## Healthy Living Dentistry Action Plan

## Please complete this form and send a copy with relevant evidence to: dental@cpgmhealthcare.co.uk

## Practice Name…………………………………………………..

## HLD Champion Name…………………………………………

## HLD Lead Name………………………………………………….

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| Level 1- Requirements  | What needs to be done | Evidence needed | Evidence sent |
| 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 HEE training – both *certificates emailed to dental@cpgmhealthcare.co.uk* |  |
| Briefing of staff at team meeting, Share resources | Notes of meeting, yearly action plan for practices to be submitted *copies emailed to dental@cpgmhealthcare.co.uk* |  |
| A Dental champion is in place and trained | Online training & face to face training sessions | Record of RSPH certificate*certificate emailed to dental@cpgmhealthcare.co.uk* |  |
| 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 \_\_ % (please insert figure) L*etter from Compass emailed to dental@cpgmhealthcare.co.uk* |  |
| Evidence of campaigns- | One campaign planned completed and evidence sent along with and all 6 planning sheets for the year to be emailed with action plan  | Photo, a line or two about what was done, tally chart, case study. *Please email over to dental@cpgmhealthcare.co.uk* |  |
| Baby Teeth Do Matter- <https://babyteethdomatter.org/>  | E-Learning | *Email certificate to dentalcpgm@healthcare.co.uk* |  |
| Pledge to encourage dental checks by 1 and welcome children into the practice? | Verbal agreement |  |  |

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

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| Level 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)- Send copy of audit  |   |  |  |
| Dementia Friendly Practice- (Blue)Full accreditation and dementia friendly dentistry award to be completed- Upon completion – to update 1hr annual CPD to maintain Dementia friendly dentistry status  |  |  |  |
| Pride in practice training- (Violet)Practice To book pride in practice training with- pip@lgbt.foundation or call on 0345 3 30 30 30. ​ Evidence required- bronze silver or gold award certificate  |  |   |  |
| Healthy Gums do matter- (Yellow)HGDM Training to be booked via maxcourse-evidence required is: HGDM Training certificate, Audit & use of patient agreements and Annual Audits |  |  |  |
| Oral cancer guide (Green)- Full accreditation and Oral cancer excellence award to be completed- Upon completion – to update 1hr annual CPD to maintain Oral cancer excellence |  |  |  |
| Saving Smiles (Indigo)- E-Learning course to be completed - 4hrs (RMS)- Evidence required CPD cert & practice meeting notes-from date of completion- 3 yearly update training required  |  |

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| Evidence of Campaigns undertaken- at least one campaign must be completed to achieve Level 1. All six delivered on an annual basis to achieve level 2 and continue to do so in order to maintain HLD status.  |
| Name of campaign(List you 6 planned campaigns below fill in a planning sheet for each and send these planning sheets in with your yearly action plan for the practice, upon completion of each delivered campaign send in the tally sheets for the campaign delivered and photographic evidence of delivery to dental@cpgmhealthcare.co.uk ) | 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  | Evidence/ Photos of displayCase studies  |
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We understand that during COVID it has been difficult for practices to maintain the running of campaigns to the usual standard, however, as practices start to resume normal services and we acknowledge less time and fewer numbers, however it is possible for every patient that is seen for the dentist/nurse to ensure every contact count’s is still delivered on the current campaign.

It is also important to:

* Deliver and any other important health information they may require upon the dentist reviewing the patient’s social and medical history etc.
* Campaigns and important information can also be placed on the practice’s social media account if this is available. Please ensure confidentiality and provide any appropriate links and contact information.
* A laminated information sheet with the relevant campaign’s important information messages with the local signposting information for the practice, listing relevant links to sites that are accessible for them, such as ONE YOU etc. can also be displayed.

I confirm that

❑ the practice is committed to delivering better oral health- Yes/no

❑ the practice meets NHSE contractual standards- Yes/no

❑ the practice complies with HTM01-05 essential standards and CQC standards- Yes/no

❑ all clinicians have been trained to level 2 in safeguarding Yes/no

## Signed………………………………… Date…………

## HLD practice lead

## I confirm that I have seen the evidence to meet the healthy living dentistry level 1 requirements within this practice.

## Signed………………………………… Date…………

**LDN Chair**

I confirm I have seen the evidence to meet the Healthy Living Dentistry level 2 requirements within the practice.

## Signed………………………………… Date…………

**LDN Chair**