

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

YORLMC Law service

Support for you and your practice

Practices in the YORLMC area can access a range of legal support provided by LMC Law. Many of these services are funded by YORLMC levy and are available free of charge to practices, others are available at competitive rates.

Services provided free of charge cover:

Practice Mergers

- Advice on mergers
- Advice on processes required under the regulations
- Consent letters to NHSE
- Due diligence checklist for mergers
- Advice on structuring a merger
- Letters of resignation from partners

Caretaking Arrangements

- Advice and support on caretaking arrangements
- Review and comments on caretaking documentation

Review of any documentation from:

- Commissioners
- Federation Boards

Review of other policies produced by:

- NHSE
- Any other relevant body



Collaboration of Practices

- Advice and support on sharing of resources and staff

Primary Care Networks (PCNs)

- Ongoing support to PCNs in terms of corporate and commercial law advice including creation of PCN structures

Other

- Advice on Information Governance
- Advice on data protection legislation and freedom of information requests
- General advice on property/premises issues

Because employment issues are significant during the COVID-19 crisis, LMC Law will temporarily be happy to receive any HR queries from practices and advise. HR and employment are not usually covered under the retainer but LMC Law is making this an exception in the current time. Please note that this applies to YORLMC constituent practices only and will be subject to review.

The LMC Law Book of Updates is available to YORLMC constituent practices. Access to the updates is password protected and constituents can contact the CAT on info@yorlmc.co.uk to obtain the relevant password.

There's more information available on [the YORLMC website](https://www.yorlmc.co.uk). For more information, or to access the YORLMC Law service, please contact the Corporate Affairs Team.

Message from Dr Brian McGregor

Medical Secretary YORLMC Ltd



Dear colleagues

On 15 September I attended the BMA Annual Representative Meeting (ARM), in my role as GPC representative for North Yorkshire & York and Bradford & Airedale.

The ARM is the BMA's main policy-making body. Around 500 doctors from all parts of the profession and across the UK consider and debate key matters of interest to the medical profession.

Read more about the debate and what happened [here](#) and see Richard Vautrey's GPC presentation [here](#).

The meeting held a commemoration followed by a minute's silence to pay respects to the doctors and other NHS colleagues, many of whom came from overseas to work in the NHS, who have died from COVID-19. We are aware that sadly at least 34 doctors have died from COVID-19.

Read more and watch the video [here](#)

*With best wishes
Brian*

NHS Clinical Entrepreneur Programme

Applications for the NHS Clinical Entrepreneur Programme opened on 15 September 2020. This is an educational workforce development programme designed for healthcare professionals who want to develop and scale their most innovative ideas for patient benefit.

The programme was launched in 2016 and has already recruited over 500 individuals including doctors, dentists, pharmacists and nurses from a range of diverse backgrounds.

Places on this programme will be offered through a competitive process, to applicants who have developed clinical innovations to improve patient care and support service redesign through commercial and non-commercial enterprises.

You can find more about this programme, and the application portal, [here](#)

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Flu vaccines

Delivering the flu vaccination programme

We are well in to the biggest influenza immunisation campaign that many of us will have engaged in, with large numbers of patients now having received their flu jab.

The GPC has heard reports of some practices already concerned that they have or will run out of vaccines and are taking this up with NHSE/I and DHSC as a matter of urgency.

Practices working in their PCNs where appropriate are encouraged to work together with pharmacies to support a successful 2020/21 flu campaign. This is even more important in light of COVID-19, and the challenges that we face in delivering this year's flu programme.

As in previous years, this is a national service with both practices and community pharmacies providing NHS flu vaccinations, and we all have a role to play in identifying and engaging patients and vaccinating to protect as many as possible at a very vulnerable time.

Practices and pharmacies should talk to each other about the vaccination service they are planning to offer to understand each other's plans. Where possible discussions should include how to reduce health inequalities and how to target harder to reach or under vaccinated populations which can help achieve an effective campaign.

Locum doctors and flu vaccines

The GPC has received several reports of locum doctors finding it difficult to secure flu vaccinations from their registered practice. Locum GPs are fully entitled to receive the flu vaccination from their registered GP, and practices are contractually responsible for providing the flu vaccination to locum GPs who are their registered patients. It is vital that we work together during this unprecedented winter season to protect our already over stretched workforce.



NHS contact tracing app

The NHS Covid-19 app has a feature that allows any premises to generate and print a QR code to allow visitors to 'check-in' by scanning it. The QR code functionality is intended to consolidate all existing digital check-in services that have largely been in use in pubs and restaurants. Although all commercial premises are still obliged to offer a paper check in service, if they offer a QR one then it must be via the app. While GP surgeries are not obliged to offer either (appointment IT systems keep an accurate log of visitors) as part of wider efforts to encourage the public to download the app, practices may generate and display QR codes generated through the app on the understanding that these are not mandatory and patients are not obliged to scan them in order to attend. QR codes can be generated [here](#).

The app features the ability to turn contact tracing on and off – this feature was built in for users working in high-risk environments but with adequate PPE to ensure that they do not receive notifications to isolate where it is not necessary.

Revised Network Contract DES material published

NHSE/I has now published the revised Network Contract DES materials on their website. This includes a cover note, amended 2020/21 Network Contract DES Specification and guidance, IIF guidance and SMR guidance. The GPC has summarised the changes [here](#).

YORLMC Ltd AGM

The 2020 AGM of YORLMC Ltd will be held at 1315 on Wednesday 21 October 2020 by video conference. Please contact the Corporate Affairs Team if you would like to attend.

Wellbeing services

Support from YORLMC



Pastoral support

Over recent years [YORLMC's pastoral work](#) has increased significantly. Whereas previously one LMC Officer largely provided support, a number of LMC Officers now support this work. Because this area of work is carried out confidentially, GPs/practices will be unaware of the amount of support being given to individuals behind the scenes and the work involved. YORLMC has a comprehensive pastoral care team with many years' experience of defence bodies, NHSE and GMC procedures and is able to provide personal and confidential support for individual GPs in difficulty or experiencing major change. Importantly this confidential support is also available for the wider practice team and we cannot stress enough how important it is for colleagues to contact YORLMC for help as early as possible when difficulties arise so that as much support as possible can be provided. It is however never too late to make contact and LMC Officers who can help can be contacted in the first instance through any member of the Corporate Affairs Team – [contact details can be found here](#)

Wellbeing services

To further strengthen and add much needed capacity to pastoral support, YORLMC has been and is continuing to develop a range of services that will support wellbeing and enable individuals to either look after their own health or know when to seek help before difficulties arise. Given the unprecedented pressures currently being experienced in General Practice as the landscape of the NHS changes rapidly, it is very important that this additional capacity is developed.

The information sheet at [Appendix 1](#) provides an overview of some of the services that are available to GPs, Practice Managers and the wider practice team. YORLMC's wellbeing programme has been and continues to benefit from [GPFV](#) funding and YORLMC is grateful to colleagues working in NHSE's WY regional office for their ongoing support. YORLMC's full suite of wellbeing services can be viewed [here](#)

There is a lot of support and information available - please do get in touch info@yorlmc.co.uk

GP Pay and Pensions system

The new GP pay and pensions system was planned to launch imminently. However following final performance testing the launch has now been postponed. GPs and practices should continue to use Open Exeter until notified otherwise. PCSE are communicating to all practices and LMCs to confirm this.

As a key stakeholder, GPC England has been central to testing and questioning the new system and, while disappointed by the delay, the GPC is glad that that a system which is not 100% ready for use is being held back until such a time as it is.

NHSE/I has written to practices, setting out the reasons for introducing the new system. The letter also explained that an end goal is to ensure that no practice should have their payments negatively affected by the system switch. Testing has shown that this is largely the case but that around 200 practices might experience that affect without further reconciliation work.

PCSE have contacted those practices to offer patient list reconciliation exercises to correct these anomalies and the majority have responded. However, the GPC understands that around 50 practices nationally have not and urges those practices to do so at the earliest opportunity. Undertaking this work will result in practices receiving the correct payment.

For the majority of practices, the GPC anticipates no difference, but is taking a precautionary approach and will be closely scrutinising the early performance of the system.

The GPC has absolute assurance that robust business continuity arrangements are in place to enable payment if there is major problem.

GMS and PMS regulations changes from October 2020

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

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

Redacting GP records

In June, GPC wrote to NHSE/I to raise concerns over the redaction of records and unintended consequences of any processes put in place to facilitate patient access to records. The letter sought reassurances that a) patients would not be able to view incoming correspondence before a GP has had the opportunity to review it and b) that the workload of GPs should not increase as a result of needing to review individual records and mark consultation notes for redaction.

The GPC has now received a response outlining what measures have been put in place to mitigate these concerns and also received reassurances that where practices feel granting access to patients' records during the pandemic would have an adverse impact on provision of essential services, they are not required to do so. NHSE/I is now reviewing their patient-facing guidance on access to records to reflect these points.



Practice rental payments

The issue of some tenants of GP practices either decreasing, or threatening to decrease their rents was recently raised with GPC. Tenants cannot unilaterally change the existing arrangements without due process and discussions and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. Both parties must work together and the entire process must centre around collaboration, with both parties acting reasonably and responsibly in reaching any agreement.

The GPC met with the legal team of Well Pharmacy, one of the larger tenants and discussed their advice to their members. While the GPC understands the impact the pandemic has had on their businesses, the GPC made clear it was not helpful for them to issue letters to their landlords advising they will be paying only 75% of the usual rent for the foreseeable future citing the current situation and a subsequent reduction in footfall.

The code of practice published by the government in June has been cited by some tenants, but the fact is that it remains voluntary and does not give pharmacies the authority to adjust their rent unilaterally, without agreement and without being transparent. Both parties must work together for the benefit of aiding swifter economic recovery, and the entire process must centre around that collaboration with both parties acting reasonably and responsibly in reaching any agreement.

If practices need legal support to pursue this, they are encouraged to contact BMA Law or other legal firms with expertise in this area.

eRD Support Programme - Yorkshire Practices

NHSEI have developed an e-repeat dispensing support programme to help practices in Yorkshire implement eRD. They have highlighted that the main benefit of using eRD are:

- Increases time and capacity by reducing administration workload significantly and reducing frequency of authorisation of prescriptions. Keeps your team and patients safer by reducing unnecessary patient contacts. The benefits are partially seen once a practice is beyond 20% of their items via eRD.
- eRD improves quality and safety by ensuring you get up to date with monitoring, bloods and med reviews etc.

Practices can check their current rate of eRD use:

Simply click <https://bit.ly/382zgHP> and then ensure you are on page 4 of 7 (see centre of the page and bottom) and select your practice using the drop down menus.

You'll be able to see your current rate of eRD. Alternatively, SystemOne and EMIS both have reports built in that can give an eRD %. Practices can contact the NHSI Team directly to set up an initial conversation where they can listen and answer queries and share top tips for getting started at practice or PCN level. They can then support by providing information, contacts and by buddying up practices to help them avoid some of the pitfalls as they drive forwards.

Contact details:

Andre Yeung - andre.yeung@nhs.net

Mike Maguire - mike.maguire2@nhs.net

Pharmacy changes to reduce GP workload

The BMA has sent a [joint letter to the Secretary of State for Health and Social Care](#), Matt Hancock, calling for Government to amend medicines legislation to allow pharmacists to make changes to prescriptions and provide a different quantity, strength, formulation or generic version of the same medicine, if it is in short supply.

At a time of significant increase to GP workload and the problems with supply of medications, allowing pharmacists to make these changes so that patients can obtain their medicines in a timely manner would be helpful for both doctors and patients.

The BMA is working to try to reduce the bureaucracy that contributes to GP workload pressures and changes like this will go some way in addressing that, especially as we head into winter and at a time when we are seeing the number of patients with COVID-19 increase again. Read more [here](#)

Appraisal 2020

Following the suspension of appraisals at the end of March due to the COVID-19 pandemic, NHSE/I has together with the Academy of Medical Royal Colleges, GMC and BMA, agreed to a rebalanced approach that focuses on the doctor's professional development and wellbeing, and simplifies expectations around supporting information and pre-appraisal paperwork.

The appraisal will be simplified as far as possible, and [NHSE/I has written to responsible officers](#) asking them to take a flexible approach, aiming to begin reinstating appraisals by 1 Oct, with a view to resuming normal levels of activity by 1 April 2021.

The BMA has been in discussion with NHSE/I to ensure the planned restart is not overly disruptive for practices while allowing public confidence to be maintained, and are encouraged by the significant simplification of the requirements and the reduction in paperwork, which allows both appraisers and appraisees to focus on treating patients rather than bureaucracy. This slimmed down system is a step forward in empowering doctors to use their appraisal to reflect on their professional development, and forms part of a wider drive by the BMA to reduce bureaucracy.

Read more about 'Appraisal 2020' on the [Academy of Medical Royal Colleges website](#) and the BMA's full statement [here](#).

Automation of PCN payments

From 1 September, payments for PCN (Primary Care Network) core payments, CD (Clinical Director) payments, Extended Hours Access, and Network Participation Payments, became automated (previously manually processed by CCGs). As part of this change, each practice is now required to verify the Network Participation Payment in CQRS before it is released.

QOF

NHS England have now published revised QOF guidance which details the requirements for 2020/21. This includes detail of the following:

- The points and payment changes for the four flu vaccination and two cervical screening indicators;
- The indicators which will continue to be paid on a conditional basis;
- The refocused requirements for the Quality Improvement domain support the restoration of key services to people with a learning disability and early cancer diagnosis;
- The indicators which will be subject to income protection arrangements and the conditions upon this income protection.

This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this.

You can access full details [here](#).

The GPC have drafted a QOF at a glance document, available at [Appendix 2](#), which summarises the changes for QOF for the remainder of 2021/22. In light of COVID-19, QOF has been refocussed to:

- support practices to reprioritise aspects of care not related to COVID-19
- serve those patients most in need of long-term condition management support
- guarantee significant income protection and the relaxing of some requirements for practices.

Survey of salaried GPs

The GPC is conducting a [survey](#) to hear from salaried GPs in England, about their terms and conditions under the BMA's salaried GP model contract. This survey is particularly focusing on pay and the provision of parental leave rights under the model contract. Your answers will inform the GPC's work on reviewing salaried GPs remuneration package and analysis may be used in negotiating discussions with NHS England. The survey should only take five minutes, and your responses will be anonymous. The survey will close on 12 October. If you have any questions about the survey, please email info.pcs@bma.org.uk



COVID-19 antibody test results flowing to GP records

From 10 September, when a person undertakes an antibody test that is taken through the public antibody portal (an ELISA test), the result will be loaded directly into their patient records.

This will be in addition to flowing of test results for pillar 2 viral testing and will follow the same process, according to each practice's IT system provider.

Results will be presented on patients' records as 'positive', 'negative' or 'unknown'. As for viral testing, there will be no action required from the GP practice on receipt of the test results. Bulk upload of test results into GP records will take place without any manual patient by patient process. Practices will receive further guidance by their own system supplier about how this will work.

Remote fit notes - please remember to sign them

DWP reminds GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and e-mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. The GPC would therefore remind GPs that fit notes must be signed. Read more about remote fit notes in our [COVID-19 toolkit for practices](#)

CQRS update

The attached documents at [Appendix 3](#) from CQRS contain a reminder of the payment declaration and details around the signing onto CQRS from the 23rd September.

GP earnings and expenses 2018/19

NHS Digital has published the [GP earnings and expenses for 2018/19](#), which show an average increase in income before tax of 3.4% for GP contractors and 3.8% for salaried GPs in England. For non-dispensing GP contractors in England the increase was 4.1%. Increases were higher in Scotland, in part related to the introduction of new contract arrangements, and in Wales, but lower in Northern Ireland. After many years of sustained real-terms pay cuts for GPs, these figures show that this trend is slowly beginning to be reversed, although not yet for GPs in Northern Ireland. This is despite in 2018 the Government in England yet again failing to recognise the huge contribution of family doctors by going against its own pay review body and imposing an award that was half of what was recommended, which would have left GPs with another sub-inflation pay uplift.

That practices were able to offer uplifts to both employed doctors and partners shows how much they value their highly-skilled staff, which is vital to both recruitment and retention – and ultimately guaranteeing high quality patient care.

Pressures in general practice still remain as demand rises amid large workforce shortages - before we consider the huge challenges over the last few months - which practices were quick to meet with both innovation and compassion. The pandemic has shone a light on the huge contribution GPs make to the NHS, and it is crucial that doctors are rewarded appropriately for their hard work and dedication. This was reported by [GP online](#)

GP appointment data

The [GP appointment data for August](#) has been released, which show that the number of appointments delivered by practices that month remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months. However [new weekly appointment figures](#) have also been published for the first time, showing a jump in appointment figures in early September, with concerns related to COVID-19 adding to the expected rise in activity as we move into autumn and with schools returning. Read Dr Richard Vautrey's, GPC Chair, response [here](#).



Registering patients prior to their release from the secure residential estate

Practices have a contractual obligation to support patients prior to their release from the secure residential estate, as set out in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#).

Practices are therefore asked to ensure that processes are in place to support this and information on how to do this [here](#).

GPC [guidance page on patient registration](#) has now been updated to reflect this clarification.

Template letter to private providers about screening

The BMA has co-badged a [template letter](#) with the Royal College of GPs, that practices can use to write to private providers offering non-approved screening tests.

Numerous private companies are offering screening that is not recommended by the UK National Screening Committee (UKNSC), and there is a lack of evidence of how results of private screenings are presented in NHS services and is of benefit to patients, which is a cause of serious concern. This follows the joint [Position Statement on Screening](#) by organisations which have not been approved by the UKNSC, which was published last year. The letter can also be accessed [here](#)

Report from The Cameron Fund on the effect of COVID-19 on General Practice

This is available at [Appendix 4](#).

Lunch and Learn

Lunch and Learn services, provided by Wessex LMC, are available via [the YORLMC website](#).

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 9 October 2020, with the theme of 'The Social Innovators Powering up wellbeing'.

This event is open to GPs, social prescribing link workers, community health and social care industry leaders, Primary Care Networks and clinical directors across the UK. It will provide updates and examples of local arrangements benefitting practices and patients through social prescribing – find out more [here](#).

There are 50 free tickets available for BMA members via this [link](#)

The NHS pension scheme as a sessional GP

Dr Krishan Aggarwal, a GPC England and Sessional GPs Committee member, and deputy chair of the BMA Pensions Committee, has written a webpage for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue.

The webpage is going to be a live document and if there is anything you would like to be covered please email Sessionalgps.gpc@bma.org.uk.

The guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#).

RCA and Less Than Full Time (LTFT) trainees

The BMA GP trainees committee (GPT) have heard concerns from Less Than Full Time (LTFT) doctors about their ability to prepare for the RCA (the temporary replacement for the CSA exam).

As trainees are provided with a set number of weeks to collect evidence for their assessment, those on LTFT schedules feel at a disadvantage to their full-time colleagues.

The committee continues to work with the RCGP about this issue, and raise these concerns. GPT notes that the college will soon evaluate the first sittings of the RCA exam, and this will provide them with scope to ensure the assessment is fair to all trainees.



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 5](#). 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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