



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

Primary Care Division
St Andrew's House
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Dear Colleague

EMERGENCY DENTAL SERVICES - GUIDANCE AND FUNDING

Summary

1. This letter advises NHS Boards and Primary Care Trusts of the issue of new guidance and funding arrangements for Emergency Dental Services (EDS).

Background

2. The Scottish Executive's [Action Plan for Dental Services in Scotland \(2000\)](#) proposed that, "Primary Care Trusts/Island Health Boards should encourage and support continued experimentation in co-ordinated emergency/out-of-hours, with different models to meet urban and rural needs". An Emergency Dental Services Symposium was held in August 2002 to discuss the progress of pilot EDS schemes and to explore new approaches to the challenge of providing EDS. Following the Symposium a working group was convened and has now produced a guidance document to help NHS Boards/Primary Care Trusts to design and develop EDS provision in their area. This document is attached at Annex A.

3. Given the current problems with access to NHS dentistry in parts of Scotland, it is desirable that effective EDS should be in place.

4. The purpose of the attached document is to provide **advice and guidance only**. It is recognised that local circumstances, needs and current service provision vary widely across Scotland. The guidance therefore sets out aspirational targets rather than mandatory ones.

5. Those responsible for planning and providing EDS should be aware of the issues surrounding the safety of emergency workers. It should be made clear for both patients and staff that where a patient has been violent towards the dentist or any other staff or has acted in a manner either in person or on the telephone which has made them fear for their safety, then the

27th November 2003

Addresses

For action

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Trusts and NHS Boards

For information

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dentist may refuse to attend the patient or give that patient treatment.

Funding

6. Funding will shortly be allocated to help NHS Boards/Primary Care Trusts to set up or develop EDS in their area. A table showing the proposed allocations is attached at Annex B. The funding is in two parts:

- £1m to fund the development of EDS across Scotland. This will be allocated to NHS Boards in proportions based on population. It is anticipated that a comparable fund will be made available on a recurring basis.
- £500k in the first year only for start-up costs. (NHS Boards which already have an EDS system in place should use their allocation to further develop this service.) The money is being divided equally between NHS Boards.

This is additional funding and is for meeting those costs, e.g. on-call and call-out fees, which cannot be claimed through the Statement of Dental Remuneration (SDR) or charged to the non-cash limited GDS budget.

7. NHSBoards and Primary Care Trusts should seek to establish appropriate links with NHS24 to ensure seamless communication and continuity across all emergency dental service providers.

Action

8. NHS Boards and Primary Care Trusts are asked to note the attached guidance and the funding that is being allocated to develop and support EDS in their area. NHS Boards which already have EDS in place are asked to review the service with regard to the guidance. NHS Boards which do not have EDS in place are asked to use the guidance and funding to develop such services.

9. NHS Boards and Primary Care Trusts are asked to send a report detailing the progress of their EDS development by March 2004.

Yours sincerely

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Primary Care Division

EMERGENCY DENTAL SERVICES PROVISION: NHS SCOTLAND

- 1. Further to a National Symposium on Emergency Dental Services (EDS) in August 2002, a working group was convened to consider the future development of emergency dental services in Scotland.**
- 2. The working group reviewed the experiences of a range of EDS service models operating in various locations throughout Scotland, including general dental practitioner (GDP) rotas and pilot EDS projects.**
3. Following this review, it was agreed that addressing the needs of those with urgent dental problems should be underpinned by the development of integrated services which ensure that patients can access appropriate care and advice in a straightforward manner and within reasonable time-scales.
4. To ensure a unified approach, dental EDS should be planned to allow integration with other providers, such as NHS 24, with appropriate follow-up arrangements for patients where needed, and appropriate systems for addressing patient complaints.
- 5. The working group identified considerable variation in the definition of dental emergencies and in the standard of emergency care being provided throughout Scotland. To assist service planners and providers, key priorities for the provision of EDS have been identified and guidance produced.**

The scope of this guidance is as follows:

- **Definitions of dental emergencies and a core list of conditions potentially requiring out of hours emergency or urgent dental care.**
- Standards for the provision of emergency dental services.
- A summary sheet.
- A checklist to be used when considering key issues which should be considered when setting up emergency dental services.
- A protocol on the pharmacological management of dental pain.

These are detailed at Appendices 1-5.

APPENDIX 1 DEFINITION OF DENTAL EMERGENCIES

- To aid clarity and assist treatment planning and service provision, dental emergencies have been classified in broad terms as follows:
- Dental Emergencies
- Urgent Dental Conditions
- Routine Dental Problems

Guidance is provided below on the categorisation of emergency conditions. However, each case should be assessed on an individual basis.

2. Other cases may present in which dental practitioners require urgent advice on a patient's medical condition. Health Boards should ensure that systems are in place where appropriate medical advice is available in such situations, for example through NHS 24.

CLASSIFICATION OF EMERGENCIES

Dental Emergencies would normally be restricted to:

- Trauma including facial/oral laceration and/or dento-alveolar injuries
- Significant and worsening oro-facial swelling
- Swelling around the eye or swelling resulting in difficulties in breathing or swallowing
- Dental bleeding which is not controlled by the patient by normal local measures
- Dental conditions which have resulted in acute systemic illness or raised temperature due to infection of dental origin
- Severe trismus
- Oro-dental symptoms which are likely to significantly exacerbate systemic medical conditions

Urgent Dental Conditions:

- Dental and soft tissue infection not having a systemic effect
- Severe dental and facial pain not controlled by over the counter preparations

Routine Dental Problems:

- Mild dental pain not requiring urgent intervention
- Loose or displaced crowns, bridges or veneers
- Fractured or loose fitting dentures or other appliances
- Removal of fractured posts
- Fractured, loose or displaced fillings
- Treatments normally associated with routine dental care

APPENDIX 2

STANDARDS FOR EMERGENCY DENTAL SERVICES IN SCOTLAND

1. A wide range of patient need has been identified in relation to the provision of emergency dental care. Response should be appropriate to the seriousness of that need. Conditions identified as true dental *emergencies require prompt advice and possible intervention. Such patients may be treated by the appropriate member of the primary care team, or may require advice or transfer to secondary/specialist care.
2. In less serious cases, immediate treatment may not be required in all circumstances, depending on assessment of symptoms and the seriousness of the presenting problem. For less severe cases the patient may be advised on self-help, followed by clinical assessment and treatment if required by a dentist or other suitable provider within 24 hours.
3. Some conditions, for example, a loose or lost crown would not normally constitute an *emergency or an *urgent case for NHS purposes.

* As defined in Appendix 1

NHS Boards should work towards achieving the following standards; it is recognised that progress may depend on current service availability.

STANDARDS

- Registered patients to access advice via suitable communication link within 30 minutes where possible during “in hours” periods (normally 08.30 to 17.30 Monday to Friday).
- All patients to have access to telephone advice via triage from 17.30 to 08.30 each weekday, from 17.30 Friday to 08.30 Monday (or outwith normal office hours) and throughout the day on public holidays.
- Following triage, all patients with a dental emergency (as defined above) should be linked to the local out of hours dental service within one hour (may be primary or secondary care depending on local circumstances/services).
- Following triage, all patients (irrespective of registration status) with an urgent dental problem should be seen within 24 hours. These patients should receive pain management advice as appropriate. Arrangements should also be in place to meet the needs of those requiring a home visit or those who are hospitalised within the same timeframe.
- A stepwise approach to the management of dental pain has been developed and is at Appendix 4 to be used at a local level.
- Following triage, all other patients to be given appropriate advice on local measures to help their condition and also advice on access to local dental services. All patients to be given clear instructions on further contact if their condition does not respond or worsens.
- All relevant staff involved in triage and the delivery of emergency dental services should receive appropriate training to ensure that services they provide are consistent and co-ordinated.
- Boards should ensure that all systems, including communication systems, are audited on a regular basis to make certain that standards are met.

APPENDIX 3 - STANDARDS, CARE PATHWAYS AND RESPONSIBILITIES

Care	Provider	Range of clinical symptoms	Care pathway	Care systems
In Hours				
All care (Normally 08.30-17.30 Mon-Fri) Registered patients	Dentist with whom patient is registered or other suitable Professional Complementary to Dentistry (PCD).	All care during normal working hours.	Target times as below. Advice from present care provider/ system either direct or call back within 30 minutes. If the practice is closed during normal working hours responsibility to ensure that emergency patients access appropriate links rests with the service provider.	Dental Services for registered and where possible through contracted sessions for non-registered patients.
Unregistered patients	NHS Boards	Emergency* and urgent* care.	Advice and care system for non registered patients.	Local Health Board access centre/advice centre for non registered patients or patients unable to access provider.
Out of Hours				
Care systems normally outwith 8.30-17.30 Mon-Fri.		Dependent on diagnosis as below.	Telephone advice system with referral as necessary to services below.	Local telephone support systems with development of NHS24 dental services.
Emergency	Registered dentist or provider within nominated system.	Trauma, severe facial infection, prolonged bleeding or urgent issues in a patient with associated medical problems.	Advice within 30 min where possible Link to the local out of hours dental service within one hour .	Accident and emergency unit or a primary care centre with dental staffing. Dental surgery with dental team members.
Urgent	Registered dentist or provider within nominated system.	Dental and soft tissue infection not having a systemic effect. Severe dental and facial pain not controlled by over the counter preparations.	Urgent. Requires to be seen within 24 hours	Emergency dental service session. Dental service provider.
Routine dental problems	Registered dentist or provider within nominated system – at discretion of provider.	Mild dental pain not requiring intervention within 24 hours. Loose or displaced crowns, bridges or veneers. Fractured or loose fitting dentures or other appliances. Removal of fractured posts. Fractured, loose or displaced fillings.	Care available related to symptoms with an offer of appointment at an appropriate service within 1-7 days if considered necessary.	Dental service provider

APPENDIX 4 EDS CHECKLIST

1. In most NHS Board areas, access to NHS services and EDS are inextricably interlinked with a consequent impact on service requirements and delivery.
2. Addressing the needs of those with dental problems should be underpinned by the development of integrated NHS general dental services, with appropriate links to other NHS providers, including if possible NHS24 where it is available. Public education and information systems which ensure that patients with dental problems can access care should be in place to ensure informed and responsible use of the service.
3. To ensure a co-ordinated approach to the development of emergency dental services, a checklist has been developed which takes account of key issues consistent with the delivery of an integrated framework for the delivery of services.

ISSUES/PROCEDURES TO BE CONSIDERED WHEN DEVELOPING/ESTABLISHING AN EDS SYSTEM:

Initial process:

- Consultation with local dental profession (GDS, CDS and HDS)
- Consultation with local patient representative groups
- Consultation/integration with existing out-of-hours services, including NHS24, to ensure that local systems will be able to integrate with future developments in NHS 24.

Operational issues/ Structure

- Reference to made to the definitions and standards set out in the guidance
- Ensure "in-hours" services are established, well publicised and primed to receive daytime emergency cases
- Encourage integration with/support from medical out-of-hours systems.

Workforce

- Ensure EDS facilities are adequately staffed and resourced
- Ensure an appropriate skills mix, utilising whole of dental team
- Ensure all staff are adequately trained for their respective roles in EDS, be it call-handling, triage or treatment.

Clinical

- Definitions of pain/emergency
- Triage – Consistent triage protocol/effective management drawing on existing good practice, e.g. NHS 24
- Standardised clinical pathways, for the management of dental pain, referral and treatment profiles
- Effective monitoring to ensure consistency of service
- Interface with HDS/specialist service

- Effective monitoring of voice recording systems.

Infrastructure

- Location
 - security
 - general convenience
 - physical access (including disabled access)
 - co-location with other primary care providers, e.g. pharmacies
- Remote/rural options for service design.

Information/Public Involvement

- Patient information - widely available and consistent information on patient charges, rights, responsibilities, registration, definitions of dental emergencies, etc.
- Systems in place to ensure effective flow of information/patient history between clinicians in various sectors within the requirements of the Data Protection Act
- Boards to consult locally about issues surrounding confidentiality
- Boards to ensure that suitable systems are in place to deal with patient complaints
- Adequate and accessible provision of drugs.

APPENDIX 5
SUPPORTING PATIENTS TO MANAGE DENTAL PAIN

Research has indicated that patients experiencing oro-facial pain have a major issue around an inability to cope. This is associated with helplessness and incapacitation. The perceived inability to cope may be expressed in terms of loss of control, despair and isolation.

The following represents a simple stepwise approach to supporting patients to manage dental pain, until the required dental intervention can be accessed. Reassurance and advice, together with clear information on accessing pain relief, can aid considerably in many of these cases. This guidance will most commonly be used in the out of hours period.

**FOR DEFINITIVE GUIDANCE ON PRESCRIBING, PRACTITIONERS
SHOULD REFER TO THE DENTAL PRACTITIONERS' FORMULARY**

SUPPORTING PATIENTS TO MANAGE DENTAL PAIN

	STEP	What	Available from
S E L F C A R E	STEP 1	<p>IBUPROFEN</p> <p>OR</p> <p>If ibuprofen not suitable/ available:</p> <p>PARACETAMOL</p> <p>Always check for contraindications /allergies/ interactions (see below)</p> <p>Patients should always be advised to <u>follow the doses on the package instructions</u></p>	<p>At home in medicine cabinet</p> <p>OR</p> <p>Purchased from Pharmacy</p> <p>OR</p> <p>General sales outlets such as Supermarket</p> <p>Local Shops</p>
	STEP 2	<p>Ensure that in step 1, patient has tried regular, adequate doses of the analgesic, over an appropriate period of time. If this has been unsuccessful, consider</p> <p>IBUPROFEN used in combination with PARACETAMOL</p> <p>OR</p> <p>PARACETAMOL/ CODEINE combination preparation (adults only)</p> <p>Always check for contraindications /allergies/ interactions.</p> <p>Patients should always be advised to <u>follow the doses on the package instructions</u></p>	<p>As above.</p> <p>Ibuprofen and paracetamol products can be safely used together; assuming patient has no contraindications/ allergies/ interactions to the individual products.</p> <p>If necessary, Ibuprofen can also be safely used along with a paracetamol/codeine combination</p> <p>Products containing paracetamol and low doses of codeine in a single preparation, are available to buy over the counter from PHARMACIES only.</p>
D E N T I S T	STEP	What	Available from
	STEP 3	<p>Ensure that in step 2, the patient has tried regular, adequate doses, over an appropriate period of time. If unsuccessful the patient should be</p> <p>REFERRED</p> <p>The pain can no longer be managed by self care (i.e. using medicines that are available to purchase over the counter)</p> <p>Face to face assessment/ prescribing of prescription pain killers/ consideration of further intervention will be required.</p>	

		<p>At this point, access to a dentist, may allow the <i>prescribing</i> of</p> <p>IBUPROFEN or PARACETAMOL plus DIHYDROCODIENE (adults only)</p>	<p>Dihydrocodeine is a Prescription Only Medicine (POM)</p>
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Additional Guidance notes

For full details in all cases, please refer to the DPF/BNF.

For adults, Aspirin could be used in place of ibuprofen, in the above steps.

Aspirin should NOT be used in children under 16yrs.

IBUPROFEN	Avoid if
<p>Cautions/ contraindications/ drug interactions</p>	<p>Children under 6 months Stomach problems (current or previous peptic ulceration or bleeding) Asthma Elderly Pregnancy and breast feeding High blood pressure Severe cardiac disease (heart failure. Oedema, left ventricular dysfunction or hypertension) Renal or hepatic impairment Known hypersensitivity to aspirin or other NSAIDs Coagulation defects Current use of interacting drugs (refer to BNF for full list):</p> <ul style="list-style-type: none"> ACE inhibitors Antihypertensives Anticoagulant therapy (warfarin) Lithium Methotrexate Ciprofloxacin (and other quinolones) Other NSAIDs and aspirin SSRIs Corticosteroids
<p>Products available</p>	<p>Ibuprofen is available in several forms, over the counter:</p> <ul style="list-style-type: none"> -tablets -dispersible tablets -liquid filled capsules -liquid -sachets <p>Ibuprofen is available generically over the counter. Common brand names for ibuprofen products include e.g. Nurofen, Cuprofen, Advil,</p>

<p>Dosage range</p>	<p><u>ALWAYS FOLLOW PACKAGE INSTRUCTIONS</u></p> <p><u>Adults</u> 200 – 400mg every four hours. Or three times daily. MAX of 1.2g daily for over the counter products</p>
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	<p><u>Children</u> Always check package instructions 1-2 yrs, 50mg three times daily 3-7 yrs, 100mg three times daily 8-12 yrs, 200mg three times daily</p>
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PARACETAMOL	
	Avoid if
Cautions/ contraindications/ drug interactions	Hepatic Impairment Renal impairment Alcohol dependance Current use of interacting drugs (refer to BNF for full list): Cholestyramine Anticoagulants
Products available	Paracetamol comes in several forms -tablets -capsules -dispersible tablets -liquid -sachets Paracetamol is available generically over the counter. Common brand names for paracetamol products includee.g. Panadol, Calpol, Disprol
Dosage range	<u>ALWAYS FOLLOW PACKAGE INSTRUCTIONS</u> <u>Adults</u> 0.5 – 1g, every 4 hours. MAX 4g daily. DO NOT take any other products containing paracetamol <u>Children</u> 3months – 1yr, 60-120mg 1yr - 5 yrs, 120- 250mg 6yrs – 12yrs, 250-500mg, These doses can be given every four hours up to a MAXIMUM of four doses in 24hrs.

CODEINE	
	Avoid if
Cautions/ contraindications/ drug interactions	Pregnancy Breastfeeding Hepatic or renal impairment Constipation Current use of interacting drugs/ drugs that cause sedation (refer to BNF for full list): Alcohol Sleeping drugs Antidepressant drugs Antihistamines Antiepileptics

<p>Products available</p>	<p>Codeine cannot be purchased over the counter on its own. It is however, available in combination with paracetamol.</p> <p>The doses of codeine available in over the counter products are very low. There is limited available evidence for the efficacy of these low dose preparations, but there are many available.</p> <p>The following provides some examples (but is not an exhaustive list)</p> <p>Paracetamol plus codeine preparations are only available to purchase from Pharmacies. They cannot be bought from other general sales outlets. It is available in several forms:</p> <ul style="list-style-type: none"> - Tablets - Soluble tablets - capsules <p>It is available generically over the counter. Common brand names for products include</p> <p>e.g. Solpadiene, Paracodol...</p> <p>It is worth noting that many of the branded products contain caffeine as an additional ingredient.</p>
<p>Dosage</p>	<p>As per package instructions of combination product.</p>

References

British National Formulary, London, March 2003

MeRec Bulletin Volume 11, Number 1, 2000

OTC Directory, London, Chemist and Druggist, 2003/2004

This guidance will be kept under review.

Funding for Setup/Development of EDS

BOARD	ALLOCATION: BY ACTUAL POPULATION	START UP FUNDING
Argyll & Clyde	£83,000	£33,500
Ayrshire & Arran	£73,000	£33,500
Borders	£21,000	£33,500
Dumfries & Galloway	£29,000	£33,500
Fife	£69,000	£33,500
Forth Valley	£55,000	£33,500
Grampian	£104,000	£33,500
Greater Glasgow	£171,000	£33,500
Highland	£41,000	£33,500
Lanarkshire	£109,000	£33,500
Lothian	£154,000	£33,500
Orkney	£4,000	£33,500
Shetland	£5,000	£33,500
Tayside	£77,000	£33,500
Western Isles	£5,000	£33,500
TOTAL	£1,000,000	£502,500