

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Thank you

The time has come for me to step down as Chief Executive of YORLMC Ltd and it feels strange. I first joined North Yorkshire LMC having been co-opted in 1996. I was elected in 1998 and have remained an elected member to this day. I was elected Vice Chair of North Yorkshire LMC in 2000. In January 2005 I was appointed Deputy Medical Secretary of Bradford & Airedale and North Yorkshire LMCs. I became Joint Chief Executive of YORLMC Ltd in 2007 and Chief Executive in 2009.

I have worked with many dedicated individuals and good people from a multitude of organisations, locally, regionally and nationally. Thank you to them for their collaboration, positive relationships and goodwill.

I have enjoyed sharing healthy camaraderie with LMC officers and elected members, in the best interests of the profession. Thank you to them for their approach to democracy and their dedication and determination to do the best for our colleagues.

It has been an honour and a privilege to have been entrusted with a democratic mandate by my fellow GPs over these many years. I have never underestimated my responsibilities. Thank you to them for enabling my long service.

I have Invested such a great deal in my role on behalf of General Practice. I have always valued the confidence placed in me and hope I have repaid that by representing colleagues effectively and supporting many when at their most vulnerable. Thank you to them for their trust.

Our two LMCs continue to be ably led by respectively, [Dr Steve Patterson](#), Chair of Bradford & Airedale LMC, and [Dr Sally Tyrer](#), Chair of North Yorkshire LMC. Thank you to them for all their hard work on behalf of the committees.

Thank you to [Belinda Smith](#), who for many years was the real boss and who supported me through all the challenges down the years as we transformed YORLMC into an organisation of which we can all be proud.

I have for some time, together with YORLMC Board colleagues, been planning for succession and as a result of burgeoning workload and complexity of delivery, have separated the administrative and clinical functions of my role. I am delighted that [Mrs Angela Foulston](#) has been appointed Chief Executive. She has worked for the organisation for 18yrs and supported me most recently in her role of Associate Chief Executive. She has been instrumental to many of our organisation's developments. I am also reassured that [Dr Brian McGregor](#) has increased his commitment as Medical Secretary. GPs across our area are in very capable hands.

I pass on the mantle to these two competent and highly valued colleagues. These past few months they have demonstrated their drive, ability and stewardship. Thank you to them for their diligence and commitment.

Continued overleaf



Dr Doug Moederle-Lumb

Message from Dr Dougy Moederle-Lumb *continued*

I am proud of my record, having transformed YORLMC from simple but effective beginnings, into a complex, modern, forward thinking organisation that stands as one of the foremost in the country, providing a professional service and recognised nationally. I have always taken a pro-active approach and engaged in ongoing horizon scanning to ensure the Committees are informed, up to date and in a position to prepare practices for future changes and as with practices, adequate succession planning is essential for us to ensure ongoing effective representation for our profession. I will continue to work closely with the Board of YORLMC to ensure the continuation and expansion of first-rate services and representation for General Practice.

Finally, thank you to the late John Givans for his encouragement, guidance and friendship.

Best wishes, Dougy

NHS Property Services legal action

The BMA is supporting five GP practices nationally who have started court proceedings against NHS Property Services (NHSPS) to clarify the basis on which NHSPS calculates service charges. Since 2016, many practices have received increasingly costly service charge demands from NHSPS. In defence of these expensive non-reimbursable charges, NHSPS had argued that it was moving to a “full cost” approach to the recovery of charges via a “consolidated charging policy”. The BMA position was – and continues to be – that the consolidated charging policy cannot be unilaterally incorporated into the terms of individual practices’ tenancy agreements.

NHSPS has filed Defences and Counterclaims in each of those claims. Within the five Defences, NHSPS has finally conceded that the consolidated charging policy has not varied the existing leases and that the service charges are not due pursuant to the policy.

Supported by the BMA, the test claimants are now applying to the High Court to ask that it upholds their claims against NHSPS and issues declaration that the ‘consolidated charging policy’ does not form part of their tenancy.

Although such judgments would not automatically bind any GP practices beyond the five test claimants, they will be highly persuasive evidence that other GP practices in similar circumstances can rely upon when facing disputed demands from their landlord. You can read more about the case and the BMA’s position in the attached letter to practices at [Appendix 1](#).

Summer 2020

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Message from Dr Brian McGregor

Medical Secretary YORLMC Ltd

Dear Colleagues

Whilst practices nationally are reporting that workload levels have returned to previous levels, if not greater, the latest [COVID-19 BMA tracker survey](#) has shown that the majority of doctors in primary and secondary care have little to no confidence the wider health service will be in a position to resume a normal level of service before the end of this year, which reflects on the enormity of the backlog of care following the first peak of COVID-19. The survey also found that:

- 60% of all doctors and 73% of GPs said they were not confident in their local health economy managing demand as normal NHS services resume
- Half of all doctors and 63% of GPs responding said they were not confident in being able to manage a second wave of COVID-19.

After years of underfunding and understaffing, and in the midst of a once-in-a-century public health crisis, it is clear that the Government and NHS England need to step up and deliver a strategy for how these services can be brought back online and up to speed. This needs the NHS to be properly funded to give it the capacity required to meet the needs of patients in the immediate and long term.

Read more about the survey and outcomes [here](#)

YORLMC continues to meet regularly with senior representatives from CCGs and hospital trusts. A key part of these discussions is around ensuring work is managed and there isn't an inappropriate transfer of work from secondary to primary care. Please continue to keep YORLMC informed of any examples of this. COVID-focused information is included in [my regular updates](#) and if YORLMC can help on any matter, please do get in touch.

With best wishes

Brian



BMA analysis of NHS England - phase three of the response to COVID-19

Following [NHS England's letter announcing the start of Phase Three of its response to COVID-19](#), the BMA has produced an analysis, which can be read [here](#), outlining what this means for doctors and for the health service.

In the recent [Trust GPs to Lead](#) report, the BMA set out principles and solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19. Elements of the latest announcement reflect this and show the successful lobbying by GPC England, such as the requirement for CCGs to increase the range of services available for self-referral, and the recognition of the importance of in-person appointments within general practice, alongside the use of remote consultations. The BMA have also secured significant reform to annual appraisals that should benefit all GPs. However, it is important that NHSE acknowledges the ongoing pressure on primary care services and that the need to deliver services in as safe an environment as possible.



Flu vaccines

The national flu immunisation programme 2020 to 2021: update

Details of the 2020-21 flu immunisation programme have been 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 the BMA has welcomed that the detail has finally been made available to those delivering the programme and now allows practices to do some further detailed planning, they 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 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. The BMA 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 ImmForm 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](#).

Updated Standard Operating Procedures for general practice

NHSE/I has updated its [Standard Operating Procedures for general practice](#), which now includes sections on cases definition of COVID-19, patients at increased risk of severe illness from COVID-19, patients advised to shield, safeguarding, symptom management and end-of-life care.

Supporting Mentors Scheme & GP Fellowship programme

Following the 2020/21 GP contract agreement, NHSE/I has now launched the [Supporting Mentors Scheme](#) and [GP Fellowship programme](#), as part of a group of GP recruitment and retention initiatives.

The [supporting mentors scheme](#) aims to support the training of at least 450 GPs as mentors, who will then form a cohort of locally based and highly experienced doctors who can each support between 4-6 mentees. GPs on the scheme will be provided with funded training, leading to a recognised mentoring qualification. Once trained, GP mentors will be reimbursed to conduct one session of mentoring every week.

GP mentors will be able to connect with newly qualified doctors on the [GP Fellowship programme](#) and to support them into become part of the local primary care team.

NHSE/I has also published a letter about [Expanding the primary care workforce in 2020/21](#), which highlights the [New to Partnership Payment Scheme](#), to support practices to recruit GP partners, and highlights the inclusion of nursing associates to the Additional Roles Reimbursement Scheme.

YORLMC will in the very near future launch GPMplus which will offer mentoring to GPs and Practice Managers, as well as other staff with leadership responsibilities. This service, whilst separate from the Fellowship Scheme will be available to all eligible General Practice staff working within the Yorlmc constituency and more information will be circulated in the coming weeks. Additionally, Yorlmc is engaging with Training Hub Leads and WY & HCV ICS workforce group in relation to the Mentoring element of the GP Fellowship. Yorlmc is also working with the lead WY training hub to help scope interest in the mentoring aspect of the fellowship and again, further information will be shared with you soon.

Accessibility requirements for practice websites

The Accessible Information Standard [is mandatory](#) for all organisations that provide NHS or adult social care, including NHS trusts and GP practices. However, new regulations have come into force, and must be complied with by 23 September 2020, which say that all public sector websites or apps must:

- meet accessibility standards
- publish an accessibility statement.

There is more detail on the [BMA website](#).



GMC fees and maternity leave

The aim of the GMC's [income discount scheme](#) is to assist doctors whose overall financial circumstances makes it more difficult for them to afford the full annual fee. However some doctors may miss out on the discount if their period of maternity spans two registration years, with the result that their income does not fall below the threshold in either year. The BMA challenged the GMC about this and following this intervention the GMC will be undertaking a review of their discount scheme, as it recognises the need to allow all women on maternity leave (irrespective of the time of year their baby is born) to access a discount if their income falls below the threshold while they are on maternity leave.

In the meantime, the GMC will offer doctors a discount if they expect their income to be below the £32,000 threshold during a 12-month period that overlaps with their period of maternity leave. This discount is available for one registration year, so doctors will need to indicate on the [income discount application form](#) which year they would like the discount to be applied to.

The GMC will be updating its information to reflect this interim change – for further information please contact the GMC directly (contact details are on the [income discount application form](#)).

Final pay controls

RSM (a provider of audit, tax and consulting services) have produced a [video on final pay controls](#) for the NHS pension scheme, which explains the charge, how it is calculated and what to do to avoid it.

This would be useful for both GPs and practice managers to watch.

GP appraisal restart

The 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, the BMA has been encouraged by the positive approach to a redesigned appraisal process focussing on a formative doctor-centred approach and 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 updates will be issued as these become available.

Registering patients prior to their release from secure residential estate

Practices have a contractual obligation as set out in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to support with registering patients prior to their release from the secure residential estate. GP practices are asked to ensure that processes are in place to support this, with information on how to do this [here](#).

Plans are also progressing to enable patients to register with a GP in their place of detention in the same way as they register with a community GP. This change will enable a patient's general practice record to transfer to their place of detention, allowing clinicians working in these settings full access to the individual's medical record and history. This will be rolled out next year in a phased approach across England. BMA guidance will be updated to reflect this clarification and will be circulated as soon as possible.

New GP practice profiles on the NHS website

NHS Digital has updated the GP practice profiles on the NHS website which feature improved support for mobile and tablet devices. Your practice's existing profile information will be automatically copied over to the new platform and the way you [update your profile](#) has not changed.

Profiles editors should have received further information from the [NHS website service desk](#). Use the NHS website [GP practice finder](#) to find and view your new profile.

Cervical Screening Administration Service: *new telephone number*

The transfer of the Cervical Screening Administration Service (CSAS) from PCSE back to the NHS includes the allocation of a new telephone number, which as of 19 August 2020 is 0300 124 0248. As part of this second phase, CSAS will also be deleting all old email addresses on 31 August 2020 which link to Capita / PCSE. Practices should now use [this online form](#) to contact CSAS.

Risk assessments

Practices are reminded of the importance of undertaking workforce risk assessments on their staff.

The BMA has guidance which looks at the implications of risk assessments for practices – specifically what impact the adjustments required for high risk staff could have on practices, staff and patients.

It also suggest what mitigations practices could implement, such as working from home or removal from areas that are considered hazardous. The guidance also lists risk assessment tools that are available to practices to use. Read the guidance [here](#). There is also more detail on the [YORLMC website](#).

GPDF annual report

The GPDF's Annual Report & Financial Statements for the year ended 31 December 2019 is available at [Appendix 2](#).



Infection prevention and control guidance

Public Health England and the equivalent organisations in the devolved nations have now published [Guidance for the remobilisation of services within health and care settings](#) which sets out infection prevention and control recommendations. It re-emphasises that where possible services should continue to utilise virtual consultations and classifies general practice physical consultations as medium risk. PPE should therefore continue to be worn for all face-to-face contacts.

The guidance advises that for vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter is not necessary and staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask. More guidance relating specifically to the flu campaign will be issued shortly.

The BMA has now updated its [guidance on PPE for doctors](#).

New National Institute for Health Protection

The Government has announced the [creation of a new National Institute for Health Protection \(NIHP\)](#) with immediate effect, whose primary focus is public health protection and infectious disease capability, and with a single command structure to advance the response to the COVID-19 pandemic. It will bring together Public Health England and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre under a single leadership team.

In response to this, Chaand Nagpaul, BMA Chair of Council, said: “We already have public health expertise in this country which is of the highest quality but despite the hard work of our colleagues in the last six months, substantial budget cuts and fragmentation of these services over years have hampered the response to the Covid-19 pandemic. We must absolutely not allow PHE and its staff to shoulder the blame for wider failings and Government decisions.” Read the full BMA statement [here](#)

Menopause report

The BMA has published a report on [Challenging the culture on menopause for working doctors](#), following a survey of members to understand specific challenges they face.

The survey showed the physical and mental impact that women doctors experience during the menopause, and that for some it has meant a change to their working lives. The report also highlights a lack of support for many and a reluctance to discuss the problem with managers and colleagues. Symptoms such as insomnia, fatigue, loss of confidence and debilitating hot flushes were cited by 90 per cent of doctors as affecting their ability to work – with 38 per cent saying the impact was ‘significant’. Read more in the [message from Helena McKeown](#), GP and Chair of the BMA’s Representative Body.

RPS calls for pharmacists to be able to alter prescriptions

The Royal Pharmaceutical Society is calling for all community pharmacists to be allowed to make changes to prescriptions that would reduce unnecessary delays in providing medicines to patients in the event of a supply shortage.

The proposals would also allow pharmacists to dispense another generic version of a medicine on prescription without having to contact the prescriber every time. Read more [here](#)

Less Than Full Time (LTFT) conference

The BMA will be hosting a virtual conference for Less Than Full Time (LTFT) doctors from all branches of practice on Friday, 13 November. The conference will be a good opportunity for LTFT doctors from across the UK to network and learn through some tailored workshops. Please mark the date in your calendar, and further information and registration details will be announced nearer the time.

ARM Agenda

The [Agenda for the BMA’s Annual Representative Meeting](#), to be held virtually on Tuesday 15 September, has now been published. Read more in a [blog](#) by Helena McKeown, Chair of the BMA’s representative body.

ARM Elections

Elections for a number of BMA committees, including GPC UK, are open for nominations until 15 September at 10am. The full list of committees and more information are available [here](#), and to submit a nomination click [here](#). More information, including instructions on how to nominate yourself, is available [here](#). If you have any queries regarding, please contact elections@bma.org.uk

Impact on practices of lifting the cap on medical school places

The government has confirmed that it would be lifting the cap on the number of places to study medicine, in light of the issues around A-level grading, after the BMA called for universities to honour all earlier offers. The BMA had urged medical schools to review the applications of those who were earlier denied places due to the unfair grading process.

Due to the shortage of doctors in primary care, it is essential that an increase in intake to medical school is followed up with support and funding both for medical schools and GP practices, particularly to provide greater opportunities for practice-based training for medical students, which then often leads to more students choosing general practice as a career. While the BMA is pleased that the undergraduate tariff has recently been increased for placements in general practice, they would like more to be done to distribute this funding and offer support for GP practices to enhance the undergraduate general practice experience for medical students. Read the BMA's response to earlier reports on lifting the cap [here](#).

2020/21 Healthcare Education & Training Tariff Guidance

The DHSC has [published](#) their healthcare education and training tariff guidance and prices for the 2020-21 financial year.

The guidance confirms the introduction of a minimum tariff for UG medical placements in general practice of £28,000 per FTE "from the point at which placement activity resumes". It also provides confirmation of the tariff payments for the 2020-21 financial year, and includes:

- An overview of the introduction of the tariff payment mechanism for secondary care placements.
- Powers and requirements with regards to the application of the secondary care placement tariffs.
- Confirmation of the changes to the secondary care placement tariffs from 1 April 2020
- Further information relating to the scope of the secondary care placement tariffs.
- An explanation of the calculations underpinning the secondary care placement tariffs.
- Health Education England's position on tariffs for primary care medical undergraduate placements and response to Covid-19 impact on education and training activities
- Further information on the local implementation of the secondary care placement tariffs, including where to direct any queries.
- Early planning for 2021-22.

General practice appointment updated guidance

The BMA has published [joint guidance with NHSE/I on creating more accurate general practice appointment data](#) (GPAD), to more accurately reflect the workload delivered in general practice.

The guidance introduces an agreed definition of an appointment and asks general practice to start applying this now and systematically, as an important first step to improve data quality.

This is to ensure all appointments are being recorded in general practice appointment systems, and to fully capture the scale of work and workload in general practice,

Further technical system specific advice and guidance will be issued to support practices with configuring appointment books and applying a set of new, standardised national categories for appointment types.

Read more [here](#)

New restrictions on stimulant laxatives to counter risks from overuse

The [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#) will be adding extra label warnings to new packs of stimulant laxatives to reduce abuse and overuse, and to make it clear that they do not help with weight loss and can lead to damage to the digestive system.

Instead, patients should be encouraged to use alternatives, such as diet and lifestyle changes, or potentially switch to other products such as bulk laxatives.

BMA COVID-19 guidance

The BMA continues to regularly update the **toolkit for GPs and practices**, which includes a large range of topics relating to COVID-19. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Guidance on risk assessments](#) which includes specific information for practices.

Read the BMJ article about the *Management of post-acute covid-19 in primary care* [here](#)

Mental health and wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

Access the [BMA's COVID-19 wellbeing pages here](#). There's more information about YORLMC's wellbeing services [here](#).

YORLMC services

Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 3](#). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website.

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure if you are receiving the correct rates, you can email to check: info@lmcbuyinggroups.co.uk. For further information on LMC Buying Group member benefits or to speak to a member of the team, you can live chat via their website: <https://www.lmcbuyinggroups.co.uk/> or give them a call on: 0115 979 6910.

Jobs page

YORLMC has a job page on our website at <https://www.yorlmcld.co.uk/jobs>. Please visit this page to view current vacancies and details of GPs seeking work. NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in the YORLMC area can place adverts on the job page free of charge. To place an advert please email info@yorlmcld.co.uk

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