audit of dental record-keeping had been conducted in the West Lothian EDS.

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

STATUS: Practising

The board reported that discharge letters are routinely sent to dentists following treatment of a child. At the time of the visit, this process did not apply to adult patients, because of the administrative resource that would be required for such a large volume of letters. However, there is a process in place for adults to request a written summary of their treatment, which can then be given by the patient to their
own dentist. Individual cases may also merit feedback to a patient's own dentist if considered to be appropriate by the treating clinician.

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

Lothian
The medical history form has a section that allows the patient to raise an objection to the sharing of their information with other health professionals and refusal to consent is recorded on this document.

West Lothian
At the time of the review visit, there was no process for the sharing of a patient's information. Consent to share information is discussed with the clinician and agreed by the patient, if appropriate.
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 described indicators in place to include: call-answering times; patient satisfaction; productivity and complaints.

The review team considered that, while these indicators have a value in monitoring operational performance, they do not constitute patient-focused public involvement, clinical and organisational KPIs. The review team encouraged the board to develop formal KPIs specifically for the OOH EDS.

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

STATUS: Practising

Formal complaints are dealt with in line with the NHS Complaints Procedure Scotland. Complaints are recorded on the DATIX risk management system and reviewed weekly, monthly and quarterly. Complaints received by the board's complaints officer in respect of the Lothian OOH EDS are escalated to the lead clinician and clinical director. Complaints in respect of the West Lothian OOH EDS are escalated to the lead clinician. Staff who are the subject of a complaint are informed and shown the letter of complaint. These staff members are also involved in any subsequent investigation. A 6-monthly summary of complaints and learning points is provided in a formal paper to the West Lothian CHCP.

Learning points and identified actions are discussed at staff meetings and information disseminated, as deemed appropriate. Compliments are photocopied and made available to staff via the board's newsletter and notice boards.

The quality improvement team for dentistry in Lothian reviews all anonymised complaints relating to the service, learning points are discussed at the LCQD and disseminated, if appropriate.

Complaints regarding GDPs are referred to their practices for local resolution. The complaints team are available to advise and assist complainants. However, these complaints are not logged at board level. Practices have an obligation to inform NHS
Lothian annually of the number of complaints received. This information is passed on to NHS National Services Scotland information services division (ISD).

<table>
<thead>
<tr>
<th>3(a) 3</th>
<th>The service provider takes action to identify patient views and satisfaction levels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATUS: Practising</strong></td>
<td></td>
</tr>
<tr>
<td>The patient satisfaction survey for both the Lothian and West Lothian emergency dental services that have been carried out will be repeated, and results displayed in surgery waiting rooms and other areas. Consideration will also be given to posting results on the website.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3(a) 4</th>
<th>An annual report on performance and services is available when requested by those contracting services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATUS: Aware</strong></td>
<td></td>
</tr>
<tr>
<td>At the time of the review visit, the board reported that no annual report had been produced for the service. The review team encouraged the board to produce an annual report and identified this as a challenge.</td>
<td></td>
</tr>
</tbody>
</table>
## 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>CHCP</td>
<td>community health and care partnership</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>GDC</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>GDP</td>
<td>general dental practitioner</td>
</tr>
<tr>
<td>ISD</td>
<td>information services division</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>LCQD</td>
<td>Lothian committee for quality in dentistry</td>
</tr>
<tr>
<td>LDAL</td>
<td>Lothian Dental Advice Line</td>
</tr>
<tr>
<td>LUCS</td>
<td>Lothian Unscheduled Care Service</td>
</tr>
<tr>
<td>MEHIP</td>
<td>minority ethnic health improvement project</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>RHSC</td>
<td>Royal Hospital for Sick Children</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>
<tr>
<td>SPCDS</td>
<td>salaried primary care dental service</td>
</tr>
</tbody>
</table>
Appendix 2 – Review process

Prior to Visit
- Standards published and issued by SDCEP
- 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 Lothian was conducted on 12 February 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graham Ball</strong></td>
</tr>
<tr>
<td>Consultant in Dental Public Health, NHS Fife</td>
</tr>
<tr>
<td><strong>David Howie</strong></td>
</tr>
<tr>
<td>General Dental Practitioner, NHS Tayside</td>
</tr>
<tr>
<td><strong>Joanna McGregor</strong></td>
</tr>
<tr>
<td>Public Partner, Highland</td>
</tr>
<tr>
<td><strong>Anne Palmer</strong></td>
</tr>
<tr>
<td>Clinical Governance Facilitator, NHS Borders</td>
</tr>
<tr>
<td><strong>Ashley Rennie</strong></td>
</tr>
<tr>
<td>Principal Dental Nurse, NHS Fife</td>
</tr>
<tr>
<td><strong>Gill Stillie</strong></td>
</tr>
<tr>
<td>Director of Service Delivery, NHS 24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Quality Improvement Scotland Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doris Smith</strong></td>
</tr>
<tr>
<td>Project Officer</td>
</tr>
<tr>
<td><strong>Steven Wilson</strong></td>
</tr>
<tr>
<td>Team Manager</td>
</tr>
</tbody>
</table>

| **Aileen Pollock (Observer)**                                                        |
| Team Administrator                                                                 |

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