Cambs LMC Newsletter

September 2026

Everybody Needs Good Neighbours

Your LMC met last week, and our key discussion was the consultation, closing this Thursday, on the two novel contract mechanisms set out in the Government's 10 Year Plan: single and multi-neighbourhood provider models (SNPs and MNPs). **If there's one consultation we need you to engage with this year, it's this one**.

When I set off to chair GPC England three years ago, I was determined to see whether successfully influencing the incoming government could secure a commitment to deliver a new substantive GMS contract with transformational investment, and in so doing, return general practice to the jewel in the crown of our NHS.

The commitments given in March 2025 were quickly weakened by the Treasury's Comprehensive Spending Review in June, and were further diluted by the 10 Year Health Plan, published just a month later, which barely referenced general practice. Instead, the intentions were there for two new initialisms: SNPs and MNPs.

When it comes to a new GMS contract, the only 'new' is the Secretary of State and Prime Minister, whose marathon PMQs last week barely touched on the NHS. Treasury had no intention of delivering transformational investment into GMS, and that is unlikely to change anytime soon. Departmental budgets may become even tighter, given the wider economic and geopolitical environment. Given this national context, 'local' could well be strategically more important to practices over the next couple of years than 'national'.

The 2004 GMS contract by comparison, was delivered during an extraordinary period of 63 consecutive quarters of sustained economic growth. We'll be fortunate to see conditions like that return before any of us retire. We need to face facts: GMS alone isn't going to deliver the uplifts practices need. Neither can we keep businesses sustainable on QOF and the PCN DES alone. There'll have to be another source of funding if we're to meet the needs of a growing population and keep practices viable.

General practice has always been extraordinarily adept at rapid change and practical adaptation to its commissioned environment. Neighbourhoods signal the next chapter. They're neither the 'emperor's new clothes' nor a Trojan Horse. They represent a genuinely different approach to how the NHS might operate. This won't happen quickly: it will start small and evolve. We too, must evolve to survive. It's often wise to watch and wait with every circular turn of NHS changes, but there is a risk this time lest the architecture and rules of the game get drawn up for us.

ICBs have been merged from 42 to 26, and around half their staff cut. Commissioning teams have been cut to the core; their role increasingly 'strategic'. General practice will therefore have to hold its own amongst provider collaboratives. Success or failure will come down to the rules of the game, in other words, the governance of these contracts.

That's why we need a strong GP collaborative too: all GP provider voices and GP-led organisations working together, underpinned by robust governance and clear principles. Your LMC is already facilitating this because quite simply, united we stand; divided we fall.

Importantly, this consultation is not really about your GMS contract, QOF, the DES, or existing locally commissioned services. It's about pathways currently delivered elsewhere, often at huge expense, which may not be delivering sufficiently for patients, how they are undermining the sustainability of other services, and how they could be delivered very differently.

Initially, the ICB is focussed on frailty and is minded to consider local variations to the PCN DES. This makes sense and avoids costly procurement exercises. Such sensible guardrails protect practices' income streams, e.g. requiring an SNP to have access to the registered list, means it must be a PCN.

There's understandable anxiety about Trusts potentially hosting MNP contracts. But what matters most? Who technically holds the contract, and therefore also holds the risk, workforce, payroll, HR responsibilities etc, or the governance and rules that are set out within it? Clear rules that govern how payment must follow activity; the protection of existing practice income streams; safeguards against inappropriate competition; financial transparency; reinvestment of surplus; and the right balance between strategic delivery at scale but care closer to home.

GP-led pathways would inevitably deliver substantial productivity and efficiency gains. But any surplus must be reinvested into additional workforce and facilities, ultimately supporting better GP:patient ratios and greater continuity of care at the core practice/neighbourhood level.

Some may wonder where the LMC's role begins and ends in this space. For us, the answer lies in ensuring that any new arrangements are shaped in a way that protects practices, strengthens the collective GP voice, and secures fair governance, fair payment and fair reinvestment.

We believe we have a duty to help lead the way and establish governance to protect our practices and ensure they are properly paid for any activity they undertake, with surplus used to invest in them to secure their futures.

There is risk here for sure. But the status quo isn't delivering what general practice needs, and it's increasingly difficult to see where another opportunity of this scale might come from.

We therefore need you to submit your views now to the consultation before it closes on Thursday.

Dr Katie Bramall

USE OF AI WHEN PATIENTS MAKE A COMPLAINT

Resources for General Practice use

More patients are using AI tools to help write complaints, feedback and emails. These tools can be helpful, but they can also produce wording that is too long, too formal or not quite accurate.

Practices can support patients by encouraging them to use AI as a drafting aid and not a substitute for their own account. The best complaints are clear, concise and explain what happened, when it happened, how it affected the patient and what they would like to happen next.

A simple reminder may help: check the wording, remove anything that is inaccurate or irrelevant, and avoid entering personal or sensitive information into AI tools unless the patient is confident about how that information will be used.

We have produced patient-facing wording that practices can adapt and share alongside our wider patient engagement resources which can be found on our website here.

GP IT OPERATING MODEL

Clarification from HBL

We have received a number of queries from practices regarding the GP IT Operating Model and the associated ICB/Practice Agreement. We have raised these questions with HBL and have been reassured that the agreement is nationally required and is intended to provide a high-level governance framework setting out the respective roles and responsibilities of HBL ICT and practices in relation to GP IT services.

HBL states that the agreement is not intended to introduce new operational requirements or change the way GP IT services are currently delivered. We appreciate that the agreement has prompted questions, particularly around areas such as service scope, exclusions, response times, out-of-hours support, business continuity, interoperability, escalation, maintenance notifications and service levels. We have therefore included HBL's clarification below.

Statement from HBL

It is important to emphasise from the outset that nothing is changing operationally as a result of this agreement. Practices will continue to receive IT services and support through established arrangements. The agreement is a high-level governance document that sets out HBL ICT's responsibilities, and those of practices, for the provision of GP IT services. It is not intended to introduce new operational processes or alter the way services are delivered.

The purpose of the ICB/Practice Agreement is to set out the respective responsibilities of the ICB and practices in relation to GP IT services. It is not intended to replace supplier contracts, service specifications or the operational processes that underpin service delivery. As a result, the agreement is intentionally high level. Rather than detailing every service, exclusion or operational process, it provides the overarching framework, with the operational detail sitting within our service catalogue, support arrangements, supplier contracts and service management processes.

We appreciate the feedback that the agreement feels quite generic, and we understand why practices have asked for more context. Much of the wording reflects the national operating model to ensure consistency, but we have also provided additional local information to help explain the services available and how they are delivered.

The questions raised around service scope, exclusions, response times, out-of-hours support, business continuity, interoperability, escalation, maintenance notifications and service levels are all entirely reasonable. These are important operational matters, and in most cases they are already covered through our existing service management arrangements rather than within the agreement itself. For example, we have established service desk and escalation processes, supplier contracts include service level requirements, business continuity arrangements exist both within HBL ICT and at practice level, and planned maintenance is managed through our established change management processes.

To reiterate, the agreement does not change the services that HBL ICT provides or the way those services are delivered. It is a high-level governance document that formalises roles and responsibilities in line with the NHS England GP IT Operating Model, while the detailed operational arrangements continue to sit within the supporting documentation, supplier contracts and established service management processes.

MGUS MONITORING

Update for local General Practice

We are aware that many practices gave the ICB six months' notice earlier this year regarding the ongoing monitoring of patients with MGUS, and the first of these notice periods will be coming to an end shortly.

In the meantime, we would encourage practices to remain consistent with the position set out by the LMC and to continue sharing examples of inappropriate or unsupported MGUS-related requests received through Advice & Guidance, which will help inform our ongoing discussions.

Our position remains that MGUS monitoring is not part of the core GP contract and requires appropriate commissioning and resourcing. We remain committed to working constructively with the ICB and haematology colleagues to determine the necessary resource and funding to support the essential capacity required to deliver a safe and sustainable local pathway.

NICE GUIDANCE

GLP1s & cardiovascular risk

NICE published their TA on Semaglutide and its recommendations for reducing cardiovascular risk on 7 May 2026. The publishing of a TA creates a legal obligation on the DHSC/NHSE to fund and provide such treatment, and ensure rapid patient access.

The evidence is not in question, but you may reasonably question how this treatment pathway will be commissioned, implemented, resourced and rolled out. Secondary cardiovascular risk reduction may reasonably feel like a general practice domain, but we must not and cannot be expected to deliver this work within existing resources.

Secondly, this is a national indication, and should form part of the 2027/28 GMS negotiations between Government and the BMA. Local postcode lotteries are exactly what NICE are trying to avoid by issuing TAs, to ensure equitable access and a uniform national standard for patient care.

Please see the BMA guidance here, and in the interim if you are being put under pressure to prescribe, please contact us at office@cambslmc.org and do not take on the routine prescribing for this indication without a clearly commissioned pathway agreed with the LMC.

VACCINATIONS

HCAs and Informed Consent

Following the publication of the UKHSA National Minimum Standards and Core Curriculum for Vaccination Training, there has been some confusion about the role of HCAs in vaccination services, particularly around informed consent.

Our new practical guide summarises the current position. HCAs can administer vaccines under a Patient Specific Direction (PSD) where the appropriate clinical assessment has been undertaken and the HCA is suitably trained and competent. They cannot administer under a PGD, undertake the clinical assessment or obtain informed consent to vaccination. Once a registered healthcare professional has obtained consent, the HCA can confirm that the patient remains happy to proceed.

Read our full guidance: https://cambslmc.org/guidance/clinical-prescribing/hcas-and-vaccination-consent-and-scope-of-practice/

VACCINATIONS

Autumn/Winter Programmes: Check your arrangements now

The 2026/27 seasonal flu and COVID-19 vaccination programme is underway and practices should make sure they are clear about who is vaccinating their patients, particularly care-home residents and housebound patients, and how those arrangements work.

If your practice has signed up

Practices providing seasonal vaccination are expected to vaccinate their eligible registered patients, including care-home residents and housebound patients. Where a practice within a PCN has signed up, practices should work together to ensure all eligible care-home residents across the PCN are offered vaccination.

If your practice has not signed up

For practices that have not signed up to provide COVID-19 vaccination at all, the ICB will arrange a provider for this autumn, as it did for the spring campaign. However, practices still need to know who is providing vaccination for their registered patients and liaise directly with that provider. Practices that have not signed up should also make sure their care-home and housebound patients can access vaccination. If a practice cannot identify a suitable provider, the ICB can help find one.

Don't leave housebound patients to the standard booking routes

Housebound patients need a specific local arrangement. Practices should know who is providing their vaccinations and how referrals are made, rather than simply directing patients to the National Booking Service or a pharmacy.

For other eligible patients

Patients who are neither housebound nor resident in a care home can, where appropriate, be signposted to the National Booking Service or Find a Pharmacy.

Key dates

- 17 August 2026 – National Booking Service opened
- 1 September 2026 – pharmacy flu provision opened
- 1 October 2026 – pharmacy COVID-19 provision opens

The LMC view

Getting this clear now should help avoid patients being passed from service to service as the programme gets underway. The key message is simple: every practice needs to know how its eligible patients will access vaccination, even where the practice is not delivering the programme itself. Please check now:

- who is vaccinating your housebound patients;
- what your PCN arrangements are for care homes; and
- who your practice should liaise with for patients being vaccinated by another provider.

PATIENT KNOWS BEST

GP Data Sharing

Further to the Gateway email from the ICB Primary Care Team on 31 July, HPFT has now launched the Patients Know Best (PKB) patient portal. Patients can access PKB via the NHS App and register to use the service, which may result in a copy of their GP record being uploaded to PKB.

There should be no impact on GP records or additional action required for EMIS practices.

For SystmOne practices, an information-only task will be generated, which can be actioned or deleted in line with usual practice processes.

Revision and clarification to guidance issued by Cambs LMC earlier in August

- Only patients who have online services turned off will need any practice action: https://patientsknowbest.com/gp/
- Whether the practice chooses to send a notification for patients registering to keep a local copy of their GP record on PKB is for the practice to decide and is not contractual.
- The LMC believes it may be good practice to batch upload notifications to make clear within the GP patient record that the practice, in its data controller capacity for the GP record, has taken reasonable steps to fully inform their patient.
- Should the patient later decide to revoke PKB access, they would need to do this themselves. This cannot be done by the practice.

Suggested patient notification

We have received a notification that you have registered to use Patient Knows Best, which has resulted in a copy of your GP record being uploaded to the Patient Knows Best platform. This process is actioned automatically.

We appreciate that the process of registering with Patient Knows Best through the NHS App may not make it clear that registering in this way can result in a copy of your GP record being shared with the platform. As data controllers for your confidential GP medical record, we therefore want to ensure that you are aware that Patient Knows Best is not part of the NHS but is owned and operated as an independent private company.

While Patient Knows Best has the necessary security measures in place to protect your information, storing a copy of your full medical record on an external system may increase the risk of unauthorised access, data breaches, or information being shared beyond NHS systems.

Your GP practice cannot be responsible for how the copy of the data is used once it has been transferred to the Patient Knows Best platform in accordance with the process initiated through your registration.

If you did not intend to have a copy of your GP record uploaded to Patient Knows Best, or if you would like to remove your data from the platform, you will need to contact Patient Knows Best directly at help@patientsknowbest.com or visit https://patientsknowbest.com/gp/. Your GP practice is unable to revoke your access on your behalf.

If you have any questions about the process, please contact Patient Knows Best directly using the details above.

MEDICINES STORAGE

High temperatures and heatwaves

With increasingly frequent hot spells and heatwaves, we have received a number of queries from practices about the storage of medicines at higher temperatures.

The NHS Specialist Pharmacy Service (SPS) advises that many medicines can be stored at ambient temperatures, with manufacturers defining ambient storage within a range of temperatures up to 30°C. However, where a medicine has specific storage requirements, these will be stated on the packaging and/or product information.

During periods of high temperatures, SPS recommends keeping stock levels to a minimum, monitoring stock turnover and ensuring medicines are strictly rotated. Practices should check individual medicines for any specific storage requirements and follow the information provided on the packaging, Patient Information Leaflet (PIL) or Summary of Product Characteristics (SmPC).

For further information: Storing medicines at ambient temperatures – NHS SPS

SURVEY REMINDER!

NHS General Practice Staff Survey 2026

A reminder that the 2026 NHS General Practice Staff Survey is taking place this autumn. Participation is a contractual requirement for GP practices and PCNs delivering primary medical services under GMS, PMS or APMS, as set out in the 2026/27 GP contract. Individual staff participation, however, is voluntary.

The survey will run from 5 October to 27 November 2026, with staff receiving a direct email invitation. The survey provides an important opportunity for staff to share their experiences and help inform improvements to working lives and patient care.

Practices are encouraged to remind their teams to look out for their invitation and take the time to complete the survey. Find out more about the 2026 NHS General Practice Staff Survey

HELP SHAPE NATIONAL HEALTH DATA POLICY

Invitation for GPs & Practice Managers

The Department of Health and Social Care is seeking the views of GPs and practice managers across England on how patient data is used for individual care, NHS planning and commissioning, and health research. The engagement is being delivered independently by Ipsos and Kaleidoscope Health and Care and offers a range of ways to contribute, including a 10-minute survey and, for selected participants, more detailed workshops.

GPs and practice managers in the East of England are particularly encouraged to take part, as the region is currently underrepresented. The programme is currently running through to October 2026. Share your views and register your interest at: National GP Engagement Programme

BMA COLLECTION ACTION

August 2026 Action: Raising awareness amongst patients

If not already, Practices should soon be receiving hard copies of the BMA posters and resources in support of collective action. This short guide supports practices wishing to take part in the August 2026 collective action to help raise awareness of the pressures facing general practice and build public support for the campaign.

- **Share campaign materials.** Display posters and other campaign materials in reception areas and waiting rooms, on practice websites and through routine patient communications. Materials are available from the BMA.
- **Signpost patients to further information.** Direct patients to the BMA's GPs on your side webpage and encourage them to sign the public petition using the QR codes provided on campaign materials.
- **Engage with your local MP.** Use the BMA's online tool to contact your MP and explain how underfunding is affecting patient care and the sustainability of general practice.
- **Spread the message.** Encourage practice staff, family and friends to support the campaign by signing the petition and sharing the campaign more widely.
- **In summary:** help patients understand the challenges facing general practice, provide them with opportunities to show their support, and use the campaign to raise awareness of the impact of underfunding on patient care and practice sustainability.

Cambs LMC guides for each actions so far can be found on our website:
https://cambslmc.org/guidance/contract-support/bma-collective-action-2026/

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4 Actions for Practices

August 2026 Collective Action: Raising awareness amongst Patients

Download postersandusethesetoolstoinformandengagepatients

Share campaign materials
Displayinreceptionareas,waiting room screens and websites: https://www.bma.org.uk/our-campaigns/gp-campaigns/england/campaigning-on-the-future-of-general-practice

Signpost patients
UsecampaignQRcodes for the GPs on your side webpage and public petition.

Contact your MP
UsetheBMA Writetoyour MP tool to explain local pressures and sustainability concerns.

Encourage wider support
Team, family and friends can sign the petition and share the campaign.

Important note: Reassure patients that collective action is about protecting safe, sustainable care, not making access harder.

GP collective action and escalation plan

GP collective action continues this September. Following the steady monthly additions, BMA has decided to maintain all existing actions this month rather than escalating further.

This decision creates the opportunity for the newly elected GPC England officer team to build on positive initial discussions with Amanda Doyle, National Director for Primary Care and Community Services (NHSE). Our priority is to secure written confirmation from the Government agreeing to formal bilateral negotiations prior to our next committee meeting on 17 September.

In preparation, the GPCE committee will still discuss a comprehensive escalation plan on 17 September, should Government fail to deliver sufficient reassurances.

Practices can continue to support the campaign by helping patients understand the pressures facing general practice, why change is needed and how they can support their local practice. By now, practices should have received a package of posters as part of our August collective action.

There are also leaflets in different languages that you can order from the BMA website, as well as short films to display on your reception screens, and graphics add to your practice website, available to download here.

BMA also encourages practices to support the public campaign by signing and sharing the public petition with patients.

Finally, practices are encouraged to write to your MP using the online tool and explain directly the pressures your practice is facing.

Read more about the other collective actions from the GP campaign webpage

Neighbourhood arrangement

The consultation on proposed Multi-Neighbourhood Provider (MNP) and Single Neighbourhood Provider (SNP) contracting models to support neighbourhood closes next week on 10 September.

Neighbourhood models have the potential to have a significant impact on general practice, and we are already seeing a number of initiatives taking place across England. It's therefore important to that practices and LMCs ensure that their views heard by responding to the consultation.

BMA would like to again remind practices that they do not have to, and should not be pressured to, sign up to local neighbourhood proposals. There must be full and meaningful engagement with practices and LMCs to ensure there is appropriate governance in place as well as ring-fenced budgets for key areas especially around resourcing left shift of work, protections around sharing confidential data and proper utilisation of estates. Read the guidance.

Semaglutide for cardiovascular risk reduction

The introduction of semaglutide for cardiovascular risk reduction is a welcome and important development, with clear evidence demonstrating a reduction in major cardiovascular events. However, its implementation must be supported by appropriate funding, commissioning, and infrastructure. General practice should not be expected to deliver this work within existing resources. Read the guidance.

GP pressures

In July 2026 the NHS employed the equivalent of 29,057 fully qualified full-time GPs – a slight increase from the previous month (29,008). Despite the GP workforce growing, there are still 307 fewer fully qualified FTE GPs than in September 2015.

During this time, there has been a rise in the number of patients. GPs employed by practices are now responsible for about 12% more patients than in 2015, demonstrating significant workload pressures. There is also an increase in appointments, with 34 million standard appointments delivered in July 2026 – an average of 1.48 million appointments per working day.

Read more about the pressures facing general practice.

Report into use of Advice and Guidance referrals

As mentioned in the previous bulletin, HSSIB's report on the use of A&G referral services in England found evidence that patients were harmed when hospital referrals were pushed back instead of accepted.

Since the imposition of the 2026 contract that further embedded the use of A&G in General Practice, BMA has repeatedly raised issues with its implementation, and this report vindicates those concerns, showing that patients have come to harm as a result of a rushed-out and inconsistently applied process.

BMA continues to argue for an urgent review of a system that is putting patients at risk.

NHS Community Pharmacy Hypertension Case-Finding Service – referrals from practices

Changes to the service are being made from 3rd September 2026, with amended patient eligibility criteria that focus principally on hypertension case-finding. The key changes affecting general practice are:

- Only patients without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years can be referred/signposted by general practice for a clinic BP check.

- Ambulatory blood pressure monitoring (ABPM) can only be offered to adults who are aged 40 years and over. Practices can still refer patients with a pre-existing diagnosis of hypertension for ABPM.

Further information can be found in a Community Pharmacy England briefing document for practices.

We're excited to launch our Building Belonging EDI Discovery Week - daily, virtual lunch and learn sessions plus additional resources, all dedicated to building awareness of how equality, diversity and inclusion can shape patient care and staff experiences and inspire meaningful changes to create workplace cultures where everyone can thrive. Click here to find out more.

GP & ACP EDUCATION: Menopause and HRT

Wednesday 16 September 2026 (7:00pm - 8:30pm)
Join us for an update on Menopause & HRT with Gill Shields. Please click here to book.

BELONGING IN PRACTICE: Race, Ethnicity & Cultural Indentity - navigating racism and belonging

Wednesday 23 September 2026, 12:30pm - 1:30pm: The last in our Belonging in Practice series will address the realities of racism and bias in GP roles, including microaggressions from patients and colleagues, differential treatment in complaints and appraisal processes, and the emotional labour of 'representing' communities. To book please click here.

RED WHALE GP UPDATE

Places are available on our annual Red Whale GP Update on Thursday 1st October (10.00am-4.00pm), at £75.00 per person after discount/subsidy. Book here.

PRIDE IN PRACTICE

We're offering another opportunity for practices in Cambridgeshire & Peterborough to apply for a funded place on the LGBT foundation Pride in Practice 12-month programme. This provides training and an accredited award, as well as ongoing support and resources. Click here for more information and how to apply.

SUPPORTING FUTURE EDUCATORS

Our latest cohort is now live for expressions of interest. If you are looking to become a GP Educator, find out how our Supporting Future Educators (SFE) programme can help guide you through the blended learning. Click here for more information.

ARRS GP SUPPORT & DEVELOPMENT PROGRAMME

This programme offers access to education, mentoring and peer support for GPs within their first 5 years of practice who are employed under the Additional Roles Reimbursement Scheme (ARRS) in Cambridgeshire and Peterborough practices. Click here for more info.

COACHING AND MENTORING

CPTH offers Coaching and Mentoring, a key professional development tool, for GPs and a variety of other general practice roles. Find out more here.

NEW GP CLINICAL ENGAGEMENT LEADS

We're delighted to welcome Dr Dylan Golach and Dr Emma Hamilton to the C&P Training Hub team, as GP Clinical Lead for the South and GP Clinical Lead for the North respectively. These new GP lead roles have been created to enhance collaboration with practices, ensuring clinical perspectives help shape our programmes and priorities, and support the development of a skilled, sustainable workforce for the future. If you'd like to connect with Dylan or Emma, please contact us via candptraininghub@nhs.net.

Support and Signposting

Representing

Supporting

Advising

Cambs LMC is always here to represent, support and advise GPs and their practice teams in a safe, confidential space if you are struggling or in distress. We actively encourage you to reach out to us.

Visit our **website** for more information or snap the QR code:

Vacancies in General Practice

We advertise any roles in General Practice on our website: **https://cambslmc.org/jobs/**.

This remains a free service to our constituent practices in Cambridgeshire & Peterborough.

To advertise a vacancy in your practice, please email us the details, including the closing date and any supporting documents in to **office@cambslmc.org.**

Practices seeking GP Locums - We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to **office@cambslmc.org** to forward on.

Please remember to include a short synopsis of your practice in your requests i.e. where you are, what clinical system you use and relevant contact information.

Email office@cambslmc.org to receive our updates

BMA Wellbeing

View BMA wellbeing support services page here:

https://www.bma.org.uk/advice-and-support/your-wellbeing

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support, such as the BMA's **counselling and peer support services**, **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. We have produced a **poster with 10 top tips** to help support the wellbeing of you and your colleagues.

The **Cameron Fund** supports GPs and their families in times of financial need and the **RCGP** also has information on GP wellbeing support.

Visit the BMA's **wellbeing support services page** or call **0330 123 1245** for wellbeing support.

CQC Guidance

Guidance for GPs
Youtube
GP Mythbusters

PCSE Guidance

Guidance Pages
Monthly Updates
Youtube

Contact us:

email: office@cambslmc.org
website: www.cambslmc.org

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