



A Christmas selection box of hot topics!

Editorial by Emma Ridgewell-Howard,
Chief Executive at Kernow Local
Medical Committee



Four months have flown by; there are just a few more sleeps until Christmas Day and 24 hours can seem a very long time in politics but it never seems quite long enough to cram in all the interesting, challenging and varied issues that you have brought to the LMC for advice, guidance and attention. Below is my Christmas selection box: I have not cherry-picked the good ones as I have enjoyed them all!

CHIS: many of you will have been contacted about recent recall issues identified following the transfer of Kernow records to the Child Health Information Service (CHIS) during the summer. Thank you to each of you for taking time to work through your records; Public Health England (PHE) were timely in consulting with us on your behalf about how best to undertake this work and how to pay practices for this additional work at a particularly challenging time in a very challenging year. Your LMC has had valuable assistance from your colleagues in order to assess appropriate payment levels so you will receive more information about that – and some deserved remuneration – soon.

CHIS continued: many of you will be aware that CHIS is facing impending automated data extraction challenges, as NHS Digital will not be supporting MiQuest (used by CHIS to perform targeted data extraction, presently) with effect from the New Year. This leaves a headache: the solution they have suggested for general practice is insupportable so far, and we have told them so. We would **not** recommend that you sign any new (ie post MiQuest) data sharing agreement with CHIS until we have clarity for you. The downside is a suggestion from PHE that this will mean all practices having to revert to manual data submission using Excel spreadsheets until a General Data Protection Regulations (GDPR) compliant resolution

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is found. Whatever next? Good question. PHE is promising some comms – when we hear, we shall make sure that you do.

CHIS – the trilogy! CHIS is currently working on validation of all their inherited records, so you may hear from them – this is part of a national process as they work to meld a variety of child health record systems, into one.

Stream: we have fed back your valid concerns about this reporting system and the clinical commissioning group (CCG) has listened and acknowledged those by looking to replace Stream with a whole system approach in 2019, where queries and concerns can be brought together by all parts of the healthcare system (not only general practice), reviewed and transparently reported upon. As the CCG moves toward delegated commissioning with your support, this is an especially important process to get right – it must provide an effective and reliable conduit for informing commissioners of priority problems and allow you all to be sighted on the progress being made to address those matters that cause negative frictions, as they impact on your workload.

Remote access to clinical systems: we have shared concerns by many of you that the current 'work arounds', into which you invest, are neither fit for all necessary purposes or GDPR assured. While the CCG is developing detailed IT plans in consultation with partners – your LMC included – they also understand that you are carrying the risks (and work challenges) in using the present patchwork of IT that represents an imperfect solution at the moment. With that in mind, they are preparing some guidance to help us through this interim period and we shall share this with you as soon as it is available.

Leg ulcer care provision: understandably, recently this has occupied a large section of my inbox. With no Local Enhanced Service in situ to remunerate practices for this uncommissioned, vital and time-consuming treatment, our Executive team has been indebted to you for your helpful examples that, in turn, have helped us to engage with CCG colleagues to find some positive solutions. We are now very close to agreeing a short-term payment provision for 2018/19 which goes some way to acknowledging the work done by all practices, and an important commitment to prioritise how general practice is funded for this work for the long term. There is another meeting with the CCG this month, so we will share substantive progress with you as soon as we have that.

Falsified Medicines Directive: you may be forgiven for wondering what is happening about this and how the most recent Brexit 'excitements' are impacting. Alternatively, you may be wondering what on earth I am alluding to ... either reaction is entirely understandable. This is a Directive hurtling our way from 1 February 2019 and yet there has been almost radio silence about the detail. As a reminder, this EU obligation will require a fundamental change in the way we process any medicine that is given to a patient directly and will have as much impact on prescribing clinicians as it will on dispensing doctors. Its purpose? To resolve the perceived problem of counterfeit prescribed drugs – it is suggested this problem equates to about one counterfeit prescription every day in the UK. The General Practitioners Committee (GPC) advises that nobody is ready for this, not least the system suppliers and



drug companies, and they recommend that no action is taken (no cost incurred, no process changed) at practice level pending further clarification at national level.

LMC request for updated details for our database: may I send thanks on behalf of the Committee, to all those practices which have already let us know the details of their current principal, salaried and regular locum GP so that we can be sure that our constituent list is accurate, ahead of LMC elections early in 2019. We no longer receive information via the Performer List route and so are heavily reliant on your goodwill in keeping us updated about any practice changes until such time as Primary Care Support England (PCSE) is able to provide us with this information, direct. Enough said.

Core Hours Assurance: following lots of behind the scenes work since August, a letter has been agreed for circulation to you all this month, to support clarity about core hours services which have been a topic at the forefront of minds in no small part due to a Plymouth inquest, recently concluded. As always, if you have any questions or concerns then please be in touch: we will do all that we can to support.

Wishing you all a very healthy, peaceful and restful time over Christmas and into the New Year. Thank you for such a warm welcome back home: here's to much happiness and lots of positive resolutions resolving flu, pathways, leg ulcers, PCSE – oh, and my acknowledgement that some may take more resolve than others!



Merry Christmas from LMC land!

By Dr Will Hynds,
Chair of Kernow Local Medical Committee

Once more Christmas unexpectedly follows November and all that winter planning is paying off....hmm. Certainly, there has been a lot of lip service paid to winter planning and I suspect the command services are in place. The missing link remains in communication to the infantry (us) but I think this message has sunk in and I am hoping that shortly your practice managers will know who to call when the first snows fall.

Ideas being bandied around include targeted gritting around practices and locality managers setting up WhatsApp groups for their practice managers to act as a communication hub if practices have to close. Both of which seem useful enough to actually work.

It seems that despite a difficult birth, this year's flu imms are largely hitting the correct targets. If you run out of either aTIV or QIV please let admin@kernowlmc.co.uk know and we will try and facilitate a solution. As far as next season goes the party line this month is that we will be going with aTIV and QIV again for the same groups and that is the current advice for ordering. Unfortunately, it is possible there may be at least one other vaccine

licenced by then that could cover all populations and hence save the complications that we had this year. I fear we may be left feeling that 'it would have been nice to have known that' retrospectively.

NHS England (NHSE) are keen to flag up two new waves of the clinical pharmacist in general practice program. If the previous ripples passed you by this is an attempt to facilitate more pharmacists to assist GPs. It was launched as a clumsy attempt to force 'working at scale' (apologies to anyone else who is tired of the phrase too!) and was aimed at patient populations of at least 30,000. This has softened and applications are now being accepted to cover patient groups of 15,000 for 1 full time equivalent (FTE) or even 7,500 for 0.5 FTE. Clearly, this makes it a much more accessible offer and it might be worth having your practice manager scope it out [here](#). It might even be worth slapping it on the agenda for your next locality bun fight. Buyer beware though – NHSE are offering £29k in year 1, £20K in year 2, £11k in year 3 pro rata and thereafter you are on your own. Therefore, this is not a 'free' pharmacist; it is a subsidised pharmacist that you will end up employing in entirety. Still, if you can find one, they seem to help.

For those struggling with bums on seats, NHSE is proposing a South West jobs fair in March (likely to be in Plymouth) to improve retainment of registrars and recruitment from elsewhere. It might be worth sending someone along to schmooze attendees if you feel so inclined. More details anon.

In other news, I am continuing to press for direct optician to ophthalmology referrals and I think there may be some light on the horizon. Wouldn't it be nice to think that 2019 could see the end of the 'please see the attached optician's letter and do the needful' fiasco. Let's all put it in our letter to Santa this year and see what happens.

On that note may I wish you Many Merries and very few Something-must-be-dones this Christmas. Eat, drink and wriggle your toes by the fireside – warm in the knowledge that politicians may, for once, be having a worse time than us!

New 'about the LMC' leaflet

Kernow Local Medical Committee has produced a new leaflet for GPs and practice managers to raise awareness and understanding about its role, work and how to get involved.

You can view the leaflet [here](#). Copies are available on request by emailing rich@kernowlmc.co.uk



The role and remit of Kernow Health CIC

By Carolyn Andrews, Chief Executive at Kernow Health Community Interest Company

Hello my name is Carolyn Andrews and I am the CEO for Kernow Health CIC. I joined the company in September 2017 to mobilise the Cornwall 111 Integrated Urgent Care Service. In December 2017 that role became the Chief Operating Officer for the service and in August I was asked to step into the CEO role to enable continuity of service within the CIC. My background for the past 15+ years has been in the NHS or private healthcare in a variety of senior roles, including contracting and business development. I have a strong operational background in urgent care and have also worked within an acute and community setting.

Since taking over as CEO I have been very clear about our role here at the CIC and that is a role of enabling and supporting general practice but also being a provider of services. We need, as a CIC, to generate an income to enable payment to core staff who support practices. We are not the united voice of general practice, that is clearly the role of the LMC, however we are here to work with the LMC and support where we can. We are currently reforming internally to ensure accountability and transparency as an organisation. We have also started to meet regularly with LMC colleagues to discuss what is currently happening in each organisation.

We currently manage and run the following services:

- Cornwall 111 Integrated Urgent Care Service
- The School Immunisation Programme
- Childrens Eating Disorder Monitoring Service
- Dermatology services in certain areas
- Management of the Referral Management Service
- Primary Care Workforce and Organisation Development, incorporating the Community Education Provider Network (CEPN)
- Digital Health Service (currently being developed)
- Paramedic Advice Line
- Improving Access to General Practice.

We currently host the Data Protection Officer role on behalf of practices. This was going to be funded by the practices, however the CIC has been able to absorb this role into a current function so we will not be charging practices for this service.

To highlight one project from our range of services and schemes supporting the primary care workforce, CEPN is working with practice managers and universities to develop a career framework and training programme to enable practices to 'home grow' their next



generation of practice managers. This is an exciting project, as it is not only clinical staff that are in short supply, but skilled practice managers can also be hard to recruit.

We have just signed off, as a company, our two year business plan which set us up to become a service provider and contract support unit style facility for general practice and localities. We are working with a lot of practices for improved access to general practice (IAGP) and this has led to some opportunities to work more collaboratively together, which is great and feeds into our key drivers in the business plan for supporting and enabling.

I have met some of you through various meetings and I hope to meet more of you as we progress. I look forward to working with you all and if you have any queries please do not hesitate to contact me at carolyn.andrews3@nhs.net.



Update from Cornwall Partnership NHS Foundation Trust

**By Dr Tamsyn Anderson,
Director of Primary Care at Cornwall Partnership
NHS Foundation Trust**

Thank you to Dr Will Hynds at the LMC for the chance to write the first update from Cornwall Partnership NHS Foundation Trust (CFT).

As a GP who works on 'the dark side' I aim to gain an understanding of issues faced by clinicians in CFT and primary care and look for solutions that help both patient care and clinicians.

There are many pressures being faced by both GPs and CFT staff in meeting patient demand and coping with workforce challenges. When these happen they can create discord between teams and we all live with the reality of workload increasing and a fear this will get worse.

I have seen many examples when teams work together they find solutions to problems and create efficiencies which reduce workload on both sides.

What we do

CFT provide mental health, community and children's services across Cornwall and the Isles of Scilly. This includes both inpatient and community mental health teams for adults and children, community hospitals and community nursing teams including specialist nurses and children's nurse teams, to name but a few. Please see our [chart](#) for a full list of the services we provide and the leads for these areas. In the next few weeks we will be building a list of contacts for the operational teams across the localities to share with practices. We hope you will contact local team leads with any issue for resolution, but if you need to escalate any concerns the chart shows the senior manager for each area.



Community nurse teams

GPs are reporting district nurse shortages which are impacting on GP workload as patient management reverts to GPs. Some teams are facing significant recruitment challenges. There is no doubt that a fully staffed community team helps with GP workload and it seems integrated working may be one factor that helps recruitment.

Some teams can feel very anxious about changing the way they work, but we have transformation leads to help. If you would like to discuss this for your practice please contact me at tamsyn.anderson@nhs.net

SMI and physical health

The most upsetting statistic I have seen since commencing my professional career is that people living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15-20 years lower than the general population. We know these patients can be challenging to engage, but we must be able to improve this in Cornwall and the Isles of Scilly?

In CFT there is a concerted effort to ensure patients physical health needs are considered and managed along with their mental health interventions and treatments. All staff have had face to face physical health training, all teams have a physical health and clinic room lead, all teams are identifying patients with SMI so we can ensure we focus on this cohort of patients and support them to access support for any physical health needs.

We are working with the CCG looking at how physical health is managed in both primary and secondary care and seeing where we can optimise our patients care. Early work shows often we are duplicating physical health measures and interventions and in some cases patients get no checks. Areas like Bradford have a template used by primary and secondary care which can be shared across providers which we are reviewing for Cornwall. As this work develops it will be discussed with the LMC.

Caseloads for mental health teams can be shared with GP surgeries which may help hub meeting agendas. If you would like to receive these please let me know via email. If you would like to reinvigorate your hub meeting please contact beth.ford@nhs.net (Beth is the nurse consultant for adult community mental health services).

Raising concerns

Finally, thank you to those of you who have raised concerns through our PALS team. All concerns that have been reported are being followed up with service line senior managers. These will be reported through to our quality and governance meeting. If you wish to raise a concern please contact cpn-tr.Palscft@nhs.net

Attendance avoidance for older people living with frailty

Geriatricians at the Royal Cornwall Hospitals Trust (RCHT) are available to support primary care and community based colleagues with any queries to prevent hospital attendance and



support decision making in the community. Their frailty hotline is available Monday to Sunday from 9am-5pm. The number is 01872 252161.

Issues with EMIS

The LMC is aware that some GP practices are experiencing ongoing IT issues with EMIS. EMIS has confirmed to the GPC that its senior team is happy to look into issues if practices provide their contact details to LMCs to feed up the line. If you wish to do this, please email admin@kernowlmc.co.uk outlining the issues you are experiencing and the preferred method to be contacted by EMIS.

QOF payments

There are some identified issues with v39 of QOF rules and the LMC has been assured these are being worked through ahead of 31 March 2019 to ensure that all payments due to practices are correct.

If you do spot any reporting errors then refer to the [spreadsheet](#) which lists all the potential issues currently being resolved. If your error is not featured, let the LMC know and we will raise it nationally.

Scam invoice warning

The LMC has received a report from a local practice about a recent scam email invoice from Euroofficesupplies for several hundred pounds. Their address is a virtual office in London.

South West Controlled Drugs Local Intelligence Network update

Items discussed at the South West Controlled Drugs Local Intelligence Network's latest meeting included the availability of Xanax from illicit websites and the safer use of fentanyl patches. An update is available [here](#).

Dispensation on movement of QIV stocks

The Medicines and Healthcare Products Regulatory Agency (MHRA) has confirmed that the same dispensation agreed for the adjuvanted trivalent influenza vaccine (aTIV) can be applied to the quadrivalent influenza vaccine (QIV) when moving stocks between providers where there are shortages.

Normally, medication can only be passed between providers where a wholesaler licence exists, however the MHRA has confirmed that with QIV – recommended for those aged under 65 and in a clinical risk groups – it would not prevent supply under the given circumstances of 'in short supply' or 'no supply' available provided:

- the surgery that is holding the excess stock can give an assurance that the vaccine has been held properly in the correct temperature-controlled conditions

- confirmed record keeping of temperature monitoring is available
- the surgery that requests the QIV is able to verify the assurances given
- the vaccine can be transported appropriately under the right conditions.

Vaccines for 2019/20 seasonal flu programme

Preliminary [information](#) has been issued by PHE and the Department of Health and Social Care (DHSC) on the recommended vaccines for the 2019/20 seasonal flu vaccination programme.

New prescribing guidance from NHS England

NHSE has published a new consultation on further items which should not be routinely prescribed in primary care, as well as new guidance on evidence-based interventions and the prescribing of gluten-free foods. You can read it [here](#).

Supply issues with Bricanyl Turbohalers

Astra Zeneca has informed the DHSC about a supply problem with Bricanyl Turbohaler (terbutaline 500microgram). Interim deliveries are expected again in December, but normal supplies won't be available until the end of January. UK Medicines Information (UKMi) has issued a [briefing](#) about clinical management strategies. Salbutamol products are available from a range of suppliers if patients are required to be switched during this period of short supply, but 'will require retraining if they are required to be switched to a different device'.

New standard to improve information sharing between pharmacies and GP practices

A new standard that will improve sharing clinical information between community pharmacies and GP practices has been published.

This will allow information that community pharmacists gather from patients when providing services such as vaccinations, medications and guidance with minor ailments to be shared digitally with patients' GPs.

Improving data sharing between community pharmacies and GP practices is expected to cut medication errors, improve patient safety and reduce administrative work for staff.

NHS Digital is working with pharmacy and GP clinical system suppliers to start implementation in their systems. The pilot phase will begin in early 2019, with roll-out anticipated by the end of 2019.

Focus on the Falsified Medicines Directive

The Government has agreed to implement the Falsified Medicines Directive, which means practices should prepare for roll-out and demonstrate compliance by 9 February, 2019. The GPC has argued strongly that the NHS must fund the equipment required and make the necessary IT equipment available to facilitate the Directive so that the impact on the workload of GPs and their employees is kept to a minimum. Read more [here](#).

Suture tariff changes

The codes for Ethicon sutures used in minor surgery have been standardised and the Association of Surgeons in Primary Care (ASPC) has received reports of GP practices not being able to buy the products they are used to using as suppliers have run out of old stock bearing the former product codes. ASPC has provided [information](#) to explain the changes in codes – note them if you want to continue to claim for sutures used.

Important NHS Property Services request

Some practices may have been in touch with the GPC already about ongoing issues with NHS Property Services (NHSPS) in relation to service charges. The GPC is now looking at practices that fall into groups F and H in this [matrix](#). Please contact the GPC via info.gpc@bma.org.uk if you belong in either of these groups.

Contract guidance for GPs working in non-standard roles

GPs are increasingly stepping beyond the conventional boundaries of general practice to forge diverse careers that suit their interests, expertise and skills. It is important for GPs engaging in these roles, in which they might not be protected by nationally agreed TCS, to be aware of their rights and check that the employment offer and their working arrangements are fit for purpose.

The GPC has produced [guidance](#) to help ensure that all GPs receive appropriate employment terms and conditions, regardless of their employer.

Advice for locums in short-term placements

Doctors in primary care who locum or work within health organisations for short-term placements face some specific challenges. They often do not have easy access to systems or structures in place to support their continuing professional development, appraisal, revalidation and governance.

New guidance '[Supporting locums and doctors in short-term placements: A practical guide for doctors in these roles](#)', along with the accompanying guidance '[Supporting organisations engaging with locums and doctors in short-term placements: A practical guide for healthcare providers, locum agencies and revalidation management services](#)' highlights ways that

doctors working in this way may be supported to enhance their work experience and provide safe provision of healthcare as a valuable part of the workforce.

GP list cleansing

Capita will shortly re-start the process of GP list cleansing to remove 'ghost patients'.

During this process you will receive emails from PCSE which will outline the steps you need to take to submit information about certain cohorts on your patient list. You may also receive FP69 notifications which will ask you to check the status of patients with whom PCSE have not been able to make contact.

Practices will be advised what actions need to be taken on their clinical system to correct any differences which may be identified, or to confirm the status of a patient. The responsibility to vet GP lists for patients who are registered but no longer attend the practice was part of Capita's original contract when it took on primary care support services in 2015. However, the exercise was put on hold amid the upheaval faced by practices in the wake of the outsourcing, which saw NHSE cut 40% from its budget to provide such services. If you have any queries, contact pcse.dataquality@nhs.net

LMC England Conference round-up

An overview of the speech from Dr Richard Vautrey, Chair of the GPC, at the recent LMC England Conference is available [here](#). The webcast is available [here](#).

BMA Junior Members Forum 2019

Registration is now open for the British Medical Association (BMA) Junior Members Forum (JMF) 2019. This is a free two-day event aimed at grassroots junior members.

All BMA members within 12 years of provisional GMC registration and medical students are welcome to apply.

The JMF is being held in Brighton from 26-27 January 2019. Accommodation can be provided for both the Friday and Saturday night. More information is available [here](#).

If you have any questions, contact dnorcliffe-brown@bma.org.uk or confunit@bma.org.uk

Primary care workload observatory

The Royal College of General Practitioners Research and Surveillance Centre (RCGP RSC) is inviting practices to join a sentinel network of 400 practices across England. The Centre is mainly funded by PHE to be the main source for national surveillance. The RCGP RSC has also recently received funding from NHSE to double the network and to create a workload observatory.



The new national workload observatory project aims to provide hard, near real-time evidence on current workload levels as well as provide a picture of the complexity of cases that are increasingly seen in general practice.

Benefits for practices joining the network:

- Payment for promptly returning signed agreements – £50 if completed within one week of receipt and payments for workload questionnaire completion – £75 per questionnaire; two to be completed.
- Free access to paid online training – £30 per person for up to three people. A certificate will be provided as evidence for CPD.
- Continuous feedback on coding and have access to an individual interactive dashboard. The feedback has the additional benefit of demonstrating a commitment to constant quality improvement during CQC visits.
- The opportunity to participate in funded research without the hassle of signing additional paperwork. New research opportunities are advertised in the monthly newsletter
- A free Research Ready Advanced accreditation. The standard cost is £50 for a practice to Advanced-accredit for each year you are an RCGP RSC member.
- A team of Practice Liaison Officers who actively support the network and train practices as needed

For more information about the network and how to sign up, contact one of the Practice Liaison Officers: Noshin Ishrat, email: n.ishrat@surrey.ac.uk or Zarmina Butt, email: z.butt@surrey.ac.uk

Improving access and continuity in general practice

The Nuffield Trust has released a [report](#) into the impact of improved access in general practice upon continuity of care. The report sets out the evidence on continuity of care, its impact on clinical outcomes and wider health services, its importance to patients and GPs, and the relationship between improved access initiatives and continuity of care within general practice.

The report aims to help providers, commissioners and policy-makers maximise the opportunities to improve continuity provided by the additional investment in primary care to support improved access. It examines how to achieve the optimal balance between these two dimensions of care when redesigning services for local populations.

50% bursary for Diploma in Advanced Primary Care Management

Looking to develop the skills to manage primary care at scale? There are still places left for the February 2019 intake for the National Association of Primary Care's Online Diploma in Advanced Primary Care Management. It is designed for practice and business managers responsible for running primary care at scale. More information is available [here](#).



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

LMC update

Reminder – request for updated contact details for our database

As a membership organisation the LMC currently holds contact details for local GPs and practice managers – or equivalent – so they can elect LMC members, receive our communications, details of our events and important information we gather which has a direct impact on them.

We want to ensure that our contacts' database is accurate, so that our communications are received by the right people in a timely manner. We would be grateful if you could provide the work email contact details of all your GPs – including partners, salaried and sessional – along with those for practice managers, or equivalent.

Could we have an update on any changes to staffing since January 2018 please. Email the information to admin@kernowlmc.co.uk as soon as possible. Thanks to those practices who have already done so in recent weeks.

The information will be used for LMC communications and won't be shared with any third parties, unless written permission has been given.

If any GPs or practice managers – or equivalent – no longer wish to receive our communications or be retained on our database please notify us and we will remove the details from our records.

Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the [jobs page](#) of the LMC's website.

Festive closing dates for our office

The LMC's office will close over the festive season at 5pm on Thursday, 20 December and will reopen on Thursday, 3 January. If you have an urgent issue during this period, please ring the office and leave your number, which will be routed to the appropriate person for immediate action – this includes those seeking pastoral support.

Produced by Kernow Local Medical Committee. Copy submissions for the next newsletter should be emailed to rich@kernowlmc.co.uk by noon on Monday, 7 January, please.

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