

# October 2022 Newsletter

## Accelerating Citizen Access to Health Records' Programme

Your LMC met yesterday and discussed the prospective Accelerating Citizen's Access to Health Records Programme ahead of NHS England's intention to enable patient prospective access to all GP health record data, including free text, letters and third party documents from Monday 1 November 2022 - [Access to patient records through the NHS App - NHS Digital](#)

As GPs, Cambs LMC members are in favour of empowering their patients, and fully support a shared decision-making approach where the patient and GP work in a relationship of openness and trust, with informed consent. As data controllers for the GP record, we have a legal obligation to ensure data sharing is both safe and responsible. NHS England has provided no assurance of additional support to safely roll out this programme, which was first advocated in the January 2019 GP Contract:

*(5.10 ii) All patients will have online access to their full record, including the ability to add their own information, as the default position from April 2020, with new registrants having full online access to prospective data from April 2019, **subject to existing safeguards for vulnerable groups and third-party confidentiality and system functionality.***

Thus, we have ongoing concerns where for example, a patient's sensitive safeguarding information could be visible to third parties; and in the receipt of letters from hospitals where information has not yet been disclosed to the patient in an appropriate manner (if a patient log-on and views a report confirming the presence of cancer). We believe this is potentially harmful, and furthermore jeopardises the relationship of trust and confidentiality between a patient and their GP. The BMA shares these concerns. They and the National Patient Data Guardian, Information Commissioner's Office, Med Confidential, NHS Digital, NHS England and RCGP are all still negotiating.

NHS England originally deferred prospective access due to the Covid pandemic, and later still, to mitigate risks with the programme to safeguard vulnerable patients. We are not aware that any of the promised steps have been taken to provide assurance to us to proceed. Meanwhile, the GP as data controller for the patient's GP record will continue to hold responsibility for *any* patient data which is shared, *and the consequences of sharing such information.*

As data controllers, GPs will be invited by NHS England to 'switch on' clinical system functionality from 1<sup>st</sup> November 2022, to enable patients to view their records via the NHS App on their smartphones and devices.

Our advice would be to ensure that all parties within the practice are aware that all entries into the patient record may be viewed prospectively from November 1<sup>st</sup> including the contents from third party letters (which may require redaction) as well as results which may not yet have been shared with the patient. Any redaction or hiding of potentially sensitive documents will need to be done contemporaneously, and all members of the healthcare team inputting into the record will need to be aware of this. There is no additional support identified from NHS England at the time of writing (16:00 14 October 2022).

We have been asked the question re adding the exemption code: *1364731000000104 Enhanced review indicated before granting access to own health record*. This code, if batch-added, would exempt a whole list of patients from being included when the tool is run, *but it cannot be undone – each code on each patient record will require individual rescinding*.

If GPs in their data controller capacity do not feel assured that safeguards for vulnerable groups and third-party confidentiality and system functionality are robustly in place, *they may choose not to enable such clinical system functionality*. Cambs LMC would support such practices taking this action if GPs in their role as data controller for the GP record feel they are not yet in a position to assure themselves to be able to safely enable the functionality. Further advice on this may be shared by the BMA next week.

The confirmation letter dated 21st July detailing the implementation can be found using [this link](#).

This sets out the requirements for Online Access and details a number of steps which GPs would need to take in order to be ready for it. The letter also sets out some resources available to GPs to help with this, most of which are also detailed in the NHSE Guidance pages. The letter suggests that where GPs have concerns, they should make enquires to the following email: [England.NHSEimplementation@nhs.net](mailto:England.NHSEimplementation@nhs.net).

In view of the above, it appears that there is no conflict between complying with GPs' data protection duties under UKGDPR and fulfilling their obligations to provide online access to patient records under the GMS Contract; accordingly, provided that GPs only inhibit online access to patients' records in accordance with the Guidance and can justify their reasons for doing so, there should not be at risk of being in breach of the GMS Contract.

We continue to work closely with the Joint IT Committee of GPC England of the BMA, and the RCGP in petitioning NHS England of these concerns. Look out for updates and advice next week, as we suspect this may go down to the wire.

### **Time To Take Control Of The Hamster Wheel**

Working beyond safe limits, in a futile attempt to address expanding demand and political pressure, has the following effect:

- ↓ Increasingly unhappy patients, whose demands are not met
- ↓ A hostile media, NHSE, and DHSC - demanding more from general practice
- ↓ An increasingly exhausted and burnout workforce, choosing to leave
- ↓ An inevitable decrease in efficiency, with an increase in error, risk and harm
- ↓ A retention and recruitment crisis threatening the very future of general practice

Working safely, and having the courage to maintain quality standards of care rather than chasing shadows:

- ↑ Increases the value of appointments, in every sense
- ↑ Improves outcomes – for patients not just clinicians
- ↑ Increases job satisfaction, and helps retains the staff we desperately need
- ↑ Will make our specialty attractive again to prospective trainees
- ↑ Will make being established in practice attractive to future salaried and partner colleagues
- ↑ Moves the demand problem to commissioners and Government
- ↑ Changes the narrative, and is better understood by patients and NHS colleagues

If we continue to follow the wrong narrative, there is no sustainable future for the service. If you lie awake at night worrying about a backlog – isn't this actually a waiting list? Use language that is more honest, and which everyone better understands.

When it comes to health economics, General Practice offers exceptional value, which the NHS cannot afford to lose. And we have been trying to break the laws of business by being cheap, quick, and safe. You can never be all three:

- You can be cheap with minimal waiting lists – but you will not be practising safely.
- You can practise safely with minimal waiting lists – but your costs will rise and will not be met: your business will fail.
- **Your only realistic option is to prioritise practising safely within your budget** – and this will mean waiting lists.

If our contract required the never-ending increase in capacity which is suggested, (which we have all been guilty of trying to provide) then it is impossible ever to fulfil. This is currently being demonstrated across the country. An often-quoted number is “72 patient contacts per week per 1000 patients across the practice team”. This was originally described in a McKinsey paper in the 2010s. Practices are generally providing considerably more appointments than this (so long as they are counting all their patient episodes of care). The contract requires practices to provide services to their patients in the manner decided by the practice - there is no contractual minimum number of appointments to be provided.

Cambs LMC will continue to push the safe working agenda. And we aren't alone; the present crisis is so acute that the BMA now recommend practices take urgent action to preserve patient care and their own wellbeing, and have updated their guidance on [Safe working in general practice](#), which is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

As part of that guidance, they strongly recommend practices take immediate measures to move to 15-minute appointments, move towards capping consultation numbers to a safe number (25 per day) – both safe for clinicians and safe for patients. Excess demand beyond these levels should be directed to NHS 111, extended access hubs, or other providers.

Practices might also want to read the BMA guidance, [How to improve the safety of your service and wellbeing of your workforce](#), setting out safe limits of the numbers of patient contacts per day, and what are considered 'essential services' under the GMS contract.

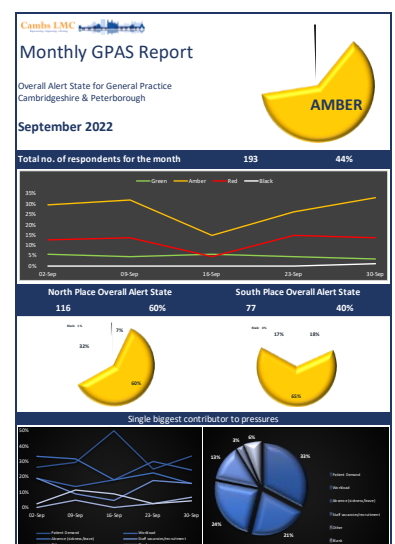
## GPAS: NEW MONTHLY HIGHLIGHT REPORT

Thank you, as always for completing GPAS. We have taken on board feedback and have altered the weekly report to encompass comparisons in the pressure week on week.

Building further on this, we have developed a monthly highlight report which gives a snapshot and further comparisons in how the alert status and pressures change throughout the month.

The reporting window remains the same: From Monday, through to close of business on Thursday. We send a gentle reminder in the middle of the week, and the report is collated and shared on a Friday. **It will take you less than two minutes.**

More information on GPAS can be found here: <https://cambslmc.org/gpas/>. If you are not yet completing GPAS or if you have any questions, **it's not too late!** Do contact the office to set up a quick telephone or teams call!



## NHS ENGLAND HEALTHCARE LEADERS UPDATE – OCTOBER 2022

The most recent update can be found here: <https://healthcareleadersupdate.cmail19.com/> and within it, you will find an update relating to the **Network contract directed enhanced service for primary care networks**. **See summary below.**

## NETWORK CONTRACT DIRECTED ENHANCED SERVICE VARIATION

*As explained in this cover note*, NHS England (NHSE) has published a [variation](#) to the Network Contract Directed Enhanced Service (DES) which took effect from 1 October 2022. This implements the arrangements set out in the [letter of 26 September 2022](#) which are intended to increase the roles that PCNs can recruit to, help build additional PCN capacity and ease PCN workload. *Further supporting information is included below:*

- [Network contract DES specification](#)
- [Network contract DES guidance](#)
- [Network contract DES FAQs](#)
- [Network contract Investment and Impact Fund \(IIF\) implementation guidance](#)
- [Network contract IIF one page summary for primary care teams](#)
- [Network contract personalised care guidance](#)

In summary:

### Update to ARRS

- **General Practice Assistant (GPA)** - to offer clinical & admin support to GPs, freeing up clinical time to focus on patient care. Maximum reimbursement to AfC Band 4. PCNs can start to recruit immediately, predominantly through trainee positions. Trainee GPAs will be able to complete an accredited training programme to certify their learning.
- **Digital & Transformation Lead** - to support access to care for patients, adopting/optimising new technology. The role will be capped at 1 per PCN, maximum reimbursement to AfC Band 8a.
- **Advanced Practitioners** - increase from 1 to 2 per PCN
- **Nursing Associates** - reimburse training to become registered nurses
- **Clinical Pharmacists** - remove minimum 0.5 FTE restriction once 18-month training completed

### Updates to the PCN Service Specification

- **Anticipatory Care requirements** - updated to better reflect system-level work
- **Personalised Care** - remove the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's 30-min e-learning refresher training for SDM conversations

### Updates to IIF Incentives

Defer the following indicators to 2022/23:

- **ACC-02** - online consultation submissions
- **EHCH-06** - standardise number of emergency admissions on/after 1st October per care home residents
- **ACC-08** - % patients whose time from booking to appointment was 2 weeks or less

### Retire the following indicator

- **ACC-05** - By 3 March 2023, make use of GP Patient Survey results, to identify inequalities around access & develop/publish a plan to improve patient experience

### Amend Thresholds

- **CVD-02** - increase in % patients on the QOF hypertension register. Threshold reduced from 0.6/1.2 to 0.4/0.8 % increase
- **PC-01** - % patients referred to social prescribing reduced from 1.2/1.6 to 0.8/1.2%

### Wording Amendments

- **CAN-01** - lower GI fast-track referrals for suspected cancer are accompanied by a FIT rest - permissible time between FIT result and referral changed from 7 to 21 days
- **CVD-04** - referring patients with high cholesterol for assessment for familial hypercholesterolaemia - expand list of success criteria to include diagnoses of secondary hypercholesterolaemia, genetic diagnoses of familial hypercholesterolaemia, assessments for familial hypercholesterolaemia in addition to referral for assessment of familial hypercholesterolaemia.

## PCN DES OPT-OUT WINDOW

As practices may be aware, at the end of September NHS England [published a letter](#) outlining what they term support for practices and PCNs. This includes changes to the ARRS (including changes to reimbursement rates to reflect the Agenda for Change pay award and the introduction of 'GP Assistants' and 'PCN Digital Leads'), removal/postponement of some IIF indicators, and a new PCN 'capacity and access support payment', funded from the reduced IIF indicators.

As these changes have been introduced by NHSE in-year, an opt-out window for the PCN DES has been triggered. Within this opt-out window, practices can choose to opt-out of the DES without risking a breach of contract. The BMA have developed [this guidance](#) as a primer to support practices that are considering opting out of the DES. Cambs LMC published [this guidance](#) back in the Spring.

We would advise practices to read the guidance and consult with their staff and fellow PCN members as to whether to utilise the window to leave their PCN. If practices choose to stay in their PCN, the next opt-out window is expected to be April 2023.

### PROPOSED REPEAL OF IR35

As part of the recent ['mini-budget' the government announced](#) that it intends to repeal the 2017 and 2021 IR35 reforms of the [IR35 off-payroll working rule. The changes are expected to come into force](#) from April 2023 and, once confirmed, we and the BMA will produce further guidance in due course.

## PRIMARY CARE NETWORKS & LIMITED COMPANIES – CAMBS LMC VIEW

We are being asked by practices and their PCNs if they risk CQC inspection, were they to incorporate. PCNs do not exist as a legal or statutory entity – they are merely extensions of their constituent practices. It is our understanding based on advice given by GPC England, that a PCN would require CQC registration if they become a legal entity (e.g. by incorporation in a limited company) [as well as](#) if they provided services to patients.

The most common example PCNs struggle with, is extended access and being a limited company. If a PCN behaves as an employment agency with the activity at a practice level, then there is no need for registration. If the activity is undertaken at a PCN level, and they are a legal entity, then they may well need to register as a provider of primary medical services with CQC. Profit is irrelevant and has no bearing on registration with CQC. Any incorporated PCN operating as a limited company must obey company law, and publish annual accounts at Companies House.

We'd probably do well to avoid the need for PCNs to register with CQC if we possibly can. It is a big undertaking for organisations with precious little managerial and OD support. We must not forget the founding modus operandi of PCNs: to support their constituent practices (as opposed to vice versa) so we will always recommend activity to be taking place at practice level.

DR Solicitors have written a [useful article](#) in Pulse recently on this very subject of CQC:

## Welcome Dr James Booth – Medical Director

A North Essex GP with 15 years' Partnership experience, James brings a wealth of skills to Cambs LMC in his new role supporting the team, two days a week.

James is also the Named GP for Child Safeguarding for Mind and South Essex ICS, and a former vice chair of Mid-Essex CCG.



## World Mental Health Awareness Day

Contact us in confidence [office@cambslmc.org](mailto:office@cambslmc.org) if you or any of your team are struggling.

A range of wellbeing and support services are available to doctors, from the BMA's 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK.

See BMA's [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues and visit the BMA's dedicated [wellbeing support services page](#) for further information and resources.

Please look out for each other.

## BMA Bulletins & Newsletters

Read the latest GP bulletin (England) [here](#)

Read the latest Sessional GPs newsletter [here](#)

## SSRIs FOR CHILDREN & YOUNG PEOPLE - CAMBS LMC REMINDER

You may recall at the start of the Pandemic, CPFT CAMHS clinics became remote, and patients were being signposted to their GP for prescribing. Cambs LMC stepped in, and made a formal complaint regarding this practice. We subsequently were delighted to work with the system clinical lead for children and young people, Dr Becky Jones, a salaried GP at Monkfield Medical Practice, to develop our System's [shared care guideline](#) for SSRIs in CYP.

As a reminder, our shared care guideline stipulates that meds must be *consultant-initiated* and can only be transferred to a GP, with mutual agreement, once titrated *and stable for a minimum of 56 days*. NICE Guidelines suggest that GPs should not initiate SSRIs for anyone under the age of 17.

<https://www.nice.org.uk/guidance/ng134/chapter/recommendations>

Anyone over the age of 17, will belong to adult services. An urgent referral to the PCMHS is recommended, and if the GP has a good relationship with the PCMHS practitioner, a telephone call might be beneficial to focus thoughts on speed, give history, and advise of patient/parental concerns.

Patients/Parents should be made aware that while SSRIs can be effective, there is a risk in the early initiation stages, of triggering increased suicidality: this needs to be supervised by the mental health service.

The adult team psychologists are meant to discuss the initiation of any SSRI in <17s with the consultants on their team. If a prescription is suggested, then they get their team to prescribe.

### **If you are acutely worried about a teenager with suicidal ideation:**

We recommend the GP rings the team, until they get to speak to the consultant covering the relevant area. This is more work - but can mean the patient gets assessed faster. Give the patient and their parent/guardian, a suicide support plan.

- No GP should be forced into prescribing by a patient. This behaviour and associated pressure from does appear to becoming much more common.
- GPs should feel able to stand firm, in the knowledge they are following local and national guidelines and will be supported by Cambs LMC.

## FLU DATA EXTRACTS

NHSE has alerted BMA to issues impacting both adult and childhood seasonal flu extracts for September, which could result in inaccurate flu payment data. Further work is underway to fully investigate the issues and how they can be resolved.

As a result, **NHSE are advising that practices do not declare their September flu achievement data and that commissioners do not yet approve those that have been declared.** This is to avoid the need for manual reconciliation work once the issues have been resolved. Further information should be available next week.

NHSE recommend that practices discuss any issues that this causes to practice cash flow with their local commissioner as they may be able to provide assistance. If practices in need of such assistance have difficulty, please do let the office or BMA know via [info.lmc@bma.org.uk](mailto:info.lmc@bma.org.uk).

This will, of course, be concerning for many practices. We are pressing NHSE hard for a timely and effective resolution to this issue via the BMA.

## UPDATED FLU SPECIFICATION

HSE/I has published an [updated flu specification](#), alongside updated guidance, which covers vaccination of practice staff – as we alluded to in our September 2<sup>nd</sup> Newsletter. Whilst this will ensure that flu vaccinations provided to staff will be covered under the CNSGP, practice staff vaccination will still **not be eligible** for an IoS (Item of Service) payment or vaccine reimbursement for this year. The BMA will continue to press NHS England about this issue and try to reach a better solution for many practices out there who are already facing enormous pressure as we head into the winter months.

## DISPENSING FEE SCALE UPDATE: **WHERE IS IT?**

The fee scale for practices should have been uplifted by now, in accordance with the normal protocols. It appears to have been delayed until 27<sup>th</sup> October, amidst rumours that NHSE are seeking to revamp the formula/save the cash.

Needless to say, such arrangements are complex, seriously impact practice income, and need to be worked through properly. We continue to press NHSE for an update through the BMA, and we will update you as soon as we have something definite to report.

## LOCAL UPDATES

### ICB Clinical Policies

The ICS has routinely reviewed some of its clinical policies, most of which have minor changes or amendments in line with national guidance or policies. You can access the policies on ICS [Clinical Policies web page](#).

### NHS Quarterly People Pulse Survey

The first NHS Quarterly People Pulse Survey is now live, **until 31 October 2022**. It is a free and anonymous 5-minute survey for all colleagues in your organisation, providing snapshot information on employee experience and sentiment such as *feeling informed, team support, feeling supported in health and wellbeing, employee mood and feedback*.

**Please note:** the survey collates information on a PCN/GP Federation level. If you are unsure which PCN you work in or you are unable to find your Organisation from the drop-down list, please contact the team at [cpicb.pchr@nhs.net](mailto:cpicb.pchr@nhs.net).

### System Health, Safety & Wellbeing Brochure

The OH & HR Service project on behalf of ICS Health, Safety and Wellbeing Group have produced a [comprehensive support Brochure](#) for everyone working across Health and Social Care in Cambridgeshire and Peterborough. There is a [poster with the QR code](#) available to download so you can share it on your staff notice boards. To provide feedback on the Brochure, please get in touch [cpicb.pchr@nhs.net](mailto:cpicb.pchr@nhs.net).

### HUC Adastra Migration

HUC have officially paused the migration across C+P until February 2023. The plan is also to drop the modules that have reduced functionality and instead use the full version of Adastra via secure VPN which will provide access to components such as EPS, shared records, GP Connect and referral platforms. As per feedback received, training delivered as interactive sessions rather than one direction lectures will also be looked into.

## BMA SURVEY ON HOW INFLATION AND ENERGY COSTS ARE IMPACTING YOUR PRACTICE

We know GP practices across England are feeling the impact of inflation and high energy costs. Please complete the BMA survey so that they can collect the evidence they need to advocate on your behalf. The survey asks for a range of information relating to practice costs including energy, staffing and other expenses.

It may be that your practice manager is best placed to complete the survey, and while BMA would encourage you to complete the whole survey, if you do not yet have the information, please still complete the parts you can. BMA need to hear from as many practices as possible to enable them to make a strong case to NHSE/I, DHSC and the government to seek solutions. [Take the short survey here](#) (**closing Thursday 20 October**).

## TRAINING HUB NEWS



**GP & ACP EDUCATION PROGRAMME.** Visit our [web page](#) for dates/details of other upcoming events in the programme.

### **Menopause & HRT: Tues 1<sup>st</sup> November, 7.00-8.30pm**

Join Dr Gill Shields on Zoom, to refresh your knowledge on the most up to date HRT prescribing & arm you with the best evidence-based medicine for your patients. [Click here to book](#)

### **Diabetes Management: Wednesday 16<sup>th</sup> November, 7.00-8.30pm**

Dr Jessica Randall-Carrick will be joining us at the Huntingdon Marriott Hotel for a face-to-face session on Diabetes Management. [Click here to book.](#)

**FSRH PROGRAMME.** Are you interested in women's health? Does your practice need more LARC fitters? Applications are now open for funded places available through the Training Hub for LARC training with our experienced team of Faculty Registered Trainers. [Find out more](#)

**GP FELLOWSHIP – APPLICATIONS OPEN.** Are you a new GP? Or is your practice recruiting? Our General Practice Fellowship offers a 2-year programme of protected CPD time, early career learning, mentorship, peer support and coaching, for new or recently qualified GPs and Nurses, with funding and support for the practices employing them. [Click here](#) for more details and to apply.

**COACHING & MENTORING.** Are you thinking of leaving general practice, questioning “what’s next” or just in need of an opportunity for discussion in a safe, supportive environment? Our team of Training Hub mentors can help you take stock and move forward. Sessions are now available for GPs, Admin & Clerical, PMs, and Personalised Care roles. [Find out more](#)

**MSK CLINICAL MENTORING PROGRAMME.** Applications are still open for the next phase of our MSK Clinical Mentoring Programme, a 3-stage opportunity which aims to support Cambridgeshire & Peterborough GPs to upskill in MSK assessment, diagnosis, and management. We will fund an online study course, plus up to 2 sessions accompanying Dr Colin Hitchcock in MSK Clinics and up to 3 sessions of practical mentoring in your practice. Find out more and apply [here](#)

**BRINGBABY VIRTUAL GP UPDATE – Thursday 24<sup>th</sup> November.** If you are a Cambridgeshire & Peterborough GP on Maternity/Parental leave or a career break, or a GP new to the area who would benefit from a localised update, we’d like to invite you to join us for a relaxed and informative opportunity to hear about recent updates within your profession and network with local colleagues. Book your place [here.](#)

**EDUCATOR & LEARNING ORGANISATION EVENTS.** Please contact [cpth.qualityteam@nhs.net](mailto:cpth.qualityteam@nhs.net) if you have any questions on events or funding.

**Start your journey from a Tier 2 to a Tier 3 Educator – 17<sup>th</sup> November 2022.** If you trained as a T2 Educator and are interested in converting to become a Tier 3, we are here to help make this an easy process by guiding you along the way. Find out more about our face-to-face tutorial event and book your place [here.](#)

**Supporting Future Educators Programme – Starting 22<sup>nd</sup> November 2022.** Following the success of our Supporting Future Educators Programme, helping to steer you through the journey of becoming a first-time educator at Tier 3, we are pleased to let you know that we are running it again starting this autumn. To see more details of the event, funding and to express an interest [click here.](#)



## ROLES IN GENERAL PRACTICE

We advertise **any General Practice roles** on the jobs section of our website <http://www.cambslmc.org/jobs>. This remains a free service for local practices to advertise their GP vacancies. To advertise a vacancy, please email us, including the closing date and any supporting documents in pdf to [jobs@cambslmc.org](mailto:jobs@cambslmc.org)



**Practices seeking Locums:** We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to [office@cambslmc.org](mailto:office@cambslmc.org) to forward to locums, please remember to include a short synopsis of your practice in your locum requests i.e. where you are, what clinical system you use and relevant contact information.

**Remote Locum Sessions:** If you have roles which could be undertaken remotely – why not advertise these too? You could attract GPs from across the country, and rather than working for Livi, Babylon, Push Doctor or other companies, they could work for you, and get NHS pension contributions and instant messaging with senior GPs to support.

## CAMBS LMC IS ALWAYS HERE FOR YOU

### SUPPORT AND SIGNPOSTING

A reminder that Cambs LMC is *always* here for any GP in need, and we actively encourage you to reach out to us. Our job is to look after you – we are a safe, confidential space if you are struggling or are in distress. Visit <https://cambslmc.org/whatwedo/> - [support](#) for more information or snap the QR code.



## GPAS

### GENERAL PRACTICE ALERT STATE

Please remember to audit your activity and feedback your alert state before Thursday 12:00 noon each week.

<https://forms.office.com/r/x4EQ05g5Ec>

## LMC UPDATES

### YOU SAID, WE LISTENED!

We provide LMC updates on key national issues to try and keep our monthly newsletters shorter.

<https://cambslmc.org/news/>

### LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive  
Dr James Booth – Medical Director  
Alice Benton - Executive Director  
Emma Drew & Suzy Stoodley - Executive Officers

### LMC Committee Officers:

Dr Diana Hunter - Chair  
Dr James Howard - Vice Chair  
Dr Francesca Frame – Treasurer

### Find us:

The Officers' Mess Business Centre  
Royston Road  
Duxford, Cambridge  
Cambs, CB22 4QH

### Contact us:

01223 919845  
[@cambslmc](#)

