



General Practitioners Committee

Conference News

Conference of Representatives of Local
Medical Committees
22 - 23 May 2014

Part I: Resolutions
Part II: Election results
Part III: Motions not reached
Part IV: Remainder of the agenda

PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2014

RESOLUTIONS

Standing orders

- (5) 1. That standing order 54.8 be amended to read:
The response of members of conference to any major debate shall be measured in a manner determined by the agenda committee and published in the agenda.
(Proposed by Guy Watkins, Agenda Committee)
Carried

Workload and patient safety

- (8) 2. That conference warns of the unsustainable workload in general practice and:
(i) the consequent danger of collapse of services
(ii) the imminent risk to the safety of patients
(iii) the threat to the health and welfare of GPs
(iv) demands that this is urgently recognised and resolved by the governments
(Proposed by Charles Danino, Morgannwg LMC)
Carried Unanimously

- (9) 3. That conference:
(i) calls for the UK governments to recognise that there is a limit to the safe workload capacity of each practice
(ii) believes general practitioners should have the right to close their lists if they can no longer safely provide care
(iii) calls on GPC to gather evidence to define a safe workload.
(Proposed by Kay Saunders, Bro Taf LMC)
Carried

Commissioning of care

- (10) 4. That conference believes that the re-organisation of the NHS in England has been, and remains a shambles and condemns the consequences of:
(i) arrangements that are complex and fragmented
(ii) undermining patient care
(iii) delayed payments to practices
(iv) obscuring what is done locally and what is done nationally
(v) this disorganised mess and instructs GPC to work to protect GPs from the problems it has caused.
(Proposed by Raj Menon, Leeds LMC)
Parts (i), (ii), (iv) and (v) Carried
Part (iii) Carried unanimously

- (11) 5. That conference views with alarm proposals contained in NHS England's (NHSE) interim response to the 'call for action for general practice' to make CCGs co-commissioners of GP contracts and
- (i) believes that this will fatally damage relations between CCGs and their constituents
 - (ii) warns that this will undermine CCGs' chances of success in other areas of commissioning
 - (iii) predicts this will undermine the credibility of CCGs
 - (iv) asserts that conflicts of interests would be unacceptable
 - (v) insists that GP core contracts should not be held by CCGs.
- (Proposed by Aneel Bilkhu, Nottinghamshire LMC)**
Carried

Government

- (13) 6. That conference believes that the UK government's welfare reforms are having a detrimental impact on the health of many of our most disadvantaged patients and in view of this danger to the health of the public, urgent reform is required to prevent further harm.
- (Proposed by Digby Thomas, Lothian LMC)**
Carried
- (14) 7. That conference deplores the NHS being used as a political football between governments in the UK.
- (Proposed by Peter Horvath-Howard, Dyfed Powys LMC)**
Carried

Regulation, monitoring and performance management

- (16) 8. That conference deplores CQC's plans for a simplistic rating system for practices and demands:
- (i) that where problems are identified by the CQC the necessary help, including funding, to improve premises is delivered speedily and efficiently
 - (ii) that the CQC takes into account what is deliverable/attainable in making their report
 - (iii) that the CQC must standardise the quality and professionalism of their inspections
 - (iv) that in relation to appointing new partners the CQC ceases its obstructive behaviour that GPC opposes this vehemently.
- (Proposed by David Dickson, South Staffordshire LMC)**
Carried
- (17) 9. That conference deplores the CQC for advertising adverse findings disproportionately and demands an apology from the Chief Inspector of general practice.
- (Proposed by Ivan Camphor, Mid Mersey LMC)**
Carried unanimously
- (18) 10. That conference believes that GP waiting and consultation rooms should:
- (i) be conducive to a therapeutic environment
 - (ii) not be subject to the same standards of infection control as treatment rooms
 - (iii) be permitted to have carpets and soft furnishings.
- (Proposed by Gary Calver, Kent LMC)**
Carried
- (19) 11. That conference believes it should be an essential requirement of any primary care performance committee considering GPs performance to always contain at least one member nominated by the local medical committee.
- (Proposed by John Pickard, Devon LMC)**
Carried

Access

- (20) 12. That conference:
- (i) rejects the concept of routine general practice care 8-8 seven days a week
 - (ii) commends GPs for already providing unscheduled general practice care for 24 hours every day, seven days every week.
- (Proposed by Richard Williams, Wirral LMC)**
Carried
- (21) 13. That conference believes the approach of NHS England to Christmas Eve and New Years Eve services by practices was hypocritical, misguided, and clumsily handled, and asks the GPC to educate them on the both GP contract wording and the practical reality of delivering GP services in difficult circumstances.
- (Proposed by Paul Roblin, Oxfordshire LMC)**
Carried
- (22) 14. That conference believes that assessment of eligibility for NHS treatment should not fall to GPs or secondary care and calls upon the government to develop a process whereby eligibility for NHS treatment is established by the relevant government department at the time immigration or asylum seeker status is granted.
- (Proposed by Penelope Jarrett, Lambeth LMC)**
Carried

Funding for general practice

- (26) 15. That conference notes the substantial reduction in the proportion of the total NHS budget spent in general practice and:
- (i) believes that we will no longer have a sustainable NHS unless the decline in funding to general practice is urgently addressed
 - (ii) deplores the political rhetoric which denies that general practice is underfunded
 - (iii) recognises that general practice is the most cost effective part of the NHS
 - (iv) demands that a greater proportion of the NHS budget must go to general practice to protect services to patients
 - (v) demands urgent and consistent investment in global sum and PMS baselines to enable all GP practices to meet the essential primary healthcare needs of their patients.
- (Proposed by Violaine Carpenter, Hertfordshire LMC)**
Carried unanimously
- (27) 16. That conference:
- (i) believes that general practice is unsustainable in its current format
 - (ii) urges the UK governments to define the services that can and cannot be accessed in the NHS.
- (Proposed by Helena McKeown, Agenda Committee)**
Carried
- (28) 17. That conference believes the loss of Minimum Practice Income Guarantee (MPIG) and PMS growth money will have a devastating impact on many practices and:
- (i) believes it seriously jeopardises the viability of many practices
 - (ii) deplores the damage this will have on the delivery of services to patients
 - (iii) criticises the inadequate support for many practices
 - (iv) calls on GPC to seek to negotiate specific funding for practices caring for particularly vulnerable populations.
- (Proposed by Dominique Thompson, Avon LMC)**
Carried

- (29) 18. That conference believes that the imminent PMS reviews:
- (i) are unnecessary in the context of the overall contract changes happening over the next few years
 - (ii) are coming at a time when the practice profits are falling and GPs income is being squeezed
 - (iii) require the GPC's support to ensure fairness
 - (iv) need to ensure the monies are recycled into general practice to ensure they are not 'lost in the system'.

(Proposed by Gurdip Hear, Berkshire LMC)

Carried

- (30) 19. That conference asks that government ensures any reviews to NHS funding formulae for GP practices reflect the particular needs and circumstances of local populations and contain allowances for:
- (i) rurality
 - (ii) deprivation
 - (iii) high levels of migrant populations
 - (iv) patients whose first language is not English
 - (v) high levels of patient turnover.

(Proposed by Pamela Martin, Lewisham LMC)

Carried

Pensions

- (31) 20. That conference:
- (i) is concerned that it is unacceptable to ask all GPs to work up to the age of 68
 - (ii) believes pension lifetime allowance caps and the taxation of pension growth are persuading GPs to cease payments to the pension scheme early and to retire early
 - (iii) believes that the recent large increase in GP pension contributions together with the reduction in the annual allowance and reduction in the lifetime allowance will make NHS pensions increasingly unattractive for younger GPs and will destabilise the GP pension scheme
 - (iv) demands that increased employer pension contributions announced on 13 March 2014 are fully funded by the NHS for GPs and their staff.

(Proposed by Thomas Kinloch, Mid Mersey LMC)

Carried

Premises

- (32) 21. That conference believes the absence of a scheme by which new GP premises, fit for the 21st century, can be cost effectively constructed where required, represents a significant obstacle to improving the delivery of primary care in the UK.

(Proposed by Greg Place, Nottinghamshire LMC)

Carried

GP pay

- (33) 22. That conference finds the Doctors' and Dentists' Review Board (DDRB) report:
- (i) unacceptable as once again GPs are facing a reduction in income not just a pay freeze
 - (ii) influenced too heavily by the government who claimed a 1% uplift is all that is affordable
 - (iii) unbelievable as how can a 0.28% increase to expenses translate into a 1% increase to take home remuneration
 - (iv) incompetent, and asks GPC to explore whether we should continue to participate in the DDRB arrangements.

(Proposed by Gill Beck, Buckinghamshire LMC)

Parts (i), (iii) and (iv) Carried

Part (ii) Carried unanimously

- (34) 23. That conference deplors the government's proposed publication of GPs' take home pay which it believes:
- (i) is politically motivated and panders to the prejudices of ill-informed sections of the media which are avowedly hostile to GPs
 - (ii) risks creating divisions between GPs and practices, between GPs and other doctors, and between GPs and their patients
 - (iii) must not be presented in a simplistic way that makes GPs a target for further unfair media criticism
 - (iv) should only be published once its accuracy has been verified by the GPC and only then in a manner that differentiates between NHS and private income and properly reflects the complexities of GPs' working arrangements.

(Proposed by Sonali Kinra, Nottinghamshire LMC)

Carried

GP partnerships and federations

- (35) 24. That conference calls on GPC to actively support the development of GP federations, and in particular to encourage the opportunity for every GP, whether partner, salaried or sessional, to be actively involved.

(Proposed by Alan Stout, Eastern NI LMC)

Carried

- (37) 25. That conference demands that NHS England ensures that GPs understand the risks and challenges of staying single-handed and appropriately encourage them to take on partners, to assure general practice succession planning is in place.

(Proposed by Jackie Applebee, City and East London LMC)

Carried as a reference

The market / privatisation

- (38) 26. That conference believes that the:
- (i) government has accelerated the process of privatisation as increasing numbers of English NHS contracts since April 2013 are now delivered by private providers
 - (ii) GPC should urgently publicise this privatisation to the public
 - (iii) GPC should campaign for the NHS in England to be provided by the public sector
 - (iv) devolved countries should be congratulated on their failure to reintroduce a market in health.

(Proposed by Gerard Reissmann, Newcastle and North Tyneside LMC)

Parts (i) and (ii) Carried unanimously

Parts (iii) and (iv) Carried

GPC Scotland

- (42) 27. That conference believes that GP involvement in health and social care partnerships is vital and demands that GP time is adequately resourced to enable GPs to contribute.
(Proposed by Patricia Moultrie, Glasgow LMC)
Carried unanimously

Sessional GPs

- (44) 28. That conference believes that the change in locum superannuation employers contributions monies from area teams to practices has been bad for general practice, and:
- (i) has been seriously detrimental to small, remote/rural practices and practices under pressure from sickness and recruitment difficulties affecting patient services and access
 - (ii) has been seriously detrimental to the locum pool, disadvantaging non retired GP locums and encouraging them to either leave the NHS pension scheme, general practice or the UK
 - (iii) has contributed to the GP and out of hours (OOH) workforce crisis
 - (iv) calls on GPC to negotiate to protect locum GP pension contributions from the consequence of delayed practice payments
 - (v) demands this change is reversed.
- (Proposed by Mary O'Brien, Sessional GPs subcommittee)**
Parts (i), (ii), (iii) and (v) Carried
Part (iv) Carried unanimously

- (45) 29. That conference is concerned about the rising use of 'zero hours' contracts that many employers now use for sessional GPs and:
- (i) believes these offer no security in the form of tenure nor entitlement to any kind of leave
 - (ii) are often used to exploit sessional GPs
 - (iii) condemns the indiscriminate use of such contracts.
- (Proposed by Felicity Shaw, Sessional GPs subcommittee)**
Carried

Other motions 1

- (46) 30. That conference has no confidence in the ability of shared business services to provide primary care support services (PCS) and insists that, unless rigorous and fully monitored and enforced key performance indicators are imposed, PCS should revert to local provision.
(Proposed by Barry Moyse, Somerset LMC)
Carried
- (47) 31. That conference insists that patients leaving the armed forces have their primary care medical record automatically shared with their new registered GMS/PMS practice.
(Proposed by John Fitton, Northamptonshire LMC)
Carried

- (48) 32. That conference believes that the GPC should actively campaign for the re democratisation of the GMC, as:
- (i) medical members of the GMC are now appointed by the Secretary of State without reference to the fee paying members of the profession
 - (ii) the current arrangements make the GMC merely another rent seeking government regulator
 - (iii) historically the medical members were elected by popular ballot organised by the electoral reform society
 - (iv) a return to an electoral basis for appointment will restore the democratic credentials of the organisation.

(Proposed by Andrew Mason, Cumbria LMC)

Carried

Primary care workforce

- (49) 33. That conference insists that the government prioritises the workforce crisis that is threatening primary care and the safety of our patients.

(Proposed by Hugh Brown, Ayrshire and Arran LMC)

Carried unanimously

Contract negotiations

- (52) 34. That conference demands more clarity on future funding planning and strategy to enable practices to budget effectively.

(Proposed by Mike Ingram, Chair of LMC conference)

Carried unanimously

The future of general practice and the NHS

- (53) 35. That conference firmly believes that general practice is the solution to many of the current problems facing the NHS but general practice cannot achieve its full potential while being seriously damaged by:

- (i) the continuing disinvestment in general practice
- (ii) the phasing out of Minimum Practice Income Guarantee (MPIG) financial support
- (iii) the lack of premises investment
- (iv) the rapid reduction in the number of GPs due to government policies.

(Proposed by Gill Beck, Buckinghamshire LMC)

Part (i) Carried unanimously

Parts (ii), (iii) and (iv) Carried

- (54) 36. That conference:
- (i) believes that patient expectations on primary care services have rocketed and that the NHS cannot afford for patients to have what they want when they want it
 - (ii) urges the government to stop stoking unrealistic patient expectations
 - (iii) demands that the government forges a new compact with the public and tells them the truth about rationing
 - (iv) demands a national self-care strategy to ensure NHS resources are used appropriately and that the NHS remains affordable.

(Proposed by Peter Merrin, Cornwall and Isles of Scilly LMC)

Parts (i), (iii) and (iv) Carried

Part (ii) Carried unanimously

Quality and outcomes framework (QOF) and quality indicators

- (56) 37. That conference does not support any local QOF scheme or local contract that goes beyond what has been agreed as part of the nationally negotiated contract agreement and believes:
- (i) such local arrangements could undermine national contract negotiations
 - (ii) local contracts could potentially lead to worse financial outcomes for practices.
- (Proposed by Kenneth Megson, Newcastle and North Tyneside LMC)**
Carried
- (57) 38. That conference commends the flexibility demonstrated by some area teams in agreeing with LMCs early implementation of national QOF changes, designed to improve services to patients, in a way that does not undermine national negotiations.
- (Proposed by Alan Mills, Cambridgeshire LMC)**
Carried

LMC conference

- (58) 39. That conference, in the light of recent feedback, requests the agenda committee to set aside a period of about two hours during the 2015 Annual Conference of Representatives of LMCs, for the purpose of trialling an alternative model of working, supported by appropriate temporary standing orders.
- (Proposed by Mike Ingram, Agenda Committee)**
Carried

General Practitioners Committee

- (59) 40. That conference would like to congratulate the negotiators on their achievement in this year's contract negotiations that has brought about the reversal of some of the most damaging and morale-busting elements of last year's imposition.
- (Proposed by Lee Salkeld, Avon LMC)**
Carried unanimously
- (60) 41. That conference appreciates that experience is required for the effective running of GPC and values the contributions of its more experienced members. This conference is however concerned by the lack of recently qualified GPC members. Conference therefore calls on GPC to:
- (i) explore options for increasing the number of newly qualified GP members on GPC
 - (ii) put mechanisms in place to train and nurture the future leaders of general practice.
- (Proposed by John Kyle, GP trainees subcommittee)**
Carried

LMCs and the new commissioning structures

- (62) 42. That conference congratulates LMCs for shouldering additional vital work during the chaotic NHS changes of 2013/14.
- (Proposed by Anne Jeffreys, Hull and East Yorkshire LMC)**
Carried

GP education and training

- (63) 43. That conference ask the GPC to work, as a matter of urgency, with those responsible for medical education to:
- (i) bring about a higher degree of accuracy in the numbers of places in medical schools to properly reflect the needs across all medical specialties in the future
 - (ii) implement a national standard training programme for GP trainers that is appropriate and easily accessible and flexible to support practices to become training practices and ensure succession planning is in place to support the loss of GP trainers that may be seen with the likely early retirement of GPs
 - (iii) encourage a career in general practice from year one of medical training
 - (iv) ensure the proposed extension of GP training to four years is used to increase practical experience for trainees, rather than as a political tool to fill gaps in service provision, and practices receive appropriate resourcing to support this.

(Proposed by Kathy Kestin, Norfolk and Waveney LMC)

Carried

- (64) 44. The conference is concerned that the future of GP workforce is at risk due to perpetual lack of funding and calls on Health Education England (HEE) and relevant bodies in the devolved nations to fully fund:
- (i) the costs involved with increasing the number of GP training posts
 - (ii) enhanced GP training.

(Proposed by Krishna Kasaraneni, GP trainees subcommittee)

Carried

Information management and technology

- (66) 45. That conference believes the introduction of care.data has been nothing short of a disaster and:
- (i) approves the decision of NHS England to put its roll out on hold until the autumn
 - (ii) believes that GPs have been placed in a difficult position in respect of the demands of the Health and Social Care Act and the Data Protection Act
 - (iii) asserts that data should be pseudonymised or anonymised before it leaves the practice
 - (iv) asserts that extraction should only take place with the explicit and informed consent of patients opting-in
 - (v) insists that it should only be used for its stated purpose of improving health care delivery, and not sold for profit.

(Proposed by Christine Harris, Bedfordshire LMC)

Carried

- (68) 46. That conference in respect of GP IT:
- (i) laments the inverse care law inherent in the current GP to GP electronic transfer of medical records and instructs the GPC to ensure that it is possible to transfer the full records of the most complex patients
 - (ii) calls for funding to digitise patient notes to improve general practice IT and patient care
 - (iii) calls upon the GPC to secure compensatory recognition for the difficulties caused by the ill functioning QOF year end submission and attendant information uploading systems.

(Proposed by Nick Bray, Somerset LMC)

Carried

Patient registration

- (69) 47. That conference deplores the fact that the principle of zero tolerance towards abusive and threatening patients has been totally emasculated by management fudge and a hostile ombudsman.
(Proposed by Mark Corcoran, GPC)
Carried unanimously

Medical indemnity

- (70) 48. That conference recognises the crippling cost of medical indemnity for doctors working significant periods of time in an out of hours setting, and instructs GPC to open negotiations with all administrations to ameliorate this worrying trend through some form of crown indemnity risk sharing.
(Proposed by Fay Wilson, on behalf of Devon LMC)
Carried

- (71) 49. That conference deplores the increasing risk stratification and consequent higher costs of medical indemnity and calls upon commissioners to:
- (i) consider GPs indemnity costs fully in the pricing of enhanced services and out of hospital contracts and
 - (ii) recognise that prohibitive indemnity costs will negatively impact on service provision to vulnerable and higher risk patients.
- (Proposed by Paul O'Reilly, Kensington, Chelsea and Westminster LMC)**
Carried

Clinical and prescribing

- (72) 50. That conference:
- (i) notes that the childhood vaccination programmes in England, Wales, Scotland and Northern Ireland currently only offer the HPV vaccine (Gardasil) to girls
 - (ii) acknowledges that the prevalence of anal cancer in gay men is equivalent to the unacceptable level of cervical cancer in unscreened women
 - (iii) calls upon the Departments of Health to change their policies and offer the HPV vaccination (Gardasil) to boys as well.
- (Proposed by Adam Skinner, on behalf of Devon LMC)**
Carried unanimously
- (SA9) 51. That conference, in light of the Cochrane review of the effectiveness of antiviral influenza treatments published in April 2014, calls upon NICE to refrain from recommending a reduction to the current treatment threshold for primary prevention of cardiovascular disease with statin therapy until this is supported by evidence deriving from complete public disclosure of all clinical trials' data.
(Proposed by Simon Poole, GPC)
Carried unanimously

Primary and secondary care interface

- (73) 52. That conference requests that all drugs started in secondary care should initially be prescribed in secondary care and that in this regard:
- (i) the responsibility for considering and advising on contraindications, side effects and interactions resides with the initiating clinician
 - (ii) the responsibility for patient counselling resides with the initiating clinician
 - (iii) the responsibility for baseline investigations resides with the initiating clinician
 - (iv) the responsibility to provide management plans when starting new medication resides with the initiating clinician
 - (v) the responsibility for on-going monitoring, eg, blood test or ECGs, resides with the initiating clinician until agreed and accepted by the patient's primary care clinician.

(Proposed by John Grenville, Derbyshire LMC)

Carried unanimously

- (74) 53. That conference believes that the lack of GP open access to certain hospital based investigations is hampering identification of serious illness in patients at an early stage.

(Proposed by Shamim Rose, Liverpool LMC)

Carried

Occupational health

- (75) 54. That conference:
- (i) deplores the government decision to no longer fund an occupational health service for GP practices (unless there is a performance issue)
 - (ii) deplores the government decision that requires trainee general practitioners to now fund their own occupational health assessment before they can start work
 - (iii) calls on GPC to strive for continued funding to maintain a high quality, long term service to GPs and their staff
 - (iv) demands that the NHS ensure a comprehensive occupational health service is made available to all members of staff in GP practices
 - (v) demands that the NHS ensure a comprehensive occupational health service is made available to all locum GPs on the performers lists.

(Proposed by Annette Bearpark, Leeds LMC)

Carried unanimously

PART II
ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2014

ELECTION RESULTS

Chairman of Conference - Mike Ingram

Deputy Chairman of Conference - Guy Watkins

Six members of GPC (in alphabetical order):

Katie Bramall-Stainer
Ivan Camphor
John Canning
Andrew Cowie
Chaand Nagpaul
Fay Wilson

One further representative of a constituency if an elected member of that constituency is the Chairman of GPC:

Grant Ingrams

One representative at LMC conference who has never before held membership of the GPC:

Bruce Hughes

Claire Wand Trustees

John Rawlinson
Russell Walshaw

PART III

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2014

MOTIONS NOT REACHED

Conference standing orders provide for LMCs to be informed of motions which have not been debated at conference, and invite proposers of such motions to submit to the GPC memoranda of evidence in support. Memoranda of evidence in support, **must be received by the end of September** for the GPC's consideration.

All motions in part II of the agenda were **not** reached, except for those shown in part I of this document.

Commissioning of care

- (12) That conference believes that CCGs should commission general practice.
(This motion fell because 11(v) was carried)

GP partnerships and federations

- (36) That conference considers it neither necessary nor desirable for GPs to work in consortia.
(This motion fell because 35 was carried)

And finally....

- (76) That conference requests that common sense be re-introduced to the NHS.

PART IV

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2014

REMAINDER OF THE AGENDA

Standing orders

- (4) That a new standing order be introduced under the heading 'Rules of debate', underneath current standing order 39:
After the debate, prior to the reply by the mover of the motion, a member of GPC with responsibility for the policy addressed by the motion may respond to matters of fact as to whether any motion would have inherent dangers that would preclude delivery and which have not been addressed in the debate. A maximum of one minute will be allowed for such a response.
(Proposed by Guy Watkins, Agenda Committee)
LOST

Workload and patient safety

- (9) That conference calls on GPC to define what areas need to be relinquished to maintain safety.
(Proposed by Kay Saunders, Bro Taf LMC)
LOST

Government

- (15) That conference notes with regret that, due to government led and imposed reforms, general practice often no longer provides the services its patients deserve.
(Proposed by Neil Thorman, Rotherham LMC)
LOST

Regulation, monitoring and performance management

- (18) That conference believes that GP waiting and consultation rooms should be cosy and comfortable.
(Proposed by Gary Calver, Kent LMC)
LOST

Access

- (20) That conference believes that GPs will only provide routine planned care 8-8 seven days a week if resources are provided to the satisfaction of the profession.
(Proposed by Richard Williams, Wirral LMC)
LOST

Funding for general practice

- (27) That conference:
- (i) believes that it is no longer viable for general practice to provide all patients with all NHS services free at the point of delivery
 - (ii) calls on GPC to consider alternative funding mechanisms for general practice
 - (iii) calls on GPC to explore national charging for general practice services with the UK governments.
- (Proposed by Helena McKeown, Agenda Committee)**
LOST

- (28) That conference believes the loss of Minimum Practice Income Guarantee (MPIG) and PMS growth money will have a devastating impact on many practices and calls on GPC to seek to negotiate specific funding for rural practices.
- (Proposed by Dominique Thompson, Avon LMC)**
LOST

Pensions

- (31) That conference asks that general practitioners should be allowed to opt out of paying superannuation contributions for work undertaken 'out of hours' in order to encourage GPs to continue to provide medical cover in this period
- (Proposed by Thomas Kinloch, Mid Mersey LMC)**
LOST

Contract negotiations

- (50) That conference believes the capitation funding formula for GP services is unfit for purpose and calls upon the GPC to negotiate a Payment by Results based contract because the current system:
- (i) fails to resource actual workload
 - (ii) fails to recognise the ever increasing demand for access, and complex care
 - (iii) fails to incentivise practices to invest
 - (iv) exacerbates the current inequity in NHS resources between secondary and primary care
 - (v) is the biggest single reason for the current recruitment crises.
- (Proposed by Jim Kelly, Kent LMC)**
LOST
- (51) That conference recognises the inevitable and allows the GP committees of the devolved nations to negotiate a contract in the best interests of their constituent GPs rather than one based on the whim of the UK government.
- (Proposed by Ian Harris, Morgannwg LMC)**
LOST

Quality and outcomes framework (QOF) and quality indicators

- (55) That conference believe QOF has become a box ticking monster and demand GPC negotiate the transfer of the rest of the core clinical QOF points into core general practice funding.
- (Proposed by Paul Abbott, Cornwall and Isles of Scilly LMC)**
LOST

General Practitioners Committee

- (60) That conference appreciates that experience is required for the effective running of GPC and values the contributions of its more experienced members. This conference is however concerned by the lack of recently qualified GPC members. Conference therefore calls on GPC to implement a mechanism to increase the number of newly qualified GP members on GPC.
(Proposed by John Kyle, GP trainees subcommittee)
LOST

Public relations

- (61) That conference believes that the BMA public relations department is not currently fit for purpose in representing the plight of GPs and mandates the GPC to urgently review its function and consider a reprocurement to ensure an effective service.
(Proposed by Mark Sanford-Wood, Devon LMC)
LOST

LMCs and the new commissioning structures

- (62) That conference believes LMCs will be strengthened by the establishment of a national LMC body.
(Proposed by Anne Jeffreys, Hull and East Yorkshire LMC)
LOST

GP education and training

- (63) That conference ask the GPC to work, as a matter of urgency, with those responsible for medical education to ensure trainers actively encourage, support and become involved in the out of hours element of the training contract.
(Proposed by Sara Morgan, Bro Taf LMC)
LOST

Information management and technology

- (67) That conference calls on the GPC to negotiate an end to GPs being custodians of a patient's medical record now that GPs no longer have control over who accesses or uses it.
(Proposed by Mark Brooke, Bradford and Airedale LMC)
LOST
- (68) That conference in respect of GP IT:
- (i) believes that patient care would be improved if significant current illnesses and previous medical problems were available to clinicians in the summary care record (SCR)
 - (ii) believes that a shared medication record is the only safe method for recording all patients' medications across primary care, hospital, community and mental health services.
- (Proposed by Nick Bray, Somerset LMC)**
LOST