Out-of-hours Emergency Dental Services
NHS Grampian

Local Report ~ November 2009

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

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1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) supports NHS boards and their staff in improving patient care by bringing together three essential elements:

- provision of advice and guidance, including standards
- support for implementation and improvements, and
- assessment, measurement and reporting.

NHS QIS also has central responsibility for patient safety and clinical governance across Scotland.

In March 2005, the former Scottish Executive Health Department published an action plan for health and modernising NHS dental services in Scotland, and an increase in funding was made available to NHS boards to provide out-of-hours emergency dental services in a more integrated manner. In response to the objectives set out in the action plan, an integrated service model was developed and has been established as the Scottish Emergency Dental Service (SEDS). The SEDS programme is scheduled to be fully implemented throughout NHSScotland during 2009.

In November 2007, the Scottish Dental Clinical Effectiveness Programme (SDCEP) published guidance in relation to emergency dental care, incorporating standards in respect of the provision of out-of-hours emergency dental services (www.scottishdental.org/cep/guidance/emergencycare.htm). These standards were adapted from the NHS QIS Standards for The Provision of Safe and Effective Primary Medical Services Out-of-Hours published in August 2004.

SDCEP developed three standards for out-of-hours emergency dental care covering:

- accessibility and availability at first point of contact
- safe and effective care, and
- audit, monitoring and reporting.

About this report

This report presents the findings from the out-of-hours emergency dental services peer review visit to NHS Grampian. The review visit took place on 29 July 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 services for the half-million people who live in the Grampian region are provided and overseen by NHS Grampian. The population is spread over 3,360 square miles of city, town and rural communities. The main centre is the city of Aberdeen.

NHS Grampian consists of acute services, corporate services and three community health partnerships (CHPs), which cover the regions of Aberdeenshire, Aberdeen City and Moray.

NHS Grampian has 71 independent dental practices, 17 salaried dental practices and 12 community dental practices.

The out-of-hours emergency dental service (OOH EDS) completed integration into the SEDS in September 2008. The service is delivered from the Ashgrove Dental Practice in the board’s David Anderson Building, Aberdeen and the Westend Dental Practice at Dr Gray’s Hospital, Elgin.

Further information about the board can be accessed via the website of NHS Grampian (www.nhsgrampian.org).
2.2 Summary of findings against the standards

A summary of the findings from the review is illustrated in this section. Overall performance is rated using the four assessment categories. The most appropriate category is agreed by the review team to describe the NHS board's current position against each criterion. The shaded areas demonstrate those positions. A detailed description of performance against the standards/criteria is included in Section 3.

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2.3 Criteria identified for follow-up

The criteria detailed in the table below have been identified by the review team as areas for action by NHS Grampian.

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<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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| **1(a) 2** | a) Progress the development of out-of-hours care across the board area  
b) Expand general dental practitioner (GDP) participation in the OOH EDS |
| **1(a) 6** | Establish formal working relationships across all areas of dental care |
| **1(a) 7** | a) Promote the OOH EDS to ethnic populations  
b) Undertake an equality and diversity impact assessment (EQIA) for the OOH EDS |
| **Standard 2(a) Safe and Effective Care – Healthcare Governance** |
| **2(a) 5** | Ensure board clinical governance committees receive regular reports on the OOH EDS |
| **Standard 2(b) Safe and Effective Care – Clinical Care** |
| **2(b) 1** | Finalise the NHS Grampian policy on guideline distribution |
| **Standard 2(c) Safe and Effective Care – Information and Communication** |
| **2(c) 2** | Develop a process for the transfer of patient information to GDPs |
| **2(c) 3** | Establish a system to record patient consent to share their information with other health professionals |
| **Standard 3 – Audit, Monitoring and Reporting** |
| **3(a) 1** | Develop key performance indicators (KPIs) for the OOH EDS |
| **3(a) 4** | Finalise an annual report on 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 outlined a number of ways in which the needs of those potentially using the OOH EDS have been identified.

The dental information and advice line (DIAL) was set up in 2004 and information from this, along with historical information spanning a 7-year period, from the Grampian dental emergency service (GDENS) is used to plan and review needs for patients using the OOH EDS.

Factors taken into account include: the volume of patients accessing emergency dental care; the demographics and geography of the board area; waiting list figures; and recalled attendance figures.

The board also reported the lowest NHS patient registration level (40.3%) in Scotland, with a significant volume of patients receiving private dental treatment. The lack of access to routine dental care impacts directly on the number of patients attending the OOH EDS.

Statistical information from GDENS identified that most patients accessing the service live in Aberdeen and the surrounding areas. This information was used by the board in deciding that the OOH EDS would be delivered from one centre in Aberdeen. However, patients in more distant parts of the area, such as Moray, may have a round trip of 160 miles to access out-of-hours emergency dental care.

Following integration with SEDS, the dental management team had been actively reviewing service provision and the information gathered to determine needs for the service led to the establishment of an additional OOH EDS clinic in Elgin in June 2009. The review team identified the introduction of the Elgin OOH EDS as a strength.
The dental management team monitors and evaluates service provision and the board reported an intention to further evaluate the service through the dental implementation plan.

Senior staff, who participate in the OOH EDS, give regular feedback to the dental management team and a staff survey indicated high satisfaction levels. A patient feedback survey had been established and it is anticipated that this will be repeated on a regular basis. The review team identified the patient feedback survey as a strength.

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

STATUS: Focusing

The board confirmed that the OOH EDS is available across NHS Grampian, irrespective of dental registration.

In addition to the OOH EDS centres in Aberdeen and Elgin, independent GDPs work in co-operatives to provide out-of-hours care on weekdays and weekends, particularly in the north of Grampian. The board acknowledged that a more distributed service across Grampian is required to meet the needs of the board area, and stated that future developments are planned in this respect. The review team highlighted the provision of out-of-hours care for the population of rural Aberdeenshire as a challenge.

As part of the 3-yearly practice inspection process, the board ensures that independent GDPs have leaflets which give details of their out-of-hours provision. Practice answering machines are checked on a quarterly basis for appropriate out-of-hours message content.

At the time of the review visit, the OOH EDS was staffed primarily by dentists from salaried and community practices. The board was in the process of evaluating results from a pilot project aimed at expanding GDP participation in the service. The anticipated outcome is that GDPs will undertake some sessions at the OOH EDS clinic in Aberdeen in exchange for the provision of out-of-hours care for their practice patients. The board reported an intention to expand GDP participation in other areas of Grampian, although no timetable had been decided for this.

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

STATUS: Practising

Unregistered patients can contact the DIAL from 8.15am–5.45pm, Monday to Friday. The DIAL triages patients and appoints them to the OOH EDS evening clinics.
Outside the DIAL hours of operation, registered and unregistered patients access the OOH EDS, in the first instance, by telephoning NHS 24. The review team identified the extended hours of operation of the DIAL as a strength.

Policies are in place for the DIAL and NHS 24 to call back patients phoning from phones other than landlines. NHS 24 has contingency plans in place in the event of a failure of the telephone system. NHS Grampian has a mobile phone which is available for staff to use in the event of normal telephone access being unavailable.

1(a) 4 Following triage, patients receive advice and care from a suitably trained health professional, appropriate to the degree of urgency of their condition.

STATUS: Focusing

The board confirmed that, following triage, patients are directed into the appropriate pathway for care.

In the emergency category of care, the patient is referred directly to the oral and maxillofacial surgery (OMFS) service via the accident and emergency (A&E) unit at Aberdeen Royal Infirmary. However, the board reported that feedback received from OMFS indicates that some patients have been triaged inappropriately or have presented without referral. The review team recommended that the board clarifies the emergency care pathway and identified this as a challenge.

In the urgent category of care, patients are appointed to the next available OOH EDS clinic to receive treatment within 24 hours. The board reported that, should demand exceed clinic capacity at the weekends, up to four patients can be given a Monday morning appointment with a salaried practice. If numbers exceed four, the DIAL will book patients into protected timeslots in an additional salaried dental clinic, also on the Monday. The board acknowledged that a very small number of patients may be treated outwith the 24-hour SDCEP timescale and described plans to review 3 months of clinical activity data to identify these occurrences. The board also advised the review team that it will be able to guarantee compliance with SDCEP guidelines as the service further develops.

In the routine category of care, unregistered patients are offered self-help and are added to the NHS waiting list. Registered patients are offered self-help and advised to contact their GDP.

The board confirmed that all DIAL staff are clinically qualified dental nurses. Non-clinical appointers at NHS 24 fax a copy of the patient’s call record to the receiving OOH EDS clinic.
1(a) 5 Access to, and delivery of, services is not compromised by physical (including medical conditions) language, cultural, social, economics or other barriers.

**STATUS: Practising**

The board reported that some areas, particularly fishing villages, have large ethnic populations. The most prevalent of these ethnic groups is Polish. Medical history sheets are available in Polish, Lithuanian, Russian and Mandarin.

The board provides a translation service for non-English speakers through Language Line. The Babel Fish.altavista.com online translation service is used by both the DIAL and the OOH EDS. Independent GDPs have access to the Aberdeen and North East Deaf Society, which provides services to patients.

All OOH EDS sites are Disability Discrimination Act (DDA) 2005 compliant and equipped with hearing induction loops. The board reported that all dental premises in the board had been surveyed for DDA compliance and confirmed that no OOH EDS patients are treated in non-compliant premises.

1(a) 6 Arrangements for access should be integrated across all areas of dental out-of-hours care (general dental practice, community, salaried and hospital dental service), and, where appropriate, with other primary care emergency services.

**STATUS: Focusing**

The board’s dental management team has representation from all branches of the dental service and issues that affect the OOH EDS are also discussed at quality in dentistry (QID) committee meetings.

An informal arrangement is in place for the referral of patients between the GDENS and the general medical service (GMED), which are co-located.

The board reported plans for the OOH EDS to forge closer, more formal links with GMED.

The review team recommended that the OOH EDS considers establishing formal relationships with all areas of dental care regarding integrated access for patients in the out-of-hours period.

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: Focusing**

Information on how to access the OOH EDS is publicised through awareness-raising posters placed in general medical practices, GDP practices, A&E departments, community pharmacies and other NHS Grampian sites.
An OOH EDS patient information leaflet is also distributed widely across the board area. The leaflet is available in large print and on CD and other formats and can be translated into other languages on request. The review team recommended that the board undertakes more work to promote the OOH EDS to ethnic populations and identified this as a challenge.

The board described work that had been undertaken to promote the OOH EDS at a homeless centre. The review team identified this initiative as an area of good practice.

An EQIA has not been undertaken of the OOH EDS and the review team identified this as a challenge.
Standard 2(a): Safe and Effective Care – Healthcare Governance

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

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

STATUS: Focusing

The board reported that public consultation had been undertaken in respect of the NHS Grampian dental action plan (2008–2009) via patient focus groups.

The review team noted that there had been no public involvement specific to the OOH EDS and identified patient and public involvement in the ongoing development and evaluation of the OOH EDS as a challenge.

The board acknowledged that it was, at the time of the review visit, focusing on the wider dental service, using broader communication to involve the public. However, it was reported that the QID committee has public representation.

A patient satisfaction survey was conducted over a 2-week period focusing, in particular, on ease of access to the OOH EDS. The board intimated that patient satisfaction will be incorporated into future audits of the service.

The board reported that dental managers provide feedback on the OOH EDS to the NHS Grampian patient focus and public involvement (PFPI) forum, and through the board’s dental website.

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

Patients, and their representatives, are given both verbal and written information on the treatment they have received. Following treatment, patients are given information leaflets on antibiotic prescribing and post operative bleeding advice. Patients requiring additional treatment are given a written referral to the DIAL for a daytime appointment.
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

At the time of the review visit, the dental service was undergoing a significant service re-design. The board reported plans to restructure the QID committee as a dental clinical governance group, through which policy development in the OOH EDS will be directed and supported. A protected GDENS staff day-long meeting had been organised for October 2009 with the aim of formulating a strategy for input to the service re-design.

In the meantime, any performance issues relating to the OOH EDS are escalated to the Aberdeen City CHP clinical governance group by the dental management team. The review team identified future policy development as a challenge.

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

STATUS: Practising

The board reported that risks are identified and managed in line with the NHS Grampian risk assessment policy, management of health and safety policy and risk management strategy. In addition, a corporate risk control plan is in place to identify action plans where there are gaps in the control of risks. A GDENS business continuity plan has been developed to manage risks that are specific to the OOH EDS. The review team highlighted the availability of the plan as an area of good practice.

In addition to the board’s paper-based IR1 recording system for reporting incidents, a communications sheet is also available in the OOH EDS for staff to record any areas of concern. However, the web-based Datix risk management information system for incident reporting, risk registers and complaints was scheduled to be implemented. Staff training in the use of Datix is also planned.

Incident investigation is the responsibility of the dental management team and the outcome of investigations is shared with staff through the clinical dental director and by memos which are displayed at the GDENS site. Feedback is also made available to GDPs through letters or newsletters.

The senior dental management team meets monthly and has strategic and operational responsibility for monitoring outcomes from the risk management system.
Clinical Governance: Board clinical governance committees receive regular reports on out-of-hours emergency dental services.

**STATUS: Focusing**

The board stated that the QID committee reports directly to the NHS Grampian clinical governance committee on a quarterly basis and has produced an annual report for 2007–2008. However, there is no formal mechanism or structure in place to ensure that the board’s clinical governance committee receives regular reports on the OOH EDS.

The QID committee is in the process of formulating a more robust clinical governance reporting structure for all branches of dentistry. This group will also link in with the dental managed clinical network (MCN), which is under development. The review team identified the establishment of a formal clinical governance structure, through which regular reports on the OOH EDS are received by the board’s clinical governance committee, as a challenge.

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 non-SEDS practices had been issued with the NHS QIS monitoring tool and that the return rate was 96%. The remaining 4% will be followed up. The board confirmed that the monitoring tool will be used again, although no timescale had been set.

The board also checks that practices have satisfactory arrangements in place for their patients to receive out-of-hours care, through the practice inspection process.

A telephone survey of out-of-hours answering machine messages of all non-SEDS practices was carried out by GDENS dental nurses in May 2009. Two out of 71 practices had no message and were contacted by the board to remind them of their contractual obligations and to ensure that appropriate messages were put on to answering machines. The board reported plans to repeat the survey in September 2009.

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

**STATUS: Focusing**

The board reported that, at the time of the review visit, there was no area dental committee (ADC). However, a dental MCN development day, which was held in December 2008, identified the formation of an ADC for the Grampian area as a priority. An interim committee has been established to decide on a constitution and
strategy for the ADC. It is anticipated that the ADC will be formally constituted in April 2010.

The board also reported that a clinical pathway sub group for emergency and urgent care was under development and will have multi-agency membership, including public representation. It is expected that the senior salaried dental practitioner appointed in June 2009, with a remit to include the OOH EDS, will chair this group.

The review team highlighted the appointment of a senior dental practitioner as a strength.

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 2-3% of calls are triaged within the emergency category of care. Secondary care services are fully integrated with the board’s out-of-hours emergency care system and OMFS service operates a full on-call rota.

Local arrangements are also in place for the referral of orthodontic patients.

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

**STATUS: Practising**

All salaried dentists and nurses working within the OOH EDS are employed in line with the NHS Grampian recruitment and selection policy and procedure.

The board considers that all salaried staff in the OOH EDS are employees of NHS Grampian and are, therefore, covered by Crown Indemnity.

General Dental Council (GDC) registration is checked online and is monitored by the board’s primary care services administration department. The GDC notifies NHS Grampian of the de-registered dentists and nurses on a quarterly basis. GDC registration is also checked as part of the 3-yearly practice inspection process.

Salaried staff are subject to Disclosure Scotland checks. At the time of the review visit, the board was exploring a method of applying Disclosure Scotland checks in independent practices and hoped to incorporate this into practice inspections in 2010.

GDPs sign an agreement to participate in the OOH EDS and must meet minimum training and qualification requirements. Dental nurses from the independent sector are also required to evidence appropriate training and qualifications.

There is an induction checklist for new staff in the OOH EDS and the board is aware of the need to review the checklist to incorporate any change in regulations.
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

Clinical guidelines, including SDCEP and Scottish Intercollegiate Guidelines Network (SIGN) are available in the OOH EDS clinic area and can also be accessed online. The board reported that it has purchased safety action broadcast system (SABS) software, which will provide an audit trail for the distribution of guidelines.

An NHS Grampian draft policy on guidelines distribution was undergoing a consultation process at the time of the review visit.

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

STATUS: Focusing

The board reported that a preliminary audit of availability of out-of-hours emergency dental services had been undertaken in the autumn of 2008. The initial data collected from this audit will be used to develop a wider audit which will include clinical outcomes for patients.

The non-SEDS monitoring tool was issued to non-participating practices in January 2009 and the board reported that it was confident that emergency out-of-hours provision was of a consistently high standard and compliant with SDCEP guidance and standards. A number of independent practices have successful co-operative arrangements and, in Moray, all independent practices work within the same arrangements. The board also reported that no complaints had been recorded for non-SEDS practices within the 3 years prior to the review visit.

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

STATUS: Practising

The board reported that the OOH EDS at Ashgrove Dental Practice only stocks painkillers and all other drugs are provided to patients through prescriptions. Painkillers are ordered and supplied by the hospital pharmacy and are stored in a
locked cupboard on the premises. Drugs management is reviewed through the practice inspection process.

At the OOH EDS in Elgin, drugs are supplied by Dr Gray’s Hospital and managed in line with the Dr Gray’s Hospital drug management policy.

OOH EDS clinic premises are maintained by the board’s estates maintenance department. Individual contractual arrangements are in place with suppliers for the maintenance of specialist clinical equipment.

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

**STATUS: Practising**

Decontamination is undertaken in accordance with the board’s decontamination policy, Health Protection Scotland (HPS) guidelines and SDCEP guidelines. The dental practice inspection process is used by the board to monitor compliance across all dental premises. The board also reported that a survey of dental premises’ decontamination arrangements was undertaken in 2008–2009.

The OOH EDS clinic at Ashgrove Dental Practice uses the GDENS local decontamination unit.

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

**STATUS: Focusing**

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

The board reported that no protocol has been established for the treatment of children with dental trauma and there have been no cases reported. However, it is expected that the OMFS service would provide support. There is a specific protocol for the care of children on the at risk register.

A protocol for the out-of-hours treatment of medically compromised patients ensures appropriate treatment, for example the dental management of patients with haemophilia.

The treatment of hospitalised patients is delivered according to protocol and ward staff will transport the patient to an out-of-hours clinic, where appropriate. Provision has been made for patients to be seen on the ward should transportation not be possible.

Patients with physical access problems are treated at a fully DDA compliant site.

The board acknowledged that patients in remote and rural areas may have to travel significant distances to services in Aberdeen and Elgin. However, there are proposals
to develop services in rural locations by expanding the Elgin service and by establishing an additional OOH EDS clinic in the north east of Grampian.

The board’s protocol for the treatment of domiciliary patients stipulates that transportation of the patient to an OOH EDS would be the expected outcome, due to concerns over appropriate risk assessment. In the emergency category of care, the patient would be transported to A&E, if necessary.

Patients with orthodontic problems are treated to alleviate the immediate problem before being referred back to their orthodontist.
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

The electronic Kodak R4 system of clinical records management is used by the board to ensure consistent and accurate recording of patient information. Standardised medical history forms are completed for all patients, along with GP17s to record patients’ agreement to the provision of NHS treatment.

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

STATUS: Focusing

The board reported that the large majority of patients attending the OOH EDS are unregistered. No system for the transfer of information applies to this group of patients.

Patients who are registered with the board’s salaried dental service have their details updated on the Kodak R4 system.

The board reported that there are plans to develop an appropriate system to communicate patient information, when more independent practitioners join the integrated service.

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

Registered patients attending the OOH EDS for treatment are given a pro-forma letter to take to their own dentist.

However, consent is not sought from patients attending the OOH EDS in respect of agreeing to the sharing of information about them and their treatment with other healthcare professionals.
The review team recommended that the board develops a system to ensure that patients, irrespective of dental registration, are aware of, and agree to, the sharing of their information and that consent or refusal is recorded appropriately.

The board acknowledged that it will be necessary to develop a process for this.
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 a minimum data set of patient activity and a set of KPIs are under development by the dental management team. Once in place, the minimum data set will give an indication of targets for KPIs.

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

The board tabled an audit schedule in respect of KPIs for emergency and out-of-hours dental services, at the review visit. The review team acknowledged the considerable amount of work put into the planned audit and recognised the development of the plan as an area of good practice.

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

STATUS: Practising

All complaints are managed and investigated in line with the board’s complaints policy and procedures. NHS Grampian has a dedicated feedback service which manages all complaints and compliments. The Datix system is used to record complaints received from the patient feedback process, email and the NHS Grampian website. The feedback team escalates complaints through the dental management team and reports on a quarterly basis to the board’s clinical governance committee and heads of service.

A process is also in place to acknowledge compliments received and to pass them to the appropriate staff members.

The review team identified the board’s feedback service as a strength.
3(a) 3  The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Practising**

Following on from an initial survey of patient satisfaction, the board reported that plans are in place to undertake regular feedback surveys and that a final format and timetable for repeat surveys was being considered.

The board reported that the process will be refined by the out-of-hours unplanned care lead clinician.

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

**STATUS: Focusing**

An annual report for 2008–2009, in respect of urgent and emergency dental services in-hours and out-of-hours, was due to be submitted to the board in August 2009. The report will be summarised in the NHS Grampian dental news and posted on the dental section of the board’s website.

The review team identified the production of an annual report as a challenge.
### Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
</tr>
<tr>
<td>ADC</td>
<td>area dental committee</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<td>DIAL</td>
<td>dental information and advice line</td>
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<tr>
<td>EDS</td>
<td>emergency dental service</td>
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<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
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<tr>
<td>GDC</td>
<td>General Dental Council</td>
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<td>GDENS</td>
<td>Grampian dental emergency service</td>
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<tr>
<td>GDP</td>
<td>general dental practitioner</td>
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<tr>
<td>GMED</td>
<td>general medical service</td>
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<td>HPS</td>
<td>Health Protection Scotland</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>MCN</td>
<td>managed clinical network</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
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<tr>
<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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<tr>
<td>QID</td>
<td>quality in dentistry</td>
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<tr>
<td>SABS</td>
<td>safety action broadcast system</td>
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<tr>
<td>SDCEP</td>
<td>Scottish Dental Clinical Effectiveness Programme</td>
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<tr>
<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
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<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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Appendix 2 – Review process

Prior to Visit

Standards published and issued by SDCEP

NHS 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 Grampian was conducted on 29 July 2009.

Review team members

**Graham Ball**  
Consultant in Dental Public Health, NHS Fife

**Lynn Lawson**  
Senior Dental Nurse, NHS Forth Valley

**Joanna McGregor**  
Public Partner, Highland

**Martyn Merret**  
Consultant in Dental Public Health, NHS Tayside

**Alison Moss**  
Clinical Governance Facilitator, NHS Tayside

**Tom McWilliam (Observer)**  
Assistant Clinical Dental Director, NHS Highland

**NHS Quality Improvement Scotland Staff**

**Sharon Keane**  
Programme Manager

**Doris Smith**  
Project Officer

**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.
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- 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