

**September
2020**

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LMC
GLOUCESTERSHIRE

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FLU PROGRAMME

Details of the 2020-21 flu immunisation programme were announced in a [joint letter from the CMO for England](#), the Public Health England Medical Director and Director for Public Health, and the NHSE/I medical director. The letter outlines that this year as part of the wider planning for winter, and subject to contractual negotiations, flu vaccination will be additionally offered to:

- household contacts of those on the Shielded Patient List - specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

It is intended to further extend the vaccine programme in November and December to include the 50 to 64-year-old age group but this will be subject to vaccine supply and notification about this is likely in September. It is planned that this extension is phased to practices to prioritise those in at risk groups first.

While we welcome that the detail has finally been made available to those delivering the programme and now allows practices to do some further detailed planning, we are urgently seeking confirmation that all PPE will be provided for practices, guidance on delivery models (although this will be up to individual practices (working with their localities) to decide), and we acknowledge that this is going to be the most challenging flu programme there needs to be support, resources and leniency so that practices can prioritise the flu programme over this uncertain period. Practices should be signed up to the [PPE portal](#), which can be delivered within 48 hours, to ensure regular supplies of PPE in advance of the winter and flu campaign. More information is available on the [DHSC PPE portal guidance page](#) and the

portal customer service team can be reached on 0800 876 6802 for enquiries or registration support. It is clear that delivering this challenging programme at this time will require a monumental effort from general practice at a time when workload is already increasing. The government has an obligation to facilitate this by supporting general practice with the additional resources required, along with a clearly and easily understood patient facing public health campaign.

Indemnity for flu vaccinations

All three Medical Defence Organisations (MDOs) have confirmed that they will provide indemnity cover, at no extra charge, for practices who vaccinate their own staff against flu this year. BMA is in discussions with NHR about the indemnity arrangements for staff vaccinations for any coronavirus vaccine that may become available.

Vaccine supply for the 2020 to 2021 children's flu programme The Fluenz Tetra vaccine will be made available to order by all NHS providers of the 2020/21 children's flu programme on Friday 28 August. First deliveries will be made on your normal scheduled delivery day, beginning on Wednesday 2 September. The inactivated vaccine (QIVe) for children in clinical risk groups for whom LAIV is unsuitable will be available to order from Imm. form by early September. These timings remain subject to change and plans for vaccination sessions should be made with this in mind. Any changes to this schedule will be communicated on the [ImmForm](#) website and [PHE Vaccine Update](#).

NHS ENGLAND/IMPROVEMENT "THIRD PHASE OF NHS RESPONSE TO COVID-19"

NHSE/I have released their [Third phase of NHS response to COVID-19](#) letter. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that "we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible". They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed. CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services. The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

COVID SUPPORT FUND FOR GENERAL PRACTICE

NHSEI has released the details of the COVID support fund for general practice. A letter has been sent to all practices. Here is a summary.

Summary:

- Funding will be provided to cover additional costs of:
 - bank holiday opening (for Easter and May 8) including staff and non-staff costs
 - services to care home residents (from 1 May to 30 September)

- additional capacity (from 23 March to 31 July) where supported by the Commissioner
- additional consumable expenses (including PPE)
- absence cover from day 1 (from 23 March to 31 July): practices which have provided full pay for employees who were unable to work will be able to claim the costs of cover
- Reimbursements will only be made where the additional costs are not offset by the income protection.
- Practices will be required to submit evidence and assurances as part of claims, along with a declaration form which states that they are true additional costs in line with the rule laid out in the guidance
- Local commissioners will manage the claims process via S96 funding and must approve claims for funding
- A post-payment verification process will require a sample of claims to be reviewed and verified

Staff costs

- Reimbursement will be made to cover all staff absences (from day 1 of absence to day 14 for GPs at the below rates and thereafter through the SFE provisions) and where full pay has been provided to the absent individual. The SFE provisions should still be used for non-COVID related sickness cover.
- Reimbursement will be made to cover additional capacity within practices (and to maintain capacity to cover absence), as follows:
 - additional locum cover will be provided at £200/session or £250/session for OOH
 - additional GP partner sessions will be provided at £289/session, up to two sessions per week per partner
 - additional existing salaried GP sessions will be made in line with contractual rates
 - additional temporary salaried GP sessions will be provided at £200/session or £250/session for OOH
- additional work from other staff groups (whether to cover absence or to provide additional capacity) will be provided in line with contractual rates (either for existing staff or temporary staff)
- Reimbursement will also be made for applicable employer National Insurance and pensions costs for each of the above staff groups.

Consumables

- PPE costs will be covered directly by DHSC with details of the process to be released soon
- minor physical adjustments to buildings (e.g. Perspex screens and barriers) will be reimbursed
- additional cleaning materials will be reimbursed
- additional clinical equipment will be reimbursed
- Other additional consumable costs will be down to Commissioner discretion.

HEALTH AND CARE WORKERS TO SELF ISOLATE ON RETURN TO UK

The Department of Health and Social Care has [announced](#) that registered health and care professionals travelling to the UK from high-risk countries will be required to self-isolate for 14 days. The BMA have published [guidance and advice](#) for doctors planning to travel to or from countries that are considered a COVID-19 risk. The current [list of countries](#) exempt from self-isolation measures is available on GOV.UK. The data for all countries and territories is kept under constant review, and the exemptions list is updated with any changes on a regular basis as and when required to reflect the shifting international health picture. Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return.

JOINT STATEMENT ON PERFORMANCE AND MANAGEMENT ISSUES

BMA has published a joint statement on performance management processes which sets out a range of NHSEI commitments secured through discussions with GPC England. NHSEI have agreed to implement improvements to the performance management process for NHS GPs and support fair decision making among everyone involved in the handling of performance concerns. The commitments include further work to increase early resolution and consistency of approach, improved performance management data capture and analysis, and a commitment to ensuring equal treatment of GPs with protected characteristics. [Read the full statement >](#)

PPE PORTAL

Practices are reminded that you can register and place orders for PPE via the [PPE portal](#), which can be delivered within 48 hours, to ensure regular free supplies of PPE in advance of the winter and flu campaign. More information is available on the [DHSC PPE portal guidance page](#) and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

GMS AND PMS REGULATIONS CHANGES FROM OCTOBER 2020

The amendments to GMS and PMS regulations in England to commence from October have now been laid before Parliament and [published](#). These mainly bring into force elements of the GP contract agreement from earlier this year. The amendments include:

- Requirement for monthly data submissions to the NHS Digital Workforce Collection
- Requirement to participate in the existing GP appointments data collection
- Requirement for practices to ensure patient registration data is regularly updated
- Removal of patients who move outside of the practice catchment area: the practice is responsible for the patient's care for up to 30 days (unless and until the patient registers at another practice) but is not responsible for home visits or out of hours services during that period.
- A modification to make sure that patients who have previously been removed from a practice list and been put onto a violent patient scheme cannot be permanently refused readmission to a practice list if they have been correctly discharged from that scheme.
- Patient assignment to any practice within the patient's local CCG, rather than within the practice area.
- Patient assignment as part of a list dispersal
- An exemption to the ban on subcontracting a subcontract in order to allow PCNs greater flexibility to deliver the DES/
- Final cancellation of CQC registration is a ground for termination of a GMS contract
- Other minor amendments to wording without significant change to the meaning

SHIELDING GUIDANCE FOR STAFF ON RETURNING TO WORK (UK)

Shielding came to an end in England, Northern Ireland and Scotland 31 July, and on 16 August in Wales, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' Read the BMA guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#), which sets out recommendations on ensuring staff can safely return to work. The society of Occupational Medicine has produced a Covid-19 special issue of the Journal of Occupational Medicine at: <https://academic.oup.com/occmed/issue/70/5> There is a free bulletin for GPs available to sign onto here: <https://www.som.org.uk/oh-gp-connect-bulletin>

DISPENSING SERVICES QUALITY SCHEME

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform the CCG. Following further discussions with GPC England, NHSE/I plan to revise the scheme's requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

GP APPRAISAL RE-START ENGLAND

BMA has been in discussions with NHSE/I in recent weeks regarding a planned restart of appraisals in general practice. While full details are yet to be officially published, we have been encouraged by the positive approach to a redesigned appraisal process focussing on a formative doctor-centred approach. We welcome the significant simplification of appraisal requirements and the reduction in the volume of evidence and paperwork expected. This will be a step forward in empowering doctors to use their appraisal to reflect on their professional development and is part of the wider BMA strategy of bureaucracy reduction and our re-professionalisation agenda set out in our policy document ['Trust GPs to Lead'](#). Full details of the new system and its requirements will be released officially by NHSE/I in the very near future, and we will issue updates as these become available.

GP MENTORING SCHEME

Are you interested in mentoring the next generation of GPs?

- The training hub welcomes expressions of interest from experienced GPs to mentor GPs starting out in their career or considering the next steps in their career
- We welcome GPs from a wide range of diverse backgrounds, those with experience in leadership roles, special interests, medical education, or those who are currently a GP Partner
- Funded session per week to mentor
- A commitment to the mentorship scheme of at least one year is asked for, and GP mentors need to be working a minimum of 3 clinical sessions and commit to an additional one session of mentoring per week

Further details will be supplied in due course as the mentorship scheme is established. To express an interest please email glccg.sparkgp@nhs.net

SUPPORT FOR DOCTORS AFFECTED BY DISCRIMINATORY PENSION SCHEME CHANGES

The Government has opened a consultation on changes to the transitional arrangements to the 2015 schemes after conceding that the protection offered to older members resulted in unlawful age discrimination. Following legal cases brought against the Government, they have conceded that the protection offered to older members when introducing new public sector pension schemes resulted in unlawful age discrimination. The BMA brought legal cases on behalf of its members which are currently on hold. However, similar protection to older members was offered when the NHS 2015 career average revalued earnings scheme was introduced and as such this is also likely to amount to unlawful age discrimination. It is important to note however that it was the offering of protection to older members rather

than the introduction of the new scheme that is unlawful. To remedy this age discrimination, the Government has released a consultation proposing two options for the period in which the discrimination occurred (1 April 2015 to 31 March 2022). The consultation outlines that the likely solution to rectify this discrimination is to offer affected members the choice of whether they are transitioned to the 2015 scheme or remain in their legacy scheme (1995/2008) for the remedy period. After the remedy period, all scheme members are likely to move to the 2015 scheme, probably in April 2022.

The BMA will be making a considered response to the consultation in due course. The deadline for the consultation is 11 October 2020. In addition, the BMA will continue with its own legal case to ensure members are fully supported. Read the BMA [statement](#) and the [consultation](#)

GPDF

The GPDF listened to LMCs' views regarding the level of the quota payment, which was why the per capita value in 2019 was reduced by 10% from that of 2018. Then in late 2019, they were able to further help LMCs through the rebate of the 2019 quota totalling almost £1,000,000, which meant, in effect, that the per capita rate for 2019 was reduced to 4p. In the Spring of 2020, this was temporarily further reduced by 25% (from 4p to 3p per patient), in response to the pressures experienced by LMCs related to COVID-19.

Read the annual report [here](#).

LMCs ENGLAND CONFERENCE - FRIDAY 27 NOVEMBER

The deadline for inputting this year's motions is noon Friday 18 September 2020. This is our chance to influence BMA policy and we want to hear what's on your mind and if we can, make those thoughts into conference motions so please do forward your ideas to penelopewest@gloslmc.com by **Monday 14th September**.

DDR B PAY AWARD

As we made clear to the Government when it was announced, it is unacceptable that the 2.8% pay uplift award for senior hospital doctors, has not been applied to GP partners or junior doctors who have long term pay deals in place which were agreed before anyone could have predicted the impact of the COVID-19 pandemic, nor the financial pressure it would put practices under, and this must be rectified.

It's unacceptable, therefore, that the Government continues to fail to fund the gap to support practices in funding the increases for staff and salaried GPs. GPs and their dedicated staff have spent the last few months working incredibly hard in overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely. For this not to be recognised by the Government is a real blow to morale. Read the BMA's full response to the DDRB report [here](#).

BMA has updated [our salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with our guidance on how practices should apply that uplift.

EXTENSION OF SELF-ISOLATION PERIOD TO 10 DAYS

The Department of Health and Social Care has announced that the self-isolation period has been extended to 10 days for those in the community who have COVID-19 symptoms or a positive test result, stating that: 'In symptomatic people COVID-19 is most infectious just before, and for the first few days after symptoms begin. It is very important people with symptoms self-isolate and get a test, which will allow contact tracing. Evidence, although still limited, has strengthened and shows that people with COVID-19 who are mildly ill and are recovering have a low but real possibility of infectiousness between 7 and 9 days after

illness onset. We have considered how best to target interventions to reduce risk to the general population and consider that at this point in the epidemic, with widespread and rapid testing available and considering the relaxation of other measures, it is now the correct balance of risk to extend the self-isolation period from 7 to 10 days for those in the community who have symptoms or a positive test result. This will help provide additional protection to others in the community. This is particularly important to protect those who have been shielding and in advance of the autumn and winter when we may see increased community transmission.' Read the full announcement [here](#).

GOVERNMENT OBESITY STRATEGY

This week the Government published its [strategy](#) to tackle obesity. The BMA has long campaigned for government to hold industry to account as its main policy on obesity, rather than asking the public to shoulder the bulk of the responsibility. BMA will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear. In our submission to that consultation we emphasised that the indicators would need to accurately reflect the role of GPs in the wider healthcare ecosystem when it comes to obesity, and that weight management services must be significantly ramped up to ensure accessibility. These will form part of negotiations later in the year.

Alongside the obesity strategy, DHSC launched a '[Better Health](#)' campaign, which announced prescriptions for cycling. We understand this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon.

DVLA LICENCES

Section 88 of the Road Traffic Act 1988

During COVID many drivers' licences have expired and DVLA gave extensions so that they could continue to drive and work. For many drivers though this extension is coming to an end. Drivers are now being told by DVLA to ask their GP if they are "fit to drive" so that they can continue to drive under Section 88 of the Road Traffic Act 1988 (RTA 1988). DVLA has produced a [leaflet which explains RTA 1988](#).

Most GPs are not confident to advise patients whether or not they are fit to drive, and in normal circumstances we would provide a factual report for DVLA so that their expert medical advisers can decide upon fitness. If we provide an opinion that someone is fit, and then an accident occurs, are we liable? If we say a patient is not fit, then this can adversely affect our long-term relationship with that patient. For these reasons, if you have any doubt about whether a person is fit to drive, you should decline to provide this assurance, and should write to DVLA explaining that you cannot give an opinion, but offering to provide factual information about a person's health. Practices could place an explanatory note on their websites or noticeboards, so that patients are forewarned that this is what your policy is.

NHS PEOPLE PLAN PUBLISHED

Read the [NHS People Plan](#) here. In response BMA council chair Chaand Nagpaul said: 'The NHS People Plan comes at a time when the NHS is possibly in the most precarious state it has ever been - in the midst of a pandemic - which has served as a stark reminder of just how much we depend on the workforce for our NHS to survive and succeed. The People Plan highlights several areas for improvement that the BMA has been calling for - a focus on wellbeing, research and education, equality and diversity and flexible working - and this is encouraging to see. Initiatives such as the appointment of wellbeing guardians, boosting the mental health workforce, tackling violence against staff, and improving occupational health standards will make an important difference to the lives of staff and the development of a more open and inclusive culture. What is important now is delivering these plans in a timely

manner so that these long-overdue aspirations become a reality. The BMA will continue to work with Government to bring about real change for the better in these areas.

We are significantly short of doctors [compared with our EU neighbours](#), and also without equivalent levels of hospital beds and community facilities. This has resulted in doctors being exhausted and pressured to work in an environment lacking adequate infrastructure with almost a third of doctors telling us they are experiencing emotional distress or mental health issues that have become worse during the pandemic. We, therefore, need greater clarity on the scale of plans to expand the workforce to ensure that this goes far enough to address the historic levels of understaffing in the health service. We also need to see more detail on how the Government intends to retain staff.

It is also crucial that the plan factors in the wider demand now being placed on the NHS, and therefore the workforce, with a growing backlog of millions of non-COVID patients who have not received care during the pandemic. Delivering this will require new resources; it is vital that the Government matches these ambitions with a transparent long-term costed funding plan that delivers these long-overdue changes.'

We are concerned that the rhetoric in the NHS Peoples Plan does not match the reality of recent experience for GPs, with respect to the DDRB award, lack of access to occupational health services to support risk assessments and significant delays in releasing the Covid-fund to help practices in their pandemic response. The Government and NHSE/I must do much more to demonstrate their support for the general practice workforce.

RAG RATING OF THE PRIMARY CARE OFFER 2020/21

The LMC has given careful consideration to the RAG rating of the Primary Care Offer for 2020/21, and reached a unanimous decision.

There remains concern about the inclusion of phlebotomy and the PCN DES in the Primary Care Offer, which was not in the spirit of what NHS England intended.

Further, the phlebotomy agreement was written in pre-covid times. The shift of work from secondary care to primary care means that some practices feel they do not have capacity to do all that is asked of them. This may in turn impact adversely on core GMS work.

Covid highlights that phlebotomy funding needs to be future proofed and inflation proofed. For these reasons, we rate the PCO clinically **amber** and financially **amber**.

PODIATRY SERVICES UPDATE

GHC reopened Podiatry service self-referral portal on Monday 10th August.

Please only encourage self-referral only for conditions that meet the criteria which you can find at <https://g-care.glos.nhs.uk/referral-forms/105>

The Podiatry Service will reject referrals for:

- Toe nail cutting
- Verrucae
- Fungal nail infections, fungal skin infections and other dermatological skin conditions
- Foot deformities with no pain
- Adult MSK conditions that cause no pain or mild pain but is not affecting the ability to work

Patients requiring general foot care who do not fulfil the criteria for treatment are required to seek non-NHS Podiatry Services which can be found at the following websites

- College of Podiatrists <https://cop.org.uk/find-a-podiatrist/>
- HCPC www.hcpc.org/check

It might be helpful for patients to understand in advance that all first appointments will be a remote assessment either by telephone or video call, adopting a health coaching approach

to support self-management (as appropriate). Face to face appointments will be arranged if clinically indicated following the remote initial triage/assessment.

LMC STAFF HANDBOOK

Porter Dodson Solicitors have updated our staff handbook to include a section on home working. You can share the resource at no charge [here](#). The LMC sits outside the NHS. You wish to customize the document to suit your own needs.

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.

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

OTHER COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

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

[COVID-19 Google Drive resource](#)

[NICE resources on COVID-19](#)

A PENNY FOR YOUR THOUGHTS

For years, we have been advocating the benefits of exercise to our patients. It might be walking (take a hike), swimming (jump in the lake), or cycling (on your bike). We even have Government endorsement now. Do not try all three at once though; that is the wrong sort of multi-tasking. I speak from experience, having once had to extract a child and bike from a lake at Ashton Keynes. Unfortunately, 'On Your Bike-All you need to know about cycling for kids' had not been written then. Who is the author?

Unfortunately, no correct answers were received to the August competition. The answer was 'Arrivals and Departures' by Leslie Thomas.

Our fun competition will continue. The prize 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
The Lydney Practice	Lydney	Partnership	28 Nov 19	Open
Brunston and Lydbrook Practice	Coleford	Salaried or Partner GP	13 Dec 19	Open
Stroud Valley Family Practice	Stroud	Retainer or Salaried GP	24 Jan 20	Open
Yorkleigh Surgery	Cheltenham	GP Opportunities	05 Feb 20	Open
Yorkleigh Surgery	Cheltenham	Long Term Locum GP	28 Feb 20	Open
The Lydney Practice	Forest of Dean	Salaried GP	03 June 20	Open
Drybrook Surgery	Forest of Dean	Salaried GP	10 June 20	Open
Forest Health Care	Gloucestershire	GP Partner	26 June 20	Open
Aspen Medical Practice	Gloucestershire	Salaried Doctor/GP Partner	29 June 20	Open
Gloucestershire Primary Care Training Hub	Gloucestershire	Population Health Fellowship	07 Aug 20	08 Sept 20
Locking Hill Surgery	Stroud	Salaried Doctor	07 Aug 20	Open
The Chipping Surgery	Wotton Under Edge	Salaried GP	07 Aug 20	07 Sept 20
Royal Crescent Surgery	Cheltenham	Salaried/Partner GP	13 Aug 20	Open
Mythe Medical Practice	Tewkesbury	Salaried GP	26 Aug 20	Open
St Catherine's Surgery	Cheltenham	Locum Salaried GP	28 Aug 20	Open
ELSEWHERE				

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