



January 2024 Newsletter

THE BOTTOM LINE

It all feels rather shaky at the moment, doesn't it? So many things which feel impossible to influence, and outside our control. The headlines don't help, such as the practice in leafy East Molesey where the salaried GP team were collectively offered voluntary redundancy. Locally, GPs taking up OOH shifts have this week been advised that HUC are "*reviewing rota patterns...you may have some of your shifts cancelled or moved to adjust the resource*". Rightly, such affected GPs are contacting the LMC, and we would also signpost them to Sam and Nigel in our excellent local BMA office. Those same GPs have to give a minimum of four weeks' notice should they need to cancel/move shifts otherwise they are liable to pay outstanding monies. If you have received one of these emails, *let the office know*.

GP Locum unemployment is less of an issue in Cambridgeshire than more urban areas, but it is a growing national phenomenon. **ARRS** is playing its part, and we would remind practices to look at factoring in the cost of supervision, training, and prescribing compared with employing a GP. It is frankly unconscionable that we have colleagues out of work alongside a national workforce crisis. As of last month, we still have almost 2000 fewer full-time equivalent GPs practising than we did in September 2015. The Interim NHS People Plan in 2019 called for 5,000 more GPs "as soon as possible" and the government more recently committed to 6000 more GPs, by 2024. Don't bet on it. This coincides with a rise in patients: as of last month there were 63.08 million patients registered with practices in England, an average of 9,995 per practice, with each full-time equivalent GP now responsible for an average of nearly 2,300 patients – an increase of 357 patients/GP, 18%, since 2015 – demonstrating the lack of capacity and ever-mounting workload in general practice.

Locally, the discretionary budget our health system chooses to invest in general practice, has been largely frozen since 2017/18. Using CPI, the value of our enhanced commissioning framework in 2017/18 should be worth £13.664 million today – *that is showing an investment gap of £2.716 million* – this is a *drop in the ocean* for our system finances. And yet what a difference it would make to patient care in terms of value for patients.

And yet, **you do have a choice here**. You do get to choose whether to deliver local enhanced services to your registered list, or not. Given the financial climate, we are seeing general practice budgets being raided nationally, and in some areas such as Sussex millions being removed from LESs, we predict commissioners will feel the best they can do is protect the status quo. But what impact does this then have on your business and patient care? *You are being asked to deliver more, with less. But you don't necessarily have to say yes. You do retain control.*

The BMA's practice finance survey headlines are being kept confidential for now – no doubt so KBS and her team can use them in government negotiations. She has advised us that *the national picture demonstrates a 23% drop in partner income from Oct 22 – Oct 23, which is unsustainable*. We will get an anonymised Cambs breakdown, which we will share with the ICB. *We know this is likely the other factor behind GP under-employment, alongside ARRS*. We also know **HUC are looking to diversify their workforce** too, and bring in greater numbers of wider roles such as PAs, supervised by GPs. We would ask all practices to think of the *longer term consequences* and implications of choosing other roles over employing more GPs.

As requested by practices, we will also be producing a RAG status of the current enhanced services for you to look at your bottom lines in terms of what services you are able to continue to offer, and which you may regrettably decide to serve notice on. The LMC recognise how difficult those decisions will be, and we are here to support you. Your committee met yesterday, and debated what might happen were practices to start to serve notice in significant numbers on certain services. We are confident that an ensuing commissioning gap would not be filled by other providers *unless the prices were significantly revised*. So perhaps we all need an honest conversation about what we are able to do, with what we have. After all, our Trust colleagues do the same in defining what levels of "activity" they can afford, within the budget they have available. General practice will now have to do the same.

Business Bitesize

future sessions

Business Governance - what does a good practice look like?

Cambs LMC Medical Director Dr James Booth covers the non-clinical aspects of practice governance. Including overviews of corporate governance: business planning, risk registers, quality assurance, external scrutiny; financial governance: contracts, pay, PCSE and tax/pension responsibilities; and information governance, such as data collection and recording, information sharing, GDPR, Caldicott guidance and ICO principles.



Wednesday 7
February 2024

[Click here to book via eventbrite](#)

Understanding practice accounts and finance streams

Provided by leading practice accountant and AISMA member, Jenny Stone, of RBP Chartered Accountants, this session will guide you through the complexities of general practice accounts and strengthen your understanding of the different income streams in and around your contract. If you're navigating payments, pensions and profits, this session will equip you with much needed clarity and helpful detail.



Thursday 8
February 2024

[Click here to book via eventbrite](#)

MEDICAL EXAMINER GUIDANCE – GET READY FOR APRIL'S CHANGES

As of 1 April 2024, the long-proposed and awaited changes to the death certification system will become statutory. The central change is that all deaths will now be subject to the scrutiny of either the coroner, or the newly created **medical examiner** system. This is the biggest change to the process of registration of deaths for fifty years, and whilst pilots have been underway around the country – and locally – these new processes will understandably create questions for GPs and their teams and require significant change to their existing processes. There has already been detailed information sent to practices from their respective medical examiner offices, and this update is not designed to replace that.

Medical examiners are there to answer three questions:

- What is the cause of death?
- Does this death need scrutiny by the coroner?
- Was appropriate care provided before death?

GPs can still refer deaths directly to the coroner as now, but **all other deaths will need to be reported to the medical examiner office** as of April. North Cambridgeshire and Peterborough practices will report to the NWAFT office, Central, East and South Cambridgeshire to the Papworth office.

NWAFT Office Lead Examiner: Dr Suzy Lishman nwangliaft.medicalexaminer@nhs.net

Papworth Office Lead Examiner: Dr Ellen Makings papworth.meo@nhs.net

It is important for practices who have not yet onboarded to contact their local medical examiner office now to ensure the arrangements for sharing records and making referrals are in place before April. We have been advised at the LMC that the administrative processes at the offices will be overwhelmed by many last-minute contacts just before the deadline.

This will cause delays for families and create an increased administrative burden for practices themselves. The record access for the medical examiner office has been established in law. We understand at the LMC, that most South practices are onboarded now, with a third of North practices following suit.

Cambs LMC would be keen to hear of any administrative difficulties that arise through the new processes. It's important to remember that the medical examiner offices hold responsibility for their own timescales, as we all do, but it's also likely that patients navigating new processes will seek information from practices and your own admin teams will need to know how to handle this. Whilst not every death will require a conversation between the GP and medical examiner, some undoubtedly will. We would advise that such calls are booked into appointment slots; the processes of this system are not separately resourced for GPs.

Alongside the new medical examiner role, the regulations around Medical Certificates of Cause of Death (MCCD) are changing:

- Responsibility for the MCCD remains with the attending doctor but it must be approved by the ME,
- Any doctor who attended the deceased during their lifetime and knows the cause of death can complete the MCCD,
- If the cause of death cannot be determined, the death should be referred to the coroner,
 - In some cases, the coroner may pass that decision to the medical examiner office,
- The proposed MCCD will be passed to the medical examiner alongside appropriate record access being made available,
- The attending practitioner should respond to medical examiner queries in a reasonable timescale, and there is provision for an alternative practitioner to respond if the attending becomes unavailable,
- The medical examiner can suggest revisions to the MCCD, and in the event of agreement not being reached, the death will be referred to the coroner,
- The medical examiner office will liaise with families.

The main change is that GPs will share a proposed MCCD with the medical examiner for scrutiny. New paper/electronic MCCDs will be coming for the process. The main changes to the MCCD will be to include medical examiner details, patient ethnicity, information on maternal deaths, and recording the presences of medical devices/implants. This latter change is to accommodate the phasing out of Cremation Form 4, with the loss of the fee for completion for GPs.

Cambs LMC is liaising monthly with Dr Suzy Lishman, the NWAFT Lead Medical Examiner in the run-up to the change and beyond, so please do inform us of any issues that arise for you.

Useful links:

[NHS England » The national medical examiner system](#)

[NHS England » Information for primary care on extending medical examiner scrutiny to non-coronial deaths in the community](#)

[The Medical Certificate of Cause of Death Regulations 2024 \(draft\) \(publishing.service.gov.uk\)](#)

[An overview of the death certification reforms - GOV.UK \(www.gov.uk\)](#)

[NHS England » Contact details for medical examiner offices in England and Wales](#)

IGPM APPRAISAL TOOLKIT

IGPM is offering us this support **for free!**

Whether you're a practice manager who is having an appraisal, or you are a clinician or partner conducting the appraisal, this webinar is for you!

To coincide with the launch of the IGPM Appraisal Toolkit, this informative session will break down the importance of the appraisal, what to focus on, and how to measure performance.

This unmissable webinar is open to everyone. [Sign up here](#)

LMC BUYING GROUP RECRUITMENT SUPPORT

The LMC Buying Group understand that recruitment is often an expensive and time-consuming business, so they created an eye-catching, easy to use recruitment page where any registered member can post their clinical and non-clinical vacancies at no cost. They also offer practices the opportunity to feature their vacancies with a featured package which comes at a small fee.

What they offer

As well as posting the job on their website, they also highlight any new job posting at least once across their social media platforms. This is a free service to any member practice interested in expanding their vacancy reach beyond their region.

They have also introduced a 'Featured Job' option for those members that want to draw more attention to their advert. The featured role will appear at the top of the Jobs page in a bright colour and be highlighted on their social media channels each week for a month. This service only costs £50+VAT.

To place an advert, visit the **Jobs page** <https://www.lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk> and upload your vacancy. If you choose the Featured Advert option, they will send you an invoice once the advert has been posted online.

LOCAL UPDATES

Learning Disability Health Checks

According to CQRS national data, there are some GP practices who are yet to claim this year, which indicates 0 health checks have been done - we encourage GP practices to ensure their coding is correct, but more importantly ensure their LD patients are offered their annual health check in Q4. [Please refer page 33 of the presentation within the PC0183 | PC Update | 18.01.24 email sent at 17:00pm.](#)

CQRS LOCAL

Practices are reminded to submit claims for **Minor Surgery DES** and **Safeguarding Children and Adults LIS** by **20th day of the following month** e.g. January 2024 claims due by 20th February

- Practices need to **submit 0 claim** where **no activity** has taken place
- Please contact PC inbox with any queries: cpicb.primarycare@nhs.net

STAFF SUPPORT HUB CLOSURE: 31 MARCH 2024

The Staff Support Hub has announced its likely closure from the 31st March 2024.

In the lead-up to its closure, they are implementing a phased shutdown plan:

- **January:** ceased referrals for Counselling
- **End of January:** No new referrals for Working Well Pathway
- **End of February:** Referrals to Peer Support pathway will be discontinued
- **End of February:** Continue with normal programme of Webinars and Forums as advertised

THE CAMERON FUND ANNUAL GENERAL MEETING: THURSDAY 2 MAY 2024

Please see [attached letter](#) from Dr Jill Rowlinson, Chief Executive of the Cameron Fund, inviting nominations from Cameron Fund Members to stand for election. Nominations close on Friday 16 February 2024. The membership form, standing order form and gift aid form can be found under 'forms & policies' on the Cameron Fund website [here](#).

CERVICAL SCREENING

SUPPORT SESSION FOR SAMPLE TAKERS AND OPEN EXETER USERS

7th FEBRUARY 2024 · 1-2PM

[Click here to join the meeting](#)

NEXT SESSION COVERING THE CERVICAL SCREENING MANAGEMENT SYSTEM

Other topics covered at these sessions:

- Changes to the programme
- Incident management
- Cervical screening campaigns
- Education/training
- Open Exeter
- ICE-NI
- Cervical Sample Taker Database

WHAT WOULD YOU LIKE TO DISCUSS?

Organised by NHS England, East of England Screening and
Immunisation Team

Includes: Essex, Hertfordshire, Bedfordshire, Luton, Milton
Keynes and East Anglia.

MEASLES GUIDANCE AND RESOURCES

Please refer to the ICB Primary Care email sent this week and continue to keep an eye out for future updates:

PC0192 | Measles: Updated Guidance & Patient Communication Resources | 25.01.24

PC0188 | UKHSA - MMR and measles Programme publications and resources | 23.01.24

C&P outreach walk in sessions: [The Vaccinators](#) | [CPICS Website](#).

Updated guidance for risk assessment and infection prevention and control measures for measles in healthcare settings: [risk-assessment-and-IPC-measures-for-measles-in-healthcare-settings](#)

CPICS dedicated measles webpage <http://www.cpics.org.uk/measles>

Cambs LMC recommended actions for good governance and CQC compliance:

We'd recommend clearly documenting all the required vaccinations for staff and the date they were administered. If you have missing data, you could perhaps send a comms out to all staff to confirm that it is a requirement for providers to be compliant with CQC standards and regulation by ensuring that the practice has a complete vaccination record.

A 'plan' could look something like the above, comms to staff, asking them to seek confirmation of vacc status, give them an opportunity to do so, and review in 3 months - have discussions with reluctant staff, risk assess and document rationale if there are any gaps. Practices may find a cohort of staff who cannot evidence MMR status. We would recommend that staff are encouraged to contact their own GP surgery to confirm their MMR status. If one can't be found, patients can ask their own GP surgery to administer the vaccine and booster.

For anyone born before 1970 and perhaps those between 1970 - 1979, practices could 'risk assess' the need for them not having it i.e. *'our rationale for XXXX not having evidence of MMR status is that they were born before 1970 and as per green book it is likely they had all 3 natural infections and are less likely to be susceptible'* - see wording in the Green Book.

See helpful links below.

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment>

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff>

<https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/>

<https://assets.publishing.service.gov.uk/>

As always, Practices should ensure they have robust procedures in place with a risk assessment and a documented rationale as to why they came to any decisions they have made.

OTHER UPDATES

Complaints Workshops: If you want to improve the chances of your team dealing with complaints in a positive way, PCC are running workshops to support just that. The next sessions take place on the 16 and 18 April. To book a place or find out more, click [here](#).

New to people management: This [programme](#) develops the skills of newly appointed managers and equips them with the knowledge and tools to be able to effectively manage, encourage and inspire people and teams. The online programme is delivered over four sessions across six months. Content includes the key responsibilities and roles of line managers, understanding teams, facilitation, chairing and leading effective meetings. How to set SMART objectives, giving feedback and managing courageous conversations are included.

Dealing with difficult situations – courageous conversations: This three-hour virtual [workshop](#) will explore different kinds of behaviour and how to focus on what people are saying, rather than how they are saying it. The workshop includes tools and techniques for holding a courageous conversation.

Business continuity plans: NHS Networks has shared an [article](#) on business continuity planning. All organisations should have a business continuity plan in place.

Diabetes experience survey – opt out poster: The National diabetes experience survey, commissioned by NHS England, is for people living with type 1 or type 2 diabetes. People living with diabetes must be notified about the survey and given the opportunity to opt-out of being selected. Primary care providers are asked to display this downloadable opt-out [poster](#). The poster makes people aware of the upcoming survey, and provides an opportunity for them to ask questions or opt-out if they wish to be excluded from taking part.

Mental health support for veterans: The NHS is rolling out an expanded mental health support service for Armed Forces veterans, as a survey found that more than half find it difficult to speak up about mental health issues. The health service has launched a new campaign to highlight its [Op COURAGE](#) service, which now includes enhanced specialist support for addictions.

Digital telephony for general practice:

Practices that have been unable to sign and return contracts to transition from analogue to digital telephony for a go-live of 25 March 2024 should continue to work with commercial.procurementhub@nhs.net to resolve issues.

Practices with Evergreen contracts funded as part of Phase 1, should engage with the commercial.procurementhub@nhs.net to select a supplier by 15 January. Systems have been notified of funding allocations to support sub-optimal digital telephony uplifts. Practices should engage with commercial.procurementhub@nhs.net to sign contracts by 2 February. **If you are content with your existing digital telephony provider, you do not need to change your contract.**

NATIONAL UPDATES FROM BMA AND GPC ENGLAND

Referendum of the GP 2024/25 Contract – Join the BMA today and have your say

Your national team are anticipating a final contract proposal for 2024/25 from the DHSC (Department of Health and Social Care), together with NHSE (NHS England) to arrive later today imminently. Your national committee, GPC England, will be meeting to fully consider this offer next week, on Thursday 1 February.

In line with LMC conference policy, **we are preparing to hold a referendum** which will enable colleagues to decide whether the offer sufficiently supports general practice in England for the forthcoming financial year, or not. **To be eligible to vote in the referendum, you need to be an NHS GP, practising in England, and a BMA member. You can join the BMA [here](#). We will be writing to you again the week after GPCE meets with more details.**

We recognise that the Government can still choose to impose a contract, regardless of a referendum outcome. It will, however, provide a vital temperature check of the profession which we can then share with ministers, the Department of Health and Social Care and NHS England. Whether GPC England feels able to recommend the contract offer for 2024/25 will depend on whether it fulfils its promise to be a sufficiently stabilising 'stepping stone' contract following the end of the 2019-24 multi-year contract framework and PCN DES.

We have been clear with the Department and NHS England that the 2024/25 contract must bring hope for the future and return confidence to our profession; allow practices to feel **safe** in delivering a sustainable service; deliver **safe** care for patients; and permit a **safe** working environment within which they can recruit and retain GPs and the wider essential practice team.

There are no surprises here, for context in Spring 2023, GPC England voted to prepare to ballot GPs on taking collective action if the Government did not 'drastically improve the contract' in these negotiations. With those discussions now reaching their conclusion, GPC England and the profession have important decisions to make. If there is no positive outcome to current talks with ministers, DHSC and NHSE, the spectre of GP collective action in 2024 remains.

If you are a GP member practising in England within the NHS, make sure the details we hold for you are up to date to ensure your vote counts. Tell your partners, colleagues, peers and friends. Update your member details on www.bma.org.uk/my-bma share this email or [join us as a member](#) today. Ensure everyone has a voice – please encourage your colleagues to [join the BMA](#).

NATIONAL UPDATES FROM BMA AND GPC ENGLAND, CONT'D...

EMIS and coding problems for QOF

The Joint GP IT committee (with representatives from GPC England and RCGP) met last week. EMIS had been invited to speak following concerns raised by members about QOF/coding problems and medications missing from data sets following EMIS updates MKB 203, MKB 204 and MKB 205. EMIS is aware of these issues and apologised for them. They assured the committee they have been working to resolve them. EMIS plan to release MKB 206 by the end of January to remedy the issues caused by previous updates. Once MKB 206 has been released, if you continue to run into problems, please do get in touch so we can collate concerns and share these with EMIS and resolve any further issues email: info.gpc@bma.org.uk. We recognise this has had an impact on your QOF work in this critical time running up to April and we have made EMIS aware of the seriousness of the situation for hard-pressed colleagues.

Access to Records – ICO response to DPIAs

Following submission by many practices of their DPIAs (Data Protection Impact Assessments) relating to the accelerated access to records programme, the ICO (Information Commissioner's Office) has decided to publish its advice 'so GPs affected are aware of the ICO's views on the matter.' [Read the advice here](#). The ICO is content that 'potential data protection risks have been identified, and that sufficient mitigations are in place.' Practices that haven't completed a DPIA are encouraged to do so and make their commissioners aware. If practices identify particular data protection risks associated with providing online access, which they do not consider to be mitigated, they should consult and engage with the ICO and their commissioner to find a way forward.

GP end of year forms: submission deadline extended to 31 March

All Type 1 and Type 2 practitioners must complete the relevant certificate or form and submit to Primary Care Support England (PCSE) for work in England, or their local Health Board for work in Wales. The release of both they Type 1 and Type 2 forms was delayed this year, and as a result the deadline for submitting these has been extended to **31 March 2024**.

BMA divisional elections

Elections are now taking place within BMA divisions to choose local representatives to attend the BMA 2024 ARM (annual representative meeting). The BMA ARM debates and develops important policy issues that affect the whole profession, it also conducts elections to many of the BMA's committees, so a strong GP voice and influence is important. All GP colleagues are encouraged to review the local nominated candidates in their divisions and vote accordingly. You can access the BMA election portal [here](#) (BMA members only) and click on "Online elections".

NHSE GP Fellowship Scheme cessation

NHSE has announced that the NHSE GP Fellowships and Mentor schemes will end on 31 March 2024. We would like to remind and encourage those GPs who are within 24 months of having CCT'd on 31 March, and who have not yet taken advantage of the NHS GP Fellowship Scheme, to sign up for the programme in advance of the 31 March deadline. Those successful in securing a place ahead of the deadline will have funding secured for two years. Please get in touch with your local Training Hubs for details regarding how to register. Please share this information across your trainers and First 5 groups. Please also send any feedback on the programmes to info.gpc@bma.org.uk

Rebuild General Practice – template letter to MPs

[Rebuild General Practice](#) is asking GPs to use its [template letter](#) to write to your local MP asking them to prioritise rebuilding general practice in their election roadmaps. Party manifestos are being written this spring, and we can make a difference by speaking as one unified voice and profession, to engage MPs, and local press. We must ensure that all major parties are motivated to prioritise the crisis in general practice and are committed to developing plans to do so following the election. Find all the materials you need to take part in this action [here](#).

1. [Write to your MP](#)
2. Share the social media thread: <https://twitter.com/RebuildGP/status/1750131367575204082>
3. Write to your local newspaper editor to inform them of this action.
4. Encourage your colleagues to do the same by sharing your post and the materials with them.

Extension of services for GP partners

For GP partners who are BMA members, we provide HR and employment law advice for you or your delegate. [The BMA Employer Advisory Service](#) is now offering a valuable extension of its services under the EAS: GP Enhanced Services Pilot. In addition to providing HR and employment law advice to GP practices through the BMA's GP partner membership, we are delighted to offer:

- support at formal meetings*: disciplinary, grievance or appeal hearing (remote or in person)
- interpersonal mediation between practice staff
- support in conducting investigations in preparation for disciplinary or grievance meetings.

Please contact the BMA on [0300 123 1233](tel:03001231233), or email support@bma.org.uk.

**excluding those involving employed/locum doctors.*



BMA wellbeing support services page can be found [here](#).

Practices are encouraged to continue to focus on their own teams' wellbeing and take time to meet & reflect on their wellbeing and what they can do to enhance it. This will meet the requirements of the [QOF targets in the GP contract](#) for a quality improvement project on staff wellbeing.

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support.

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

CAMBRIDGESHIRE & PETERBOROUGH TRAINING HUB



SUPPORTING FUTURE EDUCATORS – COHORT 4 LAUNCHED:

Are you a GP passionate about education? We are delighted to announce the launch of our Supporting Future Educators programme, which is designed to support you to become an approved tiered educator. This is a brand-new programme, which is based on a 5-step blended process streamlining the experience, and replaces the current pathway from April 2024. If you are keen to be part of educating the GPs of the future, and becoming part of the Cambridgeshire and Peterborough educator community, you can find more information and submit your expression of interest [here](#).

NEWLY QUALIFIED GENERAL PRACTICE FELLOWSHIP:

NHSE have advised that applications for the current General Practice Fellowship programme will close on 29th March 2024. The scheme is designed to provide newly qualified GPs and Nurses with a 2-year programme of support and education when taking up a substantive role in a Cambridgeshire & Peterborough practice. It offers protected CPD time, education sessions and mentoring, plus practical and financial support for the employing practice. So if you are about to qualify or qualified in the last 12 months, or if your practice is planning to recruit for these roles in the next few months, please [click here](#) for more information and how to apply.

GP & ACP EDUCATION PROGRAMME:

Pearls from a GPSI – Everything you need to know about cardiology in primary care!
Tue 13 February, 19:00-20:30 (via zoom). Join us for our next GP& ACP session when Dr Rob Howlett will be joining us to talk about cardiology in primary care. [Click here](#) to book your place. You can also find future dates in the programme on our web page [here](#).

GP LEADERSHIP GRANTS:

Are you interested in developing your leadership skills? We are delighted to have a small number of grants available towards a programme of leadership study for current or new leaders within practices and PCN's. For more information and to express interest please [click here](#).

PROTECTED LEARNING TIME:

C&P Training Hub are providing focused learning opportunities for practices and PCNs during Protected Learning Time sessions. Each session consists of a live virtual session hosted by a subject specialist, a Facilitation/Discussion guide and a Resources list to signpost to further learning or tools.

Thu 29 Feb 2024 14:30-15:30	Menopause Care: Past, Present and Future	Dr Gill Shields	Click here to book
Wed 27 Mar 2024 14:30-15:30	Enabling Wellbeing Support for Individuals & Teams	Dr Susie Hunt & Dr Paula Newton	Click here to book

These sessions are designed to be accessed live and will also be available for a short period afterwards to support practices and PCNs who may already have plans for the scheduled live dates. Find more information and other upcoming PLT opportunities [here](#).

ACTIVE BYSTANDER TRAINING:

Have you ever been in a situation where you want to challenge someone's behaviour - but you didn't know how to do it or what to say? As part of the Primary Care School's Anti-racism strategy, they have commissioned 12 x 90 min Active Bystander Training workshops, facilitated by the '[Active Bystander Training Company](#)'. The sessions aim to help Primary Care Colleagues across the region to challenge poor behaviours which may have become normalised over time. The session includes self-coaching techniques to help you keep a cool head and assertive language devices which you can use to make sure your voice is heard if you want to raise a concern. Please [click here](#) for dates and to book.

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 update [here](#)

Latest updates on Twitter: [@BMA_GP](#) and [@TheBMA](#)

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

BMA wellbeing support services page [here](#)

CQC GUIDANCE PAGES

[CQC: Guidance for GPs](#)

[CQC: Youtube](#)

[CQC: GP Mythbusters](#)

PCSE GUIDANCE FOR PRACTICES

[PCSE: Guidance Pages](#)

[PCSE: Monthly Updates](#)

[PCSE: Youtube](#)

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.

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 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? Attract GPs from across the country, and rather than working for 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/>

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:

The Officers' Mess Business Centre
Royston Road, Duxford,
Cambridge,
CB22 4QH

LMC Committee Officers:

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

Contact us:

office@cambslmc.org
<http://www.cambslmc.org>
01223 919845
X/Twitter: @CambsLMC