



August 2020 Edition



A savage blow

Editorial by Dr Nick Rogers,
Vice-Chair at Kernow Local Medical Committee

I recall a recent conversation with a friend who is a police officer whilst watching our kids frolicking in the water and the topic inevitably turned to coronavirus. 'You lot and nurses will be in line for a pay hike after everything that's happened,' he remarked. Having experienced many below inflation changes to our bottom line in recent years I replied I thought that would be unlikely and cited the goldfish-like memories of politicians. Imagine my surprise whilst driving to work and listening to the radio when I heard that doctors were getting a 3% pay rise, along with some other public sector workers!

As ever, the details tell a different story. For those of us who are partners, we are being asked to fund this increase if possible for salaried GPs with no increase to GMS or other funding – therefore turning the headline into a pay cut for partners. I have to say although not entirely surprised, I feel let down and forgotten: we were expected to turn our GP practices upside down and change everything we do at a considerable financial loss for the health of the people of Cornwall. This feels like a savage blow.

Dr Richard Vautrey, along with Dr Sarah Hallett, Chair of the British Medical Association (BMA) Junior Doctors Committee, have [written a letter](#) to Matt Hancock on the pay issue, expressing the hurt and disappointment which GP partners and junior doctors are feeling when they have contributed so much to the nation's health and wellbeing during this time of national crisis. BMA Council Chair, Chaand Nagpaul, is meeting shortly with Health Secretary Matt Hancock to also strongly make that case and to firmly outline the reality of the significant and vital contribution of GP partners and junior doctors during the Covid-19 crisis. Read the BMA's full response to the Review Body on Doctors' and Dentists' Remuneration (DDR) report [here](#).

On behalf of the LMC I sit on a panel called the Planned Care Advisory Group (PCAG). This has replaced the Referral Management Service Board (RMSB) and the Outpatients Transformation Board (OTB). Why is this important, you may ask? Currently the Royal Cornwall Hospitals Trust (RCHT) and Devon hospitals find themselves in a real pickle. Due to the restraints during the Covid-19 outbreak on social distancing and patient and staff safety, they are having to operate at significantly reduced capacity. Simply, they have to find new ways to deal with their patients. Unfortunately, a significant number of their ideas have a possibility of work flowing out into primary care. It is my job as the representative of General Practice at the meeting to identify these areas of work slippage and to suggest alternative ways for the work to be done, prevent it from being mandated or to suggest how much it will cost for GPs to do the work.



We are not alone, there are cries from across the country as GPs start to find themselves being asked to help secondary care. It's easy for Intensive Care Unit (ICU) departments to RAG rate their capacity against bed occupancy and staffing but far more difficult for GPs to do the same. The assumption, as ever, is that primary care has the capacity to somehow absorb extra workload.

Essex LMC sent out a questionnaire to their surgeries: 90% of practices stated that workload was being transferred to General Practice from the hospitals and 96% stated that the amount of workload transfer was increasing, stating that it was affecting their ability to provide basic primary care to their registered population. It is extremely worrying that 88% of the practices were not consulted regarding the transfer of workload and even more when 85% felt pressured to take on the additional workload by the clinical commissioning groups (CCGs) and hospitals. It is also not surprising to note that this additional workload has resulted in reduced staff morale in nearly all of the GP practices.

We would ask all of you that if you notice any unauthorised creep of work from secondary care that you alert the LMC and highlight it through PITCH so NHS Kernow is aware. We try, but we cannot have eyes everywhere and your help is appreciated.

Old Jokes Home:

Doctor Doctor, I keep comparing things with something else.

Don't worry it's only analogy...



CAMHS waiting time recovery plan update

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

The Care Quality Commission (CQC), visiting Cornwall Partnership NHS Foundation Trust (CFT) for a routine inspection in July 2019, raised concerns that the Trust was not meeting contracted waiting times standards for Child and Adolescent Mental Health Services (CAMHS). The contracted standards relate specifically to Child and Family Therapy. Those concerns resulted in the issuing of a Section 29a Warning Notice. This reflected the experience that primary care had been highlighting for a considerable time.

Following a program of improvement and a further CQC review the section 29a notice has been lifted.

An update has been to the latest CFT Public Board, setting out the further progress made in delivering the waiting time recovery plan which is summarised here:

The plan included two principal elements:

- The introduction of a significant step change in capacity across all teams, through the appointment of Clinical Assistant Psychology (CAP) workers. These are graduate



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psychologists employed to work with the CAMHS team, with one based in every secondary school.

- The establishment of an administrative control plan to oversee the scheduling of patients to achieve and then sustain waiting times within the contracted 28 day standard.

Performance

When the section 29a notice was issued there were 105 children waiting longer than 28 days for assessment, with the longest wait being over a year. On 31 May, 2020, there were 2 patients waiting over 28 days for appointments.

Having cleared the historic backlog, it is expected the referral to treatment waiting times should be met consistently throughout the county from June onwards.

It is, of course, important to ensure this has been achieved without a detrimental impact on other aspects of the service, particularly the rate at which children progress to treatment.

The table and chart below shows local waits by area team:

Area	Days	Weeks
East	27	3.8
Mid	20	2.9
West	8	1.1

There does remain some variability between the area teams, which will remain a focus of reporting and improvement in the coming months, but waits continue to compare favorably with the national benchmarks and remain in the best quartile, providing assurance that treatment waiting times have not been adversely affected as a result of the recovery program.

This will continue to be monitored and reported to the CFT Public Board and we will continue to share progress with primary care colleagues. Any issues can be PITCH reported for CFT response.

News from the Community Coordination Centres and Discharge to Assess Bedded Pathways Team

As work continues on planning for the next stage of the Covid-19 pandemic an analysis of the work so far currently undertaken by the Community Coordination Centres (CCCs) and Discharge to Assess Bedded Pathway Teams (D2A) has just been undertaken. This shows:

- CCCs and the D2A have triaged over 16,000 people in the county, ensuring every one of them got the care they needed.
- Caseloads have grown from 300 people per week to 1,300, reflecting the increased capacity they are able to provide.
- 325 people who were initially referred for bedded care have been transferred to the CCCs and, as a result, ended up with a more independent outcome.
- 2,192 discharges have been directly triaged from acute and community hospitals with a 25% increase from April to July in the number of people going home instead of going to bedded care.
- 617 unnecessary hospital admissions have been avoided, with 517 people able to stay home with support instead.
- 58% of D2A referrals resulted in the patient going home rather than remaining in a bed.

You can find out more about the Community Coordination Centres and the Discharge to Assess Bedded Pathways Team [here](#).



SERF update

Cornwall Partnership NHS Foundation Trust (CFT) has responded to some LMC concerns on behalf of local GP practices who were reporting the rejection of referrals not made on the web-based Single Electronic Referral Form (SERF).

This should no longer be occurring – if GP practices encounter any further issues with this then please PITCH report and also let the LMC know so we can work with CFT to resolve them.

CFT has confirmed it will not refuse a referral in any format and is working collaboratively with local partners to improve the functionality of the SERF, address the concerns raised and identify potential solutions.



Evolution of PCNs

By Dr Pete Merrin, Committee Member at Kernow LMC

I have been asked to share this short paper which was written some months ago about how I saw the [evolution of Primary Care Networks \(PCNs\)](#). It was intended only for our own PCN and therefore has a particular local flavour to it and would not be applicable to all PCNs. I have, however, left it unedited as I feel it should be read in light of when and why it was written.

The letter of 9 July from NHS England (NHSE) I think reinforces some of my views, in particular the emphasis on the Investment and Impact Fund (IIF) as a mechanism for rewarding PCNs for collective effort. I see this funding mechanism being expanded in the future with an increasing dependency on PCNs for practice finances.

Finally, I would add that the funding of additional staff, if not taken up by individual PCNs, can be re-allocated to those other PCNs wishing to make use of this funding stream. So use it or lose it (to your neighbours)!

Editorial comment: There has been significant concern at Conference level that our negotiating body (GPC) have over-egged the PCN concept and are allowing too much funding to be diverted away from the global sum model. The political desire for funding at scale is clear and amplifies the importance of local representation on the national stage. KLMC will wave your flag!

Flu latest

The latest [national flu letter](#) – with more information about operational planning and delivery for the vaccination program – has just been released by the Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSEI) and Public Health England (PHE). It provides further detail on:

- Expanded cohorts
- Vaccine supply

- Uptake ambitions
- Which influenza vaccines to offer which group
- A major new public-facing marketing campaign

The LMC will issue a Flu Special Bulletin to local GP practices shortly.

Gender reassignment

The LMC is aware that some local GP practices have been approached by private gender reassignment clinics with requests to perform blood tests and prescribe hormones. [Guidance](#) from the General Practitioners Committee (GPC) highlights that, as always, GPs should only prescribe and monitor medication that is within their competency and that patients should be seen by a 'reputable' gender clinic. There is a useful template letter on our website [here](#) that you may find helpful in dealing with requests.

The role and work of the LMC

Please signpost new GP or Practice Manager colleagues – along with trainee GPs in your surgery – to our [LMC website](#) so they can find out more information about our role and work. It includes useful pages on [who we are](#), [what we do](#) and [how to get involved](#).

Child Health Information Service (CHIS) latest

Barnstaple Office: Since the beginning of the Covid-19 pandemic, teams from CHIS have been working from home to deliver the South West CHIS. As this has been a success, CHIS has decided to close down its Barnstaple office. It will continue to deliver the service without any interruptions. CHIS is a paper-free service and uses electronic methods wherever possible. If you have any further questions, please contact Erik Renz at erik.renz@health-intelligence.com for more information.

Open Exeter: The facility to prepare the Child Vaccination Programme for Open Exeter file is now live for all South West CHIS practices using HI Hub. You can prepare and validate the file ahead of submission, allowing missed immunisations to be arranged and any coding issues to be resolved. The process is entirely managed by the practice using data CHIS extracted from your clinical system and has stored on HI Hub. CHIS does not make the submission; it is down to your practice after validation. Instructions can be accessed [here](#).

To access Open Exeter file creation, please contact Support Services at supportdesk@health-intelligence.com with the following information:

- **Name**
 - **NHS Email**
 - **Role within Practice**
 - **Access to which System:** Child Vaccination Programme for Open Exeter
- CHIS hope you find it another useful feature of HI Hub and welcome feedback on it.

Practice Managers Learning Event cancelled/PM Conference update

The LMC has cancelled its bi-annual Practice Managers Learning Event on Tuesday, 10 November, due to the current health situation and the priorities we are all juggling. Attention will soon turn to starting to plan next year's bi-annual Practice Manager Conference – where you can learn, network and be inspired!

We will be involving our two Practice Manager representatives – Ali Butterill and Neil Parsons – to help ensure it meets your needs and taking on board the evaluation from last year's event.

We envisage some of the key themes at the conference will include risk management, managing and coping with change, employment law, premises and maximising income. We'll be looking to provide a mix of workshops and presentations.

More information – including the date (next winter), venue (set to be Mid Cornwall) and how to register – will be communicated in due course.

PMs – and their deputies where applicable – are encouraged to attend.

Latest NHS Kernow Highlight Report

The latest NHS Kernow Highlight Report – which provides a fortnightly round-up of key developments, successes, challenges and future plans in local general practice – is now available [here](#).

Guidance note for patients requesting exemption letters for wearing face masks

Some patients might be understandably anxious about the Government's recent announcements around the use of face masks in various public settings.

GPs are not in a position to provide individual risk assessments or letters for patients who feel that they should be exempt from wearing a face mask.

The LMC has prepared a [guidance note](#) for GP practices to share with their patients.

Covid-19 certification for travelling abroad

The General Practitioners' Committee (GPC) has successfully lobbied the Government to remove advice on the National Travel Health Pro website signposting people to discuss Covid-19 testing for international travel purposes with their GP.

GPs aren't required to provide a letter for patients that they don't have Covid-19 to enable them to fly.

NHSEI third phase of NHS response to Covid-19

NHS England and NHS Improvement (NHSEI) have released their [third phase of NHS response to Covid-19](#) letter. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Clinical commissioning groups (CCGs) are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.



Covid-19 – new infection control recommendations for primary health care providers

Public Health England (PHE) has published [new recommendations for infection control in primary and community health care providers](#), which states that: “GP practices should ensure that measures are in place so that all settings are, where practicable, Covid-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Where a setting cannot be delivered as Covid-19 secure, a local assessment may conclude that primary care staff, when not otherwise required to use personal protective equipment, should wear a face mask, to prevent the spread of infection from the wearer where a Covid-19 secure environment cannot be maintained. Patients and members of the public entering primary care premises should be advised to use face coverings in line with [Government advice](#).”

Self-isolation of health and care workers from high-risk countries

From 31 July, registered health and care professionals travelling to the UK from high-risk countries [are lawfully required to self-isolate for 14 days](#). They will no longer be exempt. The move will bring health and care professionals in line with the public and further protects the NHS and social care system from the spread of coronavirus from overseas, as signs of second waves begin to show in other countries.

The regulations are laid out by the Department for Transport (DfT). The current list of countries exempt from self-isolation measures is available on [GOV.UK](#). Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return. [Information on air corridors can be found here](#). This amendment to the regulations will ensure consistency with wider quarantine measures and continue to protect public health.

Shielding guidance for staff on returning to work

Shielding ended in England on Friday, 31 July, after which those who have been shielding will be able to return to work provided their place of work is ‘Covid-19 safe.’

The British Medical Association (BMA) has published guidance on [Making the NHS ‘Covid-19 safe’ and supporting return to work](#), setting out recommendations for safe return of staff.

Read also the [BMA guidance on risk assessments](#).

Regional Covid-19 cases and triage figures published in new interactive dashboard

NHS Digital has published an [interactive dashboard](#) showing the number of Covid-19 cases identified through Pillar 1 and 2 testing and the total number of NHS Pathways triages through 111 and 999, and online assessments in 111 Online which received a potential Covid-19 final disposition.

New system alerts GPs to Covid-19 test results

NHS Digital has developed a new system that alerts patients and GPs of Covid-19 results and enters the results into GP records. Read more [here](#).



Update on GP services for 2020/21

NHS England and NHS Improvement (NHSEI) has released its latest [letter about arrangements for practices for the rest of 2020/21](#). In summary the letter outlines:

- Continued suspension of appraisal and revalidation. The General Practitioners' Committee (GPC) is working with NHSEI and others on a much more proportionate and supportive appraisal process and will provide details about this shortly
- Quality Outcomes Framework (QOF) will recommence from 1 July. QOF guidance to support this approach will be produced very soon, but in summary the points relating to influenza and cervical smear targets will be doubled to 58, the points for quality improvement (74), prescribing indicators (44) and disease registers (81) will remain the same and the other indicators (310) will have income protection. Income related to this element of QOF will be paid based on historic achievement. The GPC is working on how that will be calculated. The GPC would encourage practices to use their professional judgement in their management of patients with long-term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.
- Practices should return to providing new patient reviews, routine medication reviews, over-75 health checks, clinical reviews of frailty, shingles vaccinations, and patient participation group (PPG) arrangements
- The worklist process from the Covid Clinical Assessment Service (CCAS) will be maintained at 1 per 500 to ensure any local outbreaks and any second wave might be managed without requiring further changes
- Friends and Family tests, and the requirement for consent for ERD remain suspended
- The Investment and Impact Fund (IIF) will begin in October, but details of exactly what is to be delivered are still being discussed
- The Dispensing Services Quality Scheme (DSQS) will return from August for dispensing practices
- Encouragement for Primary Care Networks (PCNs) to continue with their recruitment (and provide further assurances around liabilities)
- Commissioners are encouraged to reinstate LES/LIS in an appropriate and controlled way
- Arrangements for local outbreaks should they occur
- Income protection and further funding implications are outlined, although further discussion on funding is ongoing.

The General Practitioners' Committee (GPC) has updated its comprehensive [Covid-19: toolkit for GPs and GP practices](#) to reflect these new arrangements, including service provision, funding and QOF.

Workflow and workload issues

Dr Richard Vautrey, Chair of the British Medical Association's (BMA) General Practitioners' Committee (GPC) has signed a [joint letter](#) with Rob Harwood, Chair of the BMA Consultants Committee, to Professor Stephen Powis, NHS England (NHSE) Medical Director, on behalf of



all primary and secondary care doctors, proposing and seeking solutions to the issues in workload and workflow across NHS sectors.

Intimate clinical assessments undertaken remotely

New national guidance has been issued aimed at clinicians who are consulting remotely with patients through a digital channel – eg online, email, text, video-link – across healthcare settings in England. It focuses on how to safely manage the receipt, storage and use of intimate images taken by patients for clinical purposes. Read more [here](#).

RCGP calls for less arduous regulation and more trust in general practice

A new report from the Royal College of General Practitioners (RCGP) makes the case that throughout the Coronavirus pandemic general practice has shown it functions well with fewer bureaucratic processes, such as contractual and regulatory compliance activities. While it recognises the need for regulation and other processes to ensure patient safety and quality of care, the report says there also needs to be a shift to a 'higher trust' model that gives GPs more time to deliver patient care.

GPs are also predicting a 'lingering and difficult legacy' of illness and disease left by Covid-19 and must be appropriately supported to care for patients in its aftermath, the RCGP warns in the [report](#). The RCGP says that general practice is preparing for an 'influx' of patients with 'long Covid' – those who have recovered from the virus but who will go on to experience new or longer-lasting symptoms such as respiratory difficulties, cognitive impairment and chronic fatigue, all of which will require long-term treatment and support from GPs.

NHS Health Check: Restart Preparation

Public Health England (PHE) has published new guidance to assist providers with NHS Health Check restart planning and preparation. Read more [here](#).

National Data opt out – deadline reminder

GP practices are reminded that the compliance deadline for the national data opt-out and the final date for submission of the Data Security and Protection Toolkit is 30 September, 2020.

This follows the Secretary of State for Health and Social Care issuing a legal notice earlier this year asking that all healthcare organisations, including GP practices, process and share confidential patient information in line with the Health Service's Control of Patient Information Regulations 2002 (COPI) to help the Covid-19 response. More information is available [here](#).

Transition between Covid-19 care home support and the Care Homes service in the PCN DES

From 31 July 2020, the interim Covid-19 care home service transitions into the Enhanced Health in Care Homes service as described in the [Network Contract Directed Enhanced Service \(DES\)](#). The General Practitioners' Committee (GPC) has agreed with NHS England and NHS Improvement (NHSEI) that to provide some continuity and stability the Network



Contract DES will be amended so that when appropriate the clinical lead role for the service may, as now, be held by a clinician, other than a GP, with appropriate experience of working with care homes provided this is agreed by the GP practices in the primary care network (PCN), the clinical commissioning group (CCG) and the relevant community provider.

NHS Confederation report on PCNs

NHS Confederation has published a report about [Primary Care Networks – one year on](#) to mark the one-year anniversary of PCNs being established across England and assess their progress so far. The report sets out a national picture of variability, but does describe how some networks are now delivering tangible benefits for the health of their populations and offering mutual support to their member practices.

New report on ‘Mental health and PCNs – Understanding the opportunities’

The King’s Fund and the Centre for Mental Health have released a new report exploring the opportunities the emergence of Primary Care Networks (PCNs) create for improving the support and treatment provided to people with mental health needs in primary care and why such improvement is badly needed. Read the report [here](#).

Workforce Minimum Data Set

The General Practitioners’ Committee (GPC) has confirmed that GP practices should continue to comply with reporting requirements as part of the Workforce Minimum Data Set – although the process is likely to change soon.

The data is useful when looking at workforce challenges which have had a significant impact on the locum workforce, as well as ensuring the Additional Roles Reimbursement Scheme (ARRS) funding is used appropriately.

SystemOne practices: new electronic notifications for the urgent supply of medicines

GP practices can now receive electronic notifications from pharmacies about the urgent supply of medicines made as part of the NHS Community Pharmacy Consultation Service (CPCS). This informs you that a patient registered with your practice has received an urgent supply of medicine from a community pharmacy. The notifications arrive as a workflow task and include ‘structured’ information, which means you can add the information directly to a patient’s record without having to transcribe it manually. More information, guidance and training material is available on the [NHS Digital](#) website.

Feedback on your interactions with CQC

The Care Quality Commission (CQC) want to understand how it may need to change the way it works to support the delivery of its future strategy.

The CQC is interested in receiving feedback from people who work in health and social care services on some of the key interactions you may have had with the regulator.

[Feedback by completing this short survey.](#)



Childcare costs for doctors to be covered in drive to boost GP numbers

The NHS has launched a new [scheme](#) to encourage more doctors to return to general practice by offering help towards the costs of caring for children or family members. Qualified GPs who are interested in coming back to the NHS, or joining from overseas, will now be able to access financial support worth up to £2,000 if family responsibilities would be a barrier to completing the necessary training.

New video gives advice on reducing administrative errors

Administrative errors in general practice – especially linked to patient referrals, management of test results and repeat prescriptions – give rise to claims. A new NHS Resolution video considers steps that can be taken within GP practices to mitigate the risk of these errors. View it [here](#).

GP recruitment

As part of the [‘Choose GP’ campaign](#), on the GP National Recruitment office website, Health Education England (HEE) receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has been running for the last four years and has proven to make all the difference between someone applying or not.

HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this contact gprecruitment@hee.nhs.uk with details including your name and contact details, practice name and which part of the country you are based, how long you have been a GP or trainee, any special interests/expertise or opportunities you are pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

Third record-breaking year for GP trainee recruitment

GP trainee numbers in England have risen for the third year running – with recruitment up a record 15% compared to the same point last year.

[Figures](#) released by Health Education England (HEE) show there have been 3,441 acceptances onto GP specialty training in 2020, compared to 2,891 at the same stage in 2019. With one more recruitment round to go, HEE is on track to beat its target for recruiting 3,500 doctors in training to general practice this year.

Apprenticeship funding

The Chancellor announced in July that GP practices will be given £2,000 for each new apprentice they hire under the age of 25. These payments will be in addition to the existing £1,000 payment for new 16-18 year-old apprentices, and those aged under 25 with an education, health and care plan (EHC). It is also now possible for practices to have up to 10 apprentices at any given time.



Health and care video library available free to NHS

As part of the response to Covid-19, NHSX has secured a six month national licence for NHS clinicians to access a [health and care video library of over 600 patient information videos free of charge](#). The videos have been developed and written by NHS clinicians to use within a wide range of care pathways including maternity, physiotherapy, rheumatology and podiatry. The library platform and the videos have been professionally produced by Health and Care Innovations (HCI).

Could you save money with the LMC Buying Group?

The LMC Buying Group has negotiated discounts with over 20 suppliers of products and services which GP practices frequently buy. Members can view pricing and request quotes through the group's [website](#) by logging in, or you can request to become a member if not already signed up. Take a look at the list of [approved suppliers](#) to get an idea of what products and services are available.

The usual Kernow LMC caveat applies – we don't endorse companies, products or services and GP practices enter any agreement at their own risk.

Fraudulent curriculum vitae

Several LMCs – including some in the South West – have been made aware of an individual impersonating an employed practice nurse and forwarding her cloned CV to practices. Practices have recently received a curriculum vitae from the email addresses nursekarenamies@outlook.com and nursekarenamies@outlook.com which are considered to be fake accounts.

This matter has been reported to the police by GP practices and the victim involved. For further information on this matter, or to report an incident of the above, please contact Karen.amies@nhs.net or her practice manager arron.darrall@nhs.net.

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/. 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



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Produced by Kernow Local Medical Committee. Copy submissions for the September 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by 19 August, please.

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