## Healthy Living Dentistry Action Plan

## Please complete the form below and send to your primary care facilitator who will meet with you to go through the evidence Jane.cooney@nhs.net.

##

## Practice Name………………………….

## Part 1*- complete evidence and go through with primary care facilitator*

|  |  |  |  |
| --- | --- | --- | --- |
| Part 1- Requirements – Level 1 | What needs to be done | Evidence needed | Evidence |
| All staff are aware of health needs of local community and have a plan to address this | Oral health lead & champion attend HLD training session | Record of training |  |
| Briefing of staff at team meeting, Share resources | Notes of meeting, action plan for practice |  |
| A Dental champion is in place and trained | Online training & face to face training sessions | Record of RSPH certificate |  |
| Fluoride varnish  | rate in last 12 months target for next 12 months | Figure for last year’s rate and agreement on target for next year |  |
| Evidence of campaigns- see below | One campaign completed and evidence  | Photo, a line or two about what was done, ideally tally chart.  |  |

***Part 2- outline what your plans are to complete the LDN toolkits- put in some dates over the next 2 years. If you have already done the training recently put in the date and what you have done as a result.***

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| --- | --- | --- | --- |
| Part 2Dates for implementing GM toolkits | Date planned | If already completed- date completed | What changes have you made as a result (a line or couple of bullet points) |
| Antibiotic prescribing audit (in last 3 years) |  |  |  |
| Dementia Friendly Practice |  |  |  |
| Pride in practice training |  |  |  |
| Healthy Gums do matter |  |  |  |
| Oral cancer guide |  |  |  |
| Baby teeth do matter  |  |
| Other examples of good practice |  |  |  |

## *Part 3- use this to log evidence of the campaigns you have undertaken in your practice. You need evidence of at least one campaign to receive the award.*

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| --- |
| Part 3- Evidence of Campaigns undertaken |
| Name of campaign | Action undertaken e.g. Posters displayed in waiting area. Leaflets/ other resources distributed, quiz / resources in reception | Tally number of people engaged in brief advice  | Who  | Evidence/ Photos of displayCase studies  |
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|  |  |  |  |  |

I confirm that

❑ the practice is committed to delivering better oral health

❑ the practice meets NHSE contractual standards

❑ the practice complies with HTM01-05 essentia standards and CQC standards

❑ all clinicans have been trained to level 2 in safeguarding

## Signed………………………………… Date…………

## HLD practice lead

## I confirm that I have the seen the evidence to meet the healthy living dentistry requirements within this practice.

## Signed………………………………… Date…………

## Primary care facilitator