







GM DENTAL TRAINING MANUAL



Dental Training Contents

1.1The GM Dental Contract in More Detail	5
1.2Accessibility at time of call	
1.3Criteria	
1.40ther services offered	6
Module 2 – Taking an Emergency Slot Dental Call	7
2.1 Systems Access	7
2.2 Logging into the x-on Phone System	7
2.3Outbound Calls on x-on phone system	9
2.4Logging into Adastra	9
2.5 Navigation Menu	11
2.6The demographics screen overview	11

2.7Finding a patient who has used the service before	12
2.8Creating a new patient who has never used the service before	13
2.10 GP Registered	15
2.11Language	15
2.12Call Origin box	15
2.13Dental Questions	16
2.14Details Tab	17
2.15Dental Triage Algorithm	19
2.16 Dental Payment Questions	20
2.17Booking an emergency slot	21
2.18Early Exit from the algorithm - guidance	25
2.19 Worsening Advice	27
2.20Information Outcomes	27
2.21Repeat Calls - Chasing Clinical Call-backs	28
2.22Store Only Calls	29
2.23 Cancellations	29
Module 3 - Unusual Calls	30
3.1Home Visits (Domiciliary)	30
3.2Foreign Patients coming from outside the UK	30
3.4Under 18s	31
3.5Patients requiring an interpreter for the inbound call	31
3.6Patients requiring an interpreter for an emergency slot	32
3.7NHS 111 Dental Calls	33
3.8Outbound Calls and Voicemail Guidance	35
3.9Dealing with complaints	36
3.10Dental Life-Threatening Emergency (LTE)	37
3.11How to call an ambulance	38
3.12Ambulance required, Patient declines an ambulance	39
3.13Safeguarding Concerns/Welfare checks	40
4.1Suggested call flow	40
4.2Patient is allocated to a regular dentist calling us during the day	42
4.3Patient wanting permanent work completed	42
4.4Patient wanting help to find a regular dentist	43
4.5Patient lives out of the area we cover (patient without a regular dentist)	43
4.6Worsening advice pain – (Must be given on every call)	43

4.8Patients Requesting to see a Male/Female Dentist	.44
4.9Patients Requesting to a Dentist of a Particular Ethnic Origin	.44
4.10Offering an Ambulance Dental LTE – patient agrees	.44
4.11Offering an Ambulance Dental LTE – patient declines – Welfare Check	.45
Module 5 Useful Information	.46
5.1Private Dentists	.46

1.1 The GM Dental Contract in More Detail

Bardoc/GoToDoc/Mastercall provides call handling for the Greater Manchester Urgent Dental Care (GMUDC),

Overview

- The service is being jointly provided by the Greater Manchester Urgent Primary Care Alliance (Bardoc, GTD and Mastercall)
- Patients phone in on a dedicated telephone number 0333 332 3800
- Service runs 08.00-22.00 7 days a week (including Bank Holidays)
- Areas covered are in broken down into 3 areas:
 North West Wigan, Bolton and Salford
 North East Bury, HMR (Heywood, Middleton, Rochdale) and Oldham
 South Tameside, Stockport, Manchester, Trafford
- In hours, 0800-1800 this service is for patients unallocated to a regular dentist ONLY. Out of hours 1800-2200, access is for all urgent dental care patients (allocated or unallocated).
- It is staffed with a mix of non-clinical and clinical staff (dental nurses) and uses a clinical algorithm to decide on the most appropriate course of action for the patient.

1.2 Accessibility at time of call

At times of the day when we only help unregistered patients, it is important to clarify when is a patient registered or unregistered to a regular dentist?

A patient is classed as unregistered or unallocated to a dentist if a dentist has not seen them for a regular check-up within the last 2 years (contract guidelines specify this).

If a patient states they do have a regular dentist but have not kept up with regular checks ups their surgery are unlikely to offer them an emergency slot, as such we should help these patients.

If the patient is registered to a dentist and has been seen at the surgery in the past 12 months they should be referred back to their own dentist, we are unable to help through this service (see Script section 4.2). If they state that they have contacted their dentist and as they have not been seen for a regular check-up, they will not be offered an emergency slot until they have a check-up then we can help.

If a patient has recently registered with a dental practice but has not yet had their initial appointment, the dental practice will not offer an emergency appointment. In this instance, we will be able to help the patient.

If the patient is registered with a private dentist, we will be able to assist them with NHS treatment under this service if they meet the criteria detailed below and they have exhausted every avenue to get an appointment with their own dentist.

If we are unable to help a Patient through this service because they are registered with a dentist, we must log the call and Store only - ensuring that the 2 mandatory medical questions have been asked and documented. Where complicated medical history becomes a factor, it might be right for us to get more involved. This will be discussed later in your training.

1.3 Criteria

Through completion of the algorithm, the most appropriate course of action will be presented. However, the UDC service shall provide urgent dental care to those patients categorised as urgent and will <u>not</u> provide routine or on-going care for non-urgent problems such as those below:

- Patients that have no pain (without swelling)
- Patients seeking routine care or check-ups
- Aesthetic problems dislodged crowns and bridges (which are not causing pain or causing problems eating and drinking)
- Patients with broken dentures (which are not causing pain or causing problems eating and drinking)
- Patients with hospital referral letters or those seeking referral to hospital (no pain, no swelling)
- Non-traumatic problems with orthodontic appliances
- Patients requesting a second opinion
- Extractions for patients not in pain (do not get into any discussion with regard to what treatment will be provided at the emergency dental appointment see script 4.3)

1.4 Other services offered

As part of the GM contract we can also help patients who:

- Require a non-urgent home visit (Domiciliary – see section 3.1)

- Request an urgent domiciliary visit

Module 2 – Taking an Emergency Slot Dental Call

2.1 Systems Access

Login your windows account as you would normally.

The GM Urgent Dental Care Service has a separate version of Adastra and phone system that is accessible to all Alliance members.

2.2 Logging into the x-on Phone System

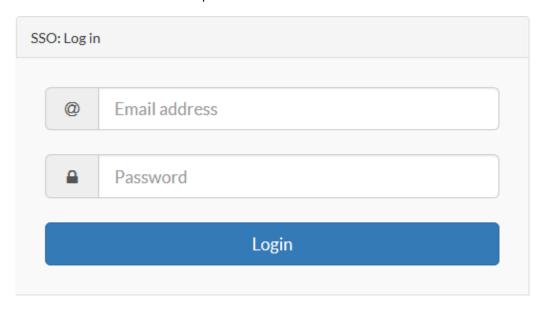
The phones are pre logged into the GM Dental Calls – you do not log in with your own number. You will be provided with your individual login details, or a generic login will already be installed in the phone.

You will need to link the phone to your desktop once you have logged into windows.

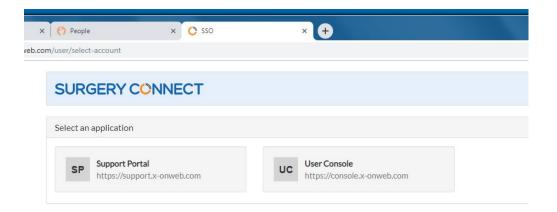
The link to the desktop phone system software is

https://sso.x-onweb.com

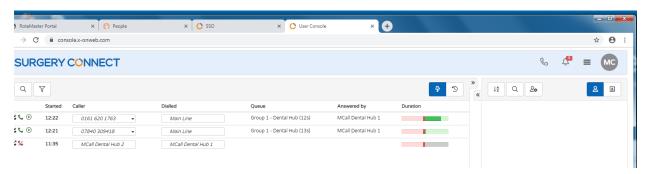
Short cut is on the desktop.



You use the corresponding email login details that match the phone extension number/personal login. On each desk there is a list with the login in details for that desk highlighted on the pod wall.



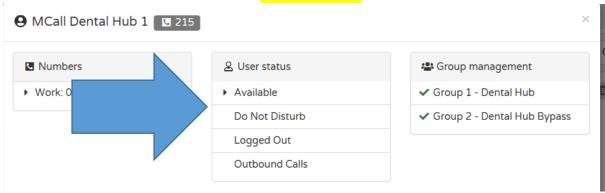
Once logged in select USER CONSOLE



You are now logged into the phones, in default Do Not Disturb (not ready). To

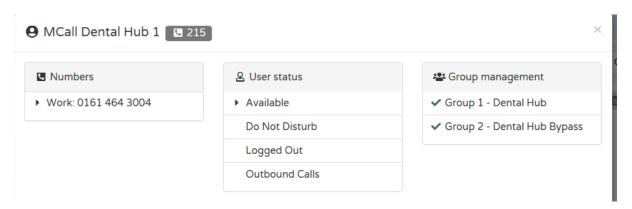
go into ready or not ready click the ______ button in the top right will present the user status screen below. Once you click Available (ready) you will start to get calls. If you need to go into not ready at any point click Do Not Disturb

IT'S REALLY IMPORTANT TO CLICK LOGGED OUT AT THE END OF YOUR SHIFT

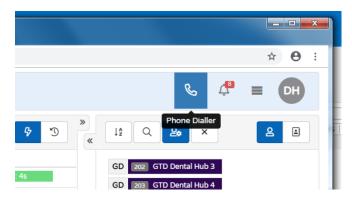


2.3 Outbound Calls on x-on phone system

When making outbound calls on the GM service it is important to ALWAYS do that via the desktop and not to use the handset – this is so the number of outbound calls can be reported for monitoring purposes.



Click Outbound Calls to activate the desktop outbound dialler.



Click the phone icon and enter the telephone number you wish to dial – you don't need to put '9' in front of this number. If it is a landline number, you will need to include the local area part of the number.

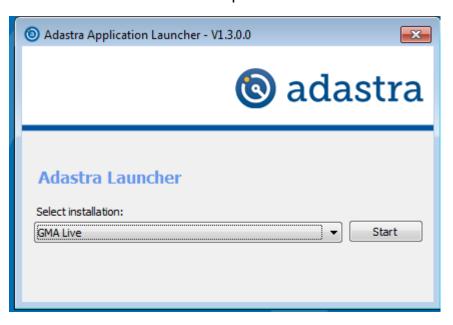


When you have entered the number click dial. This
 will dial on your handset and your phone will ring
 and show the number that you have dialled. When
 you pick the call up it will connect you to the
 number.

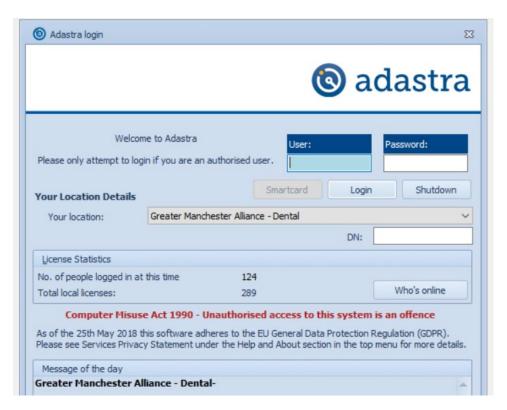
2.4 Logging into Adastra



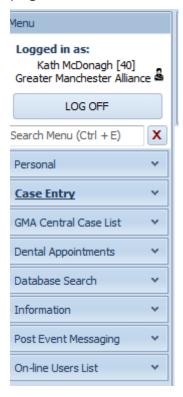
Look for the Adastra Launcher icon on the desktop and double click it and select GMA Live from the drop down and Start.



Login to Adastra selecting Greater Manchester Alliance - Dental from the drop-down location options.



When you log in you will see the Navigation menu on the left-hand side of the page.



2.5 Navigation Menu

Within the Adastra navigation menu the folders you will need to access are:

- Personal is where you can view your recent work or change your password
- Case Entry to access the Dental Case Entry Screen and Comfort Call
- Dental Appointments to see appointments across the areas
- GMA Central Case List Clinical stack waiting for advice and 111 queues
- Online Users to see who is online and to message nurses
- Supervisor Options to access Case Edit

2.6 The demographics screen overview

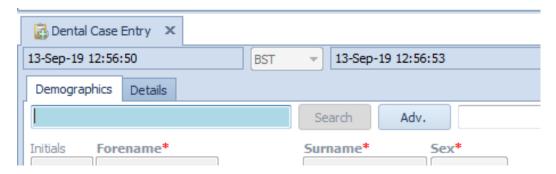
Regardless of how we can help a patient it is important we capture every call. To do that we need to identify who the patient is, whether they have used the service before or are completely new to it. The demographics screen helps us do that.

To take a dental call you need to have Dental Case Entry page open – this can be found under the Case Entry section on navigation menu.

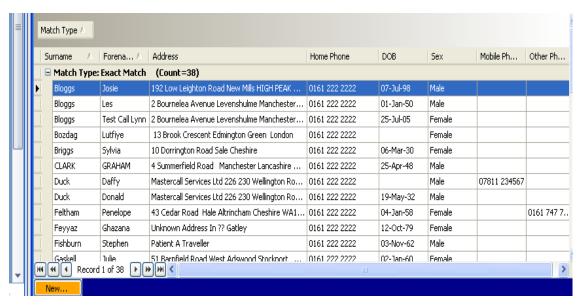
Any section with a red asterix * is mandatory information required and must be completed before you can proceed with the call. Below is a more detailed look at the demographics screen.

2.7 Finding a patient who has used the service before

Enter the date of birth for the patient and click Search



If the patient has contacted the Urgent Care Dental Service before they will be known to us and will show in a drop-down list in Surname alphabetical order.



If a patient's name is listed ask the patient to confirm first line of address and once confirmed double click anywhere on the line to open details.

If a different address is stated by the patient before you enter the patient record, ask if they have moved recently or have a previous address, we might have for them from the last time they used the service. If they can confirm the previous address which matches our records, then we can double click on this case. (If they can't confirm this address, we can't click on this case, we need to treat this as a new patient – see below).

When the patient's demographics screen comes up, work your way through the screen to confirm the details on there. Pay attention to the contact telephone number as if we need to contact the patient back (Nurse Triage Call) and the contact number is not up to date then we have a problem. The contact number must be requested from the caller/patient – not read from the phone screen, however if the patient does not know their full number it is possible to request from the last 3 digits of it – then we may take the number from the screen. We must not read out any part of a telephone numbers from what is showing on the phone screen.

To adhere to Data Protection legislation and our Caldecott Guidelines we must never divulge any information from this screen to the patient. We must ask them to answer the question again.

This means we cannot read out addresses/telephone numbers that are currently stored on Adastra or showing on your phone, a contact number should always be requested from the caller.

Taking current location address if the patient wants to be seen where they currently are (not where they live) is fine if they live or are in a postcode area that we cover under this service. The surgery schedules will show the nearest surgery either the home address or the current location (not both) so you need confirm that when completing demographics.

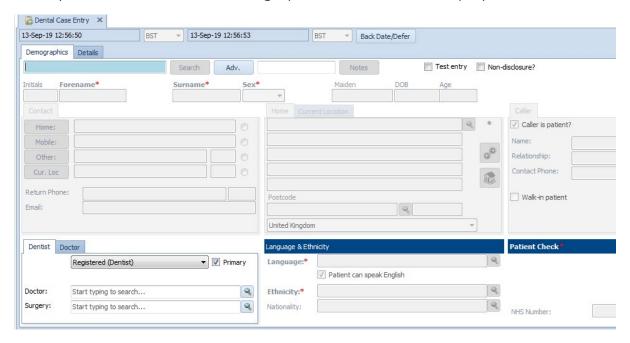
Once the demographics page has been confirmed you should click Lookup to obtain the patients NHS number.

This must ALWAYS be done using your NHS Smart card.

2.8 Creating a new patient who has never used the service before When you enter the patients date of birth if the patient does not come up on the drop-down list you click orange NEW in the bottom left side of the screen.



Once you click new a blank demographics screen will be displayed.



The DOB as you entered it will be displayed along with the age. Complete all Demographics starting with Forename and Surname plus add gender if required. Next complete the contact box taking a contact number from the patient, mobile numbers are added in the mobile section and home numbers in the Home section.

At this point to quicken up the process of finding the address the Lookup button can be used which will bring up the patient and the address that their GP has for them.

If Lookup is unavailable the address must be entered manually. This can be done by entering the patients postcode and clicking on the magnify glass next to the postcode which will bring up the street/road and then you can click on the correct house number. If the patient doesn't know the postcode then the first two lines of the address can be manually typed in and the magnify glass button next to the first line of the address can be clicked, which should find the correct address with postcode.

Once the address has been completed click look up (Again this MUST be done using your NHS Smart card to obtain the NHS number. If you are unable to find the patient on the NHS spine click the Send to Trace button which will let you proceed with the call without an NHS number.

Again consider where the patient might want to get seen today near home or current location. The surgery schedules will show the nearest surgery either the home address or the current location (not both) so you need confirm that when completing demographics.

2.10 GP Registered

Patients must be registered with a GP to use our service.

2.11 Language

Entering the patients first speaking language is mandatory information that must be taken before you can proceed with the call. To view the options in this box please click on the magnify glass next to each box which will bring up a list to choose from.

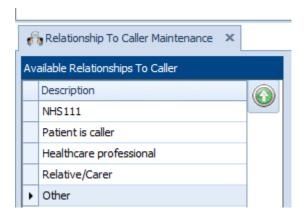
If the person is speaking in clear English, this box can be completed without asking the question.

If the language is not listed, please enter OTHER and add details in the comments box of the first language spoken.

Ask the patient "what is your ethnic origin" If they need some help to answer you can offer some options from the list.

2.12 Call Origin box

Select the most appropriate relationship option from the list displayed. If you are speaking to anyone other than the patient, a name and contact number (if relevant) should be taken and entered in the call origin box.

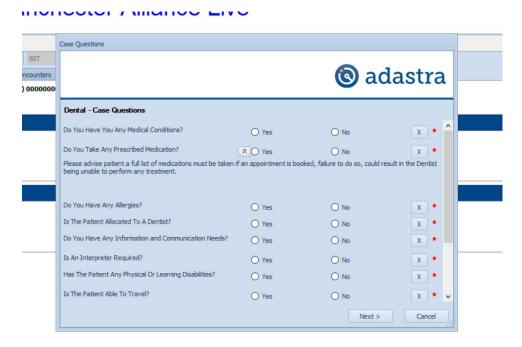


We must speak to patients over 18 in person, unless consent is obtained or in exceptional circumstances (mental health, disability, no capacity etc). Interpreter patients cannot be done via a third party (family member) we must always use our interpreter service to speak directly with the patient or if under 18 the parent.

Once you have confirmed demographics you now need to go to the dental case question screen.

2.13 Dental Questions

You will see the following screen when you click onto the Dental Case Questions all these questions need to be completed ahead of starting the algorithm.



We must ask all patients 'Have you any medical conditions?' and 'Do you take any prescribed medication?' This is to safeguard the patients and the call handlers, if a patient takes medication, you must inform the patient a full list of medications must be taken if an appointment is booked, failure to do so, could result in the Dentist being unable to perform any treatment.

Please bear in mind the following when completing the additional Dental Questions:

- All surgeries under the GM contract are wheelchair accessible however Patients with physical disabilities details should be documented here and in the details screen. Level of mobility (in wheelchair, unable to do stairs, walks with crutches etc) should be noted.
- Patients who are speaking in English don't need to be asked whether they require an interpreter.
- Patients who do not speak English and someone else is calling on their behalf, an interpreter should obtain consent to speak to the caller on the patient's behalf. An interpreter will need arranging for the emergency slot. If the patient requires an interpreter, please see section 3.6 & 3.7
- If the patient is unable to travel at all because they are housebound or travel far because of an exceptional reason, document this in the travel question and on the details page of the call and once the algorithm is complete forward the case for further advice (for housebound patients see section 3.1).
- In relation to the "Any information or communication needs?" if the patient confirms that they do have information or communication needs enter the reason why into the text box.

2.14 Details Tab

Enter brief details of the dental problem e.g. upper right tooth pain with swelling and how long have they had it for. Record any other useful information given by the patient here e.g. recently seen by a dentist or doctor about the problem/patient is pregnant etc.

This is also where you should note any special communication needs, whether an interpreter is required, whether a downstairs surgery is required etc. If the patient is registered (if calling OOH) with as much information about the patient's own dental surgery should be recorded here.

To avoid repeating questions, reduce your call length and (most importantly) for a better patient experience, in symptoms please only request the following: location, nature and duration of the dental problem. Along with any relevant information the PT mentions in the call that the surgery would need to know.

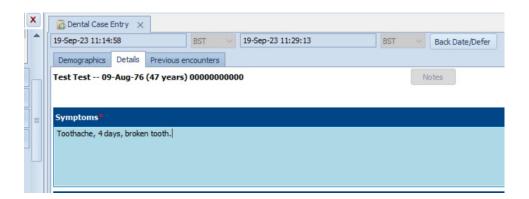
For example:

Pain from broken tooth, left lower, 9 days.

PT uses a wheelchair.

Recent apt at Tanhill 04.01.22 given abx told to call back once course finished – still in pain.

At this stage you do not need to ask about swelling (they may have already mentioned it), what pain relief they are taking or bad taste or smell etc. as when you launch the algorithm that will determine whether the PT meets criteria and at each algorithm question if you need to probe further you can do so and add notes in the algorithm notes box for each question if required.



You can write more information in the algorithm comments box for each question if required, this is to reduce your call time and improve patient experience.

This is also where you should note any special communication needs, whether an interpreter is required, whether a downstairs surgery is required etc. If the patient is registered (if calling OOH) with as much information about the patient's own dental surgery should be recorded here.

Once details of the problem have been taken if you have any concern of a Life-Threatening Emergency, for example from taking too much medication or from swelling impacting ability to breathe etc. an ambulance can be offered. There is a dedicated process to follow in this situation and will be covered in more detail in section 3.9.

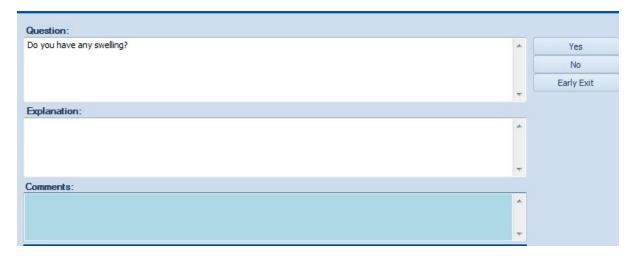
2.15 Dental Triage Algorithm

Once the details screen has been completed the Dental Triage Algorithm must be accessed – this is a mandatory requirement and you will not be able to complete a call without having completed a triage.

Follow the question set to help you identify whether the patient meets the criteria for an emergency slot, whether they just need advice from you or whether they need further assessment/advice from a dental clinician.

If you are ever unsure with an algorithm outcome always check with a Shift Lead/Ops Lead Dental nurse.

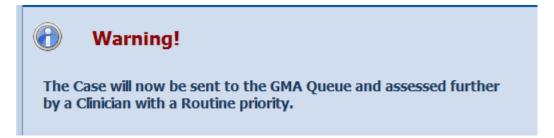
The algorithm questions should be asked in full, as they present on the screen. Please avoid modifying the wording used for each question or missing some questions out. If you do not ask a question but complete it as if you have asked it you are falsifying PT records.



If the Dental Triage Algorithm requests sending the case for further advice you will get this message

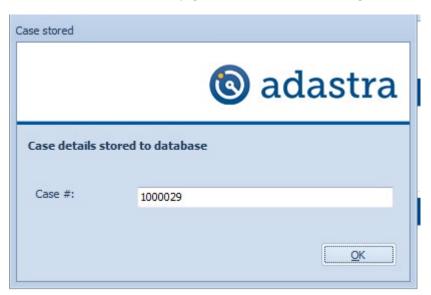


Click Next and this message will come up.



Once you click Next on this message the case number will come up just click OK and the case is now on the clinical stack for a Dental Nurse to pick up.

Please inform the patient that we will aim to call them back within 20 mins (for urgent cases) and 60mins (for routine cases) however manage expectations if call back time is already greater than that and give worsening advice.



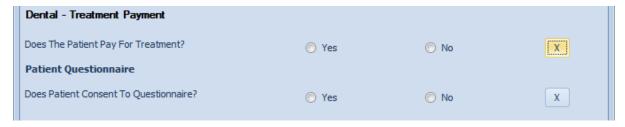
If the Dental Triage Algorithm confirms the patient meets the criteria click Next.



This will take you to the Dental Payment Questions.

2.16 Dental Payment Questions

If booking a direct appointment, before being able to access the booking schedules the remaining dental payment questions will pop up to be completed.



If the patient does pay – tick **Yes** – inform the patient that the emergency slot, regardless of what work is completed by the dentist, will not cost any more than £25.80 (Standard Band 1 charge for dental treatment on the NHS from 1^{st} April 2023). This must be paid before the dentist sees the patient. Most practices are card only.

If the patient does not pay for treatment ask them which benefit they are in receipt of - tick \mathbf{No} - this will open up the list of benefits that will exempt the patient from payment (anything not on this list means that the patient **will have to pay**). When you click on a benefit it will show which proof is valid to bring to the emergency slot.

Proof of benefits/exemption is to be provided by the patient at the time of the emergency slot. Failure to provide relevant documentation at the time of the emergency slot may result in the patient being required to pay the charge or in more extreme circumstances can be refused treatment.

Please note:

- Pensioners do not automatically get free dental treatment on the NHS
- People who get free prescriptions do not automatically get free dental treatment on the NHS.
- In relation to Income Support and Job Seekers Allowance, it is only income based that enables patients to claim free dental treatment. If they receive contribution based, then they will have to pay £25.80.
- The consultation fee is never any more than £25.80. However if the dentist gives the patient a script for antibiotics and the patient pays for their prescriptions normally they will need to pay for this on top of the consultation fee (at the chemist they present the prescription to).

2.17 Booking an emergency slot

The surgeries schedules will be visible once the payment question has been answered. All the surgeries covering all areas will show in the list and next to

each one is the number of miles away from the home address/current location postcode – so it is easy to see which surgery is the closest.

Click on the nearest surgery to the patient and check for available slots.

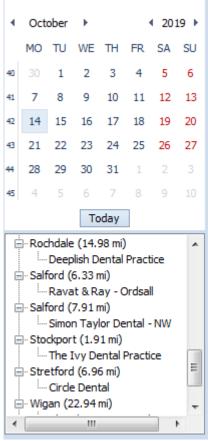
If there is no appointment available in the immediate area to where the patient lives, other areas should be tried before looking at prebooking for the next day's clinics — there are no rules on which area the patient needs to be seen in — if they are prepared to travel they can have any appointment available as long as they live in one of the areas the service covers.

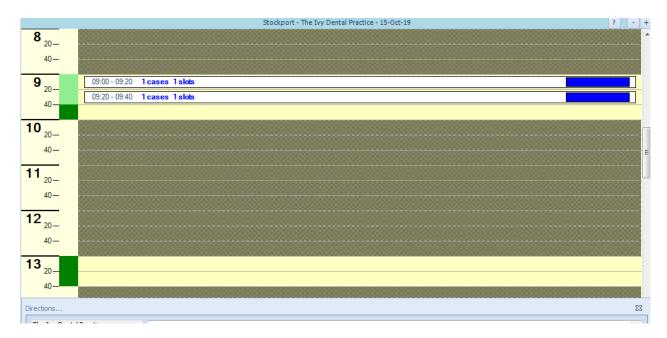
This will then show the appointment schedule for that area (i.e. all the practices that have emergency slots in the area) When you click on a surgery the schedule for the day comes up and in the box on the bottom right the address and any extra surgery information is noted.

Appointments should be booked in time order to maximise availability.

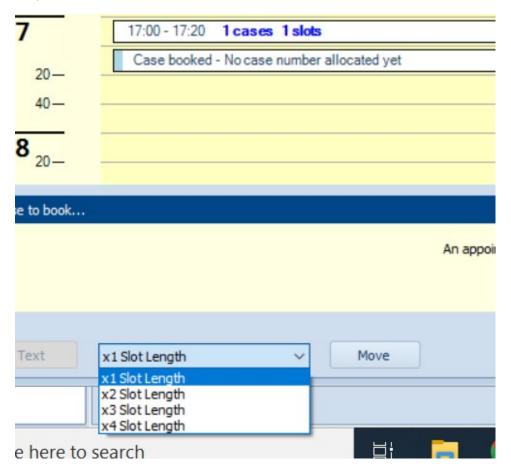
You can also see the patients address at the bottom of the screen to help you find a surgery closest to them.

You are looking for a pale-yellow line which when you click once on it shows 0 cases 1 (or more) slots. Double click the slot to book it and then confirmation of the slot is stated at the bottom of the screen.





For Interpreter, Wheel chair users or Trauma patients a DOUBLE (x2) slot must be booked, you can change this in the drop down box in the lower left section of your screen, as shown below -

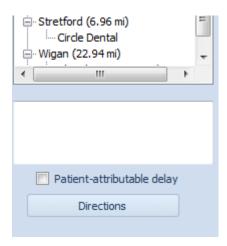


Any appointments must be made with at least 45 minutes notice for the practice. Anything sooner than this must be agreed by the practice by

contacting the surgery by telephone ahead of confirming the appointment with the patient.

Give the patient the address details verbally and any other information you need to give. (E.g. get there 10mins before to complete any paperwork, bring list of meds, bring proof of bene fit, cash only, charge for cards).

If the patient asks for local directions to or information on the surgery, please click on **Directions** button to access information the patient may need to be aware of.



We are on the A6 just up from the Town Hall, next to the BP petrol station. There is a bus stop just nearby and meter car parking on the street adjacent to the petrol station. The practice has a large sign outside. Wheelchair access is at the rear of the building

Pay attention when selecting an emergency slot that an appropriate date is selected. (e.g. if a patient is phoning 2100 Monday evening, emergency slot would be for Tuesday).

Once an appointment has been booked you have the option to Send for Advice-



This option is to be used for patients who request further advice for their symptoms, or if you have any concerns regarding patient symptoms that need further clinical assessment. Please do NOT use this option for pain relief advice, patients requesting pain relief advice should be directed to speak to a pharmacist.

2.18 Early Exit from the algorithm - guidance

The algorithm will decide whether the patient needs to be seen within the next 24 hours.

At times where the algorithm does not recommend the patient needs to be seen, there are some exceptional circumstances when this recommendation should be overridden, the Early Exit button can be clicked and the case forwarded to a clinician who will decide whether the patient needs to be seen.

Some reasons for Early Exit would include:

- Warfarin patients regardless of their symptoms.
- Patients with complicated medical conditions, being made significantly worse by the dental problem e.g. pain for less than 24 hours but unable to eat due to dental pain and is diabetic and having blood sugar level problems from not eating.
- Complaint resolution as part of an investigation into something we may have done wrong a clinician may agree to book an emergency slot to help bring the complaint to a satisfactory conclusion for the patient.
- If a patient is unable to take pain relief or stronger pain relief because of another medical reason e.g. pregnancy, stomach problems, addiction etc and has had the pain for less than 24 hours

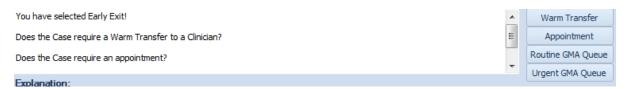
- If a child in pain for less than 24 hours has been given no pain relief but is distress
- A complicated domiciliary request.

We also need to consider:

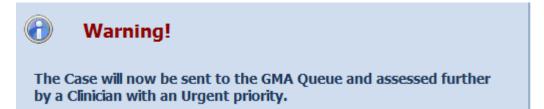
- Vulnerable patients whose movement needs advanced planning e.g. dementia or mental health patient where carers need to attend with them, those patients with severe mobility issues etc.
- Where an interpreter is required for the emergency slot and the surgery require advance notification to arrange it.

Early Exit Exception information must be detailed in the Algorithm in the case for audit purposes BEFORE you click the Early Exit button.

When you click Early Exit, you are presented with a screen with the following options:



Select Routine or Urgent GMA Queue as per priority guidelines training. Once selected the following message appears:



Once the slot has been booked, the call will be automatically emailed over to the surgery. A confirmation of where the case has been sent to will pop up ahead of the case number.



Any appointments must be made with at least 45 minutes notice. Anything sooner than this must be agreed by the practice and the practice must be notified by telephone that an appointment has been made

2.19 Worsening Advice

On Every Call you must provide worsening advice to the patient. The following script is required:

'If your symptoms change or worsen for example the outside of your face becomes swollen, if the swelling is spreading up to your eye or under your jaw to your neck, the pain relief isn't easing the pain, if you develop any heavy bleeding from your mouth or you develop one or more ulcers you must call us back, we're available until 10pm. After 10pm you can either call NHS 111 or present at your nearest A&F.'

You will be marked down in your call audits if you do not read the above script.

2.20 Information Outcomes

Once the case emails over you will be presented with an Information Outcomes list – click a maximum of two and click next.

Informational Outcomes		
	Dental - Advice Given	
	Dental - Advised To Attend Nearest A&E	
	Dental - Appointment Declined by Patient	
	Dental - Appointment Given	
	Dental - Closed With No Response	
	Dental - Domicillary Visit (Routine)	
	Dental - Domicillary Visit (Urgent)	
	Dental - Interpretation Service Used	
	Dental - No Appointments Available	
	Dental - Referred To Own Dentist	

As a final check you have done everything this checklist comes up. Complete and click next.



The case is now complete!

2.21 Repeat Calls - Chasing Clinical Call-backs

Patients who are waiting for a call back from a clinician will call us back if they have waited longer than we advised them when taking the initial call, or if their symptoms have worsened. Here is what to do in both those scenarios:

<u>Call back chasing call – No worsening symptoms</u>

On entering the patient details, the Continue Case Entry box will pop up showing a case is still open for this patient. Make a note of the open case number, type in the blue box next to the case details:

'Patient has called back to chase call back, apologised and advised we are very busy at the moment we will call them as soon as we can and checked that has no worsening symptoms' then click Log Call-back and the case will disappear. Check the GMA Case Queue, use the case number to find the correct case, and advise how many patients are still ahead. If a patient asks how much longer will it be politely explain that you cannot give a time as each consultation can be longer or shorter than the next and if we get any emergency cases in mean time, they would be contacted back ahead of this case.

Call back due to worsening symptoms

On entering the patient details, the Continue Case Entry box will pop up showing a case is still open for this patient. Make a note of the open case number, type in the blue box next to the case details:

'Patient has called back to chase call back and/or has stated symptoms have worsened since initial call.' Then as per your priority guidelines training if you feel that the call needs to be upgraded to an urgent, you can do this by case editing the **call change priority after assessment** and clicking update.

2.22 Store Only Calls

If for any reason we are unable to help a patient with an emergency slot as we have none left, they are with a dentist calling in-hours, or they decline the slot offered we still need to log the call, in this case Store Only process should be used.

You must detail the patient's symptoms and the advice you have given them so that your colleague who gets the next call can be fully updated before discussing anything further with the patient. All dental questions are required to be completed, it is important that we complete the mandatory questions regarding a patient's medical conditions and any prescribed medication they may be taking as these responses may alter the options you offer to the patient (refer to section 2.12).

You will need to ensure that you ask and complete the 'Have you any medical conditions?' and 'Do you take any prescribed medication?' questions. These are mandatory questions and must be asked of ALL patients. Taking appropriate action based on the answers to these questions. This is to safeguard patients and the call handlers.

In the symptoms box please just state the reason the case is being stored only e.g. 'patient is allocated to a regular dentist advised to call own dentist back' (see section script 4.2) along with any advice you have offered.

The rest of the dental questions do not need to be asked in these cases however, you will need to answer them generically to complete the call. In the details screen please note that the only medical asked were medical conditions and prescribed medication.

2.23 Cancellations

Cancellation by the Dental Practice

Dental Practices often call us to cancel their emergency appointments at very short notice. If a Dental Practice calls wanting to cancel an appointment, they must be put through to a Lead Ops Nurse, as there are things, they can try to avoid losing the appointment completely and minimise the impact on the service.

Cancellation by the Patient

If a patient rings to cancel an appointment on GM contract, please edit the call on Adastra to remove the appointment and <u>inform the surgery the patient was due to attend that this patient will no longer be coming</u>. Any changes on Adastra will not automatically show to the surgery. They must be informed verbally – i.e. telephone the surgery to let them know. Once the call has been made this should be detailed in the original Adastra case. If the cancellation is regarding an OOH appointment, inform your Lead Ops Nurse.

Module 3 - Unusual Calls

3.1 Home Visits (Domiciliary)

This is something we can implement, but first the patient would need to be assessed over the telephone by a dentist. The algorithm must advise an appointment is required.

If the patient is registered, please ask the caller to contact their Dental Practice.

Once assessed over the phone the dentist can then decide if they should do a home visit, refer to the community dentist or into secondary care. A double slot must be booked for the consultation, and you will need to inform the lead ops dental nurse.

Take the demographics (ensure that the preferred contact number is chosen as the primary number), symptoms, ask all dental questions paying particular attention to medical history questions, are they registered housebound and whether they are calling because of a routine or urgent problem.

Please ask questions such as how the patient travels to hospital appointments to ascertain their mobility. Once established and the algorithm is complete please book an appointment at the nearest clinic and ensure the case details state that this is a domiciliary assessment request (the dentist will phone the patient at the slot time and decide if a domi is the right option).

3.2 Foreign Patients coming from outside the UK

Foreign patients who are permanently living here and are registered with a GP can access NHS emergency dental treatment in the normal way. For people that are here on holiday or in the country temporarily please follow the instructions below.

Non- UK residents - not registered with a GP in the UK.

Patients, here temporarily from a country outside of the EU cannot access emergency dental treatment on the NHS or be offered an emergency slot through this service. For these patients their options are:

- Registering with a GP so they can access NHS dental care
- Find a private dentist
- Visit A&E
- Visit a local Dental Hospital

3.4 Under 18s

<u>Under 16-year olds</u> – we must speak with a responsible adult when we take the call. The patient must be brought to the appointment by Mum, Dad or Legal Guardian – as the consent form can only be signed by one of them. If this is not possible e.g. Mum & Dad are out of the country, patient being looked after by Grandma, then we would need to speak with the Dentist we are booking them in to – to agree this ahead of the appointment. If you are unsure what to do in this instance speak with your Shift Lead.

Over 16-year olds – we can take a call from the patient direct or speak with someone on their behalf up until the age of 18. If they want to attend the appointment by themselves, they can sign their own consent form.

3.5 Patients requiring an interpreter for the inbound call

For patients in need of emergency treatment, who is English is not very good, we have a Telephony Interpreting Service to help.

Patients who do not speak English and someone else is calling on their behalf, an interpreter should obtain consent to speak to the caller on the patient's behalf

This service should always be accessed if you feel that English is so limited that the patient is not understanding you. Even if we are unable to help this patient today, we should always offer to get an interpreter to help with the call. This is in the patient's best interests. The service is easy to use and makes what is often a difficult and frustrating call so much easier.

If the patient cannot understand you asking for their details, find out what language they speak and advise them you will get an interpreter to help, asking them to stay on the line.

Get the relevant interpreting service for the area the patient is in, from the Shift Lead or the desk file.

With the patient on the line (not on hold) press the conference button (group of people) dial 9 and the interpreting service number. You will be asked for the organisation code and the language you require. When the interpreter is connected, introduce yourself and give a brief description of the problem. Bring the patient into the call by pressing the conference button again and check everyone can hear each other. Proceed with the questions that you need to ask and give the information that you need to. In the details tab, note that an interpreter was used during the call.

If the patient needs booking into an emergency slot, we will need to arrange an interpreter for that as well.

3.6 Patients requiring an interpreter for an emergency slot

It is very important that patients have access to independent professional translators. It is in the best interests of the patient and the dentist to arrange this even if the patient advises that a family member or friend can attend the emergency slot to translate for them — we would not advise a family member attending with them to translate as the Dentist needs to be sure that the interpretation is accurate and impartial. All dental practices that we use for emergency appointments have access to telephone interpreter services, just as we do. These services can be accessed at short notice and are paid for by the CCG meaning they are free for the practice to use. All of the practices should be aware of this as they have recently received communications regarding this from the CCG. If they have not or have any problems with this, please put them through to a Shift Lead who will be able to provide them with the necessary details.

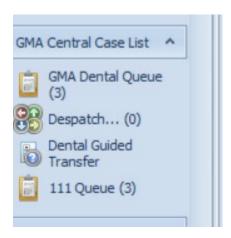
If an interpreter is required for the emergency slot, document this within your symptoms together with the language that the patient speaks. We need to give the surgery we are booking the patient into as much notice as we can, and ideally need a double slot booking. All the surgeries can arrange interpreters, but a double slot must be available to book. If a double slot is not available, speak with a Shift Lead.

We may need to give an afternoon or next day slot to the patient for this to be arranged. Take all the patient details and before booking the emergency slot pop them on hold to check next steps with your Shift Lead. Once you have booked the patient into the double appointment call the surgery out of courtesy to let them know.

3.7 NHS 111 Dental Calls

Patients can call 111 for help with dental problems. When the patient needs to be seen, NHS 111 will provide the patient with our telephone number and ask the patient to call us direct (during our standard opening hours times) to access the service.

NHS 111 can also send calls directly to our 111 queue-



These calls can be completed by both CCA's and Dental nurses and are the responsibility of all staff on shift.

GM Dental NHS 111's

Double click the case to open from the 111 Queue.

Contact the patient with the following;

"Hello, my name is And I'm calling from the Greater Manchester urgent dental service.

We've had your details passed through by the NHS111 service, all calls are recorded for training and quality purposes.

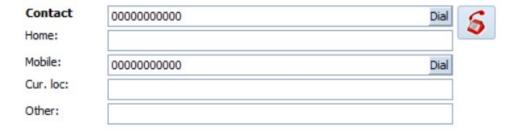
Could you please confirm your name, date of birth and home address?

Once confirmed, please complete the dental questions with the patient.

Then select the Dental Questions and Algorithm tab. Document a brief detail of the patients' symptoms in the notes box & then launch the algorithm.

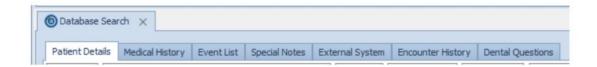
No Answer or voice message left.

Next to the patient's phone number on the patient details tab is a dial button. To log a failed contact, please press this next to the contact number and select the appropriate option.





Click on the x to come out of the case



Closing a case with two failed attempts.

Once we have tried a patient on two different occasions (Leaving some time between attempts), with no answer or voice messages left. We can close the case from the 111 queue.

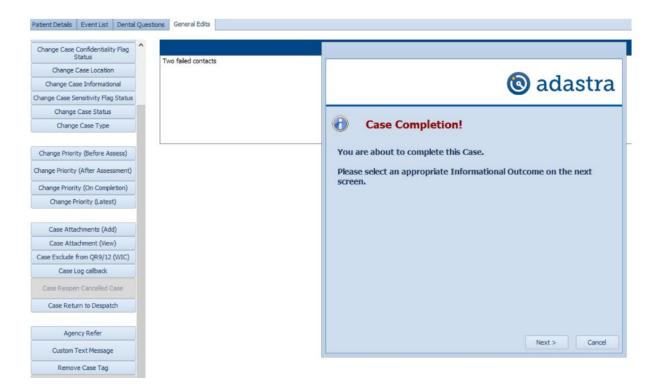
To do this, please right click the case from the 111 queue and select case edit.

Then general edits and select complete case at the bottom.

You will have to answer the mandatory dental questions to continue. If not already populated, please answer no to all (except able to travel, answer yes).

You'll also need to document two failed contacts in the white box on the right.

Please see below.



3.8 Outbound Calls and Voicemail Guidance

From time to time you may have to complete an outbound call. We have been reviewing our processes with regards to information governance and outbound calling. All staff who are making outgoing calls where the patient has not made direct contact with the Urgent Dental Care Service should state the following after patient ID confirmation:

"just to let you know that all our calls are recorded for training and quality purposes."

In the event you must leave a voicemail please do not leave any personal, identifying information, health information or reason for the call in the message.

A standard script should be:

Hello, my name is..., I am calling from the Urgent Dental Care Service please can you call back on 0333 332 3800 or "we will try you again".

3.9 Dealing with complaints

Complaints may be made verbally, in writing or electronically and should be addressed to the provider or sent to gm.dentalenquiries@nhs.net

Complaints received via the email above, please advise that patients will receive acknowledgment of their complaint withing 3 working days.

Process for call handlers/Dental nurses receiving a complaint over the telephone;

Call handler/Dental nurse receives call from patient and ascertains the details of the complaint.

Call handler/Dental nurse to try to resolve complaint, to seek advice from shift lead/lead ops dental nurse if needed. Where this is achieved this should still be recorded as a formal complaint via the email address above so feedback can be given.

If the complaint cannot be resolved, then the patient should be given the email address above to log their complaint. The patient should be informed that they will receive acknowledgment of their complaint withing 3 working days upon receipt of their email.

If the patient wishes to speak to someone, and it is between the hours of 8a.m and 8p.m. then you can advise the patient that the Lead Ops Dental nurse on shift can contact them back to discuss further, if no Lead nurse on shift, please advise the patient they will be contacted within 3 working days from the date the email with the details of the complaint is received.

When recording/documenting information in patient notes, please use staff roles and not names.

If the patient also has symptoms that need to be assessed, please ensure this is also dealt with, by following the algorithm or sending to Dental nurse queue.

Please cc louisehardman@nhs.net in all complaints sent to the gm.dentalenquiries@nhs.net email address.

Key Contacts

Bardoc complaints - bardoc.governance@nhs.net

GoToDoc complaints – GTD.governance@nhs.net

Mastercall complaints - complaints.mastercall@nhs.net

If the complaint is not related to our service, we will still respond and escalate this to either NHS England or the dental clinical provider as appropriate.

3.10 Dental Life-Threatening Emergency (LTE)

Whilst we are a non-clinical helpline, we have a duty of care to recognise and help any patient who is at risk from a Life-Threatening Emergency (LTE) due to a Dental problem.

A patient calling the Dental Helpline may be at risk from a LTE situation for a number of reasons:

- Overdose on pain relief/ over the counter medications if an overdose is suspected e.g. the patient admits to taking too many over the counter medications then the operator must either call an ambulance if the patient is showing symptoms of an overdose or advise the patient to attend local A&E dept. or to ring 111 for a toxbase assessment.
 If you are warm transferring to a clinician, choose the Guided Transfer option.
- Serious suicide threat we know that flippant comments can be made by patients who are in severe pain. It's difficult to know whether or not to take these seriously. Pre-existing mental health conditions may be a sign that this person is serious about ending their life. If you are worried about

any patient who threatens suicide you must use the Guided Transfer option in Adastra.

• Please be aware of signs of sepsis which could be caused from a dental infection:

Fever, chills, reported fast heart rate, rapid breathing, confusion or the patient says they feel they will die.







If high suspicion of sepsis please use the Guided Transfer option in Adastra.

• Any other LTE symptoms that may not be dental related e.g. chest pain radiating into the Jaw please follow priority guidelines training and seek medical advice or call an ambulance.

3.11 How to call an ambulance

Ask any additional questions to identify the red flags and ensure you have confirmed that the patient is at the address confirmed in demographics and if not add the current location address in.

Explain to the patient that from what they have said the quickest way we can get help to them would be to call an ambulance for the paramedics to assess.

Please state "Given the symptoms you have described it would be most appropriate for me to call an ambulance. Once you have been assessed by the paramedics, we can still arrange any follow up emergency dental appointment required. Please stay on the line whilst I arrange that, and I'll come back to you as soon as I can".

3.12 Patient agrees to an ambulance

- 1. If the patient agrees then conference the call through to 999. Explain to the 999 operator that you are a non-clinical call handler on a Dental Helpline, based at Bardoc/Gotodoc/Mastercall, but that the patient you have concerns for lives in xxxxx.
- 2. They will ask you to confirm the current location address for the ambulance to attend, twice.
- 3. Explain that you have taken a call from a patient that has shown red flags for a Life-Threatening Emergency and detail the problem and your concerns.
- 4. If you do not know the exact answer to any of the additional questions, they ask you just answer, 'I don't know'.
- 5. The 999 operators may want you to conference the patient/caller through in some circumstances (e.g. the patient is unconscious). More likely they will give you some advice to pass on to the patient.
- 6. Inform the patient help is on the way and give any additional advice that have been given by 999. Please offer the following worsening advice "if the situation worsens whilst you are waiting for the ambulance please call 999 for further advice."

3.12 Ambulance required, Patient declines an ambulance

If a patient declines an ambulance:

Please state: "Given the symptoms you have described I would strongly recommend that you allow me to call an ambulance. If you are refusing this, I will need to take further clinical advice. Please stay on the line whilst I contact them"

Inform your Shift Lead of the situation immediately and discuss and agree appropriate follow up action – e.g. alert Dental Nurse on shift and attempt warm transfer.

3.13 Safeguarding Concerns/Welfare checks

If patient is threatening to self-harm or cause harm to others, please discuss with the shift lead immediately who may advise to call 999 (for either Police or ambulance) or warm transfer the call for clinical advice.

If you have any other safeguarding concerns about a patient or someone else in the house e.g. (alcohol or substance misuse, neglect, self-neglect) please discuss with the shift lead who will refer to appropriate social services duty manager and / or Police.

Please familiarise yourself with your own organisations safeguarding policies and procedures which are accessible via the information drive.

Module 4 Scripts

The scripts in this section have been included to help you answer queries or questions in the right way, so that the information we are giving patients is consistent across the service. It is fine for you to read from these scripts (all or parts that are relevant) or amend the wording slightly to something that is more comfortable for you.

4.1 Suggested call flow

"You're through to (insert your name) at the Urgent Dental Service, are you calling for yourself or someone else?"

If they are calling for someone else, please ask if the patient is present with the caller. If not the patient needs to be present – please ask them to call back when the patient is with them (this includes children).

Continue with "can I take the patients DOB?"

Reminder: If a patient is 16 or 17 years old we can either speak to the PT direct (they can call up themselves) or we can still speak with a parent/guardian/adult relative on their behalf.

- 1. Locate patient details, asking them to confirming address and Look Up
- 2. If you are not speaking to the patient, obtain consent and complete the Call Origin box as appropriate.
- 3. Request contact telephone number and request email address
- 4. Ask the patient if they are allocated to a regular dentist, complete Dentist box as appropriate.
- 5. During In- hours refer allocated patients back to their own dentist and Store Only, continue with the call for unallocated patients. You must ask the two mandatory medical questions and brief symptoms information before referring them back to their own dentist.
- 6. Complete first speaking language box and Ethnicity.
- 7. Say 'I need ask you some questions to work out the best course of treatment for you today'.
- 8. Complete the rest of the Dental Medical Questions
- 9. Ask 'How we can help today.
- 10.On the details screen enter the nature of the problem, note brief details of symptoms location, duration and any additional relevant information that has come out completion of the dental questions.
- 11.Explain what will happen next. 'I am now going to complete a triage asking detailed questions about the problem you are having'
- 12. Complete Dental Triage Algorithm to reconfirm an on the day emergency slot is what is required/ self-help advice offered/ further clinician assessment or advice required as appropriate. At any point during the algorithm you can Early Exit and forward the case on to advice.
- 13. If algorithm decides, you need to book an appointment for the patient, complete the payment question and click OK.
- 14. Find an emergency slot, double click, and give details to patient. Give any additional information required. Give non-clinical worsening advice.
- 15. If you are forwarding the patient on for further advice, please advise the patient will be called back within 60mins (routine) 20mins urgent or 10mins (emergency) give worsening advice to cover the call back time

Worsening advice must be given on every call.

4.2 Patient is allocated to a regular dentist calling us during the day

"Can I just check do you have any medical conditions we need to be aware of, are you taking any prescribed medication? Can I take brief details of dental problem?"

If the patient does not have any pre-existing medical conditions or takes any medication, you would need to say,

"Unfortunately, this service is for patients who don't have a regular dentist. You will need to go back to your own dentist to advise them that we are unable to help. If you have been seen by your own dentist recently, they have a duty of care to give you an emergency slot within 48 hours if you are in pain and/or have facial swelling. If they are not offering you something today, they should be offering you something for tomorrow"

Worsening advice should still be given on these calls.

"If your own dentist is off sick today or is closed for some reason, the surgery has to provide an alternative for emergencies, we do not provide that service"

"If you are unhappy with the service you are receiving from your own dentist you would need to complain to the Practice Manager or NHS England via:

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

Post: NHS England, PO Box 16738, Redditch, B97 9PT

4.3 Patient wanting permanent work completed

"The emergency slots offered through this service are only short. The aim is to get you out of the current pain you are in with a temporary fix.

For permanent work, you will need to find a regular dentist. Finding a private dentist may be the quickest way that you can get that work done if that is an option for you."

NEVER advise a patient that they will not be able to get an extraction at an emergency dental appointment, please do not even state that it is unlikely. If a patient states, they require an extraction please respond by stating:

Either:

• You cannot advise what the dentist will decide to do. The slots we can book into are short emergency appointments and the best course of action will be decided by the dentist after clinical consultation.

or

• I am afraid I cannot tell you what the dentist will decide to do, they will make a clinical decision when they see you.

4.4 Patient wanting help to find a regular dentist

"We do not have information on which dentists are taking on in your local area. The best way to access this information is to visit www.nhs.uk. On the home page is a find me a dentist search box. Input your postcode under the 'Dentist' tab and click search. It will bring you up a list of NHS dentists in your area, you then need to call as many as you can. The surgeries are responsible for keeping this information up to date. If you have done this already and are still struggling, you will need to widen your search or try looking near where you work rather than where you live - or in other areas that you would be happy to travel to. Keep our number as we can help with an emergency on the day slot if any pain/swelling starts and pain relief doesn't help, call us back at 8am on the day you want the emergency slot on."

4.5 Patient lives out of the area we cover (patient without a regular dentist)

"Unfortunately, we don't cover the area in which you live. I would need to find you the telephone number for the area you are in."

4.6 Worsening advice pain – (Must be given on every call)

On Every Call you must provide worsening advice to the patient. The following script is required:

'If your symptoms change or worsen for example the outside of your face becomes swollen, if the swelling is spreading up to your eye or under your jaw to your neck, the pain relief isn't easing the pain, if you develop any heavy bleeding from your mouth or you develop one or more ulcers you must call us back, we're available until 10pm. After 10pm you can either call NHS 111 or present at your nearest A&E.'

If the patient is unhappy with the advice you provide and/or they require further clinical advice please Early Exit the algorithm and send the case to advice – detailing in the call why you have done this.

4.8 Patients Requesting to see a Male/Female Dentist

You may be asked by a patient to be seen by either a male or female dentist only. You will need to advise the patient that "As we are a booking line only and have emergency slots allocated to us across many different dental practices, we will try and find out who is on duty but may not be able to accommodate your request." Place the patient on hold and contact the practice that you are booking the patient into to see whether there is a male/female dentist available to see the patient. Revert to the patient and inform them of the outcome. If the patient is happy, continue to book the emergency slot.

4.9 Patients Requesting to a Dentist of a Particular Ethnic Origin

If a patient asks to see a dentist of an ethnic origin, inform them that, "We are only a booking line and do not know who is on duty at any of our sites. All our slots are emergency slots and may be picked up by any dentist at the practice. We are therefore unable to guarantee who will treat you." If the patient is happy to see any dentist, proceed to book an emergency slot for them.

4.10 Offering an Ambulance Dental LTE – patient agrees

Where symptoms suggest an immediate threat to life, "Given the symptoms you have described it would be more appropriate to get you/the patient assessed by a paramedic and so I'm going to call an ambulance for you. Once you have been assessed by the paramedics, we can still arrange any follow up emergency dental appointment required. Stay on the line whilst I arrange that, and I'll come back to you as soon as I can"

If decline- unsure- early exit

4.11 Offering an Ambulance Dental LTE – patient declines – Welfare Check

"Given the symptoms you have described I would strongly recommend that you allow me to call an ambulance. If you are refusing this, I will need to take further clinical advice. Please stay on the line whilst I contact them"

Module 5 Useful Information

5.1 Private Dentists

If a patient would like to be seen sooner than what we can arrange for them or they do not meet our criteria, we can suggest that the patient contacts a private dentist. We do not hold details of private dentists and the patient should do their own research to obtain contact details for a private dentist in their area. Private dentists may charge more than current NHS charges and it would be down to the patient to discuss charges with the dentist.