NHS Forth Valley

Local Report ~ October 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 Forth Valley. The review visit took place on 4 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

NHS Forth Valley has a single integrated system of healthcare, comprising acute hospital services and community-based services, which are delivered through three community health partnerships (CHPs), in Clackmannanshire, Falkirk and Stirling. NHS Forth Valley employs around 8,000 staff from a wide range of professional and support occupations in two acute hospitals, six community hospitals and 56 health centres.

Forth Valley has a population of approximately 286,000 and covers a geographic area from Killin and Tyndrum in the North and Strathblane and Bo'ness in the South. The area has a mixed demography, with a predominantly urban population based in and around the major centres of Stirling and Falkirk, and a rural population in west and north-west Stirlingshire.

The out-of-hours emergency dental service (OOH EDS) completed integration into SEDS in February 2009. The service is delivered by salaried and general practice dentists and nurses from the dental clinic at Falkirk and District Royal Infirmary (FDRI).

Further information about the board can be accessed via the website of NHS Forth Valley (www.nhsforthvalley.com).
## 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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<tr>
<th>Assessment category</th>
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<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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<td><strong>Standard 2(b) Safe and Effective Care – Clinical Care</strong></td>
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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 Forth Valley.

<table>
<thead>
<tr>
<th>NHS Forth Valley</th>
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<tbody>
<tr>
<td><strong>Standard 1 – Accessibility and Availability at First Point of Contact</strong></td>
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<tr>
<td>1(a) 2 Finalise the patient information leaflet to include details on accessing OOH EDS via NHS 24 on public holidays</td>
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<td>1(a) 4 Establish a process to follow up patients referred to the accident &amp; emergency (A&amp;E) department from the OOH EDS</td>
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<tr>
<td>1(a) 6 Create a formal process for referring patients into medical pathways</td>
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<tr>
<td><strong>Standard 2(a) Safe and Effective Care – Healthcare Governance</strong></td>
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<tr>
<td>2(a) 1 Review and formalise membership of the OOH EDS dental management group</td>
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<td>2(a) 2 Establish a protocol for the provision of verbal information to patients, to ensure information given is consistent with triage advice</td>
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<td>2(a) 4 Establish a risk register specific to the OOH EDS</td>
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<td>2(a) 5 Develop a formal reporting structure for clinical governance</td>
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<td>2(a) 6 Develop a formal process for checking dental practice answering machine messages</td>
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<tr>
<td><strong>Standard 2(c) Safe and Effective Care – Information and Communication</strong></td>
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<td>2(c) 1 Establish the Kodak R4 system and develop training for staff</td>
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<td>2(c) 2 Develop a process for transfer of patient information following treatment</td>
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<tr>
<td><strong>Standard 3 – Audit, Monitoring and Reporting</strong></td>
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<tr>
<td>3(a) 1 Develop key performance indicators (KPIs) for the OOH EDS</td>
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<td>3(a) 2 Produce an annual report for the OOH EDS</td>
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</table>
3 Detailed findings against the standards

Standard 1: Accessibility and Availability at First Point of Contact

Standard Statement:

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

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

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

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

STATUS: Focusing

Prior to integration with SEDS, NHS Forth Valley operated a dental advice line (DAL) to manage and provide out-of-hours emergency dental care for patients. The DAL was established in 2002 and continued to operate until the service integrated with SEDS in February 2009, establishing the current OOH EDS. The salaried dental service now operates a daytime triage and general dental enquiry line. The board reported that it had largely used data collected from the DAL activity to identify the needs of patients using the OOH EDS. NHS dental registration which, at the time of the review visit, was reported to be approximately 50%, was also used to identify need.

The board reported that NHS 24 provides a single source of information in relation to demand for out-of-hours care and that a process for collecting clinical outcome data had been established. The review team, however, noted that this process is informal. The review team recommended that the board conducts a more formal audit of clinical outcomes and highlighted this as a challenge.

An operational out-of-hours dental management group, which meets monthly, has a remit to plan the service. The review team noted that meetings are scheduled for evenings, taking into account clinical and other daytime commitments, and acknowledged this as a strength.

The board reported that, as the OOH EDS is newly established, no formal mechanism is in place to monitor and evaluate the service.
STATUS: Practising

The OOH EDS is delivered in one location, from the dental suite within the minor injuries unit at FDRI. The board reported that patients from Tyndrum, which is 60 miles from Falkirk, have to travel 80 minutes by road to attend the OOH EDS. However, general dental practitioner (GDP) provision was reported to be available in rural areas with sufficient capacity for registered patients to be seen by their own dentist, thereby removing pressure on the OOH EDS.

The OOH EDS is available to patients throughout the board area, irrespective of dental registration, and regardless of whether the dentist of a registered patient takes part in the service.

The OOH EDS operates three clinic sessions on Saturdays, Sundays and on public holidays, each lasting 3.5 hours. There are a total of 54 treatment slots over weekends and a second on-call dentist is available should demand exceed the number of available treatment slots. The review team identified the measures that the board has in place to ensure sufficient capacity and clinic availability as a strength.

The board reported that, at the time of the review visit, the majority of dentists participating in the OOH EDS were from the salaried dental service. Another 60 dentists, from the salaried and independent dental services, had been interviewed and pre-employment checks were being undertaken.

The board reported that 47.5% of dental practices operate independently of the OOH EDS. The board’s dental lead clinician is engaging with these practices and it is hoped that, as the service becomes more established, all dental practices will participate in the OOH EDS.

At the time of the review visit, a patient information leaflet was under development. The review team encouraged the board to finalise the leaflet and identified this as a challenge.

STATUS: Practising

Patients, or their representatives, initially access the OOH EDS by telephone through NHS 24 between the hours of 6pm and 8am on weekdays and on Saturdays, Sundays and agreed public holidays.

Patients are triaged by a trained dental nurse, who ensures that the patient is put into a correct patient pathway and category of care, appropriate to their condition.

It was reported that, since the start of the OOH EDS, the lead clinician reviews all cases triaged by NHS 24 on a weekly basis. A good working relationship has been established with NHS 24 personnel and any identified issues are addressed and
responded to quickly. The review team noted that the regular review process works well and identified the partnership working with NHS 24 as a strength.

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 described the system that is in place, following triage, to ensure that patients are directed appropriately for treatment.

In the emergency category of care, patients are directed by NHS 24 to attend the A&E department at Stirling Royal Infirmary. A&E staff are notified, by fax, that the patient has been instructed to attend A&E and that they may require an oral and maxillofacial surgery (OMFS) consultation. The board reported that good links had been established with OMFS and that the outcomes for patients referred through A&E to OMFS are followed up by telephone on an ad hoc basis. The review team identified the robust patient pathway into secondary care as a strength. However, the review team also recommended that patient outcomes in the emergency category of care are followed up on a more formal basis.

From Sunday evening to Thursday evening, unregistered patients triaged into the urgent category of care are given an appointment at the daytime EDS clinic of the salaried dental service for next day care. Registered patients calling during these times are asked to contact their own dentist to access emergency care.

Patients triaged into the urgent category of care between Friday evening and Sunday evening are given an appointment at one of the weekend OOH EDS clinic sessions, irrespective of dental registration status.

In the routine category of care, registered patients are offered self-help and advised to contact their GDP to arrange treatment. Unregistered patients are offered self-help and will have their details placed on the NHS dental waiting list. The board described an initiative to treat patients in the routine category of care at an outreach clinic in Carronshore, where treatment is carried out by undergraduate dental students. This has helped to reduce waiting times for routine care and has assisted in delivering treatment within 7 days to the vast majority of patients.

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

STATUS: Focusing

Translation services are available to patients on contact with NHS 24, and also locally through NHS Forth Valley. Information on interpreting services is made available to patients via the board’s website. Access to interpreting services for the deaf is also available though the website by running a video recording in sign language. Staff also have access to a telephone interpreting service.
The board has a translation policy in place and a translation flow chart is available for staff to refer to, if translation services are required. The review team regarded the availability of the flow chart as an area of good practice.

The board reported that no equality and diversity impact assessment (EQIA) had been undertaken for the OOH EDS. The review team identified this as a challenge.

The NHS Forth Valley disability service ensures access to support services for patients with sensory impairment and the board reported ongoing discussions with a local sensory centre. The availability of hearing induction loops in all dental clinical areas was identified as a strength by the review team.

The board reported that the OOH EDS clinic had not been subject to a needs assessment to ensure compliance with the Disability Discrimination Act (DDA) 2005. At the time of the review visit, the OOH EDS was working with the disability service to undertake a needs assessment and any changes required to achieve full compliance will be taken forward. The review team identified the achievement of full DDA compliance as a challenge.

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 regards the OOH EDS as a fully integrated service incorporating all aspects of the dental profession. The service is co-located with the general medical out-of-hours service within the minor injuries unit of the FDRI and the board reported good working relationships with both of these services. Arrangements exist with OMFS to treat patients in the emergency category of care and the board reported that the dental lead clinician maintains ongoing communication with the service regarding out-of-hours patients.

The board confirmed that, in the event of a patient attending the OOH EDS with a medical problem, the dentist on duty would seek advice from the minor injuries unit on an appropriate medical referral pathway. While the review team recognised the multi-agency working as a strength, it also noted that the process for referring patients into a medical pathway is informal and recommended that the board formalises this arrangement.
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 reported that posters and leaflets advertising the OOH EDS had been distributed to all primary care providers, pharmacies and local authority premises.

A number of awareness-raising meetings have taken place with public partnership forums in all three CHP areas. Presentations have also been given to the health and homeless and drug support teams. Further meetings are planned for users of the sensory centre in Camelon. The review team recognised the awareness presentations delivered to diverse groups as a strength.
Standard 2(a): Safe and Effective Care – Healthcare Governance

**Standard Statement:**

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

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**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 acknowledged that there had been no patient and public involvement in the development and review of the OOH EDS. However, there are plans to progress patient and public involvement through the board’s public partnership forum. Representation will be sought for inclusion in the membership of the out-of-hours dental management group. The review team identified public involvement in the service as a challenge.

A patient feedback questionnaire has been developed for distribution at the OOH EDS clinic over a number of weekends, and results will be collated for review by the OOH EDS dental management group. The board reported plans to publish results on the board’s website and through CHP committees. The survey will be repeated on a regular basis.

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**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**

The board reported that, as the OOH EDS is in its infancy, the process of developing written information for patients is in the early stages. A post-operative instruction leaflet is given to patients following treatment. However, there is no policy in place for giving verbal information to patients.

Work has commenced on a protocol for drug prescribing in the OOH EDS but, at the time of the review visit, it had not been finalised.

The review team acknowledged the work undertaken in the development of this protocol and noted the board’s intention to finalise it as soon as possible.
2(a) 3  Clinical Governance: There are clear, cohesive plans across the service that
direct and support policy development and service delivery internally and
through delivery partners.

**STATUS: Practising**

The OOH EDS dental management group is responsible for ensuring the
development and review of policies. The board reported that it plans to embed a
continuous cycle of review into the clinical governance structure, as the service
becomes more established.

The review team recognised the dental management group’s role in developing the
service and identified the clinical lead function as a strength.

The board demonstrated a number of links with both internal and external delivery
partners and confirmed that a service level agreement is in place with NHS 24.

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 the practice inspection process is used to identify and assess
risks within the OOH EDS.

Ongoing risk assessment is conducted in line with the NHS Forth Valley incident
reporting and investigation policy. Identified issues in the OOH EDS are escalated to
the senior dental nurse through the use of an incident reporting book, and resultant
changes to practice are noted in a communications book.

While the review team noted that a risk register is in place for dentistry, the
establishment of a risk register specific to the OOH EDS was identified as a
challenge.

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

**STATUS: Aware**

At the time of the review visit, there were no formal reporting arrangements in place
between the OOH EDS and the board’s clinical governance committee. The board
intimated that it intends to provide reports to the clinical governance committee
through the CHP clinical governance working group.

The review team identified the establishment of an appropriate reporting structure
for the OOH EDS as a challenge.
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 confirmed that all dental practices had been made aware of their out-of-hours responsibilities for the care of their registered patients in writing, and through the Area Dental Committee (ADC).

Dental practices are given a suggested answering machine message to ensure their practice patients are directed appropriately for out-of-hours emergency care. However, these messages are only checked by the board prior to individual practice inspections, on a 3-yearly basis. There is, therefore, no method of ensuring correct information is given to patients on a regular basis.

The review team recommended that the board develops a process to check answering machine message content on a regular basis, and to follow up practices which give inaccurate messages.

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 meetings had taken place with various internal and external groups. There is also ongoing communication between managers of the OOH EDS and the medical out-of-hours services.

The OOH EDS is a standing item on the agenda of the ADC. The dental management group has established links with OMFS and A&E.

The review team recommended that the board reviews membership of the dental management group to extend its links with key professionals.

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 ensures that secondary care dental providers have satisfactory arrangements in place for patients with dental emergencies, in accordance with provision statements for the treatment of patients by OMFS and by orthodontics. OMFS patients are given immediate advice by the on-call senior house officer (SHO). Orthodontic patients are given the NHS 24 number and an advice sheet is available for clinicians to refer to, should an orthodontic patient need to be seen.

The review team recognised the availability of these provision statements as a strength.
2(a) 9 Staff Governance: Staff involved in out-of-hours dental care meet employment requirements, including qualifications and training.

**STATUS: Practising**

Following integration with SEDS in February 2009, the board determined that all clinicians working in the OOH EDS should be employed directly by NHS Forth Valley. All applicants, including independent contractors, must be interviewed and appointed in line with the board’s recruitment and retention policy. The medical staffing department is responsible for full pre-employment checks.

The majority of dental nurses in the OOH EDS are from independent GDP practices and are members of the board’s nursing bank and, therefore, are considered to be directly employed by the board.

The board confirmed that all staff working in the OOH EDS are subject to enhanced Disclosure Scotland checks and the review team recognised this as an area of good practice.

General Dental Council (GDC) registration, for both dentists and nurses, is checked on appointment to the OOH EDS and the board confirmed that annual checks are planned.

The board considers that, as all staff in the OOH EDS are employees of NHS Forth Valley, they are covered by Crown Indemnity.
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 evidence-based guidelines are available in hard copy and online in the OOH EDS clinic area. These include SDCEP emergency dental clinical guidance, SDCEP drug prescribing for dentistry and GDC principles of consent.

Guidelines are also given to staff as part of the induction process and child protection guidelines form part of mandatory staff training.

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

**STATUS: Focusing**

Following the establishment of the OOH EDS, the board’s dental lead clinician assumed responsibility for reviewing clinical summaries each Monday. All clinical information is scrutinised, particularly in respect of triage outcomes and whether the clinical care provided was suitable. The board reported that improvements have been made to patient triage as a result of the ongoing communication with NHS 24.

The review team recognised the value of the Monday review, but recommended the establishment of a more formal process for review, and identified this as a challenge.

The board reported plans to audit clinical care once the OOH EDS has become more established.

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

**STATUS: Practising**

A contract is in place between the board and a community pharmacist to maintain a stock of the most commonly prescribed analgesics and antibiotics for use in the OOH EDS. In-hours dental staff are responsible for replenishing stock for the service.

The in-hours EDS and the OOH EDS are co-located and the in-hours service assumes responsibility for the ordering, maintenance and repair of equipment. OOH
EDS staff use a communications book to report problems to the in-hours staff. The review team identified the co-location of services as a strength.

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

**STATUS: Practising**

Decontamination is undertaken in line with the board’s policy for the control of infection in dentistry.

The OOH EDS uses the Area Sterilisation and Decontamination Unit (ASDU), which is situated on the same site at FDRI. The ASDU provides a fast-track service to the OOH EDS at times of high demand or if capacity should exceed demand, and also provides a service on public holidays. The review team identified the comprehensive ASDU coverage as a strength.

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 draft protocols that are in place to identify and address the needs of high-risk patients. While the review team recognised that the draft protocols were appropriate to the high-risk patient groups, it was recommended that a formal process be established to finalise the protocols, incorporating the EQIA process.
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

At the time of the review visit, the OOH EDS used a paper-based system for patient records. However, work was being undertaken to convert the system to the paper-free Kodak R4 system, which is in use by the in-hours service. Training packages are also being developed and a needs assessment will identify training for staff joining the service. It is envisaged that clinicians will be able to access the system using a generic log-in, conforming to the NHS Forth Valley network policy and access request.

When the Kodak R4 system becomes operational, IT support will be available during out-of-hours periods at weekends.

The board reported plans to audit the consistent and accurate recording of patients’ information.

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

STATUS: Aware

The board reported that there is no process in place for transferring information to the patient’s own dentist. Full implementation of Kodak R4 will result in the routine generation of information to send to the patient’s own dentist. However, in the meantime, patients are asked to inform their dentist following treatment by the OOH EDS.

The review team recommended that an appropriate process is developed and implemented as soon as is practicable.
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 healthcare professionals.

STATUS: Aware

Consent is not sought from patients in respect of agreeing to the sharing of information about them and their treatment with other healthcare professionals and, therefore, no process is in place to record consent. The board reported that information is only shared when making a formal referral from one dental service to another, and that this would be discussed and agreed with the patient beforehand.

The review team recommended that the board develops a system to ensure that patients are aware of, and agree to, the sharing of their information and that 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: Aware
The board reported that no KPIs are in place for the OOH EDS and that none had been identified.
While appreciating that the service is in the developmental stage, the review team recommended that the board gives consideration to the establishment of formal KPIs and identified this as a challenge.

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

STATUS: Practising
Any complaints regarding the OOH EDS are subject to, and investigated in accordance with the NHS Forth Valley complaints policy and procedures. Formal complaints are recorded by the board’s patient relations and complaints service. Contact details for this department are available from NHS 24 and from the NHS Forth Valley website. The board reported that no complaints in respect of the OOH EDS had been received. However, any complaints received would be forwarded to the dental management group to decide on the appropriate action required to instigate a complaints investigation.
The review team identified the board’s robust complaints procedure as a strength.
Complaints and compliments would be fed back directly to those staff involved and learning shared across the service. The review team recommended that the board gives consideration to establishing a process for sharing learning for the OOH EDS.

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

STATUS: Focusing
The board reported that, at the time of the review visit, a patient satisfaction survey was in progress from which an action plan will be established, following evaluation of results. The board plans to embed the survey into the service as an ongoing process. The review team identified this as a challenge.
3(a) 4 An annual report on performance and services is available when requested by those contracting services.

**STATUS: Aware**

The board reported that it plans to produce an annual report on completion of the first year of the integrated OOH EDS. It is anticipated that this function will be undertaken by the NHS Forth Valley dental out-of-hours management group. The review team identified the production of an annual report on the OOH EDS as a challenge.
### 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>ADC</td>
<td>Area Dental Committee</td>
</tr>
<tr>
<td>ASDU</td>
<td>Area Sterilisation and Decontamination Unit</td>
</tr>
<tr>
<td>CHP</td>
<td>community health partnership</td>
</tr>
<tr>
<td>DAL</td>
<td>dental advice line</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<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>FDRI</td>
<td>Falkirk and District Royal Infirmary</td>
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<tr>
<td>GDC</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>GDP</td>
<td>general dental practitioner</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
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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>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>SHO</td>
<td>senior house officer</td>
</tr>
</tbody>
</table>
Appendix 2 – Review process

![Flowchart of the review process]

1. **Prior to Visit**
   - Standards published and issued by SDCEP
   - NHS QIS finalises 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

2. **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

3. **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 Forth Valley was conducted on 4 June 2009.

Review team members

Lorraine Beresford  
Senior Dental Nurse, NHS Lanarkshire

Iain Bovaird  
Clinical Director of Salaried Primary Care Dental Services, NHS Grampian

Mairi Brown  
Public Partner, Inverclyde

Michael Devine  
Director of Salaried Primary Care Dental Services, NHS Lanarkshire

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Safety Governance & Risk Support Officer, NHS Tayside

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General Manager for Emergency Dental Services, NHS 24

NHS Quality Improvement Scotland Staff

Sharon Keane  
Programme Manager

Doris Smith  
Project Officer

Katy Bullock (Observer)  
Public Focus and Patient Involvement Officer

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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