RCGP
NI

Royal College of General Practitioners

A MODEL PRACTICE FRAMEWORK

A Model Practice Framework

Foreword

Primary care is the cornerstone of the health service in the UK, and as such, high quality patient care must remain paramount. To ensure this, it is essential that GP's and their practices remain at the forefront of healthcare delivery and development in Northern Ireland, especially given the changing healthcare environment within which it finds itself.

Within the 10 Year Strategy document 'The Future of General Practice in Northern Ireland, launched in February 2010, the Royal College of General Practitioners (NI) and the General Practitioners Committee (NIGPC) of the British Medical Association (BMA (NI)) considered the challenges facing general practice.

As a result RCGP (NI) considered both the demand and supply sides of general practice to develop a 'model practice' framework for use by practices to ensure effective business and management at practice level.

The advantages of developing such a framework was that patients would be served by a quality driven management framework which took account of their needs from general practice and that practices would benefit through the use of a quality driven model practice framework applicable for use in practices of various sizes.

The framework which has been developed includes the critical success factors for an effective GP practice in terms of practice development, planning and the provision of services, practice organisation and the management of risk, the practice as a learning and training organisation and patient involvement and communication.

In terms of addressing these critical success factors the framework advocates that practices should adopt a 'two stage' approach highlighting those areas in Stage 1 which are fundamental to the success of a practice and advocating that practices should also consider those factors outlined in Stage 2 in order to fulfil the requirements of the framework.

The framework allows a practice to adopt a formative approach to meet the challenges of the next decade.

Whilst adoption of the framework is not in itself a quality accreditation it provides practices with a sound basis from which they can aspire to achieve a recognised quality standard.

RCGP (NI) operates a number of quality initiatives and accreditations that are available for practices that can be of assistance in achieving these standards.

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Practice Development Planning and Provision of Services

Stage 1

1	Prevalence
	The prevalence (rate/1000 patients) of common clinical conditions (especially in relation to Quality and Outcomes Framework) should be compared with the national and regional figures and trends. The differences between the two sets of figures can be used to enable the practice to address any health needs and inequalities.

2	Choice of a Doctor
	The practice should offer patients a choice of female/ male doctors/ nurses for routine appointments.

3	Child Protection
	All individual healthcare professionals within the practice should have access to information on local procedures for Child Protection and be able to access these. The practice should also have a named member as a Child Protection Lead. The practice should have a written policy for consent to the treatment of children that conforms to the Children's Act 2004.

4	Childhood Vaccination
	The practice should achieve the higher rate targets for primary and pre-school immunisations or be able ascertain why such targets have not been reached.

5	Childhood Development
	The practice should assess children's development at the intervals agreed in local guidelines and implement protocols to ensure problems arising are followed up.

6	Children Registering
	The immunisation status of children registering with the practice should be checked and they should be offered any immunisations that are not recorded.

7	Services for Teenagers and Young Adults
	The practice should provide services which are acceptable to teenagers and young adults; be able to identify areas of good practice and areas of improvement, with particular focus on accessing contraception. The practice should have a written description of services which is regularly monitored and updated.

8	Pre-conception Advice
	The practice should have a protocol for providing pre-conception advice, which is reviewed in line with current best evidence. The protocol should consider relevant issues and how they could be implemented.

9	Emergency Contraception
	The practice should have a protocol for responding to requests for emergency contraception. The protocol should include: • Removal of any barriers to the patients receiving contraception within the appropriate timescales • Clinical management details including potential follow up • Giving of advice on long acting reversible contraception • Alternative arrangements if one or more clinicians decline to take part in these arrangements

10	Chronic Disease Management
	The practice should produce and use a range of disease management protocols for the care of patients. This should cover both the common and significant diseases dealt with by general practice. Protocols should take into consideration the training needs of the practice team. Protocols should also be evidence based and regularly reviewed. The practice should operate an audit programme for the care of patients with chronic diseases using the criteria in their protocols.

11	Management of Dementia
	The practice should have a structured approach to the early diagnosis, assessment and management of dementia. The practice should also produce a disease management plan which demonstrates this approach.

12	**Management of Depression**
	The practice should have a structured approach to the early diagnosis, assessment and management of depression and the detection and management of post natal depression. The practice should also produce disease management plans which demonstrate this approach.

13	**Management of Mental Health**
	The practice should ensure that patients with schizophrenia, bipolar affective disorder and other psychoses should have a review recorded in the preceding 15 months. The review should include routine health promotion and prevention and advice appropriate to their age, gender and health status.

14	**Identifying Carers and their Health Needs**
	The practice should have a protocol for the identification of carers and a mechanism for the referral of carers for carers' assessment. The practice should have a written protocol and should monitor its implementation. For example, a random sample survey of patients' (identified as a carer) notes showing that a referral was offered. The practice should offer access to health professionals for regular health checks to address their physical, psychological and social needs.

15	**Patients with Sensory Impairment**
	The practice should have protocols in place to assist patients with sensory impairment and should regularly monitor and update these on a regular basis. The practice should have a written protocol which is regularly monitored and updated.

16	**Risk Evaluation**
	The practice should collect information on the factors that put their patients' health at risk including significant family history, exercise, body mass index and drug and alcohol use. The practice should have a written protocol regarding the recording of factors that put patients' health at risk including stating where this information is recorded in case records (including computer records).

17	Workforce Planning
	The practice should develop and monitor its workforce so that it is appropriate to patients' needs.

18	Planning and Evaluating Services
	The practice should plan and evaluate how their services are designed to assess and meet the needs of individual patients and their patient population. Plans should include an access policy, home visiting policy and how clinical staff availability is monitored.

Practice Development Planning and Provision of Services

Stage 2

19	Children with Disability
	The practice should identify and support children who have an impairment and identify and support parents and carers whose children have impairments. The practice should have a written protocol which is regularly monitored and updated.

20	Monitoring Children's Needs
	The practice should ensure that children who are overdue for developmental checks or vaccinations or who do not attend hospital and other out patient appointments are identified and followed up. The practice should have a written protocol which is regularly monitored and updated.

21	Meeting Special Health Needs
	The practice should ensure that their services meet the diverse needs of families that are vulnerable or disadvantaged, or have special needs, and who may need targeted health promotion activities or support.

22	Sexually Transmitted Diseases
	The practice should operate an agreed policy for prevention, investigation, management and referral for sexually transmitted diseases which is reviewed in line with current best evidence.

23	Patients with Learning Difficulties
	The practice should have protocols in place to ensure that people with learning disabilities are offered access to the full range of health services, including preventive services, to meet their needs. The practice should have a written protocol which is regularly monitored and updated.

24	Carers Needs
	The practice should identify parents, carers and young carers who themselves have a condition or behaviour that may affect their capacity to parent or care for their children or dependent(s), and provide additional support where needed. The practice should have a written protocol which is regularly monitored and updated.

25	Co-ordinated Care/Co-morbidity
	The practice should ensure that the care of people with multiple problems is co-ordinated. This should include a protocol to identify and manage these patients.

26	Planning Services to Address Health Needs and Inequalities
	The practice should have a structured approach to addressing health needs and inequalities which includes: (a) developing services that meet the needs of vulnerable, disadvantaged and 'seldom heard' patients; (b) ensuring that vulnerable groups are encouraged to participate in health promotion activities, such as breast screening, cytology, smoking cessation and other healthy lifestyle programmes; (c) working with the HSCB and other agencies on community development initiatives that endeavour to meet the health needs of patients.

27	Identifying Risk Factors for Individuals and Specific Groups
	The practice should have a protocol in place to collect information on the risk factors particular to their practice population and individual patients. This should include the recording of factors that put patients' health at risk including stating where this information is recorded in case records. Information should include significant family history, exercise, body mass index and drug and alcohol use.

28	Business Development Plan
	The practice should have a business development plan which contains clear objectives, timescales and takes account of both local and regional priorities. The plan should take account of prescribing policies, referral policies and any other directives coming from the DHSSPS. A Practice Development Plan may include; • Clinical Effectiveness • Prescribing • Information Technology • Health and Safety • Training and Development • Resource Implications

29	Commissioning
	The practice should contribute to the commissioning process where this is possible (and appropriate to the devolved administration). Team members should have the opportunity to contribute to the commissioning process by identifying ways in which local services can be improved.

Practice Organisation and Management of Risk

Stage 1

1	New Patient Health Check
	The practice should offer new patients a consultation to ascertain details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height, weight, BMI). Such consultations, suitably adapted, should also be offered to newly registered children.

2	Discrimination
	When patients request to join the practice list, the practice should not discriminate on the grounds of: • race, gender, social class, religion, sexual orientation or appearance • disability or medical condition

3	Continuity of Care
	Interpersonal continuity of patient care should be a priority when booking appointments. The practice should ask patients who they want to make an appointment with and offer an appointment with that doctor whenever possible.

4	Patients Dying at Home
	The practice should have a protocol to alert the out-of-hours service or duty doctor to patients dying at home. The protocol should also ensure that the relevant team members are informed about patients who have died. The protocol should include information on the condition, current management plan, carer details, patient awareness and wishes and treatment. The protocol should also include details regarding informing team members of a patient's death.

5	Palliative Care
	The practice should have a complete register of all patients in need of palliative/supportive care. Criteria for inclusion on the register should be consistent with prognostic criteria for advanced disease described in the GSF and with the use of the DS 1500.

6	**Staff Handbook**
	The practice should have an office protocol manual covering the administrative procedures and systems for the daily running of the practice to which team members have access. These protocols should be discussed and agreed by team members and are reviewed at least annually. Temporary staff employed by the practice should be made aware of the manual and allowed access to it.

7	**Induction Training**
	All practice team members should have full training at induction and refresher training as appropriate.

8	**Occupational Health Services**
	All practice team members should have access to occupational health services where available and should be enabled to use them.

9	**Personnel Records**
	The practice should ensure that accurate and complete personnel records are kept confidentially and securely. Personnel records should include contract of employment and particulars of terms of service, offer letter, references, signed acceptance of the staff handbook and associated protocols and an up-to-date job description.

10	**Temporary and Clinical staff (Effective Working)**
	Information on the practice protocols and procedures, and local facilities and services available should be provided by the practice to guide specialty training registrars, locums and other temporary clinical staff who work on the premises.

11	**Non-clinical Reporting Structure**
	Responsibilities for management, administration, accountability and reporting structures within the practice should be clearly defined and understood by the practice team members.

12	Health and Safety
	The practice should be able to identify possible health and safety risks to team members, take steps to minimise them, and have protocols in place for responding when/if adverse events occur. The Practice should meet the statutory requirements of the Health and Safety at Work Order (Northern Ireland) 1978 and comply with the current approved code of practice in management of health and safety at work regulations. The practice should have a written health and safety protocol and all staff should be aware of employment and health and safety legislation.

13	Premises and Lighting
	The premises should be temperature regulated, well lit and well maintained.

14	Safe Equipment
	The practice should appraise medical equipment and devices, to ensure that they are suitable for purpose, up-to-date, well maintained and stored properly. Staff competence should also be up to date. Appraisals should include strengths and weaknesses of the current arrangements and changes the practice would like to make.

15	Infection Control (Medical Instruments)
	The practice should have evidence to demonstrate the actions which it takes to prevent and control infection. The arrangements for instrument sterilisation and decontamination or disposal of disposable instruments should comply with national guidelines (NICE Clinical Guideline 2 Infection Control - Prevention of healthcare-associated infection in primary and community care, 2003) as applicable to primary care.

16	Results Policy and Follow-up of Results
	The practice should have a written protocol for informing patients or, where appropriate, families and carers, of the results of investigations and the protocol should be explained to them. Where an incoming result, report or investigation requires follow-up the practice should have a protocol in place to ensure it occurs. The practice should have a written protocol for their reference.

17	Messages
	The practice should operate a reliable system to ensure that messages and requests for visits are recorded and that the appropriate doctor or team member receives and acts upon them. All practice staff should have full knowledge of the system.

18	Managing Clinical Information
	The practice should have a protocol which ensures that incoming clinical information is seen by a GP in the practice, to view and action before or after being filed in the patient's record.

19	Summarising Policy
	The practice should have a written protocol stating the content of clinical summaries, an effective system for updating and maintaining summaries and a copy of training procedures for person(s) responsible for content of clinical summaries.

20	Discharge from Hospital
	The practice should operate a protocol regarding the management of patient care following discharge from hospital. This should include reviewing any amendments to medication and working with intermediate or social care providers.

21	Clinical Emergency
	The practice should have a protocol to ensure that an appropriate healthcare professional can be contacted promptly in the case of emergency.

22	Minor Surgery
	The practice should keep a record or log of their minor operations which should have the following information recorded; (1) date; (2) patient name; (3) procedure performed; (4) team members involved; (5) whether a specimen was sent for histology; (6) patient consent; (7) complications; (8) patient informed of result.

23	Consent Policy
	The practice should have written protocols which are implemented, monitored and reviewed, for seeking, reviewing and acting on informed and valid consent from people who use services, in line with professional guidance.

24	Drug Storage and Use
	The practice must adhere to the requirements of the Medicines Act for the storage, prescribing, dispensing, recording and disposal of drugs, including controlled drugs. The practice should have a system for checking expiry dates of emergency drugs at least on an annual basis. The practice should have a named person responsible for carrying out appropriate checks. The practice should have a written policy on the storage, issue and security of both computer and hand written and stock prescriptions Vaccines should be stored in accordance with manufacturers'' instructions. • Fridges in which vaccines are stored should have a maximum thermometer and daily readings recorded on working days. • Batch numbers should be recorded for all vaccines administered • Consent to immunisation or contraindications, if they exist, should be recorded in the records. • Staff involved in the administration of vaccines should be trained in the recognition of anaphylaxis and be able to administer appropriate first line treatment.

25	Chaperone Policy
	The practice should operate a chaperone protocol, which is understood and complied with by all team members. This should also be advertised to patients.

26	Medication Review 1
	The practice should record a medication review in all notes for patients being prescribed repeat medicines. This review should include the patients understanding and use of their medication, significant side effects, any appropriate monitoring and a review of the need for continued treatment. The practice should review its prescribing regularly, including adherence to their formulary and cost effective prescribing.

Practice Organisation and Management of Risk

Stage 2

27	**Declined National Screening**
	The practice should have a protocol on how to identify and follow up people who decline cervical screening and for identifying people who decline other national screening programmes.

28	**New Prescribers**
	The practice should have a protocol in place to monitor any new prescribers employed by the practice. This should be a written protocol which applies to prescribers who have begun prescribing in the past 12 months. The protocol should describe a system for reviewing consultations with new prescribers, and a summary of what actions are to be taken if there are any causes for concern.

29	**Non-collection of Prescriptions**
	The non-collection of prescriptions held by the practice should be monitored and followed up. The practice should have a written protocol on the monitoring, follow up and destruction of these.

30	**Medication Review 2**
	The practice should carry out at least a Level 2 medication review. The underlying principles of any medication review, whether using the patient's full notes or face to face are: • all patients have the chance to raise questions and highlight problems about their medicines • the medication review seeks to improve or optimise impact of treatment for an individual patient • the review is undertaken in a systematic way by a competent person • any changes resulting from the review are agreed with the patient • the review is documented in the patient's notes • the impact of any change is monitored

31	**Children at Risk**
	The practice should have a surveillance system for at-risk children known to the practice in place to ensure that they can be easily identified from their record. This should be removed when it is considered the child is no longer at risk.

32	Palliative Care 2
	The practice should have clinical indicators of need for palliative care which are prognostic clinical indicators of advanced or irreversible disease and include 1 core and 1 disease specific indicator in accordance with the GSF www.goldstandardsframework.nhs.uk and/or subject of a DS 1500 form.

33	Palliative Care Meetings (Stage 2)
	The practice should have regular multidisciplinary case review meetings where all patients on the palliative care register are discussed as part of an end of life care strategy.

The practice also has a commitment to learning from their experiences in providing palliative care. |

34	Staff Health
	The practice should assist and enable team members to maintain their own physical and mental health. The practice should also develop internal mechanisms of support and be aware of external support systems.

35	Performance Concerns
	The practice should protect patients as well as supporting a colleague if their conduct, health or performance puts patients at risk.

The practice should have a protocol in place on how to manage the situation where a colleague's health, conduct or performance gives cause for concern. |

36	Safeguarding Patients
	The practice should take action to safeguard patients and their families from abuse happening through contact with the service and respond appropriately and in line with relevant guidance when suspected abuse has occurred.

37	Information Governance (Patient)
	The practice should ensure that patient records, whether electronic or paper, are stored, retained, accessed and destroyed in line with good information governance and the confidentiality of patient data is respected by the whole team. The practice should also have a written protocol regarding this.

38	Data Entry
	The practice should have an agreed protocol for data entry in clinical records, which should include: • Clinical entries • Prescribing • Test results • Recording adverse reactions and allergies • Data refinement and amendment Practices should be able to handle diagnostic amendments to ensure that patient records are as correct as possible. It is important that records do not contain information which may mislead another health professional using them. This includes changed diagnoses, incorrect data and dealing with inactive conditions. Reasons for altering data entries should be documented in the records.

39	Quality Improvement Strategy
	The practice should have a written quality improvement strategy for clinical governance which enables quality assurance of its services and promotes quality improvement and enhanced patient safety. The strategy should be implemented throughout the service and its effectiveness reviewed regularly. It should include the whole practice team.

40	Disaster and Recovery
	The practice should have disaster and recovery plan. The written disaster and recovery plan should identify the most likely events that would severely impair the practices ability to maintain normal services. The plan should be reviewed annually. Maximising patient safety and continuity of care should be addressed in the plan. Team member safety should be planned for in the event of a disaster. Response networks should also be established and tested.

41	Premises Appraisal
	The practice should appraise the premises to assess suitability for providing the service and compliance with relevant legislation and guidance. The appraisal should include strengths and weaknesses of the current arrangements and changes the practice would like to make to improve the working environment, including safety and patient care. The practice should also have an action plan and be able to demonstrate progress towards making any identified necessary improvements. This should be done on an annual basis.

42	Electronic Data
	The practice should have a written protocol for the electronic transmission of patient data (in line with national policy and recommendations). The practice should have a protocol for transferring data when patients leave the practice. The practice should have a designated individual responsible for confidentiality (Data Protection Act).

Practice as a Learning and Training Organisation

Stage 1

1	**Professional Competence 1**
	All members of the practice should be suitably trained and supervised and the practice should ensure that their skills are kept up to date. They should only carry out consultations, treatments and procedures which are within their competence. All professionals working in the practice should be covered by appropriate indemnity insurance. The practice should have protocols in place which are available to health care team members for demonstrating and maintaining professional competence, e.g. appraisal, learning development plans, clinical supervision, preceptorship and reflection on practice. All clinical staff including locums, nurses and HCAs should have appropriate training in clinical support/supervision.

2	**First Contact**
	All first contact team members in the practice should be trained to recognise and respond appropriately to urgent medical matters. First contact team members should be trained to recognise the need for basic life support and respond appropriately. They should always be available. A suitably trained team member should always be available. All first contact team members should have received training at induction and at intervals according to local/ regional policy.

3	**New Patient Check (Staff Training)**
	The practice should have a written protocol to ensure that team members offering new patient checks are trained in recognising actionable findings and taking relevant action.

4	**Clinical Safety (Team Meetings)**
	The practice should build a culture of safety and take action to implement learning. It should have a protocol to identify and learn from all patient safety incidents, significant events and incidents, recommendations and alerts from external bodies. The practice should also share learning points with all team members and any relevant outside agencies.

5	**Management of Illness 1**
	The practice should be able to demonstrate a commitment to the principle of early diagnosis and teamwork. The practice should review the care of patients with a new diagnosis of malignancy and the educational value of the lessons learned should be disseminated to all relevant staff.

6	**Formulary**
	The practice should adopt and use a formulary for prescribing. The practice should audit aspects of its prescribing formulary on a regular basis.

7	**Professional Competence 1**
	The practice should use appraisal as a constructive opportunity to review performance objectives, progress and skills and identify learning needs in a protected environment. The learning needs identified may be personal to the appraisee and/or organisational learning needs which the appraisee has agreed to fulfil. The outcome of the appraisal should be a written action plan agreed between appraiser and appraisee which should include a Personal Learning Plan for the appraisee. All team members who are appraisers should be appropriately trained in appraisal techniques.

Practice as a Learning and Training Organisation

Stage 2

8	Implementing New Guidance
	The practice should ensure that patients receive services which are safe and effective and should evaluate and implement relevant good practice evidence and guidance. The practice should have a written protocol for receiving, evaluating, disseminating, implementing and reviewing relevant new evidence based guidance.

9	Clinical Safety (Significant Event Analysis)
	The practice should have regular team meetings to discuss clinical and safety issues and protocols where all practice and attached team members are invited to attend and contribute. Team meetings should include peripatetic locums, where appropriate and involved with complaints, SEAs and audit, and should be scheduled at appropriate times to allow them to attend. Records should be kept of decisions made and actions to be taken at the meeting. These should be made available to relevant team members.

10	Audit Cycle
	The practice should regularly audit its work, demonstrating the full audit cycle and the application of criteria and standards where appropriate. Audits should cover a range of topics including clinical care, patient safety, communication with patients and practice organisation. This information should be used to evaluate and set goals as to how the service could be improved. The practice should have an annual plan (e.g. audit calendar/cycle) for the forthcoming year including the name of the lead practitioner.

11	Professional Development
	The practice should identify and allocate resources, including funding, to professional development for all team members. All members of the team should have an equal opportunity to access training and resources: this could include study leave, in-house training and protected time initiatives etc.

12	In-house Education
	The practice should have in-house educational events relating to its development plan. These should include opportunities for multidisciplinary training for team members and all team members should be encouraged to take part.

13	Personal Learning
	The practice should have a system for linking personal learning plans for continuing professional development to the practices needs. The practice should develop a practice learning plan which follows from the practice development plan.

Patient Involvement and Communication

Stage 1

1	Confidential Discussion
	The practice should have a protocol for private discussion between patients and non-clinical team members.

2	Dignity and Respect
	All practice team members should treat people who use their services with dignity and respect, promote independence, maintain patient confidentiality at all times and have signed a confidentiality agreement.
	The practice should have a confidentiality clause in all contracts of employment.

3	Bereavement policy
	The practice should ensure that bereaved relatives known to the practice are appropriately supported. A reminder system should exist to ensure contact and follow up of patients, families or care-givers at an appropriate interval after bereavement.

4	Removal from Patient List
	If a patient is removed from a practice list, the practice should offer an explanation of the reasons in writing to the patient and to the BSO. The patient should also be given information on how to find a new practice.

5	Dealing with Complaints
	The practice should ensure that information about how to make a complaint is readily available to patients. Patients who make a complaint should be given information promptly about its investigation, any changes that will result and given an apology if appropriate.
	The practice should have a written patient complaints protocol which should be consistent with the NHS complaints procedures.

6	Effective Communication
	The practice should have an effective and robust system of communication between team members, including team members attached to the practice.

7	**Access to Medical Records**
	The practice should have a system in place to allow patients access to their records on request, in accordance with current regulation.

8	**Information for Patients**
	The practice should provide relevant information to patients regarding practice opening hours, appointment availability and arrangements for care outside of normal contractual opening hours, using a variety of media. The practice should have a practice leaflet which is regularly updated, including a large type version for those visually impaired.

9	**Education Leaflets**
	The practice should provide patients with up to date and readily available education leaflets on a range of topics and health promotion literature. Accessible formats of information resources should be made available. The practice should also provide notices and educational displays for patients in the surgery conveying clear, informative and helpful messages which are sensitively displayed and up to date.

10	**IT Systems**
	The practice should use IT systems to assist patient communication and education for example on-line educational tools and practice web-site.

11	**Contacting the Team Directly**
	The practice should provide relevant information to patients and carers about arrangements for contacting the team members directly by telephone. The practice should inform patients of the approximate time when the telephone consultation will take place and arrangements should be advertised to patients.

12	**Communicating with the HSCB**
	All members of the practice team should know the relevant communication points within the HSCB for advice, complaints and communication.

13	**Emergency Admission**
	The practice should have an agreed mechanism for informing all relevant team members when patients are admitted to hospital as an emergency.

14	**Lateness Policy**
	When patients attend for appointments the practice should not keep them waiting unnecessarily and should inform them of the reasons for any delay.

Patient Involvement and Communication

Stage 2

15	Management of Own Care
	The practice should have a clear protocol, implemented in practice, monitored and reviewed, of encouraging and supporting patients and carers to understand and make decisions about their own care.

16	Encouraging Self Help
	The practice should offer patients and carers support and information about appropriate self-help and support groups.

17	Patient Involvement in Planning and Service Development
	The practice should have effective methods of working with, involving and communicating with patients and carers to plan, develop and implement services. The practice should encourage suggestions and feedback from individual patients. This feedback should be responded to by the practice. The practice should develop a Patient Participation Group as a method to help achieve these goals.

18	Engagement with Community and Voluntary sector
	The practice should engage with other agencies, groups and the community to help improve access to local services and local public health in order to prevent disease and promote the health of their patients.

19	Assisted Communication
	The practice should make provision for those patients unable to communicate effectively in english by providing an interpretation service. The practice should also make appropriate provision for patients with impaired hearing or impaired sight.

20	Patient Information on New Systems
	The practice should provide patients with information on new systems of working in the practice, both clinical and administrative.

21	Patient Survey
	The practice should survey its patients on an issue of particular concern to patients on a regular basis and act on the findings.

Bibliography

The Royal College of General Practitioners would like to acknowledge the following publications in the creation of *A Model Practice Framework*.

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