

**NOVEMBER
2021**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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REJECTION OF GOVERNMENT'S RESCUE PACKAGE

GPC England has unanimously rejected the Government's 'rescue plan' which failed to address the ongoing crisis in general practice. The committee called for GPs and LMCs to disengage in its implementation in line with the views voiced in a snap poll. By this we mean we should not comply with the 'rescue plan' – which would mean spending more time on bureaucratic process and complying with target driven leagues tables to 'name and shame' GPs. GPCE is taking steps towards action over the Government's decision to impose plans on GP earnings declarations and forcing GPs to be involved in the Covid vaccination exemption process. We call on the Government to withdraw their plan and work with us to introduce a new contract which ensures general practice is properly funded, with safer workload, reduced bureaucracy, better care for patients and vastly improved working conditions for doctors and their teams.

We have written to our practices with an analysis of the package.

We were encouraged to receive a supportive letter from our CCG/ICS stating that they have no intention of providing the names of the 'bottom 20%' of practices to NHSE.

The BMA has promised to give practices their say on further potential actions and plans to undertake an indicative ballot of practices on potential action.

The BMA will now proceed to the indicative ballot of practices, which will open *this* Monday. It will be based on the resolutions passed by GPCE last week and will include questions on further actions practices might be prepared to take, such as:

- participating in a coordinated and continuous withdrawal from the PCN DES at the next opt-out period
- disengaging, on a continuous basis, from the PCN DES before the next opt-out period
- not complying, on a continuous basis, with the contractual requirement to ensure GPs earning over the earnings threshold declare their income or to provide COVID vaccination exemption certificates
- participate in a coordinated and continuous change to your appointment book, so as to impact the quality of the nationally reported appointment dataset.

It is important to stress that these actions are not directed at patients, or the care they receive, but at Government and NHSEI.

The timescales are as follows:

Launch the indicative ballot with details for how to vote electronically (Monday 1st November)

Physical reminder letters reach GP partner members / practices (from 5th November)

The electronic ballot closes (13th / 14th November)

The ballot data is processed (15th / 16th November)

Results will be communicated to members (18th / 19th November).

The BMA is also preparing for a formal ballot of members on IA (industrial action), which for legal reasons could not have happened sooner than *at least* six weeks after the emergency GPCE meeting last week.

Moving to an indicative ballot of practices before a formal ballot of members on IA also means we not only get to gather the views of practices on the proposed forms of actions much more swiftly, but it also means we can keep pressure up nationally by using the result as further leverage in the interim. General Practice is being pilloried and abused and together there is a need to fight back, protect and defend. This is an extremely difficult time for us all. We must support one another and stand together. This is not going to be easy, but the BMA will do all in its power to back GPs at this time.

Further information on the ballot will be shared with practices this Monday.

The BMA is also developing additional workload management resources and guidance, which will be released in the coming days.

As it is clear that neither the Government nor NHSE/I understands the scale of the crisis impacting general practice, or have provided the necessary measures to support the profession at this critical time, we would encourage practices to review our [workload control in general practice paper](#).

Read the BMA statement following the GPCE vote rejecting the Government and NHSEI (NHS England and NHS Improvement) plan [here](#) and [analysis](#) of the Government and NHSE/I [plan](#)

SUPPORTING GENERAL PRACTICE AGAINST ABUSE

The BMA continues to campaign against abuse of GPs and their staff with a number of resources available on [Support Your Surgery campaign](#) page, in order to get the changes that are so urgently needed to support general practice teams.

Please continue to show your support by signing the [Support Your Surgery petition](#) to put pressure on the Government to support general practice and use our resources to explain to patients why practices need to work in the way they are doing in order to protect patients from a rising incidence of COVID-19 and to make the best use of the available but limited workforce.

You can also get involved in the [#SupportYourSurgery social media discussion by](#) sharing your support across social media.

Please do all you can to help us defend and support general practice at this critical time.

The GPCE chair and BMA Patient Liaison Group chair have also recently written to a host of patient groups asking for their support. Please feel free to share the [template letter](#) amongst your local patient groups.

Use the BMA [template letter](#) to write to your local MP to outline the current pressures being faced by GPs across the country.

The [GP campaign factsheet](#) can be used to rebut the misinformation in the media and to proactively include in social media posts, letters to the local press or MPs.

LETTER FROM HEALTHWATCH GLOUCESTERSHIRE TO ALL PRACTICES.

Many Practices will have received an individualised email from Healthwatch Gloucestershire raising concerns regarding patient record copying for benefits claims. It's not been received well by practices.

The LMC have responded pointing out that practices are currently on their knees. We have suggested that HealthWatch and CAB among many others could perhaps harness some of the volunteering spirit in evidence at the start of the pandemic to find charitable 'friends' with a good level of administrative function, to sit down with these patients, help them through the process of accessing their own notes, and provide the office consumables? That would be immensely helpful, and undoubtedly a service to society.

The clamour that presently denigrates GPs is doing real harm, with many doctors close to breaking point.

On many occasions a simple summary could suffice without scanning or printing significant pages for these patients.

BMA WEBINAR – THE HEALTH AND CARE BILL (ENGLAND)

The BMA is holding a member [webinar on the Health and Care Bill: What it means for you and what you can do about it](#) – on Wednesday 17th November, 7-8pm.

The webinar will include:

- A breakdown by Dr David Wrigley, Deputy Chair of BMA Council, of what the Bill means and our lobbying activity so far
- Presentation of our new activism pack and the different steps members can take to help campaign for key changes to the Bill

The BMA believes that if this Bill is passed, it will usher in drastic changes to the NHS in England, impacting the working lives of doctors, and that urgent and significant changes must be made to it. Therefore, we encourage all members to [register now](#) and attend this event to learn more about the Bill and what you can do about it.

If you have any questions about the event, please contact tbramwell@bma.org.uk.

For further information about the Bill and the BMA's work in this area, visit:

www.bma.org.uk/hcb

GP DECLARATION OF EARNINGS GUIDANCE

GPCE has voiced significant concerns about compelling GPs to publicly declare their NHS earnings over a certain threshold, especially in the current climate of threat, aggression and violence towards GPs. This will be damaging to morale among the profession, could lead to an increase in abuse targeted at individual GPs and will be wholly counterproductive in terms of the ability to recruit and retain GPs. We have received reports of GPs already reducing their hours to remain under the threshold. GPs need to consider carefully the implications before making a self-declaration. As GPC England did not agree to this amendment to the regulations, we consider these to have been imposed on the profession and in breach of the original agreement. In addition, GPCE has resolved that it will seek support from BMA council to formally ballot members for action over the Government's decision to impose this solely on GPs

COVID VACCINATIONS

NHSE/I has published a letter setting out the next steps in the deployment of COVID vaccinations for 12–15-year-olds, with vaccinations now being offered via the National Booking Service and mass vaccination sites (rather than PCNs) to support the school-based programme. In a few areas where there isn't good geographic coverage, there may be a small number of PCNs who are asked to take part. This would utilise the Enhanced Service amendment which has already been agreed and would only be on the agreement of both the commissioner and the PCN. The majority of PCNs will not be expected to be vaccinating this group but to continue to focus on boosters, the at-risk 12-15s and third doses for the severely immunosuppressed.

The government has introduced an [exemption process](#) for those who are unable to be vaccinated and/or tested for COVID-19 for medical reasons. This guidance applies to England only. BMA guidance on the Covid vaccination medical exemption certification process is available [here](#).

GOVERNMENT COVID ANTIVIRAL STRATEGY

The Government announced plans to roll out new anti-viral drugs via clinical trials over the coming winter months, with a view to deploying more widely in summer 2022. Trials have found the twice-daily tablet molnupiravir (Merck) cut the risk of hospital admission or death by about half- 480,000 courses have been secured. A further 250,000 courses of PF-07321332/ritonavir (Pfizer) have also been secured, which is currently undergoing clinical trials with three Phase Two and Phase Three trials looking at the clinical effectiveness of the treatment currently underway. The drugs reduce the severity of symptoms and speed up recovery time for those who test positive. The two new drugs are yet to be approved by the Medicines and Healthcare products Regulatory Agency. COVID-19 medical exemptions A systematic medical exemptions process was introduced on 30 September, to ensure that those who, for medical reasons, should not be vaccinated (and/or be tested) for COVID-19 are not disadvantaged across certification use cases. Given the need for clinical judgement and access to patient records, the Department of Health and Social Care have set up a system using 119 to initially assess patients and may then ask GPs, secondary care clinicians or midwives, depending on who is involved in the person's care, to assess applications. Steps have been taken to limit the number of applications reaching clinicians (e.g., no appointment required, pre-screening process).

SEVERE COMBINED IMMUNODEFICIENCY (SCID) SCREENING & ROTAVIRUS VACCINE

SCID is a rare condition affecting 1 in 35000 UK births. The evaluation of new born screening for (SCID) went live from 1st September 2021. The South West is NOT a SCID screening pilot area but as a result of this new screening programme, the national decision was taken that changes to infant BCG and rotavirus vaccine delivery have to be adopted nationally to account for families moving between areas and to provide a consistent and safe service across the country. Read about it [here](#). Parents of SCID positive babies will be informed, and referral made to immunology. This will not involve the GP.

SCID screening results must also now be checked by GP practices prior to administration of rotavirus vaccinations. Immunisers should make reasonable efforts to ascertain the SCID screening outcome before administering rotavirus vaccine. This would involve checking for a record in the Red Book, the GP record, screening outcome information sent by CHIS, or with the parent or caregiver. To support this, CHIS Teams are adding a sentence to parent immunisations invitation letters asking parents to bring the new born bloodspot result letter/Red Book with them to the immunisation appointment.

The key publications are

1. Guidance on rotavirus vaccination at 8 weeks of age in relation to the introduction of new born screening for Severe Combined Immunodeficiency (SCID) [here](#)
2. Information for GPs and Practice Nurses on rotavirus vaccination at 8 weeks of age in relation to the introduction of new born screening for Severe Combined Immunodeficiency (SCID) [here](#)
3. Guidance on changes to the timing of the neonatal BCG immunisation programme to a 28-day immunisation programme [here](#)
4. Rotavirus vaccine (Rotarix®): patient group direction (PGD) template [here](#)
5. BCG patient flowchart [here](#)

We have expressed concern at this process as being prone to human error. Our sensible solution for CHIS to write to parents of SCID positive children strongly warning not to have rotavirus vaccine was unwisely declined. The checking of negative results could entail extra work for practices, and it was not negotiated. CHIS is looking at improving the flow of information. Improved operability between systems, and automatic flagging of GP notes for SCID positive babies is under discussion.

FIREARMS LICENSING

Following the recent tragic events in Plymouth, new Firearms Licensing Guidance has been issued by the Home Office. This has been under consideration and consultation for some time. The link to the guidance is below. The relevant sections regarding medical suitability start on page 6 section 2.24 and continue through to page 10 section 2.43.

[Guidance to the police - fitness to be entrusted with a firearm \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

There is now a statutory obligation for a medical report from a suitably qualified GMC registered doctor for every person who applies for a grant or renewal of a firearms or shotgun certificate. This guidance comes into effect on the 1st November 2021.

The responsibility for the decision about a person's suitability to be granted a certificate remains with the police and the guidance makes this fully clear. The police need to consider the medical report as part of the application process, and it is considered along with all other information contained in the application process and any other relevant enquiries conducted by the police. The [BMA](#) appear to support it.

We maintain the stance that it is private work, so GPs can refuse it, and may also object on conscientious grounds.

DOMESTIC ABUSE ACT 2021

The government's new Domestic Abuse Act came into being on 1/10/21.

It is interesting reading, but of direct relevance to GPs is Section 80, which sets out the government stance on prohibition on charging for the provision of medical evidence of domestic abuse. Read the full section [here](#). If ever asked to provide a report, keep it brief, factual, and do not offer an opinion. Leave matters of opinion to expert witnesses.

SAFEGUARDING TRAINING

We understand that some are unclear about how to access safeguarding training requirements for primary care staff.

The RCGP guidance for requirements for safeguarding both adults and children is set out e: [here](#). Whatever e-learning package you prefer (Blue stream, e-LfH etc) should account for at most 50% of your learning for L2/3.

L3 SGC training – requires a multi-agency component to be undertaken on a 3 yearly rolling basis.

This virtual package, called Child Protection Inter Agency (CPIA) training, is offered by the Gloucestershire Child Safeguarding Partnership GSCP. Details [here](#). At present, the CCG SG team covers the cost of this training for primary care: please put CCG SG team in the invoice box. Further ad hoc multiagency training is run by the GSCP and advertised through their alerts: sign up [here](#).

The GSAB provide a whole day multi-agency SGA L3 training package, contact proudtolearn@gloucestershire.gov.uk.

The CCG SG team provide a half day single agency L3 training session, funded by the CCG SG team: sign up here: glccg.onegloucestershiresafeguardingteam@nhs.net or here: <https://g-care.glos.nhs.uk/education/534>

For information re ad hoc multiagency training events, such as the GSAB roadshows, sign up to the GSAB alerts [here](#)

GDASS also provides multiagency training on domestic abuse: contact them here: support@gdass.org.uk or see their regular newsletters [here](#)

The CCG SG team is currently only in a position to fund the L3 multiagency GSCP (CPIA) and the single agency L3 SGA training packages.

A pragmatic approach can be taken to SG learning: learning from attendance at DHR/Rapid review/SAR meetings for your patients will also contribute towards multiagency SG hours, as can single agency in house SG meetings, feedback from your GP SG leads from GP forums (SGA: <https://g-care.glos.nhs.uk/education/461>, SGC: <https://g-care.glos.nhs.uk/education/507>), as well as reflection and learning from TV and radio documentaries/soaps/films about SG issues etc. Any further issues or queries, please contact either the Named Dr, katy.mcintosh1@nhs.net, or the CCG SG team on glccg.onegloucestershiresafeguardingteam@nhs.net

R.I.P. DR BILL FOSTER

Many of you will remember Dr Bill Foster, retired GP from Saintbridge Surgery. He sadly died on 11 October 2021. A funeral to involve family, close friend and immediate colleagues will be held in Highnam Church on Wednesday 3rd November at 2pm. Our thoughts are with his wife, Justine, and family.

SESSIONAL GP ISSUES

NHS mail for sessional GPs has been rolled out, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#).

Doctors who move from partnership/salaried roles to locum sometimes have difficulty transferring their NHS e mail address to locum status. If you are stuck with this, contact helpdesk@nhs.net and locumadmin@nhs.net who will help you sort it out.

The NHS pension scheme as a sessional GP Dr Krishan Aggarwal, a GPC England and Sessional GPs Committee member, and deputy chair of the BMA Pensions Committee, has written a webpage for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue. The webpage is going to be a live document and if there is anything you would like to be covered, please email the BMA at Sessionalgps.gpc@bma.org.uk The guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#)

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

OCCUPATIONAL HEALTH SERVICES FOR GPs

There is an occupational health service available to NHS GPs working across the South of England. The Heales Medical Group, an established provider of occupational health services began delivering the service on 1 April 2017. To register for the service and for further information go to the Heales Medical website at www.heales.com.

There is also other organisations which clinicians may contact for help and support, these can be found on the following NHS England webpage: www.england.nhs.uk/south/info-professional/medical/support-for-gps/

BMA COUNSELLING SERVICES

[BMA wellbeing counselling service](#) currently provides 24/7 support to all doctors and medical students in the UK, regardless of BMA membership, and is free of charge. Support is also available to the partners and dependants of doctors as well as medical students, aged 16-24. They are **now able to offer face-to-face counselling** for the next six months, in addition to existing services - through a grant from the [COVID-19 Healthcare Support Appeal](#), a subsidiary of the Royal College of Nursing.

THE CAMERON FUND: THE GP'S OWN CHARITY

Read all about it here www.cameronfund.org.uk or watch a video <https://www.youtube.com/watch?v=mslxAbi90Mo>

If you are aware of a GP who is struggling financially, please ask them to email info@cameronfund.org.uk or ring 020 7388 0796.

SAFE HOUSE

GP Safe House (GPSH) is a virtual safe house providing a refuge and support for practitioners experiencing professional challenges. It guarantees anonymity, security and confidentiality and understands that these are essential. GPSH has five virtual rooms which offer support, information, and resources. Each room corresponds to a different potential

problem area. It has recently received a makeover/update from Somerset LMC who devised it.

Services available are:

Consulting Room - Personal Health Information for the Gloucestershire Area

Burnout Recovery Suite - Burnout and Stress

Professional Relationships Bureau - Working Relationship Problems

Library of Solutions - Non-clinical Aspects of Patient Care

Career Development Office - Professional Development

Contacts for Support and Advice - This is a link to the Gloucestershire LMC Advocate Area which offers the possibility of a personal, completely anonymous, one-to-one, online consultation with a professional advisor as well as more everyday modes of communication! If you have misplaced or never received a password and would like one, please contact the office. The LMC pastoral care support continues.

If any GP would like LMC support but would prefer to ask someone other than their area Rep, please contact the office.

Also, please find below a link to the 'Supporting GPs Mental Health and Well-Being' page on the Training Hub Primary Care Workforce Centre website which has been set up to provide GPs with information and links to the resources currently available to provide support. Read it [here](#). Dr Ansell Consultant Psychiatrist recommends the [covid resilience hub](#).

The Heales Medical Group occupational health service is still available to NHS GPs. To register for the service and for further information please go to the Heales Medical website at www.heales.com/ This service is in addition to the NHS GP Health Service which is available for any registered GP or GP trainee on the NHS England performers' list who has:

- A mental health concern (at any level of severity)
- An addiction problem (whether alcohol, drugs or other addictions)

Further information about how to access this support is available on the GP Health website at <https://gphealth.nhs.uk/contact-us/>.

Also, there's a list of organisations which clinicians may contact for help and support can be found on the following NHS England webpage: www.england.nhs.uk/south/info-professional/medical/support-for-gps/ - these include:

- Local Medical Committees (LMCs)
- Royal Medical Benevolent Fund
- Royal Medical Foundation
- BMA wellbeing support services
- BMA Charities Trust Fund
- British International Doctors' Association
- The Cameron Fund
- The Medical Council on Alcohol
- Doctors' Support Network
- KSS Deanery
- The British Doctors' and Dentists' Group
- The Sick Doctors Trust
- Practitioner Health Programme
- Alcoholics Anonymous
- Narcotics Anonymous
- Samaritans.

OTHER COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

[COVID-19 Google Drive resource](#)

[NICE resources on COVID-19](#)

A PENNY FOR YOUR THOUGHTS

Don't we all love politics? The word comes from a Greek stem 'poly,' meaning many, and ticks are nasty little biting insects. The motivators of men remain much as they were in Aristotle's day. Does anyone recall a political thriller of the early 1990s containing the catchy phrase 'You may say that-I couldn't possibly comment?'

I read it in one sitting on an aeroplane to Hong Kong when it was still a colony. Free range reading, and time mis spent playing bridge in the sixth form, have proved invaluable.

Please name the book and the author. Reply to penelopewest@gloslmc.com by 20 November 2021 to be entered into the draw. The prize will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights. The answer to the October competition was 'To Autumn' by Keats. Congratulations to Dr Patrick Holmes, who told me that John Keats was also a medical student at Guy's, and died of tuberculosis age 25. There were 2 correct entries. A donation was made to 'Médecins Sans Frontieres.'

The LMC will continue to run with a mixture of office and home working. Some of our meetings will be by skype, Zoom or telephone. Dr Penelope West's mobile number is 07415290140 if that is useful.

JOB OPPORTUNITIES

Due to the upcoming retirement of our Medical Secretary, the LMC is recruiting a new Operations manager. Please share the advert below with anyone you think may be interested and suitable. A strong LMC team benefits practices both across the county and nationally; we hope that you will support us in this aim.

Gloucestershire LMC

Operations Manager

Salary 45-55k

Office and Remote working

Full time with Flexible hours

Help shape the future of general practice in Gloucestershire.

We are recruiting an Operations Manager for our small but highly influential team who support and represent GPs and their practice teams across Gloucestershire.

Experience in NHS and primary care desirable but not essential, as we are looking for complementary skills to our clinical team. In addition to daily operations, your role will be to enhance information gathering, curation and distribution.

We are planning an update of our communications strategy including website, internal processes and information gathering and distribution. Using digital tools, we intend to increase our efficacy and ensure that we are proactive and responsive. You will be responsible for the coordination of these efforts through hiring team members and managing external agencies.

[More information and application form](#)

Closing date: Friday 05/11/2021 (midnight)

A full list of current job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp> and available below.

GLOUCESTERSHIRE			Date posted	Closing Date
Partners in Health	Gloucester	Salaried GP Partner with view to extend	30 Sept 20	Open
Rosebank Health	Gloucester	Salaried GP	10 Mar 21	Open
Aspen Medical Practice	Gloucester	Salaried Doctor/GP Partner	20 Oct 21	Open
Frampton & Stonehouse Practice Group	Frampton/Stonehouse	Salaried GP	16 June 21	Open
Newnham and Westbury Surgery	Newnham	Salaried GP with a view to Partnership	18 June 21	Open
St Paul's Primary Care Network	Cheltenham	GPs	18 June 21	Open
Weston House Practice	Cheltenham	Salaried GP or Partner	30 June 21	Open
Coleford Family Doctors	Coleford	Salaried GP	16 July 21	Open
Church Street Medical	Tewkesbury	Salaried GP	16 July 21	Open
Price's Mill Surgery	Nailsworth	GP Partner	16 July 21	Open
Lechlade Medical Centre	Lechlade	Salaried GP	28 July 21	Open
Royal Crescent Surgery	Cheltenham	GP (4-6 Sessions)	28 Jul 21	Open
St Catherines Surgery	Cheltenham	Salaried GP	4.Aug 21	Open
Upper Thames Medical Group	Cirencester	GP Partner	26 Aug 21	Open
Mythe Medical Practice	Tewkesbury	Salaried GP	1 Sept 21	Open
Hucclecote Surgery	Gloucester	Locum GP	23 Sept 21	31 Oct 21
Hucclecote Surgery	Gloucester	Salaried GP	23 Sept 21	17 Oct 21
Cleveland Medical Centre	Cheltenham	Salaried GP	23 Sept 21	14 Nov 21
Brockworth Surgery	Gloucester	Salaried GP	6 Oct 21	29 Oct 21
Cam & Uley Family Surgery	Gloucestershire	GP Locum	7 Oct 21	Open
Hadwen Health	Gloucester	Salaried GP	20 Oct 21	14 Nov 21
Gloucestershire LMC	Gloucester	Operations Manager	20 Oct 21	5 Nov 21
Minchinhampton Surgery	Gloucestershire	GP Partnership	1 Nov 21	Open
ELSEWHERE				
Sibford Surgery	North Oxfordshire	GP Partner	16 June 21	Open
St Chad's and Chilcompton Surgery	Bath	Salaried GP	09 July 21	Open
Orchard Medical Centre	Bristol	Oper/Patient Exp Manager	28 July 21	Open

Hanham Health	Bristol	GP Opportunities	4 Aug 21	Open
The Vauxhall Practice	Chepstow	Maternity Cover Salaried GP	4 Aug 2021	31 Oct 2021
Bampton Medical Practice	Oxford	GP Partner	5 Aug 21	Open
Frome Valley Medical Centre	Bristol	Adv Nurse Practitioner	22 Oct 21	12 Nov 21
St Thomas Medical Group	Exeter	Salaried GP	6 Oct 21	29 Oct 21
St Thomas Medical Group	Exeter	Nurse Practitioner	6 Oct 21	29 Oct 21
New Barn Surgery	Broadway	Maternity Locum/Salaried GP	22 Oct 21	Open
Frome Valley Medical Centre	Bristol	Salaried GP	22 Oct 21	12.Nov 21

REMINDER: If you are advertising with us and fill the vacancy, please let us know so we can take the advert down.

COURSES

GP FORUM COURSES

Tel: 01246 861 711

Email: info@gpforum.com

Website: www.gpforum.com

GLOUCESTER – ENT WEDNESDAY 10 NOVEMBER 2021

More information and booking form [here](#)

Diabetes in Pregnancy UK Conference

The 10th annual **Diabetes in Pregnancy UK Conference** is taking place **online** on **Tuesday 16th November 1.30pm – 4.15pm**. Professor Jonathan Valabhji OBE, National Clinical Director for Diabetes and Obesity, will open the Conference outlining Gestational Diabetes and the National Prevention programme. Other key topics being covered include a technology journey on GDM health, including the digital divide, CGM, diversity and exclusion and the National Diabetes in Pregnancy Data. This year will also focus on important role of midwifery and multi-disciplinary teams and continuity of care, and we will be linking in with the Royal College of Midwifery. There is a fee of £24 per delegate to attend and the event is CPD accredited. For further information and to register please go to <https://www.diabetes.org.uk/professionals/conferences/pregnancy-2021>



South West Cardiovascular,
Respiratory and Diabetes
Clinical Network

Supporting Primary Care with Long Covid – the role of non-clinical staff

We would like to invite you to join us for a webinar at **1-2pm** on the **17th November 2021**, covering:

- What is long covid?
- How are patients presenting with the condition?
- Post-covid assessment services
- How can non-clinical teams support with long covid?
- Managing patient expectations

The webinar will be aimed at *all non-clinical staff* (and is also relevant for HCAs and social prescribers) within your practice and will help you to meet the requirements of the new Long Covid DES:

“Practice staff are required to have the knowledge, as appropriate to their role, to identify, assess, refer and support patients with Long COVID”

The presenter is:

Rachel Byford – Regional Lead for Long Covid, NHSEI

If you would like to attend this informative webinar please click on the link to complete the [Microsoft application form](#)

Also available on:-

We would like to invite you to join us for a webinar at **1-2pm** on the **4th November 2021**. If you would like to attend this informative webinar please click on the link to complete the [Microsoft application form](#)