



## A monthly newsletter for North Yorkshire & Bradford & Airedale practices



YORLMC represents all GPs and their practices in:

- Bradford, Airedale, Wharfedale and Craven
- North Yorkshire and the City of York

Providing:

- ◆ Support & Advice
- ◆ Pastoral Care
- ◆ YORLMC Law
- ◆ HR & Employment
- ◆ Training
- ◆ Events
- ◆ YORLMC News
- ◆ YORLMC Buying Group
- ◆ *Regular updates*

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## Messages from Dougy Moederle-Lumb, Chief Executive, YORLMC Ltd



### YORLMC Conference - 17 October

YORLMC's first ever conference is taking place on 17 October 2017 at the Pavilions of Harrogate, Great Yorkshire Show Ground. There is a great programme which will deliver a informative, inspirational, interactive and entertaining day. We already have really good representation across North Yorkshire & York and Bradford, Airedale, Wharfedale and Craven practices at the event but if you have not done so yet please do book your place at <https://www.yorlmcld.co.uk/events/3360>.

Further to the entry in the [August newsletter](#), a reminder that we are also looking at the options of again holding locality roadshows in 2018. Please complete the [short survey here](#)

### GPDF - election

I am pleased to announce that I have been elected Chair to the General Practitioners Defence Fund (GPDF). The GPDF supports the significant work carried out by GPC Members and negotiators on behalf of the Profession and the important work of the BMA lawyers.

### YORLMC Services

I would like to take the opportunity to highlight the suite of services that YORLMC offers to North Yorkshire & York and Bradford and Airedale practices. Services include:

- [Education, training and development arm](#) - please contact Leanne Ashton in the first instance for all your training needs
- [YORLMC Law](#) - YORLMC cannot provide individual GPs or practices with legal or financial advice. However YORLMC offers all its constituents access to a range of legal services. The services are offered under the banner of YORLMC LAW – in conjunction with LMC Law Limited – and are designed to assist and facilitate legal advice and services to practices and federations. YORLMC is supporting and funding the delivery of these services utilising LMC reserves, with a view to ensuring that practices and federations receive high quality expert advice from legal professionals with significant NHS experience.
- [HR & Employment Indemnity Package](#) - The package (YORLMC in conjunction with AXA Insurance) is available to practices and federations at very competitive rates and under a contract which can be renewed annually.
- [Pastoral services](#) - We have a comprehensive pastoral care team with many years' experience of defence bodies and GMC procedures and is able to provide personal and confidential support for individual GPs in difficulty or experiencing major change.
- [Free job advertising service](#) - NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in YORLMC area can place adverts on the job page free of charge.

## Humber Coast & Vale General Practice – a place of opportunity

Our colleagues at the Humberside Group of LMCs have recently launched a new campaign “Humber Coast & Vale General Practice – A Place of Opportunity” which aims to support recruitment of GPs and practice staff to the area. A website has been created for this purpose [www.generalpracticejobs.org.uk](http://www.generalpracticejobs.org.uk) and accompanying resources provide everything practices need to promote their vacancies.

Please also remember that YORLMC as part of its suite of services also has a [dedicated jobs page](#) on its website. YORLMC accepts advertising requests free of charge from the following sources:

- North Yorkshire & York and Bradford, Airedale, Wharfedale, Craven NHS GP practices and groups of practices seeking to fill GP and staff vacancies
- GPs seeking work in North Yorkshire & York, Bradford, Airedale, Wharfedale, Craven

## GPC England Statement re Elective Care High Impact Interventions: Clinical Peer Review

The GPC has issued a statement setting out its position on elective care high impact interventions (Clinical Peer Review). The statement makes clear that the GPC recognises that reflective practice and peer review are important elements in modern general practice, and when appropriate GPs would discuss these matters in appraisals as part of their ongoing professional learning and development. The statement also makes it clear that there is no contractual obligation on the part of GPs to undertake this activity and GPs have a duty to refer patients to services when clinically required. The statement can be read at [appendix 1](#).

## Funding General Practice in England

GPC have published their analysis of the funding of general practice in England. You may recall that in 2016 the BMA called for 11% of the NHS budget in England to be invested in general practice, to tackle the growing crisis in primary care caused by nearly a decade of under-investment by successive governments. A little over one year on, GPC are reviewing the outlook for general practice funding in England between now and 2020/21, and considering whether planned investment over the coming four years as part of the General Practice Forward View (GPFV) is likely to meet our 11% target.

Sadly, GPC analysis shows that even if the GPFV funding is delivered in full, investment in general practice is likely to fall significantly short of that 11% target. GPC will publish further analysis of the financial outlook for general practice once new GP investment statistics are published by NHS Digital.

## GP Earnings & Expenses

GPC have published an analysis of GP Earnings and Expenses Report 2015/16. GPC hope that some of the information presented in their analysis will be of help to you and the report is attached as [appendix 2](#)

## CQC - registered manager

There was information in the [August edition of YORLMC News](#) about the requirements around a registered manager in GP practices. YORLMC is aware anecdotally of change of registered manager applications taking up to 12 weeks to be processed and asks practices to bear this in mind.

## Frailty Contractual Guidance on Batch - coding

Please see attached NHS England's statement following discussions around batch - coding in the context of the contract changes on frailty that came into effect this year ([appendix 3](#))

## Guide for Overseas Doctors (UK)

Led by the RCGP (Royal College of GPs), partner organisations including the BMA have been working together to produce a new guide for international GPs and doctors from the UK that have trained abroad who are considering moving to the UK to live and work in NHS General Practice. The guide contains information on life in the four UK nations, the cost of living, housing, education, childcare, opening a bank account etc, as well as details about the NHS, becoming an NHS GP, types of GP role, salary / pay and the various routes you can take to become an NHS GP.

It is intended to be an online resource, which will be located on the RCGP website and updated periodically to ensure it remains current. The guide will be launched at the RCGP Annual Primary Care Conference, which is taking place from 12-14 October.

## BMA response to Care Quality Commission report into standards of care in general practice in England

Responding to the Care Quality Commission's (CQC) [latest report](#), *The State of Care in General Practice 2014-2017*, Dr Richard Vautrey, BMA GP committee chair, said:

"This report shows that general practice consistently receives the highest ratings for the quality and safety of care delivered to the public despite the unprecedented and growing pressures on GP services throughout England. The number of GP practices obtaining the highest grading continues to grow, with nine out of ten rated as either good or outstanding.

"These positive results are undoubtedly down to the hard work of GPs and practice staff, but many are in an environment where they are increasingly struggling to deliver effective care to their local communities. A recent [BMA survey](#) found a majority of GPs in England are considering temporarily closing their practice list to new patients because of the impact of soaring demand, stagnating budgets and widespread staff shortages. [A third of GP practices](#) have vacancies that have remained unfilled for 12 months while [nine out of ten GPs](#) believe their workload is often unmanageable. The CQC process itself remains overly bureaucratic and continues to result in GPs spending time filling in paperwork when they should be treating patients.

"In this climate, it is important that any GP practices deemed to be struggling are given the necessary support so that any issues can be addressed. More widely, the government needs to tackle the mounting crisis facing GPs, not least as the report concludes that a strong general practice is vital to the overall performance of the rest of the NHS."

## PCSE – OUTSTANDING REGISTRAR PAYMENTS

We have been advised that PCSE are developing a communications team to advise on pay arrangements for this cohort of GP trainees. All those whom PCSE have received K4 forms for which do not know if the trainee will be on the old contract or the new 2016 Junior doctors contract - PCSE will be making a reimbursement based on the old contract (temporarily to ensure that some form of reimbursement is received rather than nothing). Once the updated information has been provided to PCSE they will be reconciling accordingly.

NHS England are arranging for the NHS Employers webinars to be held again as feedback from most Yorkshire & Humber practices is that it was missed as they were not made aware in time. PCSE will be collating questions to allow for a Q&A at the end of the webinar.

Capita's National Engagement Team (NET) have also raised that very few practices in Yorkshire have contacted the support service (commissioned only for a 9-month period) therefore have asked the LMC to support with spreading the message that there is a support service for all training practices which will support with implementing the 2016 Junior doctor's contract and answer any questions the practices have. Please use this service whilst it is still available.

The contact details can be found here: <http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/information-for-employing-gp-practices>

We will of course share details on the repeat webinars and any updates when available.

### ON OPEN EXETER NEW 'HOW TO' GUIDE FOR VIEWING GP REGISTRAR PAYMENTS STATEMENTS

A new guide on how to view GP registrar payments on Open Exeter statements is now available to download from the PCSE website. To view it, please click [here](#)

**If practices have concerns or experience delays in obtaining GPR reimbursements then please contact the Corporate Affairs Team at [info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk)**

## General Data Protection Regulation (GDPR)

The BMA's Ethics team will be updating existing BMA guidance on the DPA later this year so that it reflects the GDPR. In the meantime, practices are advised to use the existing BMA guidance in relation to GPs' role as data controllers under the existing DPA. This guidance is available [here](#) If practices are compliant with current DPA requirements then, it is the GPC's view that they will be well prepared for compliance under the GDPR.

Further guidance will be shared with practices as it becomes available and YORLMC will be arranging training for practices in due course.



## What are the implications for practices as a result of the contractual changes to identify overseas patients?

These changes will be introduced from October 2017. They only apply to patients who are registering with your practice who have a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. These patients will be required to self-declare at the point of registration.

Practices will be provided with a revised GMS1 form to use, as well as a hard copy of a patient leaflet which will explain the rules and entitlements overseas patients have in accessing the NHS in England. Once a practice has manually recorded that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record, they will then need to send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. Details will be provided shortly about how to do

this. Although the form will identify other patients from overseas, practices are only required to send the forms for patients with a non-UK issued EHIC or a S1 form. Under this system, the patient's country of origin will be charged where relevant. Patients themselves will not be charged for general practice services, but as now, may be charged for some secondary care services.

New recurrent investment of £5 million will be added to global sum to support this requirement and the associated administrative workload. Later in the year GPC will discuss with NHS England how an automated process could be introduced. These discussions will also include development of systems to automatically collect GP appointment data for these patients to better enable the cost recovery from their home countries.

## Third Next Appointment (TNA) Survey by NHSE

GPC guidance on the Third next appointment (TNA) survey by NHSE is below:

NHS England has commissioned a survey of each GP surgery in England in order to better understand waiting times in General Practice. The survey will run through October, and will involve every practice in England receiving a telephone call. NHS England has advised the call will last no longer than three to four minutes, and will ask when the third next available routine appointment is. GPC have expressed deep concerns to NHS England regarding the potentially misleading or poor quality data this survey may produce, especially given the vast variability in appointment systems from practice to practice, as well as the survey failing to accurately assess emergency appointments, telephone triage and other modes of access. We have also questioned the expenditure on such a survey when General Practice itself is collapsing due to chronic under-funding. GP Practices are under no obligation to respond to this survey. However, if you wish to do so GPC advice is as follows:

- Direct the call to the Practice Manager or another suitable manager. If no such person is immediately available, then take a return contact number and instruct the caller that someone will call them back later
- The person giving the data should tell the caller when the third next available routine appointment with a doctor is
- Appointments which can be booked into a locality hub are valid for the purposes of this survey, and the third next available routine appointment should be given
- If no such routine appointment exists due to the design of your appointment system (eg: Total Triage, On-The-Day, Nurse Triage etc) then inform the caller you are unable to answer the question, and explain the reason for this

Once again, compliance with this survey is entirely voluntary and practices should only participate if they are willing and able to do so.

## Income Tax - Annual Allowance

The following was prepared for Wessex LMC by two of their specialist Accountants:

"One of the main topics of conversation at GP practice meetings this year should be unfortunately, the 'Tapering of the Annual Allowance limit' with regard to pensions. New rules from 2016/2017 are leading to huge increases to many GP's tax bills from January 2018 onwards. GP's ignore this legislation at their peril!

2015/2016 in contrast saw the majority of GP's escape an Annual Allowance tax charge but the goalposts have now moved and this should be a clear message that you have taken and understood from your accountant or IFA.

2016/2017 saw the introduction of tapering of the annual allowance limit. Those earning over £110,000 may well see their annual allowance limit reducing from £40,000 down to a possible £10,000 depending on individual levels of total income. When this happens unused relief that may have been generated in 2015/2016 and earlier years is likely to be used up in full in 2016/2017 which may mitigate a tax charge but very often will not remove it altogether.

This is real extra tax that will need to be paid for no extra growth in pension when a GP retires. The extra tax for 2016/2017 is payable in January 2018 and the position will be potentially worsened due to the knock on effect to the first payment on account towards 2017/2018 tax.

The tax year 2017/2018 gets worse as most higher earners will by that point have no unused relief left to offset and the CPI rate which will be used as part of the dynamising calculation is based on the September 2017 factor. September 2016 saw a factor of 1%, it is largely expected September 2017 will be higher thus giving more growth to pension pots. As an extra point it should be noted that the growth rate in the new 2015 scheme is in fact faster than in the 1995 scheme so individuals in this scheme will see pension growth at a faster rate. A small growth in inflation with no other changes can have a large effect on annual allowance growth.

We are advised by the Specialist Medical Accountants acting for a number of our GP's that the increases in tax liabilities that they are seeing as a result of these rules are often staggering in size and this is an area that must be looked at very carefully.

If you have not been asked to already your first step is to download a Total Rewards Statement from NHS pensions website. You will need a government gateway login first to enable you to do this. Make sure this has been forwarded to your accountant for careful review. The Total Reward Statements will not be fully up to date they are likely to be live to 31st March 2015 but your accountant should be able to extrapolate forward from this with your last two years' pensionable earnings.

Whereas Life Time Allowance planning may well be a conversation that you need to have with your IFA, your accountant has a duty to review your Annual Allowance position if information can be obtained in order that your Income Tax Return can be prepared as accurately as possible. It is not advisable to await statements setting out your position from NHS pensions agency as under the current system these will be sent out after the date at which your Income Tax return has to be submitted. As always if with hindsight extra tax is found to be due, HMRC will charge interest on late payment of tax and there could be the possibility of penalties.

## Income Tax - Annual Allowance (continued)

Eventually NHS pensions Agency should advise you of your Annual Allowance breach although this cannot be relied upon without request.

Self Assessment tax is clear that the individual remains responsible for declaring all tax due, NHS pensions agency will not be in any way responsible.

Beware also:

The NHS pension saving statement setting out any breach will not have considered any non NHS pension contributions made.

b) Will be potentially many months after the tax is due giving a nasty shock of tax effectively payable immediately.

c) This is retrospective, once a tax charge has arisen it cannot be reversed if you know in advance what is likely to happen you have a chance to take mitigating action.

d) In a number of cases the tax numbers are enormous and facility to pay this tax will need careful planning.

e) These rules are not only a problem for GP's with big pension pots who are near end of career, many young GP's are also being hit where earnings are high.

If you are not getting the right advice on this area of your tax and pension affairs please consider your position very carefully. There are ways to mitigate the tax and you need to consider if any of these are appropriate to you.

Below is a real example of Dr Smith (name changed to protect identity)

In 2016/17 it was estimate that Dr Smith had unused pension relief brought forward of £14,017. However her tapered annual allowance for the year is calculated at £18,189 and it was estimate her deemed growth in her pension at £65,857. She therefore has 'excess' contributions of £33,651 (calculated as £65,857 less £18,189 and less £14,017) which gives rise to a tax charge of £13,460 for that year.

For 2017/18 (assuming she remains a member of the scheme for the whole year) and estimating CPI at 2.5% (we won't know this figure until September) the position is worse. She has now exhausted any unused relief from previous years. Her accountant estimated her deemed pension growth ay £72,202 and her tapered Annual Allowance at £15,485. If she had done nothing her excess for the year will be £57,717 resulting in a tax charge of £23,086.

Some of the AA tax charge can be paid by the pension scheme but not all. The GP partners do not receive any extra drawings to cover this tax and it is therefore a direct hit on the cash available to them to draw. The NHS pension scheme cannot advise the value of their pensions at the beginning and end of the year (and many GP's are unable to access their Total Reward Statements at all at present) so all of these figures are our best estimates based on the information known to us at this time. We have to make an entry on their tax returns to declare the potential liability and as you can see we are talking some very significant figures. Dr Smith's views are similar to most partners reactions that we are getting at the moment so I am sure you will be hearing a lot more about this over the coming months.



## Sessional GPs e-newsletter—UK

The latest edition of the sessional GPs e-newsletter is [available online](#). There is a message from Zoe Norris about the list closure ballot, information about mental health support for GPs and a blog about different ways of working as a locum.

### International GP Recruitment Programme (England)

The expansion of the GP International Recruitment Programme Implementation Plan was published on 22nd August. NHS England is working with partner organisations, including the BMA GP Committee, to scale up targeted international recruitment to a total of 2,000 overseas doctors over the next three years. It is anticipated that new recruits will begin working in England early in the New Year. LMCs, including Lincolnshire and Essex, have been pioneers in developing this programme through the initial pilot. NHS England has now invited bids from recruitment agencies and these are expected to be evaluated in the first two weeks of October. Work is also ongoing around visa arrangements for EEA (European Economic Area) and non-EEA GPs between NHS England, Health Education England, the Department of Health and the Home Office.

There is now widespread support across all programme stakeholders for the inclusion of General Practitioners on the MAC (Migration Advisory Committee) SOL (Shortage Occupation List). This would enable international GPs to obtain working visas without being subject to the standard RLMT (Resident Labour Market Test). All stakeholders, including the BMA, will be making a submission to the MAC requesting that GPs are added to the SOL as soon as possible.

NHS England is also exploring all possible options around making themselves the single sponsor for all international doctors holding Tier 2 visas, including IMGs (international medical graduates) that have completed GP training in the UK and are ready to work in General Practice.

Further updates will be provided in due course.

### Letter for practices in CHP and NHSPS premises

For information YORLMC shared the attached letter ([appendix 4](#)) for practices in CHP premises, and a separate letter ([Appendix 5](#)) for practices in NHSPS premises earlier this month. Please also see the BMA have also created a webpage for practices with useful guidance, please follow this link: <https://www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhspss-issues>

### Changes within practice teams

To help YORLMC's Corporate Affairs Team keep track of changes within practice teams will Practice Managers please advise

[info@yorlmc.co.uk](mailto:info@yorlmc.co.uk) when GPs join or leave the practice and when there is to be a change

### Notice of YORLMC AGM

The 2017 AGM of YORLMC Ltd will be held on the afternoon of Thursday 14 November at Mercure York Fairfield Manor Hotel, Shipton Road, Skelton, York, YO30 1XW. Please contact the Corporate Affairs Team if you would like to attend.

## General practice medical record requests from the police

BMA guidance on GPs and information requests from police has been [updated here](#)

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There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. These circumstances are as follows.

- If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.
- However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.
- In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.
- Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

GP practices are entitled to a fee for producing the notes. There is no set fee for producing these notes. Therefore it is the responsibility of individual practices to set their own fee for this work.

In order for to proceed with a police request, the police will need to provide each of the following.

1. Provide written patient consent to release of their records OR provide written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose you are pursuing. The data holder will require one of these in order to fulfil your responsibilities as the Caldicott Guardian.
2. Confirmation in writing that the fee will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so.
3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Once you are in receipt of each of these at the practice, and have checked the appropriateness of release of the records, you should respond to the police authority as soon as possible.

Alternatively, should it be appropriate for the police to view the record (based on the answer to requirement 1 above), then there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation there is no fee chargeable. GPs should, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient's interest in keeping the information confidential before agreeing to disclose the records.

If you have any further queries on this fee, or would like a copy of a pro forma to send to a police authority, please contact [info.professionalfees@bma.org.uk](mailto:info.professionalfees@bma.org.uk).

## Winter indemnity scheme for GPs – 2017

As part of a broader [General Practice Forward View](#) commitment to address the [issue of rising indemnity costs](#) and to assist with winter resilience in primary care, NHS England will be running a winter indemnity scheme for GPs, beginning on 1st October 2017 and concluding on 2 April 2018 (to include the Easter bank holiday). It is designed to meet the costs of personal professional indemnity for any additional out of hours work undertaken by GPs this winter to enable the freedom to work additional sessions without having to pay additional subscriptions to their medical defense organisation (MDO).

Full details can be found [here](#)

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The **Cameron Fund**

*The GPs' own charity*

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993 The Cameron Fund is the medical benevolent charity that provides support solely to GPs in the UK. It provides grants and loans to assist doctors and their families experiencing financial difficulties due to short or long-term illness, relationship breakdown or hardship following the actions of regulatory bodies or former partners. An increasing number of requests are being received for assistance from GPs during re-training. Interest-free loans may be available towards the expenses encountered during a return to professional work.

Anyone who knows of someone experiencing hardship is urged to draw attention to the Cameron Fund's existence.

You do not need to be a member of the [Cameron Fund](#) to benefit from this charity but please consider becoming a member – it is free to join and the membership form can be downloaded <http://www.cameronfund.org.uk/sites/default/files/MembershipApplicationForm.pdf> and returned by email to [info@cameronfund.org.uk](mailto:info@cameronfund.org.uk) General contact details are:

Phone: 020 7388 0796

Email: [enquiries@cameronfund.org.uk](mailto:enquiries@cameronfund.org.uk) Web: <http://www.cameronfund.org.uk/content/link-us>

## YORLMC Buying Group & 'Buying Group Plus' for Federations and Provider Companies

YORLMC has been a member of the LMC Buying Groups Federation since 2010. This means that all practices are eligible to access the discounts the Buying Group has negotiated on a wide range of products and services.

If you're not sure if your practice is a member of the Buying Group you can call them on 0115 979 6910, email [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk) or put your practice code into their website: <http://www.lmcbuyinggroups.co.uk/members/> find out. If your practice isn't a member, you can contact them directly to sign up.

If you're not sure what the Buying Group is all about then this short video explains what they do: <https://www.youtube.com/watch?v=tfQ6eE7qdV8>

By registering with the Buying Group's website: [www.lmcbuyinggroups.co.uk/members/](http://www.lmcbuyinggroups.co.uk/members/) you can view all the suppliers' pricing, contact details and request quotes. The Buying Group also offers any member practice a free cost analysis which demonstrates how much money your practice could save just by swapping to buying group suppliers.

And if your practice is part of a GP Federation group then the Buying Group Plus initiative could help you save additional money as a group. This short video explains what Buying Group Plus does: <https://www.youtube.com/watch?v=BXpQmb7pVUo>.

Contact:

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Email: [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk)

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