

# LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

JULY 2015

## DEEPING RECRUITMENT CRISIS FOR LEEDS GP PRACTICES

Leeds Local Medical Committee has carried out a new survey to assess the problems with GP recruitment and retention in Leeds. This follows a similar survey conducted by the LMC last year. 40 practices responded to the survey (36%) and the 2015 survey results reveal that the recruitment crisis is worsening.

Key findings include:

- 75% of practices responding to the survey have had a GP vacancy in the last year (compared to just over 50% in 2014) and 42% of the vacancies are due to retirement
- 48% of respondents do not have enough GP sessions to meet patients' needs (compared to 32% in 2014)
- Approximately 15% of respondents recorded that a shortage of GPs had threatened the viability of the practice in the last 12 months (question not asked in 2014)
- 22% of the GP vacancies have been unfilled for one year or more
- Almost 38% of respondents expect some of their GPs to leave the practice in the next 12 months (compared to 27% in 2014). 70% expect some of their GPs to leave in the next 5 years (compared to 63% in 2014)

**Below are some quotes from the 2015 survey:**

- I've been a GP for over 30 years and I've not seen the health service in such crisis, or moral amongst workforce so low
- We have found it incredibly difficult to employ salaried GPs as so many decide to become locums due to the reduced admin work, higher pay and not having any of the pressure and stress associated with working in a permanent post in general practice
- We've been seeking additional salaried/partner doctors to no avail
- We have had several clinical vacancies this year and we are finding difficulties in recruiting people especially GPs.
- There are no qualified practice nurses out there
- We are finding that many GPs prefer locum work to any permanent commitment with a practice. None are interested in partnerships, and an increasing number do not want salaried posts either
- Administrative staff are also under huge pressures because of workloads and likely to adopt the same view of clinicians and managers that the stress of the job isn't worth it.
- The huge workload resulted in one of our partners being off long-term with stress

Commenting on this latest survey, Dr Richard Vautrey, assistant medical secretary of the LMC said

*"Alarm bells should be ringing when cities like Leeds are struggling to retain and recruit enough GPs to meet the growing needs of patients. This deepening recruitment crisis is undermining the quality of care practices can offer to their patients as without enough GPs or practice nurses it can take longer to get an appointment than it should. In addition, when practices are under such pressure, GPs are not able to offer consultations that are long enough in order to deal properly with the complex needs that growing numbers of patients now live with."*

*"There is an urgent need to address the fundamental reasons that are putting off young doctors from becoming GPs and newly trained GPs from committing to a practice. Unsustainable workload pressures, falling practice funding and rising bureaucracy all need to be reversed to make a career in general practice attractive again and enable practices to expand their clinical staff to meet their patients' needs."*

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## JEREMY HUNT'S 'NEW DEAL FOR GPs'

The Secretary of State has made a major speech announcing his 'new deal for GPs' in which he has set out plans to boost the general practice workforce by 5,000 more GPs and increase investment in surgeries and services. In return he is asking GPs to work towards offering appointments seven days a week. The Department of Health transcript of the speech is available at: <https://www.gov.uk/government/speeches/new-deal-for-general-practice>

The BMA responded saying:

*"The Secretary of State is right to highlight the great strengths of general practice and the need to increase investment to support this vital service that is so valued by patients.*

*GPs want and need more time to care for their patients, but at the moment nine out of ten GPs feel that excessive workload is damaging the quality of care they can provide patients, and this is having a major demoralising effect on the profession – one that's pushing more and more doctors toward the exit. At the same time, this pressure cooker environment is putting younger doctors off a career in general practice. The Health Secretary himself recognises the impact of the 'hamster wheel' that is the reality of general practice.*

*The priority must be to first address this overwhelming workload pressure GPs face, in order to re-establish general practice as a career that is rewarding and appealing – only this will improve GP recruitment and retention. It is vital that government moves beyond rhetoric and brings forward tangible resources and practical solutions to stabilise general practice, and give GPs the time and tools to care holistically for patients. We need urgent action now, not just aspiration for the future.*

*It is positive that the government has listened to our calls to resource and support struggling practices – but this needs to be adequate and available now for the escalating numbers of practices who are vulnerable.*

*At a time when even the government recognises that general practice is under resourced and practices struggling with GP vacancies, with some even closing, it is not logistically possible for GP surgeries to be open nationally seven days, without stretching GPs so thinly so as to damage quality. Further, it is crucial that taxpayers' money is not diverted from frail elderly patients in greatest need given that pilots of seven-day working are increasingly demonstrating a low uptake of routine weekend appointments. The government should focus on supporting practices to provide accessible services during the day and further develop the current 24/7 urgent GP service, so that patients can be confident of getting access to a quality GP service day and night".*

## NEW £15m CLINICAL PHARMACIST PILOT TO SUPPORT GPs WITH SIGNIFICANT WORKLOAD PRESSURES

The NHS England Chief Executive, Simon Stevens, has announced the launch of a new £15m three year pilot to fund, recruit and employ clinical pharmacists in GP practices. The announcement is part of the [GP workforce 10 point plan](#), *Building the Workforce – the New Deal for General Practice*, and is the result of close collaborative working between NHS England, Health Education England, the GPC, the Royal College of General Practitioners and the Royal Pharmaceutical Society.

GPC has been heavily involved in the design of this pilot and sees this as another step in the right direction towards reducing workload pressures and improving recruitment, although has remaining concerns about the low levels of funding that has been identified to support this project. This scheme is of course by no means the answer, but is part of a series of initiatives that we hope will ensure struggling practices get the sustained resources they need to safely manage their workload.

The pilot will be comprehensively evaluated by an independent academic institution and NHS England plans to invest at least £350,000 in this evaluation process.

Further information about the pilot, including links to:

- the letter from Barbara Hakin, NHS England Deputy Chief Executive, to all GP practices in England
- the co-branded proposal for the scheme
- the application form
- FAQs and
- BMA press statements, online news and blogs from elected members, via the [BMA website](#).

### **The pilot proposal**

It will be funded for three years with an expectation that practices will continue with the role into year four and beyond. NHS England will provide practices with matched funding of 60% in the first year, 40% in the second year and 20% in the third year. It is anticipated that in the region of 250 clinical pharmacists will be involved over this period.

The focus will be on areas of greatest need where GPs are under significant pressure, and the pilot should build on the success of those GP practices already employing pharmacists in patient-facing roles. Practices working collaboratively, multi-site practices or GP networks / federations that are interested in offering patients different approaches to accessing care will be able to bid for funding.

The pilot proposal has two grades of clinical pharmacist working together:

- experienced clinical pharmacists who will be prescribers or working towards to prescribing qualifications and who will begin to see patients immediately, whilst developing additional skills such as leadership and change management;
- less experienced clinical pharmacists will be employed as part of the same development programme, working with and mentored by the experienced pharmacists, developing their clinical skills in the context of general practice with the intention of taking on prescribing responsibilities in the course of the programme.

### **Application deadline**

The deadline for applications is Thursday 17th September and a decision will be taken on successful bids around mid-October.

### **CARR HILL FORMULA REVIEW**

NHS England has started its work to review the Carr Hill formula. This will probably be a challenging piece of work which is unlikely to conclude before next year. Any recommended changes from the review would then need to be negotiated with the BMA before being made. The BMA's GP committee has formally raised its concerns that the review will distract from the real funding problem facing all practices, which is inadequate overall investment in primary care. They have also pointed out the risk of destabilising practices if changes are made to the formula without sufficient additional investment. Nevertheless, the review may be able to use up-to-date information to identify areas in which the current formula is failing some practices. The GPC has urged NHS England to include in the review's remit the particular needs of practices with atypical patient populations and consideration of an off formula component to cover basic practice running costs.

### **REMOVAL OF PATIENTS FROM GP LISTS**

Updated guidance has been published on the BMA website covering the situation where a violent patient needs to be removed from the practice list. In particular, it emphasises the responsibility of the practice to ensure a violent patient is removed in accordance with the provisions introduced in 1994 allowing the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for his or her safety, so as to reduce their liability for any further acts of violence committed by the individual on other NHS premises.

The guidance is available at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/removal-of-patients-from-gp-lists>

## **CORRECTION RE NEW AND AMENDED MENINGOCOCCAL VACCINATION PROGRAMMES FOR 2015-16**

Practices will recall that on 22 June the LMC circulated information on the new and amended meningococcal vaccination programmes for 2015-16. We have been informed there was an error in the message in the age range for Men C for University Freshers, which should be for **19-25** year olds rather than 17-25 year olds. It should also have said: **This is a single dose programme for patients aged 19 years and over and will run from 1 August 2015 to 31 March 2016.**

This will be amended on the vacs and imms page of the BMA website at:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination>

## **PRIMARY CARE SUPPORT SERVICES – redirection of patient information**

With effect from 31 May 2015 when practices receive information about a patient who is no longer registered with them, PCS services is now unable to redirect the letter to the patient's correct GP practice. Leeds LMC has been informed that this is due to information governance regulations. The new procedure is for the practice to mark the envelope 'return to sender' and the information should be sent back to the provider who sent it initially.

The LMC has some concerns about this new system and whether it is robust enough to deal with potential patient risk issues and we have written to the area team raising these matters. There may be some problems in the early days and please feedback any concerns to the LMC office.

The LMC has had discussions with LTHT about this issue and it they have advised us that any LTHT mail received by a GP practice for a patient that is no longer registered at their centre should be returned to the following address: Information Quality Department, 1st Floor, Ashley Wing, SJUH, Leeds, LS9 7TF. Any clinical document that was not issued by LTHT will be returned to the practice for action.

## **OUT OF AREA REGISTRATION SCHEME**

Following repeated concerns raised by the LMC about the failure to commission a proper home visiting service for patients who are registered under the new out of area scheme the NHS England Y&H Senior Management Team (SMT) has now agreed that in West Yorkshire practices would be offered £60 to provide home visits to patients registered with the out of area scheme within their own boundary and £120 to provide home visits to patients registered with the out of area scheme that reside outside of their own practice boundary but within the CCG boundary. The SMT agreed that the definition of a practice boundary would include both the inner and outer boundary. However they are currently clarifying how this should be defined in the national guidance.

Out of area patients requiring a home visit should first contact the practice at which they are registered for a telephone consultation, and if a visit is required then the patient would be directed to NHS 111, who would in turn inform the patient of the nearest local practice signed up to this scheme. Practices who are not involved in the scheme have no obligation to visit these patients, nor offer an appointment to them as a temporary resident. Any such patients asking to be seen in this way should again be directed to NHS 111.

NHS England will be offering out the updated enhanced service to practices in due course and this will be in place until the end of the financial year. Latest guidance from the BMA:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/out-of-area-registered-patients>

## **EXAMINATIONS AND SICKNESS CERTIFICATES**

It should be noted that GPs are not required to provide sick notes for schoolchildren. When children are absent from school owing to illness, schools may request a letter from a parent or guardian, and this is no different during an exam period. However, children who have missed exams due to illness are frequently told by schools that a note from a doctor is required; but there

is no requirement for this to be provided by a GP. Aside from the fact that parents/guardians are responsible for excusing their children from school, GPs cannot provide retrospective sickness certification. When a child suffers from a long-term condition, any certification will be provided by the responsible specialist.

The 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.

## **NEW FRAMEWORK SET TO SIMPLIFY CARE INFORMATION FOR DISABLED PATIENTS AND THEIR CARERS**

Disabled patients are set to benefit from improved healthcare after a new law comes into force to ensure information they receive is clear, consistent and easy to understand.

The Accessible Information Standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, these organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Further details are available here: <http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

## **FEMALE GENITAL MUTILATION - guidance**

The BMA's Medical Ethics department are currently in the process of updating the [BMA's FGM guidance \(2011\)](#) but are awaiting the secondary legislation on mandatory reporting and the FGM statutory guidance consultation. The direct link to this guidance is available here: <http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/femalegenitalmutilation.pdf>

In addition, Health Education England has just produced [an e-learning tool](#) which had RCGP input and includes an introduction to FGM; communication skills for FGM consultations; legal and safeguarding issues regarding FGM in the UK; issues, presentation and management in children and young women; and issues, presentation and management in women and around pregnancy.

Some of the material from this has been packaged into a DVD for GPs and has just been sent out to all GP practices in England in a '**Female Genital Mutilation Resource Pack**'. The pack includes:



- *Raising Awareness of Female Genital Mutilation* – a training DVD developed by Health Education England, with materials from the existing '[eLearning for Healthcare](#)' [elearning modules](#)
- [Female Genital Mutilation Risk and Safeguarding – Guidance for professionals](#)
- 2 copies of the Patient Information Leaflet in English, available to order from [DH Orderline](#) in other languages and English. All language versions are available to download on this page at [NHS Choices](#).
- 2 copies of '[A Statement Opposing Female Genital Mutilation](#)' also known as the FGM Health passport, available to order from Home Office or to download from NHS Choices
- [FGM Enhanced Dataset: Implementation Summary for GP Practices](#) – for further information please see [www.hscic.gov.uk/fgm](http://www.hscic.gov.uk/fgm). Please note, all GP practices will be required to submit information under the Enhanced Dataset when treating patients who have FGM from October 2015, so we now have less than 6 months to support implementation.

Any questions about the resource pack should be directed to [FGM@dh.gsi.gov.uk](mailto:FGM@dh.gsi.gov.uk)

## OVERSEAS VISITORS AND PRIMARY CARE

Updated guidance on overseas visitors and primary care is available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/overseas-visitors-and-primary-care>  
This now incorporates updated guidance published by the Department of Health and available online at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418634/Implementing\\_overseas\\_charging\\_regulations\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418634/Implementing_overseas_charging_regulations_2015.pdf)

## FOCUS ON RENT REIMBURSEMENTS FOR LEASEHOLD AND OWNER-OCCUPIED GP PREMISES

This guidance gives an explanation of the different types of 'rent' reimbursements for GP premises: notional rent (for GP owner-occupiers), borrow costs reimbursement (for GP mortgage holders) and leasehold rent reimbursement (for GPs in rented premises) plus other FAQs about premises costs. This guidance is available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/premises/focus-on-rent-reimbursements-for-gp-premises>

## UPDATED PGD AND PSD GUIDANCE – England

The GPC's guidance on *Patient Group Directions (PGD) and Patient Specific Directions (PSD) in General Practice* has been updated following regulatory and organisational changes within the NHS, and new NICE Guidelines. The guidance is available on the Drugs and Prescribing page on the BMA website: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing>

## THE CCG-PRACTICE AGREEMENT FOR THE PROVISION OF GPSoC AND GP IT SERVICES

NHS England has published the CCG-practice agreement, which sets out the responsibilities of CCGs in providing GP Systems of Choice (GPSoC) and GP IT services to practices, and each practice's responsibilities in receipt of these services. The agreement replaces the previous PCT-practice agreement.

Each practice and CCG will need to sign the agreement by **30 September 2015** to ensure the practice's right to a choice of system is protected, and that the CCG and practice meet their obligations. Where signature is not possible, and a resolution is not reached through CCG escalation to their area team, practices will risk the withdrawal of central funding provisions.

The GPC recommends that LMCs and practices work with their CCGs to ensure an agreement is in place by the deadline. The agreement, plus supporting guidance, is available on the NHS England website: <http://www.england.nhs.uk/ourwork/tsd/sst/it-pc/>

## **MALICIOUS SOFTWARE 'DRIDEX'**

The Health and Social Care Information Centre (HSCIC) wrote to a number of GP practices in March and April that had been identified as being infected with malicious software known as 'Dridex', which infects systems via macro-enabled documents and .xml attachments sent by email.

The letter from HSCIC contained advice on the actions that need to be taken by practices against this malicious software and requested that practices confirm with the HSCIC that the necessary actions had been taken. Of 1200 GP practices affected, only around 500 so far have provided such confirmation to the HSCIC. The actions that need to be taken are relatively straightforward and do not require the installation of software.

If your practice received such a letter please ensure that you have taken these important actions. Please note that only those practices already written to by the HSCIC need take action. Where practices require further advice, they can contact the HSCIC via [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) quoting 'cyber incident' in the subject line or by calling 0300 303 5678, selecting option 2.

## **SESSIONAL GP NEWSLETTER**

The June edition of the sessional GP e-newsletter is now available on:

<http://bma-mail.org.uk/t/JVX-3GHFT-1BJCJOU46E/cr.aspx>

The e-newsletter focuses on the recent LMC conference. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mark Selman on his experience working in OOH supervising GP trainees.

## **COMPLAINTS DATA SUBMISSION**

Practices should have received a letter from NHS England asking them to submit data on written complaints received between 1 April 2014 and 31 March 2015. This is an NHS-wide data collection and asks practices to submit numbers of written complaints made by patients (or others acting on their behalf) about GP services. Figures to be submitted are total numbers of complaints by service area and subject of complaint, and the number of these that were upheld. No personal confidential data is included in this collection. Questions are unchanged from previous years' collections, but will now be collected through the Primary Care Web Tool.

NHS England has stated this is a statutory requirement under The Local Authority Social Services and NHS Complaints (England) Regulations 2009, and practices are therefore advised to complete the return. The deadline for submission was **Wednesday 8 July 2015** so if practices have yet to respond they should do so immediately. The letter sent out to practices, and guidance on completion, are available below:

[http://www.hscic.gov.uk/media/12643/KO41b-Collection-letter/pdf/KO41B\\_GP\\_Practice\\_Introduction\\_Letter.pdf](http://www.hscic.gov.uk/media/12643/KO41b-Collection-letter/pdf/KO41B_GP_Practice_Introduction_Letter.pdf)  
[http://www.hscic.gov.uk/media/12644/KO41b-Guidance/pdf/KO41\(b\)\\_GP\\_Returns\\_Guidance\\_2014-15.pdf](http://www.hscic.gov.uk/media/12644/KO41b-Guidance/pdf/KO41(b)_GP_Returns_Guidance_2014-15.pdf)

Please note that NHS England will soon be consulting on future changes to the collection of complaints data from practices.

## **OXFORD HANDBOOK OF GENERAL PRACTICE – request for old copies**

Dr Rachel Nunn, one of the members of Leeds Sessional GPs Educational Forum has for the past year, been training Ethiopia's first ever GPs at Addis Ababa University in Ethiopia.

She has 21 residents who have no textbooks which are specifically tailored to Primary Care and would love to be able to bring them back one each from the UK when she returns to Addis in August. Would you please dig out any unwanted (old is fine!) copies of the Oxford Handbook of General Practice you may have she can arrange collection, her contact email is

[timrachnunn@yahoo.co.uk](mailto:timrachnunn@yahoo.co.uk)

## **SUPPORT SERVICES PROVIDED BY LEEDS CITY COUNCIL**

Leeds City Council's new service, Presto, is providing a range of integrated support services at home with the aim of supporting people to living well and safely at home. The services include companionship, housekeeping, home maintenance and transport from the council's own passenger transport service. It will not include registered personal care such as bathing or dressing.

It is hoped the companionship element of the service will provide the company many isolated people need, as there is increasing evidence that companionship not only helps with day-to-day activities, but improves the overall quality of life and well-being as well. The service will therefore be offering a tailored companionship service, with trained and experienced staff.

Their role includes assisting to prepare meals, carrying out small domestic jobs, assisting with shopping, accompanying people on visits or appointments or just spending quality time in the customer's own home. The new service can also provide help including cleaning paths, unblocking drains, changing light bulbs, transport and support to get out and about or help with keeping on top of household chores. Presto's services can be for as many or as few days as required although there will be a charge to customers for the service they receive. Further details for Presto can be found on <http://www.leeds.gov.uk/civicEnterprise/Pages/Presto.aspx> or contact the office on 0113 378 3750 or via email [presto@leed.gov.uk](mailto:presto@leed.gov.uk).

## **POSITIVE MENTAL TRAINING – RCGP course, Wakefield 24/9/15**

Positive Mental Training - Evidence based treatment for stress, depression and burn out for GPs and their own patients.

Positive Mental Training is a self-help programme for stress, depression and anxiety and for building confidence, coping and wellbeing. It can build resilience and decrease burnout and is also used for sleep problems, chronic pain, migraine etc. Just in the way we do physical exercises to train our body, so by listening repetitively we can train our mind to think in a more positive way.

Each participant attending this training session will be given a CD copy of the programme and access to free download codes by app or website mp3s for their patients. Please see more details at: <http://www.rcgp.org.uk/professional-development/events-search-results.aspx?k=mental%20health>

Date: 24 September 2015, 1pm-5pm  
Cedar Court Hotel, Denby Dale Road, Calder Grove, Wakefield, WF4 3QZ  
Contact: Fiona Lowndes at [yorkshire@rcgp.org.uk](mailto:yorkshire@rcgp.org.uk) or 0203 188 7788  
RCGP member price: £130.00 Non-member price: £150.00

## **BMA ON LINE NEWS ARTICLES**

Be up to date on health news - the BMA produce a daily email summarising the latest health news. If you would like to receive this email on a daily basis, please contact the LMC office who will add you to distribution list. An example of one day's bulletin is attached to this edition of Viewpoint.

## **GPC CHAIR FORTNIGHTLY EMAIL**

Every two weeks the GPC chair, Chaand Nagpaul, sends an email to all GPs who are BMA members. If you don't currently receive this helpful bulletin and would like to do so, please let the LMC office know and we'll add you to our regular circulation list. An example of the latest message is attached to this edition of Viewpoint.

## **GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH**

- New and amended meningococcal vaccination programmes for 2015-16



## COMINGS AND GOINGS

### ***A warm welcome to.....***

*Mr Nick Gwatkin who joins Oulton Medical Centre & Marsh Street Surgery as practice manager  
Dr Emma Harland who joined Sunfield Medical Centre as a salaried GP on 1 July*

### ***Good bye and best wishes to...***

*Paul Storey, Practice Manager, who retired from Oakwood Lane Medical Practice  
Mrs Julie Beatson, Practice Manager, who retired on 30.6.15 after over 31 years at Oulton Medical Centre & Marsh Street Surgery  
Dr Simon Fellerman who retired from The Avenue Surgery on 30<sup>th</sup> June after more than 30 years service  
Dr Urfi Sulaiman who will be leaving St Martin's Practice at the end of July, as he is emigrating to Canada with his family. The partners and staff wish him all the luck in the world – he'll be much missed!*

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## **PRACTICE VACANCIES AT.....**

### Local recruitment:

Thank you to all practices that have responded to our latest survey on GP and practice nurse recruitment. We are doing this in partnership with BBC Look North and other LMCs in the region.

In recognition of the growing problems for many practices, the LMC is to start to include a local 'GP, nurse, practice manager vacancies available' section for practices within the newsletter that will be a free and hopefully helpful service. It is not our intention to run a formal advert as such, only the vacancy position, practice name, contact name and telephone and closing date. Please email the LMC office with details, if you would like to advertise your vacancy: [mail@leedslmc.org](mailto:mail@leedslmc.org)

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