NHS Shetland

Local Report ~ November 2009

Out-of-hours Emergency Dental Services
Out-of-Hours Emergency Dental Services
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.
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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 Shetland. The review visit took place on 7 April 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

Shetland is an island group situated north of mainland Scotland and has a population of around 22,014. Many of the population live in the town of Lerwick, although a significant proportion live in rural areas.

Community dental services are provided from the Gilbert Bain and Montfield Hospitals, Lerwick. In addition, visiting consultants from NHS Grampian provide outpatient clinics as well as inpatient and day-case surgery to supplement the service provided by locally-based dentists.

At the time of this service review, NHS Shetland was preparing to formalise arrangements for the delivery of its Out-of-Hours Emergency Dental Services (OOH EDS) with NHS 24 and fully integrate into SEDS.

For further information about the local board can be accessed via the website on NHS Shetland (www.shb.scot.nhs.uk).
2.2 Summary of findings against the standards

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

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2.3 Criteria identified for follow-up

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

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<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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| 1(a) 1 | a) Engage with patient focus and public involvement (PFPI) to ascertain up-to-date information regarding local population needs  
| b) Undertake relevant audits – across all areas of out-of-hours emergency dental service (OOH EDS) |
| 1(a) 6 | Formalise existing links with other primary care emergency service colleagues regarding arrangements for accessing OOH EDS on an integrated level across all areas of dental out-of-hours care |
| **Standard 2(a) Safe and Effective Care – Healthcare Governance** |
| 2(a) 3 | Use NHS Shetland board’s clinical governance structure for OOH EDS |
| 2(a) 5 | Establish a system to provide regular reports to clinical governance committees regarding OOH EDS including areas of interest and plans to audit |
| 2(a) 8 | Develop a formal pathway of care for very serious/critical emergencies between NHS Shetland and NHS Grampian |
| **Standard 2(c) Safe and Effective Care – Information and Communication** |
| 2(c) 2 | Formalise a system for informing the patient’s dentist regarding OOH EDS care |
| **Standard 3 – Audit, Monitoring and Reporting** |
| 3(a) 1 | Continue with work already undertaken to develop key performance indicators (KPI) for OOH EDS |
| 3(a) 4 | Prepare an annual report specifically relating to OOH EDS |
3 Detailed findings against the standards

Standard 1: Accessibility and Availability at First Point of Contact

**Standard Statement:**

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

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

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

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

**STATUS:** Aware

The board reported a number of ways by which it identifies the needs of those potentially using the OOH EDS. Data are gathered from the General Register Office of Scotland which indicated that the population levels in Shetland have remained relatively stable over recent years.

Adult registration rates, as reported by the board, are just below the Scottish average, however, child registration rates are considerably higher. Care and treatment was reported to be mainly carried out by NHS dental practices.

The OOH EDS is available to all patients. Patients access the OOH EDS via NHS 24 and are triaged and referred to a local dentist for treatment.

At the time of the review, a local telephone helpline was in development. The helpline will include a triage service by local nursing staff. Training for qualified, experienced dental nurses was being undertaken to provide this service. The board reported that nursing staff who will be involved with the helpline have attended other NHS board areas to observe their practice and procedures.

The board was also in the process of carrying out an audit of the OOH EDS. The review team recognised the board’s undertaking an audit of the service to be a strength. The board plans to wait until at least 10 patient cases have been reported before analysis of the audit is undertaken. Analysis will include identifying any issues in the OOH EDS and plans will be made to facilitate service improvement. The board also reported that, over the past 5 years, there have been no complaints received regarding the provision of out-of-hours dental services. The only issue raised is that of patient registration. Results of any audit and reported issues will be discussed at area dental committee (ADC) meetings which are well attended by local dentists.
1(a) 2 Arrangements are in place to meet the needs of those potentially using these services.

**STATUS: Focusing**

At the time of the review visit, the board was in a transition phase between providing a local OOH EDS and integrating with SEDS which was due to be completed on 14 May 2009.

The board reported that patient information posters and leaflets are provided to all primary care and local government bodies. The NHS Shetland website also has a page describing how to access both emergency and in-hours dental services.

Patients, regardless of registration, who contact NHS 24 in the first instance, are given information on how to contact local dental services. Patient details are recorded in a manual log book by the on-call dentist. At the time of the review visit, it was highlighted that there are no formal links between the patient, NHS 24 and the board, however this will be resolved on full integration to SEDS on 14 May 2009. The on-call dentist takes responsibility to ensure that patients are triaged, seen and treated appropriately.

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

**STATUS: Focusing**

At present, patients contacting NHS 24 in the first instance are given information on how to contact local dental services and will then be treated in accordance with SDCEP guidance.

The review team and board acknowledge that some patients who contact NHS 24 may be triaged twice. However, this will be eliminated when the service is fully integrated with SEDS.

In the instance of mobile signals failing, on-call dentists would be given pagers to act as a back up. The board would also ensure that the emergency service mobile number has a message informing patients to call the accident and emergency (A&E) department if contact/reception links to mobile services was not available.

In the event of NHS 24 becoming unavailable, the board has interim arrangements in place to make the public aware of the situation. The board will contact the local media and broadcast interim arrangements for patients until the situation has been resolved. The review team highlighted this as an area of good practice.

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 described the system in place following triage by NHS 24 for emergency, urgent and routine categories of care.

In the emergency category of care, patients are provided with a telephone number to contact the on-call dentist and will be treated in accordance with SDCEP guidance.
In the urgent category of care, patients are given the contact telephone number to see a dentist within 24 hours. Patients are also advised to call back should their condition deteriorate.

In the routine category of care, patients are given information on how to contact their local dental service the following day to arrange an appointment within 7 days. The board reported some challenges in providing an appointment within 7 days in some areas of NHS Shetland. Patients are advised to call back should their condition deteriorate prior to appointment. The review team recommended that the board develops a formal, robust patient pathway for routine care.

In preparation for full integration with SEDS, the board reported that dental nurses were undergoing training in triage. The local triage service is based on the SDCEP guidance.

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

There is a contract in place with Language Line Services for interpretation needs. The Babel Fish translation service is available and Browse Aloud software is also incorporated in the board’s website.

Portable hearing loops are available in Montfield and Gilbert Bain hospital sites where the OOH EDS is delivered. Additionally, the board has piloted a British Sign Language interpreting service which is accessed via video link. The review team highlighted this as an area of good practice and also noted the well-written policies in place as a strength.

The board reported that a number of surgeries have recently undergone a full refurbishment and are fully compliant with the Disability Discrimination Act (DDA) 2005. The last accessibility audit was carried out by the board in 2004 and this was reported in the disability equality scheme progress report in December 2008.

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: Aware

The board reported that in most cases patients presenting to the OOH EDS are treated within a hospital setting where A&E is on-site. These patients would, therefore, have instant access to other emergency services if medically compromised.

There is no secondary care dental service in Shetland. Therefore, emergency cases would be accessed via NHS Grampian in line with the board’s established clinical networks.

While the review team recognised the links with NHS Grampian to be a strength, it recommended that a formal protocol be developed between NHS Shetland and NHS Grampian for the management of very serious/critical emergencies.
1(a) 7  Information on how to access the service should be available to all and not compromised by physical, language, cultural, social, economic or other barriers.

**STATUS: Practising**

The board demonstrated wide distribution of patient information leaflets which include details on how to access the OOH EDS. The information leaflets are produced only in English. However, the board’s website information can be translated online into a range of languages.
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 it has patient focus, public involvement and a communications strategy and advised that it adheres to the guidance outlined in the National Standards for Community Engagement when consulting with the public.

The board outlined a range of public involvement activities in place and highlighted one of the board’s most established PFPI initiatives. The NHS Shetland 100 Group provides opportunities for members to learn about various aspects of NHS Shetland, both as a board and a healthcare provider. The board arranges meetings for members to attend, and provides a forum to listen to members’ views and ideas and works with members to improve ways of achieving views of the local population in Shetland regarding NHS services. It also provides feedback to group members on any views put forward at various meetings and forums. The review team acknowledged that this is a well-established group which involves members of the general public in all aspects of NHS Shetland services. The group has held themed meetings on topics of general public interest which has included a meeting regarding dental services. The review team recommended that the board establishes public involvement specific to the OOH EDS.

More specifically to out-of-hours, in 2004, the board undertook a major public consultation exercise of its out-of-hours services which included the provision of emergency dental services. The responses to the consultation were assessed at a public board meeting in July 2004, where it was decided to manage the OOH EDS via NHS 24.

2(a) 2  Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.

STATUS: Focusing

Information regarding treatment provided and after care is explained verbally and supported by patient information leaflets which are provided to patients at the end of their appointment. Specific pain relief advice is given verbally to the patient by the dentist, as appropriate.

The review team considered the patient information leaflets to be well written and highlighted the information leaflet provided to patients regarding taking antibiotics as an area of good practice.
The board reported that a discharge letter is not provided to the patient. Instead, there is a verbal agreement in place whereby the out-of-hours dentist will telephone the patient’s dentist the following day to inform them of the patient’s attendance at the OOH EDS.

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

STATUS: Aware

Clinical governance in oral health is structured via the dentist audit group which reports directly to the board’s clinical governance group. The chief administrative dental officer is a member of both groups which facilitates formal links between each group. The board reported and provided verbal examples to highlight that there are formal arrangements in place to cascade information to all other appropriate board groups and line management structures, and informed the review team that this is considered a robust process that works well at all levels.

The board reported that there is a clinical effectiveness audit group which prioritises audits that require to be carried out for the forthcoming year. This process involves providing all heads of departments with a letter detailing the list of audits, requesting any additional audits and individual commitment to supporting these audits.

The board gave verbal examples of the range of non-dental audits undertaken and where any changes to practice have been carried out.

While no completed audits have been undertaken specifically for OOH EDS, the board reported that it will be looking to take this forward in the near future.

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

The board reported that an incident policy is in place. In the event of a significant incident, a specialised group would be formed to undertake investigations. An incident reporting form (IR1) is used throughout the board to report any incidents or ‘near misses’.

The board also reported that there is a specific process in place for recording near misses. The board’s clinical governance department has undertaken a staff survey regarding risk and staff understanding of risks to facilitate ongoing improvement. The board reported that this survey will be repeated during 2009. The board also has a process in place to support root cause analysis.

Dental meetings also take place in each region. These meetings are attended by the dental business manager to ensure consistency of information on risks is fed back to staff. In addition, the board also has a risk and incident co-ordinator who has responsibility for maintaining the risk register. The risk incident co-ordinator also prepares reports on high level risks for senior management and the NHS Shetland board. The board’s senior management team meet at the controls assurance group (CAG) which is the board’s strategic risks management forum. The group meets every 4–6 weeks to review the corporate risk register and discuss any potential new
corporate risks. The CAG also has a monitoring and performance role which includes the review of departmental risks and departmental risk registers.

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

STATUS: Aware

The board reported that generic reporting arrangements are in place. The dental services are part of a community health care partnership (CHCP) and as such, reports describing current performance and governance arrangements (including out-of-hours services) are tabled at the CHCP committee.

The review team recommended that the board produces a report specifically for the OOH EDS.

2(a) 6  Clinical Governance: Boards have systems in place to ensure that all primary care dental providers have satisfactory arrangements in place for the emergency care of their practice patients.

STATUS: Focusing

The board reported that checks have been carried out on telephone answer messages across the service. The board noted that there were very few variances. However, guidance was issued to all practices to ensure consistency throughout the service. Independent contractors were also issued with guidance on message content on their answer machines. The review team recognised this as a strength.

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

STATUS: Focusing

The board reported that, due to size and scale of the service, there are very good verbal links between professionals. In addition to this, there are a number of formal group meetings which take place on a regular basis providing a forum for communication both within and between services.

The board reported that key professionals are represented on its various groups. The board has an established ADC, a senior dental officers group and a dental audit group. Additionally, dental staff meetings are held. The chief dental administrative officer is a member of the board’s clinical governance co-ordinating group, the community healthcare partnership committee and the clinical services management team. The chair of the area dental committee is also a member of the area clinical forum. The board is working towards full public representation on each of the groups.
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

Oral and maxillofacial consultants visit regularly from Aberdeen Royal Infirmary. The visiting consultants undertake training and monitor local dentists in their area of special interest. Local dentists also travel to Aberdeen to attend training and to work with colleagues in NHS Grampian on specific cases.

The review team recommended that the board develops a formal pathway of care for ‘blue light’, serious/critical emergency cases involving situations where a patient may have to be resuscitated or stabilised for air ambulance transfer to a mainland board for ongoing specialised treatment.

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

STATUS: Practising

The board reported that all staff involved in the NHS Shetland OOH EDS meet employment requirements in line with the NHS Shetland recruitment and selection policy. The board’s human resources (HR) department ensures that all appropriate checks have been completed prior to the new staff member’s employment commencing. Disclosure Scotland checks are also carried out prior to commencing employment.

A local register is held within the dental service along with a board register which is maintained by the board’s HR department to record registration data and monitor registration expiry dates and ensure that all dental staff registrations are valid.

In addition to these processes, the board reported that it is currently looking into ways of ensuring that independent contractors have valid Disclosure Scotland checks carried out and maintained.
Standard 2(b): Safe and Effective Care – Clinical Care

**Standard Statement:**

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

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

**STATUS: Focusing**

The board confirmed that all local guidance and protocols are developed using evidence-based guidelines, SDCEP and British Dental Association (BDA). A formal process is in place for easy access to evidence-based clinical guidelines. Guidelines can be accessed electronically and in printed format.

There is a responsibility for all unit managers to ensure that guidelines are disseminated to staff throughout their department and they are asked to feedback, where appropriate, on how they intend to implement new or updated guidelines.

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

**STATUS: Aware**

The board reported that a recent audit of the OOH EDS will highlight patients’ views on how their needs are assessed and responded to. Patient feedback is also encouraged through the board’s comments and suggestions scheme.

The board plans for this audit to be extended throughout summer 2009 to include all independent dental contractors. This will provide an opportunity to review the arrangements in place within non-SEDS practices and will take account of the views of patients from these practices.

There is an established, accredited training programme for dental nurses which the review team highlighted as a strength. The training programme is also open to independent contractors. There are a range of processes in place to support dental nurses to maintain skills and competences.

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

**STATUS: Practising**

A qualified dental nurse has responsibility for managing and maintaining emergency drug boxes. There is a formal system in place with pharmacy for recalling drugs in boxes that are approaching expiry dates. All used drug boxes are returned to pharmacy for replenishment.
Out-of-hours maintenance can be accessed via the on-call hospital engineer who can be paged via the hospital switchboard. Alternatively, the dentist would transfer to an adjacent surgery until the issue was addressed.

The review team recognised the arrangements in place for monitoring emergency drugs as an area of good practice.

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

**STATUS: Practising**

There is a decontamination policy for both the in-hours and out-of-hours service. Due to the low volume of call-outs in the OOH EDS, contaminated equipment is stored securely and sent for decontamination the following day.

The review team acknowledged the robust decontamination procedures in place as a strength.

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

**STATUS: Focusing**

The board demonstrated that there are a range of protocols in place to address the potential needs of high-risk patient groups.

Children with dental trauma are assessed by the OOH EDS as an urgent referral. In emergency cases, children are seen within one hour or sooner, if possible.

Medically compromised patients are treated as an emergency or an urgent referral and are seen within a hospital environment.

Hospitalised patients will be identified by their medical teams who will contact the on-call dentist directly. Assessment of dental need is carried out, taking into consideration possible medical complications of the dental condition. A dentist may also provide treatment on the ward, if necessary.

Patients with specific physical access problems have their full medical history taken including dental history. The patient’s regular dentist is contacted as the preferred option if at all possible. If not, advice would be sought from an experienced senior dentist. The patient would then be treated at the Gilbert Bain Hospital. If the patient is unable to access the Gilbert Bain Hospital, a domiciliary visit would be undertaken and a follow-up appointment arranged.

Patients living in remote and rural areas are triaged initially by NHS 24. Urgent cases are given an appointment for a local OOH EDS facility. In emergency cases, the patient would be assessed by a general medical practitioner and an emergency airlift would be arranged, if appropriate.

All housebound patients are seen at home for emergency care. Treatment will be limited by circumstances, and follow-up appointments would be made at the hospital if appropriate, using ambulance transport, if necessary.
Arrangements are in place to treat patients with orthodontic problems. Patients who experience orthodontic problems (with the exception of those in pain who would be triaged accordingly) would be referred to the next orthodontic clinic.

In addition, the board has a policy for patients who are unable to consent to treatment. The review team acknowledged the board has policies in place to address the needs of high-risk patient groups.
Standard 2(c): Safe and Effective Care – Information and Communication

**Standard Statement:**

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

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

**STATUS: Focusing**

Patient details are recorded either on a record card or on the electronic Kodak R4 system, which is accessible throughout various regions. When a record card is used, the patient’s information is transferred onto the Kodak R4 system the next working day. A medical history is taken from the patient and a GP17 form is also completed.

A patient confidentiality policy is also in place setting out the board’s commitment and responsibilities to patient confidentiality. The board provides written information regarding patient confidentiality to patients in a leaflet: Keeping Your Information Private.

A patient record audit was being carried out at the time of the review visit and the board reported that findings would be reported on completion of the audit.

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 all salaried dentists can access the Kodak R4 system. In situations where patients registered with an independent service come through to the salaried service in error, the information on the patient’s attendance would be sent to the independent practice.

There is a verbal agreement in place that the on-call dentist will contact the patient’s regular dentist and inform them of their patient’s attendance at the OOH EDS.

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

**STATUS: Practising**

The board stated that patients are informed at the time of attendance at the OOH EDS that their dentist will be informed of their visit and treatment. However, if a patient objects to sharing this information, their refusal would be recorded on their record card or on Kodak R4.
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 it has developed local KPIs regarding time indicators based on SDCEP guidance. The review team identified this as a strength. While the board reported that it is working within the parameters of the KPIs, no audit has taken place to date. The review team acknowledged the timescales involved with regard to the OOH EDS being in a transition stage and acknowledged the work undertaken by the board to identify a set of baseline KPIs which will be used to facilitate audit processes in due course.

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

STATUS: Practising

Complaints are monitored and formally recorded in accordance with the NHS Scotland complaints procedure. Formal recording will be transferred to a new Datix system as soon as it becomes fully operational. The board reported that complaints are reviewed quarterly as part of the performance monitoring process. Any complaints received within the dental service are discussed at the senior dental officers meeting and any actions required are agreed and taken forward. The board also reported that dental staff have attended training in NHS Grampian regarding the management of complaints.

The board also has an established comments and suggestions scheme, ‘Your thoughts Your suggestions, Your Say’, which acts as a reporting mechanism to staff, patients and the wider community, informing of action points raised against comments that have been received. The review team acknowledged this as a strength. A report on the outcomes is disseminated on a quarterly basis. The board reported that it considers this practice to support the wider clinical governance framework for NHS Shetland as well as supporting risk assessment processes on an informal basis.

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

STATUS: Focusing

The board reported that a qualitative assessment of patient experience forms part of the out-of-hours audit. A public partner was involved in devising the assessment.
The comments and suggestion scheme is also in place to identify patient views and satisfaction levels.

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

**STATUS: Aware**

Details regarding dental care service provision, performance and outcomes are included in the board’s performance scorecard which is tabled at each board meeting. Dental services provide updates to the board regarding their status in terms of service provision being delivered in accordance with indicators and targets. Details regarding any issues regarding workforce planning, health improvement, emergency services and interface with oral surgical pathways are also provided to the board. The board reported that its chief administrative dental officer gave a presentation to the local CHCP committee to update members on current issues and the local service.

More recently, the board has undertaken a survey of the OOH EDS. The board reported that the results and any subsequent actions will be published on its website. In addition, the board’s annual report has a section reporting on dental services. The annual report is distributed to households via the Shetland Times as well as being available on the board’s website.

An annual report specifically relating to OOH EDS has not been produced to date and the review team identified this as a challenge. However, the board recognised the value of such a report and plan to prepare a report at the end of its first year of providing an integrated OOH EDS.
### Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
</tr>
<tr>
<td>ADC</td>
<td>area dental committee</td>
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<tr>
<td>CAG</td>
<td>controls assurance group</td>
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<tr>
<td>CHCP</td>
<td>community health care partnership</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>EDS</td>
<td>emergency dental service</td>
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<tr>
<td>GDC</td>
<td>General Dental Council</td>
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<tr>
<td>GDP</td>
<td>general dental practitioner</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>LLS</td>
<td>language line services</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>PFPI</td>
<td>patient focus and public involvement</td>
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<tr>
<td>SDCEP</td>
<td>Scottish Dental Clinical Effectiveness Programme</td>
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<tr>
<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
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Appendix 2 – Review process

Prior to Visit

- Standards published and issued by SDCEP
- NHS QIS develops and issues self-assessment framework
- NHS board completes self-assessment and submits with evidence to NHS QIS
- NHS QIS sends information from self-assessment submission to peer review team
- Review team analyses submission and meets for discussion one day prior to visit

During Visit

- NHS board presentation to review team covering local service provision
- Review team meets stakeholders to discuss local services and validate content of submission
- Review team assesses performance in relation to the standards based on the submission and visit findings
- Review team feeds back findings to NHS board

After Visit

- NHS QIS produces draft local report and sends to review team for comment
- NHS QIS sends draft local report to NHS board to check for factual accuracy
- NHS QIS publishes local report
- NHS QIS out-of-hours emergency dental services project group considers findings of all local reviews and drafts national overview
- NHS QIS PUBLISHES NATIONAL OVERVIEW
Appendix 3 – Details of review visit

The review visit to NHS Shetland was conducted on 7 April 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Jeff Hamilton</strong></td>
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<tr>
<td>Public Partner, Highland</td>
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<tr>
<td><strong>Anna Lang</strong></td>
</tr>
<tr>
<td>General Dental Practitioner, Glasgow</td>
</tr>
<tr>
<td><strong>Ray McAndrew</strong></td>
</tr>
<tr>
<td>Associate Medical Director, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td><strong>Marion McLoone</strong></td>
</tr>
<tr>
<td>Quality and Effectiveness Manager, NHS Greater Glasgow and Clyde</td>
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<tr>
<td><strong>Ashley Rennie</strong></td>
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<tr>
<td>Principal Dental Nurse, NHS Fife</td>
</tr>
<tr>
<td><strong>Gill Sinclair</strong></td>
</tr>
<tr>
<td>General Manager of Emergency Dental Services, NHS 24</td>
</tr>
</tbody>
</table>

NHS Quality Improvement Scotland Staff

| Tracey Hannah                                |
| Project Officer                              |
| **Sharon Keane**                             |
| Programme Manager                            |

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 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