NHS Orkney

Local Report ~ November 2009

Out-of-hours Emergency Dental Services
NHS Orkney

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.
# Contents

1. Setting the scene 5

2. Summary of findings 7

3. Detailed findings against the standards 10

Appendix 1 – Glossary of abbreviations 27

Appendix 2 – Review process 28

Appendix 3 – Details of review visit 29
1 Setting the scene

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

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

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

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

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

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

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

About this report

This report presents the findings from the out-of-hours emergency dental services peer review visit to NHS Orkney. The review visit took place on 18 June 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

Orkney is an island group situated north of mainland Scotland. It is made up of about 100 islands, of which 17 are inhabited and has a steady population of around 20,000, however this can increase to 120,000 in the summer months. Around 86% of the population live on the main island where Kirkwall, the administrative centre of Orkney, is located.

NHS Orkney integrated with SEDS in September 2008. The out-of-hours emergency dental service (OOH EDS) operates from the Dental Surgery Unit at Balfour Hospital, Kirkwall, and all dental practitioners in the board participate in the service.

Further information about the board can be accessed via the website of NHS Orkney (www.ohb.scot.nhs.uk).
2.2 Summary of findings against the standards

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

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

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

<table>
<thead>
<tr>
<th>NHS Orkney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 2(a) Safe and Effective Care – Healthcare Governance</strong></td>
</tr>
<tr>
<td><strong>2(a) 3</strong></td>
</tr>
<tr>
<td><strong>2(a) 4</strong></td>
</tr>
<tr>
<td><strong>Standard 2(c) Safe and Effective Care – Information and Communication</strong></td>
</tr>
<tr>
<td><strong>2(c) 3</strong></td>
</tr>
<tr>
<td><strong>Standard 3 – Audit, Monitoring and Reporting</strong></td>
</tr>
<tr>
<td><strong>3(a) 4</strong></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) Arrangements are in place to identify the needs of those potentially using these services.

STATUS: Practising

NHS Orkney integrated into SEDS in October 2008. However, prior to the new service, the board had a long established OOH EDS service which incorporated the salaried service and the one independent practice based in Orkney. The board used long-term monitoring of the previous on-call service, combined with consultation with the independent private dental practice, to provide historical data to inform the establishment of the new service and anticipate future need.

Local population figures are gathered from general medical practitioners’ reports to provide an indication of geographic placement of the population. The collection of these data was fundamental in the board determining the location of the OOH EDS clinic. As the majority of the population live in Kirkwall, and four out of six ferries servicing the Orkney Islands dock in Kirkwall, it was determined that Kirkwall was the most accessible location to host the OOH EDS.

The board reported that the area experiences a surge in its population over the summer period due to a combination of tourism and visiting ship crew members. The stable population is around 19,500, however this can increase by six times in the summer putting increasing pressure on the service. However, the board has negotiated arrangements with the shipping agents to minimise the effects their tourists have on the service. The shipping agent contacts the service in advance of arrival in Orkney with any out-of-hours dental emergencies so the service can plan ahead.

The service continually monitors activity levels from the Highland Hub triage centre to ensure that the current service meets the needs of the population and to identify any trends to help inform future service developments. Additionally, compliments and complaints are reviewed to identify any areas of need and to help plan changes to the service.
The OOH EDS is discussed at clinician and joint meetings of dental staff and these discussions are used to inform negotiations with SEDS and develop the service’s specification.

The board intends to produce a report containing statistical reports from NHS 24 and the Highland Hub reporting any exceptions to the SDCEP timescales and report these findings to the patient safety team. At the time of the review visit, statistics collected from NHS 24 and the Highland Hub had been sent to the patient safety team in their raw data form.

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

STATUS: Practising

The NHS Orkney OOH EDS is based at Balfour Hospital and is available to all registered and unregistered patients residing within the board area. The service is accessed through NHS 24 and patients are triaged in accordance with SDCEP guidance.

There is a dedicated dental helpline in operation within the board area to deal with telephone enquiries from patients with dental emergencies. The service assessed daytime calls from patients over a set time period, in order to establish the peak calling times and to determine which hours the dental helpline would need to operate. As such the helpline operates between the hours of 08.45 – 10.45am on weekday mornings. Outwith this period, the volume of calls can be managed by the board’s reception workforce and, after 10.45am, calls are diverted to one of the clinics operating in the board. The review team recommended that the board establishes a helpline training programme to ensure consistency of advice provided to patients.

The board reported that the Highland Hub also interacts with the dental helpline. The hub contacts the helpline via a dedicated dental helpline email address to inform whether any patients that called out-of-hours the previous evening are required to be seen by a dentist that day. The email inbox is checked as a priority each morning.

In situations where patients present themselves to Balfour Hospital, they are directed to a telephone and advised to contact NHS 24 for triage. However, if the patient is an obvious emergency, the hospital staff will use the referral protocols laid out in a service developed casualty/minor injury crib sheet for information on how to contact a dentist. The board reported, however, that it does not maintain a record of those patients who initially present themselves directly at Balfour Hospital and the review team recognised this as a challenge.

The same referral protocol is also made available to GPs, GP specialist trainees and community nurses working on the islands. In the more remote islands, where access to a dentist is not possible out-of-hours, the island GP will treat dental emergencies as they would any other medical emergency and GPs can contact the on-call dentist
by telephone for advice, if required. Arrangements are then made to transfer the
patient to Kirkwall as soon as possible and the clinic would be opened in order for
the patient to be treated.

Dentists and dental nurses carry pagers and mobile phones so they are contactable,
and the Highland Hub and switchboard also have access to the numbers which are
updated with any changes. Due to variable mobile and pager coverage throughout
the board area, contingency plans using landline numbers are in place.

The board confirmed that 100% of practices participate in SEDS and the review
team recognised this 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

Patients requiring out-of-hours emergency dental care initially access the service by
telephone through NHS 24 irrespective of registration status. Patients can either
contact NHS 24 directly or may be directed to call NHS 24 via a standardised
telephone answering machine message at their dental practice. NHS 24 call handlers
record patient details and re-direct calls to a SEDS triage nurse. Using established
protocols and decision support software, triage nurses assess the urgency of the
patient's condition and direct them into an appropriate care pathway in the categories
of emergency, urgent or routine. NHS 24 has contingency plans in place to re-route
calls in the event of a telephone system breakdown.

Patients requiring an emergency appointment are booked into the OOH EDS clinic
by the Highland Hub at 30 minute intervals. The hub faxes patient details to the
emergency clinic for collection by the on-call dentist on their arrival. If the call comes
in after clinic operating hours, once dental staff have left the clinic, the Highland
Hub will contact the dentist directly to ensure the patient is seen within the agreed
timescale.

Alternatively, patients may on occasion present themselves at Balfour Hospital. In
this instance, the referral protocol as laid out in a casualty/minor injury crib sheet,
which was developed by the OOH EDS, is followed. Should staff at the hospital
determine that the patient requires emergency treatment, they will contact the on-call
dentist directly.

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

STATUS: Practising

The board has a robust, formalised triage pathway in place for all patients accessing
the OOH EDS in the emergency, urgent and routine categories of care. All patients
accessing the service are triaged by NHS 24 and those categorised as emergency or
urgent are then transferred to the Highland Hub and booked an appointment as appropriate. The Highland Hub passes on patient information for appointment by fax, however the board hopes to move towards an electronic system of information transfer in the future.

For emergency, and a proportion of urgent classified patients, appointments are booked for the Saturday and Sunday clinics. Alternatively, some urgent patients are directed to contact the dental helpline to book an appropriate next day appointment during weekdays.

For those emergency patients whose condition is so serious that they cannot be treated effectively in Orkney, an urgent referrals protocol exists to have these patients transferred to Aberdeen Royal Infirmary where they can access oral maxillofacial surgery (OMFS).

Patients categorised as requiring routine care are directed by the NHS 24 triage centre to either contact their own dentist or contact the NHS Orkney dental helpline for advice on arranging a routine appointment with a dentist.

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**

It was reported that as patient population numbers are relatively small throughout the board area, all patient information leaflets are normally produced in standard English format, however these can be adapted into other languages and formats, if required. A Red Cross multilingual phrasebook is available in all clinics and staff also have 24-hour access to Language Line Services (LLS). The review team recognised the interpretation services available to patients and staff to be a strength.

All dental staff undergo equality and diversity training allowing them to assist with any patients experiencing difficulties using any aspect of the service. Additionally some members of staff have received training in sign language and all clinics have portable hearing loops. Patients with sensory impairment will be accompanied and escorted to the clinic by a dental nurse from the reception area. The board has also developed guidance and advice on dental care for people with special needs which the review team commended and highlighted as an area of good practice.

At the point of contact with NHS 24 and the Highland Hub, patients can inform staff if they have any special requirements or access issues prior to their attendance at the clinic so arrangements can be made prior to their arrival. Any special requirements would be noted on the patient information fax sent to the OOH EDS by the Highland Hub. The board also reported that it uses markers on the Kodak R4 dental management software, used by the OOH EDS, to identify patients who have additional needs. Therefore, if patients attend the clinic again in the future, staff will have a prior note of any special requirements.
The board confirmed that it has adapted all dental clinics to the best of its ability but acknowledges that not all clinics are Disability Discrimination Act (DDA) compliant. The OOH EDS based at the Balfour Hospital is accessible, however should any patient experience any issues accessing the clinic, arrangements can be made to have the patient treated in a fully accessible clinic within the main hospital building. The OOH EDS hopes to move to a fully accessible clinic in the future and a proposal has already been submitted to build a new surgery in Kirkwall to replace the current property.

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 through collaboration with Accident and Emergency (A&E) and general practice colleagues, contingency plans are in place for islands where the transport infrastructure does not allow access to dental services at all times.

Training is given to GP specialist trainees in providing emergency dental care. The service has developed a casualty and minor injury crib sheet outlining the referral protocol for patients presenting themselves at A&E and this is also made available to GPs on the islands. The review team commended the board for the development of this crib sheet and its close collaborative working with colleagues in A&E and general medicine.

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

**STATUS: Practising**

The board demonstrated wide distribution of relevant information on how potential users can access the service. Methods of publicising the service include patient information leaflets, the local media, talking newspaper and the board’s website which is accessible in various formats and languages. Due to the island environment in which the service operates, the board reported that there is a good social network and word of mouth among the population and this serves to further publicise the service.

The senior dental officer for special care promotes the OOH EDS at meetings with the local authority departments when discussing issues relating to various special care groups such as children with autism and carer groups. Additionally, the service is promoted to private and social care homes on visits to the homes.
Dental staff have access to equality and diversity training through the online training and assessment system (ORAS) and classroom training.
Standard 2(a): Safe and Effective Care – Healthcare Governance

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

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

STATUS: Practising

The board reported that patient satisfaction questionnaires on access to the dental helpline and NHS 24 have been developed and carried out. The results of the dental helpline patient questionnaire were discussed at dental team meetings and the findings resulted in changes to improve the service. The board intends to repeat the questionnaire in September 2009. The pilot NHS 24 access questionnaire commenced in February 2009 and ran for 3 months to collect a meaningful sample of patients accessing the service. Following the pilot, the questionnaire was modified slightly and, at the time of review visit, the final questionnaire had been implemented across the OOH EDS.

The board involves and updates the public in the development of the OOH EDS in various ways. The OOH EDS links into the patient safety team which includes a public representative. The service’s patient information leaflet was put to members of the NHS Orkney patient engagement network (OPEN) in order to gain involvement from the public and as a result of the feedback, the leaflet was redeveloped to make it more user friendly. The review team highlighted patient consultation in the development of the patient information leaflet to be a strength. Additionally, prior to the NHS QIS review visit, the board had public involvement in the compilation of evidence for the review itself.

The senior dental officer (SDO) (special care) and the oral health promoter work with many different agencies and inform these groups of the OOH EDS. Groups they liaise with include community groups, parent and toddler groups, looked after and accommodated children, carers and care homes. Informal feedback collected from these groups leads to developments in the service. As an example, the board reported that following discussions with special care groups, the service produced a document for the dental service on advice for dental care for people with special needs.

Feedback on the service was provided to the board at a public meeting, and the information made available at this meeting was published on Blog, the staff intranet, and in the local newspaper.
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**

As the first point of contact is with NHS 24, patients may receive verbal self-care advice at this stage, if appropriate. If the patients and their representatives attend the OOH EDS clinic, they can access the Balfour dental clinic’s patient information leaflet which contains guidance on accessing the dedicated dental helpline. The helpline offers guidance for unregistered patients on how to access follow-up care. Registered patients are given verbal instructions to contact their own dentist for follow-up care.

If medication is prescribed, both verbal and written information on the medication is given to patients. Similarly, post extraction advice is given both verbally and in writing. The review team recommended that the board considers developing their medication leaflets into a more patient friendly format.

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

**STATUS: Focusing**

Prior to the OOH EDS launch, meetings with clinicians were held to ensure that everyone involved in the provision of the service was aware of the changes that were to take place. Regular reports to the clinical safety and quality team are set to commence in June 2009 and the board intimated that these would occur on a 6–monthly basis. The review team did note, however, that a number of policies in operation within the board were due for review and would recommend that the board ensures a robust document and policy control system is put in place.

The board liaises closely with colleagues at NHS 24, SEDS and the Highland Hub. The board’s chief administrative dental officer (CADO) and the dental business manager also communicate with the interim medical director and there has been involvement with the NHS Orkney primary care manager in the development of the service.

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

**STATUS: Practising**

NHS Orkney holds a board corporate risk register and, additionally, a dental departmental risk register is held online in an electronic system which is specific to the Balfour Hospital’s oral surgery unit where the OOH EDS is hosted. Generic dental risks are also recorded on this system. The board reported, however, that as this system is about to be replaced, any new risks identified will be recorded on a
paper risk register as an interim measure. The review team identified the interim use of a paper-based risk register to be a challenge to the board. The review team also recommended that the board considers developing a risk register specific to the OOH EDS.

Key performance indicators (KPIs) developed by the service include the requirement to assess and control risks and hold a risk register. All risks are reported to the corporate management team and staff are trained in how to identify and report risks. Any dentists who are unsure of the process can access support from a dental nurse, all of whom receive specific training as part of the staff induction programme. The board’s patient safety department collects the top five risks from each department which are then sent to the corporate management team for further action, if required.

Risk control measures include the use of triage discrepancy forms which are used by clinicians to inform NHS 24 of any inappropriately triaged patients, and any incidents are fed back to the Highland Hub, NHS 24 and SEDS. A weekly walk through of dental clinics is carried out by the senior dental nurse for any identifiable risks and each area also has cleanliness champions to monitor infection control risks. Control measures are recorded on the risk register, but staff also use IR1 reporting online. Again, staff receive training on how to use the system and reports can be done on paper or online. Any trends of incident reporting are in turn reported to the patient safety team. If necessary, following an incident report, a significant event analysis will be carried out and feedback given to all concerned.

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

STATUS: Practising

The board described the reporting arrangements that are in place between the board and clinical governance committees. The board confirmed that the CADO reports to the board’s clinical governance structure through the patient safety team as well as directly to the NHS Orkney board. Additionally, the CADO is a representative on the clinical incident investigation group.

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

It was reported that there is only one independent practice operating in NHS Orkney and the practice has signed up to take part in SEDS. The board confirmed that all clinicians from the independent practice participating in the service are subject to the same clearances as general dental staff employed directly by the board and this includes criminal disclosure and occupational health clearance.
2(a) 7 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.

**STATUS: Practising**

The service has established close operational links with local GPs, out-of-hours GPs and Balfour Hospital colleagues, such as A&E departments. Additionally, the service liaises with the Highland Hub, NHS 24, SEDS and the area dental committee (ADC).

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 service has established close links with colleagues based at the Balfour Hospital and NHS Orkney's SDO provides tutorials on emergency dental care to hospital SHOs at each intake and explains the protocols laid out in the casualty/minor injury crib sheet which is provided.

As there are no permanent secondary care dental departments in Orkney during standard working hours, the SDO provides advice and determines an urgent referral pathway. The board reported that the SDO is flexible in relation to working hours and can be contacted outwith standard working hours. However, a contingency is in place should the SDO be unavailable and a formal protocol exits for urgent referrals to the Grampian OMFS department. The Grampian OMFS department provides help and advice over the telephone and advises whether the patient needs to be transferred to the department by air ambulance or standard flight or whether the issue can be treated locally in Orkney.

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

**STATUS: Practising**

The board confirmed that all staff taking part in the OOH EDS rota, including all independent contractors, are employed by the service in line with the NHS Orkney recruitment and retention policy which includes occupational health checks and enhanced Disclosure Scotland clearance. Additionally, annual registration and indemnity checks are carried out for all clinical staff involved in the service and indemnity checks are the responsibility of the principal dental nurse. The review team considered annual indemnity checks to be an area of good practice and a strength.
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 confirmed that SDCEP guidelines are implemented within NHS Orkney’s OOH EDS. Clinical guidelines are discussed at team meetings and are also available to all staff via Blog.

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

**STATUS: Focusing**

The OOH EDS is available to all patients within the board area and patients are initially triaged by NHS 24 which undertakes an initial assessment before categorising and triaging patients appropriately. Patients are categorised as either requiring emergency, urgent or routine care and following triage, the Highland Hub appoints patients into the service accordingly.

The board reported that it has not undertaken a specific audit of clinical care for the OOH EDS, however, it has carried out audits on antibiotic prescribing patterns and recorded the clinical outcomes of patients. The board’s intention is to use the information gathered from the clinical outcome records and antibiotic prescribing patterns to produce an audit report. However, the board intimated that the full audit of clinical outcomes would not be carried out until the service has been fully operational for a minimum of 6 months. The review team highlighted this as a challenge.

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

**STATUS: Practising**

Provisions are in place for drugs used for the treatment of medical emergencies and in the provision of emergency dental treatment. Drugs are kept in a locked drug cabinet or locked fridge and dispensed when required. All drugs are checked weekly and replacement supplies ordered, if required. All dispensed drugs are recorded in a
dispensing log book. Furthermore, guidance procedures for the dispensing of drugs are detailed in the EDS operator guidelines which are provided for staff.

Equipment used in the delivery of the OOH EDS is maintained and serviced according to the manufacturers’ guidelines. A dedicated maintenance technician is employed specifically for the dental service. The board confirmed that all dental equipment is serviced annually by qualified engineers, and all records of servicing and maintenance of equipment are kept and held by the board’s estates department.

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

STATUS: Practising

Decontamination procedures are followed in line with SDCEP decontamination guidance. The board reported that the Balfour oral surgery unit, where the OOH EDS is located, uses the central sterilising and decontamination unit in Balfour Hospital and all dental instruments are sent there for decontamination.

The board also encourages all clinics to complete a cleanliness champions course and the senior dental nurse in each of the four NHS Orkney clinics are cleanliness champions. Additionally, a dedicated dental nurse has been recruited to undertake monthly infection control inspections and will report directly to the NHS Orkney infection control committee.

The review team considered NHS Orkney to have a comprehensive decontamination process in place.

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

STATUS: Practising

The board has a range of protocols in place to address the needs of high-risk patient groups. All high risk patients are identified to the service by the clinical summary sent from NHS 24 and the Highland Hub following triage.

Children with dental trauma are treated in accordance with child protection guidelines. Medically compromised patients are assessed on an individual basis according to the information provided at the point of triage or on completion of a medical history form, and each individual need is taken into account and treated appropriately. Local guidance documents have been developed for certain high risk patient groups such as those on Warfarin medication.

Patients who are hospitalised are provided with domiciliary care and treated in accordance with NHS Orkney’s local policy for domiciliary visits. As the Balfour oral surgery unit is DDA compliant the majority of patients should not experience access issues, however if patients require hoist facilities, access to the Balfour Hospital on-site facilities can be arranged.
Patients living in remote and rural locations who cannot access the OOH EDS are referred to the local GP who treats the patient as any other medical emergency and administers a degree of emergency dental care until the patient can access the clinic in Kirkwall.

In the case of patients experiencing orthodontic appliance problems, non-emergency patients are given self-care advice for pain and discomfort relief and advised to contact the clinic the following day for an appointment.
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 service moved from the software of excellence electronic software system to the Kodak R4 patient recording system in December 2008. The review team recognised the use of the electronic Kodak R4 system as a strength. The board confirmed that a dental record audit was carried out on the previous system and the service intends to carry out a future audit using Kodak R4.

The system adheres to the NHS Orkney information governance strategy and guidance on information governance, including security and data protection, is provided for all staff as part of the staff induction programme.

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 confirmed that as all salaried services are now using the Kodak R4 system, all clinical information collected is stored on this system and available for all users to access.

A draft consent for transfer of patient information form is currently under development and awaiting ratification from the clinicians committee.
2(c) 3 Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.

STATUS: Focusing

Patients are informed verbally that their own dentist will be informed of the treatment provided and this is also stated in the patient information leaflet. The board is, however, piloting the patient consent for transfer of information form. The board intends to pilot this form in relation to sharing patient information with the independent practice operating in the board area. However, the review team recommended that this pilot is extended to cover NHS practices. It also recommended that the board develops a system to ensure that patients, irrespective of dental registration, agree to the sharing of their information and that the patient’s consent or refusal is recorded appropriately.
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: Practising

A number of KPIs have been developed and are in operation within the service. Organisational KPIs currently in place relate to quality improvement, patient focus and public involvement (PFPI), risk management, information governance and document control and monitoring against SDCEP timescales. Activities to monitor against the KPIs include; a twice yearly audit of the dental helpline, significant event analysis reports and patient triage outcome timescales following contact with the Highland Hub.

The service’s performance against the KPIs has resulted in service improvements and changes to procedures. The review team recognised the development of KPIs within the service as a strength.

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

STATUS: Practising

All complaints are managed in line with the NHS Orkney complaints policy. The board confirmed that all staff have access to this policy via Blog.

Complaints and compliments are recorded on forms, which are available at all NHS Orkney dental sites, and are collated centrally by NHS Orkney’s complaints officer. In cases of complaints received verbally in clinics which are resolved immediately, these complaints are also logged and recorded.

Clinical complaints will be managed either by the senior nurse, who can then refer the issue to the CADO, or directly by the CADO. The CADO can access support from the Local Practitioner Advice and Support Scheme which consists of three dentists, a dental nurse and a public representative, to investigate and resolve a complaint. If the complaint is administrative in nature, this is investigated by the senior dental nurse or dental business manager.
3(a) 3 The service provider takes action to identify patient views and satisfaction levels.

**STATUS: Practising**

A patient questionnaire on accessing the OOH EDS has been established by the service and is in operation. Additionally, patients have access to the widely advertised comments boxes. Comments are collated, analysed and action taken, if appropriate.

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

**STATUS: Focusing**

The board reported that as the service has only been in operation since September 2008 no annual report had been compiled at the time of the review visit. However, the board expects that once the service has been in operation for one year an annual report will be produced to feed into the wider NHS Orkney annual report. It is anticipated that the report will include information on the SEDS integration and figures relating to the EDS. The report will be made available to the NHS Orkney board, however, in the interim, reports are submitted to the clinical safety and quality team.

The review team recommended that the board progress with plans to produce an annual report once the service has been in operation for one year and gives further consideration as to what will be included in the report and how it will be disseminated.
## 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>CADO</td>
<td>chief administrative dental officer</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>EDS</td>
<td>emergency dental service</td>
</tr>
<tr>
<td>GDP</td>
<td>general dental practitioner</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>LLS</td>
<td>Language Line Services</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>OPEN</td>
<td>Orkney Patient Engagement Network</td>
</tr>
<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
</tr>
<tr>
<td>SDCEP</td>
<td>Scottish Dental Clinical Effectiveness Programme</td>
</tr>
<tr>
<td>SDO</td>
<td>senior dental officer</td>
</tr>
<tr>
<td>SEDS</td>
<td>Scottish Emergency Dental Service</td>
</tr>
<tr>
<td>SHO</td>
<td>senior house officer</td>
</tr>
</tbody>
</table>
Appendix 2 – Review process

Prior to Visit

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

During Visit

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

After Visit

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

NHS QIS Publishes National Overview
Appendix 3 – Details of review visit

The review visit to NHS Orkney was conducted on 18 June 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>Alison Moss</strong></td>
</tr>
<tr>
<td>Clinical Governance Facilitator – Standards and Guidelines, NHS Tayside</td>
</tr>
<tr>
<td><strong>Hilary Stevens</strong></td>
</tr>
<tr>
<td>Senior Dental Nurse, NHS Shetland</td>
</tr>
<tr>
<td><strong>Eileen Wallace</strong></td>
</tr>
<tr>
<td>Public Partner, Forth Valley</td>
</tr>
<tr>
<td><strong>NHS Quality Improvement Scotland Staff</strong></td>
</tr>
<tr>
<td><strong>Kirsteen Eydmann</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>

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