YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Update from Dr Brian McGregor



Dear Colleagues

Support from YORLMC

The last month has been one of the hardest almost every practice has seen, demand, vaccination programmes and fatigue all taking their toll.

YORLMC offers a wellbeing programme which brings together a range of services, schemes and events that will support wellbeing and enable individuals to look after their own health and know when to seek help before difficulties arise. This

programme is available to all GPs and practice managers as well as the wider practice team.

In addition to this, I lead a pastoral support service which provides personal and confidential support for individual GPs and practices in difficulty or experiencing major change. Click here for more information.

Going green

The YORLMC newsletter now includes a regular feature on green matters, which will include ideas, case studies, webinars and other advice to help practices looking to be more environmentally friendly. See page 7 of this newsletter for this edition's green feature.

With best wishes, Brian

Occupational Health and ARRS staff

Currently Occupational Health is only commissioned for GPs and needlestick injuries. GPC is negotiating nationally to get this expanded to all primary care staff, but currently it is not readily available.

With respect to staff employed under the Additional roles and Reimbursement Scheme (ARRS), the employer remains responsible for Occupational Health, and as such may need to source and fund it.

NHS Standard Contract 2021/22

New "interface" provision

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision published in the contract, requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract.

The commissioners and providers will also have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs.

Providers and commissioners will finally have to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs.

COVID-19 news

COVID-19 vaccination programme

In an <u>oral statement to Parliament</u>, the Secretary of State for Health and Social Care, Matt Hancock MP, confirmed that plans are being made for COVID-19 vaccination boosters to be given later this year, to help protect against new variants. NHSE/I has committed to discuss delivery of COVID-19 boosters, and the impact on the flu campaign, with GPC England once further information is available. The GPC is also awaiting the outcome of research into the impact of giving COVID vaccinations and flu vaccinations at the same time.

Shielding for clinically extremely vulnerable has ended

As of 1 April, clinically extremely vulnerable (CEV) people in England no longer need to shield. CEV patients are still advised to continue to take extra precautions to keep themselves safe, even after receiving both doses of the COVID-19 vaccine. Read the government guidance here

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the NHS Digital website.

Read the BMA <u>guidance for practices</u> about arrangements for patients at high-risk of coronavirus. The BMA also has guidance for <u>doctors isolating and those in</u> vulnerable groups

GMS/PMS regulations - pandemic amendments

NHSE/I has confirmed that the temporary changes to the GP contract under the <u>pandemic regulations</u> which were due to lapse at the end of March have now been extended until 30 June 2021.

As with previously, this means a continued suspension of the Friends and Family Test requirement; a continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD); and a continuation of the amendment to NHS 111 direct booking with sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 as per the pre-pandemic arrangement is likely to be sufficient but this can increase to 1 per 500 if demand requires.

Read more about what services practices should be providing, and what should be prioritised during the pandemic, in the BMA's COVID-19 toolkit for GP practices.



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COVID-19 news

Vaccinating during Ramadan

NHSE/I has published guidance on supporting <u>COVID-19 vaccine uptake during</u> <u>the Islamic month of Ramadan</u> which began on Monday 12 April 2021. The guidance aims to help vaccination sites build confidence, reduce barriers to access and support the uptake of the COVID-19 vaccine amongst Muslim communities during the month of Ramadan.

Community pharmacy pandemic delivery service

You may be aware of the recent addition to the community pharmacy <u>pandemic</u> <u>delivery service</u> which allows pharmacy contractors and dispensing doctors to support the delivery of prescriptions to people who have been told to self-isolate by NHS Test and Trace.

Pharmacy contractors have reported that some people told to self-isolate, particularly the household contacts of COVID-19 positive patients, do not seem to be following the guidance and consequently are still presenting in pharmacies.

It is suggested all primary care providers flag the option to have prescriptions delivered when prescribing for COVID-19 positive patients, to try to ensure they stay away from all primary care premises.

Vaccine certificates

The Government confirmed that a COVID-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants. Over the coming months, a system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking COVID status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

GPC England has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and this has been accepted. The GPC wants to avoid the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice.



Free COVID-19 PPE scheme extended until the end of March 2022

The Government is extending the provision of free COVID-19 PPE to health and social care providers until the end of March 2022. Following the previous announcement of free PPE provision until the end of June 2021. the scheme will now be extended to the end of March 2022 as the expectation of clinical experts is that usage will remain high throughout the next financial year. This will ensure that general practice can continue to access rigorously tested and high-quality PPE. Providers should continue to access COVID-19 PPE via their current distribution channels.

Salaried GPs vaccination reimbursement

The BMA has received reports of salaried GPs being asked by practices to volunteer for vaccination on a goodwill basis with no payment or time off in lieu from their practice.

While any clinician can volunteer to support vaccination clinics, funding models should not rely on this, and employees should never be coerced into doing so. GP practices are paid to administer COVID vaccinations and payment of staff is included in the costing of this funding. Salaried GPs should be fully remunerated for any vaccination shifts and should not feel pressured to take these on a goodwill basis.

DWP Forms

Further to a recent meeting GPC had with the DWP, they have agreed to supply copies of all relevant GP forms prior to their publication on the <u>HCP</u> pages of Gov.UK.

Please see attached at <u>Appendix 1</u> a copy of the available forms.

Supporting Practice Managers

New resources and services

Every stakeholder group that wants to effect change within General Practice will come into contact (either directly or indirectly) with Practice Managers. This term is used to define the most senior non-clinical manager within a GP Practice and can include Business Managers and Managing Partners. They are a critical gateway group within the system and the successful implementation of any strategic or transformational plan within General Practice (whether at practice, PCN or place level) is wholly dependent upon this vital workforce group. It is difficult to identify any other professional group as central as Practice Managers are, to the success of so many other stakeholders' plans. Simply put, nothing happens in General Practice without the involvement of its Practice Managers.

Supporting Practice Managers

Although YORLMC does not represent Practice Managers and there is no local professional body for practice managers, YORLMC recognises how important it is to make sure Practice Managers are able to access the support they need to continue to deliver high quality practice management whilst at the same time preserve their own personal wellbeing.

Wellbeing

YORLMC's wellbeing programme brings together a range of services, schemes and events to support wellbeing and enable individuals to look after their own health and know when to seek help before difficulties arise. This programme is available to all GPs and practice managers as well as the wider practice team.

A feature of the wellbeing programme is access to the <u>free GPMplus mentoring service</u> which has been designed to benefit GPs, PMs, Nurses, and other senior practice staff with leadership or decision making responsibilities.

'All About You'

Across North Yorkshire & York, and as an outcome of YORLMC's 'All About You' project which was funded by the commissioners in NY, YORLMC was able to facilitate the development of a <u>practice manager network</u> that has been designed to supplement but not replace the local networks already in place. Having worked hard to secure funding from Bradford & Craven CCG, YORLMC will soon be writing to all BAWC Practice Managers inviting them to complete a survey to ensure that when the LMC starts the 'All About You' project in BAWC it will be with a clear understanding of what life is currently like for BAWC Practice Managers. This survey will shape the project and ensure its outcomes are entirely relevant to local practice manager needs.

More new services

Also newly launched is the YORLMC guide to the 'Time for Us' health and wellbeing review process.

This guide has been developed for GP partners as a way to review the health and wellbeing of their Practice Manager or Managing Partner.

These resources are available for YORLMC constituents only, please log in to your Fourteen Fish account to view these on the YORLMC website.

Refreshed **website resources** and guidance designed specifically for practice managers and practice management are available on a dedicated <u>Practice Manager page on the YORLMC website</u>.

Finally, a reminder that Practice Managers are actively encouraged to attend and contribute to debate at the regular YORLMC Locality meetings

BAWC locality meeting dates can be accessed here

NY&Y locality meeting dates can be accessed here

SFE and global sum calculation

An official consolidated version of the SFE (Statement of Financial Entitlements) has been published for 2021. This updates the SFE from the last fully consolidated version from 2013 and includes the amendments made up to the current 2021/22 contract year. The global sum figure has now been finalised for 2021/22 (£96.78) and amended from early figures as it now takes in to account the full impact of the final MPIG correction factor recycling. The global sum out-of-hours deduction will be 4.75% (£4.59).

Vaccinations

Flu vaccination programme 21/22

The BMA has received confirmation from NHSEI that there will not be central procurement of flu vaccine for the coming year's scheme, but the at-risk group will be extended as it was this year. Practices should therefore, where this is possible due to the late notice, take this into account when placing orders. The annual flu reimbursement letter was updated on 1 April. A copy of the latest version can be found here. The letter confirmed that those aged 50-64 year old will be included in the 21/22 flu programme and also confirmed the inclusion of a QIVr vaccine (Supemtek).

Vaccinations and immunisations guidance

The BMA have now published <u>guidance</u> about the recent changes to the <u>provision</u> <u>of routine vaccination and immunisation in general practice</u> which come into place from 1 April 2021. The changes include:

- The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.
- The introduction of five core contractual standards to underpin the delivery of immunisation services.
- A single item of service fee for all doses delivered in vaccination programmes funded through the GMS contract
- The Childhood Immunisation DES with its 70% and 90% targets was retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.

PCV Hib MenC and Childhood 6 in 1 data collection for payment

A communication has been sent out from CQRS to commissioners regarding the automated data collection for PCV Hib MenC and Childhood 6 in 1. Due to a delay in the automated collection from the GP Clinical system, data for PCV Hib MenC and Childhood 6 in 1 will not be extracted until June 2021.

To enable practices to claim for payment in respect of these services for April and May prior to this extract, GP practices will need to manually submit the data for these periods via CQRS.

The manual submission will need to be declared and approved within CQRS to generate a payment instruction to the payment systems. Where there has been no manual submission, the June automated extract will include April and May. If there has been a manual claim for April and May, the first automated extraction will be for June only.

Information and guidance documents for each of the available services can be found here

Details of these services, including the live collections timetable, can be found on the NHS Digital's GP Collections website

GP career support

A new <u>GP Career Support Hub</u> has been launched on the <u>Future NHS</u> <u>platform</u>, containing all of the information GPs need to support them throughout their career.

The GP Career Support Hub is a central information point with resources to support GPs at all stages of their career - from newly qualified doctors to hose approaching the end of their career. It provides information, guidance and support on career development, learning, mentoring, appraisals, career options/flexibility, wellbeing, pay and pensions to enable GPs to realise fulfilling, rewarding and exciting careers in general practice.

Updated guidance for HGV medicals

Due to added pressures caused by the pandemic, a decision was taken by DVLA in April 2020 to waive the medical requirement for a D4 licence renewal application for those aged 45 and over. Applicants were instead issued with a single, one-year licence.

After talks with the DVLA, the BMA has agreed to aim to accommodate D4 medical appointments for working drivers to make sure that drivers are available to the transport industry. The BMA would therefore encourage practices to enable working drivers to have this medical examination when necessary as much as public health guidelines and individual priorities allow. This excludes car driving licence renewals with small lorry (C1, C1E (107)) and minibus (D1 (101) and D1 (101,119)) entitlements issued before 1997 where these entitlements are used for driving large recreational vehicles rather than for working in the transport sector.

Further information and guidance on this can be found on the <u>DVLA</u> <u>website</u>.

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PRINCIPLE trial on COVID treatment

Following the publication of findings from the Oxford-led <u>PRINCIPLE trial</u> on inhaled budesonide as a potential COVID treatment, NHSE/I has issued the following <u>advice</u> which states:

Inhaled budesonide is **not** currently being recommended as standard of care but can be considered (off-label) on a case-by-case basis for symptomatic COVID-19 positive patients, aged 65 and over OR those aged 50 or over with co-morbidities, in line with the published <u>Interim Position Statement</u>. This Interim Position Statement clarifies that this includes co-morbidities that are 'consistent with a long-term health condition from the flu list'.

What is the background to this new Therapeutic Alert?

The PRINCIPLE trial <u>reported</u> a 3-day median benefit in self-reported recovery for patients with COVID-19 in the community setting who received inhaled budesonide. The impact on hospitalisation rates or mortality has not been established, but the evaluation is ongoing, so recommendations may change as more data become available. The current Therapeutic Alert is based on a decision by the Chief Medical Officer after consideration of the evidence.

What does this mean in practical terms?

There is no expectation that inhaled budesonide will be routinely prescribed for patients in the eligible cohorts with COVID-19. Advice to patients on the management of COVID-19 has not changed. However, as stated in the Therapeutic alert, prescribers may consider prescribing it to reduce symptoms in eligible cohorts who are being managed in the community. This would be on a case-by-case basis using a shared decision making approach.

Where a decision is made to prescribe, prescribers are asked to ensure that the patient understands how to use the inhaler properly. As patients will be self isolating, this may be via video link (see below).

Patients will need to ask a friend or relative to collect the inhaler. If this is not possible, they can access the NHS Volunteer Responders service. They will also be eligible for free delivery if other routes are not possible.

For pharmacists and dispensing doctors

Additional supplies of the Pulmicort 400 Turbohaler (AstraZeneca UK Ltd) are now available to be ordered as needed through business as usual routes from wholesalers.

<u>Information for patients</u>

Information for patients can be found <u>here</u>, including a link to videos explaining correct inhaler technique from Asthma UK.

Maternal mental health

As a result of 2020/21 contract negotiations, the BMA has secured additional funding to support a dedicated postnatal check-up for new mothers. The National Childbirth Trust has now found, in their one year follow up survey, that new mothers are not yet always being given the opportunity for this important review, particularly to have the chance to discuss their own mental health. Whilst this year has been very difficult, as practices plan for the coming year, the BMA would encourage them to offer these dedicated appointments to all new mothers, and to do this at a different time from the regular baby health check.

Call for swift action to remove GMC's power to appeal tribunal decisions

Thirteen leading healthcare organisations, including the BMA and five royal colleges, are <u>calling on the</u> UK government to act to remove the General Medical Council's power to appeal against decisions by medical practitioners' tribunals. The government agreed in 2018 that the power, which duplicates similar powers held by the Professional Standards Authority (PSA), should be scrapped. Its abolition is included in draft legislation to reform the way healthcare professionals are regulated, on which the government is consulting. The healthcare bodies have told Matt Hancock, health and social care secretary for England, that the move is urgent and should be made now, by including it in the forthcoming health and social care bill.



RCGP - Green Impact For Health Toolkit (GIFH)

Practices interested in developing environmentally sustainable practice may find it useful to explore the GIFH Toolkit, created by the RCGP and NUS. This toolkit and award started in 2014 as a collaboration between the RCGP, Health Education England, the University of Bristol, and the National Union of Students (NUS). It is designed specifically for General Practice and in 2019-20, 754 practices signed up to take part with 69 of these achieving an award.

You don't need to be an RCGP member to take part in this scheme. You can request a registration code by emailing giforhealth@sos-uk.org. However, if you wish to test the resource out before registering, visit the website https://www.greenimpact.org.uk/giforhealth and enter the username 'gifh@greenimpact.org.uk' and the password 'testtoolkit'.

York based GP Dr Rumina Önaç explains below how Old School Medical Practice, Bishopthorpe has worked with the GIFH toolkit.

"Old School Medical Practice started its adventure into improved sustainability in May 2019, after realising that the NHS is contributing to the climate crisis highlighted in the media. The practice achieved the GIFH bronze award in 2020.

"Staff and patients across the practice were involved in developing and supporting a range of actions and adaptations. Examples include reclaiming and reusing unwanted crutches and appliances, cutting down on production of and reliance on printed documents, reducing the use of single use plastic (including dispensary bags) and finding alternatives to plastic containing sanitary products. The practice promotes schemes that encourage staff to take part in exercise, explore plant-based diets and supports the use of sustainably produced food products e.g. Fairtrade coffee in the staff room."

The GIFH acted as a springboard for many of these projects. Dr Önaç explains that the toolkit provides detailed ideas and QI projects if you need guidance, or can be used as a basis for creative thinking and inspiration if you just want to explore what might be possible or give people a nudge along the path to improving sustainability.

Old School Medical Practice along with like-minded colleagues within the Vale of York, have gone on to form a green network of GP surgeries. Sustainable Practices York (SPY) is a vibrant, network of practices promoting and sharing environmental ideas, initiatives and enthusiasms.

You can find out more about SPY at www.sustainablepracticesyork.co.uk

BMA virtual event Achieving net-zero in the health service 6 May, 10am-12.30pm

Join the board of science's virtual event, in collaboration with the UK Health Alliance on Climate Change, to hear talks and discussions on climate change, health and how the net-zero agenda can be met in practice.

Find out more and register >

Reducing the carbon footprint of inhaler prescribing

One of the largest factors contributing to the carbon footprint within primary care is Metered Dose Inhaler (MDI) prescribing, inhalers account for 3-4% of the whole NHS carbon footprint. MDIs use hydrofluoroalkanes (HFA) propellants which are potent greenhouse gases, 1000 – 3000 times more potent than carbon dioxide. In the UK approximately 70% of inhalers used are MDIs which is much higher than many other European countries.

Dr James Smith, Dr Aarti Bansal and Dr Joe Barron-Snowdon have produced a guide for Greener Practice entitled "How to Reduce the Carbon Footprint of Inhaler Prescribing? A Guide for GPs and Practice Nurses in the UK". This guide makes 4 key recommendations for GPs and Practice Nurses which can lead to a reduction in the carbon footprint caused by inhaler prescribing, it also offers advice in response to frequently asked questions regarding. A copy of this guide can be found at Appendix 2.

Dry powder inhalers and other newer types of inhalers such as soft mist inhalers, are less harmful to the environment than traditional MDIs and the NHS long term plan supports the use of these inhalers where clinically appropriate. NICE have produced an inhaler decision aid to facilitate discussions about inhaler options. A copy can be found at Appendix 3.



Network Contract DES 2021/22 and improving general practice appointment data

NHSE/I has published a suite of documents to support the updated Network
Contract DES
2021/22 from 1 April. These documents implement the changes set out in the NHSE/I letter of 21 January 2021, and include a cover not outlining the updated Network Contract DES specification and guidance, and other supporting guidance, including a set of FAQs.

They have also published <u>guidance for practices on standard national general practice appointment categories</u> to support the mapping of local appointment slots to these new categories. This follows joint NHSE/I and GPC England guidance published in August 2020, which introduced an agreed definition of general practice appointment.

There is also new guidance on PCNs implementing the <u>Investment and Impact</u> <u>Fund</u> for their practices as per the requirements set out in the Network Contract DES.

Access all the guidance here

NHS Digital are <u>hosting several webinars</u> to supplement this guidance and the categorisation. There are also some short demonstrations that cover how best to carry out the national mapping exercise:

EMIS WEB users: <u>GP Appointments Data (GPAD) - HowbeckHow2</u>

TPP SystmOne users: GPAD Mapping - TPP Demo

Improving GP appointment data

As set out above, NHSE/I has published information aimed at improving the quality of <u>GP appointment data</u>. This is to ensure that published general practice appointment data fairly represents the appointment activity carried out across practices and general practice providers in England. This year's PCN Investment and Impact Fund provides additional funding to support this through an indicator covering the mapping of appointment slot types to the new set of national appointment categories by all practices within the PCN. This should only require a short one-off exercise, mapping each slot type that the practice uses to one of the national categories. Practices should note that this only relates to appointments from 1 April 2021 onwards and shouldn't require changes to wider processes or appointment books.



BMA summary: NHS Planning Guidance 2021/22 and NHS Mandate 2021/22

The BMA has produced a member summary of NHS England's latest Planning Guidance for 2021/22, available at <u>Appendix 4</u>, which sets out its expectations for NHS commissioners and providers in England over the coming year and for the recovery from Covid-19.

The BMA has also responded to the publication of the planning guidance publicly <u>here</u>, and has welcomed the focus on staff wellbeing, recruitment and retention in the guidance, which echoes some of the priorities we set out in our recent paper <u>Rest, recover, restore: Getting UK health services</u> back on track.

The BMA has also called for a realistic approach to tackling the growing backlog of care given the scale of the challenge facing the NHS. Although it is positive that the planning guidance sets out relatively cautious timescales for increasing non-COVID care in the NHS over the coming six months, the BMA has warned that offering financial incentives to raise activity levels could be counterproductive if this leads to healthcare workers being put under pressure to ramp up services too quickly.

New GP Pay and Pensions system

Following a number of delays it appears that the new GP Pay and Pensions system will become available to practices and GPs on 1 June 2021. PCSE has this week written to practices, advising on next steps and what practices will need to consider in preparation. GPs themselves are due to receive information and guidance on using the new system in the coming weeks.

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
RCGP Social Media Highway Code

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.yorlmcltd.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@yorlmcltd.co.uk

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