



**Quick Guide: Best use  
of unscheduled dental  
care services**



## Quick Guide

### Best use of unscheduled dental care services

Version number: 1.0

First published: 6 November 2015

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Classification: OFFICIAL

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

This document sits alongside  
[Commissioning Standards Integrated Urgent Care](#)

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## 1 Introduction

Over the winter the NHS faces additional pressures. It is important to ensure that services and patient pathways are robust to deal with this increased demand.

This Quick Guide is designed to provide practical information for dental providers and commissioners on what they can do to improve [dental unscheduled care](#) for patients over the winter period, and beyond. Throughout this document you will find practical tips, case studies and links to useful resources.

### 1.1 Checklist for routine dental care providers

1. Are your opening times and contact details up-to-date on NHS Choices?
2. Have you provided your updated opening hours and access information for the 111 Directory of Services?
3. Do you have correct signposting information available in your practice, on your answerphone and your website for people requiring dental care outside of your opening times?
4. Do you have [arrangements in place for Christmas and New Year 2015](#)?

### 1.2 Checklist for unscheduled dental care providers

1. Are your opening times, referral mechanisms and access information up-to-date in the 111 Directory of Services?
2. Where you provide direct access to the public, are your opening hours and contact details up-to-date on NHS Choices?
3. Do you use a recognised system for the triage and prioritisation of people presenting with dental symptoms?
4. Do you have a system in place for effective management of dental pain, including prescribing of analgesia?

### 1.3 Checklist for dental commissioners

1. Is the Directory of Services up-to-date and correctly profiled for dental urgent care providers?
2. Have all routine dental care providers updated their NHS Choices information with correct opening times, address and phone number(s)?
3. Have you received details of [arrangements in place for Christmas and New Year 2015](#) from all of your providers and shared this with NHS 111?
4. Is there appropriate and sufficient capacity in urgent dental care services for your local population?
5. Is correct signposting in place for any existing gaps in urgent dental care provision?
6. Is there appropriate standardised policy in place with regards to consistency and parity in access to urgent or unscheduled dental care?
  - a. Have you confirmed with all providers and ensured that all other NHS Health Care providers are aware of [what constitutes an 'emergency or urgent' dental appointment](#) and access protocols?
  - b. For non-emergency, but patient perceived urgent care - have you confirmed the nature of advice and subsequent expectation for access to scheduled care?
7. Do you have arrangements in place or plans to introduce technology to support improved working?

## 2 Routine Dental Care Providers

Dental health professionals can support the NHS this winter and beyond by:

### 2.1 Accessibility of services

- Ensuring your NHS Choices profile is up-to-date with correct opening times and contact details - details of how to do this can be found [here](#);
- Ensuring your Directory of Services profile is up-to-date - details of how to do this can be found [here](#);
- Ensuring your answerphone provides correct details for signposting to 111 for urgent dental care or the access route agreed with your commissioner.

## 2.2 Prevention: encouraging patients to self-care

- Encouraging patients to seek oral care early on;
- Using [winter campaign materials](#) to promote oral health and seeking early advice for oral symptoms;
- Use of social media and practice websites to provide patients with information about oral health and access to services;
- Advising patients about taking good care of their own oral health and supporting them in this goal.

## 2.3 Appropriate management of dental pain

Self-care advice and management of pain is essential during times when dental treatment services are not available.

Top tips:

- An [example pathway for managing dental pain](#);
- The dental case mix should be managed by suitably trained dental professionals, which may include dental nurses, who should have the capability to book treatment slots directly with dental providers;
- Communication between triage and service providers can be improved by using compatible IT systems;
- The healthcare professionals managing urgent dental pain presentations should be trained in providing pain control advice - including drug interactions, therapeutic overdose and contra indications. An example of a training session can be found [here](#);
- Where healthcare professionals, including dental nurses, cannot provide advice there should be a mechanism for them to refer to a pharmacist or seek additional clinical advice;
- Treatment slots should be configured to provide sufficient time to manage individual patients;

In order to reduce the risk of antimicrobial resistance, providers should offer patients information which emphasises that operative treatment may be the best option and reduces the expectation for antibiotics

## 2.4 Effectively triaging patients with dental problems

Clinical triage aims to ensure that people presenting symptoms are prioritised according to their degree of need (dental problems without loss of clinical function do not require emergency or urgent dental care) and that they are directed to the most appropriate service or provided with advice. This is especially relevant for irregular dental attenders.

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There are a number of options for triage that could be used and the configuration will depend on local requirements.

For example, London is procuring a Dental Nurse Triage (DNT) service which will:

- Receive patient information via NHS 111;
- Return calls and carry out a clinical telephone triage using established dental algorithms;
- Provide information, reassurance and advice to callers and allocate patients to same day, next day treatment slots or signpost to a NHS dental service.

The service will be delivered by trained and experienced dental care professionals. This service is planned to:

- Operate between 6pm and 8am during the week;
- Operate 24-hours during weekends and Bank Holidays;
- Have a phased implementation from 1<sup>st</sup> April 2016 and align with NHS 111 providers in London.

In 2013, an NHS England audit identified other dental triage models:

- West Essex<sup>1</sup> run a model in which the on-call dentists provides triage over the phone;
- In Bedfordshire<sup>1</sup> their service is triaged by a dental nurse. It is open 6.30-8pm weekday evenings and 9am-10pm on weekends. They plan on improving the service by extending the nurse triage to 24 hours a day;
- Herefordshire<sup>1</sup> does not have additional clinicians and dental calls are handled by NHS 111;
- Yorkshire Ambulance Service evaluated their dental nurse triage service, with calls routed to dental specialists through an interactive voice recognition (IVR) process, and found that the clinical outcomes reached by a call handler did not significantly differ to a dental nurse, with little evidence of calls being managed to less acute outcomes. The use of an IVR was felt to be beneficial as it enabled the streaming of patient calls to a dental nurse and could be considered as an example of best practice.

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<sup>1</sup> Note: These services and their operational models were identified in a 2013 NHS England audit and may now have changed



**What happens when patients are not triaged effectively?**

Ineffective triage and referral can lead to poor patient outcomes. This is a real life example of a patient who attended an Emergency Department for an avulsed tooth when timely treatment was not available.

- Due to the lack of dental support available in ED, the urgency of the case was not identified;
- The patient waited in the Emergency Department for more than 1 hour;
- As the tooth was not re-implanted within 60 minutes the prognosis for the tooth was very poor;
- The patient is likely to have to seek potentially complex and costly dental care to replace the tooth.

### **3 Dental Commissioners**

Dental commissioners can support the NHS this winter and beyond by:

#### **3.1 Making services accessible**

- Ensuring that NHS 111 and pharmacists can direct patients to in-hours urgent dental appointments;
- Ensuring that the Directory of Services up-to-date and correctly profiled for dental urgent care providers;
- Ensuring that EDs with access to dental expertise or maxillofacial services, that can manage emergency dental cases, are distinctly profiled in the Directory of Services;
- Ensuring that all dental care providers update their NHS Choices information with correct opening times, address and phone number(s);
- Ensuring that correct signposting is in place for any existing gaps in urgent dental care provision;
- Ensuring that correct signposting is in place where any existing gaps in urgent dental care provision exist, for example during the overnight period.

Emphasis should be placed on guiding irregular dental service users or heavy users of out-of-hours services into routine dental care. Consideration should be given to the availability and access to routine care as some patient groups may find it difficult to access in-hours services, for example:

- Those on zero hours contracts

- Those who work irregular shift patterns
- Carers who look after vulnerable, elderly or housebound relatives

The [needs of vulnerable patients](#) regarding access to urgent care (especially during the winter period, where additional accessibility issues may be exacerbated) needs to be considered by dentists and commissioners when choosing which services to offer. Vulnerable groups can include people living in [care homes](#), prisoners, people with mental health conditions and people who are homeless.

### **3.2 Reviewing design and availability of unscheduled dental care service provision**

NHS England is responsible for commissioning NHS dental services. CCGs will need to work with NHS England local offices to ensure that unscheduled dental services are locally appropriate. Service review is key to ensuring that services meet the needs of the local population and will involve stakeholders.

The case studies listed below provide examples of how to approach service review and their key learning.

#### **a. Case study: Residential Oral Care in Sheffield (ROCS)**

[This service](#) aims to provide dental screening for all residents in care homes, carer training and treatment as necessary. It involves the annual screening of every care home resident as well as treatment and emergency care. This developed as collaboration between the community dental service, general dental practitioners and dental public health. This service is provided in a patient's residence and aimed at addressing the needs of a vulnerable group within the community.

#### **b. Case study: Cumbria – whole system review of emergency and urgent care dental services**

NHS England North East and Cumbria local office are conducting a review of their urgent care dental services, focusing on dental urgent care as part of the wider urgent care system. This aims to identify the root causes of any issues within the system.

The outcomes and recommendations identified are:

- To improve the use of social marketing within the urgent dental care system

- Better integration of NHS 111 and the Directory of Services to reflect current urgent care provision
- Consider the capacity of dental care, especially within the in-hours service so that urgent presentations within hours can be appropriately directed by NHS 111
- Supporting frequent users of urgent dental care services to seek routine regular dental appointments.

### **c. Case study: Kent, Surrey and Sussex review of Out-of-Hours Services**

NHS England Kent, Surrey and Sussex local office implemented a review of the legacy out-of-hours service arrangements as each area had different models of delivering out of hours care. This review highlighted that the services in some cases managed demand rather than need. The recommendations from this review were:

- Services need to be standardised
- Dental emergencies need to be clearly classified
- Patients need to be guided into routine dental care.

### **d. Information technology and communication between services**

The urgent and emergency care system and pathway relies on IT systems to transfer patients between services, incompatibility issues are avoidable and can lead to a breakdown within the pathway.

Commissioners should consider:

- @nhs.net mail accounts for all dental services receiving referrals via NHS111;
- Access to shared patient healthcare records, where appropriate;
- Ability to book online;
- Urgent care services should be able to signpost to other urgent care providers (both general and dental) e.g. EDs with maxillofacial cover, walk-in-centres or sedation services.

## **4 Conclusion**

Whilst this guide has been written with specific sections for routine providers, unscheduled providers and commissioners, the key learning from dental providers from across England is on the importance of working in partnership across the system. Some of their recommendations are listed below:

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- Use forums and local professional networks to identify and support innovation;
- Work with local practices and authorities on oral health promotion;
- Work with wider social care networks, health care professionals and patient groups to coordinate care pathways.

**To share or discover more case study examples in this area please use the BetterCareExchange. Create an account [here](#).**

**Did you find this Quick Guide useful? [Yes](#) [No](#)**