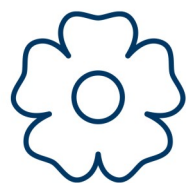


YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale



GPM PLUS

Access mentoring free of charge

Launched by YORLMC earlier this year, GPMplus offers a free peer mentoring service for GPs, nurses, and other practice staff with leadership responsibilities. The service is provided by trained mentors who all have experience of working in frontline General Practice.

Since the service launched in February this year, more than a hundred mentoring sessions have taken place across the YORLMC area as well as Calderdale, Humberside, Kirklees, Leeds and Wakefield. A total of 74 people have applied for mentoring and 55 of these have already been allocated a mentor.

There's still opportunity to access mentoring. Individuals will each be offered up to 8 hours of 1:1 mentoring support, provided by trained and experienced mentors.

A leaflet with further detail is available at [Appendix 1](#) and you can visit the [GPMplus website](#) for more information. Contact details for the service are available [here](#).

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.

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May 2021

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Update from Dr Brian McGregor

Dear Colleagues

Vote of no confidence in NHSE leadership

As lockdown measures are easing to various extents across the UK, and the [BMA urging 'utmost caution'](#), GPs are understandably angry after receiving the letter from NHSEI about face to face appointments and seeing walk-in patients in advance of an updated SOP. This is whilst the [Government's guidelines](#) still recommend social distancing in healthcare settings, and at the same time asking for second doses of COVID vaccinations to be brought forward, causing enormous pressure on general practice.

The media headlines and the subsequent [letter](#) relating to the NHSE/I's [Standard Operating Procedures](#) understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated. Practices need help and support not condemnation and criticism. **Note that this is guidance and not contractual. It is for practices to determine how they meet the reasonable needs of their patients.**

The BMA has already expressed very deep concern to NHSE/I about the contents of their letter, and been candid about how it has been received by the profession. Read the BMA press statement [here](#).

As a result, in the GPC England meeting on 20 May we discussed and passed an Emergency Motion of no confidence in the leadership of NHS England following its "tone deaf" letter to practices around face-to-face appointments, and longer-term failure to support, or recognise the efforts of, the profession over the last 14 months. The motion also demands an explanation from the Government as to why the letter was sent last week and an urgent meeting with the Secretary of State for Health and Social Care. As a result, the GPC has now ceased all formal meetings with NHSE/I and this will continue until sufficient steps have been taken to give the GPC confidence to justify a resumption in such meetings. Read the full [statement](#) by GPC Chair Dr Richard Vautrey.

The BMA is now calling for an end to this management-by-directive approach which is not appropriate at this stage of the pandemic. To reiterate, such guidance is not contractual and it is for practices, as independent contractors, to determine how they meet the reasonable needs of their patients, and how they organise their appointment and access arrangements, including online consultations and triage, in the best way they can utilising their available capacity and expert knowledge of their local community.

YORLMC emailed all GPs and practices on 17 May with the letter at [Appendix 2](#), with our response to the NHSEI letter. As I said in my covering message to that mailing, please remember that you are not alone, we are all feeling the strain, please [contact the LMC office](#) if you would like support, there are a variety of schemes we are linked to and can offer 1:1 pastoral support, over any issue.

*With best wishes,
Brian*



Online consultations the contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) GPC England agreed that it would eventually become contractual for practices to offer online consultations during core hours. This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement. However, GPCE also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations.

It is therefore for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.

LMC UK Conference 2021

The LMC UK Conference was held on 11 and 12 May, as a virtual event. See the [resolutions](#) and watch a [recording](#) of the event. Each LMC is allocated a set number of places and representatives from Bradford & Airedale LMC and North Yorkshire & York LMC attended.

COVID-19 news

Accelerating second doses for priority cohorts 1-9

Following the recommendation by JCVI that reducing the dosing interval to help protect the nation from the COVID-19 B.1.617.2 variant, the [Government has instructed](#) that appointments for a second dose of a vaccine **will be brought forward from 12 to 8 weeks** for the remaining people in the top nine priority groups who have yet to receive their second dose. People should continue to attend their second dose appointments, and nobody needs to contact the NHS. The NHS will let those who should bring their appointment forward know, when they are able to do so.

Vaccination sites will receive an increase of the AstraZeneca vaccine to support with rescheduling second dose appointments.

The [letter from NHSE/I](#) promised additional financial support would be made available to vaccination centres to cover the administration costs of this activity and earlier this week we pushed for this to be made. NHSE/I has now published [Further details on the support available for PCN-led sites](#), including CCGs and ICSs to bring in additional workforce where possible, and additional payment of £1,000 for PCN groupings for rescheduling second dose appointments on or after 25 May 2021. They have also updated their [FAQs on providing second doses](#).

Updated Enhanced Service Specification

The [Enhanced Service Specification](#) for the COVID-19 vaccination programme 2020/21 has been updated to introduce a 3 month maximum period within which payment claims must be made, a change to restrict PCN groupings to using a single Point of Care system, as well as a change to permit the administration and payment claim of a single dose vaccine.

BMA media campaign ‘*Spread the word, not the virus*’

The BMA has launched a [social media campaign to encourage a better uptake of COVID-19 vaccinations amongst communities from minority ethnic backgrounds](#).

Working with a group of influential social media creators, who have developed short video posts for Instagram, it is hoped that the campaign will pass on the message that everyone who can be, needs to be vaccinated so that the risk of infection and illness reduces and life can get back to normal. Find out more [here](#).

Changes to National Booking Service (NBS) for pregnant women

The new NBS functionality will enable pregnant women to book appointments at a site that offers the Pfizer-BioNTech or Moderna vaccine following a series of screening questions. This is in line with JCVI guidance and the [Green Book](#).

Every woman who is pregnant or thinks she might be, should be offered a discussion on the potential risks and benefits of vaccination with a clinician, so that she can make an informed choice about whether to receive it. Pregnant women will be able to have a conversation with a healthcare professional at their vaccination appointment or can speak to their maternity team or GP service.

Guidance for vaccination centres to ensure access to people with dependent children

The BMA has welcomed guidance recently published to ensure that people are not turned away from vaccination centres because they attend with dependent children – and have called for it to be publicised more widely. The BMA intervened after a junior doctor on maternity leave was refused entry at a hospital vaccination site because she was carrying her three-month-old baby. Details of the case can be read [here](#).

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COVID-19 news

Storage of Pfizer vaccine

Following [reports by the European Medicines Agency](#) that the approved storage period in a fridge for the Pfizer vaccine could be extended from days to weeks, the [MHRA has approved](#) new storage conditions for the vaccine, extending the length of time the thawed vaccine can be stored at normal fridge temperatures from 5 days to 31 days.

NHSE/I has also published a [letter](#) about the change to shelf life of the Pfizer vaccine when stored in refrigerators at 2-8C. This change makes a big difference to the remaining vaccination campaign and potentially simplifies the giving of boosters at the same time as flu vaccines later in the year. However work still needs to be done on trying to reduce pack sizes.

The BMA also questioned again the continued need for a 15 minute observation period after vaccination.

JCVI announcement regarding AstraZeneca vaccine for people under 40

JCVI have updated their advice for vaccination of those under 40. They have said 'JCVI's advice is based on the available data on the current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and the current forecast on vaccine supply. Given the risk (albeit extremely rare) of these adverse events associated with the AstraZeneca vaccine, the current control of COVID-19 in the UK, model predictions of the potential scale and timing of a future wave, and promising forecasts for the availability of vaccines in the UK, JCVI agreed its advice should be updated.

JCVI advises that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise.

For those under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the risks of acquiring and/or suffering complications of COVID-19 are higher. Every effort should be made to remove barriers to accessing vaccination in those individuals.

For those aged 18 to 29 years the precautionary advice for a vaccine preference is stronger, reflecting a gradient in the benefit-risk balance with age'.

NHSE/I have issued [guidance](#) to GP practices relating to this change.

NHSE/I will also be sending out text messages to remind people about the second dose if they haven't received it or do not yet have an appointment at 91 days after the first dose. Patients can book at www.nhs.uk/covid-vaccination, by calling 119 or by contacting their GP practice, if that is how they booked their first dose.

Extension to the shingles immunisation programme

Individuals become eligible for routine vaccination against shingles when they reach age 70, and all those aged up to and including 79, are now eligible to receive the vaccine until they reach age 80. Individuals who are eligible for the shingles vaccination programme who turned 80 years during the pandemic and missed the opportunity to be vaccinated can now be vaccinated until 31 July. There are no contractual changes to this programme, the offer of vaccination is opportunistic or if requested for the catch-up cohort. GPs will continue to be reimbursed via the standard item of service fee, which should be claimed manually.

Central procurement for Pneumovax®23 from 1 June

From 1 June 2021 the Pneumococcal Polysaccharide Vaccine (PPV 23) will be centrally procured. In line with other national immunisation programmes, Public Health England will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions, rather than providers locally procuring the vaccine. The vaccine will be available to order from [PHE's ImmForm website](#). Read more [here](#).

Domestic Abuse Bill receives Royal Assent

The [Domestic Abuse Bill](#) has received Royal Assent to become the Domestic Abuse Act. This means the provisions in the Bill will come into law over the coming months, and probably before the Summer. The Bill contains a new measure which will prevent doctors from charging patients experiencing domestic abuse for letters to access legal aid. While BMA guidance has previously advised against charging for these letters, the BMA will continue to push for GPs to be removed from this legal aid process entirely – as it believes the current system disempowers victims and is unnecessary bureaucratic.

Reusable PPE

Reusable facemask trials

According to research conducted at Brighton and Sussex Medical School, between February and August 2020, approx. 3bn items of PPE were utilised. This generates over 591 tons of carbon dioxide equivalents per day, which is 27,000 times the average individual's daily carbon footprint. Currently, most PPE is disposed of as clinical waste and sent for high-temperature incineration which has huge environmental impacts. Some simple changes to approaches and strategies such as switching to reusable products and developing the capability to recycle PPE could help to reduce the carbon impact of increased PPE usage.

In response to this, industry organised trials have been launched to look at ways to reduce the reliance on single use facemasks, specifically Type IIR facemasks and to explore how alternative reusable facemasks can be used instead. Over 50 healthcare organisations, including hospitals, ambulance services, GP surgeries and medical departments of universities are trialling the viability of reusable facemasks supplied by several approved manufacturers, within their health care settings.

Local practices within North Yorkshire and Bradford are taking part in Revolution Zero re-usable PPE trials. Dr Rumina Önaç has shared feedback from the trial at Old School Medical Practice, York which involved a range of staff with differing roles swapping disposable masks for re-usable RZ facemasks. The individuals involved described significant improvements in the level of comfort and wearability of the re-useable masks. The improved fit of the masks was particularly noticeable for staff who have previously experienced skin irritation or difficulties with glasses fogging- up, with disposable product. Dr Maria Foulds, Horton Park Medical Practice, Bradford highlights similar feedback regarding the improved comfort and fit of the re-useable masks and describes a very positive start to the trial and support amongst practice staff for the re-usable products.

The main concerns around re-useable masks have predominantly been in relation to their efficacy. International trials have shown that the masks, which are anti-viral coated and bear a CE mark, can be used for up to 40 washes, at which point their CE marking 'expires'. The masks have shown to be as or more effective compared to the disposable, plastic products. Once the CE mark expires the re-useable masks can be put to alternative use in a non-clinical setting or returned to the suppliers for recycling, resulting in zero waste.

Dr Önaç highlighted that the trial has indicated potential savings for the practice of over 1000 masks in 1 year, (based on 7 clinicians, changing their masks at least once daily). Although the confirmed financial cost is difficult to predict, early indications suggest savings in the region of £500 over the year could be possible.

The current trial of re-useable PPE is now underway but for more details on the project please contact Alexis Percival - alexis.percival@nhs.net or rumina.onac@nhs.net



General Practice Fellowship Scheme

The [General Practice Fellowship programme](#) is a national commitment announced in the NHS Long Term Plan, and restated in the February 2020 'Update to the GP Contract agreement 2020/21–2023/24'.

It is a two-year programme of support, available to all newly-qualified GPs and nurses working substantively in general practice. Participants receive learning and development post-registration, funded mentorship and funded CPD opportunities, of one session per week, and rotational placements within or across PCNs to develop experience and support transition into the workforce.

The mentoring elements of the HCV and WY programmes are provided by [GPMplus](#).

More information about the WY programme can be found [here](#)

More information about the HCV programme (Catalyst) can be found [here](#)

Pathway to Partnership: New Partner Development Programme Update

The Qualitas Pathway to Partnership programme looks to accelerate the professional development of new partners, providing the opportunity to learn new skills and knowledge, develop a network of colleagues across the country and learn from successful GPs and practices alongside business, accountancy, innovation and leadership experts.

There's more information on the [Qualitas website](#) – please note that for those new to partnership, NHS England offers full reimbursement for training here.

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 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 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, and they also need 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.

In addition to previous changes, this year there is an additional requirement which is set out in Sections 3.17 and 3.18 of the NHS Standard Contract:

“3.17 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider’s compliance with SC6.7, SC8.2-5, SC11.5-7, SC11.9 -10, SC11.12 and SC12.2 of this Contract.

3.18 Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:

3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;

3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and

3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.”



GP Data for Planning and Research, legal direction

On Wednesday 12 April, NHS Digital issued a [Data Provision Notice](#) (DPN) to all practices notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GPDPR) programme. GPDPR is the successor to the GP Extract Service (GPES) and it is a legal requirement for practices to comply with the DPN. Your IT supplier will be in touch separately with instructions on how to comply as these vary by system.

The next steps that practices need to take include complying with DPN, update your Privacy notice, consider as a practice if you will proactively be contacting patients to inform them of what is changing and register type1 opt outs in a timely fashion

See also these key documents/links:

[Data Provision Notice \(DPN\)](#)

[Privacy statement](#)

[Patient information on GPDPR](#)

[Transparency notice](#)

[Type 1 opt-out form](#)

[Next steps for GPs](#)

A joint statement from BMA and RCGP can be found [here](#)

Your chance to inform staff training in primary care

Health Education England and NHSE/I would like to hear from GPs, practice nurses and practice pharmacists about their experiences of delivering remote triage (navigating patients to the right person at the right time), online, telephone and video consultations in general practice. Your input will be crucial in designing effective training to support all primary care staff and trainees to confidently work with these approaches. Virtual focus groups will be run in May-June 2021. If you would like to participate, or find out more about the study visit <https://bit.ly/3dyYp19>

Primary care system development funding and GPIT funding guidance

NHSE/I has published [primary care system development funding and GPIT funding guidance](#) for 2021/22. This outlines the funding, which GPCE has played a significant role in securing, both nationally and for each region for a range of general practice schemes.

In summary at national level the funding available this year includes:

- £746 million for ARRS (£415 million included in the CCG baseline and £331 million held centrally)
- £55 million (at least) for GP fellowships
- £8.1 million for mentor scheme
- £15.5 million for the NPPS
- £120k per ICS for flexible staffing pools and digital staffing platforms
- £12 million for local GP retention fund
- £12 million (at least) for training hubs (separate to HEE funds for training hubs)
- £5 million for international GP recruitment
- £65 million for digital first support (additional £3m to fund staff for NHSEI regional teams)
- £16 million for online consultation software systems
- £246.5 million for GPIT systems and support in CCG baselines
- £13 million for technology upgrades
- £80 million GPIT BAU capital
- £105 million for GPIT futures framework
- £10 million for Access improvement programme (three streams of £5m, £2m and £3m)
- £29.2 million for PCN development
- £8.5 million for General Practice Resilience Programme
- £40 million for ETTF

Launch of framework for suppliers of digital services to general practice

The new [Digital first online consultation and video consultation framework](#) has been launched, which is intended to improve the standards of systems available for patients and practices. The new procurement framework means that PCNs working with commissioners can choose assured systems from a range of suppliers to better meet local needs.

The framework will allow products to be better tailored to user needs, including integrating online consultation systems with GP clinical systems and sending requests to other primary care services to reduce pressure on practices and navigate patients effectively.

IGPM Video – “If I die, it will be your fault”

The Institute of General Practice Management (IGPM) has produced a video highlighting the abuse received by practice staff. The video is available [here](#).

New GP Pay and Pensions system

Reminder: The new GP Pay and Pensions system is due to become available to practices and GPs on 1 June.

Microsoft N365 licences will be allocated for Locum GPs

As a result of work done across the BMA, the Royal College of GPs, and NHSX, the "apps for enterprise" Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long term solution. The BMA expects the licences to be live over the coming weeks.

Appraisal 2020 survey

NHS England and Improvement is conducting a survey on Appraisal 2020. If you've used the new, streamlined format, which was introduced following BMA concerns about workload pressures and the impact on wellbeing during the pandemic, then your thoughts will be valuable to help develop the format and make appraisal more useful for all doctors. Everyone who has used the new format is encouraged to take part, especially if you're a Responsible Officer.

To take part please email lily.tomkins1@nhs.net who will share a survey link according to your designated body.

BMA survey

GP workload pressures

The BMA has published its 13th COVID-19 [survey](#), which clearly demonstrates how the pandemic has had a great impact on GPs and practice staff in terms of workload, lack of breaks and leave, and an increasing number of staff leaving the NHS.

More than half of GPs (62.5%) surveyed say they are 'very concerned' their patients' health will suffer due to the growing backlog of non-COVID care. The survey also reveals that 68% are either not very or not at all confident that their practice will be able to manage patient demand. GPs especially report that their non-COVID workload is higher than before the pandemic, and are less confident than their hospital colleagues that their practice and local health economy can manage this and actually clear the backlog within a year.

General practice, like much of the NHS, is currently facing unprecedented pressures as we battle to keep patients safe during the pandemic on top of a growing backlog of care.

The survey also shows that an increasing number of staff leaving the NHS, with 36% of respondents from a primary care setting said they are more likely take early retirement in the next year while 22% of respondents from a primary care setting said they are more likely to leave the NHS for another career in the next year. 55% of respondents from a primary care setting said they have changed their career plans because of workload, including the ability to take breaks/leave.

No GP is a stranger to working long hours or seeing colleagues break down with stress, and as a result, many are now considering leaving the profession altogether in order to get the respite they so desperately need. Not only does this deprive the NHS of talented doctors, but it also hinders patient care, drives up waiting lists, and places extra pressure on those who decide to stay.

The BMA's findings must act as a wake-up call to UK Government and treated with the upmost urgency. Without a functioning general practice system – the gatekeepers of the NHS – the entire health service teeters on a cliff edge.

GPC Chair Dr Richard Vautrey has written to Health Minister, Jo Churchill MP, to highlight the pressures GPs and their practice teams are under, and that despite this huge and growing workload, recent media focus has again misleadingly suggested that GP practices are not open to see patients. This is clearly not the case, as evidenced in the national appointment data published last week showing that there were 3 million more appointments (up 11%) in March this year, than the same time in 2019 prior to the pandemic. Read the full results from the survey [here](#)



Workforce data and GP pressures

The latest [GP workforce data report](#) has been published, which shows that the overall number of FTE GPs has seen little growth since 2015, with the number of GP partners significantly decreasing in that time.

Between March 2020 to March 2021, the number of older, more experienced GP partners reduced by 546 doctors. Factoring in this decrease, the number of qualified GPs increased by 1541 (salaried and locum GPs only) in that time. Looking at this on a FTE basis (37.5 hours per week), the number of fully qualified FTE GPs only increased by 110.7 (to 28,096) over the past year.

The number of patients per practice is 22% higher than it was in 2015, but the GP workforce has not grown with this demand. As a result of this stasis, there are now just 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015. This is significantly below the average number of physicians per 1000 patients in comparable OECD nations (3.5).

These figures clearly illustrate that in addition to the workload pressures practices are under, the GP workforce is decreasing steadily, while the patient numbers are increasing.

Read the BMA's full analysis of the figures on the [GP pressures page](#) which has clear graphical analysis, with the chart resource pack [here](#) which can be posted as individual images as part of social media interactions.

You can read the [statement](#) about it by the GPC Workforce lead and GPC England Executive team member, Krishna Kasaraneni.

Data sharing checklist

LMC Law has updated its Data Sharing Checklist. This is available at [Appendix 3](#) and can be used as a guide for Practices when they are considering their data sharing arrangements/agreements.

10 Top Tips for Financial Wellbeing A guide from the Cameron Fund

One of the objects of the Cameron Fund is the prevention of hardship. Being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, they have produced: "[10 Top Tips for Financial Wellbeing](#)".

There's more detail about the background to this guide at [Appendix 4](#).

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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