ANNUAL CONFERENCE OF LMCs 2016

19 & 20 MAY 2016

SHEFFIELD LMC REPS:	Mark Durling	David Savage	Helen Story
SHEFFIELD LMC OBSERVERS:	Claire Clough	Margaret Wicks	

The primary purpose of the Conference was to discuss a strategy and policy in relation to the General Practitioners Committee's (GPC) Urgent Prescription for General Practice and the 5 Year Forward View, following the deliberations at the Special Conference of LMCs in January.

Disquiet had been expressed in previous years about the format of the Conference and make up and function of the GPC. Therefore, a significant amount of time was put aside this year to discuss these and the structure had been changes into a more delegate friendly, interactive and small breakout group structure.

ANNUAL REPORT BY THE CHAIR OF GPC

Dr Chaand Nagpaul gave his usual impassioned speech in defence of the profession, outlining the difficulties that General Practice currently faces. The full speech can be accessed via: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/lmc-conference/lmc-conference-speech

The headline issues were:

- General Practice had the lowest percentage of NHS funding in its history at 8%.
- General Practice was unsustainable unless we receive at least 11% of the NHS budget.
- In view of the workforce retention/recruitment crisis, to even consider 7 day working is completely untenable.
- Practices would have to work at scale and looking at federations and locality working would be ways of survival.
- Physicians Assistants, Nurse Practitioners, Paramedics and Healthcare Assistants were not the answer to what was basically a lack of GPs, although they would be considered helpful.
- Chaand expressed particular criticism for the Care Quality Commission (CQC), and highlighted the GPC view that it should be abolished and the profession should be able to self-monitor with peer review, much as is done in Wales at the present time.
- The chaos relating to Capita taking over records transfer and supplies was highlighted. The GPC is in discussion at the highest level with NHS England about the ongoing issues.

Chaand's speech was generally well received with a standing ovation, although not for as long as some in the past.

THEMED DEBATES

There then proceeded to be 4 themed debates which basically gave speakers 1 minute each to comment on current GPC policy with a graded voting system of 1 to 6, allowing delegates to indicate how well they approved of current policy. The themes were as follows:

Funding in General Practice

This included actions asking to commit 11% of NHS spend to:

- providing an intermediate stabilisation fund for vulnerable practices at risk of closing, establishing healthcare resilience task forces within each CCG to provide management support and resources for struggling practices;
- reimburse all indemnity insurance costs;
- reallocate funding formulas, with practices serving atypical populations getting dedicated bespoke funding allocations;
- fully fund practice expenses.

Workload in General Practice

Suggested actions included:

- a national standard for the maximum number of patients that a GP, nurse or other Primary Care professional could reasonably deal with in the working day;
- establishing locality hubs to which practices can refer urgent patients once the practice has reached their capacity for the day;
- organisational development funding and support to enable collaboration between practices and others in their locality;
- extension of the standard consultation to 15 minutes;
- having a new Directed Enhanced Service (DES) for dedicated care of patients in residential nursing homes;
- establishing a national list of services that are not included in core General Medical Services (GMS).

In general these were rubber stamping the policies within the Urgent Prescription for General Practice and themes of the Special Conference of LMCs, and virtually all speakers were in favour of current policy.

PARALLEL DISCUSSION GROUPS

I attended discussion groups on the following topics:

Mitigating Risk in Funding and Developing GP Premises
This usefully highlighted the issues of NHS Property Services (NHSPS) and Community Health Partnerships (CHP) inappropriately charging practices for non-reimbursable expenses and charging CCGs huge amounts for rent reimbursement. This appears to be a national problem, although the GP Defence Fund solicitor felt that each individual case had to be looked at independently because of the variation in leases. The issue of head leaseholders was discussed, as was the problem of 'last man standing' in the provision of GP premises, which is currently part of the difficulty in recruitment to General Practice.

Professionally Supported Regulation - Preparing for a Post CQC World
The method of practice inspection in Wales was discussed, which is done by peer review in a non-confrontational and supportive manner. Practices are inspected by trained GP Inspectors with the help of the Community Health Council. This appeared to be far less confrontational than the CQC, with advisory notices being given on the day and practices being given a time frame to correct these omissions. However, no further inspection would follow and currently there were no plans to inspect practices more than once.

Listening to and Learning from our Diverse Workforce
This discussion largely highlighted the large number of varying groups of GPs, including principals, salaried, locums etc and the large number of female GPs who require career breaks for maternity leave.

MOTIONS

Information Management and Technology
There was a recurrent theme of the desire to destroy the Lloyd George records forever, as well as concerns about patients having access to their own records online and the associated confidentiality and Data Protection Act risks.

Seven Day GP Service
Not surprisingly in the current climate, this motion was defeated.

Junior Doctor Dispute
The last motion of the day was supporting the Junior Doctors Dispute and Conference congratulated the junior doctors on working together and standing together to defeat the government.

Rescue Package for General Practice
There was an important debate on the following motion:

That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:

(i) actions that GPs can undertake without breaching their contracts must be identified to the profession;
(ii) a ballot of GPs should be considered regarding what work/services must cease to reduce the workload to ensure safe and sustainable care for patients
(iii) the GPC should canvass GPs on their willingness to submit undated resignations.

This debate received coverage in many of the newspapers and many GPs spoke passionately about the fact that they could not continue in the current climate of workload pressure and lack of recruitment.

This was resoundingly passed by the delegates present with the support of the GPC.

GP Locum Fees

A motion rejecting any attempt to cap the fees charged by GP Locums was carried. In a free market it was felt that capping fees was untenable, particularly as different practices require different services from the locums they employ.

Medical Certification and Reports

This discussed whether self-certification should be extended from 7 to 14 days which was passed (by a very narrow margin). A policy to change the law to allow other health professionals to issue sick notes, including midwives and allied health professionals, was passed.

THEMED DEBATE: GPC REFORM TASK GROUP

This largely focused on:

- the relationship between the GPC and LMCs;
- the use of the GP Defence Fund;
- the form and structure of the Annual Conference.

Much of the report shared by Dr Hamish Meldrum was accepted with a general feeling to move GPC closer to LMCs, empowering LMCs regionally. Funding would follow this from the GP Defence Fund. However, inevitably this would reduce the amount of funding centrally and therefore the number of GPC meetings would decrease annually.

There was a proposal to create a GPC England, as there was for the other 3 countries in the UK, and this was resoundingly supported. The future structure will have the 4 individual GPCs, with Chairs of these forming GPC UK.

There was a debate as to the need for a 2 day Annual Conference of LMCs, particularly in view of the restructure to GPC UK and GPC England. It was agreed that from 2018 there would be a 1 day GPC UK Conference and a 1 day GPC England Conference (2017 has already been booked).

SUMMARY

Sheffield representatives felt that this year's new Conference structure had encouraged more debate and interaction than in the rather regimented Conferences of previous years. There was more passion and unhappiness with the current state of General Practice, but now we have to wait and see how the Government responds to the threat of balloting the profession.

DR D SAVAGE
Secretary