




Greater Manchester  
Urgent Primary Care Alliance

# Standard Operating Procedure

## **Greater Manchester Dental Alliance**

September 2019 SOP V11.

Version Control via: Rachael Ingram

<b>Subject</b>	Greater Manchester Urgent Dental Service
<b>Service Dates</b>	17 <sup>th</sup> November 2019
<b>Version</b>	11
<b>Author</b>	Rachael Ingram
<b>Review date</b>	1 <sup>st</sup> January 2020
<b>Last reviewed</b>	20 <sup>th</sup> July 2023
<b>Responsible officer</b>	Louise Hardman / Gemma Gray
<b>Ref. Doc:</b>	 UDC Telephony Standard NHS Contr

## Introduction

This document has been created to provide guidance for the operational and clinical staff working in the Greater Manchester Urgent Dental Care Telephony Service across provided by the GMUPCA CIC.

The aim of the new urgent dental care service for Greater Manchester is to provide responsive, person-centred and equitable access to urgent dental care for all Greater Manchester (GM) residents and temporary visitors

The service will include dental triage assessment, telephone advice and direct booking services as required.

### Service Objectives:

The objectives of the Urgent Dental Care Telephony (UDCT) service are:

- To provide access to quality Urgent Dental Care (UDC) services every day, for those with an identified clinical need. This includes making reasonable adjustments to ensure that services are accessible for those with disabilities and additional needs.
- To offer GM patients an appointment at the most convenient location for them, irrespective of where they live.
- To ensure high quality dental care, according to clinical protocols that prioritise operative intervention and encourage responsible antimicrobial stewardship.
- To offer a person-centred approach to providing urgent dental care by ensuring effective interfaces with the general dental services, and if required, Greater Manchester Central Dental Referrals Management services and other urgent and emergency care system arrangements in Greater Manchester.
- To foster innovation and continuous improvement in all aspects of delivery of UDC service across Greater Manchester

- To provide sensible data recording to provide assurance that the UDC service is meeting the needs of the population
- To ensure that UDC services provide best value for money
- To provide contingency plans in the event of a global pandemic

**Hours of Operation & Location:**

The service is available to callers 365 days per year (and 366 days in a leap year) during the following hours:

- Weekdays, Weekends and Bank Holidays: 8:00am – 10:00pm

Localities covered:

- Greater Manchester CCG Localities including Wigan Borough, Bolton, Bury, Heywood, Middleton and Rochdale, Oldham, Tameside & Glossop, Stockport, Manchester, Trafford and Salford

The model will be provided from various locations and extended hours across GM.

***For appointment allocation see appendix 1.***

**Service Lead & HR Support**

The service lead is Louise Hardman (GMUPCA, Service Manager for GM Dental)

Contact Email: [louisehardman@nhs.net](mailto:louisehardman@nhs.net)

The service lead will provide day to day operational and clinical support to the clinical team to ensure that targets, KPIs and service objectives are met. The service lead will be aware of any complaints and incidents across the service to ensure any learning or service improvements are shared. They will act as the GMUPCA external liaison for stakeholder relations.

**HR Resolutions:**

*All GMUPCA partners will follow their own HR policies in accordance. If there are any concerns about staff members this will be raised to the relevant HR department and the dental service lead.*

**HR departments:**

Mastercall HR: 0161 476 7006

Bardoc: 0161 763 8536

Go to Doc: 0161 503 5950

**Service Pathway**

Calls into the system can come from 2 different access points;

- 111
- Directly via telephone

### **111 Calls**

Calls from 111 will drop into a designated call queue within the GMUPCA Single Instance of Aadastra and will be accessible by the Dental Service Call Handlers and Dental Nursing staff. Case details will be checked and then the call flow process followed in alignment with the clinical and non-clinical manuals.

### **Directly**

Calls that come directly via the phone will be inputted onto the Aadastra system and then the call flow process will be followed.

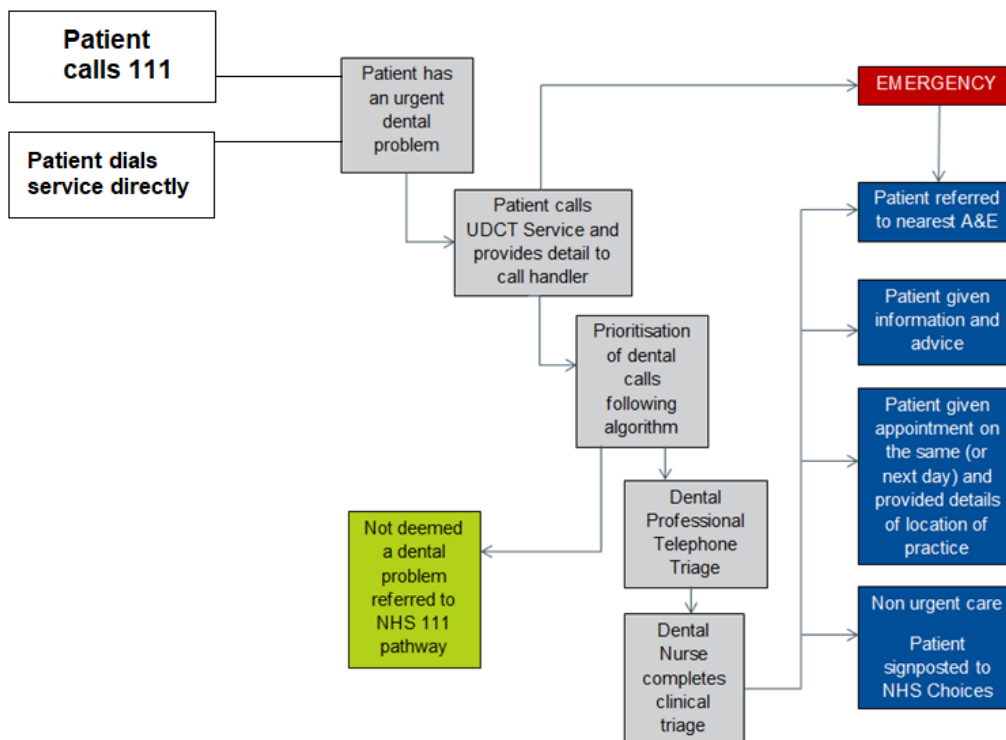
There is a bypass number for 111 to use and for provider queries 0300 332 3282

Calls are voice recorded and accessible on both the xon system and cisco for Mastercall if answered by Mastercall.

### **Please note:**

**If a healthcare case comes down the link from 111 which was actually a Dental Case (or the triage of which results in the need for the Dental Service) the case will be warm transferred on the Dental bypass line like any other HCP- HCP referral. The original case would be closed as agency/external referral.**

### **Pathway:**



Patients/parent/guardian will be electronically notified e.g. by SMS text, confirmation of the clinical appointment, including details of the name, address and telephone number of

the clinical provider.

Where same day and next day dental treatment appointments are not available or do not suit the circumstances of patients, the service will provide appropriate clinical advice, alternative information, reassurance and advice as applicable.

For more information see the document below and follow section on Dental Algorithm:



dental patient  
pathway.docx

### **Transferring calls:**

To transfer calls between locations, a divert from the local phone is needed to the associated DDI below: Each user will be able to see who's available using the X-On User Console accessible via <https://sso.x-onweb.com>.

The below table will need to be printed and made available to each hub.



user list.docx

### ***NB: Failed contacts:***

*Failed contacts procedure:*

- *2 attempts- if not successful send for clinical review for clinical decision within 60mins.*

Appointment booking messaging 'Post Event Messages (PEMs)' will be sent via [gmalliance.dental@nhs.net](mailto:gmalliance.dental@nhs.net) to the individual dental clinic providers.

If the PEM doesn't work, patient's case records need emailing manually to clinics.

## **Dental Algorithm**

The call handlers will take the initial call and will record demographics including medication and allergies and follow the below algorithm adapted from "**Scottish Dental Clinical Effectiveness Programme**" (SDCEP) (see below), <http://www.sdcep.org.uk/>:



dental alliance  
algorithmv2.pptx (Updated July 23)

***Scripts for Call Handlers including in algorithm.***

**Routine priorities and early exit work within Adastra:**

The above algorithm identifies the prioritization matrix for scenario pathways.

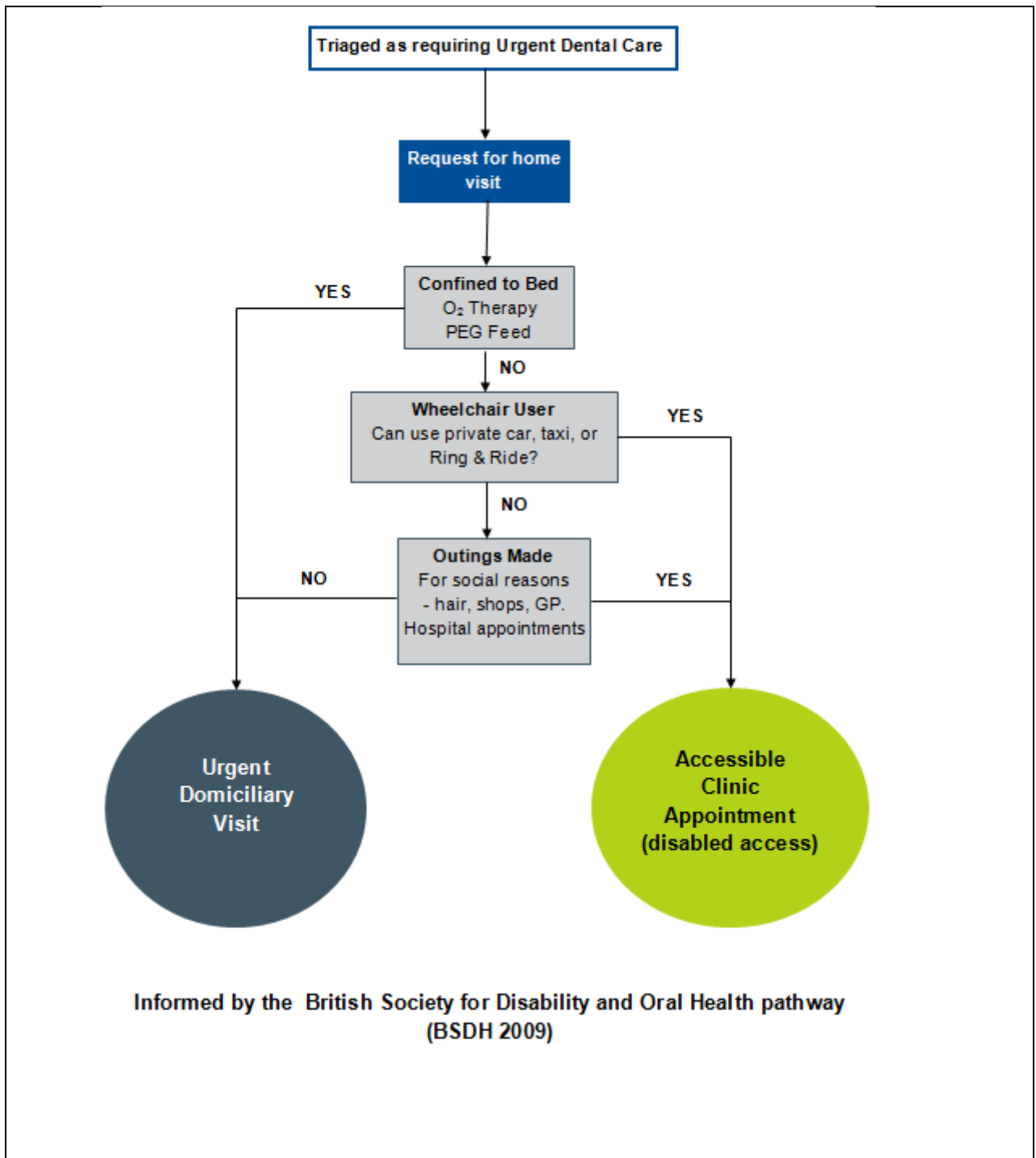
***Regarding Domiciliary Visits:***

For patients identified as needing a home visit the call handler/ dental nurse will book one slot for the dental provider and clearly stating the reason for a home visit. The call handler/ dental nurse cannot advise that a home visit arranged as the dental provider will have to assess the case. If dental provider confirms the patient needs a home visit they will ring back and request extra slots to be booked to accommodate this.

Providers may also stipulate that a routine domiciliary is advised through community dental. Shift leads to organize these referrals.

If a domiciliary is declined: Clinical providers will refer to community dental services and the patient will hear directly from CDS

**Domiciliary Pathway:**



**Induction:**

All staff will be trained according to the following guidelines according to their role and in line with the training manual.



GM%20Clinical%20 GMDental%20TRAI  
Dental%20Training%20NING%20MANUAL.d

**Exclusion Criteria and Equal Access Support**

Patients excluded from this service are outlined below:

- Patients not in pain
- Patients seeking routine care or check-ups
- Aesthetic problems (dislodged crowns and bridges)
- Patients with broken dentures
- Patients with hospital referral letters or those seeking referral to hospital
- Patients requiring permanent restorations (unless the placement of a permanent restoration is clinically easier or more appropriate for pain relief than a temporary restoration)
- Non-traumatic problems with orthodontic appliances
- Patients who have no significant pathology
- Patients requesting a second opinion
- Extractions for patients not in pain

In addition, under the NHS primary care dental contract, general dental service providers are required to provide urgent dental care to patients who are undergoing a course of treatment at the practice within practices normal working hours. These patients are therefore out of the scope of this service.

In-patients with emergency and/or urgent dental conditions are the responsibility of the hospital while an in-patient and therefore also outside the scope of this service.

### **Equal Access Support**

- **Calls in and contacts where English is not the first language** - The Alliance will have a translation service available to translate calls and support professionals in clinical consultations where it is necessary, where staff do not speak the relevant language. Advisors need to know how to organise a translator of suitable skills without delay. The Alliance must have arrangements in place to access interpreting services to ensure equitable access for all patients
- **Text Relay/Type Talk Calls from the Deaf** - The service infrastructure will be Type Talk friendly and calls may arrive from the deaf via a text relay translator. Advisors need to understand that such calls exist and how to handle them. It is a requirement that these calls will be tagged following first call if the caller consents to improve the response for these patients in the event of future calls.
- **Interoperability** – The UDCT service will integrate with NHS 111 Providers, UDCC services, other urgent care providers and general dental practices within Greater Manchester.
- **Dignity and Respect**- All staff shall treat every patient and carer as a valued individual, with respect for their dignity and privacy.



- Access to the ring and ride service- see Appendix 2

## KPIs, and Quality Reporting

The KPIs and Quality reports will be reviewed as part of the alliance quarterly governance meetings ahead of report submissions.

The Provider will be expected to submit service monitoring and performance reporting data to the Commissioner on a quarterly basis subject to review.

In monitoring the service, the Commissioner will seek the following:

- Evidence that the caseload is appropriate
- Evidence that standards are being met
- Evidence of appropriate triaging of calls
- Evidence that a good quality service is being delivered

The information reported quarterly will include:

- **Number of calls** – these should be reported by day but the system should allow information to be reported by hour if required
- **Caller profile** - age, gender, ethnicity and full post code
- **Disposition of calls**
  - numbers (%) given advice and signposting
  - numbers (%) given a same day UDCC appointment
  - numbers (%) given a next day UDCC appointment
  - numbers (%) referred to A & E
  - numbers (%) directed to NHS 111 with a non dental problem
  - numbers (%) closed with no response
  - numbers (%) no appointments available
  - numbers (%) domiciliary visit
  - numbers (%) appointment declined by patient
  - numbers (%) DNA rate from providers
- **Response time standards** - % of calls returned within the response time standards for the daytime/evening/weekend/bank holiday services.
  1. 95% of calls answered within 60 seconds
  2. Less than 5% of calls abandoned more than 30 seconds after the caller has presented to the service
  3. Less than 0.1% of callers receiving an engaged tone

4. 90% of calls completed<sup>1</sup> within 30 minutes

5. 100% of calls completed within 60 minutes

- **Number of calls not returned** – Number (%) of calls logged but not returned (specifying day, dates and times)
- **Number of appointments not booked** – rejected appointments under informational outcomes.
- **Repeat callers** – number of callers who contact the UDCT service three times or more in a month

***The above KPI reports will be created by Mastercall's B.I. team on behalf of the GMUPCA.***

The BI app can be accessed by Service Leads and Commissioners at any time.

**Quality reporting will include:**

- **Caller feedback** – Report from a survey of 100 callers a month for the evening, weekend and bank holiday service
- **Complaints and compliments** – A quarterly report on the number and disposition of complaints and compliments received
- **Number of adverse feedback comments on service)** \* this will also include any complaints that have been resolved within 24hrs and do not want require a written response.
- **Number of incidents-** to include low level incidents and whether attributable or not attributable to the organization as may be related to face to face dental provider
- **Significant events** – number of significant events including number with inappropriate disposition. In addition to regular reporting the provider should inform the Commissioner whenever there is a serious incident

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<sup>1</sup> For the avoidance of doubt completed means; The patient is offered and accepts appropriate clinical advice regarding mouth care and/or analgesia. The patient is signposted to a pharmacist. The patient is asked to contact their own general dental practitioner or signposted to the NHS Website to access routine dental care. The patient is offered and accepts an UDC appointment (including domiciliary). The patient is signposted to A&E

- **Duty of candour** – report any incidents where the principles of Duty of candour are implemented.
- **Clinical governance activities undertaken** - training, audit and information governance.
- Safeguarding: number of safeguarding causes for concern
- Use of interpreter services- to monitor use of interpretation services.

The above information will be included in the quality report which will be discussed at the quarterly governance meetings. Each organisation will complete the quality reporting template below and these will be discussed at the meeting and will be sent to Sarah Maher the service lead to collate. The service lead will send the final quality report to Gareth Hampson at Mastercall [Gareth.hampson@nhs.net](mailto:Gareth.hampson@nhs.net)

#### KPIs

Performance Indicator	Indicator	Threshold	Method of Measurement	Frequency of Monitoring	KPI Weight Reviewed Annually
Service Delivery	Call response time. Number of calls responded to within 5 minutes	100%	NHS England proforma form	Initially Monthly then Quarterly	20%
Service Delivery	Calls answered within 60 seconds	95%	NHS England proforma form	Initially Monthly then Quarterly	15%
Service Delivery	Number of calls abandoned more than 30 seconds after the caller has presented to the service	<5% per annum	NHS England proforma form, including nil returns	Initially Monthly then Quarterly	15%
Service Delivery	Number of calls receiving an engaged tone	<1% per annum	NHS England proforma form, including nil returns	Initially Monthly then Quarterly	10%

Service User Experience	Number of patient adverse comments on service	<5% per annum	NHS England proforma form, including nil returns	Initially Monthly then Quarterly	10%
Service User Experience	Log of patient comments on service		NHS England proforma form, including nil returns	Initially Monthly then Quarterly	10%
Submission of Data to the Commissioner	Timely submission of the monthly/quarterly routine monitoring data		NHS England proforma form	Initially Monthly then Quarterly	20%

### Reports:

A performance data pack will be produced on the above KPIs. This will be done by Gareth Hampson at Mastercall ([Gareth.hampson@nhs.net](mailto:Gareth.hampson@nhs.net)) and will include the KPIs and Quality report.

The alliance will produce the below, as a minimum, on a daily basis:

- All inbound and outbound calls to must be recorded. Calls will be retained in line with the Department of Health Records Management NHS Code of Practice (June 2009)
- All calls (inbound and outbound) will be recorded for the entire duration of the call (including warm transfer handover).

### Quality and Safety

#### Audit:

- **The GMUPCA will complete regular audits: 1% or 4 cases per month.**
- **Each respective partner will complete a respective third of the above percentage by a designated auditing team.**
- **Monthly Audit reports for call handlers are completed and the data is to be shared with Alliance partners for their staff groups. Alliance partners are then responsible for performance management of their staff.**
- **The alliance have clinical and non-clinical Auditing platform on Clinical Guardian.**
- **Auditors have been put in place clinical & non clinical for 15 hours per week for each staff group.**

- **Audit uploads are completed on Monday and all audits should be completed by Sunday.**

### **Clinical and non-clinical audit tools**

<https://www.clinicalguardian.com>

The below audit sheets are only to be used as part of the BCP in the event of an Adastra outage



Audit Form Dental Only.xlsx



Copy of call handler Audit Tool.xlsx



Dental nurses audit tool - NEW.xlsx

### **Governance:**

All complaints, compliments, incidents related to the GMUCPA Dental Service will be discussed at the (tripartite) Alliance governance meetings for trend analysis and shared learning. These will also be reviewed as part of quarterly reports to commissioners.

After operational go live date there will be weekly conference calls and then monthly:

#### **Quarterly meeting and collating of reports data will be:**

**Mid/ End Jan**

**End April**

**End July**

**End October**

Dates to be confirmed.

### **Alliance Governance framework**



Alliance governance TOR (00)

### **Incidents**

Each organization will follow their own incident reporting policy.

All Greater Manchester dental service Incidents will be logged on their relevant incident reporting software and will be discussed as part of the alliance governance meetings.

Any incident reported that is not related to the individual organization but another alliance organisation will be forwarded to the relevant governance team as per the complaints process (see complaints section below).

### **Governance Teams:**

Mastercall: [gands.mastercall@nhs.net](mailto:gands.mastercall@nhs.net) 0161 476 7001

GtD: [gtd.governance@nhs.net](mailto:gtd.governance@nhs.net) 0161 503 5982

Bardoc: [bardoc.governance@nhs.net](mailto:bardoc.governance@nhs.net) 0161 763 8510

Each organization will record and log their own incidents, safeguarding and complaints and feed these into the quarterly quality reports.

The data be merged together for reporting purposes as a quality report and this will be submitted to the commissioners by the dental service lead.

## **Complaints**

*Processes and procedures:*



All GMUPCA partners adhere to the NHS complaints procedure and will follow their organizations complaints policy and the above process.

Complaints that come in that relate to staff should be passed on to the employing organization of the staff member. Complaints relating to wait times or clinical complaints should be handled by the organization of the member of staff who logged the complaint.

All complaints will be discussed at the alliance governance meetings for shared learning.

Written complaints will be sent to: **International House, Pepper Road, Hazel Grove, Stockport SK7 5BW** and forwarded to the alliance partner(s) involved.

Email complaints: [gmdentalenquiries@nhs.net](mailto:gmdentalenquiries@nhs.net)

The above inbox is managed by each respective provider during their allocated operational periods.

## **Compliments**

All compliments (verbal or written) will be shared with other alliance members and with any individual staff members. These will be discussed at the quarterly governance meetings.

### Duty of Candour

The alliance organisations adhere to the CQC regulation of the duty of candour:

- **Openness** – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- **Transparency** – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- **Candour** – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

### GMUPCA Serious incidents (SIs)



SI

process.doc1x.docx

### Safeguarding

Safeguarding vulnerable adults and children is a core priority for the UDCT service. Staff must be competent to act in cases where a caller reveals information that represents a safeguarding concern. The Alliance must ensure that:

- all staff understand the safeguarding policy for their service
- that all staff are trained to the appropriate level for their role (Level 2 for patient facing staff, Level 3 for safeguarding lead)
- the policy contains clear guidance on how to make a referral to the relevant adult and / or children's services in the GM local authority where the caller resides
- that records allow tracking of repeat callers or failed appointments
- that information is shared safely and appropriately when necessary

#### Safeguarding Process and contact numbers:

All safeguarding concerns must be actioned at the time of the concern by the call handler or dental nurse and recorded on the relevant safeguarding reporting/recording form/ system. This should include your actions and any outstanding actions you need the safeguarding leads to follow up.

Staff should follow their own organization's safeguarding policies.

#### Safeguarding leads contact details for each organization:

**GTD** (adult) Dawn Swards [dawn.sewards@nhs.net](mailto:dawn.sewards@nhs.net)

Claire Mann (child) [claire.mann@nhs.net](mailto:claire.mann@nhs.net)

**Mastercall:** rachaelingram@nhs.net (adult and children)

**Bardoc:** Janet Hall [janet.hall8@nhs.net](mailto:janet.hall8@nhs.net)

### **Safeguarding concerns:**

The registered GP practice information will be available via PDS look up to ensure safeguarding concerns can be shared with the relevant GP practice.

CPIS will be visible for all dental cases.

Call handlers and clinicians to free text in adastra any safeguarding concerns and notify the dental provider via telephone for good communication. The alerter (person raising the concern) must refer to the appropriate social services or relevant personnel e.g. if low level to notify the safeguarding/governance teams within the alliance.

If DNA or appt declined and there are safeguarding concerns, please follow the organisations safeguarding policies and procedures

Please refer to the Alliance Safeguarding Protocols below.

**Bury, Bolton, Derbyshire, Oldham, Tameside, Stockport, Trafford, Wigan**



Greater Manchester  
Alliance CAS safegu:

## **Rota: Sickness and absence**

### **Rota:**

Each GMUPCA partner is responsible for staffing their respective days including resilience shifts/virtual model of provision (made visible to the service manager via each partners Rotamaster system).

Mon-Tues: Mastercall

Wed & Sun: Go to Doc

Thurs & Fri: Bardoc

Saturdays: each partner will fulfil 1 in 3 Saturdays on rotation in the order of Bardoc, Go to Doc, Mastercall.

**In the event of and staff absence/sickness please contact the below in accordance with their respective days:**

### **Go to Doc:**

In hours: rota team (0161 3372256)



Out of hours Shift lead (0161 934 2820)

**Mastercall:**

In hours: Mastercall HR team (0161 476 7006)

Out of hours: Shift Lead (0161 477 9190)

**Bardoc**

In hours: 0161 763 8536

Out of Hours: 0161 763 8547

**NB: if an Alliance partner has provided staff to another partner then re-rostering that shift is the responsibility of the supplying organisation.**

**BCDR**

**Estates business continuity planning**

Each organisation will follow their own internal business continuity plan for estates purposes including loss of power, heating, fire and evacuation. The dental service will be relocated to an alternative alliance site and staff from the affected site will mobilise to accommodate this.

**IT failure**

**Adastra Downtime Schedule and unscheduled:**

In the event of Adastra being unavailable (planned or unplanned downtime), the following steps need to be undertaken to ensure continuity of care.

- During normal office working hours contact the Informatics department within the respective organization. If downtime occurs out of hours, contact Adastra on **01233 722 700** and report a fault and instigate the steps below. If the expected downtime is planned to be in excess of **15 minutes** contact the on call manager.
- Relevant staff to be informed that they must now work on the BCP
- Calls should be taken and completed on the email template sheet
- The sheet should be clearly marked with the outcome of the call and emailed to [gmdental.referrals@nhs.net](mailto:gmdental.referrals@nhs.net) The operational nurses will man the inbox and file completed emails into folders marked 'appointment given, advice given or dental nurse advice'
- Dental nurse advice calls will be emailed to nurses on shift for them to complete their assessment, clinical notes will be assessed and sent back to the [gmdental.referrals@nhs.net](mailto:gmdental.referrals@nhs.net) inbox for them to be filed as complete.
- All call handlers and nurses have access to a team's group where the clinic diary's are uploaded as files and are live documents, when the patient is offered an appointment the call handlers/nurses type the patient details in to the document and the appointment is booked. The Ops nurses will then periodically save the appointment diaries and email them over to the clinics.
- 111/NWAS informed to hand over any cases by telephone
- Directory of Services (DOS) requires updating to reflect downtime/situation

- Ensure all providers/alliances contacted if in active joint collaboration during the downtime

Once the system is up and running

- Identified members of staff (with access permissions) to input manual records if unable to be completed on the day by the relevant clinician/staff



BCP Call  
Sheets.docx

### **Manual consultation proforma**



Adastra Manual  
Recording Proforme

### **Telephony downtime**

If the issue is a local telephony issue, please follow your normal organisational procedures. If the issue is an x-on system failure please see information attached and SLA arrangements. Each organisation to have back up phones available to support any downtime and a transfer of calls.



Surgery-Connect-B  
usiness-Continuity.p

### **Service Level Agreement –Surgery connect**

Agreement Level Gold	
Minor Problems	Report by email to <a href="mailto:support@x-on.co.uk">support@x-on.co.uk</a> or raise a ticket directly via the X-on Salesforce portal or report by phone 0333 332 6633, 8 am - 5.30pm Monday to Friday excluding bank holidays ("working hours"). Time to respond 4 working hours. Time to fix 8 working hours
Serious Problems	Report by email to <a href="mailto:support@x-on.co.uk">support@x-on.co.uk</a> or raise a ticket directly via the X-on salesforce portal or report by phone 0333 332 6633, 8am - 5.30pm Monday to Friday excluding bank holidays ("working hours"). Time to respond 1 working hour Time to fix 4 working hours
Critical Problems	Raise a ticket directly via the X-on salesforce portal and then follow up by phone, quoting the ticket number, to 0333 332 6633, 8am - 5.30pm Monday to Friday excluding bank holidays ("working hours"). Report by phone to duty engineer on 0333 555 8 999 at other times. Time to respond 15 minutes. Time to fix 1 working hour.
Assistance with Self-serve Configuration Changes	Available by phone 0333 332 6633 8am - 5.30pm Monday to Friday excluding bank holidays ("working hours").
Service Availability	99.99% availability over the term of the agreement before compensation.
Compensation for failure to meet Service Availability	Credit for invoice of 1 month's service rental only, for the month in which cumulative service availability falls below agreed level.
Escalation Path	If not satisfied by the response provided by the Support Team Leaders, escalate by telephone to: a) Chief Operating Officer on 0333 1110011 or by email to <a href="mailto:neil.miles@x-on.co.uk">neil.miles@x-on.co.uk</a>
Further Escalation Paths	If not satisfied by the response provided by the Support Team Leaders, escalate by telephone to the Managing Director on 07894 513166 or by email to <a href="mailto:paul.bensley@x-on.co.uk">paul.bensley@x-on.co.uk</a>
X-on Service Testing and Resilience Plan	Automated service monitoring. Guaranteed dual site deployment.

### Subject access requests

The organization who received the subject access request will pass this on to the relevant organization which will follow the same process of complaints, incidents.

Subject access or any IG related issues e.g. IG breaches please contact the relevant IG lead:

**Mastercall: Holly Painter [holly.painter@nhs.net](mailto:holly.painter@nhs.net); 0161 476 7001**

**GotoDoc: Jacquie Oakes; [Jacquie.oakes@nhs.net](mailto:Jacquie.oakes@nhs.net); 0161 503 5975**

**Bardoc: Stephen Quayle; [stephen.quayle@nhs.net](mailto:stephen.quayle@nhs.net) 0161 763 8526**

### Patient satisfaction survey:

A patient satisfaction survey is available to ensure that we capture user satisfaction, this is sent out as a text link after the patient's case has been closed.

The survey questions are as according to the below:



patient satisfaction  
survey.docx

### **SMS patient satisfaction Surveys:**

SMS patient satisfaction surveys are sent out to all patients who contact the service that have a mobile phone number attached to their record, this data is collated through survey monkey and reviewed but the service manager.

For patients who receive a dental appointment a SMS is sent containing the date, time of their appointment and address of the clinic, this also contains the link to the patient satisfaction survey.

## **Communication and translation services**



AMENDED - UDC  
New Service Comms

The service manager or delegated person(s) will send out any communications via the designated distribution list.

### **Translation services**

#### **Bardoc**



Language Line  
Procedure 2018-2019

#### **Mastercall**



Interpetor Lines  
Information.pdf

#### **GTD**



The Big Word.docx

### **Access Codes**

CCG Area	Interpreter Service Name	Contact Number	Account Information	Areas covered	Other Information
GM	Big Word	0800 862 0653	Access code: 87501077		
GtD	Big Word	0800 757 3025	Access code 87705502		
Bury, HMR, Bolton	Language line	0845 3109900	287649		

### IM&T Equipment and Support

- All IM&T support for the operational delivery of the service will be the responsibility of the providing GMUPCA partner on the day (as according to their 24/7 support lines).
- All IM&T teams have access to third party suppliers as GMUPCA reps. (i.e. Advanced re: Single Instance).
- The GMUPCA may choose to operate a single service desk- TBA.

### Version control:

Any amendments to this document must be sent to the SOP owner:  
[rachaelingram@nhs.net](mailto:rachaelingram@nhs.net) (Mastercall)

### Contingency in the event of force majeure (pandemic, system loss etc)

#### Escalation Process

The GMA Dental queue needs to be monitored regularly throughout the day and contingency actions should be taken to control high volumes of calls, this needs to be escalated by shift lead.

Guidance as follows-

➤ **Call waiting over 30 minutes:**

A call/text should be sent out for extra staff across all Alliance providers or where possible utilise staff within other services. - **This should be authorised by the operations manager / on-call manager.**

➤ **Dental Nurse queue breaching of over 2/ hours**

A call/text for extra dental nurses is required, this can be extended to the whole of the Alliance if needed – **This should be authorised by the operations manager / on-call manager.** Please note: Dental nurses can be expected to take, on average, 5 calls per hour, so judgement is needed to measure if the queue can be managed and patients dealt with by 10pm. from how many nurses are working and how many calls are on the queue.

If the dental nurse call back list is overwhelmed by 9pm the on shift dental nurses should call patients and complete a full safety net – Ask the patient if they have swelling to eye/airway, uncontrolled bleeding or have taken unintentional over dose. If the patient is deemed safe, advice the patient they will receive a call back after 8am the following day and if they do present with red flag symptoms they must attend A&E.

The dental nurse should then email the ops managers and service lead to inform them of the state of play at 9pm – How many incoming calls and how many on the nurse call back list for assurance this procedure is only being used when absolutely necessary.

**Email addresses for rota teams:**

MASTERCALL [mahe.opsrota@nhs.net](mailto:mahe.opsrota@nhs.net)

GoToDoc: [gtd.rotateam@nhs.net](mailto:gtd.rotateam@nhs.net)

BARDOC: [bardoc.rotateam@nhs.net](mailto:bardoc.rotateam@nhs.net)

**Contact numbers for shift leads:**

BARDOC - 0161 7638547

GOTODOC - 0161 9342820

MASTERCALL - 0161 4779190

➤ **Contingency in the event of the queue volume not being completed by 2200**

Out of hours' nurses can then be asked to support the dental triage calls in line with your organisational procedure

Texts and calls can be sent out for out of hours' nurses and if further support is needed, contact the alliance, who will also send out texts / calls.

➤ **Close down procedure**

Check that all telephony users are logged out, if not log them out and raise with respective line managers that staff aren't following shut down procedures.

**See appendices below**

**Appendix 1: Appointment Allocation**

**Greater Manchester North West Sector (NWS)**

This sector will provide appointments in the following localities:

- \* Wigan Borough
- \* Bolton
- \* Salford

**Number of clinical appointments per session**

<b>Locality</b>	<b>Mon – Fri 9am – 6pm</b>	<b>Mon – Fri 6pm – 9pm</b>	<b>Sat – Sun 9am – 1pm</b>	<b>Bank Holidays 9am – 1pm</b>
Total per day	33	27	27	27
Total per year	8,330	6,828	2,817	216

**Greater Manchester North East Sector (NES)**

This sector will provide appointments in the following localities:

- \* Bury
- \* HMR
- \* Oldham

**Number of clinical appointments per session**

<b>Locality</b>	<b>Mon – Fri 9am – 6pm</b>	<b>Mon – Fri 6pm – 9pm</b>	<b>Sat – Sun 9am – 1pm</b>	<b>Bank Holidays</b>
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				<b>9am – 1pm</b>
Total per day	30	27	27	27
Total per year	7,602	6,828	2,817	216

### **Greater Manchester South Sector (SS)**

This sector will provide appointments in the following localities:

- \* Manchester
- \* Stockport
- \* Trafford
- \* Tameside & Glossop

### **Number of clinical appointments per session**

<b>Locality</b>	<b>Mon – Fri 9am – 6pm</b>	<b>Mon – Fri 6pm – 9pm</b>	<b>Sat – Sun 9am – 1pm</b>	<b>Bank Holidays 9am – 1pm</b>
Total per day	63	36	36	36
Total per year	15,932	9,104	288	288

The table below shows the total number of available urgent dental care clinical appointments for Greater Manchester

### **Number of clinical appointments per session**

<b>Locality</b>	<b>Mon – Fri 9am – 6pm</b>	<b>Mon- Fri 9am – 6PM</b>	<b>Sat – Sun 9am – 1pm</b>	<b>Bank Holidays 9am – 1pm</b>	<b>Total</b>
GM Total per day	126	90	90	90	396
GM Total per year	31,864	22,760	9,391	720	64,735



The volumes are indicative and subject to variation as the clinical service provided must respond to patient demand.

The number of clinical appointments required in each sector has been determined based on current and projected population numbers and the estimated need for urgent dental care, based on a range of oral health and dental service indicators.

Service volumes for each location within a sector will be subject to review, and may need to be revised to reflect demand.

### **Increase in demand clinics.**

There are currently and additional 47 clinics across Greater Manchester that are providing support with 419 appointments per week to support demand, these clinic are general dental practices that have agreed to support urgent care as part of their commissioned contracts. This model is being reviewed every six months by the commissioning team.

### **Appendix 2: Ring and Ride**

The Ring & Ride service is a door to door bus service for those who have difficulty using public transport (due to age, disability, et cetera.)

The criteria for Ring & Ride journey is that a passenger must live within a 6.0-mile radius of the place they wish to travel to.

### **Eligible Users must either:**

- hold a Transport for Greater Manchester (TfGM) Concessionary Plus Pass; or
- hold a TfGM Concessionary Disabled Person Pass; or
- be 70 years old or over, have mobility issues and hold a TfGM Over 60 Concessionary Pass; or
- be a TfGM Travel voucher user.

Booking lines open from **8am-4pm Monday-Friday**




Enquiry lines open from **8am-10.30pm Monday-Sunday**

Ring and Ride Booking/Enquiries: **0161 200 6011**

Callers can register online using the following link

<https://forms.tfgm.com/ring-and-ride/ring-and-ride-form.html>

Fares on this service are as follows:

If you are...	Revised fares (single trip) from 4 April 2016
 A TfGM Concessionary Plus Pass holder	Free at all times
 A TfGM Concessionary Disabled Person Pass Holder	£1.20 at all times
 Are 70 years old, have mobility issues and hold a TfGM Over 60 Concessionary pass	£1.20 after 09:30am and any times at weekends £3.00 before 09:30 weekdays
Adult accompanying a Concessionary Plus Pass Holder	£1.20 at all times
Adult accompanying a Concessionary Disabled Person Pass holder	£3.00 at all times
Adult accompanying an Over 60 Concessionary Pass holder with mobility issues and who is over 70 years old	£3.00 at all times
An accompanying child passenger. Children aged between 11 and 16 years old must show an IGO pass.	£1.20 at all times
An accompanying child passenger under five years old	Free at all times

Concessionary Plus pass holders can take a maximum of 2 carers / escorts on each journey at a **fare of £1.20** per additional passenger (per journey)

Disabled & Concessionary pass holders can take a maximum of 1 carer / escort on each journey at a fare of £3.00 (per journey).

### In the event of force majeure

In the event of a major incident affecting protocols the following measures should be taken to aid business continuity

- Home working should be facilitated, Laptops and access to the X-On phone lines to be supplied to staff who may need to shield and wider staff groups to reduce staff leaving and entering head office.
- Communications with the CCG – Discuss options for redeployment of dental professionals from primary care to support telephony.
- If in the event clinical providers are unable to see patients face to face all appointments should be carried out via telephone triage using the AAA method.

- Daily conference calls with commissioners should be held to feedback call volume projections and discuss business continuity options i.e reduced clinical provisions.
- Patient SMS facility is to be deactivated if model is changed to telephone assessment only.
- Manchester University/Health Education North West should be contacted to discuss utilizing the foundation dentists for telephone triage with support from their clinical supervisors. The foundation dentists should then be trained in telephone triage and the expectations of urgent care and prescribing. All triage notes should be recorded on their practice software and emailed to the BCP email to be added on to Adastral as patient records.