**CANCER EXCELLENCE AWARD**

**Implementation**

* HEE Oral Cancer training session for the dental team
* GM PCF facilitated workshop for team via teams arranged with the PCF
* GM Primary Care Facilitator to go through the framework below, via email or telephone
* Cancer Excellence Award for practice

Accreditation sheet for Healthy Living Dentistry.

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| **Outcome measure- 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 and signed word document |  |
| 2. At least one dentist and one team member (all team members are welcome) to attend the HEE oral cancer course | | certificate |  |
| 3. All dentists and therapists in practice to complete online training (BDA/CRUK oral cancer toolkit) ‘Carrying out a head and neck exam’ This is available via the Examination Tab. ’<https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_open/index.html>  **PLEASE GO TO AND COMPLETE THE ‘EDUCATIONAL QUIZ’ TO RECEIVE YOUR CPD** | | Certificate |  |
| 4. All dentists and therapists to familiarise themselves with online referral system. At least one dentist to undertake training on electronic 2 week referral (**available on the Dental Referral site under ‘Pathways and Referrals – ‘’referral Process – 5 lessons’** | | Discussion  Certificate |  |
| 5. 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.*  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) | | Medical history form  Sight of literature available photograph send to PCF |  |
| 6. The practice undertakes to see patients with cancer needing an urgent assessment prior to cancer treatment. | | Verbal agreement and signed word document |  |
| 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 meeting  Action 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** |  | | |
| **Name of GM Primary care facilitator** |  | | |
| **Comments from primary care facilitator** |  | | |
| **Date & Signature of facilitator** |  | | |