2022 Annual Conference of England LMC Representatives

Sheffield LMC

THURSDAY 24 NOVEMBER 2022

SHEFFIELD LMC EXECUTIVE ATTENDANCE: Alastair Bradley, Krishna Kasaraneni, Gareth McCrea, Danielle McSeveney

MORNING SESSION

This started with an address from Kieran Sharrock, Deputy Chair of General Practitioners Committee (GPC) England, in the absence of the Chair.

Kieran noted that GPs had delivered 32m consultations in October, rising from 24m/month pre-pandemic. This was on the backdrop of a diminishing GP workforce. 380 GPs had left this year and numbers were 1900 down from 2015. The Department of Health and Social Care (DHSC) had quietly dropped their target to recruit 6000 more GPs and had failed to tackle well-publicised problems on pensions, workload and workforce.

Wellbeing of the workforce was paramount, and Kieran highlighted the sad death of Dr Gail Milligan. To protect the workforce, the GPC and the Royal College of General Practitioners (RCGP) had highlighted 25-35 consultations a day as safe practice. Reducing workload is paramount, and negotiating a high-trust, low-monitoring contract was essential.

Continuity of care was important for patient care, but so was investment. Primary Care still only receives 8% of the NHS budget, which is wholly inadequate for services, let-alone the sums required for inflation and premises.

The current trajectory is unsustainable, and a new contract is required.

Motion 5: Safety in General Practice

- On the backdrop of falling GP numbers, which DHSC has failed to tackle, the publication of flawed practice-level appointment data was condemned.
- Telephone triage is taking GPs away from frontline patient care.
- Consumerism is destroying general practice.
- More appropriate staff are needed to manage the demand and these need to be funded fully.
- Other systems are failing around primary care and increasing the burden on general practice.

There were some problems with the wording to direct GPCE to act but the motion passed in all parts.

Motion 6: Mental Health Services

- GP obligation is to refer the patient appropriately after their own assessment.
- It is not to do a first specialist consultation.
- There is no contractual obligation to use any particular referral form.
- Multidisciplinary Teams (MDTs) and Advice and Guidance (A&G) interfere with a GP's duty to refer if they think it is appropriate.
- Delaying tactics by secondary care demands on referrals results in GPs holding too much risk.

Part (v) was lost as it is not a GPCE issue to improve secondary care Mental Health services. All other parts passed.

Motion 7: Childhood Immunisations

- Quality and Outcomes Framework (QoF) targets are unobtainable and way beyond herd immunity targets.
- Autonomy of patient choice should be upheld, and the current targets might encourage GPs to pursue vaccinations inappropriately.
- One speaker against the motion argued that it did not go far enough, and the targets should be taken out of QoF altogether.

All parts of the motion were passed.

Motion 8: Gender Dysphoria

- Conference recognized that this was an emotive topic, but GPs were often put in difficult positions, being encouraged to prescribe beyond their competencies.
- Initiation should be by specialists only.
- Shared care protocols should be appropriately resourced IF GPs choose to engage.

Passed in all parts

Motion 9: Patient Access to Records

This subject has been highlighted in the medical press for months and continues to cause concerns, with a brief pause until 30 November 2022. Poorly thought-out implementation was compared with Care.data.

- Lack of funding.
- Lack of training for practice / staff.
- Further workload issues.

GPCE had already requested a pause in the roll out of the programme. This seems to be policy already.

Motion 10: Energy/Inflation Crisis

This motion, which was carried, highlighted the impact rising energy prices is having on the financial viability of English GP practices, calling for an intervention to address the inflationary pressures, which were unforeseen when the current GP contract was introduced.

Motion 11: CQC Bias

This motion noted the evidence of adverse outcomes arising from CQC inspections in practices with minority ethnic CQC Registered Managers. Several actions were called for, including publication of inspection outcomes stratified by protected characteristics of practice CQC leads and of diversity data of CQC inspectors. The motion was carried.

DR ALASTAIR BRADLEY
Chair

AFTERNOON SESSION

Motion 12: Federated Data Platform

Conference expresses concern about NHS England (NHSE) plans to procure a £360m contract for a Federated Data Platform from a single supplier. This motion was carried in its entirety given understandable concern about data security and a lack of trust in how this data would be utilised once it had been sold off to private entities. The motion called upon the British Medical Association (BMA) to work with NHSE to determine if an alternative solution could be found within the BMA / RCGP data security platforms. If this is not feasible, all other organisations submitting tenders must be scrutinised on the records on security, privacy and ethics.

Motion 13: Fuller Stocktake

The view that the implementation of the Fuller stocktake is failing was debated on account of widespread issues with estates, concerns about the GP voice being heard at Integrated Care System (ICS) level, and fragmentation of urgent care services impacting upon continuity of care. Conference called upon NHSE and the government to hold ICSs to account on their delivery of the Fuller recommendations. Understandably this motion was carried unanimously.

Motion 14: ICSs

Along a similar line, Westminster LMC proposed a motion calling upon GPCE to ensure General Practice is proportionally represented at ICS level with proportional distribution of funds based upon clinical activity relative to secondary care - emphasising that it is imperative that current General Practice budgets must be ringfenced within ICSs for the sole use of General Practice. Once again, the motion was carried in all parts.

Motions 15 & 16: GP Contract

Gateshead proposed a motion to reduce GP core hours to 9-5 Monday-Friday in recognition that current core hours are 52.5 hours per week, and far exceed the accepted full-time hours of all other professions. They expressed that General Practice hours discriminate against GPs who wish to have families - and that this disproportionately affects female GPs. The sentiment of this motion was widely appreciated, but there was some debate about whether i) the motion was inadvertently sexist with male GPs also being entitled to having a family and ii) reducing core hours in the GP contract negotiation in 2024 may attract a reduction in core income. Despite these reservations, the motion was carried.

Motion 16 referred to terminology around 'part-time' and 'full-time' GPs - with many GPs who work more than 37 hours per week being classified as 'part-time' by the media. The feeling being that the profession does itself few favours in redressing the balance regarding workload pressures. The proposed solution was that the BMA model contract should define GP working schedules in terms of hours rather than sessions, which can be very variable. The motion was carried unanimously.

Motion 17: Enhanced Access

Hertfordshire LMC proposed a motion criticising the Enhanced Access requirements of the Primary Care Network (PCN) Directed Enhanced Service (DES) for failing to solve the access problem in General Practice whilst exacerbating capacity, destabilising out of hours (OOH) services, resulting in preventable harm to patients. They requested that Enhanced Access is repealed in April 2023. Conference carried the motion in all parts.

Motion 18: Interface

The increase in workload dumping from secondary to primary care was raised by Leeds LMC. Recommendations for secondary care staff to action their requests independently of General Practice and to promote this through education of secondary care staff were made. The proposal for a 'work-dump' email for practices to redirect inappropriate requests back to secondary care is in fact something that has recently been procured in Sheffield. The final part of the motion - that data on inappropriate transfer of workload should be collected and used to publicly shame secondary care trusts - was controversial and subsequently rejected by Conference. The remainder of the motion was carried.

Motion 19: Defence of General Practice

Liverpool proposed that the relentless denigration of General Practice in the media is driving the recruitment and retention crisis and requires robust defence by GPCE, necessitating a dedicated PR budget. Unsurprisingly, this motion was carried unanimously.

Motion 20: Workforce

Considering the current workforce crisis, Croydon LMC proposed a motion that doctors not on the Performers List should be allowed to work under supervision in General Practice. This would increase the pool of doctors available to work, but raises concerns about the burden of unfunded supervision falling upon GPs, the unintended devaluing of MRCGP and the risk of signalling to the wider profession and the public that specialist skills to perform the role of a GP are not required. Intense debate followed. The motion was carried, as a reference, 111 in favour, 110 against with the remainder of attendees abstaining. Rather than an expectation that this motion will change the requirements for working in General Practice, the result reflects the extent to which the current workforce crisis is influencing the profession.

Motion 21: GPC England

Cambridgeshire LMC proposed that the profession would be best represented by a united GPCE and suggested separate subcommittees of GPCE to represent contractors and sessional GPs respectively. The argument being that the current status quo confers a conflict of interest where employers' and employees' interests are being represented by the same body. By the same token, a single committee representing all GPs facilitates a unified view being communicated to NHSE in contract discussions. The motion was taken as a reference and was carried. It will be interesting to observe what, if anything, develops from this.

DR GARETH MCCREA
Executive Officer