



June 2020 Edition



## GP-to-do

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

Covid-19 has turned everyone's world upside down and it has certainly acted as a massive lever for change. Initially, the move to remote work with reduced patient demand was a revelation and there was a lot of "there's no going back" in the air. As time has gone on and demand has crept back, it is becoming clear to me that general practice cannot be effective without direct patient contact and is very unidimensional without the patient in the room. When all the fuss is over, I shall be pleased to continue the transactional consultations by video or phone. Remote ward rounds feel like progress too, but I doubt they will stop the nursing home requests for visits once the "excuse" is gone. Meetings without travel are also a good thing for time management and the environment, but let us hope it does not reduce people's threshold for holding them. I have never been to so many meetings since I could not go to meetings.

Secondary care has also experienced seismic shifts and at the same time had its historical financial deficits cancelled out. It had been instructed to pause all except urgent and Covid-19 work. A brake on outpatients has played into the long-term plan to restructure services. Now that secondary care has been asked to turn routine work back on, where capacity is available and it can be done safely, there is reluctance to return to business as usual when a more streamlined process might be possible. This makes sense – let us lose the anachronisms and improve the patient journey. It could be good. However, I hope that service re-design will not delay a return of outpatient services when there is capacity available.

If you attend a lot of "strategy" meetings you will know that it is pretty much nailed on that at some point someone will ask "so, what does good look like?". Not a bad question if you do not know. I guess in this context good looks like a better patient journey with no increased unfunded workload for the GP. As always, it is easier to articulate what bad looks like – a brief phone call to the patient followed by a long list of GP-to-do's! There is a risk that if outpatient transformation is rushed and GPs are unwary this is where we may end up.

A remote solution has to include secondary care prescribing, ordering investigations, scans and onward referral to therapies as appropriate without an ask for the GP to be involved. The clinician ordering the test is responsible for interpreting the result. If the IT is not available, or able to be used, then the remote solution is not available or able to be used. Advice and guidance should be an option that a GP can request but not the only solution that is offered in response to a referral. If a GP asks for actual consultant contact with the

patient and makes clear this is required in the referral then this should be provided for in one of the flow-diagram boxes. Guidelines must be seen as such and not rigid protocols. GPs are experts in their patients and their multi-morbidities. The wish that care should be tailored to the individual should allow guidelines to flex and grown-up decisions to be made – facilitation of outcomes, not blocking of requests for help.

We are all looking for the win-win, but to get there general practice will need to be firm. The LMC is part of the process, but sometimes the LMC is not heard. I think there will need to be a period of formative feedback. When you get the letter asking you to do six things that would previously have been done or organised in outpatients you have the following options:

1. Do it, grumble, feel sad and irritated, move on – it's a busy day. Be aware that it is not good practice for you to organise tests if you cannot interpret the results.
2. Do it and get your secretary to submit a PITCH report about inappropriate secondary care work transfer – at least that will be fed back to the consultant and the Trust complaints management internal process. What you write on PITCH will be seen by quite a few eyes, so it is a good idea that you do not use strong words or frame accusations in the heat of the moment! (PITCH can be accessed at [intranet-gp.cornwall.nhs.uk/get-information/pitch/](http://intranet-gp.cornwall.nhs.uk/get-information/pitch/))
3. Use the LMC template letter [here](#) to request that the secondary care doctor does the work. This is likely to result in the highest formative experience, although we must be careful not to risk harm to our patients. Please also get your secretary to PITCH it, for reasons set out above.

If we get this right we will end up with a sustainable and workable future. Too much taking of the number one option may leave us in the number two.

### **Requests from community hospitals for patient profiles**

The LMC has received reports that community hospitals have been approaching GP practices requesting information from patient profiles – due to issues with smartcards – when they have been stepped down from the Royal Cornwall Hospitals NHS Trust (RCHT).

The LMC has raised this issue with RCHT and Cornwall Partnership NHS Foundation Trust (CFT) and they have now ensured that smartcards are enabled for staff to view Summary Care Records on the spine. Many thanks to our colleagues for working with us to fix this.

### **Local Authority-funded health checks and other Public Health-commissioned services**

The LMC has been liaising with Cornwall Council about its approach for payments and invoices for the enhanced services it commissions locally. Our preference is that the Council aligns its approach with that of NHS Kernow, which has guaranteed income payments for a period, recognising that activity has been substantially curtailed for 'business as usual' as a result of Covid-19 restrictions.

This approach has not yet been accepted by the Council, which has confirmed that its position with these contracts is to pay for the volume delivered so that GP practices are encouraged to apply for supplier relief if they are experiencing financial challenges.



The LMC has asked the Council to reconsider its position as a matter of urgency, as this is causing hardship for many local GP practices, is against the spirit of local system collaboration during Covid-19, and goes against the national recommendation of the Local Government Association (LGA) and the General Practitioners' Committee (GPC). The LMC recommends that GP practices – where their financial situation permits – hold off applying to the Council online for [supplier relief](#) while we continue to try and resolve this issue. We will keep you updated, as we appreciate this is a priority for many of you.

### **Gender dysphoria letter template to private clinics**

A useful [gender dysphoria letter template](#) is available for GPs to use in situations where they are being asked to prescribe hormones by private Gender Identity Clinics. This situation can put GPs in a difficult position and we recommend using this letter to confirm the arrangement suggested is safe. Thanks to Dr Rachel Ali, at Devon LMC, for sharing this. Kernow LMC continue to work towards a properly funded arrangement to support this non-GMS work.

### **Working together through good and bad times – locum employers and doctors providing locum sessional services**

By Kernow LMC Committee Members Dr Angus MacDonald, Dr Penny Tempest and Dr Victoria Olobia

The welfare of our locum colleagues is frequently raised in LMC meetings: locum work is rewarding in its flexibility but insecure by nature and, as for the rest of us, Covid-19 has presented specific challenges and uncertainties for sessional doctors.

One such concern is the recent reduction in sessional work stemming from reduced patient footfall in surgeries. How surgeries have dealt with this has varied: some surgeries have honoured previously booked sessions despite half full lists and others have made short notice cancellations.

In keeping with the British Medical Association's (BMA) appeal for solidarity, we want to reiterate that Cornish GPs remain stronger together in facing challenge and adversity. A diversity of work styles in our community ensures continuity of services through busier times. Sessional doctors remain a vital part of our service workforce and their flexibility guarantees our study, annual, maternity and other leave. Where at all possible we ask that prior locum agreements are honoured and that attempts are made to sustain this valuable service for the long-term benefit of all Cornish GPs. Do not rely on other surgeries to support your locums until you need them again! See the following to help maintain a strong locum cohort in Cornwall.

#### **Locum's short notice cancellation fees – can (possibly) be reclaimed by surgeries**

There are reports that where locums have charged short notice cancellation fees, practices have successfully reclaimed these charges through the Covid-19 Expenses Fund. Practice managers may be unaware of this, but it is worth trying and should be discussed if cancellation of sessions are unavoidable. If any surgeries have already successfully claimed and can share their experiences, we would be grateful to hear back.

### **Locums reclaiming lost earnings – one click away**

Depending on 2018/2019 net income it is possible to claim via the [Self Employment Income Support Scheme](#). The scheme is incredibly easy to apply for: it takes minutes and just requires your NI number and UTR number. Your UTR number should be on HMRC correspondence or your accountant should have it. Failing that it is retrievable via the scheme website. There is no requirement for proof of lost income. If accepted, funds are sent directly to your bank account within days. This is a non-repayable grant, but is subject to the usual tax, etc.

### **Operating procedure variation between different practices – check your expectations**

It would perhaps be helpful if, when a locum has not worked in a practice for a while, there is prior correspondence to confirm current important management policies and likely expectations of each other. Covid-19 has brought a myriad of new protocols and procedures, around which there remain much inter-practice variation and interpretation. For example, some practices remain in strict lockdown but some are starting to see more patients face to face, and doing more home visits. Others use differing personal protective equipment (PPE) for different occasions. Issues such as donning and doffing PPE, availability of scrubs and understanding patient and staff flow systems within a building must be pre-considered for the effectiveness and safety of staff and patients. Additionally, personal circumstances such as chronic health issues and anxiety surrounding patient interface need to be considered. It would be better for all concerned to raise any potential issues beforehand to prevent any on-the-day problems.

We hope this will be a regular feature: If you have any concerns or issues you want to raise regarding locum employment or wellbeing, please email Dr Penny Tempest, at the LMC, at [pernellkate.tempest@nhs.net](mailto:pernellkate.tempest@nhs.net)

### **LMC database cleanse**

As a membership organisation the LMC 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, 17 July, via email to: [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk)

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](mailto:admin@kernowlmc.co.uk) by noon on Friday, 17 July 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.



## Managing cancer referrals

**By Dr Joe Mays, Peninsula Cancer Alliance**

Please continue to offer patients a referral for suspected cancer, in the usual way. Following triage, if investigation or treatment has to be deferred, the hospital teams will contact and discuss with patients and their GP. They will continue to track the patient and will take responsibility for continuing their care at a later date.

Some patients may choose not to be referred at this time, even though Covid-19 levels in Cornwall have not reached those seen in other parts of the country. Where the patient has chosen to defer, it is recommended that clinicians and admin teams in primary care make use of their clinical IT system to

schedule follow up. Means of doing this may vary between systems, but can include the use of scheduled tasks, read code reports or recalls.

In addition to cancer symptomatic patients choosing to defer, fewer patients have had access to national screening programmes, and routine monitoring tests in GP practices or hospitals that might have identified cancers. These patients are at increased risk of presenting with late stage cancers. Practices are encouraged to reinstate cervical screening for some high-risk patients where possible, but it is understood it may take longer to reintroduce bowel cancer screening.

Increasing or improving use of Read/SNOMED coding in the patient record will make it easier to search for patients when we start to put in place catch-up programmes for people at highest risk, once restrictions are lifted and the infection rates drop further.

### Colorectal cancer referral update for GPs

We have sent out a revised referral form to be used for referring patients with suspected lower GI cancers. We ask that you still use the same referral criteria, but as you begin to see more patients face-to-face, we ask that you perform a faecal immunochemical test (FIT) test and a rectal exam prior to referral. If the patient meets the [2015 NICE NG12 guidelines for referral](#) please refer to a specialist, irrespective of the results of the FIT test and rectal exam, but include the results of the digital rectal exam (DRE) and FIT test on the new form with your referral, if you have been able to complete them. This will help secondary care to allocate and prioritise patients to appropriate investigation.



Usual practice is for patients referred on suspected lower GI cancer pathways to go straight to colonoscopy. The capacity to perform colonoscopy, an aerosol generating procedure, has been reduced by the additional infection control procedures necessitated by the pandemic. For this reason, we need to provide additional information to the specialists so that we can make sure those patients at highest risk of cancer get the most appropriate investigation as quickly as possible. Thank you for your help in supporting us to deliver the best care we can under unusual circumstances.

### **Cervical screening restoration**

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

GP practices should have all received the information update from NHS England (NHSE) regarding the restoration of the cervical screening program. The colposcopy units are again working and the labs have caught up with their backlog. They are ready for your samples.

NHSE accept that there has been a hiatus, but the system needs to swing back into life and pick up those women who have not attended during the restrictions.

Initial letters to patients were suspended from 11 April and these are being resumed. They will not be called all at once and the team are aware that there will be a flu campaign in the autumn going on at the same time as the bulge will be coming through.

Cervical sampling is not an aerosol generating procedure and I am told by the Royal College of Obstetricians and Gynaecologists (RCOG) that no cases of transmission by this route have been recorded.

So, have a glance at the reminders on your system at any opportunity. Those women who have already had two letters sent by Open Exeter will not be sent a third and you will need to pick those up. Women over the age of 65 who have missed out due to Covid-19 will need to be identified as such to avoid their sample being automatically rejected.

We will be involved in the dialogue during restoration and will do our best to ensure fair play.

### **LMC pastoral support**

The LMC's pastoral support service is available to any GP working in Cornwall.

We offer tailored advice and support for a wide range of professional and personal issues affecting GPs including stress, conflict and work-life balance.

Our service includes:

- A rapid response to new cases, normally within 24 hours
- Free and confidential advice, support and guidance
- A personalised service from an experienced local GP assigned to each case
- A network of pastoral support GPs with a wide range of professional skills and interests to cover most eventualities
- Signposting to other services, where appropriate.

- Confidential support for the wider GP practice team.

If you are aware of a colleague who is struggling and would benefit from some empathetic support, or you recognise that you are in trouble yourself, [register online](#) or call our pastoral support service.

If you need urgent pastoral support from the LMC please phone our service now in confidence on 01726 210141, 07789 775909 or 07831 709934.

## **Practice Staff Training Programme 2020 update**

**By Nicky Sherry, Finance and Administration at Kernow LMC**

We are very keen to resurrect our Practice Staff Training Programme – we have re-scheduled all the workshops with dates to be held later in the year. Thank you for being very patient during this time.

I would urge you to have a look at the [programme](#) and book as soon as you can, as we can only take 12 delegates per booking, in order to keep within social distancing guidelines when hosting face to face courses.

With the present situation in mind, the room that we use has now been set up to take account for the present social distancing rules. There will be no refreshment or lunch facilities provided, so we are asking all delegates to bring their own.

Several of the earlier workshops have already been given new dates and all the delegates booked previously have been informed and either accepted or declined – please let me know if I haven't contacted you.

The cost of the workshops have been adjusted to reflect the lack of refreshments and the new booking forms are available here:

[Booking form - full day](#)

[Booking form - half day](#)

Please email all booking forms to me at [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk) and do not hesitate to contact me if you have any questions or queries on this.

## **QOF payments**

Local GP practices are asked to contact the LMC if they are experiencing issues with reconciliation payments for the Quality Outcomes Framework (QOF) for 2019/20. NHS England and NHS Improvement (NHSEI) have been in contact with us to confirm they have completed their reconciliation work and will be contacting practices individually next week to confirm the achievement payments to be made for 2019/20.

Please flag any issues to the LMC via [angela@kernowlmc.co.uk](mailto:angela@kernowlmc.co.uk) so that we can support you with any issues that arise.



## Standard operating procedure for general practice during Covid-19

The NHS England and NHS Improvement (NHSE/I) [Standing Operation Procedure for general practice](#) has been updated. This guidance recommends total triage arrangements should continue with remote consultations used whenever possible, provides guidance on the management of patients who are shielding, advises that staff should be risk assessed to identify those at increased risk of Covid-19 and, as capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and long-term condition health checks. Practices are reminded that the SOP is guidance only and not a contractual obligation.

## Personal Protective Equipment (PPE) reimbursement

NHS Kernow has reconsidered its position about Personal Protective Equipment (PPE) reimbursement following concerns raised by the LMC and local practices and issued the following update:

“Several queries have been raised regarding NHS Kernow ceasing to reimburse payment for PPE from Tuesday, 16 June, 2020, and we can confirm that further clarification has been sought. We now understand that the portal is an emergency top-up system and not a central supplier as we were previously advised, so it’s important that you continue to order your supplies through your normal route and log onto the PPE portal on a weekly basis (eight days) for shortfall top-ups. For top ups, providers can order up to the order limits weekly, but the PPE portal is for after you’ve tried business as usual routes first.

There is a telephone number for the PPE portal’s customer service desk which is 0800 876 6802. As a result of the clarification, we can confirm that NHS Kernow will continue to reimburse PPE until we receive further national guidance regarding PPE reimbursement. We would like to apologise for any confusion caused.”

We are grateful to colleagues at the CCG for their swift clarification and support.

## BMA position on face masks

Following the [announcement that face coverings will be made mandatory on public transport](#) in England from today (Monday, June 15) Dr Chaand Nagpaul, British Medical Association (BMA) Council Chair, welcomed the new measures but said that face masks should also be worn in other settings where social distancing is not possible. Read the full BMA statement [here](#).

## Covid-19 risk assessment guidance for BAME and other staff

The updated British Medical Association (BMA) [resources on conducting Covid-19 risk assessments](#) specify that all doctors should be able to have a Covid-19 risk assessment and signposts practical actions that should be taken to avoid or mitigate the risks which older, Black, Asian and Minority Ethnic (BAME) or pregnant doctors – as well as those with pre-existing conditions – might face.

## Covid-19 testing

The LMC has received reports that some patients have been inappropriately signposted to local GP practices for Covid-19 swab testing prior to attending procedures in hospitals.



General practice does not have the facility to swab and it is an unnecessary step in the process to involve primary care in referring for swabbing. If you are asked to swab on behalf of secondary care, we recommend you decline and push it back to requestor. We have made our views clear to NHS Kernow, who support our position.

### **CHIS data sharing agreements**

The LMC continues to recommend that local GP practices do not sign the new Child Health Information Service (CHIS) data sharing agreement until concerns are resolved. CHIS is now engaging with LMCs and Data Protection Officers (DPOs) across the South West on this matter, as we work through the contractual, wider legal and information governance implications.

### **CHIS update – Child Movers In process**

The Child Health Information Service (CHIS) has recently undergone a consultation with GP practices to discuss the issue of child Movers In (MVI) and if they should be blocked from scheduling for new immunisations.

The current process is as follows: any MVI has a scheduling block applied for 35 days to ensure the CHIS receives the immunisation history from a previous CHIS or new GP. For babies under six months, CHIS do not add this block due to the tight timelines on rotavirus and the possibility of the child passing the age limit. To address the issue of MVIs under six months old being incorrectly scheduled, CHIS added a new column at the end of your scheduled lists going forward that highlights all children that are MVIs. This should inform your practice immunisation teams of any children who need to be reviewed before immunisations are given.

If you have any comments or concerns regarding this, please get in touch with the CHIS GP Engagement Officer, Erik Renz, at [erik.renz@nhs.net](mailto:erik.renz@nhs.net) or on 07761 52568. Please also copy in the LMC via [angela@kernowlmc.co.uk](mailto:angela@kernowlmc.co.uk)

### **Lloyd George notes**

The LMC has sought clarity about the digitisation of Lloyd George notes so GP practices can go paperless and can confirm that the General Practitioners' Committee (GPC) is pushing NHS England and NHS Improvement (NHSEI) and NHSX for confirmation of resumption and completion timescales after this work was paused by Covid-19. As part of the GP contract there is a commitment to digitise these records to support a full patient record, free-up space in GP practices and to save staff time.

### **Dispensing doctors – payments related to Covid-19**

Processes are now in place to ensure that dispensing doctors receive payments for the following:

1. The mandatory element of the Pandemic Delivery Service
2. The actual delivery of medicines
3. The £300 towards the cost of screens

Element one will be paid automatically. The period 9 April-31 May will be paid along with June 2020 dispensing payments. Thereafter, payment will be made on a monthly basis for as long as the service is commissioned.

A [claim form](#) will need to be submitted for element two. Claims for the period 9 April-31 May can be submitted along with the FP34D at the end of June 2020.

Subsequently claims should be made at the end of the month for which they relate. Claims should only be submitted for [eligible](#) patients.

Element three will be paid automatically as a one-off payment. The payment will be along with June 2020 dispensing payments.

### **DSQS remains suspended**

Dispensing practices should have received a request to sign up to the 2020/21 Dispensary Services Quality Scheme (DSQS) scheme at the end of last week. As indicated in that notice, the national guidance on what form the scheme will take, against the backdrop of the current pandemic, has yet to be published.

Kernow LMC is advocating the importance of targets being carefully determined and revised, especially regarding matters like Dispensing Reviews of the Use of Medicines (DRUMS) which, by their nature, require face to face contact. The LMC has asked the General Practitioners' Committee (GPC) to take this into national negotiation with NHS England and NHS Improvement (NHSEI).

### **111 direct booking**

A reminder that local GP practices are required to update their Covid Clinical Assessment Service (CCAS) prioritisation list to enable 111 calls to be booked alongside CCAS referrals. Alternatively, you can choose to set up separate access if you prefer. Practices are contractually required to offer 1 slot per 500 (previously 1 per 3,000 but increased to 1 per 500 until 30 June) and these can be spread between 111 and CCAS direct bookings. More information is available on the LMC's website [here](#).

The LMC has been involved in discussions about the process and no immediate concerns have been generated by that engagement.

### **CQC Emergency Support Framework**

The General Practitioners' Committee (GPC) continues to feed back to the Care Quality Commission (CQC) the disquiet about its new [Emergency Support Framework \(ESF\)](#).

The ESF is not an inspection and the outcome will not be published, however, the CQC will launch an inspection if 'risk factors' are identified – and it specifically includes in this a lack of engagement from the practice.

The GPC say the legal position is that GP practices have the right not to engage with this process, in which case CQC has the right – which it has indicated it will use – to run a full inspection.

Meanwhile, the CQC has provided more information for GP practices about what to expect from its ESF. It has also published [discussion questions for GP practices](#) as part of the process.

The emphasis from the CQC is that the phone calls should be supportive. Please let us know if your experiences are not in line with that.



We are keeping a watching brief, as we are concerned about the introduction of this step at a time when GP practices are reporting a significant upturn in routine patient contact while they are simultaneously expected to support and engage in currently planning for 'restoration and recovery', the impending flu season during the time of Covid-19 and all the workforce challenges that were with us before the pandemic struck our population.

### **Safe video consulting in general practice during Covid-19**

The Royal College of General Practitioners (RCGP) and NHS England and NHS Improvement (NHSEI) have produced new guidance for GPs on key principles for safely assessing patients using video consulting.

The guidance is split into two sections: the first covers general information for staff such as information governance, medico-legal and consent; the second outlines guidance for remote examinations including intimate examination and a practical step-by-step guide to starting a remote video consultation. Read more [here](#).

### **Appointments in General Practice**

NHS Digital is now releasing more timely information from the general practice appointments data collection. A new [release](#) includes data from 2 March 2020 to the latest information available. The intention is to publish this data weekly to support primary care services during Covid-19.

The caveat is that the information does not give a complete view of GP activity, so should not be used to infer a view of workload. The data presented only contains information which was captured on the GP practice systems.

### **Updated risk assessment guidance**

[Risk assessments](#) for staff, produced by NHS Employers, provides more detailed support to allow line managers to address areas in one to one conversations with employees who may be at higher risk of developing symptoms leading to Covid-19.

### **Perinatal mental health services in the Royal Navy and Royal Marines**

GPs are requested to familiarise themselves with a new [infographic](#) about the Project REBALANCE scheme which ensures those who need perinatal mental health services in the Royal Navy and Royal Marines can access them, even if they are using NHS GP services.

### **Cameron Fund newsletter**

The Cameron Fund's latest newsletter – which includes a summary of recent work supporting general practitioners and their dependents – is available [here](#). The charity's latest Financial Report and Accounts is now available on its website [here](#).



# CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

## 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 new website: [www.kernowlmc.co.uk/jobs/current-vacancies/](http://www.kernowlmc.co.uk/jobs/current-vacancies/)  
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](mailto:kernowhealth.workforce@nhs.net)

Produced by Kernow Local Medical Committee. Copy submissions for the July 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at [rich@kernowlmc.co.uk](mailto:rich@kernowlmc.co.uk) by Wednesday, 24 June, please.

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