



# LMC LINKS

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## Up & Coming Events

**CQC Event June 12<sup>th</sup>**,  
Hough End Centre,  
Mauldeth Road West,  
Chorlton Cum Hardy  
M21 7SX

7pm – 9pm (food  
available from 6pm)

## When the going gets tough, don't try to go it alone!

Pressures on General Practice and on GPs are increasing, as are the regulations and bureaucracy that surrounds the job. If at any point of time you fall foul of these, or you are finding life difficult, please remember to get in touch with us at the LMC.

You may feel embarrassed to share your circumstances with colleagues, but we are not judgemental (and are unembarrassable too!). We can provide you with much needed support and assistance at this difficult time.

You can contact any one of our Executive Members directly, or you can contact Vivienne Simenoff.

The last thing you should do is pretend that the situation is going to go away, or to try to go it alone. We know that GPs are a competent bunch but history would suggest that just as doctors have been known to seek independent medical opinion late, they can also leave it late to seek assistance in other areas of their lives.

So please – don't leave it too late. Get in touch!

Our contact details are:

### Trafford

Dr Ravi Mene 07973 937353 – email [ravi.mene@nhs.net](mailto:ravi.mene@nhs.net)

Dr Iain Maclean 07957 606097 - email [iain.maclean@nhs.net](mailto:iain.maclean@nhs.net)

Dr Colin Kelman by email- [colin.kelman@nhs.net](mailto:colin.kelman@nhs.net)

### Salford

Dr Jenny Walton 07947 733530 - email [jwalton@nhs.net](mailto:jwalton@nhs.net)

Dr Mhairi Yates 07786 115525 - email [myates2@nhs.net](mailto:myates2@nhs.net)

Dr Girish Patel 07817 629697 – email [girish.patel@nhs.net](mailto:girish.patel@nhs.net)

Equally you can contact Vivienne at the LMC office on 212 6510 or by email to either [Vivienne.simenoff@salford.nhs.uk](mailto:Vivienne.simenoff@salford.nhs.uk) or [vsimenoff@nhs.net](mailto:vsimenoff@nhs.net)

If this letter applies to you in your current circumstances, don't delay – get in touch today.

## Contact us

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t or  
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## Visit our website

[www.salfordandtraffordlmc.org.uk](http://www.salfordandtraffordlmc.org.uk)

## Goodbye and Hello.....

We were sad to see the departure of Dr Nigel Hyams as Chair and Secretary with special responsibility for Salford issues. We wish him every happiness as well and a jolly good rest after all his exertions on behalf of his colleagues.

We are delighted to welcome our two new members of the Executive; Dr Mhairi Yates and Dr Jenny Walton who jointly will hold the post of Secretary with special responsibility for Salford issues. Dr Yates says she is a job share GP Principal and has been working in Salford for the past 15 years, having completed most of her GP training at Salford Royal. She is the clinical lead for End of Life Care in Salford and an undergraduate GP Tutor. She says "I don't believe in gratuitous political correctness and I'm not one for obfuscation! I'm not by nature a political animal but I do feel the LMC is part trade union and part "critical friend" and is an extremely useful, proactive resource for practising clinicians. In career middle age, it's time for me to give something back and I'm a good listener, so any ideas/concerns/expectations - let me know!" She can be contacted on [myates2@nhs.net](mailto:myates2@nhs.net)

Dr Walton who is working with her as Joint Secretary for Salford trained at Hope and has worked ever since in the Salford area as GP partner, locum and salaried GP for the past 30 years. She had a brief sojourn into occupational health in the mid 1990's but missed general practice so much that she had to return to it. She is married to local GP, Martin Hayes. She is the clinical lead for older people's mental health for Hundred's Health and became a member of the LMC representing salaried GP's in 2011 and relishes the opportunity to fight the cause of Salford and Trafford GP's in these ever changing times in our beloved NHS.

She feels she may be a novice when it comes to medical politics but is passionate about her colleagues and will do everything in her power to represent them.

P.S. She has been known to tread the "boards" from time to time and has recently had "the joyous experience of working with Kay Mellor" on the BBC drama "The Syndicate" where she appeared briefly opposite Timothy Spall, watch this space! She can be contacted on [jwalton@nhs.net](mailto:jwalton@nhs.net).

## Do you have a GP trainee in your practice?

Nominations are now open for regional representatives on the BMA's GPC GP Trainees Subcommittee, please pass this information on to any trainees you know.

Elections are being held for each of the 19 regional constituencies - nominations are open to all those on, or about to begin, a GP training programme - whether they are BMA members or not. Full details, including nominations forms, are available on the BMA website. All nominations must be received by the GPC office by 5pm on Friday 22 June 2012.

[http://www.bma.org.uk/representation/branch\\_committees/general\\_prac/becomingagptraineerep.jsp](http://www.bma.org.uk/representation/branch_committees/general_prac/becomingagptraineerep.jsp)

Please spread the word to all GP trainees - even if they are not considering standing for election, they should visit the site to make sure they are registered to vote.

If you have any queries please contact Christopher Scott ([cscott@bma.org.uk](mailto:cscott@bma.org.uk)) in the GPC office.

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## Conundrum of the month....

### **Should you charge VAT for Access to medical records?**

In certain circumstances individual patients or their representatives are entitled, by law, to ask for access to or copies of health records (including hand-written clinical notes, copies of letters to and from other health professionals, laboratory reports, X-rays and other imaging records, and printouts from monitoring equipment) or medical reports written about them.

- Data Protection Act 1998 - requests for copies of personal data are termed "Subject Access Requests" ("SAR"). Where the holder of the records receives a SAR they are obliged to provide the information requested, but may make a charge for so doing. The maximum amount of the fee is set by Regulation, and is a nominal sum to cover the expense of complying with the legal obligation to give access.
- Access to Medical Reports Act 1988 - this Act governs access to medical reports made by the person's own GP for insurance or employment purposes. The patient is entitled to ask for a copy of the report and, where such a request is made, the GP must provide one but can charge a reasonable fee to cover their costs incurred in so doing.
- Access to Health Records Act 1990 and Access to Health Records (Northern Ireland) Order 1993 - these pieces of legislation facilitate access to the health records of deceased persons only by that individual's personal representative and anyone with a claim arising out of the person's death. The holder of those records is legally required to provide copies of records requested under this legislation. They may charge a fee for so doing, but it must not exceed the cost of making and mailing the copy to the applicant. Access to the health records of living persons will be made under the Data Protection Act 1998 noted above.

Where a doctor provides a copy of all or part of a medical record or report under the terms of one of the statutory requirements set out above, that activity is outside the scope of VAT. But where a copy of a health record is provided in circumstances that do not fall within one of these statutory obligations, that is a taxable supply, and liable to VAT at the standard-rate.

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## How to manage your cash flow when the PCT closes

We are grateful to Pulse Magazine for their permission to use the following article: If you cannot access it, please register with Pulse. [http://www.pulsetoday.co.uk/main-content/-/article\\_display\\_list/13934783/how-to-manage-your-cashflow-when-the-pct-closes](http://www.pulsetoday.co.uk/main-content/-/article_display_list/13934783/how-to-manage-your-cashflow-when-the-pct-closes)

It offers good advice. There is a brand new world out there, and as we approach it you will discover just how much you have been taken care of by your PCT. Practices that have not planned for this new future are likely to find it a particularly difficult place to be! If you want to discuss this article, or anything else in this edition, please get in touch with the LMC via Vivienne Simenoff at [vsimenoff@nhs.net](mailto:vsimenoff@nhs.net).

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## Helping patients fulfill their religious obligations at that most difficult of times.....

So how can GPs help patients comply with their religious obligations at a time of great stress, sadness and when they are at their lowest ebb? Firstly it is very important for GPs to understand and respect the cultural requirements of all the ethnic groups that they serve. They will then know how important it is for certain religious communities to ensure that deceased relatives are buried as quickly as possible and with the minimum of red-tape that the law permits. Obvious measures include the prompt issuing of cause of death certificates to allow relatives to obtain the necessary authority for burial or removal of the body. This should not pose too much of a problem **unless** the death is sudden, violent or "unexpected" when delay will occur whilst the Coroner, or his Officer, must make necessary enquiry to comply with the Law. Delay, however, can occur even if the death is "expected" but happens during the time when the deceased's usual GP is unavailable such as weekends, bank holidays or when the GP is away on a break. In these cases solutions are possible with the application of some forethought and sensitive planning.

The majority of GPs, nowadays, do not work 24/7, nor should they be expected to do so. This means that a patient's usual GP will probably be unavailable at the weekend or on a bank holiday. However, if a GP knows that a patient is expected to die at a time when he will be unavailable to issue a cause of death certificate to permit prompt burial for religious reasons, there are steps he may wish to take above and beyond what is contractually required. Firstly, if he knows that he will be away on holiday, he can arrange for a colleague to see the patient beforehand and that doctor will be in a position to certify, if necessary. At weekends or on bank holidays the usual GP should inform his "Out of Hours" provider that one of his patients is in a terminal condition and is expected to die. The GP may ask his OOH provider to inform him if the patient does die which would enable the GP to contact the family and issue the necessary certificate. I

emphasize that the GP is under no contractual obligation to do this but may want to do so to assist his patient's family at a time of great distress. For the vast majority of GPs this would be a very infrequent occurrence and, I am sure, would be much appreciated and forever remembered.

Dr Mhairi Yates, newly elected Joint Honorary Secretary for Salford says "This article serves as a useful reminder to those of us who have patients represented in Jewish and Muslim communities and the religious requirement for early burial.

Many of us in the Salford area are already working in the way described since the Coroner's permission to issue a Statement of Intent, where a death is expected. This of course prevents unnecessary delays once a person has died and should be issued wherever a clinician believes death to be within the ensuing weeks and occasionally months. In Salford there are currently discussions to add the Statement of Intent onto Coordinate My Care as a 'Yes/No/Not applicable' in terms of its issue.

Anyone looking for assistance regarding any religious/cultural issues around End of Life Care can contact me and I can signpost to the appropriate service."