NHS Greater Glasgow and Clyde

Local Report ~ November 2009

Out-of-hours Emergency Dental Services
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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 Greater Glasgow and Clyde. The review visit took place on 10 March 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 Greater Glasgow and Clyde serves a total population of 1.2m over an area of 452 square miles. A higher than average percentage of the population live in the most deprived area in Scotland (31% as opposed to the national average of 14.7%).

The total number of primary care dental practitioners in the board area is:

- 655 Independent Dental Practitioners
- 33 Salaried Dental Practitioners

The NHS Greater Glasgow and Clyde Emergency Dental Service (GGC EDS) began in 2006 and operates from the Emergency Dental Treatment Centre within the Glasgow Dental Hospital.

The facility has digital X-ray units in each of the eight surgeries, including a surgery equipped for patients with special needs, and has centralised decontamination.

An appointment system was introduced to the GGCEDS in 2007 leading to a number of benefits including: co-ordinated arrival times for patients and reduced ‘did not attend’ rates of 5% (previously 20–30%).

Further information about the board can be accessed via the website of NHS Greater Glasgow and Clyde (www.nhsggc.org.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 Greater Glasgow and Clyde.

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3 Detailed findings against the standards

Standard 1: Accessibility and Availability at First Point of Contact

Standard Statement:

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

* ‘Out-of-hours’ is defined in PCA 2003(D)18 as:
  weekdays 5.30pm to 8.30am
  weekends from 5.30pm Friday to 8.30am Monday

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

STATUS: Practising

NHS Greater Glasgow and Clyde (NHS GGC) collects a large volume of data from multiple sources which are correlated to allow the board to meet supply with demand. The board participates in national dental inspection programmes and undertakes specific population surveys to establish its population’s needs. The service works with the NHS GGC director of public health to look at population health and examine anticipated population trends to plan future service developments. In particular, the service monitors elderly and homeless groups closely. It also works in close collaboration with community partner organisations, including community health partnerships (CHPs) and community health and care partnerships (CHCPs) to identify its population’s oral health needs. Furthermore, the oral health directorate has funded oral health action teams based within CHPs and CHCPs.

The board collects a wide range of information on the oral health needs of the local population through the National Dental Inspection Programme (Children), NHS registration rates for adults and children and the number of patients contacting NHS 24. Additionally, the board is involved in postcode analysis to monitor whether patients accessing the service are from all areas across NHS GGC. This allows the board to determine whether patients from certain geographical areas are experiencing access or travel issues. The board confirmed that postcode monitoring has shown that the service is being utilised by patients from all geographical areas, confirming accessibility for all patients.

A dental advice line has been formally established in the board and information on the service has been circulated to all general dental practitioners (GDPs) and GP practices and NHS GGC hospitals to raise awareness. A log of all calls is taken and monitored, and action is taken if appropriate.
The GGC EDS is monitored and evaluated by a process of annual review undertaken by the GGC EDS working group which looks at all aspects of the service. The director of oral health reports through the GDP sub-committee, various other board committees and CHPs and CHCPs. The review forms part of the annual report which is distributed and discussed through the clinical governance structure.

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

STATUS: Practising

The GGC EDS is based at the Glasgow Dental Hospital and is available to all registered and unregistered patients who reside within the board area. The service operates Monday–Friday evenings, Saturday and Sunday mornings, Saturday evenings and public holidays.

The service is accessed through NHS 24 and patients are triaged according to clinical need and categorised as either requiring emergency, urgent or routine care. A patient’s outcome will either be referral to accident and emergency (A&E), referral to GGC EDS, an appointment with a GDP or self-care advice.

To ensure equity of access to the service, the board provides all GDP practices, the Glasgow Dental Hospital and the community dental service with a script on the content of their telephone answer machine message informing patients to contact NHS 24 in an emergency. The board also carries out regular checks to ensure that practices’ out-of-hours telephone answer machine messages are up-to-date. In cases of non-compliance, the board contacts the particular practice and reiterates the requirement to have an appropriate out-of-hours answer machine message for patients.

The board has also established a formal policy for those patients who do not access the service through NHS 24, but instead ‘walk in’ to GGC EDS. The policy is in place to ensure walk in patients requiring emergency treatment are also assessed and treated appropriately. The review team recognised this as a strength.

To ensure that the ongoing, changing needs of the local population are met, the board established a working group in January 2007 to assess the existing service and to make recommendations for changes that will enhance the service. The working group has three to four planning meetings every year and reviews a number of issues such as clinical governance, GDPs’ terms and conditions, virtualisation, NHS 24 and GGC EDS activity data and patient outcome data. A number of recommendations have been made and subsequently implemented following a service review. To ensure the service continues to respond to the needs of the local population, an annual review of the service has been established.

To inform patients about the service, an information leaflet has been developed and approved by the oral health operational group. The board also confirmed that the leaflet has undergone the equality and diversity impact assessment (EQIA) process.
Additionally, the board has a winter planning group which includes representation from the oral health directorate and the group has developed a comprehensive winter plan document. The published winter plan is disseminated to staff, pharmacies, GDP and GP practices as well as being available on the internet for patients to access. The review team highlighted the comprehensive winter plan document as a strength and an area of good practice.

The board recently utilised a SEDS monitoring tool to establish which practices were participating in the SEDS service. Of the total number of practices to respond at the time of the review visit, 94% of practices were participating in the service. The board reported it is using the non-SEDS monitoring tool to ensure that the remaining non-participating practices are providing a sufficient alternative service for their patients and that this will be reviewed by the dental practice advisor. The review team acknowledged the high participation rate in SEDS 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. NHS 24 posters, along with patient information leaflets, are displayed throughout the NHS GGC area in GDP and GP practices, health centres, A&E departments and GEMS, Glasgow’s out-of-hours emergency medical service. Patients can either contact NHS 24 directly or may be directed to call NHS 24 via a standardised telephone answer machine message at their dental practice. NHS 24 call handlers record key patient details and re-direct calls to a SEDS triage nurse. Using established protocols and decision support software, the nurse will assess the urgency of the patient’s condition and direct them into an appropriate care pathway in the categories of emergency, urgent or routine. NHS 24 has contingency plans in place to re-route calls in the event of a telephone system breakdown.

NHS 24 has a demand management system in place and the GGC EDS has ongoing discussions with NHS 24 to review activity and staffing levels. This communication, along with the flexibility of its workforce who work as ‘bank’ staff, allows the GGC EDS to be both proactive and responsive to demand levels.

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 developed a formal triage and booking hub flow chart to ensure staff are informed of the triage pathway for patients requiring urgent care to ensure consistency across triage operations.
Emergency patients within GGC EDS clinic hours are treated at the GGC EDS clinic at the Glasgow Dental Hospital, however patients can be referred to oral maxillofacial surgery (OMFS) at the Southern General Hospital, Glasgow, if necessary. Outwith GGC EDS clinic hours, emergency patients are referred directly to A&E departments by the NHS 24 triage nurse.

The board confirmed that ‘urgent’ patients contacting the service are referred to the West of Scotland Appointment Hub. The board detailed the process in place for appointing patients to the OOH EDS service. The West of Scotland Appointment Hub sends a clinical summary via the Adastra system to the GGC EDS clinic once it has arranged an appointment. The clinical summary is then passed on to the relevant treating clinician. If the GGC EDS is closed, urgent patients are given self-care advice. Registered patients are informed to contact their own GDP the following morning and unregistered patients are advised to telephone the Emergency Dental Treatment Centre.

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

STATUS: Practising

The board reported that NHS 24 indicates on the clinical summary if patients contacting the service are from diverse social and cultural backgrounds. The GGC EDS clinic holds patient information leaflets in numerous languages and an interpretation service, which can be accessed during out-of-hours clinic times, is available for the GGC EDS. The review team recognised this as a strength. An audit on the utilisation of the interpretation service has been carried out to establish the range of languages required by those attending the service. The results of the audit will be used to inform future planning of the service and support the board in meeting the needs of its diverse population. Additionally, the service is working with the NHS GGC equality and diversity team to impact assess all patient information.

A loop hearing system is available within the clinic for patients with a hearing impairment. There are also arrangements in place for a sign language interpreter to be contacted when required.

The board reported that a needs assessment on the clinic was carried out in July 2005 and all necessary work was completed in September 2006. Furthermore, the GGC EDS benefited from capital funding in 2007 to modernise and expand the number of surgeries in the clinic, with a total of eight surgeries now available. The funding was also used to include a special needs surgery which has full disabled access and the board confirmed that all staff are trained in the operation of the hoist to transfer patients into the dental chair. The review team acknowledged the provision of a special needs surgery to be a strength.
1(a) 6 Arrangements for access should be integrated across all areas of dental out-of-hours care (general dental practice, community, salaried and hospital dental service), and, where appropriate, with other primary care emergency services.

STATUS: Focusing

During GGC EDS operating times, all patients requiring treatment are referred via NHS 24 with the exception of those patients who attend A&E departments. A knowledge management system, which is the responsibility of NHS 24, ensures equity of access to the service.

The board confirmed that a number of meetings have taken place with A&E consultants and a draft document formally outlining arrangements for access to treatment has been developed. It was reported that there are also ongoing audits in conjunction with A&E departments to assess the waiting times of dental emergency patients attending A&E departments.

While there is no formal arrangement between the GGC EDS and the OMFS department, there is an on-call oral surgeon service which would be utilised, if required. Therefore, patients can still access OMFS via GEDS or A&E. The review team recommended that the board formalises its protocols with A&E and OMFS.

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 GGC EDS is accessed via NHS 24 and the details of patients contacting the service are recorded on a clinical summary sheet. Any specific requirements a patient may have are highlighted on an individual basis on the clinical summary sheet. The board confirmed that an interpreter service, for non-English speaking patients, is available and post-operative leaflets are available in a range of languages.

A patient information leaflet has been developed advising patients of the service and how to access it. The patient information leaflet, along with an NHS 24 poster, is distributed to GDP practices, GP practices, GEMS, A&E departments and health centres throughout NHS GGC. The review team recommended that the patient information leaflet be translated into additional languages appropriate to the local population.
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 oral health directorate has representation on the patient focus and public involvement (PFPI) steering group. The group includes staff from local engagement groups and CHPs and CHCPs and inputs into the design and review of the service.

The board has also carried out a patient satisfaction survey to collect patient views on the service and this will be used to inform future service developments. Additionally, the GGC EDS works closely with the board equality and diversity team to review all patient information produced by the service.

The GGC EDS review group, which includes patient representation, was established to ensure the development and review of the service takes account of the community perspective. It works with the GDP sub-committee and in partnership with the oral health directorate and updates on the service are also provided to the Area Dental Committee (ADC). Additionally there are regular, monthly health improvement planning meetings with CHPs and CHCPs. The review team recognised these regular meetings as an area of good practice. There are also regular meetings with the head of planning and health improvement to discuss and plan health improvement and oral health development.

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

STATUS: Practising
The GGC EDS dentist discusses, with the patient, information regarding condition, medication and follow-up care, and this is also documented on the patient’s record card. Patients also receive post-operative instructions following treatment.

The practice for informing registered patients’ GDPs of any treatment given is to provide the patient with a discharge letter. Patients are advised that a copy of this letter will also be sent to their GDP.

Unregistered patients are provided with details of GDPs in their local area who are accepting new NHS patients. This group of patients also receive a letter detailing the
treatment they received in the GGC EDS which can also be passed on to their dentist once registered.

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 board described its comprehensive system for communicating and disseminating policies and information on the service. The GGC EDS review group reviews clinical activity and service provision annually. The board also has a clinical governance structure which allows for the effective dissemination of policies from board level through the clinical governance implementation group to the oral health directorate clinical governance committees. Similarly, information is fed back up to board level, through sub-committees and the oral health directorate clinical governance committees, to advise on local needs and practice.

Information on the service and new policies are disseminated to frontline staff in a variety of ways. The performance implementation group reviews new clinical guidelines, such as Scottish Intercollegiate Guidelines Network (SIGN) guidelines, and disseminates these to staff. The service also invites other healthcare colleagues, such as cross-infection nurses, to meetings on an ad hoc basis to share best practice and team briefings include discussions around clinical governance issues. Furthermore, there are clinical risk bulletins in operation within the board which are shared across the whole board area and available for staff to access from the NHS GGC website.

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

Risk registers are produced in line with the NHS GGC risk register policy. They are updated quarterly and reported to the oral health directorate clinical governance committee. Regular reports are also submitted to the clinical governance committee and line managers. Line managers are responsible for taking forward any recommendations made. The board also has clinical risk co-ordinators who attend the oral health directorate clinical governance committee meetings.

The risk register takes account of risk issues identified via the local incident reporting and complaints systems. Risks are identified from risk assessments and the impact and probability of the risk occurring is ranked. Action plans are developed in order to reduce the risks and the risks are then reviewed on a quarterly basis. The review team considered this an area of good practice.
2(a) 5 Clinical Governance: Board clinical governance committees receive regular reports on out-of-hours emergency dental services.

**STATUS: Practising**

The board confirmed that the oral health directorate clinical governance group reports to the acute clinical governance group which in turn reports to the NHS GGC clinical governance board.

Quarterly meetings of the oral health directorate clinical governance group are held and minutes from these meetings are submitted to the board’s head of clinical governance who also attends the NHS GGC clinical governance board. An oral health directorate clinical governance report was produced for 2007-2008 and work was underway to produce an updated report for 2008-2009.

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**

The board reported that there is an established programme of practice inspections and part of the inspection includes the assessment of emergency care cover. Inspections are carried out every 3 years, however the board confirmed it has the discretion to carry out additional inspections within the 3-year period if any particular issues have been raised about a practice. All practice inspection reports are documented and action plans are developed from these. Additionally, the board has recently utilised the non-SEDS monitoring tool as well as issuing a survey to all NHS GGC GDP practices to establish emergency care cover arrangements.

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 board’s oral health directorate communicates regularly with both the ADC and GDP sub-committee on all aspects of general dental services. The GGC EDS working group includes representation from GDPs, NHS 24 and other key health professionals involved in the delivery of the service.

A protocol has been developed for the A&E department for A&E patients accessing the GGC EDS in collaboration with A&E consultants. Additionally, a protocol has also been developed specifically for the treatment of children.
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 indicated that the GGC EDS at the Glasgow Dental Hospital follows the same arrangements as those of GDP practice telephone answer machines with the out-of-hours recorded messages advising patients to contact NHS 24. Patients are triaged to the GGC EDS, OMFS or A&E as considered appropriate.

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

**STATUS: Practising**

Staff recruitment is managed in line with the NHS GGC recruitment guidelines. Disclosure Scotland checks are undertaken for all staff before an offer of employment is made. Furthermore, enhanced disclosures are carried out for all staff that have direct patient contact. Dentist registration and indemnity status is checked on appointment and, from July 2008, all dental nurses were required to be registered with the General Dental Council (GDC). The board confirmed that an annual system of registration checks has been established to ensure compliance with regulations. The review team recognised the annual registration checks to be a strength.

The board reported that all dental staff who are directly employed to deliver out-of-hours dental care in GGC EDS are covered by Crown Indemnity. Dentists who deliver out-of-hours care for their own patients or as part of a local co-operative have their indemnity checked as part of the practice inspection process. The review team noted that as the practice inspection process is every 3 years, the board may wish to consider annual indemnity checks for all dentists not 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 SDCEP out-of-hours guidelines are implemented within the GGC EDS service. Additionally, NHS 24 algorithms used during the triage process are also in line with these guidelines.

Evidence-based SIGN guidelines are available in the clinic and staff can also access additional evidence-based guidelines via the internet or intranet. Staff have access to online facilities in the GGC EDS clinic.

The board also described the comprehensive induction process it has in place which includes raising awareness amongst all new staff of all relevant guidelines, for both board-wide issues and those specific to working in the EDS.

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

**STATUS: Focusing**

The GGC EDS is available to all patients within the board area. Patients initially accessing the service are triaged by NHS 24 who will undertake an initial assessment before categorising and triaging patients appropriately. Patients are categorised as either requiring emergency, urgent or routine care. Following triage, the West of Scotland Booking Hub appoints patients into the service accordingly.

A recent survey conducted to identify non-SEDS practices has been undertaken and the results will provide details of the out-of-hours service provision these practices have in place for their patients. The results will be reviewed by the dental practice advisors and the associate medical director. The board also confirmed that an audit of prescribing patterns and clinical summaries are included in an action plan for the coming year.
2(b) 3 Emergency dental services have drugs that are in date, and equipment that is regularly maintained.

STATUS: Practising

The board reported that stock drugs for the GGC EDS are supplied by hospital pharmacies using standard ordering and supply procedures. All drugs are stored in a locked drugs cupboard and routinely checked on a weekly basis. A local drugs policy is in place to provide guidance and ensure compliance with the process.

All clinical equipment used by the service is documented on an Asset Register held by the Glasgow Dental Hospital and maintenance is carried out by the Glasgow Dental Hospital estates department. All faults with equipment are logged and a faults repairing system is in operation.

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

STATUS: Practising

Decontamination for the GGC EDS is undertaken centrally at the Glasgow Dental Hospital. The board confirmed that the decontamination department is designed to meet SHPN13 guidance. Currently, the basic foundations for the quality systems are in place with a view to obtaining accreditation in the near future.

The board confirmed that surplus clinical instruments are always available during out-of-hours clinical sessions and the GGC EDS liaises with the decontamination unit ahead of public holidays and at predicted peak times to ensure an adequate supply of instruments are available.

Additionally, a traceability procedure is in place with each instrument tagged and scanned to allow it to be traced across the department.

The review team considered the board to have a comprehensive decontamination procedure in place.

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

STATUS: Focusing

All high-risk patients are identified to the service by the clinical summary sent from NHS 24 following triage. Children with dental trauma are referred to the GGC EDS in the first instance. If the GGC EDS is closed, an arrangement is in place for patients to be referred directly to the Royal Hospital for Sick Children, Glasgow.

Medically compromised patients are assessed on a case-by-case basis with each individual’s needs taken into account and treated appropriately. As there are always at least two clinicians on duty at the GGC EDS, colleagues can consult with one another or contact the OMFS department for advice. If treatment cannot be carried
out in the GGC EDS, the patient would be referred on to the appropriate daytime service.

Patients who are hospitalised are the responsibility of the OMFS department located at the Southern General Hospital. A protocol is in place whereby ward nursing staff identify the dental issue to the on-call doctor who then contacts the hospital dentists or OMFS team. The OMFS doctor then determines, arranges or provides treatment as appropriate.

Facilities at the Glasgow Dental Hospital are fully accessible to wheelchair users and additionally there is a purpose built dental surgery within the unit for patients with special requirements or additional needs.

The board has established a working group, the elderly care group, and work is currently in progress to assess domiciliary care provision in the emergency setting. An interim measure has been established with the development of a local draft domiciliary policy. The board confirmed this is currently under review by stakeholders.

Patients with orthodontic appliance problems receive emergency dental treatment at the GGC EDS.

The board reported that there is no access issues for those patients who live in remote and rural locations as the Glasgow Dental Hospital is located in Glasgow city centre which is served by main line train and bus services.
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 board indicated that all calls to the service from NHS 24 are sent electronically through use of the Adastra system with each call given a unique identification number. The information is then transferred manually onto the Kodak R4 database system which is a secure, clinical dental database for patients’ records and used by GGC EDS.

The board confirmed that staff are suitably trained on how to enter information onto the Kodak R4 system. All staff have individual log-in details, ensuring there are no security issues, and must read and confirm they have understood the IT policy prior to obtaining a password and access to the system.

The review team commended the robust records management system in place in the GGC EDS.

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

STATUS: Practising

Following recommendations by the GGC EDS working group to ensure that communication is forwarded to GDPs for registered patients, a locally developed protocol has been established. The board confirmed that a patient’s information would only be shared after consent has been obtained from the patient with consent regarding transfer of information being explained verbally to patients.
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**

All patients undergoing treatment with GGC EDS are required to sign a GP17 form which includes a declaration of acceptance of treatment and also ensures that disclosure to other authorities for purposes of financial probity is agreed.

In addition, patients are provided with a copy of their discharge letter detailing treatment received and are advised that a copy of this letter will also be sent automatically to their GDP. There is a system in place for patients who indicate that they do not wish for their information to be shared. This will be recorded in their patient notes.
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

It is the joint responsibility of the GGC EDS review group and the clinical governance group to develop KPIs. The board also commented that it has a commitment to involving staff in the development of KPIs and links into both national and local groups in its approach to developing KPIs.

At the time of the review visit, work undertaken by the board had involved the identification of a series of key areas of focus. The board has also collected a basic primary data set to inform the development of KPIs.

The review team encouraged the continued development of KPIs for the service and recognised this as a challenge.

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

STATUS: Practising

The board described its complaints management system and reported that all complaints and comments are handled in accordance with the NHS GGC complaints policy and responded to within fixed timescales. All complaints and comments are collected locally and logged on to the DATIX database by a clinical governance officer. A quarterly report is subsequently submitted to relevant clinical governance groups.

In the instance of formal comments or complaints, a specific action plan is developed for each case. The board also outlined the process for complaints which involve partner agencies and confirmed that a joint investigation would be undertaken as part of the system.

The board considers comments and complaints to be learning opportunities and operational changes have been made as a direct result of comments and complaints being received. In addition, any complaints raising issues or concerns relating to a specific member of staff, would result in the creation of a personal development plan for that member of staff.
The review team commended the board’s proactive approach to complaints management.

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

**STATUS: Practising**

The board confirmed that a patient satisfaction survey was carried out in December 2008 and it is the intention to carry out surveys annually. Following a review of the results from the initial patient satisfaction survey, the board concluded that an additional interim patient satisfaction survey would provide an assurance of equity of access. In view of this, the board reported its intention to carry out an additional patient satisfaction survey within 3 months of the review visit.

The monthly GDP sub-committee meetings also provide an opportunity for GDPs to communicate patient views and experience of the service directly to the oral health directorate.

Feedback from the patient satisfaction survey is fed back into the service through the GDP sub-committee and governance groups, the area dental advisory group and through the board’s CHPs.

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

**STATUS: Practising**

The board confirmed that an annual reporting process for GGC EDS has been established and annual reports on the service have been published for 2006-2007 and 2007-2008 and the board is committed to continuing this on a yearly basis. The review team commended the board for its production of annual reports specific to the GGC EDS.

The board reported that the annual report is widely disseminated throughout the board. It is presented to the GDP sub-committee, ADC, GDPs, GDP governance committee and to all partners and staff representatives on these groups. The board is also giving consideration to making the annual report available on the oral health webpage of the NHS GGC website.
## 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>
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<tr>
<td>ADC</td>
<td>Area Dental Committee</td>
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<tr>
<td>CHCP</td>
<td>community health and care partnership</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<td>EDS</td>
<td>emergency dental service</td>
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<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
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<tr>
<td>GDC</td>
<td>General Dental Council</td>
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<td>GDP</td>
<td>general dental practitioner</td>
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<tr>
<td>GGC EDS</td>
<td>Greater Glasgow and Clyde Emergency Dental Service</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>NHS GGC</td>
<td>NHS Greater Glasgow and Clyde</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>OMFS</td>
<td>oral and maxillofacial surgery</td>
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<tr>
<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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<tr>
<td>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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<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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Appendix 2 – Review process

- 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
- 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
- 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 Greater Glasgow and Clyde was conducted on 10 March 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Mike Devine (Team Leader)</strong></td>
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<tr>
<td>Director of Salaried Primary Care Dental Services, NHS Lanarkshire</td>
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<tr>
<td><strong>Janice Houston</strong></td>
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<td>Associate Director of Operations &amp; Nursing, NHS 24</td>
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<td><strong>Kim Jakobsen</strong></td>
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<tr>
<td>Dental Services Manager, NHS Dumfries &amp; Galloway</td>
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<td><strong>Jim Purdie</strong></td>
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<td>Public Partner, Fife</td>
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<tr>
<td><strong>Janice Rollo</strong></td>
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<td>Clinical Governance Co-ordinator, NHS Grampian</td>
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<td><strong>Terry Simpson</strong></td>
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<td>Clinical Effectiveness Advisor (Dentistry), NHS Lothian</td>
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<td><strong>NHS Quality Improvement Scotland Staff</strong></td>
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<td><strong>Kirsteen Eydmann</strong></td>
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<tr>
<td>Project Officer</td>
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<tr>
<td><strong>Steven Wilson</strong></td>
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<tr>
<td>Team Manager</td>
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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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