LMC Devon

Newsletter

May 2018 – Issue 198

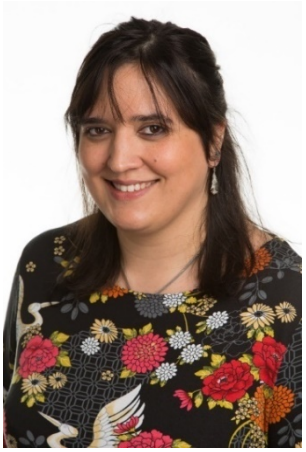
Party games

By Dr Anthony O'Brien, Chair of the Northern and Eastern LMC Sub-committee and Board Vice Chair

You will be relieved to hear that in that good old-fashioned NHS way a subtle but significant name change quietly occurred last year. The Sustainability and Transformation Plan became a Partnership giving a lot of NHS managers and a few clinicians across England an extra job. Their task to 'map out' 'a locally determined' (by the people for the people) 'direction of travel' for a new 'integrated' health service. By a variety of means (all ticking the consultation box one way or another) this has led to the production of various 'strategies' and 'blueprints' across the country. These are now continually referenced as the 'drivers for change' to produce 'new models of care' all 'at scale' in a more 'efficient and effective' health service. It is entirely possible to have a completely vacuous and meaningless discussion about the future of the NHS by simply using these phrases in different random combinations. I know, I have had to listen to many. If you manage to mention the need to 'break down barriers' by 'simply starting the conversation' and throw in 'a hub' you will be on your way to a STP full house.

However, out of what is sometimes farce will come a new structure. The long hoped for removal of the wasteful NHS internal market will occur, but undoubtedly its replacement will be run by some of the same people with new job titles. With that end in sight there is a medico-political game of musical chairs taking place. Those in NHS management who have experienced this many times before are knowingly jockeying for position. The future holds little for CCGs and so they are haemorrhaging staff. Ultimately, when we have a stable Government, legislation will replace them with a conglomerate containing all local health and social care groups. Currently it looks like this will be called a Local Care Partnership (LCP), but don't bet on it. How they will make decisions, how they will disperse money, how they will be representative is anybody's guess and even those in the STP are not offering one. However, it is currently the only game in town and, of course, this all comes down to everyone 'being collaborative'.

It is a relief to see that at last there is a rationalisation and reality starting to evolve as the NHS circle completes another circuit. Fortunately in Devon we do have some very experienced and skilled people making sense of the possible shenanigans. The LMC has a chair at all the important tables and we hope we have managed to avoid spending too much time in conversations that were never going anywhere. We are starting to see groups merging and meetings ending – unless of course they find another name or another role, perhaps by proposing another 'new way of working'. Bingo!



Requests for housing reports

By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee

Following reports to the LMC office of some GPs having unhelpful interactions with housing officers about how best to support patients with housing needs, I met with representatives of Devon Home Choice (DHC) to work on how we can make sure we all have the same expectations.

If a client of DHC says that their housing is affecting their health, there may be cases where a report is commissioned from the GP.

This is different from the DHC Supporting Evidence form which does not require GP input, if you are receiving these please reply with a copy of this letter on the LMC website and complete a yellow card.

It's worth noting that the main housing team and the homelessness support team are separate and have separate timelines and requirements in terms of what information they need and what assessments they must make. The homelessness team have a requirement in statute to assess people's vulnerability as a matter of urgency – this may explain some of the confusion that has arisen.

For both teams, the agreed process is that no GP will have a request for a report sent via a patient, nor do unsolicited letters move people up the list. In fact, they may introduce delays into the system as each letter has to be considered and responded to, and if housing officers are doing this they aren't doing their routine work – a workload quandary that will no doubt be very familiar to GPs.

If a client of DHC says that their health is affected by their housing then they will be asked if they already have evidence of this such as clinic letters. If the housing officer needs more information they will contact the surgery in writing (email or paper) to ask for a report.

They never tell clients to go and see their GP and get a report, but they cannot stop them doing so. Knowing this may help us to appropriately redirect these requests. If you are asked for one of these reports, they are private work that may be charged for, the patient is responsible for any costs. As usual these costs should be agreed before doing the work.

If you do receive one of these requests for a report and have nothing to add, a simple email stating 'I am unaware of any medical issues that are affected by housing' will allow the housing team to move forward more efficiently. Letters stating 'my patient tells me' are unhelpful and will not result in a change in priority for housing.

One issue remains outstanding, DHC are working on finding a better way to provide GPs with proof of a patient's consent to data sharing. Until this is formalised it is important to make sure you are satisfied that the patient has consented before you share anything.

Homely remedies lists in care homes

By Dr Phil Melluish, Chair of South Devon and Torbay LMC Sub-committee

A few years ago a list was devised of homely remedies. These are a few, basic, medications that the average household might have in supply (eg Paracetamol), and therefore could reasonably be expected to be provided in a care setting once a person can no longer live independently. The list was previously 'signed off' by the clinical commissioning group (CCG) clinical lead to be used by care homes across Devon. When a care home is inspected by the Care Quality Commission (CQC), they will look to ensure that a person has safe access to both prescribed and non-prescribed medicines. This can include those given via a homely remedies process, but also those bought over the counter for self-care.

CQC guidance says: “Advice from a health professional, such as a GP or pharmacist, on the use of homely remedies should be taken for each resident in advance, or at the time of need.” For further information see: http://www.cqc.org.uk/ascmedicinesfaq

South Devon and Torbay LMC Sub-committee sought clarification from the CCG as to whether a pharmacist, instead of a GP, could therefore sign off the homely remedies list for a care home. It is acknowledged they often have a close relationship in supplying medicines to patients in the homes and also have an excellent working knowledge of what are all General Sales List or ‘over the counter’ medicines. Their response was that a pharmacist can be the signatory to the homely remedies list.

We want to share this information more widely so that care homes, GPs and pharmacists are aware of the list and who can sign them off.

Recruitment companies may contact practices with offers of International GP for work

By Liz Thomas, Deputy Medical Director, NHS England South South West

This is a reminder that all doctors working in a practice are required to be included on the National Performers List (PL) if they are delivering a General Medical Services (GMS), Personal Medical Services (PMS), and Alternative Provider Medical Services (APMS) contract.

There are a number of International recruitment companies which are contacting GP surgeries and other NHS bodies who deliver primary care offering doctors to work in primary care.

Very often the companies will advise that these GPs are fully qualified and on the GMC register and that their status as an EU doctor allows them to work in this country. These GPS are able to work, but must also be on the PL to work in practice delivering GMS/PMS/APMS contracts.

If you employ a doctor who is not on the PL then your indemnity will not cover their clinical activity, leaving you at risk of patient harm and potentially ruinous litigation costs.

If you are interested in employing an International GP then you can do so through the national International GP Recruitment Programme (IGPR) which has engaged with approved recruitment companies.

For further information on the regulations please contact the performance team in the medical directorate who are the experts in this matter (england.southwestperformerslist@nhs.net).

If you are interested in the International GP recruitment scheme then you can email your interest to liz.thomas2@nhs.net – South Lead for the IGPR.

Plymouth under national spotlight as GP services risk collapse

The GPC has renewed its calls for proper funding for general practice, warning services risk collapsing if current pressures are not addressed by the government and NHS England.

Speaking to BBC Radio 4’s Today programme about the situation in Plymouth, where strains on services are particularly intense, Dr Mark Sanford-Wood, Deputy Chair of the General Practitioners Committee (GPC), said: “NHS England has a very simple choice: it either provides extra funding so that we can keep the service running, or they don’t and the service collapses.”

In Plymouth, workload and financial pressures forced four partners at one practice that was serving 22,000 patients to hand their contracts back, meaning NHS England had to call in a “rescue team” to provide services. One of the former partners, Dr Rachel Tyler, said that before she handed her contract back the situation was so bad that she was having to complete CQC paperwork from an oncology ward where she was herself undergoing cancer treatment.

Discussing the financial pressures she faced as a partner, Dr Tyler said: “We could have quite feasibly been homeless. All of us (former partners) have our own properties – we’ve got children – and we could have been left personally bankrupt.”

She added that she feared patients would be left with no GP services at all in the region if more doctors hand back their contracts.

Dr James Boorer, a GP partner Plymouth, said he was struggling to cope and that his physical and emotional wellbeing were suffering as a consequence. “I cannot continue working at this intensity,” he told the programme. He said that resignation and working outside of general practice were now “very real” possibilities for him.

Responding to the BBC report, Dr Sanford-Wood, a GP in Devon and a Medical Secretary at Devon LMC, said: “The situation in Plymouth may be particularly intense, but it should be seen as a warning of what the rest of the country faces without urgent action to address the pressures in general practice.

“Patients are already facing unacceptable waits as doctors face unmanageable and potentially unsafe workloads, while increasingly burdensome administrative tasks mean GPs are able to spend less time on the frontline delivering care to those who need it.

“The current funding settlement in general practice means most practices are operating on the edge of viability, and unless more is done by the government and NHS England – which includes addressing the severe recruitment and retention crisis – we are likely to soon see a repeat of the scenes in Plymouth across the country.”

Optimal Lung Cancer Pathway Rollout in Plymouth

You may remember from the LMC Negotiations Summary in February that University Hospitals Plymouth brought a new pathway to improve suspected lung cancer care which we were pleased to approve. Here is their letter describing the rollout and a flowchart explaining the pathway. If you have any questions or concerns about this please contact Rachel.Ali@devonlmc.org at the LMC.

Annualising of 2015 scheme practitioner contributions

The issue of ‘annualising’ income earned by GPs was introduced into the Career Average Revalued Earnings (CARE) NHS Pension Scheme Regulations in April 2015. This is something the BMA has never agreed with and has been clear in voicing concerns about it. The BMA disagrees with the way NHS pensions have interpreted the regulations and the manner in which they have revised their guidance. The BMA is now seeking further clarification from the Department of Health and Social Care and the NHS Business Services Authority to formulate a view on how it would wish to proceed.

More information can be found here and in a blog by Krishan Aggarwal, Deputy Chair of the Sessional Subcommittee, at the General Practitioners Committee.

‘Lunchtime learning’ webinar on working at scale (CPD accredited)

General practice is under increasing pressure and in response some practices have started to, or are considering working collaboratively, adopting ‘at-scale’ models. In other areas this is being encouraged by commissioners or STPs. The BMA is not promoting any particular ‘at-scale’ model. However, in areas where change is happening, it believes GPs must be at the forefront, controlling the future of general practice for the benefit of patients and the profession. The webinar, on Thursday, 3 May, from 1-2pm, is an opportunity for GPs to:

- Learn about the different models (federations, super-partnerships, primary care home, ACOs…)
- Hear about how these models are being pursued across the country
- Ask questions or share local insights
- Reflect on the future of general practice in your area.

The webinar will be led by Dr Simon Poole, GPC Policy Lead, and is CPD accredited. Register for the webinar here

General Data Protection Regulation update

Contact information for Devon GPS and PMs

Data protections laws are changing on 25 May when the new General Data Protection Regulations (GDPR) come into effect.

As a membership organisation we currently hold contact details for local GPs and practice managers so they can elect LMC members, receive our communications, information on LMC events and important information we gather which has a direct impact on them.

At no time is personal information shared with third parties, unless written permission has been given.

If any GPs and PMs no longer wish to receive our communications from 25 May, please notify us at admin@devonlmc.org by noon on Friday, 18 May and we will remove the details from our records.

Data Protection Officer – Devon CEPN

Following conversations at the Pan Devon Primary Care Programme Board and discussions with North, South, East and West Practices, the LMC, CCG and Devon Community Education Provider Network (CEPN) would like to make an offer to practices.

Sentinel will employ a Data Protection Officer[s] (DPO) to fulfil this required role for GP practices under the new GDPR guidelines. It is necessary to have a DPO with the relevant qualifications. There has been some considerable interest already and we hope to make the links with Kernow Health Community Interest Company to ensure consistency across Devon and Cornwall.

The offer to practices is 5p per patient per year for each surgery – based on every practice signing up across Devon. The job descriptions will be developed in conjunction with DELT, the LMC and practices.

If you are interested in the offer, please can you let us know by 4 May, via roland.gude@nhs.net

Local and national GDPR resources

A hub page for GDPR information has been launched on the BMA website which provides information on the regulation and hosts a suite of resources and blogs. This page will be updated regularly as new guidance is published and more GP focussed information and resources will be added soon. The LMC also has a dedicated GDPR webpage here. It includes Privacy Notice templates for practices which have been prepared by the GPC.

School Special

By Dr Mark Sanford-Wood, Medical Secretary at Devon Local Medical Committee

School Medicines, Absence and Examination Problems

Devon LMC has begun to receive a number of queries regarding the interface with school services and we consider it timely to re-issue guidance that was originally published in our newsletter in October 2016. During the exam season, we also think it is wise to include guidance on examination absence. This is reproduced with minor contextual edits below:

Devon LMC has been receiving a growing number of complaints from practices across Devon relating to requests from schools for the GP to prescribe on FP10s simple over the counter (OTC) remedies such as paracetamol and hay fever treatments that would normally be administered perfectly safely at home by the child's parent. This does appear to bring the GP into the management of simple minor illness in a way that is unhelpful for the empowerment of people to self care, and which is unsustainable given the workload crisis gripping general practice.

Devon LMC therefore met with lead managers from the schools health service and have established a very productive dialogue to address a number of misconceptions for both parties and to try and resolve issues that arise out of this interface. We have agreed that school guidelines make it perfectly acceptable for OTC medicines to be given by school staff acting in loco parentis on the proviso that an appropriate authorisation form is signed by the parent. This removes the need for any OTC medicine to be prescribed on an FP10 solely for the administrative needs of the school. This position is warmly welcomed by Devon LMC and will ease demand on GPs at this critical time for the survival of general practice.

The next item we tackled was that of sickness absence from school. We have many anecdotal reports of parents and/or schools requesting confirmation that a pupil was legitimately absent due to sickness. In some circumstances this information can be extremely important for schools, especially where repeated absence has been a problem. Schools will ordinarily request confirmation only in such cases when there are existing concerns regarding significant school absence, and general practice should normally provide this information, when needed, in the interests of the child. We agreed that where such confirmation is required that it is perfectly reasonable for the parent to submit a copy of an FP10 or other evidence that shows the child received medical advice on the day in question. Where such other evidence is not available then the parent should request a chit from the practice to confirm that medical advice was sought. An example of such a chit is included in the flow chart below, and can be completed by a receptionist without burdening the doctor or nurse.

The only remaining area of difficulty then remains the question of full medical reports for those children whose absence is serious enough to warrant closer inspection by the school. To date it has caused tension as parents have often requested medical support for their child's absence which has placed the GP in the slightly invidious position of "supporting" the parent rather than informing the process. It has also raised the thorny question of payment for the production of the report which is not covered under GMS or PMS contracts.

We have agreed the principles that the GP should provide a neutral report of facts and opinion, neither on behalf of the school or the parents. We agreed that all relevant medical questions should be compiled by the school nurse and posed formally to the GP in a letter of request for a medical report. This allows the GP to address all issues of concern in an objective manner, thereby satisfying the areas of professional concern that arise when a parent requests, commissions and pays for a report. This solution also solves the resource question. Where a school requests the information then this is a request for medical information by a local authority (or one of its delegates), and the GP may therefore charge their reasonable fee to NHS England under the Collaborative Fees arrangements as set out in the NHS Act (1977), and subsequent updates.

Devon LMC and the schools medical service hope that these clarifications will encourage GPs to engage constructively with education and that a simpler, more efficient and helpful relationship may evolve as a result. If there are queries on any of these matters then they can be directed to admin@devonlmc.org

Examination Absence

A widespread myth has developed that absence from examinations for health reasons must be verified by the production of a medical certificate. The assumption is usually that such certificates must be provided by the GP. This is not the case.
GPC has sought and received confirmation from the Office of the Qualifications and Examinations Regulator that Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of their application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided.

Agreed Protocol for the Handling of Pupil Absence

School expresses concern regarding child absence on medical grounds and asks parent for evidence that medical advice was sought.

Parent provides school with copy of prescription or some other confirmation of attendance.

Parent unable to provide acceptable confirmation so asks practice for confirmation chit to be stamped by receptionist.

School logs reason for absence and files.

After repeated absences school may require a formal medical

Evidence of Medical Advice Sought During School Hours

This is to certify that (name):

received medical advice from this medical centre on the following date and time:

School sends formal request to GP for medical report. Any specific questions to be informed by school nurse.

GP completes report and returns to the requesting person within the school or the school nurse.

Practice sends invoice for reasonable fee to NHS England under Collaborative Arrangements

Diabetes schemes for people at highest risk

Two programmes enabling GPs to refer some people at highest risk of developing diabetes will be launched this month. The two schemes are provided by Living Well, Taking Control, a Devon-based health and wellbeing charity.

The schemes will offer eligible people help to get their lifestyle back on track through a combination of diet and exercise, including learning about nutrition, cooking and positive mental health empowering them to take control of their health, make positive changes, feel better and avoid developing Type 2 diabetes.

The National Diabetes Prevention Programme is one of the schemes. It consists of a 9-12 month programme delivering 16 hours of contact time through a minimum of 13 group sessions. This scheme starts in Plymouth before being rolled out across Torbay, Exeter and the rest of Devon.

In addition, a 24-month scheme will be available to people at the highest risk of developing type 2 diabetes and associated long-term illnesses. This longer programme, commissioned through the Public Health team at Devon County Council, is partly funded through the Big Lottery Fund Commissioning Better Outcomes scheme. The programme will include education, healthy eating, and physical activity, to encourage improved positive mental health and wellbeing, as well as better physical health, for patients in the Devon County Council area.

Eligibility criteria for both schemes are:

- HbA1c reading of 45-47 mmol/mol taken in the last six months
- A BMI of 25 or above
- Aged 18 years and over
- Not pregnant.

GPs will be contacted with a go-live date by Living Well, Taking Control in the coming weeks.

GPC policy group workplans

The GPC policy group workplans have now been published on the BMA website at www.bma.org.uk/GPC The GPC policy groups are clinical and prescribing; commissioning, service development and working at scale; contracts and regulation; dispensing and pharmacy; education, training and workforce; General Practice Forward View; information, management, technology and information governance; premises and practice finance; representation; and workload management.

Updated guidance on reflection

Following the Dr Bawa-Garba case many doctors feel they are no longer able to reflect honestly and openly, with LMC UK conference earlier this year calling for GPs to disengage from written reflections until adequate safeguards are in place. As a result, the BMA has been lobbying the GMC and other bodies on this and called for legal protection to be provided to reflections in all education and training documents, such as e-portfolios and all annual appraisals and training forms. The BMA has updated its guidance in response to the LMC conference motion to make it clear how doctors should limit their reflective practise. The BMA will also be contributing to new GMC guidance on reflection to be published this summer to highlight what changes need to be made for the profession to regain confidence in this process. Read more here

Updated guidance on gender incongruence

The GPC's Guidance on gender incongruence in primary care has been updated to incorporate advice on prescribing given in the recently published Responsibility for prescribing between primary and secondary/tertiary care. The NHS England guidance expresses clearly that when clinical responsibility for prescribing for gender incongruent patients is transferred to general practice, it is important that the GP is confident to prescribe the necessary medicines, and that any transfers involving medicines with which GPs would not normally be familiar should not take place without a local shared care agreement. The updated guidance is available on the BMA website prescribing page.

PCSE briefing

The GPC's Primary Care Support England (PCSE) webpage has been updated and now includes a briefing which is an overview of issues and some advice/resources which may assist practices. Click here to access the page. The GPC Sessional GPs Sub-committee has also updated their guidance on NHS Pensions following meetings with PCSE and NHS England. NHS England withdrew their support to Capita and the delivery of the PCSE contract in January this year, which brought unease as to how the service will continue and whether Capita will be able to deliver. This guidance aims to address the main questions that sessional GPs have raised.

NHS England Primary Care Significant Event/Incident notification process

NHS England South West has streamlined and improved the reporting process of primary care incidents to improve the identification of themes/best practice and share the learning. More information – and the reporting documents – are available here.

Update – medicine supply issues for primary care

The latest medicine supply issues' update for primary care from the Department of Health and Social Care is now available. Read more here: www.devonlmc.org/medicinesupplyissues

Physician associates in general practice

Physician associates (PAs) are a relatively new member of the clinical team, seen as complementary to GPs rather than a substitute.

They can fulfil an enabling role in general practice, taking on certain areas of workload, helping to free GPs to focus on the more complex patient cases as well as other staff, such as nurses so they can focus on their areas of competency.

This means that GPs can continue to lead multi-disciplinary teams to adapt to the evolving healthcare needs of patients in response to the growing and ageing population.

This does not mitigate the need to address the shortage of GPs or reduce the need for other practice staff. Instead PAs can help to broaden the capacity of the GP role and skill mix within the practice team to deliver patient care.

Useful resources

There is a lot of general information in the employers section, that as a GP or practice manager you may find useful. *An employer's guide to physician associates* is an 8 page document intended to advise on:

- the current education and regulatory framework for the profession
- employment and supervision
- tools to help guide appraisal, career and salary progression
- recommendations for continuing professional development (CPD).

National bodies agree on shared view of quality for general practice

The 11 national organisations who together are responsible for the regulation and oversight of general practice in England have published a joint view of the principles that define quality in general practice. The national strategy will form the basis for defining quality measures and best practice. Read more here.

Dedicated GP support for nursing homes sees significant drop in emergency admissions

A new study by national health think tank the Nuffield Trust has found that providing residents of care homes with increased GP access and continuity of primary care more generally may help to reduce hospital admissions. Read more here.

Technology: opportunity or threat for general practice?

The threat technological innovation presents is to the existing model of general practice. But given it is widely accepted that the current model of general practice is no longer sustainable, and in the absence of any meaningful investment in general practice, the opportunity technological innovation provides for general practice to reinvent itself seems to far outweigh the threat. Read more here.

Has your partnership set up a limited company?

Has your practice set up a Limited Company? Perhaps to limit your liability or own the freehold to your premises? If so, you need to check exactly who has been issued shares and registered as the shareholder(s) of the company as you (or your incorporation agent) could have made a common but critical mistake that will create huge headaches for the partnership.

As you may be aware, a partnership cannot hold assets in its own name (eg as The XYZ Medical Practice) as it is not, in legal terms, a person. Anything that is intended to be partnership property, from land to shares to equipment, must be held in the personal names of one (or more) of the partners on trust for the partnership as a whole – if you check your partnership agreement you will almost certainly see a specific clause to this effect.

This means that when the practice sets up a limited company, the share(s) must always be issued to and registered in the names of the individual partners to be legally effective. If you look at your company's records and can see that the shareholder is the practice itself then you have a major problem, as legally you do not currently have any shareholders at all. Read more here.

What is involved in a sale and leaseback transaction

The sale and leaseback of a GP surgery premises is increasingly becoming an option of choice for many GP partnerships. However, this option is dependent on individual circumstances and the succession plan of the owning GP partners.

The decision to sell and lease back should not be taken lightly. If the property owners proceed and sell, they will be giving up their main financial asset in the practice (bricks and mortar). Read more here. and contact the LMC if you would like to explore the benefits and risks associated with these transactions.

Six key legal considerations for GP practices

A new publication is now available highlighting six key legal considerations for GP practices to help them navigate the fast-paced changes in primary care – including maximising the value of premises and dispute resolution. Read more here.

Practice staff salary survey results

A national survey of GP practices has revealed the average rates paid to clinical and non-clinical staff. Read more here.

Nominations open for the General Practice Awards

Nominations are now open for the General Practice Awards which showcase the very best examples of hard work, innovation and dedication in primary care, as well as the support offered by suppliers and service providers.

The General Practice Awards take place on 30 November. More information – including the categories and how to enter – is available here.

GP Elective Care Fora

A GP and a practice manager from each practice in Devon are invited to one of a series of GP Elective Care Fora.

Over the past few years there have been a number of changes to the way in which primary and secondary care interact with regard to elective care due to the advent of Choose & book (now e-Referrals), DRSS, multiple new pathways, clinical referral guidelines and commissioning policies for low priority procedures.

These interactive Elective Care Fora are designed to help you and your practices navigate your way through this more complex elective care and referral landscape.

The agenda is still to be finalised but the sessions will include:

- Elective care / Devon Referral Support Services (DRSS) and how this affects GPs and patients
- Equity, efficiency and effectiveness in relation to local NHS resources
- Discussion around supporting Devon STP's primary care strategy and what DRSS can do for you in primary care.

The events will be hosted by Devon Referral Support Services with support from South Devon and Torbay and NEW Devon CCGs. They will fund backfill for GP attendance to surgeries of £300. If more than one GP from a practice would like to attend then they would of course be welcome, but backfill funding is only available for one GP per practice. It is envisaged that these sessions would be particularly beneficial to practice referral leads but all GPs will be welcome. Certificates of attendance will be provided for CPD purposes.

Events will be held on:

2 May	Buckfast Abbey (TQ11 0EG)
23 May	Portmore Golf Hotel (EX32 9LB)
13 June	Exeter Golf and Country Club (EX2 7AE)
20 June	Boringdon Park Golf Club (PL7 4QG).

A light lunch with tea and coffee will be provided from 1pm, with the formal agenda from 2-5 pm.

Please confirm your attendance asap, and advise which session you would like to attend, or send apologies asap by emailing: d-ccg.drss-comms@nhs.net

Proud to Care Devon

Proud to Care Devon is being developed across all the health and social care organisations in Devon to promote careers in the sector. The website is www.proudtocaredevon.org.uk. Health and social care employers and providers can upload vacancies for free on the Proud to Care Devon jobs board. This includes general practice.

If you are passionate about your role in care and health and want to inspire others to join the sector, we'd love to hear from you. We are looking for enthusiastic and passionate care and health practitioners to become Proud to Care Ambassadors to attend events at schools, job centres, colleges, etc, where you can talk positively about your role, inspiring people to begin a career in care and health. For further information, please email proudtocare@devon.gov.uk.

Clinical lead vacancies

Three local, practising clinicians with an interest in domestic violence and abuse and sexual violence are sought to become Clinical Leads for Identification and Referral to Improve Safety (IRIS) in Devon.

More information about the three vacancies – in North Devon, East Devon and Torbay and South Devon – is available on the jobs pages of Devon LMC's website: www.devonlmc.org/jobs

News from Devon LMC

Director of Operations appointment

Mr Bob Fancy has been appointed as the new Director of Operations after an exhaustive selection process, which included interviews and presentations to GP and practice manager representatives from Devon.

Bob will shadow Angela Edmunds, as part of a comprehensive induction, before officially taking up the role on 2 July.

Sub-Committee election results

Five new members have been elected onto the LMC's sub-committees. They are Dr Alison Smith, Dr Tim Chesworth, Dr David Jenner and Practice Manager Chris Stoppard (all North and East) and Dr Rachel Tyler (Western). They will all serve an initial four year term of office.

Devon LMC Annual General Meeting

The AGM takes place at Exeter Racecourse on Wednesday, 9 May, from 6:30-8:30pm (6pm buffet), and we look forward to a good turnout of LMC representatives and local GPs. Please confirm your planned attendance to the LMC at admin@devonlmc.org by Wednesday, 2 May.

The agenda will include an overview of the work and achievements of the LMC in recent months and a keynote speech from Dr Nikita Kanani, Deputy Medical Director of Primary Care for NHS England, on the challenges and opportunities facing general practice. It is available via our website: www.devonlmc.org/trainingandevents

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