

# April 2023 Newsletter

## CAMBS LMC NEW COMMITTEE & NEW CONTRACT GUIDANCE

Your newly elected committee met for the first time yesterday, proudly representing, supporting, and advising local general practice, working to look after you, so you can look after your patients.

The meeting started with the election for LMC officers for 2023 – 2027, see inside for details. We then moved on to discussing the national contract imposition, and what this potentially means for practices. We touched on this at the Open Meeting on 20<sup>th</sup> April, and as promised **we have now finalised our guidance on how to make sense of the new Regulations with a [series of FAQs](#).**

At the same time as our LMC meeting yesterday in Huntingdon, GPC England was holding an emergency meeting in Tavistock Square to discuss potential industrial or collective action. Since the announcement on 6 March that NHSE were moving to a second consecutive imposition, the Secretary of State, North East Cambridgeshire's Steve Barclay MP has refused to meet with national GP representatives. Hence the Emergency meeting was called following the 23/24 contract imposition, after GPC England had rejected the proposals in February, calling them 'unsafe, and insulting'.

GPC England heard presentations from relevant expert members of staff, and committee members. For GPs to take action, won't just be unprecedented, it will be complicated. We are not like Consultants or Juniors with one employer, and one contract. There are a number of key areas of preparedness to make any action as effective as possible, and key conditions that would need to be met - that we also touched on at our Open Meeting last week.

GPC England were asked to make several key strategic considerations, specifically around timelines; forms of potential action; mechanisms of balloting; and aims and conditions to be met for dispute resolution. The net result was that a green light was given to press ahead with preparation, planning, and communications out to the profession over the coming weeks and months. **Watch this space.**

You may have noted, that the new Regulations make reference to not '*jeopardising the patient's health*'.

The truth of the matter is, that in 2023 the NHS itself is jeopardising the health of its patients, through its mismanagement at the very highest levels. General practice is seen as both the disease and the cure to almost every problem, but we are David to the Goliath of the rest of the system. We receive 3% of the £3billion ICS budget. 97% is spent elsewhere – remember this each time you are asked, or you choose, to undertake work for another part of the system "to save time". Whose time are you saving? At whose expense? At what cost to yourselves, your team, and your other patients?

Besides, our staff, our patients and ourselves are well aware of how bad things are in the NHS of April 2023. We are all frightened of being left in pain, unattended and dehydrated in a corridor for many hours due to staff being overstretched beyond their limits. We already know that we lack the time and resources, not least the workforce, to give our patients the care they need.

So do not be kowtowed into a false premise that you are somehow to blame if you attempt to make your own working conditions safer to protect yourself, your staff, and the patient sat in front of you.

## NEWLY ELECTED CAMBS LMC COMMITTEE OFFICERS 2023 - 2027

We are delighted to announce your Cambs LMC officers for the next four years:

### Dr Diana Hunter – Cambs LMC Chair



Dr Diana Hunter, a Salaried GP in Kimbolton, has been re-elected as your Chair for her second and final term of office. Diana says: *“The last 4 years have given me the opportunity to chair two superb committees and to work alongside an amazing team. I have helped to modernise our LMC, supported a workforce expansion and offered a calm and steady link between the committee and the executive. But there is more to do. The next few years may see a new contract, it may see industrial action and it could even see a new model of general practice. We live in uncertain times; but I will offer you certainty in my role as your chair. I will continue to listen to the committee and reflect their wishes. I will remain flexible and supportive to the executive team, and I will continue to help build a strong and sustainable LMC that is adaptive and responsive to the needs of our constituents.”*

### Dr James Howard – Cambs LMC Vice-Chair



Likewise, Dr James Howard has also been re-elected Vice-chair for his second and final term of office. James, a Partner in practices across Ely, Soham, and Haddenham, said: *“Having worked as a partner in Cambridgeshire for 22 years, and as an appraiser and mentor for much of that, I believe I have a fair and balanced view of the stressors that GPs and practices have to face. During the last four years I have been acting as vice chair for Cambs LMC, and I hope have provided a useful support to the executive team and to the LMC Board. For 20 of those years, I have been on the LMC. We have a key role to play in the way in which we as a county respond to the inevitable ongoing changes to our working conditions. I hope my experience and considered approach will continue to be of value to the executive team for the next four years.”*

### Dr Jo Scrivens – Cambs LMC Treasurer



Finally, Dr Jo Scrivens a Salaried GP in Soham, has been elected Treasurer. Jo said: *“Having been a member of the committee for the past 8 years, I was elected on to the Board 18 months ago. This has given me a much greater insight into the exceptional work of our LMC executive team, and it has been a real privilege to work alongside them. I have been serving as acting treasurer for the past 6 months due to a colleague’s illness. As LMC treasurer I will promise you my continued integrity, attention to detail, reliability, and ongoing willingness to serve the constituent GPs and practice teams across Cambridgeshire and Peterborough in my role.”*

### Cambs LMC Ltd Board

Diana, James, and Jo will also automatically serve as *ex officio* members of the Cambs LMC Ltd Board, alongside Dr Ben Curtis (Partner, Fenland); Dr Francesca Frame (Partner, Cambridge) and Dr Paula Newton (Locum) as Directors, with Dr Katie Bramall-Stainer serving as Company Secretary.

## CAMBS LMC ANNUAL GENERAL MEETING 2023-2024

### INCREASE TO LEVY

Yesterday ahead of the inaugural committee meeting, saw the Company AGM. Elected members of the LMC are automatically conferred as members of our limited Company. The Board recommend a levy rise of 4.5p for 2023/24 to the members of the company to consider, and this recommendation was approved. This is a significant rise at a time of extreme cost-pressures for practices, and so we feel it would only be appropriate to put the rise into context:

2022-23 has seen a much-welcome expansion to the Cambs LMC staff team, with recruitment of a new (0.4 WTE) Medical Director and (0.5 WTE) Office Administrator. These changes have resulted in increased staff costs for the organisation, but we are now in a much stronger position to ensure the workload of the office team is both manageable and fit for the demands placed upon our LMC in the current political climate.

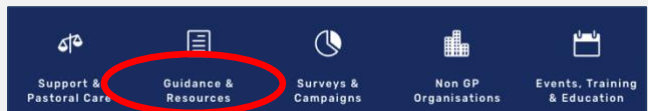
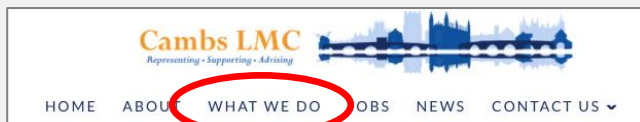
Our costs have risen over the past three years, alongside our offers to practices - but we have proactively planned and chosen to draw down on our reserves in the first instance. To put this into context, our levy, much like the GMS contract investment, has not kept pace with inflationary pressures. In 2009, it was 50.65p. That is equivalent to 75.4p in 2023.

In fact, our levy has only risen by 6p in the past 14 years. We are aware of the general high satisfaction levels from constituents with regard to the service they receive from the LMC (well above 90% in 2022's survey). This past year has seen QOF protection and significant increases in the locally commissioned services offer, in addition to increased support more generally around workload guidance and support tools. On an individual basis, the team are offering bespoke support to more individual GPs and partnerships. A recent audit demonstrated that the team have had significant contact with 80% of practices within the past year alone, over a quarter of our GPs.

We are confident that with this funding we will be able to continue to provide and promote high-quality and effective support for our constituents in these most challenging times. We need to retain the quality of staff that we have been fortunate to recruit, and we need to appreciate the relatively modest sum that the levy represents, and the duty of the LMC to spend and invest it wisely. We also need to ensure that we are funded to be able to provide and promote positive and effective support for our constituents in these most challenging of times.

Should you have any queries on the Levy, please address them to our company secretary and chief executive [katie@cambslmc.org](mailto:katie@cambslmc.org) in the first instance.

## CAMBS LMC GUIDANCE & RESOURCES



A reminder that all of our guidance can be found all in the same place on our website: <https://cambslmc.org>

### Common subjects we advise on are:

Managing inappropriate workload & pushback letters: [Complaint response guidance & patient feedback templates](#)

Patient registration queries: [Patient Registration guidance pages](#)

Breach of contract guidance: [Breach of Contract Guidance - Jan 2023](#)

This list is not exhaustive, and we would welcome any feedback on any guidance and resources that you feel might be missing, as always, contact us at [office@cambslmc.org](mailto:office@cambslmc.org) to discuss further.

## UPCOMING RCN INDUSTRIAL ACTION THIS WEEKEND

RCN colleagues have confirmed that strike action will now take place from **8pm on 30 April to 11.59pm on 1 May**. RCN members employed by Cambridge University Hospitals, Royal Papworth, Cambridgeshire Community Services and Cambridgeshire and Peterborough Foundation Trust will be taking strike action during this period. Doddington and Wisbech MIUs are still expected to be closed on 1 May but are due to reopen on 2 May. Any updates on this situation will be communicated via public ICS channels, including the [Twitter](#), [Facebook](#) and [Instagram](#) accounts.

If you do need to refer a patient for urgent treatment at CUH between **8pm on 30 April and 11.59pm on 1 May**, please consider the following accompanying actions:

1. Acute Trusts request if possible that urgent same day referrals are reviewed by a GP before a referral is made.
2. GP teams are asked to maximise same day emergency care pathways where possible.
3. Remember to use community services, such as JET or the UWAC service where this is preferred.
4. Help manage patients' expectations by being clear that there will likely be a long wait before they can be seen in ED.

The Urgent Wrap Around Care (UWAC) service will be available 8am-8pm Saturday 29 April through to Monday 1 May. The UWAC service can be contacted via 0333 332 6800 – option 6.

## **PAY TRANSPARENCY: DEADLINE 30 APRIL 2023**

NHS England's published guidance sets out which individuals are required to make a pay self-declaration, and outlines the definition of NHS earnings for its purpose. It also explains the process of making the self-declaration, and how the data collected will be used. It may affect contractors, salaried GPs, self-employed locums, and those employed through third party providers. This is all NHS earnings and not limited to income related to GMS, APMS or PMS contracts and services. You should have discussed with your accountant if you suspect you may be affected.

Not declaring earnings above the threshold would put a practice, not an individual (unless a sole provider GP), in breach of their contract. Where terms are entered into sub-contracts and other agreements, those individuals would be in breach of those contracts. Any practice held in breach would be subject to the normal breach procedures outlined in paragraphs 70, 72 and 73 in [schedule 3 in the GMS regulations](#).

In situations where there has been a breach of contract, but the breach is capable of remedy, a remedial notice may be issued. In doing this, the commissioner must provide details of the breach, and the steps that will need to be taken to remedy it. Unless the breach places patients at risk or is a financial risk to NHS England, a period of not less than 28 days from the date of the notice will be allowed to remedy the breach. This means that contractors must declare earnings in the way prescribed within the time limit to avoid being in breach. If the contractor fails to remedy the breach, the commissioner may send notice of termination of the contract.

The BMA would be interested in hearing from any contractors or LMCs whose members receive either a remedial, or breach notice in these circumstances.

### **LMC VIEW:**

We know how worried about the impact of this many of you are.

The LMC has concerns that this misguided and pernicious government policy may increase the risk of abuse of GPs and practice staff which may also lead to further GPs leaving the profession, which will have a detrimental impact upon patient care. The BMA has repeatedly lobbied for this policy to be reversed, and we have publicised the BMA [guidance](#) which we would urge you to read again.

It remains the case that when HMRC and NHS Pensions share earnings data with NHSE, it is anonymised. It therefore remains unclear exactly how NHSE intend to 'police' this imposed regulation. We are not aware of a way that NHSE could verify the income of those who have not chosen to declare, unless identifiable data were shared. This in itself may present a case to be referred to the Information Commissioner's Office. Whilst we do not know how the data could lawfully be shared, we cannot be sure that it is impossible.

If any GP chooses not to declare, and is approached by their ICB or NHSE, they would have 28 days to remedy a breach notice in any case. Further, we would encourage them to contact the BMA, and LMC, as we would expect the ICB and NHSE to provide evidence of why they believe the individual should declare, the provenance of the information they hold, and if this has been sourced through legitimate means. If it has not, it will be open to legal challenge, and we are certain that the BMA and GPDF would move swiftly to take action through the courts in such a hypothetical scenario.

We hope this is helpful and that you sleep well this weekend.

### **LINKS:**

#### **BMA Guidance:**

<https://www.bma.org.uk/pay-and-contracts/pay/gp-pay/declaring-gp-earnings-over-150-000>

#### **Cambs LMC Advice on Contract Breaches:**

<https://cambslmc.org/wp-content/uploads/2023/03/Breach-of-Contract-Guidance-GMS-Jan-2023.pdf>

## NEW 2-WW SKIN PATHWAY PROFORMA

You will have received the Gateway email yesterday including an attachment to a new 2WW Skin Pathway Proforma which advises the form has received input from LMC colleagues. It is factually correct that we have feedback to colleagues necessary changes that would be required in any revision to the existing pathway.

Unfortunately however, the LMC were not given the courtesy of being permitted to review the final version. Timing-wise this is a shame, as your newly-elected Committee met yesterday and would have been delighted to have been given the opportunity.

The effectiveness of the LMC as a system partner relies on the trust our committee can have in being involved in such discussions. This is something about which we take exacting care. We remain keen to support any system development on clinical pathways, and have already flagged this concern to the relevant team who we hope will facilitate a fruitful conversation ahead of any planned revision.

## MEDICAL EXAMINER REVIEW OF COMMUNITY DEATHS

### NEWSFLASH: STOP PRESS

#### *The introduction of the Medical Examiner service has been delayed until April 2024*

The Medical Examiner (ME) offices in the north (based at NWAFT) and south (based at Papworth) of the region are responsible for reviewing all deaths that are not referred directly to the Coroner. The system is currently non-statutory but is expected to become a legal requirement next year. All deaths in acute trusts have been reviewed for some time. The final phase is roll out to cover all community deaths.

The Cambridge GP practice pilot has been running for over a year now. 75% of practices have been 'onboarded' and have scrutinised over 300 community deaths. The ME team say:

*"We have received positive feedback from the GPs we are currently working with who find the advice given by the MEs helpful, and which has prevented delays waiting for advice from the Coroner's office. We have averted some certificates which would have been rejected at Registration due to errors or unacceptable causes of death. GP staff have thanked us for helping a distressed next of kin and for providing positive feedback for their staff. We tend to prioritise community cases in our day's work to ensure a quick turnaround time to reply to the GP referral on the same day. We have not seen significant delays in the process and often have scrutinised the notes prior the Doctor being available to complete the MCCD, which has worked well."*

*"Community roll-out is in the earlier stages in the north of the region, but recent recruitment means we are now ready to expand the service. We are doing everything we can to minimise work for GP practices and to make the whole process as quick and easy as possible. Our pilot practices have found the advice from medical examiners helpful, particularly relating to Coroner referrals and accurate death certification. Families have also welcomed the opportunity to talk to someone independent. We have recently appointed five more GPs to the ME team, who are all enjoying the role."*

If your practice is not already working with the ME service, but you would like to get in touch, the lead MEs are:

North: [suzy.lishman@nhs.net](mailto:suzy.lishman@nhs.net) South: [ellen.makings1@nhs.net](mailto:ellen.makings1@nhs.net)

## COMPANIES OFFERING GMS CONTRACT TRANSFER

We've become aware of practices receiving communications from private companies offering to takeover GMS contracts by promising existing contractors a removal of their liabilities. Alongside that, we've also come across some new start-up companies positioning themselves to move into this arena. Typically, the companies will be – or present themselves to be – GP-led and will offer to become co-signatories to a GMS contract with current existing partners. There may well be an agreement that existing partners then come off the contract to facilitate a retirement, or a move into a salaried post, as an attempt to stave off liabilities.

In these very challenging times for GP contractors, such offers can seem attractive, and they may be accompanied by glossy, professional prospectuses, confidently presented. However, we would always recommend the exercising of caution if such an offer were to be explored:

*(continued over...)*



### **Who can hold a GMS Contract?**

This is a key point to these arrangements. A GMS Contract can *only* be held by:

- An individual qualified medical practitioner as a sole provider
- A partnership, where at least one partner (not a limited partner) is a qualified medical practitioner
- A company limited by shares as long as at least one share is owned by a qualified medical practitioner

There is obviously more detail to the above in the regulations, but what this tells us is that a company seeking to enter this market will need to be either GP-led, or have named GPs involved, to be eligible to be entered onto a GMS contract.

GMS and PMS contracts are held in perpetuity until or unless they are terminated. PMS contracts require commissioner approval to change or amend; APMS contracts are time-limited commercial contracts and the only new contract that will currently be permitted by legislation.

### **How do GMS contracts get transferred in these circumstances?**

Arrangements can vary, but a common mechanism would be for the company, or individual GPs as part of it, to go into partnership with existing partners, who may then subsequently then retire from the partnership themselves. The key point about such an arrangement is that the contract does not itself terminate and have to go out to tender: a partnership can choose to join with any partner permitted under the regulations. That new partnership can then make decisions within itself about the ongoing make-up of the partnership. However: that first step is key.

### **What liabilities do the original partners have?**

This is of course vital. Whilst a practitioner is named on a GMS contract, regardless of other considerations, they remain jointly and severally liable for the obligations of the contract and partnership with any other co-signatories. They would also remain liable for premises they own, or leases where they are named on the deed (which are separate to the GMS contract arrangements), staff redundancies, and any other financial commitments made by the partnership. Ongoing liabilities would potentially transfer to the new company or individuals signing the contract, but not necessarily pre-existing liabilities. It is of course also the case that an individual GP going onto a GMS contract as part of such a concern would become liable for such.

### **What should practices do if considering such an offer?**

We would of course recommend talking to us at the LMC at the earliest juncture if there was any consideration of such an enterprise; we can then advise on the specifics of your practice and any deal offered.

We would strongly recommend the utmost caution and careful due diligence to any practice that wanted to explore offers from such companies. The potential exit from a GMS Contract can seem appealing on the face of it, especially to GPs at the end of their careers, or those especially affected by the stressful context in which we work. However, the potential pitfalls of these deals are significant and of great concern to us at the LMC, and the individual vulnerability of practices and their partners can sometimes be of secondary importance to corporate bodies.

**Remember, if you're not on the table – you are likely to be on the menu. And if something appears free – you are likely to be the product. If in doubt, drop us a line at [office@cambslmc.org](mailto:office@cambslmc.org)**

## **UPDATE FROM BMA MEDICO-LEGAL COMMITTEE**

### **LETTERS FROM SOLICITORS TO GPs**

Last session, members of the Medico-Legal Committee (MLC) raised the concern that they were receiving reports from GPs who were getting threatening letters from solicitors on behalf of their patients/clients regarding Covid-19 vaccination exemptions. These letters threatened legal action due to the patients/clients being unhappy about not receiving an NHS exemption certificate for the Covid-19 vaccine.

Following this, the chair of the MLC wrote to the Solicitors Regulation Authority (SRA) to raise the MLC's concerns and to remind them that there was a finite list of medical conditions that GPs must confirm before issuing their patients with the exemption certificates. Further information was linked and it was flagged with the SRA that the GPs who had received these threatening letters had not, and in fact could not legally, confirm the medical exemption for their patient because the patients' medical records did not contain evidence that the patient had any of the listed *medical* reasons for exemption.

It was highlighted that the issue became that in complying with government regulations, the GPs were being threatened with inappropriate legal action. The MLC also stressed that the nature of the letters and correspondence aggressive and unjustified. Since then, the SRA have been conducting investigations on both the law firms/solicitors to which the MLC raised a concern about, and have instigated disciplinary action in some cases.

## LEARNING DISABILITY HEALTH CHECKS TRAINING & PRIMARY CARE RESOURCES

[Click here](#) to access the link to the eLearning and the collection of useful resources you can download to support Learning Disability health checks.

### NHS LEADERSHIP SKILLS DEVELOPMENT PROGRAMME FOR PCN WORKFORCE

If you are based in the East of England, you can take part in this fully funded training programme on behalf of NHS Leadership Academy East of England and it's open to anybody working in/with general practice and Primary Care networks. More information which includes a link to sign up can be found [here](#).

### INTRODUCTION TO THE WELL LED PRACTICE

[The Well Led Practice](#) is running a free webinar for anyone interested in hearing/seeing more about the platform that can support practices with their organisational governance. Click [here to register](#) for the free Zoom session on Wednesday 3 May 2023 at 1pm.

### STAFF SUPPORT HUB: FREE STAFF HEALTH CHECKS

Staff Health Checks are free health assessments, carried out at your practice premises, that cover a range of health tests for your employees and deliver a personalised health report. The report helps individuals to make an informed decision about any lifestyle changes they might consider in managing their longer-term health and wellbeing. The assessments available last between 15 – 45 minutes per employee depending on option selected. **This scheme is available only until the end of June 2023** to find out further information, or register your interest, please contact [cpicb.pchr@nhs.net](mailto:cpicb.pchr@nhs.net).

### T-QUEST UPDATES FROM CUH

**Performance issues relating to Pathology Test Ordering System:** CUH is continuing to investigate and resolve the slowness of the system and inability to print tQuest order forms. We understand they will be providing further feedback on their investigations.

**Secure Sockets Layer (SSL) Certificate:** Work to renew the (SSL) certificate requires a short period of downtime lasting no longer than 30 minutes which is planned to take place on **Wednesday 3 May at 22:00**.

## CAMBRIDGESHIRE & PETERBOROUGH TRAINING HUB



### SUPPORTING FUTURE EDUCATORS

Following the success of our 2022/23 Supporting Future Educators programme, helping to steer you through the journey of becoming a first-time educator at Tier 3, we are delighted to announce that we are running another cohort during 2023. [Click here](#) for details of the programme and complete the form to register your interest for a place in cohort 3.

### CPTH 2023 TRAINING NEEDS ANALYSIS – LET US KNOW HOW WE CAN SUPPORT YOU!

Our annual Training Needs Analysis (TNA) survey is your chance to share your upcoming learning and development needs with us, alongside any other comments and feedback. We appreciate you taking the time to share your insight and helping us to shape our training and development offers for the coming year. Please [click here](#) to complete the survey. (The deadline for completion is Monday 15th May.)

### GP & ACP EDUCATION PROGRAMME: Neurodiversity and Pathways – Tuesday 23<sup>rd</sup> May, 7-8.30pm

Join us for a 90-minute virtual talk and Q&A on all things Neurodiversity and Pathways with Dr Rebecca Jones. [Book your place here](#) and visit our [web page](#) for dates/details of other upcoming events in the programme.

### FSRH - FACULTY REGISTERED TRAINERS

Are you an educator who has a passion for women's health? We have an opportunity for individuals who would like to become a Faculty Registered Trainer. [Click here](#) to view the role requirements from FSRH and email us at [candptraininghub@nhs.net](mailto:candptraininghub@nhs.net) to express an interest.

### BLS TRAINING SESSIONS

We are offering 2-hour Basic Life Saving (BLS) training sessions, face-to-face in Peterborough (Thu 25 May) and Huntingdon (Wed 21 June) at £15 per delegate. [Book your place here](#).

### GP FELLOWSHIP

Are you about to CCT or have you qualified in the last 12 months? The General Practice Fellowship is a 2-year scheme to support new or recently qualified GPs (and Nurses) and the practices employing them. The programme offers protected CPD time (with backfill funding to practices), together with early career learning, mentorship, peer support and coaching. [Click here](#) to find out more.

### RETURN TO PRACTICE ENHANCED INDUCTION

Is your practice interested in a funded short term role supporting GPs who have been out of practice to gain confidence and experience again? We are offering funding for an induction to include 10 clinical sessions over 2-4 weeks in practice. Practices will need to provide protected time for a suitable GP mentor, who will agree a bespoke personalised plan addressing learning needs for the GP looking to return to clinical practice. Please email Paula Newton via [candptraininghub@nhs.net](mailto:candptraininghub@nhs.net) for more information.

## A REMINDER ABOUT LMC BUYING GROUP MEMBERSHIP



The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing! Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

### Why use the Buying Group?

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- Access to a community resource hub

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk). They can also help you with any questions you might have about your membership or the suppliers.

### PCSE GUIDANCE FOR PRACTICES

<https://pcse.england.nhs.uk/organisations/gp-practices/>  
<https://pcse.england.nhs.uk/organisations/gps/>

### BMA GUIDANCE

Practical guidance for GP practices can be found [here](#)

Read the safe working in General Practice pages [here](#)

All the latest GP Bulletin (England) can be found [here](#)

Read the latest Sessional GPs newsletter [here](#)

Latest updates on Twitter: [@BMA\\_GP](#) and [@TheBMA](#)

Read about BMA in the media [here](#)

### WELLBEING

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

## CAMBS LMC IS ALWAYS HERE FOR YOU

### SUPPORT AND SIGNPOSTING

A reminder that Cambs LMC is *always* here for any GP in need, and we actively encourage you to reach out to us. Our job is to look after you – we are a safe, confidential space if you are struggling or are in distress. Visit <https://cambslmc.org/whatwedo/-support> for more information or snap the QR code.



### CAMBRIDGESHIRE & PETERBOROUGH GP & PRACTICE JOBS

We advertise GP roles on the jobs section of our website <http://www.cambslmc.org/jobs>. This remains a free service for local practices to advertise their GP vacancies. To advertise a vacancy, please email us the details, including the closing date and any supporting documents in pdf to [jobs@cambslmc.org](mailto:jobs@cambslmc.org).

### LOCUM NEWS & LOCUM ROLES – JOIN THE CAMBS LMC LOCUM LIST

We can also advertise GP Locum roles via our LOCUMNEWS mailing list. Please email us the details and we will forward it via that mailing list.

### PRACTICES SEEKING LOCUMS

We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to [office@cambslmc.org](mailto:office@cambslmc.org) to forward to locums, please remember to include a short synopsis of your practice in your locum requests i.e. where you are, what clinical system you use and relevant contact information.

### REMOTE LOCUM SESSIONS

If you have roles which could be undertaken remotely – why not advertise these too? You could attract GPs from across the country, and rather than working for Livi, Babylon, Push Doctor or other companies, they could work for you, *and* get NHS pension contributions *and* instant messaging with senior GPs to support.



## GPAS: GENERAL PRACTICE ALERT STATE

Please remember to audit your activity and feedback your alert state before close of play on Thursday each week.

<https://cambslmc.org/gpas/>

## LMC UPDATES: YOU SAID, WE LISTENED!

Look out for our local updates that we send on LMC news to try to keep our monthly newsletters shorter!

<https://cambslmc.org/news/>

### YOUR NEW LMC COMMITTEE 2023 – 2025

<b>Reem Al-Shaikh</b> <i>Partner, South Cambs</i>		<b>Stephanie Betts-Masters</b> <i>Partner, Peterborough</i>		<b>Duncan Blake</b> <i>Partner, Hunts</i>	
<b>Eimear Byrne</b> <i>Locum, Cambridge</i>		<b>Sean Culloty</b> <i>Partner, Peterborough</i>		<b>Ben Curtis</b> <i>Partner, Hunts</i>	
<b>Francesca Frame</b> <i>Partner, Cambridge</i>		<b>Hayley Haworth</b> <i>Salaried, Hunts</i>		<b>James Howard</b> <i>Partner, East Cambs</i>	
<b>Ben Miller</b> <i>Partner, East Cambs</i>		<b>James Morrow</b> <i>Partner, South Cambs</i>		<b>Paula Newton</b> <i>Locum, Hunts</i>	
<b>Daniel Nlewedim</b> <i>Partner, Peterborough</i>		<b>Duncan Outram</b> <i>Partner, Hunts</i>		<b>Jo Pritchard</b> <i>Partner, Hunts</i>	
<b>Jessica Randall-Carrick</b> <i>Salaried, Peterborough</i>		<b>Kevin Remedios</b> <i>Partner, Peterborough</i>		<b>Caroline Rodgers</b> <i>Salaried, South Cambs</i>	
<b>Rasheed Salawudeen</b> <i>Salaried, Peterborough</i>		<b>Jo Scrivens</b> <i>Salaried, East Cambs</i>		<b>Toseef Sethi</b> <i>Partner, Peterborough</i>	

#### LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive  
Alice Benton – Executive Director  
Dr James Booth – Medical Director  
Emma Drew – Executive Officer  
Suzy Stoodley – Executive Officer  
Molly Collison - Administrator

#### Find us:

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#### LMC Committee Officers:

Dr Diana Hunter – Chair  
Dr James Howard – Vice-Chair  
Dr Jo Scrivens – Treasurer

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