

National Standards for Dental Services



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Introduction

These standards set out what you can expect from the following dental services:

- **any private dental service (including private treatments provided alongside NHS treatment in ‘mixed’ practices); and**
- **any primary care NHS dental services (including those provided by community dentists).**

‘Primary care’ refers to the local dental services available directly to patients. Sometimes the care may be provided in your own home.

‘Secondary care’ refers to hospital or specialist care, where you might be referred from primary care. The standards apply to only private secondary care dental services, not NHS secondary care dental services.

The standards focus on the people who use the services and what they can expect as a result of using them. The standards are addressed to ‘you’ as the user of the service. This approach recognises the individuality of everyone using the service.

General information about dentistry and advice on how to look after your own oral health is provided at Annex A. Further information about the different types of dental services is provided at Annex B.

These National Standards for Dental Services were developed jointly by the National Care Standards Committee, on behalf of Scottish Ministers, and by NHS Quality Improvement Scotland (NHS QIS). This document is being published by Scottish Ministers as National Care Standards under section 5(1) of the Regulation of Care (Scotland) Act 2001.

Background

The systems for setting and monitoring standards are different for private and NHS services. However, most dentists in Scotland offer NHS dental care along with varying amounts of private dentistry. The number of wholly private practices and wholly NHS practices in Scotland is small. It is for this reason that a common set of standards has been developed.

The consultation for the standards was carried out jointly by NHS QIS and the Scottish Executive, with NHS QIS focusing on professionals and service providers and the Executive focusing on service users. The consultation involved:

- issuing the draft standards document to all dentists and dental practices, relevant professional organisations and groups representing service users;
- organising regional open meetings for dentists, with small group discussions; and
- organising a series of focus groups for service users.

The common standards for NHS and private dental services brought together the previous work and the different principles and approaches applied by each body to its work. Further background on the organisations involved in the development of the standards is provided at Annex C.

How the standards will be used

The purpose of the standards is to make sure that you receive high quality care and treatment from your dental service. You can use the standards to help decide which dental service to choose. They also set out the quality of service that you can expect. You can use them when discussing the service, raising concerns, or making a complaint if you are not happy with the service, or if things go wrong.

The standards set out what is expected of the people who provide dental services and will be used to assess the performance of dental services in Scotland. The standards do not deal with issues of availability of NHS dental care in Scotland. Each NHS Board is responsible for providing NHS dental services in its own area.

Monitoring the standards

NHS QIS and the Scottish Commission for the Regulation of Care (the Care Commission) are working together to develop the best way of assessing and monitoring the standards, to meet the needs of all the main stakeholders. By building on and adapting the existing monitoring systems and best practice guidelines, we want to develop a single system of monitoring for all dental services. Stakeholders will be represented in the work to develop this monitoring system. Information on how dental services are currently monitored is provided at Annex D.

Useful Questions

Dental services can answer your questions about treatments and costs when you are making enquiries and also during a consultation. However, it can be difficult to know what to ask. The questions below relate to all aspects of a dental service. You may want to use some of them to help you to make an informed decision.

The clinicians

- Who will I have a consultation with?
- Who will carry out the dental treatment?
- What are their qualifications and experience?

The cost

- What will the consultation cost and what does this cover?
- What other costs might be involved in the consultation (for example, for investigations)?
- What will the treatment cost?
- Will the treatment be provided under the NHS, privately, or a combination of both?
- What happens if I change my mind and decide not to complete the treatment? Do I still need to pay the full cost for the treatment? If so, how will this be worked out?
- What are the arrangements for payment?
- Will I have to pay for broken appointments? If so, what are the charges?
- If I have to cancel, what notice do I need to give to avoid any broken appointment charge?

The consultation, investigations and dental treatment

- How quickly will I get an appointment?
- How much time is allocated for each appointment?
- How quickly will any investigation or treatment be carried out?
- How long will any investigation or treatment take?

- What do you do to help with pain or anxiety about treatment?
- How will you address any cultural needs I may have?
- Will I be without teeth for any time during the treatment?
- Will treatment affect my eating or speech?
- What information is available about this treatment?
- What are the advantages and disadvantages of my treatment or investigations?
- Are there any other treatment options available to me to achieve the results I want?
- How successful are these types of treatment over the long term?
- If I want, can I bring someone with me to appointments?
- Is all the equipment used in my treatment sterilised or used only for me?
- What are the out-of-hours arrangements?

After the consultation, investigations or treatment

- Will I need any pain relief after treatment?
- Do I need to take any special care of my mouth just after treatment?
- How do I contact the dental service if I think something has gone wrong with my treatment?
- How can I help prevent further dental problems?
- What should I do if I am unhappy with any aspects of the consultation, investigation or treatment?
- Can I move from one dental service to another if I want to?

The record of the consultation, investigation and treatment

- What kind of record will you keep of my consultation, investigations or treatment?
- Will my records be shown to anyone else for any reason?
- Will I be able to get copies of my records and results if I want them?
- If I want to see my records, what are the arrangements for this?

National Standards for Dental Services

Overview

1. Choosing your dental service
2. Before your appointment
3. Your visits
4. Assessing your needs
5. Deciding and agreeing your care and treatment
6. Receiving your care and treatment
7. Ongoing care
8. The quality of your care and treatment
9. Expressing your views
10. Confidentiality and information held about you
11. The dental team and service management
12. Medical and other emergencies
13. Control of infection
14. Your care environment
15. Children and young people

Standards 1 to 14 apply to all service users. Standard 15 applies to aspects of care that are specific or unique to children. These include the rights of children, the responsibilities of the people treating them, and the responsibilities of parents and guardians consenting on behalf of children.

Standard 1

Choosing your dental service

You have access to accurate, clear and easy-to-understand information that is readily available to help you choose the dental service that best meets your needs.

1. You know if the dental service is accepting new patients.
2. You can get information about the dental service, which may be in the form of a leaflet, including the following:
 - a guide to the services provided and whether these services are provided under the NHS or privately;
 - opening hours of the service;
 - where the dental service is and how to get there;
 - a contact number for any questions about the services or facilities;
 - details of any disabled access or facilities;
 - how the service meets any special needs, including the need for an interpreter;
 - a guide to the range of charges for the services provided – in particular, initial consultation, treatments, investigations and prescriptions;
 - a guide to the method and time of payment, and any charges for failing to attend an appointment;
 - how your continuing care is provided out-of-hours or if your dentist is not available; and
 - a contact number for any questions you may have about NHS dental provision in your area.
3. The service gives you information in a form you can understand. If this is not available, you receive advice on how to get the information in a language or format that you can understand.
4. If you want, you can receive from your dental service its latest inspection or review report measured against these standards.

Standard 2

Before your appointment

You receive all the information you need in advance, to help you when you attend your appointment.

1. Your appointment is agreed for a time that suits both you and the service and that recognises the urgency of your oral healthcare needs.
2. Before your appointment, you receive adequate information about it, including:
 - who the appointment is with and how long it is likely to last;
 - what you need to bring with you; and
 - contact details, in case of cancellation either by you or by the dental service.
3. If your first language is not English, or if you have any other communication needs, you will receive, on request, advice and information on how to get interpreting services, adaptations and equipment for communication.

Standard 3

Your visits

You are treated with dignity and respect by the dental team throughout your visits.

1. The dental team treats you with respect as an individual. Your age, gender, race, religion or belief, disability and sexual orientation will not affect the quality of service you receive.
2. If the facilities are not accessible for you for reasons of disability, special needs or language, the dental team will refer you for care to somewhere else that is suitable.
3. The dental team confirms your personal details in a manner which is sensitive to your privacy and dignity.
4. Your consultation and treatment take place in an environment that allows privacy.
5. You are made aware of the names of the dental team involved in your care. You are made familiar with the facilities.
6. You receive an apology and an explanation if you are kept waiting beyond your appointment time and can discuss alternative arrangements.
7. Normally, there is a third person present during your treatment. This is usually the dental nurse. In exceptional circumstances, you may be asked to bring someone with you to be there during your treatment (for example, during out-of-hours emergencies).
8. You receive explanations about your care and treatment in a way that you can easily understand, and you have an opportunity during your appointment to ask questions.

Standard 4

Assessing your needs

All decisions on your dental care, including preventative care, will be based on a full assessment of your needs.

1. Before your treatment begins, a member of the dental team will take your medical history, to make sure as far as possible that the treatment is safe for you. This will include recording any current medication and asking about your current state of health. Medication may include prescribed drugs, as well as over-the-counter preparations, including aspirin and other remedies such as herbal preparations. You receive help, if needed, to provide this information.
2. If at any time your dentist needs to contact your own doctor for information about you that is relevant to your dental care and treatment, you will be asked to give your permission for this.
3. You are asked about your dental history. This is followed by a dental and oral examination, which includes looking for any signs of possibly serious disease in your mouth and surrounding areas that will need to be investigated further.
4. You will be offered any investigations that your history and examination show that you need.
5. You will be informed of the results of any assessment and investigations.
6. If you are assessed as needing urgent referral, the dental service has a system in place for this referral to be made as a matter of priority.

Standard 5

Deciding and agreeing your care and treatment

Your decisions on any care and treatment provided to you by the dental team are based on you being fully informed by your dentist of the risks, benefits and cost involved.

1. Your dentist gives you clear information about the range of treatments that are available, and are relevant to your needs and preferences. This includes an explanation of the advantages, disadvantages and costs of any treatment, as well as what may happen if you choose not to proceed.
2. You have a verbal or written estimate of treatment costs before you decide on and have treatment. You are clear which treatment is provided under the NHS and which is provided privately.
3. You have the opportunity to ask questions or receive further advice from the dentist or from an appropriate member of the dental team (or both). You can have a member of your family or another person of your choice to ask questions on your behalf.
4. You have the time you need to consider and agree the treatment.
5. Your treatment plan is recorded and you can have access to it. You are informed if any changes need to be made to this plan, and the reasons and costs, when they arise.
6. You will be told how long your appointments are likely to last and the timescale of the proposed treatment.
7. If you need treatment after an examination, you are offered an appointment within a timescale agreed by you and the dental team.
8. If you want to, you can discuss any aspects of your proposed care at a later date.

9. The dental team obtains your consent to treatment in line with current best practice guidelines and legislation.
10. If you are unable to express your own wishes or views, decisions about your care and consent to it will be in line with current best practice guidelines and legislation.¹
11. You are involved in making decisions about your care and treatment.

¹ e.g. Adults with Incapacity (Scotland) Act 2000; Mental Health Care and Treatment (Scotland) Act 2003.

Standard 6

Receiving your care and treatment

You receive safe and competent care and treatment in a manner designed to put you at ease.

1. Any examination, investigation or treatment will only be carried out after you have been advised what will happen.
2. Any concerns you may have about treatment, including pain control or anxieties, are discussed. You are offered a range of pain and anxiety control options to help.
3. If medication is needed as part of your treatment, this is fully explained to you, including:
 - the reasons for taking the medication;
 - any common side-effects; and
 - how to get your medication.
4. If you need to be referred to another dentist, dental service or hospital for your continuing care and treatment, the service makes suitable arrangements for this, and you will be told where you will be seen, and the likely waiting times.
5. If you are assessed as needing urgent referral, the dental service has a system in place to refer you with your agreement.

Standard 7

Ongoing care

Following your consultation, investigation or treatment, you know about, and agree, the ongoing care you need and the arrangements for providing it, including who is to provide it.

1. The dental team explains your ongoing care to you and agrees with you the plan for how it will be provided, taking account of your oral healthcare needs and preferences.
2. You are provided with clear information and an explanation about what your responsibilities are in the ongoing care of your mouth and teeth.
3. As part of your ongoing care, you will be offered routine check-ups at a frequency that reflects your oral health needs. The service has systems in place to remind you to attend.
4. If any changes need to be made to your treatment plan, the dentist will discuss and agree these with you and any changes will be recorded.
5. You receive advice, tailored to your needs, about maintaining or improving your oral health and preventing problems. You have access to oral health promotion literature.
6. You are reminded of any potential long-term treatment needs you may have.
7. You receive information on how to get advice and emergency care out-of-hours.
8. You know that information about your care and treatment will be shared between your dental team and any service that you are referred to. If you do not agree to this, the team will respect this and explain any implications for your care.
9. You are informed of arrangements for your continuing care if your dental service closes.
10. If you are removed from the dentist's list, you are given reasons in writing.

Standard 8

The quality of your care and treatment

Your care and treatment are provided according to recognised current best practice guidelines.

1. Your dental service reviews its performance of clinical treatment and care against current best practice guidelines, and all members of the dental team are involved in the review.
2. The ongoing process of review leads to changes in practice and improvements in the standard of care and treatment you receive.
3. You can request information about the review process and its results.
4. Your dental service makes sure that any laboratory it uses for diagnostic tests is accredited by an appropriate body.
5. The care and treatment you receive from the dental service takes account of all relevant NHS Quality Improvement Scotland standards.

Standard 9

Expressing your views

The dental service will welcome and actively seek your views to help it continuously improve the quality of care it provides.

1. You have the opportunity to make known your views on any aspect of the service and your care. You can do this confidentially.
2. You are made aware of the service's policy for handling any concerns or complaints you may have. The policy includes how long it will take to handle your concerns or complaints.
3. You are made aware of how to raise any concerns or complaints about your dental service with the service itself. You are also made aware of other organisations to raise concerns or complaints with, including the NHS, the Care Commission and the General Dental Council.
4. Your views and feedback from any praise or criticism are used by the service to continuously improve it.
5. If you are unable or feel unable to express your views yourself, you can have a representative of your choice to help you.

Standard 10

Confidentiality and information held about you

The service keeps an accurate, full and up-to-date record of all aspects of your care. It uses and stores it in a manner that ensures your confidentiality, and is in line with current legislation².

1. Your patient care record:
 - is confidential;
 - is used by members of your dental team to make sure there is continuity in your care and treatment;
 - contains up-to-date information recorded by any member of the dental team about every aspect of your care on each visit; and
 - is kept in line with best practice guidelines.
2. All your personal information is stored securely.
3. Only you and the people involved in your care, or other people agreed by you, have access to information held about you, unless there is a lawful basis for disclosure.
4. If you are unclear about any part of your patient care record, you can ask for and get an explanation.
5. There is clear and effective communication about your care within your dental team and with other healthcare professionals involved in your care.
6. You are made aware of the arrangements for the safe storage and retrieval of your patient care record if the dental service closes.

² e.g. The Data Protection Act 1988.

Standard 11

The dental team and service management

Your care and treatment will be provided by a dental team who are all suitably qualified or skilled (or both) for their job.

1. The dental service's recruitment and selection procedures comply with all relevant legislation.
2. You receive care and treatment from a dental team (including temporary members) whose qualifications, skills, training and all necessary records have been checked before they start work in the service. This includes checking:
 - the registration of professional staff;
 - professional indemnity insurance; and
 - Disclosure Scotland checks (if they apply).
3. Your dental team will have received induction training upon joining the service and continue to get support for ongoing training that meets the needs of the team and the services they provide to you.
4. Your dental team takes part in continuing professional development and post-graduate training to update knowledge and improve skills.
5. You receive care and treatment from members of a dental team who are able to raise concerns in confidence about any aspect of service delivery that they feel may harm patients' care or the quality of the service. The service keeps a confidential record of all concerns raised and the action taken in response.
6. Your dental service has effective team working, including communication between dentists, specialists, dental nurses, hygienists, therapists, and other medical and social care professionals.

7. Your dental service recognises that the team may need personal support and help in providing patient care and treatment, and makes sure that this is provided, including access to occupational health services.
8. Your dental service identifies any member of the dental team who is performing poorly and provides him or her with support.

Standard 12

Medical and other emergencies

If there is an emergency while you are attending the dental service, the dental team is trained to deal with it.

1. Your dental service has an up-to-date written protocol for dealing with emergencies.
2. The whole team is suitably trained in dealing with emergencies and knows how to respond at any time.
3. Your dental team has its resuscitation and emergency care skills updated annually.
4. Your dental service has the equipment and drugs recommended by the National Dental Advisory Committee for treating medical emergencies. The equipment is kept in working order. All drugs kept by the service are within their expiry date and are stored safely.
5. You are made aware of what will happen and what to do if there is a fire or if the premises need to be evacuated.

Standard 13

Control of infection

The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.

1. Your dental service premises are clean.
2. Your dental service has comprehensive infection control policies and procedures readily available, in line with current best practice guidelines and legislation.
3. Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known and are being carried out in the service at all times.
4. Where required, you are informed about the need for procedures designed to prevent and control infection.

Standard 14

Your care environment

The design, layout and facilities of the dental service will support the safe and effective delivery of your care and treatment.

1. You receive care and treatment in an environment that is suitable for your needs, gives you privacy and ensures your comfort.
2. The buildings, facilities and grounds of the dental service are maintained and reviewed in line with health and safety regulations and any other relevant regulations and legislation.
3. The dental premises are equipped with instruments and materials appropriate to the clinical treatments provided.
4. All equipment used in support of your care and treatment is installed, checked and maintained in line with the manufacturer's instructions, current best practice guidelines and legislation.
5. Dental materials and drugs are stored and used safely.
6. If there is a failure in any major service, your dental service will provide either back-up systems to allow your care to continue safely or postpone treatment until it is safe to continue.
7. The dental service carries out any necessary x-rays safely and in line with current best practice guidelines and legislation.
8. The dental service has an ongoing risk management programme to make sure of your safety.

Standard 15

Children and young people

The care and treatment that children and young people receive from their dental service take account of their special physical, psychological and social needs, and are provided in partnership with parents or guardians.

1. The dental team is aware of the law on children and young people giving informed consent. The team understands the consequences if children and young people agree or refuse to have treatment.³
2. Dental care provided for children and young people takes account of their different stages of development.
3. The dental team has procedures for child protection which take account of local⁴ child protection guidance and best practice. The dental team carries these procedures out when required.
4. All team members with access to children have an enhanced disclosure check from Disclosure Scotland before starting to work with children in the service. Team members can work supervised in the dental service pending a disclosure check.

³ e.g. Age of Legal Capacity (Scotland) Act 1991 Chapter 50 Section 2 (4)

⁴ A multi-agency children's services partnership is based around a local authority's geographical boundary

Glossary

Clinician

The dentist or another member of the dental team who works directly with patients.

Continuing professional development

An ongoing commitment to learning in various forms, which maintains and enhances professional standards of work.

Current best practice guidelines

Written guidelines for agreed ways to carry out treatments and care for patients. Often, these are put together by healthcare professionals based on the best available evidence. These guidelines are constantly added to and reviewed. Over time, the guidelines recommended as best practice will change to take account of new evidence.

Dental hygienist

Dental professionals who are permitted to carry out the following kinds of work under the direction of a registered dentist who has examined the patient and indicated in writing the treatment to be provided: cleaning, scaling and polishing teeth; applying certain materials or medicaments; administering local anaesthetic and giving dental hygiene advice. If trained to do so, a dental hygienist can place temporary fillings; re-cement crowns; take impressions; administer inferior blocks (under supervision) and take radiographs. Currently they work in Community or hospital dental services or in General Dental Practice.

Dental nurse

Person who assists the dentist at the chair-side during dental treatment, acts as a chaperone, often has administrative duties and infection control responsibilities. They cannot provide dental treatment.

Dental team

All those in a dental practice or community dental clinic, both administratively and clinically, that are involved in the care of patients on their dental visit. Members may include dentists, hygienists, therapists, dental nurses, dental technicians and reception staff.

Dental technician

An individual who makes dental appliances and restorative devices such as dentures, to the specifications of a dentist.

Dental therapist

A dental professional who is able to carry out certain dental work, including teeth cleaning and simple fillings, under the direction of a registered dentist. A dental therapist also has a role in educating patients on how to effectively maintain their oral health.

Disclosure Scotland

Disclosure Scotland is part of the Scottish Criminal Record Office. Its aim is to improve public safety and to help employers and voluntary organisations in Scotland to make safer recruitment decisions. The service is responsible for issuing three levels of certificates – Basic disclosures, Standard disclosures and Enhanced disclosures.

Gingivitis

Gingivitis is inflammation and bleeding of the gums.

Mixed dental practice

A dental practice which is partly NHS and partly private.

National Dental Advisory Committee

A committee of dentists who provide professional advice to the Chief Dental Officer on a range of issues about dentistry. It takes part in compiling reports and consultation exercises initiated by the Scottish Executive and the Department of Health. The committee has a membership of 14 dentists with representation from academics, public health, hospital, community and specialist dentists along with the Dental Director of NHS Education in Scotland.

Oral health

Oral health concerns the health of all the parts of the mouth and oral cavity. This includes the soft areas such as the tongue and cheeks, the gums and the teeth.

Orthodontics

Part of dentistry concerned with facial growth and development, including development of the teeth and jaws.

Out-of-hours arrangements

Arrangements for services outside the normal opening hours, including weekends and holidays.

Patient care record

An integrated, multi-disciplinary record of all care assessment and treatment, including the dental component. Entries are made by all members of the dental care team. Your patient care record contains personal information, administration details and clinical information.

Periodontitis

Periodontitis is a destructive gum disease where plaque bacteria damage can cause loss of the tooth supporting tissues.

Protocol

A code of correct conduct.

Risk management

Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.

Salaried dentists

Dentists employed by NHS Boards. The NHS Boards manage the premises and staff are salaried. These practices offer general dental services often in those areas where NHS care provision is limited.

Stakeholder

Anyone who is interested or involved in dental services (for example, dentists themselves and their patients).

Treatment plan

A written record that may include a summary of your dental problems, list of treatment proposed, preventative advice, likely future dental care needs, recall intervals and an estimate of costs.

Urgency

In dentistry the word urgency refers to situations where a dental problem needs treatment as a priority. For example, severe dental pain not controlled by over the counter painkillers, bleeding that will not stop, severe infection, injury from trauma, lesions in the mouth that may be oral cancer.

References

POLICY

Our National Health 2000: A Plan For Action, A Plan For Change

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

Partnership for Care 2003

The white paper builds on Our National Health and moves on to develop certain key issues. The paper sees patients and national standards as key drivers of change in the Health Service. It outlines ways in which the redesign, integration and quality of services can be systematically progressed, and it seeks a step change in approach to health improvement as an essential component.

The UN Convention on the Rights of the Child

The Convention is not law but a code of practice that the Government signed up to in 1991. It recognises that young people under 18 in Scotland do have rights. These rights must be given fairly, and children and young people must be kept safe and well, and able to take part in society.

Protecting Children and Young People: The Charter- Scottish Executive 2004

The Charter was developed in consultation with children and young people who have experienced harm and been in need of help and protection. It sets out what children and young people need and have the right to expect to help protect them when they are in danger or already have been harmed by another person.

Protecting Children and Young People: Framework for Standards- Scottish Executive 2004

The Framework is a means of translating the commitments made to children in the charter into practice. It provides a basis for all agencies to develop effective safeguarding measures translating into practice the commitments made to children in the Charter. Through raised awareness, good practice and robust systems and procedures, staff will be supported to ensure the care and protection of children. The Framework sets out what each child in Scotland can expect from professionals and agencies to ensure

that they are adequately protected and their needs met. It also sets out what parents or other adults who may report abuse and neglect can expect.

Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland (2005)

This paper sets out an action plan to improve oral health in Scotland, with a particular focus on improving the oral health of our children, and presents our proposals for modernising NHS dental services in Scotland over the next 3 years but with implications for oral health and dental services to the end of the decade. This will set change in progress over the next 3 years and have further implications on changes in oral health and dental services into the next decade. There is no single solution; it is only by a combination of actions that we will be able to improve access to services and patients' dental and oral health.

CLINICAL

BDA (British Dental Association)

BDA Practice Compendium and Advice Sheets including Advice sheets:

A3 'Health and safety law for dental practice'

A12 'Infection control in dentistry'

These sheets are available to BDA members

www.bda.org

BOS (British Orthodontic Society)

Young Practitioners Guide to Orthodontics. London (1998).

www.bos.org.uk

BSPD (British Society of Paediatric Dentistry)

UK National Clinical Guidelines in Paediatric Dentistry

www.bspd.co.uk/publications.html

BSRD (British Society for Restorative Dentistry)

Guideline for Crown and Bridgework. (1998)

Strategy for Planning Restorative Dental Care.

www.bsrd.org

BSSPD (British Society for the Study of Prosthetic Dentistry)

Guidelines in Prosthetic and Implant Dentistry

www.bsspd.org

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Resuscitation Policy. (2000).

Guidelines for the Safe and Secure Handling of Medicines. Prof. R Duthie. (1998).

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FGDP (Faculty of General Dental Practitioners of Royal College of Surgeons, England)

Clinical Examination and Record Keeping Good Practice Guidelines (2001).

Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners (2000).

Selection Criteria for Dental Radiography (2005)

www.fgdp.org.uk/publications

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Self Assessment Manual and Standards: Clinical Standards in General Dental Practice. (1991).

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Maintaining Standards: Guidance to Dentists on Professional and Personal Conduct (2001).

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Decontamination - Glennie Report. HDL (2000)57.
Hepatitis C: Essential Information for Professionals July 2002.
www.scotland.gov.uk/publications

NICE (national Institute of Clinical Excellence)

CG019 Dental Recall- NICE Guideline (2004)
www.nice.org.uk

SIGN (Scottish Intercollegiate Guidelines Network)

Guideline No 47 - Preventing Dental Caries in Children at High Caries Risk (December 2000)
Guideline No 43 - Management of Unerupted and Impacted Third Molar Teeth (March 2000)
www.sign.ac.uk/guidelines/index.html

MISCELLANEOUS

Oral Cancer: Prevention and Detection - for the Primary Health Care Team. (2000) The Oral Cancer Awareness Group, University of Glasgow Dental School.

www.gla.ac.uk/Acad/Dental/OralCancer

Joint statement on decisions relating to cardiopulmonary resuscitation from British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (January 2002).

Resuscitation Council (UK) - Resuscitation Guidelines (2000)

CPR Guidelines for clinical practice and training in hospitals

Adult Advanced Life Support

Adult Basic Life Support

Paediatric Basic Life Support

www.resus.org.uk

The Medical Devices Directive - 93/42EEC. European Commission (Official Journal of the European Communities, L169, 12 July 1993).

Ottawa Charter for Health Promotion. World Health Organization 1986.

Annex A

General information about dentistry

NHS and private dental services provided in Scotland

A range of options for treatment may be possible for any given situation. Under the NHS or privately, your treatment should be provided:

- to a good clinical standard;
- in your best interests; and
- safely.

Private care may offer more treatment choices and some treatment options that are not available within the NHS.

If you are a registered NHS dental patient, your dentist is required under their contract with the NHS to offer to provide items of treatment which are necessary to secure and maintain your oral health and are listed on the Statement of Dental Remuneration (SDR). Under this system, there are some limitations on dental materials and types of laboratory work that can be used and the dental treatments that can be provided.

Some dental treatments that are unlisted may be valid options for you to consider (for example, cosmetic treatments such as tooth-coloured fillings in back teeth, tooth-coloured crowns on molars or dental implants). Your own dentist may be able to provide these privately. If not, they may refer you to another practice which does provide this care (a wholly private practice, mixed NHS and private practice, or specialist practice). Dentists are only required to provide treatment that they are competent to carry out.

How to get primary care dentistry

You can choose which dentist, either NHS or private, you want to attend for your regular dental visits. You can also choose to move to another dental service. The decision to accept new patients is at the discretion of the dental service.

Each local NHS Board is responsible for providing NHS dental services in its own area. For different reasons, the maximum number of patients

that can be seen or treated can vary from one dental service to another. This may result in a dental service closing its list to new patients.

At present, an increasing number of dentists are reducing or stopping NHS general dental services for adults. If this happens at your dental service, the dental team will tell you. If your existing NHS dental services close down, the NHS Board will provide you with a list of NHS dental services in your area, or may in some cases advise you where alternative arrangements are available.

The relationship between primary dental care, secondary care and specialist services

Primary care dentists will provide routine dental care and treatment. Some primary care dentists develop particular skills so that they can do more specialist treatments within the service. For some more complex or specialist treatments that your own dentist does not carry out (for example, orthodontics), you may be referred to a specialist in another dental service or a hospital (secondary care). Dentists who advertise their services as a specialist must be registered as a specialist by the General Dental Council.

Looking after your own oral health

What are your responsibilities?

- You should take an active role in developing a treatment plan that you are happy with. Sometimes the 'ideal' treatment is not possible, due to health, special needs, co-operation difficulties or costs. To understand this, the people involved must know and agree when the 'ideal' treatment is not possible.
- Good treatment will depend on you co-operating in attending appointments, having treatment done and following advice.
- It is important that you let your dentist know of any changes to your general state of health or medication that may effect the treatment you receive.
- Dental diseases such as tooth decay and gum disease are largely preventable. With advice and encouragement from the dental team, you have an important role in improving your own oral and dental health.
- It is important that you understand and follow any advice and instructions the dental team gives you in relation to controlling infection.

- For patients who are very young or who have special needs, a carer may need to be responsible for home care routines such as toothbrushing or denture hygiene.

Preventing oral health problems

- Dental decay is a process which starts with food debris and bacteria gathering on teeth to form 'plaque'. Bacteria in the plaque use sugar from the diet to produce acid that destroys teeth. This results in dental decay (dental caries). You can reduce the disease by twice-daily toothbrushing with fluoride toothpaste and having less sugar, less often. Limiting intake of acidic drinks is also important to prevent erosion (excessive wear) of the teeth.
- Gum disease is the process where plaque bacteria cause damage to the gums and bone that support the teeth. There are two main gum diseases, called gingivitis and periodontitis. Some people are more likely to get these diseases, but good toothbrushing, cleaning between the teeth with floss, visits to the dentist or hygienist for scaling, and not smoking will help prevent them.
- Oral cancer is cancer of the mouth, jaws or surrounding areas. There are about 500 new cases of the disease in Scotland per year. The dental team has an important role in finding problems early and improving the outcome for patients. They will also give advice on stopping smoking and cutting down on alcohol, which are the main causes of oral cancer.
- 18% of adult Scots have no remaining natural teeth. The majority of those wear dentures to replace their missing teeth and some have implants to help improve stability of dentures or to support replacement teeth. For this group of patients, it is important to have a check-up at least once a year to check for oral cancer, signs of infection and other diseases and conditions which can affect patients who have no natural teeth.
- Monitoring surveys between 1988 and 2003 have confirmed the poor health of Scotland's school children. At the age of 5, over 56% of all Scottish children have dental disease. By the time they are 14 yrs, 68% of children have suffered from dental caries in their adult teeth. Dental disease can also be one of the signs of more general poor health and well-being. The Scottish Executive has set out a raft of proposals for improving

the oral health of children and young people and has set a target of achieving, by 2010, 60% of children (a) at age 5 and (b) 11-12 year olds with no signs of dental disease. This will be monitored through the National Dental Inspection Programme. Improvements in oral and dental health and services for children are addressed through local inter-agency planning which includes the local NHS Board's Integrated Children's Services Planning Arrangements.

Annex B

Information about different types of dental services

NHS primary care services:

Service	Location	Types of care
General Dental Service	90% of dental care takes place in general dental practices. These practices may also be 'mixed practices', offering varying amounts of private dental care. Some services are provided in the patient's home. There are dental surgeries within some prisons.	NHS dental care across Scotland to patients registered with the service. 49% of adults and 65% of children are registered with a dentist.
Community Dental Service	Health centres, clinics or in the patient's own home.	NHS dental care for patients with medical problems, or special needs (including children, people with learning disabilities and elderly people in residential care), and other disadvantaged groups who cannot use an NHS general dental practice.
Salaried Dental Service	Dental practices, dental access centres, health centres, the patient's own home.	Access to NHS General Dental Services where there is a local shortage of dentists to provide NHS treatment.

Private dental services:

Service	Location	Types of care
Private primary care dental services	Wholly private dental practices or clinics. NHS general dental practices that also provide private treatment.	Anyone who chooses to have private dental care and treatment.
Private secondary care dental services	Wholly private dental practices or clinics.	Anyone who chooses to have private dental care and treatment. You may be referred from your own NHS or private dentist.

Annex C

Organisations involved in developing the standards

NHS Quality Improvement Scotland

NHS QIS was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHS Scotland. NHS QIS does this by setting standards and monitoring performance against these, and by providing NHS Scotland with advice, guidance and support on effective clinical practice and service improvements. These aims are pursued by NHS QIS in partnership with healthcare professionals and the public.

The Scottish Executive's White Paper, Partnership for Care, published in March 2003, confirmed these functions and also announced that a new Scottish Health Council would replace Scotland's 15 local health councils. The new Scottish Health Council was established as part of NHS QIS in April 2005, but with a distinct identity.

NHS QIS also supports and facilitates the work of the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC).

NHS QIS values:

Patient and public focus

- promoting a patient-focused NHS that is responsive to the views of the public

Independence

- reaching its own conclusions and communicating what it finds

Partnership

- involving patients, carers and the public in all parts of its work
- working with and supporting NHS staff in improving quality
- collaborating with other organisations such as public bodies, voluntary organisations and manufacturers to avoid duplication of effort

Evidence-based

- basing conclusions and recommendations on the best evidence available

Openness and transparency

- promoting understanding of its work
- explaining the rationale for its recommendations and conclusions
- communicating in language and formats that are easily accessible

Quality assurance

- aiming to focus its work on areas where significant improvements can be made
- ensuring that its work is subject to internal and external quality assurance and evaluation

Professionalism

- promoting excellence individually and as teams and ensuring value for money in the use of public resources (human and financial)

Sensitivity

- recognising the needs, opinions and beliefs of individuals and organisations, and respecting and encouraging diversity

The National Care Standards Committee (NCSC)

The remit for the NCSC from Scottish Ministers is to develop national care standards that are focused on the people who use the services and what they can expect as a result of using them.

The NCSC carries out its work with the help of working groups. These groups include people who use the services, their families and carers, along with staff, professional associations, regulators, local authorities, health boards and independent providers. Many others are involved in the consultation process.

The NCSC has developed all the national care standards from the point of view of the person using the service. The standards describe what the individual person can expect from the service provider as he or she experiences the service.

The standards are based on a set of principles. These principles are the result of all the contributions made by the NCSC, its working groups and everyone who responded to the consultations on the standards as they were being developed and written. The principles are:

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships

Privacy

Your right to:

- have your privacy and property respected; and
- be free from unnecessary intrusion

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same; and
- know about the range of choices.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse

Realising potential

Your right to have the opportunity to:

- achieve all you can
- make full use of the resources that are available to you; and
- make the most of your life

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your ethnic background, language, culture and faith;
- be treated equally and live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

To date, 21 sets of national care standards have been published for 21 different care services. You can see them online at:

www.scotland.gov.uk/publications

Copies of the national care standards are available free from:

Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

Tel: 0131 622 8283 or 0131 622 8258

Email: business.edinburgh@blackwell.co.uk

The Scottish Commission for the Regulation of Care

The Regulation of Care (Scotland) Act 2001 ('the Act') set up the Care Commission, which registers and inspects all the services regulated under the Act, taking account of the national care standards issued by Scottish Ministers. The Care Commission has its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide private dental services. It will inspect the services to make sure that they are meeting the regulations and in doing so will take account of the national care standards. You can find out more about the Care Commission and what it does from its website (www.carecommission.com).

Annex D

Current regulation of dental services in Scotland (2006)

There are a number of statutory and regulatory bodies which monitor aspects of NHS and/or private dentistry in Scotland. This includes monitoring quality of dental treatment, educational provision for newly-qualified dentists and quality of dental practices. Key regulatory bodies are listed below, along with contact information should you wish to know more about their individual roles and remits.

The General Dental Council (GDC) –register all UK dentists, investigate misconduct, revalidation scheme. 020 7887 3800
www.gdc-uk.org

Scottish Executive – NHS practice inspections, compulsory audit. 0131 556 8400
www.scotland.gov.uk

Practitioner Services (PSD), on behalf of the Scottish Dental Practice Board –authorises payments for NHS dentistry, patient examinations to check treatments and monitors quality and probity. 0131 551 8585
www.show.scot.nhs.uk/psd

Scottish Dental Practice Board (SDPB) – sets operational policy on authorising payments to dentists and monitoring NHS dentistry. 0131 623 2536
www.show.scot.nhs.uk/psd/sdpb

NHS Education for Scotland – inspects NHS dental practices for vocational training or general professional training. 0131 226 7371
www.nes.scot.nhs.uk

Dental teams may also choose to become involved in voluntary accreditation schemes, such as the British Dental Association (BDA) Good Practice Award or Investors in People Award, in addition to the compulsory monitoring carried out by the organisations above.

Annex E

Membership of the joint NHS QIS and NCSC Dental Services Standards Working Group

Chairs

Mrs May Hendry

NHS QIS Working Group

Professor James P McDonald

NCSC Working Group

Members

Mr David Bassett

Service User

Dr Lorraine Briggs

NCSC Working Group

Mr Robert Broadfoot

NHS QIS & NCSC Working Groups

Mr Colin Keith

NCSC Working Group

Dr Jason Leitch

NCSC Working Group

Mrs Mary McCann

NHS QIS & NCSC Working Groups

Miss Anna McGowan

NHS QIS Working Group

Mr Graham McKirdy

Representative of the British Dental Association

Ms Tracy Nairn

Care Commission

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NHS QIS Working Group

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Service User

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