

**CANCER EXCELLENCE AWARD**

**Implementation**

* HEE Oral Cancer training session for the dental team
* GM PCF facilitated workshop for team
* GM Primary Care Facilitator to visit the practice and go through the framework below
* Cancer Excellence Award for practice

**Accreditation sheet for Healthy Living Dentistry**

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| **OUTOME SHEET****To be completed before facilitator visits** | **Evidence** | **Date achieved** |
| 1. Clinical team members have read guide and know where to find it in the practice | Discussion with facilitator |  |
| 2. At least one dentist and one team member (all team members are welcome) to attend the HEE oral cancer course See also point 7. | Certificate from HENW Maxcourse |  |
| 3. All dentists and therapists in the practice to complete online training(BDA/CRUK oral cancer toolkit) ‘Carrying out a head and neck exam’ <https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/> | CertificateAim to undertake this over next 12mnths |  |
| 4. All dentists and therapists to familiarise themselves with online referral system.  | Discussion |  |
| 5 (a). The practice will have evidence of a system to prompt them to ask patients about smoking and alcohol consumption behaviours as part of the regular dental examination visit: *e.g. custom screen on clinical IT system, additional question on medical history form.* | Medical historysAction to undertake this over next 12mnths |  |

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| 5 (b)The practice will have resources and up to date information available for patients which provide advice and information about local smoking cessation and alcohol services and healthy eating. (e.g. leaflets, screens, campaigns). | Healthy Living Dentistry Campaign or sight of literature available |  |
| 6. The practice undertakes to see patients with cancer needing an urgent assessment prior to cancer treatment.  | Verbal agreement |  |
| 7. Practice staff will participate in a facilitated team meeting to:* Increase knowledge related to the local oral cancer good practice guide
* Disseminate learning from training
* Implement this team action plan to enable tools from within the good practice guides to become embedded within the daily routine of the practice protocols
 | Notes of meetingAction plan and date whole team informed of introduction of the guide materials. |  |
| **PRACTICE NAME** |  |
| **CONTRACT NUMBER** |  |
| **NAME OF PROVIDER OR PRACTICE MANAGER** |  |
| **SIGNED** |  |
| **DATE COMPLETED** |  |
| **Comments from gm primary care facilitator (gm pcf)** |  |
| **NAME OF GM PCF** |  |
| **SIGNATURE (GM PCF)** |  |
| **DATE COMPLETED** |  |