



High level representation



Editorial by Dr Anthony O'Brien, Chair of the Northern and Eastern LMC Sub Committee and LMC Board Vice Chair

The successful conquering of Everest requires strong management structures and good teamwork. City-based mountaineering organisations initially manage the finance, the legal contracts and the overall logistics for those taking the challenge. All this is done from afar leaving the expert climbing guides to run their teams at base camp. From here they organise the practical elements: timetabling ascents up and down the mountain to acclimatise, deciding who climbs when and with whom. All of the many teams must coordinate for this to work and they all know that the most important people on the mountain are the Sherpas. They understand Everest and although they are at the bottom of most of the decision pathways their expertise means they do have the final say. If the

Sherpas don't go, then nobody goes.

In Devon, STP Leaders and the management consultancy firm – who produce glossy documents at a quicker rate than the Exeter B&Q paint department – are the rather remote, financially driven organisers of an ambitious expedition. Currently our base camp is full of multiple organisations, many new and untested. In this analogy us GPs are, of course, the Sherpas. We are the key for any successful attempts at the stated aspirations. Just like the Sherpas we work for separate teams with their own individual aims for their clients. However, for everyone to even leave base camp there needs to be a safe and secure path constructed: ladders to get through the initial very dangerous glacier flows, permanent ropes for the season in place for all higher up, food and tents erected at the intermediate stops en route. Someone needs to negotiate the rules that all the groups on the mountain will follow. The danger of smaller groups dividing off and doing their own thing for commercial reasons has a history on Everest that shows it does not work. Our situation is no different – GP provider groups or federations are organisations set up by GPs to protect our practices from the problems that the Health and Social Care Act brought upon us and now enable us to respond to the 'at scale' rhetoric. This is similar to the climbing teams bonding, pooling resources and forging allegiances at base camp. However, in any discussion about the ascents these groups are conflicted and this is dangerous. Therefore at Everest base camp the groups cannot, no matter their size, make plans without reference to the Sherpa Council, a group representing the

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interests of all on the mountain. If we are the Sherpas then the LMC is our council. It is elected and independent of both political and financial bias. Most importantly it has the structure, the knowledge and the experience to do the job.

Unfortunately the last 12 months has been full of internal political bickering about who represents GPs in Devon. Spending time disputing this is wasting resources that would best be invested elsewhere. The STP continue to organise events in which they are trying to form 'representative' GP groups. It is difficult to know whether this persisting discussion is a bizarre base camp squabble or is fuelled by detached management consultants who have little experience of how GPs work. Cynics might say that short notice meetings will continue to be held until the STP form a group of GPs who accept their message and are happy to close hospital beds quickly for 'financial' reasons without first constructively discussing about how to implement this safely. If you do not like what the messenger says.... well change the messenger.

When it goes wrong on Everest, as it does, then the Sherpas end up doing most of the rescuing. Us GPs need to recognise the pertinence of this analogy and support strong unified representation to ensure no-one starts climbing up the mountain until conditions are good. Of course once they are, then each team will have opportunities to tackle the mountain however and whenever they want to. United we are strong but divided we will fall.

Government using GPs as scapegoats instead of taking responsibility for crisis in NHS



Responding to calls from the Prime Minister, Theresa May, for more seven-day GP access, Dr Chaand Nagpaul, BMA GP Committee Chair, said:

"GPs deliver care 24-hours a day, seven days a week, and all GP practices must have measures in place for out-of-hours patient care. Many GP practices already offer evening and weekend appointments, and there are examples where extended opening has been abandoned due to lack of demand. Government funding for extended opening has also been halved in some areas.

"The current crisis in the health service extends well beyond A&Es, with all parts of the NHS, including GP surgeries, working as hard as they possibly and safely can to keep up with demand. Much of the pressure on A&E has nothing to do with general practice: it has to do with seriously ill patients for whom seeing a GP would not prevent a hospital admission. These patients are facing delays in being admitted to hospital because of a chronic shortage of beds, as well as delays in discharging elderly patients due to a funding crisis in community and social care.



"This crisis, which was both predictable and avoidable, is the culmination of a decade of underfunding, and a recruitment crisis that has left one in three GP practices unable to fill vacancies. GPs are now delivering up to 340million consultations a year and can see up to 60 patients a day. The resulting pressures have led to hundreds of surgeries closing last year because of staffing and funding shortages, and eight in 10 GPs saying they are unable to provide safe patient care because workloads are so great.

"This is not the time to deflect blame or scapegoat overstretched GP services, when the fundamental cause of this crisis is that funding is not keeping up with demand. This is evidenced by the fact the UK spends less on health and has fewer doctors and beds per head than other leading countries, as highlighted by the head of NHS England, Simon Stevens. Rather than trying to shamelessly shift the blame onto GPs, the Government should take responsibility for a

crisis of its own making and outline an emergency plan to get to grips with the underlying cause, which is the chronic under-resourcing of the NHS and social care.”

The NHS crisis requires cool heads not post-truth headlines



By Dr Mark Sanford-Wood, BMA GPC England Executive on secondment from Devon Local Medical Committee

It's official. The NHS crisis has finally arrived. For over two years much of the British press has accused the BMA of shameless shroud-waving in our warnings over funding. For too long our evidence-based predictions of catastrophe have been mocked, and our professional anxieties paraded as narrow self-interest. But evidence does not lie, and the chickens have finally come home to roost.

The simple truth is that you cannot cut real terms health spending by 4% every year for six years and expect to get away with it. The astonishing thing is that the dedication of health staff the length and breadth of the country has kept the show on the road this long. As Simon Stevens himself has made abundantly clear this crisis is the inevitable result of the starvation of resources.

Yet in the spirit of the post-truth zeitgeist many British media outlets have now switched tactics completely and are going back to basics. Any attempt at a serious and sanguine analysis of the real issues has been jettisoned for the age old sport of GP bashing. In articles that almost make you feel nostalgic, the complex problems of a starved NHS have been reduced to simplistic envy-politics, slamming fat cat GPs who are too posh to push.

It may all be great entertainment, and perhaps it sells papers, but this nonsense genuinely impairs the proper debate we need if we are to retain a functioning NHS. Articles that still blame a contract signed in 2004 for A&E queues in 2017 are not worthy of the noble profession of journalism. Post-truth is no substitute for actual truth.

So, what is that truth? General practice is a sponge that is full. Full and overflowing. Rising demand and a contracting workforce mean that routine patient waits lengthen. Increasing numbers of GPs are leaving the profession, unable to cope with the crushing workload and shrill nastiness of the media and some politicians. Our recent survey of English GPs showed that 9 out of 10 say that excessive workload is preventing the delivery of safe care. A third are actively considering leaving general practice due to the intolerable strains and a third of practices have permanent vacancies.

General practice requires urgent investment and emergency resuscitation, not media assaults based on lazy ignorance. The heart of general practice, so vital for the NHS, must no longer be the easy target for hacks who know little of what we do and care even less. Their post-truth fantasies and mendacious demagoguery must not be allowed to poison the real debate. The true debate. The only debate that matters. The debate about resources.

'Blame games' for the NHS crisis

Dr Mark Sanford-Wood, BMA GPC England Executive on secondment from Devon Local Medical Committee, has written a piece for Pulse on the 'blame games' for the current NHS crisis. You can view it [here](#)

GP leaders warn of worsening crisis as GP numbers fall

GP leaders have warned that the crisis facing general practice is set to worsen as new figures show another drop in the number of GPs in England – despite Government pledges to expand the workforce by 5,000.

The latest report from NHS Digital shows a fall in the number of full time GPs by nearly 100, while overall there has been no real increase in the number of GPs working in GP practices.

Dr Richard Vautrey, BMA GP Committee Deputy Chair, said: “These figures clearly demonstrate that the crisis in general practice is getting worse, not better. GP practices across England are struggling to provide enough appointments because they do not have the GPs to see the sheer number of patients coming through the surgery door.

“This disastrous situation makes it all the more important that NHS England and the Government step up the speed of delivery of their commitments to invest in general practice and expand the wider workforce. Politicians have repeatedly promised that they will deliver more GPs to help improve patient care. It’s also vital that everyone in Government backs GPs and their hardworking teams rather than denigrating them, such as in recent comments by the Prime Minister. This unfair criticism will do nothing to address the fact that too few medical graduates are choosing a career as a GP and many experienced GPs are opting to leave the NHS altogether.”

BMA welcomes GMC backing for adding GPs to the specialist register

Speaking about the decision by the General Medical Council (GMC) to back the BMA’s call for GPs to be added to the specialist register, Dr Chaand Nagpaul, BMA GP Committee Chair, said:

“This is an important recognition by the GMC of the central place and importance of GPs to the NHS and follows strong pressure to do so from both the BMA and Royal College of GPs (RCGP).

“Placing GPs on the specialist register would make their expertise clearer and put them on a deserved equal footing with other specialists, such as hospital consultants. This is the right step at a time when GPs are working harder than ever before, delivering more care to patients who are living with increasingly complex problems. This difficult job is being carried out despite the incredible pressure on general practice from rising workload and contracting budgets.

“The Government should now follow the GMC’s lead and listen to the case made by the BMA by amending the Medical Act so that GPs get the recognition they deserve.”

BMA response to BBC investigation into referral management schemes

Responding to figures obtained by the BBC into use of referral management schemes by Clinical Commissioning Groups (CCGs), Dr Chaand Nagpaul, BMA GP Committee Chair, said:

“CCGs are using a range of referral management schemes, many without any clear evidence of benefit, in a desperate attempt to reduce their costs. These schemes put a barrier between a GP making a referral and the hospital specialist, and can further the wait for patients.

“In many cases, referrals are delayed further due to the referral being returned to the GP if the forms are incorrectly filled in. This is a worrying example of bureaucracy penalising patients and delaying the time for them to receive a diagnosis or treatment.

“The majority of these schemes have not been assessed for cost effectiveness, meaning the process may cost more than any intended savings made from reducing the number of patients seeing specialists. It is an incredibly short-sighted approach to healthcare management.

“As public bodies, there should be an expectation on every CCG to account for what it’s doing with public funds, and we need to see much more evaluation of how these schemes work.”

Pension advice for locums

The BMA has produced a guide to common questions asked by locum GPs including how to pension locum earnings, opting out of the NHS scheme and how benefits are calculated. It is available [here](#)

GP Health Service now live

A world-first nationally funded service for GPs and GP trainees suffering mental ill-health and addiction went live on Monday (30 January). The NHS GP Health Service will provide free, confidential specialist mental health support for a range of conditions including:

- Common and more complex mental health conditions
- Mental health conditions relating to physical health
- Substance misuse including support for community detoxification
- Rehabilitation and support to return to work after a period of mental ill-health.

GPs and GP trainees can self-refer through a regional network of experienced clinicians and therapists across 13 areas in England.

For more information about the service and how to access it visit www.england.nhs.uk/gphealthservice

GPC Roadshow postponed

Thank you to those who expressed an interest in attending the regional GPC Roadshow in Plymouth on Tuesday, 31 January.

The GPC’s negotiations with NHS Employers are almost concluded but, due to a number of politically pressing matters for the Government, the process has been delayed. As such, at the moment the GPC is not able to share the full detail of its discussions and this is unlikely to change imminently.

Unfortunately, this means that the local roadshow has been postponed, as the GPC isn’t in a position to provide details of the 2017/18 contract agreement then.

Those who expressed an interest in attending the event will have first priority to register again when it is rescheduled and details about the logistics – including the venue and agenda – will be communicated in due course.

Please also share this message with any colleagues who you also registered.

Apologies for any inconvenience.

Primary Care Support England newsletter

The latest edition of Primary Care Support England’s newsletter includes an update on its change programme which affects practices. You can read it here:

<http://www.devonlmc.org/?sc=libdnl&id=31139&behaviour=inline>

Your opportunity to access Blue Stream training free for a period



The Community Education Provider Network (CEPN) are organisations set up as a result of successful tenders by organisations across Devon, Cornwall and Somerset and are supported by the South West Academic Health Science Network (SWAHSN). The tender was released by Health Education England and won by multiple primary care and community providers, a real success story for us all.

There are three CEPNs for the South West: Cornwall CEPN, Somerset CEPN and our own Devon CEPN.

A key focus of the tender was training for primary and community care organisations that would be inclusive and accessible for all, with the aim of being able to locate training, education events and programmes for all members of the primary healthcare team – including GPs, practice nurses, HCAs, nurse practitioners, reception and admin staff, and practice managers – through one portal/website.

The Devon and Cornwall CEPN Steering Group and Board have successfully appointed Blue Stream Academy to be the e-Learning provider across primary care and community services for both Devon and Cornwall. Given the scale of what we are negotiating we have been able to achieve a significant discount against the normal charges.

The first year of funding for Devon GP practices will be covered by the CEPN. The second year will see the CEPN fund 50% of the cost with practices paying the other 50% of a hugely discounted rate. Year three onwards, practices choosing to continue with Blue Stream will pay 100% of the cost – however, it will be at a hugely discounted rate which we anticipate will be equivalent to approximately 5p/patient including VAT. We have made arrangements for organisations to be able to integrate their renewals (if you already have a contract with Blue Stream) and allow a seamless shift. For practices in Cornwall Paul Jeffrey will be the point of contact.

For practices that are new to Blue Stream you will be able to sign up with effect from 1 February. For practices that are already customers, the arrangements for contract migration are that Blue Stream will pro-rata refund the practice/organisation in year three the time attached to your existing contract, direct to the practice/organisation. A blank staff list document needs to be completed by all practices that DO NOT currently use Blue Stream with full names, job roles and email addresses, an indication of dual roles and all staff who require administration rights. It can be downloaded from the homepage at www.devonlmc.org Please return the form to sian@bluestreamacademy.com who is the GP suite manager.

We have also negotiated a year's worth of free training for hospices across Devon and Cornwall.

In the meantime, if you have any questions, please direct them to:

Sentinel	Roland Gude	roland.gude@nhs.net
Haytor	Trevor Avis	trevor.avis@nhs.net
Exeter Primary Care	Julie Croze	julie.croze@nhs.net
Devon Health	Mel Cullen	melanie.cullen@nhs.net
Kernow Health	Paul Jeffrey / Maria Harvey	pauljeffrey@nhs.net
HEE	Helen Rochester	helen.rochester@nhs.net
Pharmacy	Dave Bearman	dbearman1@aol.com

The clinical leads are:

Clinical Lead for Devon	Tricia Smith	tricia.smith2@nhs.net
Clinical Lead for Sentinel and Haytor	Tricia Smith	

Clinical Lead for North Devon
Clinical Lead for East Devon

Vacancy being coordinated by Mel Cullen
Vacancy being coordinated by Julie Croze

The clinical leads will be supported by project coordinators. Kathy Deakin (kathryn.deakin@nhs.net) is the contact for South and West Devon. There's a vacancy for North and East – the post-holder will be based in the Exeter area.

GP e-Correspondence Project – new date

By Sarah Brandhuber, Core Applications Manager, at Royal Devon and Exeter NHS Foundation Trust

GP practices should be aware that the Royal Devon and Exeter Hospital will be sending GP correspondence, including clinic letters, electronically via system-to-system transfer.

NEW Devon CCG has requested that the start date be delayed to allow them more time to announce the change so that practices are able to prepare. RDE has agreed to delay the implementation until 1 March, 2017, a month later than originally planned. We are aware that practices are awaiting the change and many already have arrangements in place for 1 February. We hope that this late change of date does not cause too much inconvenience to those in this position.

From 1 March clinic letters and other correspondence will be sent by the same process we currently use for sending discharge summaries and no additional system set up is required at the GP practice for those practices already receiving discharge summaries via this route.

The electronic delivery method will apply to all GP correspondence created in the Trust's clinical document management (CDM) system. Examples of documents currently being received on paper which in future you can expect to receive electronically from the RDE are those addressed to the GP with 'CDM' in the footer.

The process has been tested with GP practices using EMIS, SystemOne and Microtest systems with no issues encountered. For practices still receiving discharge summaries via NHS Mail or on paper, there will need to be some initial set up, testing and process changes before they can benefit from the system-to-system transfer. The go live date of 1 March does not apply to these practices, but the date for switching them over to the fully electronic process will be agreed with them on an individual basis. Practices will be helped throughout by the RDE Clinical System Support staff.

Benefits

The potential benefits include:

- digital documents automatically sent, reducing delivery times by days
- receipt within GP practice systems within one hour of completion, enabling immediate review by the GP
- no subsequent processing of letters, eg no scanning required for uploading into the GP system
- no reduction in document readability introduced by the printing/scanning process
- releasing of administrative support both in RDE and in GP practices
- reduced printing and delivery costs
- reduction in costs of disposal of waste paper in practices.

Impact on practices

The change will involve the reduction in the volume of paper correspondence received requiring scanning and input into the patient record in the practice system and an increase in the processing of electronic messages received directly into the practice system.

The first week will be the most challenging for practices, because letters put in the post prior to 1 March will still be arriving while the electronic messages start coming through for all documents completed from 1 March onwards. However, since the current paper process has a built-in delay of around five days, electronic documents processed by the practice within this time will still be available for GPs to view sooner than they would have been able to via paper.

After the first week, the volume of CDM correspondence received on paper will quickly drop off. There is expected to be some duplication where both the paper and electronic versions are sent, but we are aware that this is a significant issue for practices and it is one of our main objectives in this project to ensure that duplication is minimised and,

where it occurs, to eliminate it quickly. We therefore ask that practices report any examples of duplication that they find. The address for returning the paper copies of correspondence also received electronically is Data Quality Team, Room 320, Noy Scott House, RDE Wonford, Barrack Road, Exeter EX2 5DW. Please write 'Duplicate' on the top of the document to enable us to identify these.

Please note that where the GP is not the *primary* recipient of the document, ie where the GP is included in a cc circulation list, they will continue to receive such *copies* on paper.

Help and support

Any queries relating to this change can be sent to the Clinical Applications Support Team email box rde-tr.eSystemsSupport@nhs.net.

Issues relating to electronic messages sent from RDE should continue to be reported to the IT Service Desk on 01392 406177.

Support relating to the receipt of messages into your practice system and related processes should also be available from your usual IT support service.

Clinical pharmacists in general practice

NHS England has been reviewing the timescales for the first tranche of applications to enable an announcement to be made in early March about the first approved sites of Phase 2.

The key timescales/milestones are:

9 January	Clinical Pharmacist Portal goes live for applications
10 February	Submission date for the review of the first tranche of applications
23 February	Regional teams to report to NHS England on the outcome of the Regional Panel reviews of the applications
2 February	By this date a national meeting has been with regional colleagues to discuss the review of applications
3 March	Local teams inform applicants of decision by panel
6 March	Planned announcement on the first successful sites of Phase 2.

- More details of the programme – <https://www.england.nhs.uk/gp/gpfv/workforce/cp-gp/>
- PCPA webpage containing additional information: http://pcpa.org.uk/assets/documents/gp_guide.pdf
- Clinical Pharmacist Portal: <https://www.england.nhs.uk/gp/gpfv/workforce/cp-gp/>

Blue Badge Scheme

By Dr Kate Gurney, Acting Medical Secretary and Board Member at Devon LMC

The Blue Badge Scheme is administered by Devon County Council. Patients can make their application online or over the telephone. Applicants are asked to provide supporting information and I have clarified this does not need to be a letter from their GP nor a request to the surgery for a summary print from their medical records. Suitable supporting evidence could be a copy of a hospital clinic letter, details of hospital appointments, or a copy of a repeat medication list.

For those with online access to their medical records, it could be a summary print. Applicants are given four weeks to provide this information and if they are unable to do so, they are then referred for a mobility assessment. In some cases, the applicant makes it clear at the outset that they do not have any suitable supporting evidence and is referred directly for the mobility assessment. The Blue Badge advisors should not be asking applicants to contact their GP, but it may be that this is the message that the applicant is choosing to hear.

Firearms update

The latest materials – including a simple slide summary of the process – are available on the homepage of our website: www.devonlmc.org

Accessing support for the General Practice Development Programme

The latest The General Practice Development Programme is part of the national development programme expressed in the GP Forward View, to support practices to manage their workload differently, freeing-up time for GPs and improving access and care for patients. One element of the programme is Time for Care, which offers support to practices focussed around three areas.

Collaborative action learning

Using a collaborative approach to learning and improvement, groups of practices can come together in their locality to implement improvement projects focusing on the 10 High Impact Actions and release time for care. The High Impact Actions are ways of working in general practice that have been found to simultaneously release clinician time and improve care for patients

Building capability for improvement leaders

Free training and coaching is provided for clinicians and managers to grow confidence and skills in using improvement science and leading change through the General Practice Improvement Leaders Programme, which shows participants step-by-step how to use a number of tools and techniques, with additional support in how to facilitate the use of these. Also available are the 'What is Quality Improvement?' half-day learning sessions, providing an overview of managing change and quality improvement.

Hands on support for practices - Quick Start modules taken from the Productive General Practice series

An on-site, hands-on, short term support package focused on fast, practical improvement to help reduce pressures and release efficiencies within practices. After an initial preparation phase, support will be delivered to practices over an eight or twelve week period. They will receive six hands-on support sessions in their practice, plus four group-based learning sessions with other local practices.

The Sustainable Improvement team, supporting this programme, has received expressions of interest in the programme on behalf of all practices in Devon. Elaine Latham and Mark Jennings are the Development Advisors assigned to support delivery of the programme and will be agreeing locally what will be delivered. Events have been held in Plymouth, Exeter, and Barnstable in January and more are being planned. If you are interested in the Time for Care programme, please contact elaine@elainelatham.co.uk or mark.jennings3@nhs.net

CQC Annual Provider Survey

The CQC has launched its annual provider survey and wants to hear your views on its approach to regulation.

The CQC wants to hear about your experience of CQC inspections, its strategic approach and what you think about its recent publications.

The survey has 15 questions, so should take no more than 10 minutes to complete, and your feedback will remain anonymous.

You can take part in the online survey [here](#) It will close on Thursday, 2 February.

The CQC will share a summary of the findings in the Spring.

Save the date: Fit for the future

Devon LMC is very aware of the daily challenges faced in general practice because you – our members – tell us.

Having listened to what you are saying, and recognising that this is not sustainable, we want to support you with the opportunity to take time out to think about how you can build resilience for you and your team, reflect on how you deal with change, and review your working practices now and in the future.

We are planning on holding a fun and interactive event where you will consider:

- How you can improve and manage the impact of change and work pressures on you and others
- A current workplace issue and how to deal with it effectively
- Take away ideas to keep you going.

The event will take place on 28 June, from 10am-4:30pm. Further details, including the location and an agenda – will be circulated in due course. Expressions of interest should be emailed to hannah.baxter@devonlmc.org by noon on Friday, 31 March.

Have your say on the Accessible Information Standard review

NHS England is carrying out a survey about the Accessible Information Standard – which aims to improve access to health and care information and communication support for people with a disability, impairment or sensory loss – to ensure it is fit for purpose. You can take part [here](#)

Altitude sickness – further advice for patients

Following last month's advice from the LMC about the use of Acetazolamide for altitude sickness via private prescription, Dr David Hillebrandt, a GP in Holsworthy, has flagged the safer and simpler preventative technique of adopting a sensible and safe ascent profile.

Useful resources include the UIAA medical Commission consensus paper published in High Altitude Medicine and Biology on the use and misuse of drugs in mountaineering. For free access see: <http://online.liebertpub.com/doi/pdfplus/10.1089/ham.2016.0080>

Patients going to altitude may find the free downloadable booklet from Medex useful available at http://medex.org.uk//medex_book/about_book.php

Both of these acknowledge the use of a safe ascent profile to allow time for natural acclimatisation.

Carers' Support Contract Re-commissioning

This contract, for the delivery of support services to unpaid carers, is currently delivered by Devon Carers and is due to expire at the end of March 2018. Devon County Council and its NHS partners are re-commissioning this service and a draft specification has been prepared following engagement work during 2016. The recent primary care survey also informed the specification on the relationship between the service and primary care. We are now keen to hear any views you might have on the draft service specification prior to finalisation. You will be able to give us your views from early February 2017 through to 24 March 2017 by using the following link: <http://healthwatchdevon.co.uk/carers-spec-consultation/>

Devon Safeguarding Children's Board training magazine

Devon Safeguarding Children's Board has launched a new safeguarding training magazine. You can view it [here](#)

Becoming a dementia friendly GP Surgery

A new resource has been created for GP surgeries in Devon – a guide to becoming dementia friendly. You can view it [here](#)

Note cabinets for sale

Pembroke House and Old Farm Surgeries in Paignton have several note cabinets for sale.

The dimensions are: H: 220cm, D: 47cm, W: 99cm. The cost is £450 per cabinet – buyer to arrange collection. There is a discount of £50 per cabinet if someone wants them asap.

Contact Alison Brewer, Practice Manager, for more information at alison.brewer@nhs.net

Follow us on Twitter

We're approaching the 500 followers' mark on Twitter. If you're on Twitter and aren't already following Devon Local Medical Committee you can find our handle at [@Devon_LMC](https://twitter.com/Devon_LMC)

We are increasingly being followed by key influencers such as Angela Pedder, Lead Chief Executive for the Success Regime.



User group to shape new LMC website

Places are still available to join a small user-group to feed into the development of a new website for the LMC.

Expressions of interest should be emailed to: richard.turner@devonlmc.org

News from Devon LMC

Pastoral Support Officers needed

The LMC is looking to recruit more Pastoral Support Officers. These are paid roles. Expressions of interest should be emailed to hannah.baxter@devonlmc.org

Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.
Copy submissions for March's newsletter should be emailed to richard.turner@devonlmc.org by noon on Tuesday, 21 February please.