

JUNE 2020 NEWSLETTER

LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

**10, Westgate House, Westgate Business Park, The island, Westgate Street,
Gloucester GL1 2RU
Tel: 01452 310706 Fax: 01452 386503**

Our website: <http://www.gloslmc.com>

Twitter: @Glos LMC

Dr Tom Yerburgh – LMC Chairman
tom.yerburgh1@nhs.net

Dr Penelope West – Medical Secretary
penelopewest@gloslmc.com

Mrs Elizabeth Barstow- Office
Administrator

Elizabeth@gloslmc.com

Mrs Lesley Mansfield-Office
Administrator

Lesley@gloslmc.com

ROADMAP OUT OF LOCKDOWN (ENGLAND)

In response to the [Government's announcement to ease some lockdown measures](#) in England from this week, the BMA has said that the plan is too fast, too confusing and too risky. Since then further guidance has been released and the BMA will continue to scrutinise this carefully and challenge government when necessary. Read the Government's recovery strategy [here](#). Read the full BMA statement [here](#)

In light of this announcement, GP practices could be faced with new workload as many people will be anxious about returning to a workplace where adequate social distancing measures have not been put in place, leading to more requests for fit notes and letters to employers, with people who cannot work from home being urged to return to work. Patients making these requests should be directed to discuss this with their employers, and employers should be making reasonable adjustments and performing appropriate risk assessments for their staff, with occupational health support when necessary. In this situation a fit note should not be required.

If this phase is not managed extremely carefully there is a risk of the virus spreading and putting renewed strain on the NHS, including GP services. One of the Westminster Government's key tests for easing lockdown is ensuring the NHS can cope – and this of course must include general practice.

As we move in to the next phase of responding to the COVID-19 pandemic, with the need to both deliver services to our patients whilst also continuing with the challenge of on-going viral circulation, we know that many areas are considering how this can be done safely. It's also leading many to consider what has changed, what to retain, and what the 'new normal' General Practice should look like. Wessex LMC has produced two discussion documents to help with this thinking and has agreed for them to be shared. A [briefing document](#) includes a summary, key recommendations and a conclusion and a [full document](#) provides links and examples and further explores the questions practices are facing currently.

We would like to see a distinctly lighter touch to regulation to avoid stifling creativity in general practice. As CQC telephone calls to practices resume, we shall see whether this is understood. We postulate that CQC during Covid has not added much if any value that we are aware of. It was given some responsibility for organising testing but does not seem to have made a great success of this operational role.

By the way who regulates and inspects the CQCs performance as a clinical service provider? We need a root and branch revamp of regulation. CQC, GMC and other regulators should rapidly re-examine their roles and performance and radically change.

In particular, they need to consider rapidly shrinking their bureaucracy and the regulatory burdens on the NHS, provider organisations and professionals

A significant proportion of the large sums spent on supporting these organisations could be much more constructively and profitably used supporting the front line.

It's time to get some common sense and proportionality back into our regulatory systems.

CARE HOMES ARRANGEMENT ENGLAND

In their Primary Care Bulletin 1 May, NHSEI advised CCGs to work with primary care and community providers to ensure timely access to clinical advice for care home staff and residents, proactive support for people living in care homes, and that care home residents with suspected or confirmed COVID-19 are supported through primarily remote monitoring, or face to face assessment where clinically appropriate and necessary. This is therefore not just about the role that practices can fulfil, but should be delivered by a multidisciplinary team working together. CCGs should be working with LMCs, practices, community care teams, specialist services, local pharmacies, local authorities and others, using this guidance, to do what they can to support their local care homes at this critical time.

Gloucestershire CCG, under the direction of our Local Resilience Forum (LRF), and in partnership with Gloucestershire County Council, Public Health, and Environmental Health teams, has been tasked with sourcing and training approximately 40 'trainers' for care homes. The training is based on a 'train the trainer' model with a 'super trainer' delivering training to care home staff on IPC and the correct use of PPE (using the latest PHE guidance). The training is very practical, interactive and supportive for care home staff to help prevent the spread of COVID -19 within care homes and must be offered on a face-to-face basis. Emma Savage (emma.savage7@nhs.net) is the designated 'super trainer'. Please contact her if you have any questions or concerns.

Guidance for [care homes](#) has been produced by Gloucestershire County Council and Gloucestershire Health and Care NHS Foundation Trust to support clinical staff caring for people with dementia who have suspected or confirmed coronavirus. It includes advice on the treatment of delirium as the impact of delirium caused by COVID-19 for people with dementia is significant.

Conducting 'virtual' ward rounds of care homes at regular intervals is helpful and safe. Remember that it is possible to complete a death certificate if you have 'seen' a patient by any means in the 28 days before death.

Following BMA lobbying of government on this issue, care homes are now being supported to rapidly upgrade their ability to do virtual consultations. These changes include the rollout of [NHSmail](#) to care homes and domiciliary care providers, supporting remote consultations, and [reducing social isolation and loneliness for care home residents](#) by providing tablet devices capable of secure video calling, and increased access to up-to-date and accurate information for care professionals through the new [Care workforce app](#). In addition, CCG directors of nursing should now be assisting local authorities with training in infection prevention and control in care homes. Practices and LMCs can use the NHSEI [guidance on how practices can support care homes during the pandemic](#), working with others in their area to do what they can to support their local care homes at this critical time. Most areas now have arrangements in place. The [NHSEI primary care bulletin](#) (15 May) clarified that the clinical lead for the service is not also medically responsible and accountable for the care of individual care home residents. Medical responsibility and accountability for the care of individual care home residents remains with their registered GP – and there may be residents with different registered GPs within a care home. NHSEI does not expect residents

to be re-registered. NHSEI have stated that a reimbursement mechanism for general practice will be established to help practices meet the additional costs of COVID-19 related activity which cannot be met from existing practice resources. Reimbursement will be through clinical commissioning groups (CCGs), on the basis of national guidance. Following lobbying of government, [care homes are now being supported to do virtual consultations](#). Practices should continue provide proactive support for care home residents with suspected or confirmed COVID-19 through remote monitoring, or face-to-face assessment where clinically appropriate. The Government have published an updated [COVID-19: care home support package](#), as well as a [new operational model](#) to help pharmacy and medicines teams implement the NHSEI guidance [Primary Care and Community Health Support for Care Homes](#)

PPE

The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was yet again evident by the results of the third tracker survey published in May which showed that overall, nearly half the doctors say they have sourced their own PPE for personal or departmental use, or they have relied upon donations. The BMA 24/7 emergency support helpline is available for doctors who find their PPE is inadequate and need urgent advice. Call the PPE hotline on 0300 123 1233. We continue to work hard to ensure that practices get the necessary PPE that they need to work safely. The BMA survey results were covered by The Telegraph, which suggested that the figures call into question how the Government could be "anywhere near" meeting two of five tests that the Prime Minister said would have to be met before any easing of the lockdown measures. It was also covered by The Guardian and the BBC. Chair of BMA NI, Tom Black was interviewed on BBC Radio Ulster (1:39:25), and on the Radio Foyle Breakfast Show (01:18:33). David Bailey, Chair of BMA Wales, was quoted by ITV. Ben Molyneux, Chair of Sessional GPs Committee, was quoted in Pulse saying that PPE supply remains 'a postcode lottery'.

Remember, staff wearing masks protects patients. In the May newsletter, I suggested that patients be asked wear face masks to GP appointments to help protect staff. Admittedly, there is no clear evidence for effectiveness. Common sense suggests that even a home-made face mask is better than 'catch it bin it kill it'. More people are wearing face masks in supermarkets. Predictably, more will do so as lock-down eases.

PCN DES

The PCN DES documents have been published. Read them [here](#). A lot has changed since the original contract was agreed and the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with the national emergency of Coronavirus (COVID-19). Needless to say, the ongoing crisis will mean that general practice will need more support both in the short term and in the medium/long term and that will remain our focus as we navigate the coming weeks/months. PCN DES is like any other DES. You can choose to take part in it or not, that is for the practice to decide. Like with other DESs, you can retain your core contract without signing up to PCNs. The latest BMA guidance on it is [here](#) and should answer most of your questions. General Practice will look very different once covid is all over and the BMA has commenced work on what that could be like.

GLOUCESTERSHIRE PRIMARY CARE OFFER 2020/21

The LMC received the Primary Care Offer just before the May Bank holiday weekend. We understand that this has been a difficult time for all, including the CCG and everyone has been working very hard. When the PCO was sent out to practices, it mentioned that it had been 'reviewed' by the LMC. 'Reviewed' does not mean 'approved'. We still have concerns about phlebotomy provision, especially in Cirencester. We were disappointed by the safeguarding component which is onerous, vague, and does not state a price per report for this important medico-legal work. The PCN DES is linked to the Primary Care Offer, so to

opt-out would be expensive. The LMC maintain that these linkages are inappropriate and each enhanced service should be a stand-alone option with no linkages. Historically, the 'Primary Care Offer' was developed as a way of combining the enhanced services for simplicity. However, over time, it has meant that practices cannot choose which enhanced services they take on, leading to expressions of resentment over loss of autonomy and control. Not all areas have a 'Primary Care Offer', and we would welcome your views on this local arrangement.

DIGITAL CONSULTING

The way consultations are conducted in general practice has been adapted to cope with COVID-19 and has forced GPs to revolutionise how they work in just a few short weeks. Practices have rapidly moved both to protect patients and staff, and support social distancing, by introducing total triage arrangements with the vast majority of consultations now taking place by telephone or video, with face-to-face consultations either in the practice or at home only taking place when clinically necessary. Read more in the feature [wholesale transformation of general practice](#). The level of change in general practice is also evident from the figures reported in [an NHSEI primary care bulletin](#) this week, which show that video consultations are now available in 97% of practices. However, we still need to see faster rollout of the necessary IT upgrades to support this way of working in a sustainable and resilient way. The BMA [toolkit for practices](#) has been updated to include a [FAQ for locum doctors working remotely](#). Online and video consultations enable people to make contact with their GP practice without having to wait on the phone or take time out to come into the practice. From a practice perspective, online consultations can enhance the practice's ability to effectively manage time and workload and improve staff satisfaction. Patients can use online consultations to ask questions, report symptoms, submit an administrative request, discuss other information including the ability for a review of a known problem or condition and upload photos where appropriate. Some systems allow the practice to clarify information or ask further questions via two-way messaging. See <https://www.nhs.uk/using-the-nhs/nhs-services/gps/using-online-services/>.

All patients will have the right to on-line consultations by April 2021. Email access alone is considered to be such an approach.

The practice's NHS IT provider is the CCG, not the STP, and governed by the IT Operating Framework <https://www.england.nhs.uk/digitaltechnology/digital-primary-care/securing-excellence-in-primary-care-digital-services/>. The digital and on-line services cannot be imposed on a practice, they must be mutually agreed. **There is no obligation to use a particular system.** Funding for any of the approved systems is accessed via the CCG, and you can have a mixed economy, each practice having what they prefer from the approved list. If you want to use something else offered to you by others or at your own expense you can.

BMA COVID-19 TOOLKIT

Following the announcement about easing the lockdown in England, the Government has published [guidance for employers to help getting more people back to work and operating safely](#). However, as this does not specifically include healthcare settings, we would advise practices to refer to the BMA [toolkit for GPs and practices](#), and in particular the [section on reducing COVID-19 transmission](#), which refers to social distancing within GP practices.

TESTING OF HEALTH CARE WORKERS

Testing of COVID-19 for primary care staff and household members as well as for all asymptomatic NHS and social care staff and care home residents is now available in testing sites across the country. Staff isolating who need a home test kit should use the Employee (Self-Referral) portal. For further information see this guidance about staff

accessing tests. For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - 0300 303 2713

CHANGES TO THE MISUSE OF DRUGS REGULATIONS 2001

The Government has amended the Misuse of Drugs Regulations 2001 (MDR), providing Ministers with emergency powers concerning the supply of controlled drugs in specified circumstances during a pandemic. These changes give Ministers the option to switch on additional flexibilities during a pandemic to:

- allow registered pharmacies to supply substances in Schedule 2, 3 and Part 1 Schedule 4 to the Misuse of Drugs Regulations 2001 ('the 2001 Regulations') without a prescription, where the patient has been receiving them as part of ongoing treatment;
- allow supply of Schedule 2, 3 and Part 1 Schedule 4 substances under a Serious Shortage Protocol. These allow on-going treatment with alternative products where prescribed items are unavailable or are in short supply; and
- allow pharmacists without prescribing rights to change the frequency of instalments on instalment prescriptions without the immediate need for a new prescription from a prescriber. Any changes MUST be agreed with the prescriber or an appointed Representative.

The proposed measures are enabling and will only be used when switched on by Ministers. It is anticipated that these provisions will be used infrequently, and would only be used if demand and workforce pressures during a pandemic meant that local health services were at imminent risk of failing to fulfil their duties.

There is no change in practice until the flexibilities introduced by the legislation are activated by an announcement from the Department of Health and Social Care. Guidance will be published as soon as possible and professionals will be notified if the new measures are switched on. The announcement relating to the supply of controlled drugs in these circumstances will include the area to which the arrangements will apply, the circumstances involved and the period during which the arrangements may be provided.

A copy of the Statutory Instrument can be found here:

<http://www.legislation.gov.uk/ukxi/2020/468/contents/made>

Read the RPS guidance on contingency legislation to enable the supply of controlled drugs here.

<https://www.rpharms.com/resources/pharmacy-guides/controlled-drugs-contingency-legislation>

GP SPECIALITY TRAINING

Following discussions between the BMA, RCGP, GCE, HEE and devolved nations education leads, it has been agreed that a remote CSA assessment will be available for GP trainees who were due to CCT in August. GP trainees will therefore be able to CCT and gain their full MRCGP this summer, despite the COVID-19 situation. For more information on how CCT will work, please see the recently issued [joint letter](#) and the [full statement](#) by the co-chairs of the GP trainees committee. Read more about how to achieve CCT amid COVID-19, in this [blog](#) by Sandesh Gulhane, co-chair of the GP trainees committee. Please also see attached a letter from Health Education England about increased support for GP Specialty Training during the pandemic.

QOF AND COVID

The changes for QOF are highlighted on the BMA website: [here](#). The current position in relation to QOF, in view of COVID is highlighted [here](#). In short, prioritise COVID, do what you can for QOF (when you can), and NHSE/I have stated that income will be protected.

PREPARING FOR FLU IMMUNISATION 2020/21

NHSEI has published the [annual flu letter for the 2020/21 programme](#). It is recognised that delivering the flu immunisation programme is likely to be more challenging this year because of the impact of COVID-19. NHSEI will publish further guidance nearer the planned start of the programme in September 2020, but in the meantime, practices should continue to plan for the programme as usual. The letter sets out which groups are eligible for flu vaccination (same as last year but different vaccinations for different groups) and how to prepare for this autumn's vaccination campaign.

RETIRING GPs

Before covid, we predicted that 2020 would see many senior GPs retire because of the end of seniority and punitive pension rules. There are also questions around 24-hour retirement, and retired returners. Wessex LMC has produced a guide to all these issues. The resource is shared by their kind permission. You can read it [here](#). This [retiring partner checklist](#) may be useful for Practice Managers.

DEATH VERIFICATION

The LMC has received the following advice from the BMA: "Essentially the Ministry of Justice has now formally acknowledged the second and third of the two assertions below:

- [Anyone can verify death](#)
- [No need to have ever attended or seen after death to issue an MCCD.](#)
- [No need to have attended or been in presence of body to complete Form 4](#)

The MOJ Policy unit confirms "I note the points regarding attendance of the patient in a given period of time prior to their death and viewing the body not being statutory requirements, and it is correct that a crematorium medical referee can accept a form Cremation 4 where none of these two conditions has been fulfilled." They have also revised guidance: See the various documents [here](#). Note in particular paragraphs 22 and 26 and the answers to Q7 and Q8 found in this specific guidance for Medical practitioners found [here](#). It is clear GPs are entitled to complete these forms as above having had no "attendance." Coroners are likely to face a considerable number of potential referrals and Medical Referees dozens of form 100A applications. That is if there was no MOJ defined "attendance". However, if the Registrars and Coroners, who we know can make their own local rules, were to decide that telephone consultations did represent an attendance after all, then processes would be smoother, and GPs would not be put at risk."

English law does not contain a definition of death in the ordinary sense, nor does it state who can verify life extinct. In the Army, at times of conflict, the Chaplain/Padre takes the ROLE function.

We can make no assumption that most deaths will be in hospitals. The LMC has respectfully asked the Coroner, and all concerned in the death processes, to weigh this information carefully when making decisions that might place GPs at unnecessary risk. Please find the latest BMA resource on verification of death, death certification and cremations [here](#).

There is also updated guidance from PHE on [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\)](#) which may be useful.

HGV MEDICALS

BMA has spoken to DVLA. They stopped requesting medicals as of 24 March. If colleagues have outstanding requests they can just refuse to do them and ask the patient to go back to the DVLA.

Further announcements will be coming out shortly once they have been approved by the Minister and will be widely communicated as was the MOT suspension.

Taxi medicals are the responsibility of the Local Authority but applying the DVLA or near DVLA standards. Read about it [here](#).

CPR GUIDANCE FOR PRIMARY AND COMMUNITY CARE

The Resuscitation Council, together with the Royal College of GPs, have published guidance for healthcare workers (HCWs) who are performing cardiopulmonary resuscitation (CPR) in primary and community care setting. The guidance clarifies that as CPR is an aerosol generating procedure (AGP) in the context of COVID-19, AGP PPE is the safest option for HCWs when undertaking chest compressions and other resuscitation procedures on patients with suspected or confirmed COVID. However, it is recognised that this may not always be achievable in a primary or community care setting depending on the availability of PPE. In the absence of AGP PPE, non AGP PPE if available for clinical care, must be worn as a minimum for resuscitation events. Read the guidance [here](#).

RISK ASSESSMENT GUIDANCE

The Office of National Statistics published [data on Covid-19 related deaths by ethnic group](#) last week, which showed that those with Black, Asian and minority ethnic (BAME) background are more likely to die from the virus. The BMA is deeply worried and has been lobbying government to take urgent steps to address this as this data highlights the need to protect BAME communities from COVID-19 and that they are effectively risk assessed. Read the BMA statement [here](#). Various national organisations have developed resources that are included below for your information.

The Faculty of Occupational Health Medicine: [Risk Reduction Framework for NHS staff at risk of COVID-19](#). NHS Employers has published: [guidance on risk assessment for staff](#). Public Health England is carrying out a [review into factors impacting health outcomes from COVID-19](#). The BMA highlighted to NHSEI that primary care needs a nationally agreed tool for risk assessment that practices can use to take an appropriate and consistent approach in protecting staff. Chaand Nagpaul, BMA chair of council, was interviewed by [BJGP](#) about BAME colleagues and their contribution to the NHS.

URGENT WORKFORCE RESPONSE UPDATE

The CCG and the Gloucestershire Primary Care Training Hub are working to develop workforce solutions to ensure that practices are supported over the coming weeks.

Solutions include:

- Working with over 20 retired GPs to discuss return to general practice or other support roles
- Engaging with locums who have additional capacity to match with practices and services over the next 8 weeks
- Supporting primary care training and development needs during this time
-

Practice Managers and GPs are advised to complete their SITREPs each day to include any workforce challenges that they may currently be experiencing, from which requests will be passed to the Primary Care Workforce Team at the CCG. Correspondence and information relating to this Urgent Workforce Response can be found on the Gloucestershire Primary Care Workforce Website at this [link](#).

The Hub is interested in understanding the support primary care needs with either workforce or training during this time. Queries can be made through the existing channels, or direct contact via email at glccg.pcwc@nhs.net or 0300 421 1433.

During this very challenging time for the NHS, new applications to the GP Retainer Scheme in Severn will not be processed. Doctors approaching HEE regarding the scheme will be signposted to other workstreams within primary care that they might wish to consider. Their interest in the scheme will be recorded, and they will be invited to apply once this crisis

passes. This does not affect colleagues currently on the Scheme. As you will be aware, HEE has negotiated with NHS England that these doctors can undertake additional sessions, separate to the scheme (and so without the reimbursement payments to the practice), to support the workforce at this time.

SAFE HOUSE

GP Safe House (GPSH) is a virtual safe house providing a refuge and support for practitioners experiencing professional challenges. It guarantees anonymity, security and confidentiality and understands that these are essential. GPSH has five virtual rooms which offer support, information and resources. Each room corresponds to a different potential problem area. It has recently received a makeover/update from Somerset LMC who devised it.

Services available are:

Consulting Room - Personal Health Information for the Gloucestershire Area

Burnout Recovery Suite - Burnout and Stress

Professional Relationships Bureau - Working Relationship Problems

Library of Solutions - Non-clinical Aspects of Patient Care

Career Development Office - Professional Development

Contacts for Support and Advice - This is a link to the Gloucestershire LMC Advocate Area which offers the possibility of a personal, completely anonymous, one-to-one, online consultation with a professional advisor as well as more everyday modes of communication!

If you have misplaced or never received a password and would like one, please contact the office. The LMC pastoral care support continues. An advocate can be chosen via the Safe House or contact the office.

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

Dr Ansell Consultant Psychiatrist recommends the [covid resilience hub](#).

SESSIONAL GP ISSUES

NHS mail has been rolled out for all sessional GPs, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#). Sessional GPs are represented on the LMC by Dr Jethro Hubbard, who can be contacted at jethro.hubbard@nhs.net. GPCE is working hard to try and get assurance from NHSE regarding pension provision and death in service benefits for locums at this difficult time.

DEATH IN SERVICE BENEFITS

Dr Krishan Aggarwal, Vice Chair of the Sessional Committee of the GPC UK, has produced a guide. He covers what DiS offers, what locums receive when not in service and three workarounds for locums in order to be able to achieve DiS. Read it at: <https://twitter.com/Krishanx/status/1258476709084610566>

NEW CORONA VIRUS LIFE ASSURANCE SCHEME

On 27 April a new life assurance scheme was introduced covering health and social care workers during the COVID-19 pandemic. Details of the scheme have now been published by NHS Business Service Authority - scheme rules including guidance for claimants and employers can be found [here](#). This payment is in addition to Death in Service (DiS) benefits linked to the pension schemes. We are aware of outstanding issues around DiS benefits, particularly for locum GPs, and continue to lobby on those.

A PENNY FOR YOUR THOUGHTS

Many phenomena-wars, plagues, sudden audits-have been advanced as evidence for the hidden hand of Satan in the affairs of Man, but whenever students of demonology get together, the CQC leopard is generally agreed to be among the top contenders, for showing particular reluctance to change its spots. Agnes knew this was true, and had predicted they wouldn't even before they tied her to the ducking stool for forecasting that no good would come of holding a race meeting on Friday the thirteenth. She was last heard spluttering that they should have turned up to maths, so they understood what an exponential curve is. *Where will you find the Nice and Accurate Prophecies of Agnes Nutter?*

Answers, by 20/06/20, to penelopewest@gloslmc.com

Congratulations to Adam Beard, winner of the May competition. The answer was Albert Camus. A donation was made to Mediciens Sans Frontieres. There were 8 correct entries. Our fun competition will continue. Prizes henceforth will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights.

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

This newsletter was prepared by Dr Penelope West and colleagues, at the LMC Office.

Acknowledgements to resources kindly shared by GPC, and partner LMCs, especially Wessex, Somerset, Cambridgeshire and BBO. When in doubt, seek legal or financial advice as necessary.

JOB OPPORTUNITIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Kingsway Health Centre	Gloucester	GPs	25 Sept 19	Open
Chipping Campden Surgery	Gloucestershire	GP	20 Nov 19	Open
The Lydney Practice	Lydney	Partnership	28 Nov 19	Open
The Culverhay Surgery	Wotton–Under-Edge	Salaried GPs	28 Nov 19	Open
Royal Crescent Surgery	Cheltenham	Salaried GP	4 Dec 19	Open
Gloucester Health Access Centre	Gloucester	Salaried GP	11 Dec 19	Open
Brunston and Lydbrook Practice	Coleford	Salaried or Partner GP	13 Dec 19	Open
Aspen Medical Centre	Gloucester	Salaried GP	20 Dec 19	Open
Gloucester City Health Centre	Gloucester	Salaried GP	15 Jan 20	Open
Stroud Valley Family Practice	Stroud	Retainer or Salaried GP	24 Jan 20	Open
Aspen Medical Centre	Gloucester	Saturday Morning Locum	29 Jan 20	Open
Yorkleigh Surgery	Cheltenham	GP Opportunities	05 Feb 20	Open
Yorkleigh Surgery	Cheltenham	Long Term Locum GP	28 Feb 20	Open
Community Hospitals	Gloucestershire	Sessional GPs	25 Mar 20	Open
Various Surgeries	Gloucestershire	OOH GPs	18 Apr 20	Open
Cleevelands Medical Centre	Cheltenham	Salaried GP	07 May 20	30 Jun 20
Hucclecote Surgery	Gloucester	Salaried GP	12 May 20	08 June 20
Stoke Road Surgery	Cheltenham	Salaried GP/Partnership	17 May 20	Open
South Cotswolds Frailty Service	Cirencester	Community Matron	17 May 20	Open
ELSEWHERE				
Avon Local Medical Committee	Avon LMC	Director of Nursing	22 April 20	Open

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