

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

GPMplus launched

Do you want to talk to someone impartial about your career and development options?

Have you recently returned to work, or moved into a new role that you are finding a challenge?

Do you feel you need to evaluate your work/life balance or manage your time differently?



YORLMC is pleased to announce that a new mentoring service, **GPMplus**, is now available free of charge to GPs, Practice Managers, Nurses and other senior practice staff with leadership/decision making responsibilities, working in General Practice working within the YORLMC area.

Individuals accessing mentoring will each be offered up to 8 hours of 1:1 mentoring support, provided by trained and experienced mentors, all of whom have experience of working in General Practice. As these areas of work are directly supported by local commissioners through the use of GPFV grant funding, the service is free at the point of access. The availability of access to mentoring will be subject to and dependent upon commissioner funding support. YORLMC continues to work with commissioners to secure ongoing funding to support this service.

Why mentoring?

The need for mentorship has been recognised nationally through the GP Forward View, regionally through the experience of the NHS England appraisal process, and locally through LMC surveys. There are many forms of support available ranging from general wellbeing support, counselling, coaching and through to mentoring. Each of the types of support has its place and benefit, however it is mentoring with its focus on supporting the mentees through their career development, that has been shown to:

- Aid development, at all stages of an individual's career.
- Improve retention rates and work performance as well as working relationships.
- Encourage equality and reduce discrimination.

YORLMC and Leeds LMC delivered a GP mentoring pilot for 18 months and the service evaluation showed that 94% of mentees received the help, insight and guidance they expected from their mentorship. 94% of mentees also stated that the mentorship had had an impact on their professional life. Mentoring can help in a number of aspects of your professional life, including but not limited to: Career/development options; workload; returning to work; confidence; work environment/disputes; time management; stress management; transition into a new role; dealing with change; leadership skills; work life balance. More details about the service are available at [Appendix 1](#), and the GPMplus website:

www.gpmplus.co.uk

© YORLMC 2021

March is **YORLMC wellbeing month**. Find out more about our wellbeing services at <https://www.yorlmc.co.uk/wellbeing> and follow YORLMC on Twitter [@InfoYorlmc](https://twitter.com/InfoYorlmc) for the latest updates



COVID-19 vaccination programme guidance

Vaccinating cohorts 5 and 6

Practice sites are now already vaccinating an expanded group of clinically extremely vulnerable (CEV) people (cohort 6) and many will also be vaccinating those in cohort 5 (people aged 65 and over) who have chosen to receive their vaccination locally.

The NHSE/I letter [Vaccination of JCVI cohorts 5-6 and additional funding for vaccination in residential settings](#) outlines the next stage of the vaccination programme. It also contains information about an additional payment of £10 on top of the Item of Service fee for vaccinations given to all those in residential settings, such as care homes for people with learning disabilities or mental health problems, or hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites.

Vaccination sites are initially being asked to focus on the expanded group of cohort 6, which now includes those who will have been identified as at higher risk from COVID-19 using a new population risk assessment tool ([Q-COVID](#)) and if they are not already on the Shielding List they will be automatically added, so there is no need for practices to do anything. You can read the [NHSE/I letter to GPs](#) about this cohort and how they should be prioritised for vaccination and how they will be added to the Shielded Patient List. The GPC have raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. NHSD has also published specific guidance on gestational diabetes [COVID-19 Population Risk Assessment - NHS Digital](#) under the metabolic, renal and liver conditions tab.

JCVI priority Cohort 6 includes 'all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality'. This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Cohort 6 is further defined in the newly updated [Green Book Chapter 14a](#) as "Adults aged 16 to 65 years in an at-risk group".

Those in cohort 5 (those aged 65-69) will receive an invitation from the national booking service (NBS) to attend a local vaccination centre or community pharmacy setting. PCN sites may though still vaccinate patients in this cohort and be paid for doing so should a patient request an appointment.

Read the [BMA statement](#) on the inclusion of 1.7 million patients on the shielding list following the development on the new risk assessment model (Q-COVID)

Read BMA guidance on the COVID-19 vaccination programme which includes information about what is expected of practices and the support available to enable practices to prioritise vaccine delivery.

February
2021

Key features in this issue

Page 1

[GPMplus service launched](#)

Page 2

[COVID-19 vaccination guidance](#)

[Vaccinating cohorts 5 and 6](#)

Page 3

[COVID-19 vaccination guidance](#)

[National pool of Steward Volunteers](#)

[COVID vaccination for healthcare workers](#)

[Freeing up practices to support COVID-19 vaccination](#)

[Transport of Astra Zeneca vaccine to GP](#)

[practices within the PCN Grouping](#)

[Vaccine hesitancy](#)

[Freedom of Information requests](#)

Page 4

[Update from Dr Brian McGregor](#)

[Vaccination programme thanks](#)

[Fit to Fly certification](#)

[Retired doctors – return to practice to support the pandemic effort](#)

[BMA briefing on White Paper on NHS reform and Integrated Care Systems](#)

Page 5

[NHSPS - service charges dispute](#)

[NHS Discharge Medicines Service](#)

[Staff with long COVID](#)

[Protection for healthcare workers](#)

[Assessments carried out for detention under the Mental Health Act](#)

Page 6

[NHS Pension Scheme Access for ARRS staff](#)

[Government backs BMA proposal to fix unlawful age discrimination of the NHS Pension scheme](#)

[Online fit note research help](#)

[Amendments to European Health](#)

[Insurance Cards \(EHICs\) and S1 forms](#)

[Doctors use of social media](#)

Page 7

[Sedation prior to MRI](#)

[Flu vaccine reimbursement 2021/22](#)

[Payments during suspension - SoS](#)

[Determination](#)

Page 8

[Lung cancer campaign launch](#)

[YORLMC services](#)

[Contact details](#)

COVID-19 vaccination programme guidance

National pool of Steward Volunteers

A national pool of Steward Volunteers is available to support non-clinical tasks at vaccination sites, including PCN and community pharmacy sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS volunteer responders programme.

Steward Volunteers can undertake any tasks which support the smooth running of vaccination sites and would not normally be filled by paid staff. These include managing queues, greeting and directing people, monitoring numbers and overseeing social distancing measures. Primary care sites can access these volunteers by request via their lead employer and volunteers will be provided free of charge to local sites. The maximum shift length is six hours. Read more [here](#).

COVID vaccination for healthcare workers

To support healthcare workers and community based social care workers in priority group 2 to receive their COVID vaccination, you now have the option to book your vaccination appointments in a vaccination centre or community pharmacy through the [NHS COVID-19 vaccination booking service](#).

You should try booking online first but if this is not possible, you can phone 119 free of charge, 7am to 11pm, seven days a week. As part of the booking process, eligible staff need to self-declare that they are a health or social care worker. You will be able to book this way for a limited period, until 28 February.

At your appointment, you will be asked to verbally declare that you are a health or social care worker, the type of role/work you do and the name of your employer/ locum agency. You should also bring ID/proof of employment such as a staff ID badge, a recent payslip or recent letter/email from your employer (dated within the last three months) or a letter of confirmation of locum status from your locum agency.

If you are a self-employed locum, some evidence of being paid for the provision of frontline, patient-facing services, along with photo ID, should be provided.

Fol request

Practices may have recently received an email from St Andrew's University, asking for copies of their Gifts and Hospitality register and Declaration of Interests Register for 2019/20, following a [recommendation by NHS Employers](#) to request and annually publish declarations of interests in the NHS.

This caused significant concern when practices are so busy focusing on the pandemic and the COVID vaccination programme, and after the BMA raised this issue urgently with the University they apologised for the concern caused and immediately agreed to withdraw their request.

Freeing up practices to support COVID-19 vaccination

NHSE/I has written to practices and commissioners providing further measures [on freeing up practices to support COVID-19 vaccination](#), following their [letter of 7 January 2021](#). The letter sets out the arrangements for additional funding for PCN clinical directors, and income protection arrangements for the Minor Surgery DES and QOF (Quality and Outcomes Framework).

Transport of Astra Zeneca vaccine to GP practices within the PCN Grouping

The NHSE/I has confirmed that the [SPS SOP](#) (Standard Operating Procedure) has been updated to make clear that the Astra Zeneca COVID-19 vaccine does not need to be used immediately after being transported within the PCN grouping. The SOP states:

1.1.2. The vaccine should be used as soon as it is received or immediately put in a refrigerator to be administered as soon as possible thereafter. *This has been defined as meaning within 24 hours or over the following days.*

Vaccine hesitancy

Surveys have shown stark differences by ethnic group in attitudes to COVID vaccines, and a quarter of younger women fear it would affect fertility. The BMA has published [guidance and resources](#) on how to communicate with different groups about the vaccine.

The British Fertility Society and Association of Reproductive and Clinical Scientists has also published some [COVID-19 Vaccines FAQs](#) to help address some of the vaccine hesitancy relating to fertility.

Update from Dr Brian McGregor YORLMC Medical Secretary



Dear Colleagues

Vaccination programme thanks

On 14 February, the Prime Minister thanked those involved in reaching the significant milestone of 15 million COVID vaccines given – watch the video [here](#). Sir Simon Stevens, the chief executive of NHSE/I, has also [praised the extraordinary efforts of GPs, nurses, pharmacists and volunteers](#) as the COVID vaccination campaign enters a new phase.

Read the [BMA statement](#) about the vaccine milestone, by the BMA's Chair of

Council, and an [opinion piece](#) by the Deputy Chair of BMA Council, David Wrigley, comparing the vaccination roll out with the test and trace system, and commending those who have been involved in the vaccination programme.

Fit to Fly certification

We have been made aware that some practices are advertising "Fitness to fly and Covid testing Certificates" - we want to make colleagues aware that these as private services should be completely separate from any NHS website/practice website or any connection to NHS logos or services. Any test is NOT a "fitness to fly" merely a "negative test, prior to travel", and all practices cannot charge their own NHS patients for these services.

The CQC are aware and are already seeking to investigate how these services are being set up, managed and run, as testing is a clinical service, they are likely to want any private provision to be registered for CQC provision. This would clearly be separate to NHS CQC Registration. Complaints have been made to the local CCG and CQC with regards to the cost of these certificates. These are also being followed up. We would remind Practices that currently all non-essential travel is illegal, and to be seen to be facilitating non-essential travel could be deemed unethical in the current pandemic.

At [Appendix 2](#) are some notes you may want to consider before issuing a fitness to fly certificate and you may want to ensure you are appropriately qualified and have performed the correct examinations and tests. You may also want to discuss the issue with your insurers, as with so few people currently flying, it is likely that passengers insurance policy providers will come and ask these very questions should anything go wrong.

With best wishes,
Brian

Retired doctors – return to practice to support the pandemic effort

Given the intensity of current workload pressures and the mounting backlog of care exacerbated by COVID-19 in the NHS, the BMA has recently updated its online guidance for doctors considering or wishing to [return to clinical practice](#) in the short, medium or long term, and for those wishing to specifically [support the vaccination programme](#). This follows consultation with NHSE/I and NHS Professionals.

The NHS is still seeking registered healthcare workers and clinical supervisors for the programme. Doctors can either return to work through the national routes, e.g. NHS Professionals vaccination programme recruitment drive or the GP refresher scheme, or they can approach local employers, e.g. GP practices, primary care networks or their local Integrated Care System lead (usually a hospital / trust).

BMA briefing on White Paper on NHS reform and Integrated Care Systems

The BMA has produced a new [member briefing](#) on the UK Government's White Paper on NHS reform - [Integration and Innovation: working together to improve health and social care for all](#) – published last week, which sets out a range of proposals that would see dramatic changes for the NHS in England.

The [briefing](#) provides a summary of those changes, the BMA's initial analysis of them, and outlines how the BMA is working to influence the proposed legislation on behalf of members.

The BMA also issued a press response to the publication of the White Paper, [highlighting the unfortunate timing of the proposals and saying clinicians must be front and centre in plans for NHS reform](#).

NHSPS - service charges dispute

The BMA supported five GP practices to bring a legal challenge against NHSPS try to clarify the legal basis for NHSPS's dramatic increases in how service charges are calculated. The BMA now continues to support the same practices to defend legal proceedings brought against them by NHSPS in response to their claims. It is extremely concerning that NHSPS - a company owned by the Department of Health and Social Care - are pursuing this course at a time when frontline doctors are facing a national health crisis.

Through the legal action, NHSPS have admitted that they cannot rely on the Charging Policy in isolation as a legal basis to increase charges - as the BMA has said all along. As set out in a letter to practices ([Appendix 3](#)), the BMA now recommends that GP practices facing similar demands for increased service charges that have not been explained to these five practices should insist that NHSPS provide a full explanation of the legal and factual basis on which their charges have been increased. To assist practices, the BMA has prepared a template letter ([Appendix 4](#)) for you to amend as appropriate and send to NHSPS.

NHS Discharge Medicines Service

The [NHS Discharge Medicines Service](#) (DMS) has launched and is available in all community pharmacies in England. The service has been established to ensure better communication of changes to a patient's medication following discharge, with NHS trusts referring appropriate patients. It is hoped that this will improve outcomes, prevent harm and reduce readmissions.

NHSE/I has published some [resources for the DMS](#), including guidance, a cross sector toolkit and training and assessment materials to support clinical teams across community pharmacies, PCNs and hospitals to deliver the service.

The DMS does not replace the role of general practice in managing patients' medicines on discharge. The [cross sector toolkit](#) includes a checklist for general practices and PCN pharmacy teams, which sets out how to work collaboratively, and provides examples of where the community pharmacy may require information, support and clinical expertise from practices.



Staff with long COVID

CCGs should now have fully allocated their share of the £150m funding to practices maintain capacity in general practice. This funding can be used when staff are off sick with Long COVID, both for paying extended sick leave for staff that are off with Long COVID and to fill any shortfall to maintain a service when staff are off sick.

Protection for Healthcare workers

The BMA has [co-signed a coalition letter to the Prime Minister](#), which escalates BMA concerns about protection for healthcare workers – asking for a more precautionary approach. This follows [the BMA's letter in January to PHE](#) and [associated comms](#), as well as work the BMA has done with others to-date, including the RCN, the [AGP Alliance](#), and the [Shadow Health Secretary](#). The BMA also [sent recommendations directly to Trusts in England](#).

The press release for the letter has been [flagged by the BBC](#).

Assessments carried out for detention under the Mental Health Act to take place in person

Following a [ruling in case](#) bought by Devon Partnership NHS Trust against the Secretary of State, NHS England has issued directions to all mental health providers [not to carry out any assessments for the purposes of determining whether or not an individual should be detained under the act remotely](#) (by any medium).

This applies to all members of a medical team involved in the decision and should be considered as the overriding guidance until further notice.

NHS Pension Scheme Access for ARRS staff

There were potential issues with NHS pension scheme access for ARRS staff employed by GP Federations who might lose their APMS contract as a result of the Extended Access changes (and which cease, therefore, to be an Employing Authority under the NHS pension scheme).

The delay to the formal handover of the Extended Access arrangements to Primary Care Networks (PCNs) until April 2022 means this issue is probably less pressing for many GP Federations than it was a few weeks ago. Nevertheless, the provisions for GP Federations without a GMS/PMS/APMS contract to apply for temporary access to the NHS pensions scheme for its staff has now been extended until March 2023. That position has now been confirmed in the updated NHS BSA guidance on access to the NHS pension scheme for PCNs – see scenario 3 in [this document](#)

The BMA will continue its work on a more permanent provisions for this group of staff and will keep you updated.

Government backs BMA proposal to fix unlawful age discrimination of the NHS Pension scheme

The Government has backed the main proposal from the BMA to fix the unlawful age discrimination that resulted when transitional protection was offered to older but not younger members when the 2015 NHS pension scheme was introduced. However, BMA pensions committee chair Vish Sharma warns the overall changes do not go far enough. Read more [here](#)

Online fit note research help

The DWP is currently developing and improving the current fit note/sicknote uploading system for patients. They would like to give GPs the opportunity to have their say on what they like and don't like in terms of the whole fit note/sicknote process. This will then allow the DWP to make some changes before the system goes live at the end of March 2021. Once the system goes live it will be difficult to implement further changes down the line. If you have time, please take the survey [here](#) – it will take about 10 minutes to complete.

Amendments to European Health Insurance Cards (EHICs) and S1 forms (UK) Regulations

There have been some minor amendments to the GMS and PMS regulations relating to European Health Insurance Cards (EHICs) and S1 forms, to allow for reciprocal healthcare arrangements with EU member states.

The change has been made via the [Reciprocal and Cross-Border Healthcare \(Amendment etc.\) \(EU Exit\) Regulations 2020](#) which support the process of EU exit. The amendments are within the contract regulations that govern *information relating to overseas visitors* (GMS regulation 74F and PMS regulation 67F) – where, if patients choose to provide EHIC, S1 or PRC details on registration, then GPs must forward those details to NHS Digital or NHS BSA.

The new wording allows for the possibility that, on registration, patients may in future submit other (unnamed) documents which are equivalent to EHICs or S1s, which could be required as part of a “listed healthcare arrangement” between the UK and an EU/EEA country (or the EU). However, at present, the UK government has not agreed any listed healthcare arrangements which establish EHIC or S1 equivalent documents, so for now there is no possibility of patients submitting them.

© YORLMC 2021

Doctors use of social media

There are many benefits to using social media, but the legal consequences of improper use can be serious. Please remember that any communication you send, whether from work or privately, and in whatever form, can lead to legal claims against you and can be used as evidence in those claims. You must always avoid any communication that could lead to legal claims, e.g you must not send anything that is abusive, obscene, discriminatory, or bullying.

The GMC, BMA & RCGP have each produced guidance for doctors that describe the benefits and risks to consider when using social media platforms such as Twitter, WhatsApp, and other messaging services, Facebook and YouTube. Use caution and common sense and read further guidance from these organisations if you need to: [BMA guidance](#), [GMC guidance](#) and [RCGP Social Media Highway Code](#)

Sedation prior to MRI

The BMA's General Practitioners Committee's Clinical and Prescribing group has advised that, regarding the role of GP in prescribing 'a low dose sedative' for patients attending a hospital for imaging investigations, their stance is that GPs are well within their rights to refuse to provide a prescription.

If the radiology department feels that there is an indication for the need of a sedative then it should be organised by the department without involvement of the GP.

Guidelines from the [Royal College of Radiologists \(Safe Sedation, Analgesia and Anaesthesia\)](#) have very specific recommendations based on the Francis Report. In addition, there is recommendation from [Academy of Medical Royal colleges on Safe Sedation Practice for Healthcare Procedures: Standards and guidance](#).

GPs are not regularly involved, skilled, trained or appraised in sedation skills, and there is no guidance for GPs to provide sedatives from RCGP/ NICE or AOMRC or Royal College of Radiologists.

We all have a duty of care to our patients and the GMC's [Good Medical Practice \(Knowledge skills and performance\)](#) clearly states that we should be working within our competence and that's the principle we are adhering to.

Our aim is aligned to our hospital colleagues and that is to provide best quality care in a safe setting. A majority of the areas in UK do not require GPs to prescribe sedation before attending hospital for imaging investigations.

Most areas have developed pre-procedure guidelines with advice from radiology colleagues with the necessary arrangements to ensure imaging goes ahead in these most challenging patients. Patients could have provision of open MRI if they feel claustrophobic, which would be the hospital's responsibility.

Flu vaccine reimbursement 2021/22

NHSE/I has issued [guidelines on vaccines for use during the 2021/22 flu programme](#), following the publication of [JCVI advice](#). The vaccines recommended for use are:

- Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)
- At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

Practices should read the guidelines and submit vaccine orders as soon as practical.

Payments during suspension - SoS Determination

GPC is aware of a case where a GP has been asked to refund to the NHS a significant sum of money, that had allegedly been wrongly paid during a period of suspension.

The payment was made under the [Secretary of State's Determination: Payments to Medical Practitioners suspended from the Performers List](#) and there is nothing to suggest the interpretation of the Determination by NHSE/I was anything other than correct.

However, the original payment was mistakenly made on the GP's profits and not their drawings. The Determination sets out that entitlement is based on an individual's normal monthly payments where they practise as an individual and in the case of partnerships, 90% of the normal monthly drawings from the partnership account.

NHSE/I were correct in the re-interpretation of the Determination, payment is based on drawings not profit, often a much lower sum, but not the one on which tax is payable. It has been suggested this amounts to discrimination against contractors when compared to other GPs and hospital doctors. The purpose of this update is to ensure members are aware of the consequences of this interpretation and the impact it might have on them if they receive payments when suspended.

© YORLMC 2021



Lung cancer campaign launch

Public Health England has launched the next phase of the '[Help Us, Help You' campaign](#), urging people to come forward and seek advice if they are worried about possible symptoms. This new stage of the campaign focuses on lung cancer, with the aim of raising awareness about its key symptom – a cough that lasts for three weeks or more. It is hoped that this will encourage those most likely to get lung cancer and who have this symptom, but do not have COVID-19, to contact their GP practice, reminding the public that cancer remains a priority and that the NHS is here to see them safely.

"A cough for three weeks or more that isn't COVID-19 could be a sign of cancer. Contact your GP practice. However, if you've got a new, continuous cough, contact Test & Trace. #HelpUsHelpYou"

A campaign toolkit and posters are available free of charge on the [Public Health England \(PHE\) Campaign Resource Centre](#).

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

YOR Local Medical Committee Limited (YORLMC Ltd)
Registered office: First Floor, 87-89 Leeds Road, Harrogate, North Yorkshire, HG2 8BE
t. 01423 879922 f. 01423 870013 e. info@yorlmcld.co.uk w. www.yorlmcld.co.uk
Registered as a Company limited by Guarantee. Registered in England No. 6349731.

YORLMC's Corporate Affairs Team

Angela Foulston
Chief Executive
angela.foulston@yorlmcld.co.uk

Dr Brian McGregor
Medical Secretary
info@yorlmcld.co.uk

Belinda Smith
*Director of Finance/
Company Secretary*
belinda.smith@yorlmcld.co.uk

Stacey Fielding
Director of Liaison
stacey.fielding@yorlmcld.co.uk

Simon Berriman
*Executive Officer -
Bradford & Airedale and
North Yorkshire & York*
simon.berriman@yorlmcld.co.uk

Ariana Frankis
*Executive Officer -
North Yorkshire & York*
ariana.frankis@yorlmcld.co.uk

Sandra Warriner
*Executive Officer -
North Yorkshire & York*
sandra.warriner@yorlmcld.co.uk

Kate Mackenzie
*Executive Officer -
Bradford & Airedale*
kate.mackenzie@yorlmcld.co.uk

Nicola Brownlow
Business Support Officer
Nicola.brownlow@yorlmcld.co.uk

YORLMC Ltd Disclaimer

YORLMC Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by YORLMC Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. YORLMC Limited provides representation, guidance and support to GPs and practices in the North Yorkshire and Bradford and Airedale areas. YORLMC Limited strongly advises individuals or practices to obtain independent legal/financial advice. Articles and adverts included in this newsletter must not be assumed to be endorsed by YORLMC Ltd.