

# YORLMC News

For practices in North Yorkshire & York  
and Bradford & Airedale - October 2019

## Wellbeing Seminars

Thanks to everyone who joined us at YORLMC's first Wellbeing Seminars on 15 October (Bradford) and 24 October (Harrogate).

Over 100 GPs and practice staff attended across the two events and heard from a range of local and national speakers with tips, advice and inspirational stories on wellbeing and how to reduce the risk of burnout and stress in the workplace.

Both days also included practical sessions on mindfulness, time management, personal resilience and having better conversations. Feedback from the attendees included the thoughts below:



- *"Excellent day all round, well done. Please do again soon!"*
- *"Good doctor bad patient session was really good. Very eye opening."*
- *"More mindfulness - excellent."*
- *"Dr Ahmed fantastic!"*
- *"Excellent, informative event. Well organised day."*
- *"Great really inspiring, useful, validating - thank you."*

These seminars form just part of YORLMC's wellbeing work and attendees were asked to comment on what further events they would like to see. There's more information about YORLMC's wellbeing work on [our website](#).



# Stand for YORLMC



## Message from Dr Doug Moederle-Lumb, Chief Executive, YORLMC Ltd

*Dear colleagues*

**Elections to YORLMC will take place in  
spring 2020.**

This is a great opportunity to become an elected representative of the organisation that represents over 1500 GPs and 160 practices across North Yorkshire & York and Bradford, Airedale, Wharfedale & Craven.

As a YORLMC member, you will speak up and campaign on behalf of your colleagues, meet with senior representatives from CCGs, hospital trusts and local authorities and support general practice in our local area.

There's also chance to be involved at a national level too, by attending and voting at LMC England and UK conferences, which set national GPC policy for the coming year.

All GPs who work in North Yorkshire & York or Bradford, Airedale, Wharfedale & Craven, whether partners, salaried or locum, are eligible to stand to be a YORLMC member. There are also seats reserved for GP trainees. It's great to have a wide range of experience on the committee and input from colleagues at all stages of their careers.

Further information on how to stand will be circulated in early January 2020. There is more information about YORLMC and current members on the YORLMC website at <https://www.yorlmc.co.uk/>

If you have any questions in the meantime, please do contact the YORLMC Corporate Affairs Team on 01423 879922 or [info@yorlmc.co.uk](mailto:info@yorlmc.co.uk)

*Best wishes  
Doug*



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## PCN and Clinical Director training and development funding

NHSE recognises that to help all PCNs mature and thrive, every STP and ICS needs to put in place high quality support. Dedicated PCN support funding of £43.5 million nationally was released to ICSs and STPs in June to support PCNs develop in 19/20. NHSE has also committed to ongoing support in subsequent years. The national funding should be used for two purposes: (a) PCN development and (b) a specific Clinical Director development programme in each STP/ICS.

YORLMC has been involved in local discussions regarding the allocation of this funding, to ensure it is easily accessible and equitable to all PCNs and CDs.

**WYH HCP** has agreed the following:

- Funding to support the personal development of Clinical Directors
  - ◇ £3,500 is allocated to each PCN to support the personal development of Clinical Directors.
  - ◇ This funding will flow from the Partnership to local CCGs. £3,500 will be indicatively allocated to each PCN on agreement of a spending plan between a PCN CD and local commissioner.
- Funding to support the development of the PCN
  - ◇ £32,000 is to be indicatively allocated to each PCN to support wider development of the PCN linking to PCN own assessment of maturity and completion of the Network Development Plan.
  - ◇ This funding will flow from the Partnership to local CCGs. £32,000 will be allocated to each PCN on agreement of a spending plan between a PCN and local commissioner.

**HCV STP** has agreed the following:

- Funding to support the personal development of Clinical Directors
  - ◇ £3,500 is allocated to each PCN to support the personal development of Clinical Directors.
  - ◇ We are currently awaiting final confirmation of the exact funding flows.
- Funding to support the development of the PCN
  - ◇ Funding will be allocated to each PCN to support wider development of the PCN linking to PCN own assessment of maturity and completion of the Network Development Plan. Funding will be allocated on a raw capitation basis equating to £32000 for a PCN size of 50k population
  - ◇ We are currently awaiting final confirmation of the exact funding flows

### HRW

YORLMC is in the process of clarifying the arrangements for HRW PCN funding and will update Clinical Directors once we have more information.

## YORLMC engagement with PCNs

In BAWC YORLMC has set up a forum for Clinical Directors and other PCN representatives to meet with YORLMC officers on a regular basis to share ideas, provide updates from system level and encourage collaborative working.

The next meeting is scheduled for Wednesday 4 December, 2-4pm at Hollins Hall Baildon. Please contact [Stacey.fielding@yorlmcld.co.uk](mailto:Stacey.fielding@yorlmcld.co.uk) if you wish to attend this meeting.

In North Yorkshire quarterly meetings with CDs and the CCG have been established.

The NYY PCNs in each locality have created their own engagement structures. Dr John Crompton, YORLMC PCN & System Integration Lead, attended each locality forum in the summer and continues to attend meetings to provide support where required. John meets with HaRD CDs and the YHN federation on a monthly basis. In VoY, John has been invited to meet monthly with the CCG Primary Care Leads and is liaising regularly with CDs. John is keen to ensure an equal offer of support is offered across PCNs, and groups of PCNs, and is happy to attend further PCN meetings as required. Please contact [Stacey.fielding@yorlmcld.co.uk](mailto:Stacey.fielding@yorlmcld.co.uk) in the first instance if you would like John to attend a meeting.

In addition, Clinical Directors, PCN representatives and all constituent GPs and Practice Managers are welcome to attend their local YORLMC Division meetings. Please see our [website](#) for more information.



## Additional roles reimbursement scheme (ARRS)

Further to the NHS Long Term Plan, the Additional Roles Reimbursement Scheme has been designed to enable PCNs to access funding to support recruitment across five reimbursable additional roles - clinical pharmacists, social prescribing link workers, physician associates, physiotherapists and paramedics. A workforce baseline has been established to enable commissioners to assess claims under the scheme, ensuring that funding is used for genuine additional PCN staffing.

It was recognised nationally that staff baselines submitted in July were, in many cases, inaccurate and NHSE allowed baselines from CCGs and practices to be reviewed and re-submitted by 30/9/2019. ARRS guidance stated that all staff in post as of 31/ 3/19, should be declared in the baseline submissions, irrespective of contract type. YORLMC has reviewed the revised baselines submitted by CCGs and is now confident that accurate baselines have been submitted to NHSE.

YORLMC is now working with NHSE and CCGs to clarify any flexibilities around ARRS funding. We believe there will be some underspend in year one as some PCNs have made it clear they do not intend to recruit Clinical Pharmacists or Social Prescribers in the first year, and some PCNs will not make appointments until well into the 9 month allocation.

YORLMC believes that CCGs should allow PCNs that have commissioned a Social Prescriber and Clinical Pharmacist to apply for additional funding, from any underspend both within their own PCN and from funding not utilised by other PCNs, to be used flexibly for year 2 roles. Discussions to clarify whether this is permitted continue and we will update PCNs once we have clarification.

## PCN Clinical Pharmacists: extension to transfer deadline

NHSE has written to CCGs to extend the deadline for transferring clinical pharmacists from the *Clinical Pharmacist in General Practice Scheme* to the PCN ARRS scheme, in exceptional circumstances. The deadline was originally 30 September 2019, but has been extended to 30 November 2019. The eligibility criteria for transfer has not changed, it simply provides more time for the transfer to take place.

After 30 November 2019, any clinical pharmacists who have not transferred will no longer be eligible to do so. They will not be counted as an exception to the baseline, meaning that these clinical pharmacists will need to be maintained by PCN member practices in order to claim reimbursement for PCN clinical pharmacists.

## Changes to HCV STP boundary

YORLMC, along with other health organisations, have continued to highlight the difficulties of having 3 STPs across the North Yorkshire and York footprint since the inception of STPs. We are therefore supportive of the recent announcement that HRW CCG will move from the DDTHRW STP, into the HCV STP with effect from April 2020. We are currently in discussions with NHSE and the STP as to whether any other funding streams may move in year.

## BMA support

The BMA has developed a range of PCN support services, more information can be found [here](#). CDs will need to consider how these support offers may meet their needs alongside other training offers including the option to secure training at PCN and placed base level.

## Establishing clinical pharmacy in a PCN - regional events

NHS England and NHS Improvement are holding regional events on [Establishing Clinical Pharmacy in a PCN](#), in partnership with the Primary Care Pharmacy Association, on 11 December in London, Birmingham, Taunton and Leeds. The focus of these events will be highly practical and encourage networking support and engagement with delegates with a view to delivering resources and support to PCN pharmacy teams going forward.

The events are aimed at PCN clinical directors and workforce leads, LMC members and pharmacists. For further information go to [the NHS England website](#).

# How medical records are accessed by solicitors

The GPC recently highlighted a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A [summary of the case](#) has been prepared by the solicitors acting for the GP practice. The GPC has now considered the details of this case. The judge did not rule on issues related to GDPR and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises.

It is important for practices to note, however, that this case does not alter any aspect of the law relating to GDPR. When a SAR is received from a solicitor acting for a patient, practices should follow the patient's wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient's authorisation.

The ICO has recently [made a statement](#) about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so'. A group of GPs have since written to the ICO expressing concern about this and the GPC will continue to monitor the situation and provide updates as necessary.

Here is the BMA's guidance on [access to health records](#) and [SAR FAQs](#), which also reflects [advice from the ICO](#) on this subject.

## Annual QOF report for England published

New [figures published by NHS Digital](#) show the recorded prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes, and depression. This publication provides data for the reporting year 1 April 2018 to 31 March 2019 and covers all General Practices in England that participated in the Quality and Outcomes Framework in 2018-19. The data are based on the 6,873 practices (95%) who participated in the QOF this reporting year. Key findings show:

- The highest prevalence rates were hypertension (14%), depression (10.7%) and obesity (10.1%)
- 539.2 was the average practice achievement score (out of a maximum of 559). This calculation excludes practices that had no achievement included.
- 13% of practices achieved a max score of 559 points, compared with 12.5% of practices in 17-18
- The cardiovascular disease - primary prevention indicator group had the highest exception rate at 32.7 %. Blood pressure had the lowest exception rate at 0.6%.

## GP services during the Christmas and New Year period

### *Guidance for practices*



As GP practices prepare for the Christmas and New Year period it is vital that patients have access to the appropriate services, especially at a time when winter pressures are putting a severe strain on urgent and emergency care services including general practice, accident and emergency departments and out-of-hours providers.

There is guidance available on the [BMA website](#).

## Safeguarding training update

Following GPC's concerns about the impact on practices of implementing safeguarding training guidelines, NHS England has confirmed that it does not set the training requirements for practice staff, and that under GP contract arrangements it is for contractors to ensure that their staff are adequately trained to a level that keeps them and the public safe.

The GPC has updated the [practice training resource](#) to reflect CQC and NHS England expectations on safeguarding training and there is guidance on the [YORLMC website](#).

The NHS England letter is available at [Appendix 1](#).

# Flu immunisation for practice staff

The state-funded indemnity scheme for England and Wales does not cover GP practices providing flu vaccinations to their own staff. The [Seasonal influenza DES Specification](#) makes clear that staff of GP practices/contractors and other primary care staff are the responsibility of their employer as part of occupational health arrangements. However as previously reported, the GPC has been assured that the schemes provided by all three main Medical Defence Organisations do cover this activity.

In 2018, the BMA's Occupational Health Committee worked with the Specialist Pharmacy Service and other key stakeholders to identify a way that organisations can offer employee seasonal 'flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination.

The template and advice on how to use it is available [here](#). This advice has also been published on the [BMA website](#)

## Tier 2 visa sponsorship

Now is a great time to become a Tier 2 visa sponsor, as more GP registrars from non-EU countries are looking for posts and the international recruitment programme is expanding into more non-EU countries,

- NHS England and NHS Improvement will reimburse practices for all costs associated with becoming a Tier 2 sponsor, including unsuccessful attempts. NHS England and NHS Improvement will meet any costs that were incurred after 1 June 2018 and reimbursement forms must be submitted to NHS England and NHS Improvement before 31 March 2020. Practices can claim as soon as they have submitted their application.
- Getting approval as a Tier 2 sponsor takes up to 8 weeks so now is a good time start the process. Practices considering employing an international GP, including international medical graduates qualifying from GP speciality training in February 2020, are recommended to look at becoming a sponsor sooner rather than later in preparation. NHSE has advised that if further funding is available for the next financial year 2020/21 it will let practices & LMCs know.

As from 01 October 2019, individual practices employing international GPs no longer have to complete the Resident Labour Market Test as this will be covered nationally.

If you are interested in becoming a Tier 2 sponsor and would like further information please contact [england.intrecruitment@nhs.net](mailto:england.intrecruitment@nhs.net).

YORLMC is also able to advise and help with the application process and there is more information on [our website](#).

## Roll-out of electronic prescription service

The Department of Health and Social Care has announced the roll-out of electronic prescription service (EPS) in England following work done in pilot areas.

Phase 4 will be rolled out to all GP practices from Monday 18 November 2019, making EPS the default method for prescribing and dispensing in primary care in England. Find out more about the implications for prescribers [here](#). Please see the [Phase 4 national roll out schedule](#).

## Rules on IR35 are changing

Matt Mayer, deputy chair of the GPC Sessionals GPs committee, has put together a helpful [blog](#) highlighting that the rules on IR35 are changing and how locum GPs might be affected.

Private, as well as public sector bodies will now be responsible for determining the employment status of their workers.

## NHS Practitioner Health

NHS England has announced that all NHS doctors and dentists in England now have access to a [mental health service](#) 24 hours a day through a dedicated phoneline and a crisis text service available through the night. This builds on the service already available to GPs in England.

To sign up, call 0300 0303 300 or email [prac.health@nhs.net](mailto:prac.health@nhs.net) (Monday to Friday 8am to 8pm and Saturday 8am to 2pm).

Text NHSPH to 85258 for the out-of-hours crisis text service.



# Supply issue with flu nasal vaccine

Public Health England has asked GPC to cascade the following information regarding a supply issue with the flu nasal vaccine, requiring a phasing of supply of the vaccine. Practices are requested to implement the seasonal influenza programme as outlined in the [Direct Enhanced Service Specification](#).

Because of the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
- Children in high risk groups from 2 to 18 years should be prioritised and offered LAIV (unless contraindicated).
  - \* those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
  - \* those of primary school age (4-10 years) will be invited through schools, but should be vaccinated with LAIV or QIV if they choose to present in general practice
  - \* Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. 2 year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.

Practice staff are asked to only order vaccine needed for the forthcoming week, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage. Further details on eligible groups can be found in [‘The Green Book’](#)

An [information leaflet](#) has been developed for parents to explain which children are eligible for vaccination and where this will be delivered.



## Fighting unfunded transfer of work

Gaurav Gupta, GPC UK member and chair of Kent LMC, has written a blog for Pulse about how practices can fight unfunded transfer of work from hospitals to GP practices. He describes the progress made so far and points to useful resources of information to deal with hospitals that aren't complying, including the [BMA templates letters](#) that practices can use to write to CCGs and hospitals. Read the full article [here](#) (log in required).

## Outpatients sent back to GPs

An investigation by [Pulse](#) has shown that NHS trusts are discharging just under half of patients who do not attend their first appointment back to their GP. In response to this, Farah Jameel, GPC England executive team member, said: "While we recognise that the whole NHS is under intense pressure, it is not appropriate for hospital management to pass their responsibilities to GPs. The BMA's GP Committee has been clear that this is unacceptable and flies in the face of the hospital contract and, more broadly, a collaborative approach to working."

## Shortage of pneumococcal polysaccharide vaccine

As has happened over the past two years, the availability of PPV has become limited in the flu season.

PHE have re-issued their previous advice in a slightly amended form in the latest [Vaccine Update](#) (page 12), and a letter from PHE is available at [Appendix 2](#).

# CCG-Practice agreement for the provision and receipt of digital services in General Practice

In September the NHS England and NHS Improvement published the revised [GP IT Operating model](#). It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care. The 2019 edition includes:

- An updated description of roles and responsibilities.
- A strong emphasis on ensuring the security and safety of digital services in general practice.
- Arrangements for the replacement for GPSoc Framework with the new GP IT Futures Framework.
- An updated definition of organisational and functional scope.
- A re-categorised schedule of requirements and capabilities underpinned by applicable standards. Includes addition of a 'national digital services' category.

A new CCG-Practice Agreement accompanies the release of this operating model. All CCGs and practices will be required to sign this new agreement which will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model. The GPC has been told that NHS England will be publishing this on their website shortly.

## NAO investigations into pre-school vaccines

The [National Audit Office has published a report](#), which found that NHS England has fallen short of Department of Health and Social Care's (DHSC) performance standard for the uptake of nearly all pre-school vaccinations in England in 2018-19. The National Audit Office said that NHS systems for reminding parents to get their children vaccinated are 'inconsistent' and appointments are difficult to book.

GPC Chair Dr Richard Vautrey responded saying that practices are doing their best to reach everyone who could be vaccinated and called for improved information systems, so that records of vaccine figures are kept accurate. He also stated that it is positive that the government, NHS England and Public Health England are beginning to prioritise improving vaccine uptake, and crucially better research is needed into why certain groups are still not having their children protected and how best to target them effectively.



## Interim findings of the Vaccinations and Immunisations Review

The GPC has been working with NHS England on a [Vaccinations and Immunisations Review](#).

This is an interim report which notes that while coverage for most vaccines is high, there has been a decline in the last few years, meaning that we do not have a high enough coverage to prevent the onward transmission of infections, particularly measles.

The work of the review will continue and this will then lead in to potential GMS contract negotiations with NHS England in the coming months.

## CQC State of Health report

The Care Quality Commission's ([CQC annual assessment of the state of health and social care](#)) in England showed that quality ratings in general practice remain high, but warns that 'getting access to services can be a challenge'. The report focuses on the difficulties some patients have in accessing services across the NHS; a sign of the systemic pressures general practice, community and hospital services are under as a result of historic underinvestment. It also highlights that, despite the huge pressures general practice faces, 95% of practices are rated good or outstanding, which is far better than other services the CQC inspects. This is undoubtedly due to the hard work and commitment of practices across the country.

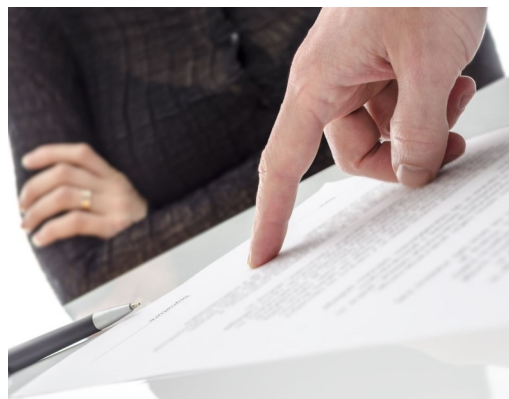
In response to this, Chaand Nagpaul, BMA chair of council said "Patients should be able to expect good standards of care right across the health service but the unacceptable variations of care highlighted in this report shows that many are being let down as a result of historic underinvestment."



# General practice under pressure: GMC workforce report published

During June and July, 3,876 doctors completed a GMC survey about satisfaction of their role, the environment they work in and their career intentions.

Overall the findings showed that GPs are more likely to feel dissatisfied, to have already reduced or plan to reduce their hours, and to be thinking about leaving the profession. The results showed that over the last year 36% of GPs reduced their clinical hours, compared with 21% of all doctors having taken this action. Only 9% of GPs reported always or usually feeling able to cope while rarely or never working beyond their rostered hours, compared with 29% of all doctors. Conversely, 50% of GPs reported often feeling unable to cope and often working beyond their planned hours, compared with 26% of doctors overall.



The report also notes that more GPs work less than full time than other doctors (49% compared to 23% of doctors overall), and touches on the changing make-up of GP training, with international medical graduates now representing 23% of all GP trainees, up from 16% three years ago. The results underline what GPC has been saying publicly for many years: general practice is in crisis.

The report containing the full survey results and a wide range of data on the GMC register is available [here](#).

## Publication of report into sexism and sexual harassment at the BMA

The BMA has [published](#) the report from the independent investigation into sexism and sexual harassment at the BMA. The report makes clear that women have experienced discrimination and poor behaviour and it identifies a number of cultural issues that must be addressed. The BMA has again offered unreserved apologies to all of those who have been affected by these behaviours.

You can read the full statement from BMA Chair of Council, Chaand Nagpaul, on the [BMA website](#) alongside the report and the recommendations in full.



## Medical students in general practice underfunded

The British Journal of General Practice has published an article which [showed that teaching medical students in general practice is seriously underfunded](#), arguing that this would have serious consequences for the NHS workforce if it was to continue.

The article clearly demonstrates that the cost of providing undergraduate placements in general practice is considerably more than the funding given. It found that the actual cost of placing a medical student in general practice for a 37-week academic year was £40,700; similar to the cost of teaching undergraduates in secondary care. The average payment rate received by practices, however, was just £22,000 per year.

The key messages from the article were reported in [Pulse](#) (subscription required) and [GP online](#)

# Social prescribing academy launched

Health and Social Care Secretary, Matt Hancock, has [announced](#) the establishment of the National Academy for Social Prescribing. The independent academy will receive £5 million and will be led by Professor Helen Stokes-Lampard, the outgoing Chair of the RCGP. It has been developed in partnership across government, with Sport England, Arts Council England and a range of voluntary sector partners. It is expected to:

- standardise the quality and range of social prescribing available to patients across the country
- increase awareness of the benefits of social prescribing by building and promoting the evidence base
- develop and share best practice, as well as looking at new models and sources for funding
- bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing
- focus on developing training and accreditation across sectors.

GPC Chair Dr Richard Vautrey interviewed by [BBC Radio Oxford](#) (2h 22m) about the potential for social prescribing.

## YORLMC jobs page



YORLMC has a job page on the YORLMC website at <https://www.yorlmcld.co.uk/jobs>

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 contact the Corporate Affairs Team via

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