



August 2019 Edition



Tempus fugit

**Editorial by Emma Ridgewell-Howard,
Chief Executive at Kernow Local Medical Committee**

As a little girl, I never really understood why so many grown-ups were obsessed with Time, and why and where it went by, so quickly?

Many years on, I don't feel remotely grown up, but I certainly feel that Time continues to employ its rascally habit of running away, while I do my best to cling fast to its coat tails.

It was one year ago that I made the journey down to our offices in Victoria for the very first time. Since then, the LMC has been able to build on the work of Dr Pete Merrin and the LMC's hard-working Committee and Cabinet, welcoming an Executive team to help shape the direction and continue to strengthen the work of the Committee. Smaller than the Cabinet, I keep our clinical Exec members extraordinarily busy every day with the clinical questions, concerns and challenges that you raise. Without them and the wider advice and support of our Committee, I would be lost.

Many of you know Nicky Sherry, our Executive Administrator who is so often ably 'holding the fort' while I hop from meeting to meeting on your collective behalf; since October, Nicky has been joined by Rich Turner, our Communications Lead. In one fell swoop, Rich has made a tremendous difference to the volume and focus of our voice on behalf of general practice in the Duchy. I am immensely grateful to them both.

I am really proud that our Committee has grown to full capacity this year: each corner of our beautiful county is represented and we are already working on some regular snippets of information and ways to even better engage with you all at individual, practice and PCN level so that you know what your Committee is doing on your behalf. Much of their hard work goes unreported – to reach an outcome or a resolution, many hours of meeting, reading, listening and challenging takes place. Again, I would like to thank them; it is their graft that builds the relationships and challenges the status quo, for the benefit of all GP colleagues across Cornwall and the Isles of Scilly.

Our local Pastoral team has also grown in the past year. Led with wise counsel by Dr Francesco Scaglioni, its purpose is to provide a safe place and experienced support for any GP colleague who feels that they need someone to talk with, to share any problems – personal and/or professional. We have five members of our team, on hand to help whenever you need that. For a chat in confidence, please don't hesitate to contact me and I



will connect you with a colleague who can help you face anything that is worrying you. You are not on your own.

Speaking of recent worries, several of you have asked for help and guidance about pensions, how to work as a Clinical Director and how to access LMC support if you are a practice manager or other non-clinical member of staff. Updates will always be shared in our bulletins, but we also have some really practical seminars upcoming in the autumn, whether you feel yourself growing grey at the confusion caused by your pension or are on tenterhooks, trying to understand your role as a Clinical Director, there will be a space for you to bring your questions and leave with reassurance that we are here to help you. Please take a look at this month's newsletter for further details.

Likewise, whether you are a sessional doctor, a locum GP or a non-clinical member of your practice's dedicated team, we are always available when you need help.

Time may fly by, but you will find we are always here.



CAMHS update from Cornwall Partnership NHS Foundation Trust

**By Dr Tamsyn Anderson,
Director of Primary Care at Cornwall Partnership
NHS Foundation Trust**

Accessing children's mental health services can feel very challenging as a GP. Young people can be very distressed and it is a really difficult time for their families, friends and school teachers.

The CAMHS teams are much smaller than adult CMHT teams and cover larger areas, so relationships between practices and their CAMHS teams are rare.

Recognising that it is through these relationships that best care is delivered, CFT are seeking to improve understanding of the CAMHS teams with access to advice and support when needed, as well as increased understanding of what is available in the breadth of services across the county to support young people's emotional well-being.

Advice

In hours – referrals to CAMHS come through the early help hub (EHH). **Tel: 01872 322277**

There are experienced CAMHS nurses available in the early help hub who can advise about referrals and discuss appropriate therapeutic interventions offered across the county.



CONNECT

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The EHH also runs open days where GPs can attend and experience how the hub works and meet the multi-agency teams involved at work. Attending an open day counts towards children's safeguarding training and the team would welcome more GPs visiting. Please email april.sheppard@nhs.net if you would like to arrange this.

OOH – There is a CAMHS on call health care professional available via Bodmin switch board from 5pm-9am, 7 days a week. **Tel: 01208 251300**

There are also CAMHS nurses based in ED 7 days a week.

Referrals and waiting lists

All children are triaged to an appropriate service by the CAMHS nurses in EHH. This may include referral to one of the many thrive services in the county, eg xenzone.

Eligibility criteria:

https://intranet.doclibrary.cornwallft.nhs.uk/home?media_item=3363&media_type=10#file-viewer

Children meeting CAMHS criteria are then placed on a waiting list for treatment and will be contacted regularly by the CAMHS teams. See the flow chart on the next page.

If you have any concerns about a child on the waiting list please contact your area team lead.

CAMHS teams

Integrated Care Area	Team manager	Phone	Email
East	Graham Halden	01579 373 850	g.halden@nhs.net
Mid (from 20/8)	Jody Hearn	01726 873 292	Jody.hearn@nhs.net
West	Lesley Leadbeater	01736 571 070	Lesley.leadbeater@nhs.net

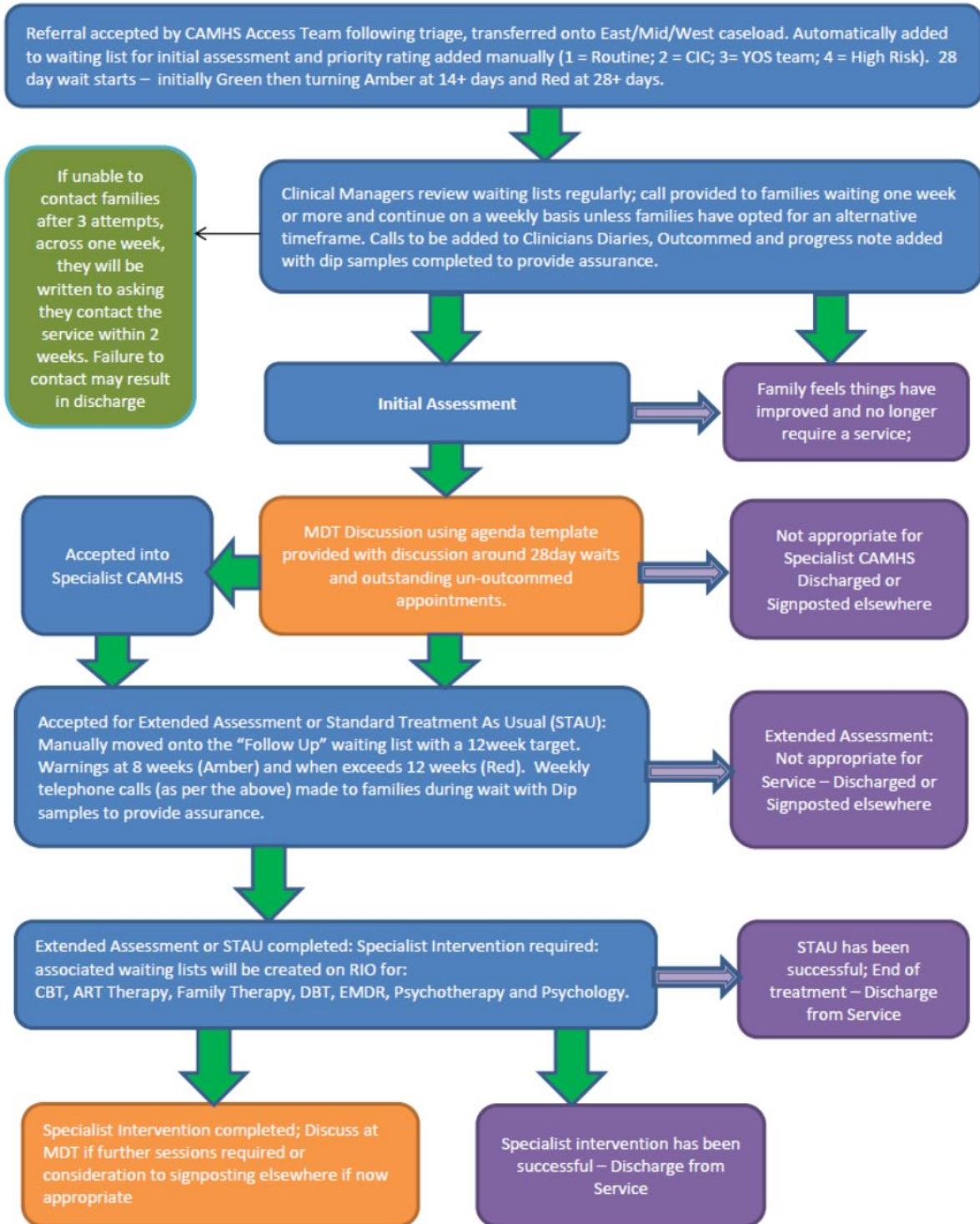
The local healthcare community and members of the public are invited to view Cornwall's first adolescent mental health unit on 31 August, 2019, from 10.30am to 4pm at Bodmin Community Hospital. This will give you an opportunity to tour Sowenna, explore the facilities which will be available to young people and meet some of the team who have helped Sowenna come to fruition. Its first patients will be admitted on Monday, 9 September, 2019. More information is available [here](#).



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CAMHS REFERRAL ACCEPTANCE AND WAITING LIST PATHWAY 2019





Update on Cornwall's Children and Young People's Eating Disorder Service (CEDS)

By Dr Mark Woodgate, Consultant Child and Adolescent Psychiatrist at Cornwall Partnership NHS Foundation Trust

We have changed our eating disorder pathway dramatically. We have a very good success rate with young people conquering their eating disorders at home. The service is delivered by four providers, Cornwall Partnership NHS Foundation Trust, Royal Cornwall Hospitals NHS Trust, Kernow Health and Plymouth Hospital NHS Trust. This provides wrap around care for the therapy and physical health needs.

We take on all aspects of care including physical monitoring. This joined up working around physical monitoring is an important part of the therapeutic process and managing risk. If families request your practice do the physical monitoring, we ask that you recommend that this is not the best approach and that they discuss it with us further.

We treat Anorexia Nervosa and Bulimia Nervosa using evidence-based treatments, primarily the Maudsley family-based therapy model. We provide group work and individual work. We provide an innovative parent group intervention. Parents have set up a local parent support group for those who have been in our service. We will admit for a three week period of supported feeding at RCHT or PHT. This approach has reduced inpatient length of stay and the number of admissions.

Referrals

Remember In anorexia nervosa, weight and BMI should not be considered the sole indicators of physical risk. You can be normal weight yet still have an eating disorder. With bulimia nervosa the young person is more likely to be older and to consult alone. They may not seek help for the eating disorder directly, but instead present with a range of symptoms (menstrual disturbances, gastrointestinal symptoms, fatigue, lethargy, anxiety or depression). Nice Guidance [NG69] has [key information](#) about how to recognise eating disorders.

The sooner someone with an eating disorder starts an evidence-based NICE-concordant treatment the better the outcome.

All suspected cases of eating disorders now come to us rather than to Specialist CAMHS. Referral guidance is on the RMS website – including information for families – [here](#).

We only require essential clinical information to reduce administrative and clinical burden on GPs and to prioritise young people based on clinical risk and ensure patient safety. We do not require GPs to exclude other possible medical causes. We are happy to receive referrals whilst awaiting blood test results. The key is to avoid delay in assessment and identify those

at most risk very early. After assessment we will redirect young people to other services if an eating disorder is excluded.

Email: cft.ceds@nhs.net Telephone enquiries: 01579 373850 / 07825 939113.

Places filling up fast for the local Practice Managers' Conference

A reminder that bookings are now being taken for practice managers – or equivalent – to confirm attendance at this event and to choose which workshops they wish to participate in.

Around half of the practices in Cornwall have already signed up and we'd encourage you to book as early as possible, as the workshops are available on a first come first serve basis.

The full-day event, which will take place at the Carylton Bay Hotel, costs £50 to include lunch and refreshments.

The booking form is available [here](#). The deadline to complete it is 30 September. The agenda – previously advertised in our newsletter – is available [here](#) and includes a mix of local and national speakers covering themes such as Primary Care Networks (PCNs) resilience, finances, HR and workforce.

The event is being run in partnership by Kernow Local Medical Committee and Kernow Health.

LMC database cleanse

As a membership organisation Kernow Local Medical Committee currently holds contact details for local GPs and practice managers – or equivalent – so they can elect LMC members, receive our communications, details of our events and important information we gather which has a direct impact on them.

We want to ensure that our contacts' database is accurate, so that our communications are received by the right people in a timely manner.

We would be grateful if you could provide the work email contact details of all your GPs – including partners, salaried and sessional – along with those for practice managers, or equivalent. Could we please have your submission by noon on Friday, 27 September.

The information will be used for LMC communications and won't be shared with any third parties, unless written permission has been given.

If any GPs or practice managers – or equivalent – no longer wish to receive our communications or be retained on our database, please notify us at admin@kernowlmc.co.uk by noon on Friday, 27 September and we will remove the details from our records.

We look forward to hearing from you and if you have any queries please contact us.

Evidence for housing applications

Cornwall Council's Housing Department has confirmed to the LMC that GP letters are not only 'not necessary' but are actively rejected as a form of healthcare evidence in support of housing applications from those with a medical/disability problem or experiencing mental health difficulties. Supporting letters from the patient's hospital consultant are applicable in these circumstances.

Long waits for GPs with bodies until police arrive

Devon and Cornwall Constabulary has acknowledged to the LMC that it is not good use of a GP's time to wait with the body after pronouncing an unexpected death until police officers arrive.

It follows recent reports to the LMC from GPs who were asked to wait with the deceased until the police could attend and it took the police 3.5 hours to arrive. GPs' time is better spent treating patients.

The Constabulary say their standard approach would be to request that someone responsible waits with the deceased until police attend, but this does not have to be the GP.

Meet our new-look LMC Committee

Our new LMC Committee is in place following the recent elections. A list of members is available on our website [here](#). We are publishing the biogs of all our members in our LMC newsletters.

Dr Steve Jefferies

Steve has been on the LMC since the 1990s and became a 'Doctor's Friend' shortly afterwards. As one of the Pastoral and Professional Support Services team he is passionate about providing both emotional and practical support to any doctors who are struggling in primary care for whatever reason.

Steve keeps his own stress levels down by directing and acting in productions at Sterts Theatre, on Bodmin Moor, or touring shows around Cornish communities. When he is not strutting his stuff on stage he can often be found bubbling away underwater enjoying the calm of the undersea world.

Dr Penny Tempest

I grew up in Par and Fowey, did my medical training at the Royal Free in London and all my post grad training, including GP training, in St Albans and Hemel Hempstead. After a two year stint as a salaried GP in Stevenage, the pull of Cornwall brought me back and I returned home in 1999.

I was a partner at Polkyth Surgery in St Austell until 2010, when I made the difficult decision to give up the stresses of a complicated partnership and become a locum. Over the last nine years I have established a great client base of practices across the county and like to think of myself as a part of their extended teams.

My particular interests within general practice are the development of social prescribing and the more holistic management of mental and emotional health issues. I am a fully qualified equine therapy practitioner, a service I provide via a couple of social enterprises in Cornwall,

and am also involved in the embryonic development of ecotherapy and creative therapy projects.

Away from work, I am a competitive dressage rider (you know, those dancing horses at the Olympics) an enthusiastic concert-goer with a very eclectic taste in music (Vaughan Williams to Black Sabbath covers it) and a compulsive craft supply hoarder.

Data Protection Officer service

By Trudy Corsellis, Deputy Director of Corporate Governance at NHS Kernow

As part of the new GP contract clinical commissioning groups (CCGs) are responsible for offering a Data Protection Officer (DPO) function to practices in addition to their existing DPO support services.

Having worked closely with Kernow LMC and Kernow Health CIC, we have produced a [leaflet](#) which aims to provide more clarity around roles and responsibilities. It also confirms the DPO function currently offered by Kernow Health CIC moved across to NHS Kernow with effect from 5 August, 2019.

If practices wish to rely on NHS Kernow for their DPO support, they are asked to:

- 1) Change their ICO DPO registration and website details from Maria Harvey to Trudy Corsellis, NHS Kernow CCG, Sedgemoor Centre, Priory Road, St Austell, PL25 5AS, Tel: 01726 627800.
- 2) Use Bev Gallagher as their first point of contact should they have any data protection queries – her contact details are beverley.gallagher@nhs.net Tel: 01726 627372.
- 3) Note that Bev will be in touch shortly to support practices achieve mandatory compliance with the [National Data Opt-Out](#) policy by March 2020.

Should practices prefer to use their own DPO, could they let Bev know by Monday, 2 September? The aim is to then issue a simple contract variation to confirm the change later in September. If you have any queries, please call Trudy on 07881804867 or Maria on 01872 221108.



Healthy GPs – Specialist Support Services – LMC Pastoral Support, GP Health, BMA Support

By Dr Andrew Tresidder, GP Health

Thank you for reading this and thank you for all your hard work on behalf of your patients. Work and life can be tough sometimes. Doctors all work hard – and often sacrifice parts of themselves to help our patients and practices. We may easily forget the airline safety advice, which is ‘Put on your own oxygen mask before helping anyone else’.

For any health issues, the first port of call may be our own GP. For a variety of reasons, we may find this difficult – especially for psychological or mental health issues. Doctors often feel ashamed if they are struggling, and choose not to see their GP, or indeed anyone. We may also lose insight into our needs, because we are working hard, or have drifted out of balance without realising it.

Symptoms of this may include not having time to pursue family, hobbies or interests, or seeing the people who nurture us in our lives. We may also develop any of the symptoms of anxiety or distress. We may even feel that we cannot carry on as we are.

At a time of personal or professional difficulties, we can all be helped – if we acknowledge the need. The **LMC Pastoral Support Service** is there to help us with practice, personal or professional issues. More information about the service and how to access it is available [here](#).

GP Health is a confidential NHS service to help GPs and GP trainees with psychological issues, mental health issues or addictions. It is not instead of your own GP, nor in an emergency nor occupational health service – but is an alternative service for doctors who need help. If you register (self-referral to 0300 0303 300, see www.gphealth.nhs.uk for details), expect a short telephone registration. You can then choose your GP Health Doctor – there are ten across the South West. You can expect an assessment appointment of up to 90 minutes, followed by a plan going forward.

BMA support is available for all doctors and medical students [here](#).

Putting fuel into your own tank is a must-do – not an option – after everything else has been done. How many of us or our colleagues have run on ‘empty’ at times? Maybe Health and Self-Care could be a PDP item?

We owe it to ourselves and our profession to normalise asking for help – own oxygen mask always needed!

Indemnity and travel vaccinations

A reminder that the Department of Health and Social Care (DHSC) has announced that from the end of July **chargeable** travel vaccinations will not be covered by the Clinical Negligence Scheme for General Practice (CNSGP). This is a small but significant change and practices must check their indemnity and ensure they have sufficient cover for this activity if they choose to continue to provide this for patients. Read more [here](#).

Flu template for completion

NHS England's (NHSE) and Public Health England's (PHE) national teams are trying to establish which manufacturers/suppliers GP practices have used to order their QIV (under 65) flu vaccines. Local practices are urgently requested to complete this short [survey](#) which takes five minutes.

Flu vaccines

NHSE has sent a letter to practices via its regional teams about the supply of flu vaccinations for 2019/20 stating that, due to a delay in the World Health Organisation (WHO) publishing its recommendations to manufacturers as to which strains should be included within flu vaccines for the upcoming year, there may be a changes to delivery schedules for QIV vaccines. Whilst manufacturers should inform practices if there are any changes to their delivery schedules, practices may wish to contact their supplier to confirm agreed delivery dates.

Administration of flu vaccination to health and social care staff

For 2019/20, health and social care organisations administering seasonal flu vaccination to staff (eg peer to peer vaccination in GP practices and nursing homes, etc) will no longer be covered by the Patient Group Direction (PGD). Settings and organisations offering employees seasonal flu vaccinations will need to use a written instruction for seasonal influenza vaccination that has been signed and authorised by an appropriate doctor. Once adopted and medically authorised the written instruction allows named registered nurses to administer the seasonal influenza vaccination to the organisation's staff, including as a peer to peer vaccinator. Immunisers must be trained and competent to work in accordance with the written instruction.

More information is available [here](#) – including a link to a written instruction template document and an FAQ document.

PGD document retention

Practices are reminded that the final authorised copy of a PGD should be kept for eight years after its expiry date if it relates to adults only (10 years if relates to an implant) and for 25 years after the expiry date of the PGD if it relates to children. More information is available [here](#).

New guidance available on PCNs

The General Practitioners Defence Fund (GPDF) has continued to work with the legal team at Pennington Manches to prepare guidance, advice and information in relation to PCNs, and specifically Clinical Directors.

A new suite of material is available to download from the GPDF website [here](#). This includes:

- Clinical Director contracts – guidance note
- Guidance note for practices employing staff for the PCN.
- And a series of template contracts dealing with six possible models:

- 1) self-employed consultant engaged by a lead practice (which is identical to one engaged under the Hybrid model)
- 2) self-employed consultant engaged by a federation to which the activities of the PCN have been delegated
- 3) self-employed consultant engaged by all practices of a PCN (the flat model)
- 4) employed Clinical Director employed by a lead practice, (which is identical to one employed under the hybrid model)
- 5) employed Clinical Director employed by a federation
- 6) employed Clinical Director employed by all practices of a PCN.

Footnote in the DES Specification – Population Figure

NHSE has confirmed that, following a number of queries, the correct population figure to use for calculating payments to PCNs is that taken from NHAIS (Exeter) and not the figure published by NHS Digital (as proposed in the relevant footnotes of the Network Contract DES Specification). The Primary Medical Services (Directed Enhanced Services) Directions 2019 confirm that 'CRP' means the Contractor Registered Population as defined in Annex A of the Statement of Financial Entitlements (SFE), with the SFE confirming that this is the number of patients as recorded in Exeter. This is the figure that should be used to determine the PCN's collective registered population. The Network Contract DES Specification will be corrected in 2020/21. NHSE apologise for any inconvenience this error has caused.

Clinical Directors in Kernow: please save the date

Date: Tuesday, 10 September

Time: 7pm-9pm

Location: Mid Cornwall

All Clinical Directors are invited to a practical engagement and learning session hosted jointly by representatives of Kernow CCG, LMC, LPC and the Training Hub.

We are delighted to be joined for the evening by Dr Krishna Kasaraneni, national lead GPC contract negotiator for PCNs and Workforce.

More details will follow. In the meantime, please save this date.

National Framework for Healthcare Professional Ambulance Responses

A new [national framework for ambulance responses to requests from health care professionals \(HCPs\)](#) has recently been published. Urgent care leaders within the NHS have been working on this for 18 months, so the General Practitioners' Committee (GPC) was concerned that the final draft was only shared in June. However, the GPC has engaged to revise the obviously unworkable elements of the proposals and now has a framework that sets clear standards for response times. An area of significant concern was the requirement to provide a [National Early Warning Score \(NEWS2\)](#) in all situations. The GPC raised the point that NEWS2 scoring has not been fully validated for assessing response priority in the community. However, recognising that the project group saw this as the best available measure of risk, and was disinclined to change, the GPC agreed that NEWS2 scoring should be provided only where available, especially given that GPs visiting patients at home will often not have access to pulse oximetry. The GPC also agreed that the original requirement that the requesting HCP must make the phone call should be revised to encouragement that the HCP should make the call. This was for reasons obvious to people working in practices with small teams where the imperative is often to deliver life-saving patient care whilst asking supporting staff to make the emergency call.

Notwithstanding these adjustments, this framework is welcomed as a national set of standards against which GPs and their staff can expect delivery in situations of stress and need. The GPC has been aware for some time of unacceptable variability in response times to patients in GP settings.

Firearms update

The British Medical Association (BMA) has agreed a [Memorandum of Understanding](#) with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police.

The [blog](#) by Dr Mark Sanford-Wood, GPC England Deputy Chair, outlines how the BMA is engaging with the Home Office, police chiefs, the Royal College of General Practitioners (RCGP) and others to agree a consistent, funded and transparent approach to firearms licensing across the country. The BMA's priorities continue to be public safety, professional autonomy and sufficient resourcing.

NHS email addresses for locums GPs in England

The GPC is awaiting imminent final confirmation from NHS Digital before access to NHS email addresses for locum GPs in England is rolled out nationally. Once introduced, any locum GP on the performers list in England will be able to obtain an NHS email account.

Pension annualisation

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The regulations affect those members of the pension scheme who may have taken breaks within



the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. Many GPs who start or leave a salaried post within a tax year will be penalised and almost all locum GPs will have increases to their pension contribution tier as a result of these changes.

After seeking further clarification from NHS Pension on how the new regulations are being interpreted and applied, the GPC [has updated the guidance on annualisation](#) to support sessional GP members.

The GPC is working with the BMA Pensions department and BMA Legal to look at how the annualisation of locum GP pensionable earnings can be challenged and a letter to the Secretary of State is being finalised.

See the events section of our newsletter for details of a forthcoming local pension seminar on Wednesday, 16 October.

Sessional GP blog

Newly elected Sessional GPs Committee Chair Dr Ben Molyneux outlines his priorities – pensions, contracts and parity of esteem – in a [blog](#).

NHS campaigns

As part of the contract agreement in England, practices will be required to put up and display in their premises, six campaign display materials within 12 months. The six campaigns the GPC has agreed with NHS England are:

- NHS 111 – a winter pressures campaign aimed at reducing pressure on urgent care and GP services by directing patients to the most appropriate local service.
- GP Access – to increase patient's awareness of evening and weekend GP appointments to enable better use of these.
- Pharmacy advice – aimed at reducing unnecessary appointments with GPs, that can be effectively managed with advice from a community pharmacist.
- NHS App – aimed at increasing the usage of the app.
- Keep antibiotics working – to reduce patient's expectation that they will be prescribed antibiotics and therefore reducing demand for them.
- Vaccinations – to decrease the number of parents not getting their children vaccinated.

NHSE will produce the campaign materials and will share them with practices to display.

Infected Blood Inquiry leaflets

PHE has published leaflets for GPs and patients to help answer questions about the IBI, which is examining the circumstances in which patients treated by the NHS in the 1970s and 1980s may have received blood and / or blood products infected by HIV or Hepatitis C.

There is no responsibility for GPs apart from authorising a blood test for people who are concerned they may be at risk – and onward referral if necessary. The records regarding who



has had blood transfusions will be scanty so, in general, the GPC advice is that if the patient is concerned, then test. The leaflets can be accessed here:

<https://www.gov.uk/government/publications/infected-blood-inquiry-information-for-gps-and-patients>

HPV vaccine for boys

From 1 September this year the HPV vaccine will be offered to boys, in addition to girls, as part of the routine school aged schedule in England. More information from NHSE on the forthcoming expansion of the HPV programme is available [here](#).

PHE measles flyer

PHE has produced new flyers with information and advice on the measles, mumps and rubella (MMR) vaccine. They have been translated into 20 different languages. You can view and download them [here](#). English copies are available to order from the [DH health and Social care order line](#). The translated versions are download only.

Rabies – new leaflet for travellers

PHE has published a new leaflet about rabies for travellers. Copies can be [ordered](#) for GP surgeries or travel clinics. Download the leaflet [here](#).

Cameron Fund newsletter

The Cameron Fund is the GPs' own charity, supporting GPs and their dependants in times of financial need, whether through ill-health, disability, death or loss of employment. The Fund's latest newsletter is available [here](#).

NAPC Awards launched

The National Association of Primary Care (NAPC) has launched the NAPC Awards 2019. This year's categories are: Clinician of the Year, Primary Care Manager of the Year, Newcomer of the Year, Primary Care Network of the Year and Primary Care Home of the Year. The deadline for entries is Friday, 30 August, 2019. More information about the categories and how to nominate is available [here](#).

Martin Marshall elected to be the next RCGP Chair

Professor Martin Marshall is the new Chair-elect of the RCGP and will succeed Professor Helen Stokes-Lampard in November 2019 for a three-year term. Martin Marshall is a GP in Newham, East London. GPC have recently worked closely with him on a number of areas, including QOF QI development.



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Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the [jobs page](#) of the LMC's website. Vacancies are also available on the [jobs page](#) of Kernow Health's website.

Kernow Health's Staff Bank is also now live for workers and practices to sign up. Please follow these links:

<https://cornwallcepn.co.uk/general-practice-staff-bank/>

[Bank Worker sign-up](#)

[Practice manager sign-up](#)

Events calendar

The LMC's [events calendar](#) provides an overview of what's taking place to support local general practice – including details of the Next Generation GP leadership event in Cornwall on Wednesday, 17 September.

Practice Manager Training Day – 12 September 2019

Places are still available on the LMC's Practice Manager Training Day – primarily aimed at those 'new in post' or coming to the post. It is also open to experienced PMs. This all-day event costs £5 to include lunch – the trainer is very much a practicing manager and very experienced. Email admin@kernowlmc.co.uk to express your interest.

NHS Pension Seminar – save the date

Date: Wednesday, 16 October, 6.30pm-9pm

Venue: St Austell Printworks

Facilitator - Luke Bennett, Francis Clark LLP

Further details to follow as soon as available.

Produced by Kernow Local Medical Committee. Copy submissions for the September newsletter should be emailed to rich@kernowlmc.co.uk by Wednesday, 21 August, please.

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