

**Message from Dougy Moederle-Lumb, Chief Executive, YORLMC Ltd**



YORLMC has 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. For example it can include helping an individual GP through difficulties linked to contractual, financial or performance concerns, including attendance at performance meetings and/or support getting appropriate medical care when required. Importantly this confidential support is also available for the wider practice team.

I cannot stress enough how important it is for colleagues to contact YORLMC for help as early as possible when difficulties arise so that as much support as possible can be provided.

However it is never too late to make contact.

I can be contacted in the first instance through any member of the Corporate Affairs Team – contact details can be found [here](#) .

**The Cameron Fund**

I am a Trustee of the [Cameron Fund](#) which 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.

**NHS GP Health service**

As part of a broader package of support, the General Practice Forward View is committed to improving [access to mental health support for general practitioners and trainee GPs](#) who may be suffering from mental ill-health including stress, depression, addiction and burnout. A new NHS GP Health service is therefore being developed, and following the appointment of The Hurley Clinic Partnership as the provider of this service, it is expected to launch in January 2017.

YORLMC has requested further information from NHSE locally about how it plans to raise awareness of this service.

BMA Members can also access information, support and advice on a range of topics to help you manage your work-life balance - see <https://www.bma.org.uk/advice/work-life-support>

**Finally, I wish you all a merry Christmas and all the best for 2017**

Included within this newsletter are further updates for your information - YORLMC's website also includes a frequent queries section.

### Firearms licensing - Update

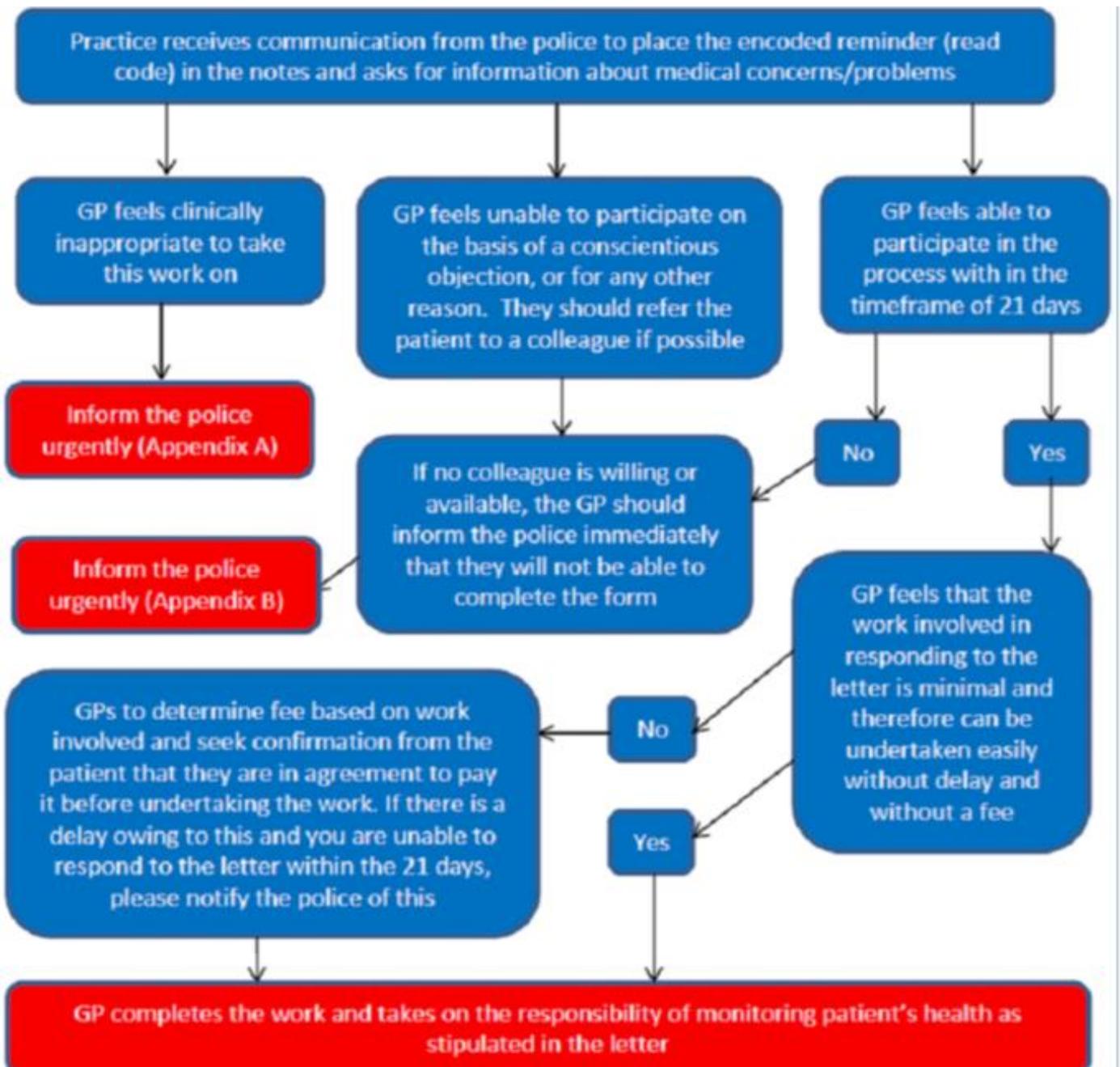
GPC England believes that:

- the interpretation of medical evidence to assist Chief Constables in their decision regarding the grant or renewal of a firearms or shotgun certificate should be undertaken by an appropriately qualified medical practitioner who is not the patient's General Practitioner
- the role of the GP is to continue to provide access to the applicant's full medical record, in line with statutory legislation

A Task & Finish group within the BMA has been established to progress the above work. In the meantime, there is now a link from the current firearms guidance on the BMA website to a series of FAQs drafted to help clarify the obligations of GPs with regard to the licensing process:

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

Pending conclusion of the work described above, the flow chart below and its accompany appendices [A](#) & [B](#) may also be helpful to you.



YORLMC will share the outputs from the Task & Finish group with practices when available

### **Training at YORLMC**

Dates have now been added to the [website](#) for training courses running next year through the LMC. We hope to launch the new booking system early in 2017 but in the meantime, if you are wanting to book onto any of the courses available please email Leanne Ashton our Education, Training and Development Officer at [leanne.ashton@yorlmc.co.uk](mailto:leanne.ashton@yorlmc.co.uk) or call 01423 879922.

### **List management guidance**

BMA's guidance on list management is available at <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/list-management>

This provides practices with guidance on list management such as information on formal list closure and informal temporary suspension of patient registration. GPs are aware that NHS England are sending guidance on temporary suspension of patient registration to commissioners, some of the information in this guidance contradicts the BMA's guidance and GPC would like to assure practices that they believe our guidance is within the regulations.

### **Workforce Minimum Data Set Submissions**

Practices are required to submit a workforce minimum data set (WMDS) under the health and social care act. This data can either be submitted to HSCIC using the national primary care workforce tool, or to Health Education England using their GP tool. The HSCIC submission is mandatory, however practices have the option of providing the HSCIC data via the HEE GP tool (this involves ticking a box on the HSCIC tool confirming the practice has completed the HEE tool).

Although we understand the initial set up of the HEE submission is more time consuming than the HSCIC submission, YORLMC supports the use of the HEE GP tool as it provides greater benefits in terms of primary care strategy development. The HEE data is analysed in detail and is shared at a local and regional level, with CCGs and NHSE; we are aware the HEE analysis has been a valuable resource in discussions with NHSE regarding STPs.

In addition to the above and in response to the many GPs who are already leaving the profession due to the ever increasing workload and a disproportionate drop in resources and funding, it is important that practices try and set some time aside to complete this submission as accurately as possible - if the profession has access to correct, nationally published information, the GPC can use this information to plan for the future and hold the powers that be to account.

Dr. Krishna Kasaraneni, Policy Lead: Education, Training and Workforce, General Practitioners Committee, has written a blog regarding the WMDS, entitled '*Another form to fill? Yes, but this one matters*' which can be found [here](#).

### **GMS/PMS Comparison**

GPC has published new guidance on how the GMS contract and PMS agreement compares to help practices make an informed decision about which is most suitable for them. It can be accessed here and provides a useful guide for those practices considering switching back to GMS:

<https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts/gms-contract-and-pms-agreement-how-they-compare>

### **Hacking scam of GPs email addresses**

YORLMC would like to make practices aware of reports nationally of an email scam in which a practice manager receives an email, supposedly from a senior partner and appearing to come from an NHS email address, asking for funds to be transferred to a bank account. Please do be vigilant against this scam.

### **Transgender prescribing guidance**

Earlier this year, the GMC published advice about treating transgender patients. This included advice about prescribing where there is a delay in the patient accessing specialist services.

The GPC is committed to ensuring that this vulnerable patient group have the access to the high quality, specialist treatment that they need and, in May, GPC wrote to the GMC to highlight that the underlying cause for concern was a lack of these specialist services. The letter was informed by responses from GPs who felt the GMC guidance required GPs to prescribe in the absence of specialist input and in situations in which GPs did not feel comfortable doing so.

Representatives of GPC discussed these issues with GMC. The GMC took on board GPC comments about commissioning and GPC are discussing with them how to best raise these concerns with NHS England. The GMC also agreed to revisit the wording of their guidance to make sure it is clear and does not have any unintended consequences.

In September the BMA also produced the [Focus on Gender Incongruence in Primary Care](#) which aims to explain what should be provided in primary care, signposts further sources of guidance, and highlights some of the underpinning ethical and legal considerations. GPCs ultimate aim is to ensure high quality service provision is made for this particular group of patients.

We will keep you informed of progress.

### **Self-Care Week**

[Self-Care Week](#), the annual national awareness week organised by the Self Care Forum that focusses on supporting and embedding self-care across communities, families and generations, ran from 16-20 November. The aim was to support patients to better look after their own health, their family's health and also help manage demand on health services.

Encouraging the use of self-care not only benefits patients but also helps reduce the current pressure on GP practices. You can get inspiration from clinicians who have designed and implemented self-care strategies by working with patients on the [Quality First](#) pages.

Farah Jameel (GPC member) has published a blog on the benefits of self-care here: [https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/self-care-for-life](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/self-care-for-life)

Amanda Cool, PLG chair, has also published a blog providing the patient perspective on self-care: <https://www.bma.org.uk/connecting-doctors/bmaspace/b/weblog/posts/looking-after-yourself-this-winter>

YORLMC would be interested to hear how you have empowered your patients to take control of their health. Examples can then be shared between practices to promote good practice.

Please do share examples with [info@yorlmc.co.uk](mailto:info@yorlmc.co.uk)

### **Physiotherapy guidance and cost calculator**

This new guidance produced by the Chartered Society of Physiotherapy (CSP) in conjunction with the BMA and the RCGP aims to provide GP practices, practice groups and commissioners with information and advice on employing a physiotherapist and the potential of their role within general practice. The guidance can be used in conjunction with the CSP's Physiotherapy Cost Calculator to make a practical assessment of the potential benefits of employing a physiotherapist.

Access the guidance and the cost calculator on the [BMA website here](#).

### **FGM Enhanced Dataset – Data Provision Notice**

NHS Digital has issued a [Data Provision Notice \(DPN\)](#) to mandate the collection of data about the treatment of patients with female genital mutilation (FGM) in the NHS. This collection is mandatory for all acute trusts, mental health trusts and GP practices and has been in place since 1 April 2015,

and the DPN has been circulated to all organisations to confirm and communicate what they need to do to comply.

The following additional resources available to help:

- [NHS Digital website](#) has updated with better information for patients.
- [Patient leaflets](#) have been updated to be clearer about what happens to personal information (see bottom of webpage); download / order paper copies at [DH Orderline](#) (Search 'FGM').
- One-page '[FGM safeguarding pathway](#)' describing how the dataset collection and safeguarding (including the mandatory reporting duty) alongside all our [other guidance](#) for health professionals.

### **New template letter for breaches to standard hospital contract in England**

Further to the entry in the September Newsletter, a reminder that breach reports should be sent to:

- Harrogate and District NHS Foundation Trust breach reports should be sent to Dr Ros Tolcher, Chief Executive at [ros.tolcher@hdfn.nhs.uk](mailto:ros.tolcher@hdfn.nhs.uk)
- York Teaching Hospital NHS Foundation Trust breach reports should be sent to Dr Patrick Crowley, Chief Executive at [patrick.crowley@york.nhs.uk](mailto:patrick.crowley@york.nhs.uk) and Sue Rushbrook, Director of Systems and Networks at [sue.rushbrook@york.nhs.uk](mailto:sue.rushbrook@york.nhs.uk)
- South Tees Hospital NHS Foundation Trust breach reports should be sent to [commissioninginfo@nhs.net](mailto:commissioninginfo@nhs.net) and cc: [shirleymoses@nhs.net](mailto:shirleymoses@nhs.net)
- Tees, Esk and Wear Valleys NHS Foundation Trust breach reports should be sent to the following Directors of Operations:
  - Adele Coulthard at [adele.coulthard@nhs.net](mailto:adele.coulthard@nhs.net) – Hambleton, Richmondshire & Whitby CCG, Scarborough & Ryedale CCG and Harrogate and Rural District CCG area
  - Ruth Hill at [ruth.hill6@nhs.net](mailto:ruth.hill6@nhs.net) - Vale of York CCG area
- Bradford Teaching Hospital NHS Foundation Trust breach reports should be sent to Donna Thompson, Director of Governance and Operations, at [donna.thompson@bthft.nhs.uk](mailto:donna.thompson@bthft.nhs.uk)
- Airedale NHS Foundation Trust breach reports should be sent to Dr Karl Mainprize, Medical Director, at [karl.mainprize@anhst.nhs.uk](mailto:karl.mainprize@anhst.nhs.uk)

**Please do use the relevant template at each instance of a breach** - failing to do so will simply legitimise continuation of inappropriate workload shift onto practices.

A reminder that that the following [templates](#) are available:

- Situations where trusts are adopting blanket policies to discharge patients from their service back to their GPs for re-referral when they do not attend outpatient clinics
- Situations where a trust is not undertaking onward referral to other specialties internally, but is referring back to the GP for re-referral
- A failure of a trust to notify patients in a timely manner of the results of tests or investigations, or where they ask the GP to chase up the result

- A failure of a trust to send discharge summaries by direct electronic or email transmission for inpatient, day case or emergency care within 24 hours
- A failure of a trust to communicate within 14 days after an outpatient clinic attendance appointment
- A failure of a trust to provide medications following discharge from inpatient or day-case care, where medication must be supplied for the period established in local practice or protocols.

### **BMA GP workload and patient safety survey results**

The results of a received BMA survey on GP workload and patient safety can be found at the below link

<https://www.bma.org.uk/news/media-centre/press-releases/2016/november/patient-safety-under-threat-from-pressures-in-general-practice>

Key findings from our survey show that:

- More than eight out of 10 of GPs believe that they cannot provide quality and safe care to patients owing to either unmanageable (57%) or excessive (27%) workload pressures
- Only one in 10 (10%) GPs describe their workload as manageable and allowing for good and safe quality of care
- The south east (86%), the West Midlands (86%) and Yorkshire and Humberside (86%) had the highest rates of GPs reporting unmanageable levels of workload.

### **Managing workload – guidance on what to expect when referred by a GP to a specialist**

Attached at [Appendix 1](#) is patient leaflet which provides guidance to the patient on what to expect when being referred by a GP to see a specialist (or therapist).

Please pass this on to patients when they have been referred.

### **Sessional GPs e-newsletter**

The latest edition of the sessional GPs e-Newsletter is available [here](#)

### **The long run from Read to SNOMED - England**

NHS Digital is working with the GP Principal Suppliers and the transition to using SNOMED CT instead of Read codes is progressing well. All suppliers need to have transitioned to SNOMED CT before **1 April 2018**.

A SNOMED expert reference group (of the Joint GP IT Committee) are providing oversight and guidance to the programme. Further work is being done on mapping tables which will enable a SNOMED CT code to be recorded automatically alongside a Read code. This will ensure historic data can still be retrieved when the system has transitioned to SNOMED CT.

Technology has moved on substantially since the Read codes were designed in the 1980's. Read v2 has run out of codes in some places, has outdated terms and duplicates as well as other anomalies that can make reporting difficult. SNOMED resolves these.

[Personalised Health and Care 2020](#) sets out SNOMED CT as the single terminology for use across the NHS. When all of healthcare use the same vocabulary, electronic documents will be able to be sent and used across systems. This should save time and effort for all practices, and remove transcription errors.

Live webinars on SNOMED CT are available free of charge every month. Further details can be found on the [NHS Digital website](#). Pre-recorded versions are also available on the [UKTC Education and Resources](#) website by selecting 'View Releases' of the webinar you are interested in. A new webinar specifically designed for GP Practices will be available in 2017.

Updates on the move to SNOMED CT can be obtained by visiting the [SNOMED in primary care website](#)

### **Doctors of the World survey on charging migrants for Primary Care**

[Doctors of the World](#) are working with the RCGP's Junior International Committee on a short survey regarding GPs attitudes towards charging migrants for Primary Care. The aim of the survey is to gain a broad view of attitudes of GPs across the country in light of the Government's consultation on extending charges into primary care. Often the opinions of frontline staff are discussed in the media and by Department of Health, but as far as we are aware there has been no research on this.

You can complete the [survey here](#) - The deadline for completing the survey is 21 December.

### **Whistleblowing Guidance**

In response to Sir Robert Francis' Freedom to Speak Up, and his recommendation to review primary care separately, NHS England has published specific guidance for colleagues in general practice, opticians, community pharmacies and dental practices. This follows a consultation with staff working in primary care.

On 1 April 2016, NHS England became a 'prescribed person', which means primary care staff can raise concerns about patient safety or inappropriate behaviour directly with NHS England.

The guidance sets out; who can raise a concern, the process for raising a concern, how the concern will be investigated and what will be done with the findings of the investigation.

Please find below the links to the whistleblowing guidance and how to raise concerns mentioned in the above message.

<https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

<https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/>

### **FSEM launches updated professional code**

The Faculty of Sport and Exercise Medicine (FSEM) UK has launched a new version of its Professional Code. Designed for use by Fellows and Members of the FSEM, this important guide is also relevant to any doctor working in Sport and Exercise Medicine (SEM) or looking after a sports team at any level. The code informs the public and athletes that the best interest of the individual athlete will always be paramount should they receive medical care from a Fellow or Member of the Faculty of Sport and Exercise Medicine UK.

The code maps the duties and responsibilities of a doctor working in SEM, particularly in team care, with the general duties and responsibilities of a doctor in the General Medical Council's Good Medical Practice. The code also covers areas of practice relevant to the treatment of sportsmen and sportswomen, particularly elite athletes; such as the provision of indemnity, a code of practice when accompanying teams abroad, media coverage, dual responsibility to sportspersons and clubs and anti-doping.

### **President of the Faculty of Sport and Exercise Medicine, Dr Paul D Jackson, comments:**

*"Doctors working in sport, particularly elite sport, can sometimes face unique challenges when providing medical care for an individual or a team. The second edition of the FSEM Professional Code is designed for use alongside the GMC's Good Medical Practice; it is an important part of the FSEMs remit to set standards for doctors working in Sport and Exercise Medicine and is applicable to all doctors working in sport."*

The FSEM has also updated its statement on performance enhancing drugs in sport. Both documents can be accessed using the links below.

[FSEM Professional Code](#)

[FSEM Statement - Performance Enhancing Drugs in Sport](#)

### **Prison GP Conference**

A one-day conference focussing on the key issues for all secure environment GPs has been arranged for 27 January 2017.

It will include comprehensive updates on clinical and professional issues of interest to those working in secure environments and will also enable you to raise your concerns, have your questions answered and develop your personal network.

Further details are available at:

<https://www.bma.org.uk/events/2017/january/prison-gps-conference>

### **GP payment end to end user working group**

NHS Digital has established a working group to review current GP payment systems and to consider improvements for future systems. Following NHS Digital's invitation to practice staff and CCG staff to become involved in the working group, Dr David Hartley (YORLMC, York and Selby Division member and York GP Partner) joined the group as a YORLMC representative. Notes from the first meeting, that took place on 28 November, can be found at [Appendix 2](#). Dr Hartley is happy to answer any questions about the group; please direct any questions to the Corporate Affairs Team in the first instance.

### **YORLMC Buying Group**

YORLMC Ltd is part of a national buying group federation which aims to provide discounted services to practices.

The Buying Group has recently launched 2 new suppliers – further details attached at [Appendix 3](#)

1. AKM Music - Royalty Free Music (thanks to LMC colleagues in Cornwall and Devon for the suggestion!)
2. GP Online – Vacancy Advertising and Medeconomics/MIMS Subscriptions

The Buying Group has also launched **next season's 'flu vaccine** offers -

<http://www.lmcbuyinggroups.co.uk/suppliers/flu-vaccines>

We understand that some practices, which have pharmacy chain stores close by to them, are concerned that these pharmacies received their flu vaccines first this year. The reason why this has happened is that pharmacies generally order single packs of vaccines whereas general practice order ten packs. The single packs are released to the market first. However, Pfizer are offering their customers the option to take some single packs if practices feel this will help them next season – contact Pfizer for more details.

If you have not yet signed up to join the buying group and wish to do so please contact [info@yorlmltd.co.uk](mailto:info@yorlmltd.co.uk) to request a registration form. Details of services and discounts available through the Buying Group are now available on your Members page – go to: [LMC Buying Groups](#) to find out more. We know a lot of practices are already using Buying Group suppliers but are you aware of the other deals on offer? And for those practices who have never used the Buying Group, you could be missing out on saving thousands of pounds a year by not switching suppliers. The Buying Group website [www.lmcbuyinggroups.co.uk](http://www.lmcbuyinggroups.co.uk) is the only place to view the prices and discounts in detail. If you've forgotten your log-in details then email the Buying Group at: [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk).

Don't forget that practices can obtain a bespoke price comparison analysis to demonstrate the value of savings the Buying Group can offer compared with existing suppliers – please contact [gary@burns17.fsnet.co.uk](mailto:gary@burns17.fsnet.co.uk).

### **‘Buying Group Plus’ for Federations and Provider Companies**

Members can take advantage of any of the discounts as an individual practice and save thousands of pounds a year but GP federations and provider companies could also benefit from further savings. The buying group also offers a bespoke service to Federations by working with them to help save their practice members time and money on the procurement of products and services they regularly buy. For practices and federations that are already members it is important that practices notify the buying group (by emailing [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk)) of any changes to their contact details. It may also be helpful to include information relating to the buying group in practice induction processes.

### **Who to contact at YORLMC’s Corporate Affairs Team**

Kate Mackenzie ([kate.mackenzie@yorlmc.co.uk](mailto:kate.mackenzie@yorlmc.co.uk)) is the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.

Simon Berriman ([simon.berriman@yorlmc.co.uk](mailto:simon.berriman@yorlmc.co.uk)) and Stacey Fielding ([stacey.fielding@yorlmc.co.uk](mailto:stacey.fielding@yorlmc.co.uk)) are the first point of contact for all North Yorkshire & York related matters.

They can also be contacted on 01423 879922.

Additionally an overview of the roles of individual members of YORLMC’s Corporate Affairs Team can be found at <http://www.yorlmc.co.uk/about-us/the-corporate-affairs-team/> and any member of the team will be pleased to assist you.

### **Change of practice email addresses**

To help the CAT keep track of changes within practice teams it will be much appreciated if you can advise [info@yorlmc.co.uk](mailto:info@yorlmc.co.uk) when GPs join or leave your practice as well as when there is to be a change of Practice Manager.

### **Follow YORLMC on Twitter**

Follow us [@InfoYorlmc](https://twitter.com/InfoYorlmc) – there is also a link at the top right hand corner of our web site <http://www.yorlmc.co.uk/>

### **The Cameron Fund - The GPs’ own charity**

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>

PRACTICE VACANCIES



CROSS HILLS GROUP PRACTICE  
*“Caring for the Cross Hills’ Community”*

## GP VACANCY

### Up to 6 sessions per week

**Exciting opportunity for a GP to join our expanding team**

- Dynamic, multi-layered team offering excellent clinical skill mix supported by extensive nursing team, pharmacists and healthcare navigator
- Strong clerical support from experienced admin team
- Full range of core and enhanced services
- SystemOne GMS Practice
- History of local practice collaboration and actively engaged with AWCCCG and YorDales GP Federation
- Excellent benefits including 6 weeks’ paid leave (+ study and bank holidays) and full indemnity reimbursement

**Start Date: March 2017, but willing to wait**

For more details and to apply go to [careers.bmj.com](http://careers.bmj.com) or email [recruitment@gp-b82020.nhs.uk](mailto:recruitment@gp-b82020.nhs.uk) or telephone 01535 637900 and ask for Belinda Seth, Business Manager or Bilal Shah, Operations Manager.

Closing: Monday 16<sup>th</sup> January

Interview: wk/c 13<sup>th</sup> February

Genuine salaried or partnership enquiries welcome. This is a not a locum, position.

**LOOKING FOR WORK AND VACANCIES?**

**Advertise in the YORLMC Ltd Newsletter**

This Newsletter is circulated to all North Yorkshire & Bradford & Airedale Practices.  
If you would like to advertise your availability for employment then please email [info@yorlmcltd.co.uk](mailto:info@yorlmcltd.co.uk)  
for further information and advertising rates  
YORLMC's advertising policy is available [here](#)

**This Newsletter is based on the best available information.  
We will endeavour to ensure you are kept informed of any changes.**

**To help YORLMC's Corporate Affairs Team keep track of changes within practice  
teams will Practice Managers please advise [info@yorlmcltd.co.uk](mailto:info@yorlmcltd.co.uk) when  
GPs join or leave the practice and when there is to be a change of Practice Manager**

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