Kernow Local Medical Committee

CONNECT Monthly newsletter for the Duchy's GPs and practice managers

December 2019 Edition

A Tale of Three Conferences

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

November? November was certainly a month to remember.

We hosted a conference for Practice staff from across the county, to allow some time out for a mixture of reflection and practical update about a range of important aspects of your business. The day proved almost as hectic as a day in surgery, but we really hope that you found it interesting. Thank you to all who have already provided your comments on the day, so we can use these to shape our plans for future workshops, conferences and continuing professional development to support you.

The conference of the General Practitioners Committee (GPC) came next. Your LMC Executive team was joined by committee member Dr Steve Gray of St Austell Health Care as we met in London with LMCs from across England in order to debate and determine the policies to shape national negotiations between GPC and NHS England and Improvement (NHSE&I) for the coming year. You may be aware that headlines included the results of an impassioned discussion about removing home visiting as a core contract obligation. While Kernow LMC did not support the motion which was passed, everyone understood and respected the sentiment behind it; general practice cannot continue to work itself into burnout, with the certainty that this would present as the worst of times for patients and for practice teams. Dr Will Hynds was called to debate one of Kernow LMC's submitted motions on behalf of Cornish general practice. After feedback from our Clinical Directors we proposed to Conference that the GPC should negotiate with NHSE&I for a per capita sum to reimburse any network staff in the most appropriate way for the network rather than the present convoluted and "difficult to use" formula. This was passed unanimously and it is now policy for the GPC in negotiations. Of course, that is not the same as it happening, but it is a good example of how you can use your LMC to have an active say in shaping negotiations. Thank you for sharing your ideas, concerns and questions about this and many other contractual topics throughout this year, as these have had a direct impact on what we can influence, to encourage better – if not the best of – times for general practice.

Some five days later, I joined clinicians and other professionals in London for a second occasion – this time, to participate in the King's Fund Conference. The theme? Workforce and burnout, once again. There were some immensely moving testimonials about the impact that burnout has on so many fronts – not just for the individuals themselves but for their colleagues and their own families, indeed for all those who love and care for you, so

you can provide that care to your patients in whichever roles you hold. It certainly made me even more appreciative and respectful of the quiet, experienced and confidential support provided by our pastoral team of GPs and business managers, available whenever a colleague needs it.

Once again, Cornwall was on the stage at the King's Fund; there were some brilliant local examples showcased, of voluntary/third sector collaboration with general practice teams in the county, and evidence of some really brave leadership in so many aspects of the day (and for many of you, beyond the day) job. You are a very talented and collaborative group; I felt immensely proud to listen to it all.

As 2019 draws to a close, it is not possible to predict the details of what changes lie ahead – just that change will continue, and the LMC will work hard to be alongside you, throughout.

Warmest winter wishes for your Christmas and New Year, from the whole team.

Meet the LMC's second new practice manager representative

By Neil Parsons, Practice Manager representative at Kernow Local Medical Committee

I'm delighted to have joined the LMC as a practice manager representative, but why did I apply? Having recently moved to Saltash Health Centre as their business manager I can 'feel' the challenges we are all facing day to day whilst in the practice. With workforce and workload challenges I feel there is a real need to give time to influence and deliver support to our practices – I thought that the role may just offer that! We all hear negative things said about general practice and the wider NHS, but I'm reminded daily that there are compassionate and caring teams providing care every day. Only last week I witnessed a nurse linking arms with a frail patient talking to them as they led them to their room and their appointment – it brought a smile to my face! I want to ensure that we continue to promote those positive messages alongside the real challenges we all feel. There is a balance to be struck.

I've moved back to general practice from the East Cornwall Primary Care Network (PCN) as I've missed being in practice and wanted to work back on the frontline! At the PCN I was heavily involved with workforce development, GP Systems of Choice (GPSoC) single system development and the development of local schemes that increased funding and support to practices. Previously I've worked in practices to provide resilience support, so have seen the great challenges being faced and the impact that has on patients and staff. I also have a background in quality improvement and change management and have previously worked for 18 months delivering productive general practice and I remain a great advocate for improvement – although finding time in practice is always challenging, I've seen the impact this can have for practice teams and their patients.

Having worked at the PCN I can see the opportunities this presents. The funding for additional workforce is emerging, in my practice we have a clinical pharmacist working through the PCN who is having a real impact – I want to make sure all practices have the opportunity to benefit, if they choose. I know the LMC has a keen interest in ensuring all practices are supported within the emerging PCNs, but more importantly we all need to ensure we realise the funding that is available to support our practices.

I'm looking forward to working with Ali Butterill, your other PM rep, and together I hope we can be a point of contact to share thinking, challenges and opportunities to allow the LMC to continue to support practices. I'm going to be working across practices in the North and East of the county. Many of my practice manager colleagues I will already know, but if there is anything that you would like to raise then please do not hesitate to contact me at neilparsons@nhs.net

Spotlight on the LMC Committee Members

Dr Jennifer Early

I am a GP partner at Tamar Valley Health, where I have worked since 2002. I am also a Clinical Director and Board Member for East Cornwall Primary Care Network (PCN) and a GP appraiser. I am an F2 and retained doctor supervisor and have an interest in education and training. I am the allocated LMC representative for Launceston and Looe, as well as my own practice which covers the area around Callington and Gunnislake.

New registrations held up in EMIS and TPP systems

Local GP practices who have had new patient registrations held up in the EMIS and TPP systems are asked to inform the LMC so we can coordinate a response with NHS Kernow and the system suppliers. Please email emma@kernowlmc.co.uk

LMC rebuttal letter for policing student absence

The LMC continues to receive feedback from local practices that parents have asked them to certify that their children are off ill from school. GPs can't and won't police student absence. A rebuttal letter is available here.

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, 20 December

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, 20 December 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.

Veteran Friendly GP Practices

Local GP surgeries involved in the Veteran Friendly GP Practice scheme are asked to notify the LMC please so we can coordinate best practice locally. Please email emma@kernowlmc.co.uk

The Royal College of General Practitioners (RCGP) is working alongside NHS England and NHS Improvement (NHSE&I) to accredit practices as Veteran Friendly. This involves a simple process where practices are required to meet specified criteria and provide evidence that they are supportive of veterans' healthcare. More information about the scheme is available here.

Remote IT access for GPs

By Paul Hayes, Head of Strategic Information Management and Technology at NHS Kernow

As clinicians and support staff you have told us that you are constantly on the move and need remote access to clinical systems to enable you to work effectively in different care settings and meet the growing demands on general practice.

NHS Kernow's ambition has been to respond to your needs by providing you with secure laptops for use wherever you are working.

While funds are unavailable at the moment to completely fulfil this ambition, NHS Kernow has been looking at various ways to provide an interim remote access solution by using colleagues' personal laptops.

Although this seems like an attractive solution, it does mean we need to comply with the cyber security and data privacy requirements in order to satisfy the General Data Protection Regulations (GDPR).

NHS Kernow has selected a version of logmein.com which can provide a safe remote access solution, and satisfies the GDPR legislation, as well as being compliant with NHS Digital's cyber security standards.

Logmein.com includes:

- The required levels of encryption and access control access to protect patient identifiable data (PID)
- It prevents PID from being stored on any private devices

- Embraces multi-factor authentication (MFA) which provides added protection when using one-time passwords that can be generated by an app on the user's smartphone

Trials of logmein.com have been a success and NHS Kernow has funded the required licence to offer logmein.com as a temporary measure until a long-term solution for GP practices can be found.

Please be aware that logmein.com is not the same as the generic online solution and it must be initiated and licenced directly through the clinical commissioning group (CCG) to ensure compliance.
To apply for logmein.com, complete the request form. Priority will be given to support clinical needs.

LMC note:
The remote access problems for GPs have been the subject of a great deal of activity for the KLMC and KCCG. It probably feels like it has taken an inexplicably long time to sort, but that has not been for lack of trying! The funding of the logmein licences and the ultimate release of funds for more laptops has been the result of dogged work from Paul Hayes and Andrew Abbott supported up the chain through the GPC via KLMC representation. This is a proper example of how we can work together to open doors Up Country. I would put it on the list of answers if you are ever tempted to ask "what has…..ever done for us?"!

Peer Improvement Tips for Care and Health (PITCH) – Q&A update

By Gill Dinnis, Quality Manager at NHS Kernow

What is PITCH?
It is an electronic form which will be used as a single point of access to enable GP practices to share learning from excellence, significant events and highlight system-wide concerns. PITCH in Cornwall and the Isles of Scilly is hosted by NHS Kernow.

Is PITCH only for GP practices to use?
Our next steps will be to make PITCH more available to any health or social care services that do not have access to their own electronic reporting system. Staff from larger organisations such as Royal Cornwall Hospitals Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT) have their own reporting systems and we will use the information that they collect and combine it with PITCH. PITCH is also used widely in Devon and we will work with colleagues there to share information and resources to make a difference to patient care.

Do I need to report significant events to NHS England (NHSE) using the excel spreadsheet?
No, you should now use the PITCH form. We will share information with NHSE if required.

Do I still need to inform the Care Quality Commission (CQC) of all incidents that affect the health, safety and welfare of people who use services?
Under regulation 18 you will need to inform the CQC of certain events, you can use this link for further guidance on what needs to be reported to them directly.

https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-21-statutory-notifications-cqc#hide9

What do I do if I think a serious incident investigation needs to be undertaken?
You can raise a serious incident using PITCH or contact us using the following email address KCCG.SI@nhs.net. We can offer advice and support through the process. In Cornwall and the Isle of Scilly we will be acting as an early adopter of the new patient safety incident response framework. For more information contact our team or visit here.

Do I use PITCH to report safeguarding concerns?
No, these should be reported through the normal routes.

What are we trying to achieve?
The purpose of PITCH is to help improve and build resilience in terms of quality. Collectively we want to continuously improve patient safety, maximise the things that go right and minimise when things go wrong. We want to improve the experience of patients, families and carers. We are committed to improving care and building on professional pride.

PITCH will help identify challenges, so a variety of services can work together to understand the implications of individual actions and identify processes or decisions that are impacting on the quality of patient care and/or the ability of other services to undertake their role. We need to be able to identify when a change occurs in one service what the impact is in another.

We know frontline staff understand the pressures on the services they provide and also come up with the best ideas to improve them. We can all learn from best practice and excellence, so please use PITCH to share some of the fabulous ideas and care that is being delivered.

If you take time to report onto PITCH we will:
Review the reports individually and the follow these steps:

1. Identify a proportionate, yet effective way, to respond to each event. This will include whether a serious incident investigation is required.
2. Contact you should we require further information.
3. Forward your completed PITCH form to the relevant people and we will include your email address to enable discussion and what has been learnt to be shared directly to you.

On a monthly basis review the reports collectively to:

1. Undertake meaningful analysis to highlight themes to raise at the appropriate forums
2. Share what has been raised through the GP Bulletin and LMC Newsletter.

What has been reported during the testing phase of PITCH?
The main themes identified during this period were a shift of workload between organisations which included individual tasks, monitoring and managing patients with complex needs and issues relating to discharges from a variety of services. There were also

some concerns raised about referrals, funding and waiting times for people to access appropriate services. There have also been reports relating to delays in emergency transport and concerns relating to information governance.

Any examples of excellence in care which have not already been shared can be shared with the team who will make sure that these are also highlighted in the reports.

For further information about PITCH, or any questions,
please contact nhskernowccg.qa@nhs.net and we will get back to you.

LMC Note:
Pitch is available here on your office PCs and hopefully a shortcut has been created for you. We would encourage you to get your secretary familiar with how to use it so that there is an easy, low threshold for feedback whenever something goes wrong (or right). "Can you put it on PITCH" should be a regular practice dialogue. It might be worth pointing out though, in our role of keeping everyone out of trouble, PITCH is prone to all the risks of social media. You may be tempted to fire something off in angry frustration which you might not say face to face. Your PITCH submission is likely to be seen by multiple members of The System so let's keep it polite, factual and professional.

School-age immunisation

By Maria Harvey, Head of Primary Care Operations at Kernow Health CIC

First of all, I would like to take this opportunity to thank you for your continued support of the school-age immunisation programme. This year has been very busy for all of us, but the end is nearly in sight.

Unfortunately, over the past week we have had some issues with an actual dual immunisation of the nasal flu vaccine and five very near misses. The dual immunisation occurred because a child was vaccinated in general practice and then again at school. The parent had completed one of our consent forms but did not tell us their child had already received the vaccine in the surgery; consent was not withdrawn and there was nothing in the records to say the vaccine had already been administered. Please note, in all six cases none of the children were considered to be at clinical risk.

All practices have now received a list of our catch-up clinics – by appointment only – which are due to start on Monday, 9 December; in addition to the clinics we are revisiting some schools again. We want to do all we can to prevent dual immunisation and the worry this can cause parents, therefore if in doubt please could you check with the School Immunisation Team to clarify if a child has already been vaccinated at school, is due to be vaccinated or can be booked into a catch-up clinic.

If you have any questions about the programme, please phone 01872 221105/06/07 or email Kernowhealth.schoolimmunisation@nhs.net . We are always very happy to help.

Flu vaccination media release

The LMC's annual flu media release encouraging the public to have the vaccination at their GP practice continues to generate coverage – most recently in the Western Morning News.

AGE UK – local winter support reablement package

AGE UK has put together a local winter support package that primarily focuses on providing reablement in the following areas:

- Newquay
- St Austell
- Falmouth
- Penzance

The programme is targeted at people who:

- Have been discharged from hospital, are at risk of a hospital admission or may benefit from some additional support.
- Are able to self-administer medication with a prompt if needed.
- Would benefit from social interaction and group activities.
- Can independently transfer with the assistance of one person.

The programme is not suitable for:

- People who need a double-handed package of care.
- People who need mechanical equipment to transfer.
- People whose behaviour might pose a risk to others.
- Are under the age of 18 years.

Full details can be found here. Referrals can be made via 01872 266383.

Winter pressures – public awareness

Local GP practices may wish to consider using video resources from prescqipp about common health conditions during the winter that can be treated with over the counter medicines.

Update on women's health

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

Brook took over the contraception and sexual health provision for Cornwall on 1 December. There have been challenges in this process – the service will not be in its fully developed form and will mature with time. They are hoping to forge closer links with primary care. You will receive communications from them explaining how they work.
The contracts for coil and implant fitting in general practice and provision of emergency hormonal contraception in pharmacies are not affected.

I am aware that there is a demand for training in contraception and sexual health. We will be working to develop a county-wide program to deliver this.

For those struggling to access hormone replacement therapy (HRT) patches, there is some light at the end of the tunnel. We understand that Evorel should be available from February as the brand has been taken over by Theramex and manufacturing will resume.

Diabetes PAM Service

By Claire Field, Project Lead for the Cornwall and Isles of Scilly Local Pharmaceutical Committee's Diabetes PAM Service

In 2016 20 community pharmacies in Cornwall started providing a new and innovative pilot service for patients with type 2 diabetes. The service aimed to investigate whether having additional support from pharmacists in the community could help them reach goals and improve their long-term health by empowering them to set themselves targets and achieve health related goals. The service used the PAM®, an internationally recognised method of measuring patient activation to measure how motivated the patients were at the beginning and the end of the three month service. The work was funded by the NHS South West Cardiovascular Network in line with the NHS Long Term Plan to encourage patients to take the lead in their own health.

A total of 229 patients completed the service with 98% achieving or partially achieving their chosen goal. The mean increase in the PAM® score was 7.4 points, the evidence base shows this improvement in activation to have a large impact on the patients' long-term health, their healthcare costs and risk of hospitalisation in the future reducing pressure on other areas of the health service. Goals included improvements in medicines compliance, weight loss, exercise, improved diligence with feet checks and many more.

NHS Kernow has commissioned the service to continue to reach more patients with type 2 diabetes, as well as to investigate whether the same benefits can be seen in patients with type 1 diabetes in many pharmacies across Cornwall.

As part of the service for type 1 diabetics, pharmacists provide patients with the formulary approved Glucomen Areo 2K meter and educate them on 'the sick day rules' and blood glucose and ketones monitoring.

Many patients commented that they thought they were more successful during the service, as they knew they would see their pharmacist regularly and that they would be asking them about their progress with the goal and that this worked really well in addition to the support they already received through their GP practice.

If you would like more information on the service or would like to refer patients to take part please email claire.field4@nhs.net

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Self-care for GPs

By Dr Andrew Tresidder, GP Health

Ask one hundred people how they are. What do they say? 'Fine' – fearful, insecure, neurotic and emotionally imbalanced. So, everyone uses denial.

Ask one hundred doctors and they don't answer – they're too busy with their concerns. This is displacement.

Doctors are heavily defended against looking after their own health (own oxygen mask) and fall into chronic oxygen starvation; into patterns of disharmony and imbalance. These two Ds of denial and displacement may lead into the three classic doctors' Ds of drink, drugs and depression – on the way visiting distress, despair, disillusionment, divorce, debt and discipline.

Training compounds this. Doctors are intelligent, highly trained (metaphorically) in dealing with the results of car crashes and disasters (illness) – *not* in sensible driving, vehicle maintenance, good navigation or road design (health).
Self-care comprises of 'habits based upon knowledge' – we rise from bed, wash ourselves, clean our teeth, choose and put on our clothes, eat and drink, keep our rooms tidy, do the washing-up and the washing. All important.

When we are busy looking after others, especially in high-tech or glamorous ways, we put off fulfilling our own needs. We miss meals, we ignore the calls of our bladders, we go short on sleep. OK for a while, but if you fail to refuel your vehicle at some point you will run out.

The principles of self-care are simple. Calm the autonomic nervous system and attend to the needs of the body, mind and spirit. Consider the whole of your life, keep it in balance.

Many doctors work hard for too long. Physiologically they end up on the wrong side of the stress-performance curve, tolerate a high level of distress and think this is normal. On sympathetic nervous system overdrive, their levels of adrenaline and cortisol are raised – with resultant somatic, emotional, mental and behavioural symptoms. (Headaches, fatigue, muddled thinking, worrying, low mood, anxiety, insomnia and others). Adrenaline causes loss of insight into our own needs.

So, what are the answers? Simple – put fuel in the tank, check the tyres, plan the journey, drive sensibly, avoid a breakdown or car crash.

Nourish your body – get sleep, exercise, fresh air, sunlight and good food. High-quality nutrition is key. Avoiding maintenance is an unhealthy choice, like avoiding the washing-up. This quick exercise can reset the system to parasympathetic chill, rest and digest, away from sympathetic fight or flight. Just stop for a few moments, put your feet flat on the floor, allow your spine to be comfortable, then take three slow regular rhythmic, diaphragmatic breaths.

Learn how to still your mind and use it carefully. The overactive, clever mind drives us into difficulties. Learn mindfulness, reflection or anything else that works for you. Connect to beauty and nature, don't just watch electronic screens. Dance, sing or laugh often! Have a safety plan for difficulties. We use safety belts in cars in case of emergency – let's plan for our own psychological health, too.

Staying Safe guides us in safety planning, so we can quickly access our resources if times get tough. Nourish your being. Spirituality is everyone's natural connection to the wonder and energy of life. It includes the instinct to explore that experience and its meaning. It's connecting to our purpose and philosophy, with faith and confidence in life. Take time to think about what really matters to you in life: your 'core values'. If you use these to guide you, harmony flows.
Apply the principles of health and self-care to the whole of your life, including the areas of work, home, relationships, spirituality, family and friends, health, fun and finance.

Think about self-care as making deposits into the Bank of Health. So many people in life take health for granted, until illness strikes. Doctors see this often – and they realise they are not invincible. So perhaps we should learn to take health seriously, care for ourselves, keep our own vitality high – then we can give oxygen to others from a state of personal health. Let's abolish long-term chronic oxygen deficiency for doctors.

The whole topic of self-care and health deserves attention – the free resource Health and Self-Care for Health Professionals supports this.
Other resources:
NHS Practitioner Health Programme
BMA Wellbeing Services
Read more about the BMA patient liaison group resources and self-care

Good luck and keep up the great work.

Briefing on rise in Group A Streptococcal (IGAS) and MRSA infections

Public Health England (PHE) has issued a briefing for primary care following a rise in Group A Streptococcal (IGAS) and MRSA infections in people who inject drugs and the homeless populations.

Social prescriber costs

NHS England (NHSE) has agreed to extend the purpose of the Additional Roles Reimbursement Scheme (ARRS) funding for social prescribers, following calls from the General Practitioners Committee (GPC), Local Medical Committees (LMCs) and Primary Care Networks (PCNs).

Nearly all organisations supplying a Social Prescriber Link Worker Service (SPLW) are passing on additional costs over and above the equivalent of the actual salary and the on costs, for example in administration fees. The ARRS scheme will be updated, so that where a PCN engages a SPLW service through a supplier, a PCN will be able to claim an additional flat rate sum of £2,400 per SPLW (on an annual Whole Time Equivalent (WTE) basis to be pro-rated

by the WTE and duration of the roles providing the service as appropriate) as a contribution toward those additional costs. This must be affordable within the existing maximum annual reimbursable amount for social prescribing link workers. This will apply to any existing supply arrangements for SLPWs and any new supply arrangements for SPLWs agreed from this point forward.

Primary Care Networks: a pre-mortem to identify potential risks

The Nuffield Trust – a national health think tank – has published a paper about six risks that could lead to the failure of Primary Care Networks (PCNs) and recommendations to mitigate against them.

An insider's guide to PCN funding

Dr Mark Sanford-Wood is one of the General Practitioners Committee's (GPC) negotiating team responsible for the five-year contract settlement for general practice, which has Primary Care Networks (PCNs) at its heart. In this podcast for Primary Care Commissioning (PCC) Dr Sanford-Wood explains the thinking behind the deal and the implications for general practice.

Revamped Models of Care Portal

The South West Academic Health Science Network (SWAHSN) has revamped its Models of Care Portal – including a new Primary Care Network (PCN) tool where people can access workforce information relating their specific PCN.

The site continues to offer access to case studies, resources and workforce tools as before, with collaboration spaces for both 1-1 or group discussions.

Critical incidents involving GP practice-based pharmacists

GP practice partners need to be mindful of tasks they ask their clinical pharmacists to perform as the Pharmacists' Defence Association (PDA) has become increasingly concerned about incidents of unsafe practice which have emerged as the number of independent prescribers working in GP practices has risen.

The PDA has seen a number of serious incidents recently and is in the early stages of dealing with cases where patient deaths have been reported. Read more here.

Community Pharmacy Contractual Framework – summary for general practice

The Pharmaceutical Services Negotiating Committee (PSNC) – which represents community pharmacies, NHS England & NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) – has agreed a five-year deal for the Community Pharmacy Contractual Framework (CPCF), which provides the basis for NHS community pharmacy service provision.

The revised framework includes an expansion of clinical service delivery through pharmacies, in line with the NHS Long Term Plan. It guarantees funding levels until 2023/24

and sets out how pharmacies will support NHS colleagues, providing new services to help people to stay healthy and prevent illness; to support and provide urgent care services; to support patients leaving hospital; and to help patients avoid unnecessary visits to GPs and hospitals. It also encourages collaboration within Primary Care Networks (PCNs). You can read the PSNC summary for general practice here.

Annualisation

Those freelance GP locums that work any out of hours work (or SOLO work) will be afforded type 2 medical practitioner status in respect of working for the Out of hours (OOH) Provider – in accordance with NHS Pension Scheme rules. As a result, this will lead to those GP locums having annualised income equal to actual pensionable income as they will be considered in the scheme 365 days of the year. This may then lead to a reduction in employee contribution rates for locums.
More information on how this works in detail and how it could affect locum GPs has been published on the British Medical Association (BMA) website.

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

Lantum are supporting practices in key functions, including adding shifts and availability. If you or your practice teams would like any additional support in using the Bank, please contact kernowhealth.workforce@nhs.net

Events calendar

The LMC's events calendar provides an overview of what's taking place to support local general practice, including a 'Dying well with Dementia' webinar on Tuesday, 10 December, run by Kernow Health and the GP Update Course delivered by Red Whale on Tuesday, 4 February.

Produced by Kernow Local Medical Committee. Copy submissions for the January 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by 20 December please.

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