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**Healthy Living Dentistry North West**

**DEMENTIA FRIENDLY DENTISTRY AWARD**

**Dental Practice Outcomes**

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| **OUTCOME SHEET**  **All outcomes to be completed before the evidence can be submitted** | | **Evidence** | **Date achieved** |
| 1. The HLD Lead will facilitate a Dementia Friendly Dentistry (DFD) practice workshop to highlight the standards from the toolkit ensuring they become embedded within the daily routine of the practice protocols.  All attendees must complete the evaluation for the ECPD certificate  Evaluation link – <https://forms.office.com/r/xgnQ5ZwDin>  Please ensure the dental team have read the guide (see below) before completing the evaluation. | | Copy of practice team attendance certificate (supplied by HEE) |  |
| 2. All dental team members to read the guide and know where to find it in the practice | | Signed DFD declaration form with name and GDC number (declaration included evaluation form) |  |
| 3. At least one dentist and one team member (all team members are welcome) to attend the HEE Dementia Friendly dentistry course. | | Certificate from Health Education North West via Maxcourse |  |
| 4. The HLD lead and HLD champion to complete the dental practice environment audit. | | Copy of completed audit |  |
| 5. The practice becomes a member of their Local Dementia Action Alliance <https://www.dementiaaction.org.uk/north_west> and uploads a copy of any actions from the dental practice environment audit to improve the patient experience. | | Upload actions to be undertaken to the Local Dementia Action Alliance website |  |
| 6. The practice will have evidence of improvement of the practice environment in line with the action plan to improve the patient experience | | Photographs to send |  |
| 7. HLD Lead will ensure that the DFD outcomes are maintained  e.g briefing new members of staff | | HLD Lead’s full Name  …………………………. |  |
| HLD Signature  ………………………….. |  |
| **PRACTICE NAME** |  | | |
| **CONTRACT NUMBER** |  | | |
| **NAME OF PROVIDER OR PRACTICE MANAGER** |  | | |
| **SIGNED** |  | | |
| **DATE COMPLETED** |  | | |
| **All evidence to be submitted to CPGM.** [**dental@cpgmhealthcare.co.uk**](mailto:dental@cpgmhealthcare.co.uk) | | | |

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| **ACCREDITATION PROCESS** | |
| **Review feedback:** |  |
| **Accreditation by:** |  |
| **SIGNATURE** |  |
| **DATE COMPLETED** |  |