

# YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

## COVID vaccine rollout

The government has published its [vaccination delivery plan](#) which outlined plans for over 1200 local vaccination sites, most led by GP practices, 206 hospital hubs and 50 mass vaccination centres. [Seven large scale mass vaccination centres](#) have opened, as well as more local practice vaccination sites and hospital hubs, in addition to those that are already operating.

The clear aim for us all is to ensure that as many people get vaccinated as quickly as possible, however the BMA is very concerned to ensure all people, not least elderly patients, are given the opportunity to choose to receive their vaccination from their local GP vaccination site. This means all sites need greater provision of vaccinations, which is expected to increase in the coming weeks, and greater certainty on delivery so they can plan their vaccination sessions and book patients in with greater confidence. The letter inviting patients to book in to a mass vaccination centre, which has been sent to thousands of eligible patients, has now been amended following BMA comments to be clearer that patients do have a choice of attending their local practice site, but the BMA is still aware of some confusion and of patients having contacted the [national booking service](#), being redirected to mass vaccination centres at much further distance than local practice sites.

The BMA also raised concerns on the COVID Vaccination Programme IT system with NHSE/I and the servers have since been upgraded which should now improve the situation and there is now additional funding for administrative support.

### Vaccination of healthcare workers

The BMA [continues to call for all health and social care workers](#) to be given urgent priority to protect an already depleted workforce and to help prevent the NHS becoming overwhelmed.

Practices should ensure that locum GPs they are in regular contact with are invited for vaccination either via hospital hubs or by the practice itself. Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the [JCVI guidance](#).

Please do not decline or turn away any health and social care workers. Consider maintaining waiting lists or signpost to other providers if vaccine availability is the rate limiting factor. Healthcare professionals have now also been added to the priority [list of eligible patients](#)

### Change in legislation to allow any GMC registered doctor to administer the COVID-vaccine in primary care settings

The Government has announced that doctors who offer their support in delivering the [Enhanced Service](#) Specification COVID vaccination programme in primary care settings will be exempt from the requirement to be included on the England Medical Performers List.

The [Regulations](#), which came into force on 14 January, remove previous barriers and mean that any GMC registered doctor will be able to administer the vaccine and any ancillary vaccine services under the enhanced service specifications in a primary care setting.

Practices are reminded of their existing obligations to ensure staff have the qualifications, skill, competence, training and experience to deliver safe care under the Health and Social Care Act 2008.

### Supporting doctors throughout the second COVID-19 wave

The four Chief Medical Officers, NHSE/I, The General Medical Council and The Academy of Medical Royal Colleges have written [a letter to doctors](#) on working through the second wave.

# COVID-19 vaccinations programme guidance

The [national protocol for the Pfizer/BioNtech vaccine](#) has been updated to define minimum dose interval and vaccination in accordance with national recommendations “For operational purposes the second dose may be given between 3 to 12 weeks following the first dose or in accordance with official guidance at the time.” The [AstraZeneca \(Oxford\) vaccine national protocol](#) has also now been published.

NHSE/I has published a letter with an [Instruction on timing of second dose of COVID-19 vaccinations](#), which sets out that all vaccination sites ensure that all second dose appointments for both patients and health and care staff that have not already been rescheduled, must be rearranged to take place in the 12th week. The Academy of Medical Royal Colleges has also published a [statement](#) supporting the decision of the four UK CMOs to prioritise the delivery of the first COVID-19 vaccine dose, and to delay the second dose to up to 12 weeks.

Public Health England has published a [UK COVID-19 vaccine delivery plan](#) as well as a [vaccine surveillance strategy](#). PHE will monitor vaccine effectiveness at preventing both symptomatic and severe disease and at reducing infection and transmissibility. This will be accounted for across multiple different sub-groups including age (and other clinical risk factors), viral variants, number of doses administered, timing of doses, and the comparative effectiveness of different vaccines in the real world. The BMA has produced the summary at [Appendix 1](#) about the vaccine surveillance strategy.

The CQC has confirmed in the letter attached at [Appendix 2](#) about the administration of the Pfizer-BioNTech Covid-19 vaccination that adhering to ‘appropriate, authoritative guidance’ such as JCVI/CMO national guidance on vaccinations ‘is considered to be entirely appropriate’. Similarly, in the letter at [Appendix 3](#) the GMC advised: ‘were a complaint to be received in the future where the sole concern was about a doctor having administered a vaccine in line with the recommendations of JCVI and the four CMOs it seems highly unlikely that this would raise any fitness to practise concerns about the individual’.

The [BMA’s guidance on the COVID-19 vaccination](#) programme has been updated to include the national protocols for both vaccines, the updated joint document on workload prioritisation, funding to support rapid care home vaccination, in addition to the other recent information about how access to vaccines for all frontline health and social care workers, and further support to enable practices to prioritise vaccine delivery.



## January 2021

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# COVID updates

## Workload prioritisation: Level 4 or 5

The BMA has updated its joint [guidance with RCGP on workload prioritisation for primary care](#), which sets out what practices should consider doing are in a national lockdown, to help practices during the immense workload pressures are currently under. This is in addition to the set of [further measures](#) that has been agreed with NHSE/I to help and support practices.

## Guidance for clinically extremely vulnerable (CEV) patients

Following the introduction of another national lockdown, the Government will be sending [a letter](#) with updated guidance to all clinically extremely vulnerable people, which again advises to take extra shielding measures to protect themselves, until at least 21 February 2021. The Government has also extended the offer of a free 4-month [supply of vitamin D](#) supplements for all adults who are clinically extremely vulnerable to support general health. Access their updated [guidance for clinically extremely vulnerable people](#)

GP practices continue remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face-to-face they would normally be expected to attend the surgery. Read the BMA's updated [guidance](#).

## Patient videos in different languages for COVID-19 vaccination programme

Some short videos have been produced in a selection of languages to help people understand more about the coronavirus vaccine and what it means for them. These are recorded by GPs and are based on the patient leaflets produced by Public Health England to make sure patients get consistent information. The videos, [available on YouTube](#), are aimed at helping people over the age of 80, for whom English may not be their first language, have the right information about the vaccine in a way that is meaningful and easy to understand.

It is hoped that these videos will help to reassure and encourage our BAME communities to take up the offer of the vaccine when invited. At the moment these videos are available in English, Pashto and Urdu, but they are hoping to release other languages soon. Please share them with relevant patients, and local communities, who are being invited for the vaccine.



## COVID PPE scheme extended until June 2021

The Government has announced that it is extending the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. This will ensure frontline and wider public service workers can continue to access rigorously tested and high-quality PPE.

Practices should continue to access COVID-19 PPE via the [PPE portal](#).

The BMA has also called for enhanced and more appropriate PPE to be made available to staff in all healthcare settings, in a letter to the Government's health minister for prevention, public health and primary care Jo Churchill, and a letter to Public Health England. Read more [here](#).

## Lateral flow test ordering

To ensure that the correct quantities of lateral flow test boxes are delivered to primary care contractors, and that there are enough tests to distribute among staff, any contractors who have placed an order of over 100 test boxes on the PCSE portal have been contacted to confirm, as soon as possible, the number of patient-facing staff and therefore the correct number of boxes of tests they wish to receive, to avoid any delays to deliveries.

## Update on CQC's regulatory approach

Following the BMA's call on CQC to suspend routine reviews they have now published an [update on their regulatory approach](#) during the pandemic, which states:

*'For primary medical services we will only inspect in response to significant risk of harm – including concerns raised by people working in services and people using them – and when we cannot seek assurances through other routes. If an inspection is necessary, we will carry out as much activity off-site as possible'*

# Update from Dr Brian McGregor

## *YORLMC Medical Secretary*



*Dear Colleagues*

### **NHSE/I legislative proposals on Integrated Care Systems**

The BMA has responded to [new legislative proposals](#) put forward by NHSE/I, which would see ICSs (Integrated Care Systems) made statutory bodies and could dramatically alter the role of CCGs.

In the [response](#), the BMA is critical of the manner in which the consultation has been carried out but also examines the potential implications of the proposals which, the BMA believes, are currently incapable of

delivering the integrated and collaborative NHS that staff and patients need. The BMA has also set out where it believes further changes have to be made - both to the proposals and to the present system itself - including highlighting the need for strong clinical voices within ICSs and for the NHS to be made the preferred provider of NHS services, for example. The BMA has also been clear about the fundamental importance of the independent contract system for general practice and of the role of LMCs as the representative voice of all GPs in an area.

The response is now available on the BMA website [here](#). YORLMC has also responded to the engagement exercise and our response is at [Appendix 4](#). Please do have a look at these responses.

### **YORLMC wellbeing services**

YORLMC offers a range of wellbeing services to support GPs and the practice team. There's more detail in [Appendix 5](#) about the services provided and latest developments. At this challenging time, it is particularly important that we continue to think of our own and our colleagues' wellbeing.

*With best wishes,  
Brian*



### **Access service arrangements**

As part of the 5 year GMS contract agreement in England, there were plans to merge the two access schemes from April 2021, the extended hours scheme and the extended access service that provides services in all areas on evenings and weekends. This would transfer the responsibility and funding from existing providers to PCNs. Some PCNs already deliver both services, either individually or working together with others across their area, and have found this a way to help manage daytime workload pressures by making better use of the extended access appointments.

In view of the current focus on the COVID pandemic and vaccination programme, GPC England have encouraged NHSEI to delay this change, unless a PCN wanted to progress with it. NHSEI have agreed, and will be writing to commissioners to say that the national transfer of responsibility won't happen until April 2022 and local arrangements should remain in place until then. They'll also underline that existing local capacity can be used for COVID vaccination delivery.

### **Falsified Medicines Directive update**

Now the UK has left the EU and the Transition Period ended 31 December 2020, the 'safety features' elements of the EU Falsified Medicines Directive cease to have effect in Great Britain. However, certain EU legislation will continue to have effect in Northern Ireland under the Northern Ireland Protocol. An update on this issue is available on the [BMA website](#).

# PCN news

## New portal for PCN Additional Roles Reimbursement Scheme claims

NHSEI have launched an online portal to allow PCNs submit to submit claims for reimbursement for roles claimed under the Additional Roles Reimbursement Scheme. It has been created to allow PCNs to submit their monthly claims through the portal; and CCGs to approve/reject claims forms through the portal.

The portal has been designed with PCNs and CCGs and will support a more streamlined approach for submission and approval of additional roles claims. This page on [FuturesNHS](#) provides further information on the process and the new portal, as well as guides to help users start to use the new process, FAQs to support with the most common questions and also a video to help guide both PCNs and CCGs through the new process. They are also in the process of adding a link to the portal claim form on the [NHS website](#), so it sits alongside the existing excel claim form. PCNs will be able to use either the portal or manual excel claim form.

## AISMA and ICAEW joint statement about account issues for PCNs

In order to assist PCNs to have a better understanding of the obligations to prepare statements of account to ensure tax and pension liabilities are dealt with correctly in their member practices, AISMA and the ICAEW have jointly prepared the attached information at [Appendix 6](#).

## Launch of the Institute of General Practice Management (UK)

The [Institute of General Practice Management \(IGPM\)](#) has been launched, with the aim of being recognised as the professional body that represents all managers working within general practice in the UK. The BMA has had initial discussions with members of IGPM and will be building on this in the future about supporting General Practice. Read more in [Appendix 7](#) about the formation of IGPM.

## PCN Clinical Director Survey Results

At the end of last year the BMA conducted its second annual survey of PCN clinical directors and have now published the results of the [survey of PCN Clinical Directors](#).

A significant number of clinical directors responding were confident that by 2023/24 PCNs will have contributed to providing better support for patients in care homes (66%), increasing the wider GP workforce (59%), improving the quality of prescribing (57%), delivering new services (49%), and better collaborative working between general practice and community care (49%). 44% of clinical directors think that provision of adequate funding is the most important condition for the success of PCNs with the second most highly ranked option being the availability of the GP workforce (20%), followed by the need for adequate premises (17%).

The results of the survey also revealed that not surprisingly both PCN clinical directors and member practices are still facing a high level of workload which they are managing with increased difficulty, and which is also having an impact on workforce morale across their network. 59% of clinical directors class their workload as manageable with difficulty while 27% have indicated that their workload was not at all manageable. The announcement of additional funding for clinical directors involved in the COVID-19 vaccination programme is therefore a welcome step in recognising this.



# Fit notes (med 3)

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to COVID-19 where patients can use the isolation note service, instead of seeing a GP, as outlined below. Please do not signpost patients to NHS 111 in order to get a fit note as they are not provided by the service. During the pandemic DWP is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so we have been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.

If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the practice or it will posted to them, at the practice's discretion. Isolation note service:

The isolation service does not provide fit notes (med 3s). It is an automated service that can be used to provide evidence of the need to self-isolate by those who:

- Have symptoms of coronavirus
- live with someone who has symptoms of coronavirus
- are in a support bubble with someone who has symptoms of coronavirus
- have been told to self-isolate by a test and trace service

It can be used to cover continuing periods of isolation if patients still have symptoms or develop new symptoms following their initial isolation period.

## Great Northern NHS Forest

The NHS Forest is a project coordinated by the [Centre for Sustainable Healthcare](#). Funded by charitable trusts and corporate and individual sponsorship, the project's central aims include improving the health and wellbeing of patients, staff and communities by increasing access to green space on or near to NHS land.

YAS has received a grant from the Green Recovery Challenge fund for the NHS Forest next year. This will allow YAS to plant a significant number of trees at healthcare sites. If you interested in securing some of these trees (10 to 1000 available per site), please see more on the [NHS Forest website](#).



## Pulse oximetry guidance update

The guidance for [pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings](#) has been updated. Pulse oximeters can be used as a tool for patients most at risk of poor outcomes from COVID-19. It is used to identify oxygen levels and warn the patient to the risk of 'silent hypoxia' and rapid deterioration at home.

## Pre-registration for offenders leaving prison

The contractual requirement of the [General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to accept patients from the secure estate prior to their release has increased importance during the COVID-19 pandemic. Among other benefits, pre-registration may help the smooth rollout of the COVID-19 vaccine. For individuals leaving the secure estate between the first and second doses of their vaccination who have been registered with a community GP, their GP record will be updated with their vaccination status. GP practices are asked to ensure that processes are in place to meet this contractual requirement, with information on how to do this [here](#).

## BMA Law partnership webinar

BMA Law's specialist solicitors hosted a webinar in December covering every aspect of partnership agreements and why they are vital to protecting your partnership. From the perils of partnership at will to last man standing and green socks clauses, this webinar outlines why you need a partnership agreement, how often you should update it, and the common pitfalls to avoid when drafting one. Access a recording of the webinar [here](#)

# EU Exit: Medicines Supply in Primary Care

## *Joint statement by the BMA and PSNC*

The UK left the EU Single Market on 31 December and [the Chief Pharmaceutical Officer has reminded primary care providers of the need to avoid local stockpiling of medicines](#). This message extends to patients.

National plans are in place seeking to ensure continuity of supply, and GPs and pharmacists are encouraged to reassure patients that they do not need to order extra medication as this could contribute to or cause supply problems. Additionally, NHSE/I have said that prescription durations will be monitored and investigated where necessary - the aim is to keep prescribing and dispensing as close to business as usual as possible.

The DHSC's work in this area is supported by the Medicines Shortages Response Group which advises, for example, on whether the development of a Serious Shortage Protocol (SSP) would be beneficial to help mitigate a shortage. See more information about medicine shortages procedures [here](#)

The BMA is in regular contact with DHSC on medicines supply and will continue to monitor the situation and resolve any issues as they arise. However, should there be any disruption to medicines supply next year, GP practice staff and community pharmacy teams will need to work together to make sure that all patients continue to have access to the medicines they need, when they need them.

Community pharmacies will do all that they can to ensure that patients do have access to the medicines they need. These efforts may include phoning around suppliers, 'staged' dispensing, or considering potential alternative treatments. GPs will continue to liaise with pharmacies on this as necessary. Medicine shortages can bring additional workload to both GPs and pharmacists, but collaborative working at a local level is essential to maintain patient care.

## Applications open for 'Next Generation GP'

GP trainees and early career GPs (first 5-7 years) are invited to apply for a fully-funded place on this year's 'Next Generation GP' in Yorkshire starting in February 2021, a programme seeking to inspire emerging future leaders in General Practice.

The core of the programme will consist of 6 evening events held remotely via zoom once a month, starting in February 2021. More details are at [Appendix 8](#). Please note, as the programme is fully funded, applicants must be able to commit to attending 4 of the 6 events.

Applicants are invited to submit a brief expression of interest outlining their motivation for applying to the programme. For more information about the programme see the next generation [GP website](#) or email [nextgenerationgpyorkshire@gmail.com](mailto:nextgenerationgpyorkshire@gmail.com). Applications will close at 5pm on Friday 29 January.

## Publication of the Gender Pay Gap Review in Medicine

The Gender Pay Gap in Medicine Review has been [published](#).

It is the largest review of gender pay gap in the public sector and involved interviews, online surveys and the examination of doctors' pay via ESR (electronic staff records) and HMRC returns. It was commissioned by Jeremy Hunt the then SoS for Health and Social Care in 2016 following the Junior doctors' contract dispute.

A steering group oversaw the review, chaired by Prof Jane Dacre, with representation from the BMA as a key stakeholder. Four years on, this is the output; the government has now also committed to the formation of an [Implementation Panel](#) moving forwards.

## Domestic abuse letters

The BMA believes that there is no need for medical involvement in the process for gaining access to legal aid for domestic abuse victims. They feel that such requests can compromise the relationship between doctor and patient, and that legal aid agencies should take the word of victims without needing to consult a GP – who themselves may not be best placed to confirm whether domestic abuse has occurred.

This is a position the BMA continues to make clear through our input into the Government's ongoing [review into bureaucracy in General Practice](#).

While these letters are not funded by the NHS contract and practices are able to charge patients a fee for their completion, the BMA recommends that they do not. Ultimately, however, this is at the practice's discretion.

# BMA and RCGP statement on 'Cancard'

Some concerns have been raised by practices about the [Cancard UK website](#) and its proposed 'GP endorsed' ID card. The website offers the ability to apply for: 'A holographic photo ID card. Designed in collaboration with GPs and verified at the patients surgery. The card is for people who qualify for a legal prescription but are unable to afford one.'

Applications are said to have opened on 1 November 2020. The Medicinal Cannabis holographic photo ID card is being offered by Cancard UK to patients who meet the following criteria:-

- Have a diagnosis (confirmed by their GP) that is currently being prescribed for privately.
- Have tried two types of prescription medication or have discussed and discounted these options based on side effect profile or dependence concerns.
- Are unable to afford a private prescription.
- Are required to be in possession of a small amount of Cannabis in order to manage their symptoms.
- Are at risk of criminalisation.

The BMA and RCGP supports the use of 'cannabis-based products for medicinal use in humans' under the supervision of specialist clinicians or prescription of MHRA authorised licenced products by doctors who have the necessary clinical experience and competences.

These products must have been produced in accordance with the necessary standards for the production of medicinal products in the UK in order to ensure their safety and authenticity. We also support the call for further research into the safety and potential indications for use of these medical products.

The BMA and RCGP cannot however support the use of the Cancard, nor the suggestion that UK registered GPs sign a declaration confirming a diagnosis in order for the card to be issued.

The Cancard UK website states that the Cancard has been designed in collaboration with GPs, but neither the RCGP nor BMA have been formally consulted or given endorsement.

Whilst the BMA sympathises with patients who struggle to pay a private prescription charge, they do not believe that this is a justifiable reason to encourage the purchase of unregulated unlicensed cannabis products from unregulated or illegal dealers.

If a patient is deemed to meet the criteria for an NHS prescription for an MHRA authorised prescribable product then this may be issued where appropriate. Those patients on low incomes or with medical conditions qualifying for prescription charge exemption will be exempt from prescription charge in line with current regulations.

Read the BMA guidance on [Cannabis-based medicinal products here](#) and the RCGP clinical guidance at [Cannabis-based medication: an interim desktop guide](#)



# The GP International Induction and Return to Practice Programmes

The GP Induction & Refresher Scheme has been rebranded as two separate programmes. All the features of the previous scheme have been retained but are now divided into distinct programmes:

The GP International Induction Programme (IIP) offers a route into general practice for doctors who qualified overseas and who have no previous NHS general practice experience.

The Return to Practice Programme (RtP) offers a route back to general practice for doctors who have previously been on the GMC register and NHS England's medical performers list.

For more information and to apply, please visit the [Health Education England website](#).

## YORLMC services

### Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 9](#). 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](mailto: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](mailto:info@yorlmcld.co.uk)

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