Kernow Local Medical Committee
CONNECT
Monthly newsletter for the Duchy's GPs and practice managers

October 2019 Edition

'The LMC was consulted'

Editorial by Dr Will Hynds,
Chair at Kernow Local Medical Committee

These are words that trigger a Pavlovian response for me – Were we? What did we say? What did we miss? Did they pay any attention? You get the picture. In the background though, I feel encouraged that the LMC was approached because there is another phrase that creates an alternative kneejerk and that is, 'GPs were consulted and they said…'. In the latter case I want to know which GPs, who did they represent and what was their mandate to express an opinion on behalf of their colleagues?

Without getting too soapboxy, the LMC is the only group of elected GPs from all sections of the GP community with the potential to be told and feedback what every GP in Cornwall thinks on any given issue. We represent GPs and there should be no other conflicts. Furthermore, it is written in law that certain sections of the NHS command structure have to consult with us.

When does 'LMC' versus 'GP' consultation cause problems? I guess the commonest wrinkle is where a group has been asked for their clinical opinion on whether something is good for patients or is good clinical management and they give an appropriate response to the question asked. This is then taken as consultation and a green light to rolling it out.

To an extent the clinical bit is not really the LMC's primary focus, although a committee of 22 GPs can make a good fist of it. The missing step that requires LMC input is not 'should we do this' but more often 'how should we do this' – including those important chart-toppers 'who should do this' and 'how will it be paid for'!

Long and short – I have a small plea. If through one of the many meetings you find yourself sitting through you get asked to advise about something that seems a good idea, can you tack on a, 'it might be worth running it past the LMC though' at the end of whatever opinion you express? I am not trying to build up our role – we need clear lines of negotiation that everyone understands.

So, coming back to the original title, what does it mean when you see 'The LMC was consulted'? It depends a bit on the gravity of the question, the timeframe in which an answer is required and the intent of the consulter. Big questions make the agenda of the full Committee and are debated round the table to reach a consensus opinion. Day to day stuff is raised at a series of different committees that individual Executive members sit on (Me, Nick, Phil and Emma) and if our radar goes off we share it amongst the other members of the Exec and escalate to the Committee or sometimes nationally if we want to know how other areas have responded.

The inherent difficulty with 'The LMC was consulted' is it can mean anything from "we asked the LMC because we have to and their opposition was noted but ignored because they can't stop us" (quite rare really), through to "we asked the LMC, we listened and a win-win compromise was reached" (everyone's aim, I hope). I think we are lucky in Cornwall with the level of cooperation that we receive.

Perhaps the most interesting question is whether the LMC has the power to stop anything happening anyway? Half of the answer lies in contractual knowledge and knowing what can and can't be done to us. The other half of the answer lies in the thread of this article. If it is reinforced locally that only the LMC has a mandate to negotiate on behalf of all GPs and if you are engaged with letting us know your views and understanding our negotiation stance, then we have a powerful hand. We cannot stop people coming up with bright ideas, but in a worst-case scenario we can advise you against engaging with them. If you back us up, that is where the power of the LMC rests – a united body of Cornish GPs saying 'no' has to result in a re-think. The most eviscerating approach to negotiation is when GPs feel something is an imposition but then do it for free without protest. That cuts us off at the knees. No one will pay for something they can get for free, but maybe that is for another day.

At the moment we are in the process of creating a new website for Kernow LMC which I think you will find to be a useful resource. It is a massive bit of work and you will have to bear with us whilst we lumber through it. I have an aspiration that at some stage in the future, local policies and wheezes that have received consultation with the LMC could carry our logo and be searchable on the website with an explanation of the views expressed during the consultation/negotiation process. That way if you end up thinking – who the hell agreed to this and why – you can easily find out. I think it's got legs but is a project for 2020!

Good news from the Coroner

As of 1 October 2019 there has been a change in guidance from the Chief Coroner that rescinds all local guidance to Registrars. The full guidance can be found here. This means that from 1 October 2019 there will no longer be a requirement on the part of registered medical practitioners to report to the coroner natural deaths that include a diagnosis of dementia (in whatever form) and/or old age. Unnatural deaths featuring dementia (for example, someone who falls down stairs and suffers trauma while wandering at night due to dementia) will still need to be reported.

As a heads-up, our coroner Andrew Cox also added: "For the time being, registered medical practitioners may continue to report deaths to the coroner's officers as they do currently. I draw to your attention, however, that it will become mandatory to report deaths to the coroner's office in the prescribed electronic forms that are already available and in use.
I would encourage those doctors/practices not using the electronic forms already to start doing so. I am working towards a mandatory date of no later than 1 January 2020. If there are any questions or concerns relating to the use of the electronic forms please direct them to Emma Hillson at Emma.HILLSON@devonandcornwall.pnn.police.uk"

Out of area patients

Kernow, Devon and Somerset Local Medical Committees (LMCs) are currently challenging the safe provision of arrangements under the national DES for home visiting where clinically necessary in the case of out of area patients.

If local practices are willing to share their out of area numbers via the LMC, they can email them to admin@kernowlmc.co.uk and we will collate and share them with NHS England and Improvement, to support our argument that this needs a priority solution.

Conference motions

The LMC has submitted motions for debate at the Conference of England LMCs proposing that post-mortem reports are released to GPs and requesting more flexibility in how Primary Care Networks (PCNs) use their workforces.

A small delegation from the LMC will be representing the views of local general practice at the event, which will be held in London on Friday, 22 November.

Waiting time data for RCHT specialities

Following LMC discussion, Royal Cornwall Hospitals Trust (RCHT) will start to circulate a monthly data report about waiting times for specialities across the acute trust. This will be sent to the generic correspondence email address for each GP surgery, to be shared with the practice team where this is useful.

Practice Managers Conference now fully subscribed

The Practice Managers Conference – hosted by Kernow Local Medical Committee and Kernow Health – is now fully subscribed, but you can be placed on a reserve list by contacting admin@kernowlmc.co.uk

We hope that it will be an opportunity for you to learn, network and be inspired – as well as offering some 'head space' away from your hectic day to day work.

The full-day event will take place on Tuesday, 5 November, at the Carlyon Bay Hotel, near St Austell. We have secured a mix of local and national speakers – and there will be opportunities for delegates to get involved in activities, ask questions and make constructive challenges throughout the day, to ensure the event is interactive and engaging. There will also be a marketplace.

The full agenda is available here and we'll be communicating the final arrangements soon.

New member of LMC's pastoral support service team

Dr Sarah Keast, a salaried GP at Petroc Group Practice, has joined the LMC's pastoral support service team as a pastoral support officer. She will be writing a short piece about pastoral support in a future LMC newsletter.

Housebound flu vaccinations

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

It's that time of year again and practices can opt into the scheme where community nursing teams will administer influenza vaccine to eligible patients as per the agreement between Cornwall Partnership NHS Foundation Trust (CFT) and Kernow LMC on behalf of local practices.

The district nursing teams will vaccinate those patients regularly on their caseload and a central team will vaccinate those not known to the community nursing teams.

Please return your form by 18 October 2019 to samantha.southey@nhs.net if you would like to take part in the scheme this year.

Please contact me with any queries at Tamsyn.anderson@nhs.net

Supporting young people in crisis

By Seb Rotheray, Consultant Psychiatrist for child and adolescent mental health services (CAMHS) at CFT

You will have all heard of the great news of the opening of our state of the art adolescent mental health hospital, Sowenna. We are all delighted and proud of this new facility for Cornwall which will enable young people to have inpatient specialist mental health care close to home.

However, what you may not have heard about is that we have also been working hard to extend and deepen the community support services that are an essential part of maximising the benefit from Sowenna.

A key part of this has been the recent extension of the CAMHS crisis team. The team provides emergency mental health assessment for young people presenting in crisis, both in the community and at hospital. Formerly known as the 'InReach' service, the team has expanded from eight staff last year to a current cohort of 16, with a mix of full and part time. This has enabled the recent addition of weekend working within Royal Cornwall Hospitals Trust (RCHT), providing young people with the ready access to the care that they need. The team is multidisciplinary and now includes social care and psychiatric colleagues, which is proving helpful in enabling us to provide a full assessment of the child's needs and meet this in the community wherever possible.

The Crisis team will also be working hard to support early discharge of patients from Sowenna, as well as maintaining longstanding service of supporting the community CAMHS teams throughout the region.

Referral to CAMHS remains though the early help hub on 01872 322277 or OOH – there is a CAMHS on call healthcare professional available via Bodmin switch board from 5pm-9am 7 days a week on 01208 251300.

Please do get in touch if you would like to know more about our service. I am contactable on s.rotheray@nhs.net

Identifying patients at risk from prescribing – PINCER, Eclipse and Ardens (SystmOne)

By Georgina Praed, Head of Prescribing and Medicines Management, at NHS Kernow

In April 2019, NHS England introduced a new Quality Improvement (QI) domain to the Quality and Outcomes Framework (QOF). The two topic areas for 2019/20 are prescribing safety and end of life care.

If you're interested in finding out about the QOF guidance it can be found by clicking on the following link: https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf

It is well recognised that medicines are the most common intervention in healthcare. The QI indicators aim to lead to a reduction in the rate of potentially hazardous prescribing and better monitoring of potentially toxic medications.

QOF also contains some details of what activities practices could consider and suggestions about what Qi methodology to use.

There are several processes and platforms that will help identify patients at risk from prescribing, PINCER, Eclipse and Ardens (SystmOne).

NHS Kernow's medicines management team will work collaboratively with GP practices, recognising that there are a number of QI tools they may wish to use.

As an independent business you can choose the process which you best feel will help you to meet the QOF requirements, your needs and what you feel most comfortable using.

Eclipse Live

Eclipse Live was the first and only GP principal clinical system (GPSoC) Lot 1 subsidiary service to receive full NHS Digital assurance for prescribing alerts. Eclipse Live has demonstrated significant reductions in admissions, improvements in prescribing safety and genuine reversible risk across a population in excess of 14 million patients, generating 250,000 alerts each week.

Eclipse Live currently runs a standard set of 500 algorithms to identify high risk situations and can run the same medication safety searches as the PINCER programme.

Eclipse Live when used in addition to QI methodolgy can deliver the same medication safety improvements as PINCER.

The system does not require searches to be made available to the PINCER database, allowing GP practices to retain all information in practice. Note that information supplied to PRIMIS PINCER is aggregated and anonymised.

PINCER

PINCER is a pharmacist-led information technology intervention for the reduction of medication errors. It was evaluated in a multicentre, cluster randomised, controlled trial and the evidence of its outcomes and cost-effectiveness analysis published in The Lancet in 2012. Since then, over 2,000 practices in England have used the tool. More information is available here: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61817-5/abstract

PINCER is a medicines safety programme developed by PRIMIS based at the University of Nottingham.

Queries are run on the GP system, which will highlight potential prescribing safety issues which the practice team can then work together to rectify. It validates its process by requesting that practices upload the results from core searches to the PINCER website at the beginning of the programme and at the end, following QI work.

The national Academic Health Science Network (AHSN) has adopted the spread of PINCER as one of their national spread programmes. The South West AHSN is supporting a national rollout of the PINCER approach to improve medicines safety and are funding PRIMIS PINCER training and licences for practices.

NICE Guidance NG05 recommends that organisation and health professionals should consider applying the principles of the PINCER intervention. See https://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations

Next steps:

For practices wishing to use Eclipse Live

Contact your nominated pharmacist/technician who can provide training to your GP practice and support the practice with approved QI methodology to reduce future risk.

For practices wishing to use PINCER

Note the PINCER process requires a pharmacist to be involved. If you do not have a Primary Care Network (PCN) pharmacist or a pharmacist in practice, please contact your medicines optimisation pharmacist who will be happy to work with you. A webinar is available to view

online click here. Training materials can be provided on request. Please contact Emma Cole at the SWAHSN by email Emma.Cole@swahsn.com

There are three initial stages practices have to complete:

- Both the practice manager/ information governance lead and the pharmacist register on PRIMIS click here – if there are multiple pharmacists at one practice, only one pharmacist has to register.
- They both then sign the Data Processing Agreement (DPA) (click here). No **patient identifiable data is uploaded to PINCER, it is aggregated.**
- Run the searches and upload the data to PINCER click here. It will only work once you've registered and signed the DPA.

Update on women's health

By Dr Sarah Gray, GP Specialist in Women's Health

Yet another HRT scare…
You can find a collection of responses here: https://pcwhf.co.uk/news/responses-to-new-research-linking-breast-cancer-and-hrt/

HRT availability nightmare
This was the advice from the British Menopause Society on 23 September: https://thebms.org.uk/2019/09/british-menopause-society-further-update-on-hrt-supply-shortages-23rd-september-2019/

The MIMs availability tracker can also help, but does not guarantee that your pharmacist can get a particular product from their wholesaler.

There is a rumour that Mirena will be hard to get, but I am told that over 100,000 are in a warehouse in the UK…try a different supplier.

Do you need more confidence to manage menopause?
I will be running a two day fully accredited course in Bristol on 27 and 28 November with Dr Jane Davis. Read more here: https://events4healthcare.com/skills-in-menopause/

Termination of pregnancy
You are reminded that discharge summaries are not usually sent and you need to remember to ask about this.

Sexual health services
Long acting reversible contraception (LARC) provision in primary care in Cornwall was not affected by the recent sexual health service tender process. The contract has been awarded to Brook (across the age range) and implementation details will be available in due course.

Shared learning from the GP Performance Advisory Group

The latest shared learning from the regional GP Performance Advisory Group (PAG) attended by the LMC – where concerns are reviewed – includes advice on prescribing

concentrated formulations of oxycodone, incidents with online prescription orders and using Layman's terms for patients rather than medical expressions. Read more here.

Save the date – South West Regional PCN Conference: 'Beyond the Basics'

Primary Care Commissioning (PCC) is working with Wessex LMCs in collaboration with South West regional LMCs to establish a Primary Care Network (PCN) Clinical Director network.

This launch event will focus on 'what next' in the evolution of PCNs from April 2020 onwards. Practical sessions will explore successes and challenges to date and task Clinical Directors represented on the day to consider their PCN approach to service development scenarios. The network model will offer PCNs consistent support over an extended period of time and will be subject to review and enhancement throughout its life. There will be a drive for deputies and aspiring Clinical Directors to join the network as and when ready.

PCC will create a virtual platform on NHS Networks to support Clinical Directors, their deputies and Business Managers as well as running webinars and podcasts. The emphasis of both the virtual and face-to-face network is sharing learning and experiences; both will be responsive to the needs of Clinical Directors and actively listen to support requirements.

The event is free to attend and will be held on 12 November at Taunton Racecourse – it is open to all PCN Clinical Directors, their deputies and Business Managers covered by South West Regional LMCs, including Cornwall. Book here.

The programme is being finalised and will be available shortly. Ned Naylor, Director of Primary Care and System Transformation NHS England and NHS Improvement, will be presenting.

New BMA support package for Primary Care Networks and Clinical Directors

The British Medical Association (BMA) has launched a new support package for Primary Care Networks (PCNs) and Clinical Directors (CDs).

It includes conferences, masterclasses, e-learning and webinars to support CDs' learning and development, one to one confidential career coaching, and a free new app where they can have discussions at a local, regional or national level. There is also further HR, legal and insurance support offered to PCNs. More information – including how to sign up – is available here.

PCN premises requirements for additional workforce

The General Practitioners Committee (GPC) has received a number of queries about requiring additional space for Primary Care Network (PCN) activities. As a Direct Enhanced Service of the GMS contract, PCNs are an extension of GP practices. The same rules should apply for PCN staff and premises requirements as for GMS. Any space used to provide PCN

services should be treated as GMS space and treated similarly for rent reimbursements. If you have any further queries on this issue please contact info.lmcqueries@bma.org.uk

Implementing social prescribing in PCNs

Social prescribing link workers are one of the five additional roles being introduced into general practice through Primary Care Networks (PCNs). A reference guide to social prescribing, including a set of technical annexes, has been published that will support PCNs to set up and develop their schemes.

The guide includes information on working with partners, recruitment, supervision and learning, quality assurance and measuring impact. A collaborative platform for social prescribing supports shared learning, discussion and information sharing. To join the platform email england.socialprescribing@nhs.net

As part of the introduction of social prescribing link workers into PCNs, a learning support offer has been developed. This includes a summary guide, details on training and support, measuring impact, and other resources.

Update on flu vaccine delivery and recommendations

By Dr Jon Roberts, Consultant in Public Health, Screening and Immunisation Lead at Public Health England (PHE) South West

Further delays with vaccine delivery

The supply of QIVe flu vaccine from Sanofi Pasteur remains a concern and will result in minor changes to confirmed delivery dates for some primary care providers. Sanofi Pasteur is currently making direct contact with all affected providers to confirm revised delivery dates.

QIV flu vaccines are still available to order from several manufacturers and are recommended/reimbursed for the NHS flu programme.

The National team is developing a patient-facing leaflet that providers can use to support the programme this year, particularly where practices are required to reschedule clinics. This will be made available shortly on the Public Health England (PHE) webpage and will be circulated to you all once published.

Pharmacies receiving stock ahead of practices

Some practices and chain pharmacies have already received vaccine stock. Whilst ideally all would receive at the same time, please note that overall only around 10% of the currently vaccinated eligible patients receive their vaccination in a pharmacy setting. Uptake in patients in an 'at risk' group under age 65 is below 50%, suggesting there are significant cohorts of patients to be vaccinated which could take place in either setting.

Recommended vaccines for next year
The Joint Committee on Vaccination and Immunisation (JCVI) have published their statement on vaccines for 2020/21:
https://app.box.com/s/t5ockz9bb6xw6t2mrrzb144njplimfo0/file/529004924372

For vaccination of those aged 65 years and over JCVI advises the use of the following vaccines:

•Adjuvanted trivalent inactivated influenza vaccine (aTIV)
•High-dose trivalent inactivated influenza vaccine (TIV-HD)

For vaccination of those aged 9 to less than 65 years of age in an at-risk group JCVI advises the use of the following vaccines:

•Quadrivalent influenza cell-culture vaccine (QIVc)
•Quadrivalent influenza egg-culture vaccine (QIVe)

For vaccination of those aged less than 9 years of age in an at-risk group JCVI advises the use of the following vaccines:

•Quadrivalent influenza egg-culture vaccine (QIVe)

Please note the cell based quadrivalent vaccine (QIVc) is not included in the over 65s age group. An annual flu letter is expected to follow, which will confirm which vaccines will be eligible for reimbursement next year**.** Practices are advised to check if ordering early that any order can be cancelled or amended based on the national flu letter recommendations.

Indemnifying flu vaccines for staff

Following the decision by the Department of Health and Social Care (DHSC) and NHS Resolution that the Clinical Negligence Scheme for General Practice (CNSGP) will not cover practices who vaccinate their own staff against flu, the General Practitioners Committee (GPC) have been in discussions with the Medical Defence Organisations (MDO) on the matter. They have all provided reassurance that all current members will be indemnified through them for this activity. The advice from the LMC and GPC is if you are in any doubt about any of your indemnity arrangements then contact your MDO who will be able to guide you.

National Data Opt Out – key support information

NHS Kernow has developed a useful short briefing for local GP practice to help them towards compliance with the National Data Opt Out process. Read more here.

The Primary Care (GP) Digital Services Operating Model 2019–21

The Primary Care Digital Operating Model 2019–21 (previously known as the GP IT Operating Model) has been published. It covers the policies, standards and operating

procedures that clinical commissioning groups (CCGs) are obliged to work to and support the provision of digital requirements under the GP contract.

Falsified Medicines Directive update

By Jon Hayhurst, Head of Pharmacy, Controlled Drugs Accountable Officer and Medication Safety Officer, at NHS England and NHS Improvement (South West)

The EU Falsified Medicines Directive (FMD), applied in the UK from 9 February 2019. This introduces the need for healthcare institutions to 'verify and decommission' medicines supplied or administered directly to patients. All GP practices 'personally administer' some medications (namely vaccines/immunisations) and so practices would need to scan a barcode when medication is administered in order to decommission it.

Initial guidance was that system suppliers would develop functionality to support both this decommissioning and also 'wider benefits'. This is scheduled to be implemented in General Practice via GPIT Futures in January 2020.

The Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health and Social Care (DHSC) are clear that they are encouraging compliance, rather than pursuing sanctions and that failure to scan should not be allowed to compromise patient care.

There is no need for non-dispensing practices to do anything now, although it is likely practices will need to start decommissioning medication by January 2020. We will get a clearer picture in terms of what practices need to do, what equipment is needed and who will fund it.

If you would like further information in the meantime, refer to the toolkit recently published by NHS Digital for practices:
https://digital.nhs.uk/services/falsified-medicines-directive-fmd/gp-practice-toolkit

In the event of a no-deal EU Exit, the legislation will be repealed (as the key data flows from the EU central repository) but MHRA/DHSC are clear that an alternative system is being considered.

***Footnote:** The LMC's caveat is that until there is national agreement about how the infrastructure to allow for meds decommissioning will be funded, and there is available software to support this process as part of clinical systems, practices are unable to take further steps to comply beyond registering here: www.securmed.org.uk

EU exit – medicines update

The FAQ for clinicians on the NHS England website about continuity of medicines supply if there is a no-deal EU exit has been updated.

Firearms consultation response

On 17 September the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) submitted a joint response to the Home Office consultation on statutory guidance to police on firearms licensing. The BMA and RCGP have worked collaboratively with the Home Office and other key stakeholders including the National Police Chiefs Council (NPCC) to improve the system for firearms licensing with the core aim of improving safety for the public whilst also recognising the professional and resource implications for doctors.

The response includes a significant number of changes that would be helpful to ensure that the guidance can be effectively implemented at a local level by police authorities. The priority has been to provide a response in sufficient detail that the perspectives of frontline GPs can be fully recognised, particularly as this consultation is in relation to statutory guidance. The consultation response also includes a flowchart on firearms licensing that is intended as a helpful guide for GPs and police authorities to follow through the various stages of the licensing process. The joint response document is available here. The flowchart is available here. The BMA' firearms support guide is available here.

Updated CQC myth-busters

The Care Quality Commission (CQC) has updated five myth-busters for GP services, covering:
Supporting carers in general practice
How and when we will access medical records on our inspections
Latest research and guidance on looking after homeless patients in general practice
Non-medical prescribers
Managing test results and clinical correspondence
You can find all the CQC's myth-busters for general practice here.

CQC guidance – mandatory training

The Care Quality Commission (CQC) is often asked whether it sets out mandatory training requirements for GP practices – it does not have a list of mandatory training for members of the GP practice team. This is because exact training requirements will depend on the role and specific responsibilities of practices and the needs of the people using the service.

Ultimately, the practice is responsible for determining what mandatory, and additional, training staff need to meet the needs of their patients.

Revised guidance for the Friends and Family Test

Revised guidance sets out the requirements of the NHS Friends and Family Test (FFT) and is effective from 1 April 2020. It replaces all previous implementation guidance for the patient focused FFT, including the guidance specifically relating to GPs and the supplementary guidance and advice published in relation to information governance, sensitive situations and contracting with a commercial supplier of FFT services. Read more here.

Personalised Health Checks

A new evidence-based review of NHS Health Checks will explore options for a more targeted approach – taking age, risk factors and lifestyle into account. Read more here.

General practice assistant role – Health Education England resources

Health Education England (HHE) has published a suite of resources for practices interesting in employing a general practice assistant. Read more here.

GP investment report

NHS Digital has published the report Investment in General Practice, 2014/15 to 2018/19, England, Wales, Northern Ireland and Scotland which details the investment in General Practice and the reimbursement for drugs dispensed in General Practices from 2014/15 to 2018/19.

The report draws on information from the financial reporting systems of the health departments of each country and other published data on reimbursement and remuneration for dispensing activity. The report reveals a 1.4% increase on the previous year in investment in general practice, and represents just 8.1% of the NHS budget going to general practice, falling far short of the British Medical Association's (BMA) demand of 11%.

GP earnings and expenses report

NHS Digital has released the latest annual GP earnings and expenses report for 2017/18, which shows that the average taxable income for GPs in the UK increased by 2.5% (to £94,800) and expenses for contractor GPs increased by 7% that year. The report does not take into account hours worked or the reduced number of GPs.

Why sessional GPs should join an LMC

Dr Sarah Westerbeek, from the Executive Team of the GPC's Sessional GPs Sub-committee, has blogged about why sessional GPs should join their local LMC. Read more here.

The future of general practice – GP trainees' views wanted

GP trainees are encouraged to take part in a quick King's Fund survey about how you see your working life as a GP over the next 10 years.

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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.

Produced by Kernow Local Medical Committee. Copy submissions for the November newsletter should be emailed to rich@kernowlmc.co.uk by Friday, 25 October please.