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Poster Abstract

## Delivering Keep Well Health Checks within General Dental Practices

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### Abstract

**An introduction** (comprising context and problem statement): The Keep Well programme aims to reduce health inequalities by recognising that quick access to health advice, treatment and support can have a positive impact on the health and wellbeing of targeted populations from deprived and/or disadvantaged communities. The aim of the Programme is to build primary prevention into normal practice, specifically through offering systematic cardiovascular risk assessments (CVD) and related follow up services and support to those communities and specific populations eg. vulnerable groups, at higher risk of premature CVD because of their life circumstances. The dispersion of deprivation across NHS Ayrshire & Arran means that a single model of delivery would be ineffective. Therefore alternative delivery approaches are required if the geographical, individual and diverse needs of the local population are to be fully addressed.

**Short description of practice change implemented:** The General Dental Practices (GDP's) provide a service to individuals in some of the most deprived areas of Ayrshire. It seemed logical that, given the number of eligible Keep Well patients in these areas, that wherever possible, contact with healthcare service provision should be maximised as this will enhance patient choice and improve access to the programme. It also allowed the linkage between periodontal health and cardiovascular disease to be explored.

**Aim and theory of change:** To identify the effectiveness of delivering a keep Well Health Check within General Dental Practice's and the benefits this will bring to the practice and the patients. To establish whether there is a link between oral health and cardiovascular health

**Targeted population and stakeholders:** Patients aged 30-64 from SIMD 1 (0-20% most deprived areas), attending their GDP Delivered within 2 dental Practices.

Patient lists are screened by the Keep Well (KW) team for eligibility. They then provide GP's and the 2 GDP's with a revised list of patients to be screened, which is updated by KW as patients are seen to ensure information is shared and to avoid duplication. Patients can then be referred to the KW team (health and Wellbeing) or local community agencies for help in addressing lifestyle issues.

**Timeline:** January-February 2014 - during the first 2 months of health check deliver, a total of 83 people received a health check.

**Highlights** (innovation, Impact and outcomes):

- Literature review suggests link between periodontal health and cardiovascular disease is extremely complex and multi-factorial
- Telephone engagement was most effective
- Patients reported high level of satisfaction of health check experience, as the time allocated for the appointment enabled them to share any health concerns and also offered them a choice if they did not wish to attend their GP
- Staff reported skill development and new insight into health and lifestyles
- Positive correlation between ASSIGN scores and periodontal scores was found but not significant due to cohort size
- Patient and staff stories reflect increased knowledge of health and lifestyles.

**Comments on sustainability:** The GDP staff have been trained to deliver the Health check and it has been incorporated into routine dental appointments.

**Comments on transferability:** Health Check Training has been provided to staff within a Learning disability setting and also within Carers centres in the 3rd sector. The health check has been incorporated into the admission process for patients with a learning disability and the registration process for carers attending the Carers centres.

**Conclusions:** (comprising key findings) Delivery of the health Check is effective and beneficial to patients and staff within GDP's, as it provides a seamless transition between health care professionals and patients, that is not only holistic but individually tailored.

Delivery of the health check within GDP's has been shown to be appropriate, as people with Periodontal disease are at greater risk of developing CVD than those without

**Discussions:** People appreciate the opportunity to proactively address their health and found the GDP's to be a suitable venue as they did not associate it with being unwell.

**Lessons learned:** Personal engagement (either face to face or telephone), rather than a written invitation ensured that patients attended their appointments.

## Keywords

keep well; health checks; dental

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## PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>