



## 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 Annual Conference —18 October 2018

I am pleased to announce that following the success of our first [YORLMC Conference in 2017](#), arrangements are now being made for a 2018 YORLMC Annual Conference. This will take place on Thursday 18 October at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate. It is a full day event available to all North Yorkshire & York and Bradford & Airedale practices.

We are in the process of pulling together another exciting agenda and are delighted to welcome back the very popular Mr Andy Cope from The Art of Brilliance. We aim to provide Practice Managers and GPs with support, guidance and inspiration with speakers from across the NHS but also from local projects and initiatives. Please do book your place [here](#)

### Corporate Affairs Team Changes

A number of recent changes have recently taken place within the Corporate Affairs Team.

Belinda Smith, previously Director of Corporate Affairs has taken on the role of Director of Finance/Company Secretary and whilst less visible, attending fewer meetings, she will continue to work within the Corporate Affairs Team.

Angela Foulston is taking on aspects of Belinda's previous role. This will include supporting me in discussions and negotiations with organisations such as the CCGs, Area Team and Local Authorities as well providing day to day leadership to the Executive Officers (EOs), namely, Simon Berriman, Neil Bostock, Stacey Fielding and Kate Mackenzie, who have also taken on aspects of Belinda and Angela's previous roles.

Kate and Neil will continue to be the first points of contact for all matters relating to Bradford Airedale, Wharfedale & Craven

Simon and Stacey will continue to be the first points of contact for all matters relating to North Yorkshire & York

Leanne Ashton, Education, Training and Development Manager continues to grow YORLMC's training arm and the range of courses available continues to expand. Leanne is also responsible for project managing YORLMC's annual conference which this year will take place on 18 October at the Pavilions, Harrogate (Great Yorkshire showground). Please save the date in your diaries.

I am also pleased to welcome Gabriella Baldini to the Corporate Affairs Team. Gabriella is taking up the newly created role of Apprentice Administrative Assistant and will provide support the EOs and Leanne.

Contact details for all members of the Corporate Affairs Team can be found [here](#)

## CQC guidance on assessing the financial viability of providers

In their January newsletter, CQC reported the introduction of an assessment of the financial viability of providers, and that they would ask all providers to submit a statement letter from a financial specialist. GPC raised this with them and they have now admitted that the communication was wrong and have issued a correction which stated: Evidence of an NHS contract provides sufficient assurance and we will not require the following providers to submit a statement letter: NHS GP practices, NHS dentists, NHS 111, out of hours and urgent care services, Non NHS organisations with NHS contracts. So to confirm, GP practices are not required to submit a statement of financial viability. Read the CQC correction statement [here](#).

## Online consultation systems

GPC have produced and published guidance on the BMA website regarding online consultation systems and the NHS England funding launched for these systems. The guidance explains what online consultation systems are and potential concerns with these systems. It also provides a checklist that should be adhered too if you are involved in procuring online consultation tools and it links to further resources and advice for GPs. The guidance is available [here](#)

## Vaccine ordering for 2018-19 influenza season

NHS England has now published advice on vaccine ordering for 2018-19 flu season. It recommends the use of the adjuvanted trivalent vaccine (aTIV) for over 65s, and the quadrivalent vaccine (QIV) for 18 – under 65s at risk. The deadline for ordering has been extended until 29 March 2018. If necessary, practices should switch to the more effective vaccine, and suppliers have agreed to keep the same prices as previously agreed. If any practice has difficulty changing their order in the extended time period, they should inform both NHS England and GPC so that it can taken up nationally. Contact GPC on [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

To contact NHS England if a practice has problems changing their order please use [eng-land.primarycareops@nhs.net](mailto:eng-land.primarycareops@nhs.net) putting 'Flu vaccine order' in the subject line. Further advice and FAQs are available [here](#). This has also been added to the [vaccinations and immunisation pages](#) of the BMA website. Please also see the [LMC buying group supplier update in the Jan NL](#)

## Vaccine ordering for 2018-19 influenza season - clarification for <18s

NHS England has clarified the position for under 18s. Vaccines for all eligible children aged from 6 months to 17 years will continue to be supplied centrally through Immform vaccine supply. For GPs this is 2 and 3 year olds and those 6 months to under 18 years in clinical risk groups. This will not change for 2018/19 and GPs do not need to directly order any vaccines for this age group from manufacturers/suppliers. Most children have the LAIV intranasal vaccine. When LAIV is contraindicated suitable injectable vaccines will be supplied. In 2017/18 this included an injectable TIV as QIV was not licenced for those under 3 years. The licence has recently changed on two quadrivalent inactivated vaccines and they are now licensed from 6 months of age. Public Health England are currently undertaking the procurement process for quadrivalent vaccines for children in the 2018/19 season and details of the vaccines will be confirmed when this process has been completed.

The key message is that practices should only be ordering from the manufacturers/suppliers for those aged 18 years and over.

Thus, there will be no need to make any amendments to the DES for 2018-19.

## GP2GP incident affecting TPP SystmOne and EMIS users

GPC has become aware of a system incident with the GP2GP import process affecting some patient records, resulting in excluded data covering many types of data such as read codes, vaccinations, pathology results. The affected patients are those that were registered at a SystmOne or EMIS practice, have moved to a non SystmOne or EMIS practice, and are now registered at SystmOne or EMIS practice. While they were away from the practice some entries were created in the other clinical system that had no date and time associated with them. When the patient returned to the current practice these items were not imported.

This currently affects all EMIS and TPP transfers of returning patients, but not Vision or Microtest systems. The total number of TPP units affected to date are 2526, with 44,104 patient records affected. This translates into 17 patients per practice, on average there are 2 missing entries per patient with a maximum of 66. GPC are still awaiting information of impact for EMIS users. TPP has issued a plan of action and has communicated this individually to practices who have been affected:

- Practices will be informed of the affected patients via a task which will direct them to the data in the GP2GP Record.
- Any practices with 10 or less affected patients, will receive one task listing all patients.
- For practices with more than 10 affected patients, TPP will send two tasks, one identifying patients whose records it is recommended be reviewed more urgently and another identifying patients whose records still need to be reviewed but are less urgent.
- For the 12 practices who have over 100 affected patients, TPP will also contact the practices directly to discuss the issue and action needed.

At this time there have been no reported safety incidents, NHS Digital's Clinical Safety Team continue to review this incident. GPC are in active dialogue with NHS England and NHS Digital, receiving updated status reports as they come in. The workload implications for practices affected has been highlighted and is an area GPC is seeking resolution on. We will keep practices updated on this.

## Changes to the Fit for Work service

Following low referral rates, the Fit for Work assessment service will come to an end in England and Wales on 31 March 2018 and by 31 May 2018 in Scotland. In England and Wales, the service stopped taking new referrals on 15 December 2017. Existing eligible referrals that have been made up to this point will receive full support for up to three months. Employers, employees and GPs will continue to be able to use the same Fit for Work helpline, website and web chat, which offer general health and work advice as well as support on sickness absence. The advice service will remain free to use, offering expert and impartial advice to those who need it. An 'Expert Working Group on Occupational Health' has been appointed to champion, shape and drive a programme of work to take an in-depth look at the sector. Updated BMA guidance for GPs is [available here](#)



## Increased training time for GPs included in revised Gold Guide

In 2017, HEE (Health Education England) proposed an increase in the period of additional training time for GPs to reflect the unique challenges of the GP training programme. The proposal has now been accepted and is included in the revised edition of [A Reference Guide for Postgraduate Specialty Training in the UK/The Gold Guide 7<sup>th</sup> Edition – January 2018](#) ('the Gold Guide'), which was published on 31<sup>st</sup> January 2018. This means trainees who need support to complete their GP training programme will now have up to 12

months extra time, with a further 6 months in exceptional circumstances.

Professor Simon Gregory, HEE Senior Responsible Officer for Primary Care, Regional Director and Dean of Education and Quality, said: 'We are pleased that our recommendations have been approved. This will help doctors who are progressing in training but need a little longer to achieve the curriculum requirements. It will also support our Targeted GP Training proposals which we are working closely with the Royal College of General Practitioners.'

## NHS England Shared Planning Guidance

NHS England and NHS Improvement published joint guidance, setting out the expectations for commissioners and providers in updating their operational plans for 2018/19. The BMA have now produced a briefing on the NHS planning guidance [here](#). The NHS England guidance is [here](#).

## GPC prescribing guidance

The GPC prescribing policy group have updated its [Focus on anticipatory prescribing for end of life care](#) and [Focus on excessive prescribing](#). Both are available on the [BMA website prescribing pages](#) and the prescribing policy group are in the process of reviewing all their guidance, so there will be further updates in the coming months.

## King's Fund report – Volunteering in general practice

The King's Fund has published a report on volunteering in general practice: opportunities and insights, focusing on the contribution that volunteering can make in general practice, building on previous work which examined volunteering in hospitals. The report is available [here](#).

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## Accountable Care Organisations (ACO) guidance published

A BMA [briefing](#) on ACOs (accountable care organisations) and ICSs (integrated care systems) has now been published. The briefing explains the different models and the background to their development, before exploring some of the key contractual, financial and regulatory issues, and setting out the BMA's key concerns. Finally, it provides some advice on what BMA members can do and where to access further guidance and support. Alongside this, there is legal [guidance](#) on the ACO contract itself. This provides a high-level overview of the main terms and conditions which apply to the NHS standard contract for ACOs, and describes the proposed system for suspension and reactivation of a GMS or PMS contract under the fully-integrated version of the contract. As the GPC has major concerns about the implications of the ACO contract, this is essential reading for any practice or area considering moving in this direction.

## GP access: meeting the reasonable needs of patients

In November 2017, NHS England issued guidance to commissioners regarding the definition of how practices meet the 'reasonable needs of patients' in providing or arranging access to essential and additional services delivered under the GMS contract. The guidance goes beyond the requirements on practices, as set out in the GMS contract, the PMS agreement and Regulations. So practices can be clear on their contractual obligations, GPC has [released guidance](#).

## Third Next Appointment Collection from General Practices

NHS England has commissioned a repeat survey of each GP surgery in England in order to better understand waiting times in General Practice, this will be repeated every 6 months. The last survey was carried out in October 2017. The survey will run through March, 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 advice is as follows:

- The staff member providing 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

**Compliance with this survey is voluntary and practices should only participate if they are willing and able to do so.**

## Message from NHS England - General Practice Bi-Annual Extended Access Collection

The next bi-annual extended access collection will be open for submission from 1 March 2018 to 6 April 2018 inclusive (open slightly longer to account for bank holiday). Every GP practice in England is required (through regulation) to submit an online return twice a year through the Primary Care Web Tool. This will set out what access to appointments the practice offers to patients either itself or through other arrangements, over evenings and weekends. Final date for submission is 6 April 2018.

## Review & assessment of NHS SBS incident correspondence

Attached at [appendix 1](#) is a briefing issued by NHSE to Heads of Primary Care and Medical Directors during November 2017. The National Audit office subsequently issued a [press release](#) on 2 February. Both sets of information will be relevant to any practice that has received letters from NHSE's SBS National Incident Team (not PCSE) asking the practice to review delayed patient documentation and return a response form to the National Incident Team.

## BMA guidance on dealing with unfair comments on websites

A recent article published on GP Online provides advice on how to respond to online complaints from patients: <https://www.gponline.com/responding-online-complaints-patients/article/1456425>. As this is being discussed online, please see the below BMA guidance on dealing with unfair comments on websites: <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/dealing-with-unfair-comments-on-websites>

## PGD templates for Typhoid, HepA/Typhoid and MMR

Attached as appendices [2](#), [3](#) & [4](#) are Public Health England's revised Hepatitis A/Typhoid vaccine, MMR Vaccine PGD and Typhoid Vi vaccine PGD templates, which have been sent to Screening and Immunisation Leads in England. Please note that the MMR PGD template v02.00 distributed on 9th February did not have the editable fields in section 7 activated, so this has now been updated. These will be uploaded on the [PHE website](#), and a link to this page is also available on the GPC's [PGD guidance page](#). Please note that all PGD templates now include an extended list of practitioners who may be authorised to operate under the PGD (see Section 3). These have been included to reflect the expanded roles of allied health practitioners and to allow greater flexibility to commissioners of immunisation services. Authorising organisations may choose to limit the practitioners that are authorised to work to the PGD ie to reflect local commissioning arrangements. This is optional and can be detailed in the limitations to authorisation (see Section 2). Authorising organisations must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition authorising organisations must not alter section 3 'Characteristics of staff'. Only sections 2 and 7 can be amended.

## Omission on eMBED reporting template of vaccination MMRVaxPro

YORLMC was made aware of a concern raised by a Bradford City practice whereby data quality reports did not include the vaccination MMRVaxPro. Therefore, any vaccinations that were recorded under this name on SystmOne during 2016/17 were not captured by the claims reports submitted onto CQRS. Following intervention by YORLMC the reports have been amended. However any practice affected by this issue is entitled to an adjusting payment. YORLMC suggests that practices make the necessary checks regarding MMR activity undertaken and if an anomaly is discovered ask you to contact the Corporate Affairs Team ([info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk)) in the first instance and we will assist you in making the relevant claim.

## Seniority Figures 2014-15

The Final Seniority Figures for GMS GPs in England and Wales for 2014-15 have now been published and are available on the [NHS Digital website](#)

## Type 2 form errors update re: NHSBSA. A message from BMA Pensions

Due to the technical problems experienced by those completing the Type 2 form, there will be no punitive action taken by NHSBSA for those who miss the deadline of 28 February. The errors on the form are currently being updated and any queries regarding annualising should be sent to [nhsbsa.practitioners@nhs.net](mailto:nhsbsa.practitioners@nhs.net)

Annualising does not apply to any GP who remains in the 1995/2008 sections. It only applies to those who have transitioned to the 2015 scheme who have had breaks in service.

## Changes within practice teams

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

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

## Sessional GP Newsletter - February Edition

The latest sessional GP newsletter is available at <https://bma-mail.org.uk/t/JVX-5GIM6-1BJCJOU46E/cr.aspx>.



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](http://www.cameronfund.org.uk) 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 joined the LMC Buying Groups Federation in September 2010 to deliver savings to practices without creating any additional work or inconvenience.

All practices were given the opportunity to 'opt-in' to membership at that time and over 140 practices in North Yorkshire, Bradford and Airedale have now done so. Any practices who have not yet signed up can do so at any time.

Due to the upcoming changes to data protection regulations in May 2018, the Buying Group now need all existing members to complete a new form to ensure you can continue to access the Buying Group's service after this date: <https://form.jotformeu.com/73232425890355>.

Membership entitles you to discounts on products and services provided by the Buying Group's suppliers. Membership is free and there is no obligation on practices to use all the suppliers. However, practices can save thousands of pounds a year just by switching to Buying Group suppliers. To view the pricing and discounts on offer you need to log-in to the Members section of the Buying Group website: <https://www.lmcbuyinggroups.co.uk/>

Not convinced the Buying Group can save your practice money? Well why not challenge them to do just that! The Buying Group offers a free cost analysis service that aims to show member practices how much money they could save just by swapping to buying group suppliers. They can also provide this service for groups of practices working together. For more information, contact the Buying Group on 0115 979 6910 or email [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk).

### **LMC Buying Groups: Q&As**

The following Q&As attempt to answer the most obvious questions about the Buying Group and how it operates.

#### ***What is the purpose of the LMC Buying Group and how does it work?***

The sole purpose of the Buying Group is to save its member practices money by negotiating discounts on goods and services which practices regularly purchase. The Buying Group team negotiate with suppliers, after which they identify 'approved' suppliers, who guarantee to give you significant discounts over what you would otherwise pay for their services, in return for the Buying Group's endorsement and help in making you aware of what they offer.

#### ***Does it cost us anything to be part of the group?***

No. All practices paying the LMC statutory/administrative levy are automatically entitled to enrol as members. The Buying Group regard this as an added value service your LMC can offer you. Should any practice cease to pay their LMC levies, they will no longer be able to access the benefits this initiative will bring.

#### ***Is there any obligation to take up the deals offered?***

No. Each practice is free to take up or decline any of the deals the Buying Group have negotiated. If you wish to take advantage of any of the offers in question, you will be given contact details and all communications take place between you and the individual supplier\*.

### ***Who are the Buying Group's approved suppliers?***

A full list of suppliers is available on the Buying Group's website but product/service areas that the group covers includes:

- Stationery, Office Equipment and Furniture
- Medical Consumables and Equipment and Testing and Calibration
- Insurance
- Energy Broker
- Confidential Waste Shredding
- Waste Collection
- Telecoms
- Staff Uniforms
- Asbestos and Environmental Surveys
- Emergency Oxygen
- Digital Dictation Software
- Online Training Courses
- Medical Record Digital Reproduction
- Travax Website Subscription
- Website Design
- Merchant Card Services
- Royalty Free Music
- Flu vaccines

### ***Your Details***

When a practice signs up for Buying Group membership, they will keep your basic contact details (practice address, telephone number) on a secure database which is used for administration purposes (i.e. to identify which practices are eligible for supplier discounts). On the membership application form, they also ask you how they can use your personal data (i.e. your email address) but even if you do sign up to receive their emails you can stop them at any time by clicking the unsubscribe button.

### ***What if I am not happy with the quality of goods and services supplied?***

Always let the Buying Group know if you encounter any problems getting what you want, and they will endeavour to sort it out.

*\*The Buying Group accepts no liability for any contract willingly entered into by a practice with an approved supplier. Practices are advised to check that the terms of any contract with suppliers are not inconsistent with those the Buying Group have negotiated and are advised to inform the Buying Group team of any discrepancy. The Buying Group do not, however, accept any responsibility for any member practices' failure to check the terms of the relevant contract and the principle of caveat emptor (buyer beware) applies in all cases. Your rights as a consumer under the Consumer Protection Act are unaffected. With respect to any services to which the provisions of the Financial Services Act 2000 might apply practices are advised to seek independent financial advice as may be appropriate.*

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