

Grandma got run over by a reindeer

Grandma got run over by a reindeer
 Walking home from our house Christmas night
 There were no beds left in Devon
 So care at home was ultimately her plight

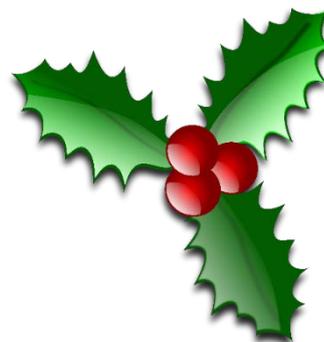
There's been focus groups and forums plenty
 To desperately construct a plan
 But the plain and honest fact was
 Granny simply needed a scan

When we found her Christmas morning
 Half in, half out of bed
 Her pressies were spread around her
 Along with turkey partly diges-ted

It's not really fair on Grandma
 That there's no place for her to go
 And we can't help but wonder
 Should we just have left her in the snow

Now we're all so proud of Grandpa
 He's been taking this so well
 He saved wisely for the future
 and is spending it on beer and carer Mel

Grandma got run over by a reindeer
 It's the last Christmas she will see
 Too much eggnog left her giddy
 First time its been used palliatively.



LMC Christmas number puzzles

- 1 8% of 120 billion =
- 2 5,000 in 5 x 12m =
- 3 828 + 7/7 =
- 4 10 min/6 problems =
- 5 While I'm here have you got time to....=

Answers

- 1 too little
- 2 too late
- 3 0 GP
- 4 Arghhh x 10
- 5 Answer to Q4 (x100 if immediately follows Q4)

**Please note this is a light-hearted take on a festive song from the LMC Team and it is intended to be taken in that spirit...*

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The LMC Conference through the eyes of a 'newbie'

By Dr Frances Palmer, a member of the North and East Devon Local Medical Committee Sub Committee

Frustration, determination and enthusiasm were the dominant emotions expressed at the LMC England Conference. To me, a first time attendee, the prevailing sentiment was that we were a group of people deeply committed to our profession and our patients.

This is the first LMC England Conference I have attended. I trekked up to London with my fellow Devon delegates (many are conference veterans) not knowing quite what to expect. The conference was attended by LMC representatives from all over England, a forum for us to debate and get our opinions heard.

Dr Richard Vautrey, Chair of the General Practitioners Committee, gave a passionate opening speech. Whilst recognising the positive changes that have been achieved he challenged the lack of government funding. "Eleven years ago, in 2006,.....the NHS spent 9.6% of its budget on general practice. By 2013 it had fallen to a miserly 7.4%.....By 2021....,there will still be a £3.4bn gap to hit the not unreasonable target of 11% NHS funding spent in general practice." He cited indemnity, unsafe workload levels, premises and IT systems unfit for the 21st century, and crucially recurrent underfunding, as the issues that must be addressed to save general practice: "This is what the government must do. This is what we will fight for."

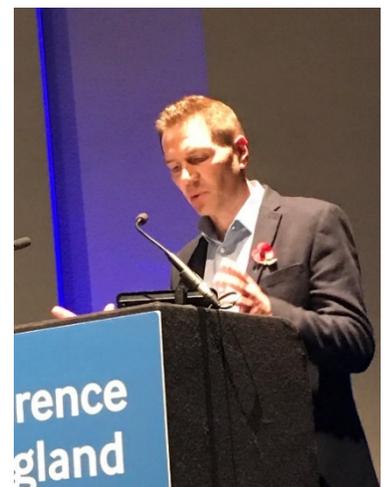
Then the conference work began with over 20 motions debated. These included Capita/Primary Care Support England, online consulting, the General Practice Forward View, the capped expenditure process, prescribing restrictions, regulation, revalidation, list closures, workload limits, indemnity, primary/secondary care interface, urgent care, GP trainees, premises, information technology, CQC, GP at hand and private general practice. All issues that have affected me – as a jobbing GP.

The voting was not unanimous and there was healthy debate between conference members, exposing the detail of every motion. This ensured clarity and raised awareness of the possibility of many different solutions to the challenges addressed.

Seeing the political processes in action made me aware of how the LMC enables the voice of the grassroots GP to be heard by those who make policy and hold the purse strings. This gave me a sense of agency. When beavering away in my GP surgery, my sense is often that policies are made, funding cut, community hospital beds closed after the merest of token consultations. My individual voice has always felt insignificant and it would be easy to lapse into cynicism.

I was impressed to see our LMC and GPC representatives use their knowledge of these systems to get our views heard, debated and (mostly) adopted, as policies for the GPC to take forward on our behalf. I left reassured that the GPC had truly taken our concerns on board.

I also left with the feeling that despite our differences, as a group, our common cause was to resist imposed changes that could jeopardise our patients' health and damage the integrity of our profession.



**Dr Paul Hynam, Medical Secretary at Devon LMC, pictured during the Conference.*

News from Devon LMC

Book your place at the General Data Protection Regulation Awareness event

Local GP practices are encouraged to attend a learning event about the implications of a new data protection law and how to ensure compliance.

Health partners including Devon Local Medical Committee, NEW Devon CCG, South Devon and Torbay CCG, Devon Community Education Provider Network and Devon Doctors will be holding a General Data Protection Regulation (GDPR) Awareness Workshop on **Tuesday, 16 January at Exeter Racecourse.**

National experts from the British Medical Association and NHS Digital will be on hand to outline developments and answer your questions and there will also be some practical workshops.

More information – including how to book – is available on the Training and Events section of our website: www.devonlmc.org/trainingandevents The deadline to register for the event is Wednesday, 3 January. The attendance fee is £50 via BACS payment to Devon LMC.

Please note that due to the high volume of expressions of interest places will be limited to one per practice. However, on the booking site there is an option to name additional colleagues from your practice should spaces be available.

The event will run for a full day and refreshments – including lunch – will be provided.

Practice Managers Conference presentation material

Presentations delivered during our recent Practice Managers Conference will be available on our website shortly. Keep an eye out on the Training and Events section at: www.devonlmc.org/trainingandevents

Peri-operative ‘bridging’ anticoagulation

By Dr Paul Hynam, Medical Secretary at Devon LMC

As many of you will be aware there have been a number of requests from secondary care to provide bridging medication for surgical patients.

I have now written to all medical directors of the acute trusts, reminding them that the responsibility for prescribing perioperative bridging anticoagulation is with the surgical team and not the GP.

I hope this helps resolve the problem, however, if you continue to get requests I recommend that you issue a yellow card and also let me know at the LMC.

Education Health Care Plans for children and young people with Special Educational Needs

Have you ever wished you could provide a valuable and influential contribution to supporting a young person with additional learning needs in their educational setting? Well, now you can!

An Education Health Care Plan (EHCP) is a statutory document which draws on the young person’s aspirations for their future to delineate a multi-agency plan to help them reach their goals.

Arising from the 2014 Children's and Families Act, it is now a legal requirement for the health needs relating to a young person's special educational needs (SEN) to be included in the statutory assessment and planning for their future education and training.

Person-centred outcomes, which are meaningful and measurable for that young person, are central to the EHC plans.

It is also recognised that many young adults with SEN will continue to make progress towards independent living and employment; and further education or training beyond 18 years is needed to make this happen. The age range for the new EHCPs is 0-25 years.

GPs and other primary care practitioners are the key health providers with a holistic viewpoint; particularly for young adults over 18-years-old who have outgrown their paediatrician or who arrive in Devon too old to ever meet one.

Feedback from young people and their families about the content of the new EHC plans and the collaborative multi-agency approach is positive and encouraging.

Devon's SEND Local Offer is the education, health and social care services and support for children and young people with special educational needs and disabilities (SEND) from birth to 25. It is a valuable resource for patients and practitioners alike – please spread the word!

Advice and guidance for Devon primary care teams on providing EHCP health advice and the Local Offer is available here: www.devonlmc.org/educationhealthcareplansforchildrenandyoungpeoplewithspecialeducationalneeds

Payment for completion of health guidance on the Local Authority templates is covered by the Collaborative fees agreement with NHS England, and GPs completing these reports are able to send an invoice for their reasonable fee to clinical commissioning groups.

Finally, this is a new process but one which uses information which is already known to health practitioners in a format which enables progress for vulnerable young children and adults. We would encourage you to embrace it as such.

Mark Sanford-Wood, Medical Secretary at Devon LMC: mark.sanford-wood@nhs.net

Jane Dunlop, Designated Medical Officer for SEND (Special Educational Needs and Disability) for NEW Devon CCG: j.dunlop@nhs.net

Anita Pearson, Children and Young Persons Clinical Lead, at NEW Devon CCG: apearson4@nhs.net

Guy Bradley-Smith, Clinical Lead for Learning Disability, at NEW Devon CCG: guy.bradley-smith@nhs.net

Laraine Dibble, Designated Medical Officer for SEND at Torbay and South Devon: Laraine.dibble@nhs.net

Sharon Glass, Designated Medical Officer for SEND (Special Educational Needs and Disability) for Plymouth: sharonglass@nhs.net

Sue Syers, Designated Clinical Officer, Plymouth: suesyers@nhs.net

Benzodiazepines

Following a recent tragic case resulting in the suicide of a young woman, the Coroner would like to remind all GPs that when a patient is prescribed short acting benzodiazepines on a long-term basis, the patient and their ongoing need for the prescription should be reviewed regularly.

GovWifi and NHS wi-fi available soon to GPs in North, East and West Devon

The first stage to install wi-fi in practices has now started and dates to put the hardware into practices are now being agreed.

The new wi-fi service is linked to a step change in Practice Networks that will deliver a new secure Network to access clinical systems and the internet and replace the old N3 Network, which has reached end of life. Its replacement is the Health and Social Care Network (HSCN).

The wi-fi service will be a staged delivery and the first part involves putting in the hardware access points and cables plus setting up the service behind the scenes. Subsequent stages will include visits to practices to install the new Health and Social Care Network connections and ultimately to migrate from the existing N3 Network to these new HSCN connections.

Once live, the new wi-fi will be available for use on phones, tablets, laptops and other mobile equipment and will include two wireless networks:

- GovWifi for clinical, business staff, visiting health professionals and staff's own devices. GovWifi is a secure national network and will mean you will also have access to a high-quality wi-fi service at many other public-sector buildings like libraries, hospitals and council buildings.
- The second Network is a national public NHS network called 'NHS Wi-Fi' for patients and carers. The same network will be available in surgeries across England and in hospitals and it will link patients directly to health information.

Please ensure your practice has responded to Delt with all requests for information to support the rollout of the wi-fi and Network improvements.

Update on extending the free flu vaccination to social care staff

The South West Screening and Immunisation Team has provided an update on extending the free flu vaccination to social care staff. Read more here: www.devonlmc.org/websitefiles/download/5586

Social media and website comments

The impact of social media on the workplace is increasing and the LMC is receiving a growing number of queries from practices on how to manage social media issues both internally and externally.

The BMA has put together a short guide on what to consider, together with links to good practice and further guidance, so that practices can develop their own social media policies. It is available [here](#) and [here](#)

Job vacancy – Associate Medical Director for Primary Care

Plymouth Hospitals NHS Trust is looking to appoint an experienced, credible and visionary GP to a senior leadership role to work both within the organisation and across the health community. More information is available [here](#).

The LMC has been invited to contribute to the selection process.

Requests for medical records from the police

An updated pro-forma is now available for practices that receive requests for medical records from the police.

Following discussions with the National Police Chief's Council (NPCC) regarding signing off, the GPC has agreed that the level of police seniority that it recommends to GPs to obtain before considering releasing medical records to the police is lowered from Superintendent to Inspector.

The GPC has reiterated to the NPCC the need for any request from the police for medical records is only made when absolutely necessary.

Please note that this is the only change to the guidance that has been made.

The pro-forma is available at the following webpage: www.devonlmc.org/datasharing

Meeting with PCSE/Capita

The GPC has met with NHS England to discuss ongoing issues with Primary Care Support England (PCSE)/Capita and made it very clear that the deadline to resolve them is the end of December 2017.

The GPC also met with the legal department to progress alternative options if the issues are not resolved by this deadline.

Furthermore, following the information provided by practices to their LMCs on the large number of concerns that they have with PCSE/Capita, the GPC has launched a short survey for practices to complete to gauge the severity of the problems to continue efforts to push NHS England and PCSE/Capita to resolve these issues. Without your evidence it could be seen as all issues have been resolved! Your contribution is vital and appreciated.

The survey is available to complete [here](#). The deadline is noon on Friday, 8 December.

New guidance for GP practices on the 2016 junior doctors' contract

Hosting arrangements are in place in Devon, but local GP training practices still need to know about the new 2016 terms and conditions of service for junior doctors even though they don't directly employ GP trainees.

To help you understand the contractual requirements that you must adhere to, the GPC has compiled [guidance](#) to highlight the key information.

GPC Roadshow – save the date

The GPC will hold a local roadshow about the 2018/19 contract changes and provide an update about national developments in general practice early next year – and local GPs and practice managers are encouraged to 'save the date'.

Dr Mark Sanford-Wood, Deputy Chair at the GPC, will be presenting and there will be plenty of opportunities for local GPs and PMs to ask him questions.

The event will take place at **Plymouth Science Park on Wednesday, 21 February**. Doors open at 6:30pm for a light buffet and networking, with the main event taking place from 7-9:30pm. A final agenda – and further details – will be communicated in due course.

Please confirm your attendance via email to admin@devonlmc.org by noon on Friday, 19 January. Places are available on a first come first serve basis. As we will be joined by GP colleagues from Cornwall on the night, the event is being held on the Devon-Cornwall border. Directions to the venue are available here: <http://plymouthsciencepark.com/contact/getting-here/>

SystemOne and the Data Protection Act (DPA)

The Co-Chairs of the BMA and RCGP's Joint GP IT Committee have issued an update on the issue of GPs' ability, as data controllers, to comply with the Data Protection Act (DPA) when using TPP's SystemOne.

The statement from Dr Paul Cundy and Dr Manpreet Pujara says: "As representatives of the British Medical Association and the Royal College of GPs we have been working closely with NHS England, NHS Digital, TPP and their user group to address our concerns regarding the ability of GP data controllers using SystemOne to comply with the DPA.

"We are now at a point where the BMA and RCGP believe that new functionality developed by TPP, when finalised and fully implemented, will allow GP Data Controllers to meet their obligations under the DPA. We expect these tools to be available to all GPs using SystemOne by the end of February 2018.

"This new functionality is currently being piloted and we are continuing to monitor progress. We continue to keep the ICO informed and involved as necessary and they remain supportive of the actions and plans to date."

SNOMED CT update

The BMA and RCGP's Joint GP IT Committee has issued an update and advice to practices about the move to SNOMED CT from Read and CTV3 codes that will take place in April next year. Read more here: www.devonlmc.org/snomedctupdateoctober2017

PREVENT and the annual practice declaration (e-dec)

The GPC is advising practices that Prevent training is not mandatory and therefore there will be no repercussions for practices responding 'No' to this question in the annual practice declaration – it is a simple information gathering question rather than assessment against requirements. The question itself is voluntary and also should not be in the indemnity section. The GPC is working with NHS England to ensure supporting advice for the e-dec reflects this, but has been advised that the question itself cannot be changed once the e-dec is live.

Lobbying for GPs to be added to the Shortage Occupation List

GP recruitment issues are now so severe that NHS England is preparing to recruit 2,000-3,000 GPs from the EU and other non-European Economic Area (EEA) countries through its [International GP Recruitment Programme](#). Alongside other key stakeholders, including NHS England, Health Education England, the Royal College of GPs and the General Medical Council, the GPC will be lobbying the government to commission the MAC (Migration Advisory Committee) to review its SOL (Shortage Occupation List). This would give the BMA and others a new opportunity to submit evidence in favour of adding GPs to the list.

Employers who wish to recruit an individual from outside the EEA for a vacancy on the shortage occupation list, i.e. occupations where there are not enough resident workers to fill vacancies, may issue a [Tier 2](#) certificate of sponsorship (CoS) without the need to demonstrate that a time-consuming resident labour market test (RLMT) has been carried out. However, some newly qualified UK trained IMG GPs have recently contacted the BMA GPC notifying us of rejected visa applications because the Home Office has not deemed that the requirements of the RLMT have been met.

One UK trained IMG GP has started a petition seeking to compel Parliament to consider adding GPs to the SOL: <https://petition.parliament.uk/petitions/200523>. GPs are welcome to disseminate this link amongst their colleagues, peers and friends and recommend that they add their signature to the petition. The GPC can reference this petition when talking with other stakeholder organisations and when the opportunity to submit formal evidence to the MAC arises. It will also continue sharing examples of the difficulties practices and UK trained IMG GPs face with the International GP Recruitment Programme Advisory Board.

Workload survey – changes to the hospital standard contract

Following negotiation with NHS England, the BMA secured several changes to the hospital standard contract. These placed new requirements on hospitals to help reduce the bureaucratic workload placed on GP practices. The most recent contractual changes came into force on 1 April 2017. While changes will inevitably take time to embed, the BMA is keen to take stock of what progress has been made on the ground from a general practice perspective. This will help inform the BMA's discussions with NHS England, and its work to support LMCs and practices. Please assist by completing this short [survey](#) by Friday, 22 December.

Salaried GPs working under new models of care

The GPC's Sessional GPs Subcommittee has created guidance around new models of care and issues that salaried GPs need to be aware of to ensure that the employment offer and their working arrangements are fit for purpose. Read more [here](#).

Why self-care is a win-win for patients and an over-stretched NHS

With patients open to taking a more active role in managing their health, self-care provides a win-win scenario for patients and an NHS under unprecedented pressure, explains Dr Farah Jameel from the GPC. Read more [here](#).

Can a partner work outside of the practice?

The question of whether a GP partner can work outside of their practice, and under what constraints, is a common one. GP partners have seen their pay drop by an average of 4%, so topping up earnings with private work can be an appealing option. Advice on partnership deeds is available [here](#).

Stopping contributions to the NHS pension – what are the partnership implications?

There are many reasons why a partner may decide to stop contributing towards the NHS Pension – from 24-hour retirement, to approaching the ceiling of the lifetime allowance, or simply deciding to make other pension arrangements. Stopping contributions is becoming more common, but it's a relatively straightforward process. Advice is available [here](#).

Top tips for handling GP partner resignations

1. Refer to the relevant clauses in the partnership agreement.
2. Update the names on any property leases.
3. Where premises are owned, and valuations are required, arrange for these to be carried out and agreed at an early stage.
4. Where finance is required to purchase a premises share or fund a current account balance, liaise with potential lenders.
5. Update the names on the property title deeds and mortgages where appropriate.
6. Ascertain from the partnership agreement whether separate accounts to the date of resignation are required, and if so, liaise with the accountant accordingly.
7. If interim payments on account are required for the current account balance, liaise with the practice accountant accordingly. Ensure any estimated balance takes into account potential liabilities such as outstanding superannuation balances, tax liabilities payable by the practice and potential seniority clawbacks.
8. Keep PCSE updated with any changes in GPs and submit a revised estimate of superannuable pay form to ensure superannuation deductions are updated accordingly.
9. Update the bank and any lenders with the changes.
10. Cancel any relevant direct debits such as subscriptions and locum insurance for the exiting partner.
11. Update HMRC with changes in partners for the PAYE scheme and VAT (if applicable).
12. Keep your accountant up to date with any changes.

**Courtesy of Lentells Chartered Certified Accountants.*

Learning grants for GPs

The Claire Wand Fund is a charitable fund that makes grants to GPs to fund further education and for the provision of scholarships.

The fund welcomes applications twice a year, at least three weeks prior to the April and October trustee meetings.

The next meeting of the Trustees is on 24 April, 2018. An application form can be downloaded from:

www.clairewand.org

Practice Manager Salary Survey 2017

The results of First Practice Management's Practice Manager Salary Survey – which received over 1,000 responses – are now available. Read more [here](#).

Getting Ready for GDPR

The Information Commissioners Office has produced a checklist for organisations preparing for the implementation of the General Data Protection Regulation (GDPR). It is available [here](#).

How the NHS in England works

The King's Fund – a national health policy think tank – has produced a useful short animation on the role and structure of the NHS and how it is changing. It is available [here](#).

Update from Devon CEPN



Devon Community Education Provider Network (CEPN) has teamed up with Red Whale | GP Update to deliver the GP Update course to our colleagues across the South West.

This is not just for GPs – it is also suitable for nurse practitioners, paramedics and ST3s.

Details can be found below but before you delve into these, why not test your knowledge on some of the subjects we'll be covering with a little quiz?

It's just 10 questions, and they're all multiple choice so it'll only take a couple of minutes – but we promise it'll be fun and insightful!

It's hosted on the FourteenFish platform so you can get an immediate response to your questions, and save any of the subjects you would like to cover in more depth directly to your learning diary:

www.fourteenfish.com/quiz/take/?q=adddp53kw8ut

If you find some of the questions challenging, then don't worry, as all these topics plus a whole lot more will be covered on the GP Update Course where you will also get:

- Practising GP presenters who face the same daily challenges as you!
- 5 CPD credits to help you with appraisal and revalidation whilst bringing your practice up-to-date.
- Interaction, humour and video clips, to keep you focused and awake!
- The Handbook – comprehensive and fully referenced, covering all the most recent research and guidelines pertinent to primary care, but interpreted for real life general practice.
- gpcpd.com – 12 months' FREE access so you can continue your learning when it suits you. FREE linkup to the FourteenFish learning diary app.

Delivered in an engaging lecture based format, with plenty of time for cases, interaction, humour and video clips, it will keep you focused and awake, however tough the week has been. Topics covered include:

- Heart failure: update on SIGN guidelines – demystifying HFPEF, where does sacubitril/valsartan and ivabradine fit (*and how on earth do you pronounce them!*)
- Stroke and TIA – why we should feel *confident* about early aspirin.
- Sepsis: How to spot it (NICE guideline).
- Asthma: The battle of the guidelines BTS/SIGN v proposed NICE guidelines – what should we do?
- COPD: Drug dilemmas, practical tips for choosing inhaler devices.
- Diabetes: Which drugs when?
- Acute kidney injury – what to do with all those alerts!
- MSK: Gout, back pain (NICE guidance, use of gabapentinoids).
- Cancer: Changes in colorectal cancer screening and a simple blood test that is *more* predictive of a cancer diagnosis than a breast lump or haemoptysis.
- Older people: Multimorbidity, frailty and polypharmacy, delirium.
- And many more besides...

Plymouth CEPN GP Update Course

Date: 7 February, 2018.

Venue:

China Fleet Country Club
Saltash
Cornwall
PL12 6LJ.

Time: 9.30am registration for a 10am start. Finish: 4pm.

Cost: Devon CEPN Members £160. Non-members £200 (Devon CEPN Membership is only £25).

To book your place on the course visit: [Book Now](#)

Preferred bidder for Child Health Information Services announced

The preferred bidder for Child Health Information Services in the South West has been announced – read more here: <https://www.devonlmc.org/websitefiles/download/5533>

Healthwatch Devon bulletin

The latest edition of Healthwatch Devon's newsletter is now available [here](#).

There's a lot of it about – record of a consultation as discussed by Dr Anthony O'Brien at his appraisal

Thanks for seeing me, I hope I am not wasting your time, you see I think I have a STP.

Oh dear – how is it affecting you?

Well I thought I was doing really well after recovering from that awful bout of H&SCA – my persisting QoF was improving and for a brief period the future was looking brighter but then the old symptoms returned.

Mmmm..tell me more.

People at work started to talk in riddles, confusing anagrams appeared in the subject headings of e-mails, colleagues seemed to suddenly have three different names for the same job and sometimes vice versa.

That sounds a bit unsettling? Anything else?

A series of dystopian nightmares. In one of them impassioned voices talk in endless number sequences 82877 although I have to admit I often wake up from this to find I have nodded off in a CCG meeting that I cannot remember agreeing to attend. In another a group of NHS managers are all talking to me about a new model of care, I ask them what this is, they tell me it is a new way of working but when I ask them what the new way is, they tell me they are still working on the strategy, and when I ask them what is the strategy, they tell me that it is to develop a new model of care. This dream ends with them all wishing me a 'Hubby Christmas'. In 2012 I just ignored the symptoms and after a while it seemed to all go away but...

.... this time is different?

Yes this time all the new names have four letter abbreviations and the enthusiasts actually seem to really believe that they will provide more for less with fewer. Normally you only hear this delusional thinking in supermarket adverts as they set about bankrupting small local businesses.

Maybe the similarity is a little too close for comfort? Have you tried looking at your pension figures?

No. Will that help?

No but it will distract you. They are even more confusing than what you are experiencing.

Oh, I thought you were going to tell me that I need some CBT?

It's an option but best to leave the cognitive, the thinking bit, out...

Will it go away? Will it get better?

Well it will burn itself out and then mutate into something else.

How long?

Well I am starting to see a few cases of Acute ACO and I suspect that will go viral soon.

While I'm here?

Yes?

I've got a horrible pile..

..of paperwork that you do not know what to do with and its starting to go down into your bin?

Exactly.

Definitely worth taking a look at those pension figures.

ENDS

Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.

Copy submissions for January's newsletter should be emailed to richard.turner@devonlmc.org by noon on Tuesday, 12 December please. This is an earlier deadline due to the festive season.

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