



## **General Practitioners Committee**

# **Conference News**

Conference of Representatives of Local  
Medical Committees  
21 - 22 May 2015

- 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 2015

#### RESOLUTIONS

##### Standing orders

- (4) That standing order 74 shall be replaced by a new standing order:
74. Seven members of the General Practitioners Committee
- 74.1 Nominations may be made only by representatives, and a representative may make not more than one nomination. For six of the seats any registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week, whether a member of the conference or not, is eligible for nomination providing that such a level of commitment has been maintained for at least the period of the six months immediately prior to the election, allowing for any maternity, sickness or study leave absence. All GPs on the retainer scheme, and medically qualified LMC secretaries, are eligible for nomination regardless of their level of commitment to providing or performing NHS primary medical services. For the seventh seat, only an LMC representative at conference may be nominated, and that LMC representative must never have previously sat on the GPC. This LMC representative must also be a registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week, providing that such a level of commitment has been maintained for at least the period of the six months immediately prior to the election, allowing for any maternity, sickness or study leave absence. The members elected will serve on the GPC from the conclusion of the following ARM until the conclusion of the ARM one year thereafter.
- 74.2 Only representatives shall be entitled to vote.
- 74.3 Nominations, election statements and photographs must be received by the GPC office seven working days before the start of the conference.
- 74.4 Nominees may submit an election statement of no more than 50 words, excluding numbers and dates in numerical format, in a manner and format which will be specified by the Agenda Committee (that format being specified one calendar month before the start of conference). Recognised abbreviations count as one word.
- 74.5 Nominees may also submit a photograph in a format specified by the Agenda Committee (that format being specified one calendar month before the start of conference).
- 74.6 All nominees shall have the opportunity to take part in any hustings arranged by the agenda committee.
- 74.7 All lists of candidates, in whatever format, shall be in random order.
- 74.8 Elections, if any, will take place on the first day of conference and be completed by the start of the afternoon session.
- 74.9 The GPC shall be empowered to fill casual vacancies occurring among the elected members.

**(Proposed by Guy Watkins, Agenda Committee)**

**Carried**

##### Government

- (7) That conference believes that politicians irresponsibly fuel unrealistic public expectation of the NHS for their own political ends, and:
- (i) urges the government to stop using patients and the NHS as a commodity to win votes

- (ii) demands an end to political interference in NHS structures
- (iii) calls on the new health secretary to celebrate publicly at every opportunity the amazing work being done every day by GPs up and down the UK
- (iv) supports the BMA's 'No More Games' campaign.

**(Proposed by Sara Khan, Hertfordshire LMC)**

**Parts (i) and (iv) carried unanimously**

**Parts (ii) and (iii) carried**

## **Workload**

- (8) That conference believes that the increase in GP workload and increase in GP work intensity is unsustainable and is a disincentive to join the profession leading to an exodus of doctors away from the profession and calls for urgent action to limit GP workload to manageable levels.

**(Proposed by Michal Haughney, Glasgow LMC)**

**Carried**

## **Primary care workforce**

- (9) That conference believes that general practice is experiencing the biggest workforce crisis since its inception and calls upon the newly elected government to take action to ensure that:

- (i) GP funding, recruitment and retention are addressed as its first priority for the NHS
- (ii) GPs who are leaving the profession early are supported to stay in practice
- (iii) all those wishing to return to the profession are fully supported and encouraged to do so
- (iv) the contribution of all GPs to the delivery of NHS services is valued regardless of their contractual status.
- (v) general practice is supported as an integrated progressive career from medical school right through to retirement.

**(Proposed by Anne Jeffreys, Hull and East Yorkshire LMC)**

**Parts (i), (iii) and (iv) carried unanimously**

**Parts (ii) and (v) carried**

- (11) That the GPC seeks the views of conference on the following motion from the Sessional GPs Subcommittee:

That conference congratulates NHS England in its intention to reduce the barriers to accessing the induction and refresher scheme, and asks GPC to insist that:

- (i) these are not confined to under doctored areas
- (ii) GPs are funded to undergo the scheme at no less than the pay scale of a trainee GP
- (iii) practices who supervise these GPs receive funding commensurate with the GP trainers' grant.

**(Proposed by Paula Wright, Sessional GPs)**

**Carried unanimously**

- (12) That conference welcomes UK trained GPs who wish to return to practice in the NHS after a period working abroad and:

- (i) seeks assurances that all efforts are made to reduce the barriers to their re-integration into the NHS
- (ii) asks that returning GPs need not all be subjected to full induction and refresher training
- (iii) demands that certain overseas qualifications be recognised by the NHS
- (iv) demands that outreach appraisal programmes be available for these GPs while working abroad
- (v) demands that a financial resettlement programme be created to incentivise GPs to return from working abroad.

**(Proposed by Tim Morton, Norfolk and Waveney LMC)**

**Parts (i) and (iv) carried unanimously**

**Parts (ii), (iii) and (v) carried.**

### **Patient safety**

(13) That, in the interests of the safety of patients and the health of GPs, conference demands that practices should:

- (i) be resourced to limit the maximum list size to no more than 1500 patients per whole time equivalent GP
- (ii) receive increased funding to be able to offer standard consultation times of 15 minutes
- (iii) be able to declare major incidents and capacity shutdowns in a similar manner to A&E, supported by equal access to emergency resources at times of system stress
- (iv) have the right to close their list when they alone decide it is unsafe to take on more patients.

**(Proposed by Bruce Hughes, Devon LMC)**

**Part (i) carried as a reference**

**Parts (ii), (iii) and (iv) carried**

### **GP education and training**

(14) That conference is concerned by the decline in GP training applications and calls on GPC and the RCGP to increase efforts to recruit GP trainees by:

- (i) ensuring GP trainees are provided with adequate support for increasing workload pressures
- (ii) increasing funding for trainers to enhance the quality of GP training
- (iii) vigorously opposing plans to cut the pay of GP trainees
- (iv) implementing strategies to improve student perceptions of general practice.

**(Proposed by pooja Arora, GP trainees subcommittee)**

**Parts (ii), (iii) and (v) carried unanimously**

**Part (iv) carried**

(15) That conference calls on GPC to work with the RCGP to ensure the GP training curriculum encompasses:

- (i) commissioning, management and clinical leadership skills
- (ii) finance, business management and business skills
- (iii) IT
- (iv) health and justice
- (v) resilience

[and that deaneries shall be required to support GP trainees attendance at suitable courses delivering these learning objectives.]

**(Proposed by Pooja Arora, GP trainees subcommittee)**

**Parts (i) to (v) Carried**

**Rider carried unanimously**

## Access

- (17) That conference believes the out of area registration scheme has been a disaster and;
- (i) believes the scheme fragments patient care
  - (ii) condemns NHS England's failure to provide a comprehensive home visiting service for patients registered as out of area patients
  - (iii) calls on GPC to negotiate the end of this scheme.

**(Proposed by Violaine Carpenter, Hertfordshire LMC)**

**Carried**

- (18) That conference asks GPC to ensure that, for the benefit of patient safety, out-of-hours (OOH) providers have:
- (i) appropriate staffing skill mix
  - (ii) effective triage algorithms
  - (iii) consideration of the impact on daytime services
  - (iv) sufficient funding
  - (v) an obligation to provide indemnity cover for employees.

**(Proposed by Denise McFarlane, Grampian LMC)**

**Carried**

## CCGs

- (19) That the GPC seeks the views of conference on the following motion from the Sessional GPs Subcommittee:
- That conference believes that as a significant part of the GP workforce, sessional GPs should be considered a potential asset by commissioning bodies, and
- (i) is concerned at the current lack of consistent representation of this group of GPs on commissioning boards
  - (ii) believes these GPs should be encouraged and supported to access leadership roles within these bodies.

**(Proposed by Elizabeth Robinson, Sessional GPs subcommittee)**

**Carried**

## Premises

- (20) That conference demands urgent attention to investment needed to improve primary care premises for the sake of patient safety, and calls for long term increased funding to be:
- (i) focused on areas where it is most needed
  - (ii) continued to develop general practice to meet future needs
  - (iii) offered with appropriate notice
  - (iv) offered with inclusive criteria
  - (v) used to ameliorate 'last man standing' liabilities.

**(Proposed by Abraze Khalique, Nottinghamshire LMC)**

**Parts (i) and (v) carried**

**Parts (ii), (iii) and (iv) carried unanimously**

## New models of care

- (25) That conference notes the move to devolve NHS and social care to local authorities in Greater Manchester and:
- (i) welcomes integration of health and social care when it is in the best interests of patients
  - (ii) deplores the failure to consult with local LMCs, the statutory representative bodies for GPs

- (iii) supports the involvement of Greater Manchester LMCs in the decision making committees within the new devolved governance framework in Greater Manchester
- (iv) seeks assurance that existing NHS providers and contracts will have the same protections as under existing NHS commissioning arrangements
- (v) instructs GPC to ensure that existing funding streams for primary care medical services contracts are properly protected in Greater Manchester.

**(Proposed by Tracey Vell, Manchester LMC)**

**Carried**

(26) That conference notes the NHS 'Five Year Forward View' and:

- (i) believes that it does not address how the crisis in general practice is going to be resolved
- (ii) believes it necessary for local GPs to be fully engaged in discussions about new models of care in their localities
- (iii) insists that any new models of care should not involve pooling of the GMS/PMS global sum
- (iv) calls on the new government to work with doctors and not impose potentially damaging solutions
- (v) calls on the new government to declare that the underlying funding gap will be bridged.

**(Proposed by Gwyn Elias, Leeds LMC)**

**Parts (i), (iii), (iv) and (v) carried**

**Part (ii) carried unanimously**

(28) That conference believes that any new models of care should:

- (i) build on the foundation of a national core GP contract
- (ii) develop health and social care teams around practices in communities.

**(Proposed by Annette Bearpark, Leeds LMC)**

**Carried**

(29) That conference:

- (i) recognises that list based general practice has been shown to be the most effective way of delivering primary healthcare to patients
- (ii) insists that the partnership model of general practice remains viable for those that wish to work within it
- (iii) warns that any movement towards the formation of larger general practice organisations should not be allowed to destroy the continuity of care that exists in general practice
- (iv) urges GPC to resist changes which risk forcing GPs into larger general practice organisations.

**(Proposed by Alun Griffiths, Bradford and Airedale LMC)**

**Carried**

(30) That conference:

- (i) asks that GPC produce guidance on alternatives to the partnership model for the delivery of general practice
- (ii) agrees that federated working by general practices will provide stability and sustainable general practice for the future
- (iii) calls on GPC to actively and practically support the formation of GP federations and provider organisations
- (iv) calls for financial and technical support for GP federations from government.

**(Proposed by Kieran Sharrock, Lincolnshire LMC)**

**(i), (iii) and (iv) carried**

**(ii) carried as a reference**

## **GP partnerships**

(37)&  
(502)

That conference asks the GPC to act urgently to mitigate the financial risk to the 'last man standing' in practices such as a change in partnership model to limited liability partnerships [and to explore and negotiate mechanisms with government to stabilise general practice in a locality where sudden practice closures are likely to have occurred.]

**(Proposed by Helena McKeown, Wiltshire LMC and Agenda Committee)**

**Carried**

**Rider carried unanimously**

## **Private fees / NHS work**

(38)

That conference, recognising the increasing mismatch between workload and available GP and practice workforce, calls on the governments and NHSE to work with the GPC to urgently define

(i) what is and is not included in GP essential services

(ii) what work can be postponed or abandoned if a practice is unable to recruit sufficient staff to deliver all services safely

(iii) what patients and public can and cannot expect from GP service in crisis.

**(Proposed by Gill Beck, Buckinghamshire LMC)**

**Part (i) carried**

**Parts (ii) and (iii) carried unanimously**

## **Contract negotiations**

(42)

That conference, with respect to the standard model contract for salaried GPs:

(i) insists that the concept is professionally beneficial

(ii) demands that terms no less favourable are offered by all employers of GPs.

**(Proposed by Denise Glover, Derbyshire LMC)**

**Carried**

## **NHS 111**

(44)

That conference believes that NHS 111 in its present form should be scrapped.

**(Proposed by Sue Roberts, Somerset LMC)**

**Carried**

## **Other motions 1**

(45)

That conference contends that much of the remaining Quality Outcomes Framework (QOF):

(i) does not recognise the increasing stratification of management of long term conditions dependent on the patient's general health status and co-morbidities

(ii) does not reflect current concepts of patient choice.

**(Proposed by Julie-Ann Birch, Cleveland LMC)**

**Carried**

(505) That conference, in the light of the recent election of a conservative government and the Prime Minister's announcement, realises that the issue of 7-day working is now a real and present danger and asks conference to reaffirm its previous policy and:

- (i) reject the concept of routine general practice care 8-8 seven days a week
- (ii) commend GPs for already providing unscheduled general practice care for 24 hours every day, seven days every week.

**(Proposed by Anthony O'Brien, Devon LMC)**

**Carried**

## **Regulation, monitoring and performance management**

(46) That conference:

- (i) believes that the GMC is creating a climate where doctors practice in fear for their registration
- (ii) demands that GPs being investigated for alleged misdemeanours should be presumed innocent until proven otherwise
- (iii) demands that the GMC implement the recommendations of the independent report by Sarndrah Horsfall, 'Doctors who commit suicide while under GMC fitness to practise investigation'.

**(Proposed by John Ip, Scottish Conference of LMCs)**

**Carried unanimously**

(47) That conference with respect to the current complaints system for general practice:

- (i) believes it has been undermined by the fragmentation of the NHS resulting from the Health and Social Care Act
- (ii) believes it is letting GPs, practices and patients down
- (iii) believes that it would benefit from a step for mediation in the process
- (iv) calls on the GPC to conduct a review of decisions and findings of the Health Service Ombudsman in relation to GPs
- (v) asks the GPC to work with NHS England to revise it.

**(Proposed by David Robertson, County Durham and Darlington LMC)**

**Carried unanimously**

(48) That conference believes that professional regulation of doctors needs to be separate from the regulation of other professions and providers, and protected from political interference, and therefore calls for the GMC to remain independent.

**(Proposed by Alan Mills, Cambridgeshire LMC)**

**Carried unanimously**

(49) That conference believes that there should be one central body that oversees performer's lists to avoid multiple, time consuming bureaucratic applications by GPs to so many different bodies for the same thing.

**(Proposed by Josef Kyriacoase, Northern Ireland Conference of LMCs)**

**Carried unanimously**

(50) That conference:

- (i) believes that appraisal has become a workload burden for GPs
- (ii) believes that appraisal is no longer a formative experience for most GPs
- (iii) believes that appraisal is being made far more arduous and bureaucratic than is required by GMC
- (iv) believes that appraisal poses particular difficulty for sessional GPs to obtain evidence for their various roles
- (v) calls on GPC to ensure that appraisal returns to a much more valuable process for GPs.

**(Proposed by James Kennedy, Berkshire LMC)**

**Carried**



(51) That conference deplores the bureaucratic and incompetent nightmare of the CQC, and demands that it is decommissioned forthwith and that the funding is reinvested in frontline services.

**(Proposed by Grant Ingrams, Coventry LMC)**

**Carried**

(52) That conference requests that the Secretary of State ensures that GP regulation and inspection:

- (i) is focused
- (ii) is relevant to clinical outcomes
- (iii) does not demoralise, denigrate or draw resources away from actually delivering healthcare.

**(Proposed by Christopher Browning, Suffolk LMC)**

**Carried unanimously**

(53) That conference calls on GPC to insist that the CQC can only see anonymised patient notes and staff records or must obtain explicit consent.

**(Proposed by Sara Khan, Hertfordshire LMC)**

**Carried**

### **Medical indemnity**

(54) That conference:

&  
504

- (i) is alarmed at the increasingly prohibitive costs of medical defence cover for GPs
- (ii) is concerned that medical defence societies are unfairly refusing cover to GPs deemed to be 'a high insurance risk' thereby denying them the means to practice and earn a livelihood
- (iii) invites the government to acknowledge that the cost of medical defence cover is making it uneconomic for GPs to participate in OOH or other non-GMS work and to investigate ways of subsidising these costs;
- (iv) requests the GPC to undertake a study of medical defence cover for GPs, to address current concerns and determine the pros and cons of crown indemnity being extended to GPs

[(v) calls on the government to directly reimburse the cost of indemnity cover for NHS GPs.]

**(Proposed by Adam Harrison, Nottinghamshire LMC)**

**Parts (i), (ii), (iii) and (iv) carried unanimously**

**Part (iv) carried**

**Rider carried unanimously**

### **Clinical and prescribing**

(55) That conference believes that generic prescribing should always result in the lowest acquisition cost for the NHS, and that:

- (i) category M classification distorts the market and should be ended
- (ii) price stability for generic products should be maintained
- (iii) legislation is urgently needed to end patent protection for specific indications for pharmaceuticals
- (iv) direct intervention to ensure continuity of supply of widely used generic products is required.

**(Proposed by Nick Bray, Somerset LMC)**

**(i), (ii) and (iv) carried as a reference**

**(iii) carried**

- (56) That conference believes that the expected use of antivirals demanded by Public Health England (PHE) has weak evidence and is not part of the core general medical services.  
**(Proposed by Tom Kinloch, Mid Mersey LMC)**  
**Carried unanimously**

- (57) That conference, with respect to prescribing, asks the GPC/BMA to negotiate:
- (i) a unified single tariff for all drugs in primary and secondary care
  - (iii) that all drugs started in secondary care should be prescribed in accordance with the same drug formularies that primary care is expected to follow
  - (iv) the need for GPs to prescribe various non-drug products, appliances and food products be removed.
- (Proposed by David Wilson, Mid Mersey)**  
**Carried**

### **Dispensing**

- (58) That conference believes by effectively excluding dispensing doctors from the roll out of EPS2, NHS England threatens the sustainability of rural medical provision for 8.8 million patients. We call on the GPC to ensure that dispensing doctors and their patients have the same access to EPS2 as pharmacists.  
**(Proposed by Ray McMurray, Shropshire LMC)**  
**Carried**

### **Enhanced services**

- (59) That conference calls on the government to abolish the unplanned admissions enhanced service for 2016/17 as it:
- (i) lacks evidence as a policy
  - (ii) has not achieved its intended aims, as A&Es are inundated with patients and hospitals struggle to cope with demand
  - (iii) has meant clinicians have had to focus on processes and paperwork rather than on patients
  - (iv) puts GPs in medico legal danger
  - (v) was always destined to fail.
- (Proposed by Lee Salkeld, Avon LMC)**  
**Carried**

### **Funding for general practice**

- (103) That conference believes that current funding is threatening the viability of many practices and what is needed is:
- (i) a guaranteed average net remuneration
  - (ii) reimbursement of net expenses
  - (iii) a halt to the demise in MPIG
  - (iv) a halt to the demise of seniority payments
  - (v) an immediate increase in resources to reflect the increase in consultation rates.
- (Proposed by Tony Downey, Wiltshire LMC)**  
**(i), (iii) carried as a reference**  
**(ii), (iv) and (v) carried.**
- (104) That conference believes that the current formula based core contract is unfit for purpose:
- (i) in that it fails to recognise the ever increasing demand for access and complex care associated with model 21st century general practice

- (ii) in that it fails to incentivise the expansion of primary care needed to cope with the vision set out in the NHS Five Year Forward View
- (iii) and should be replaced by a payment by activity contract which directly links workload to resource.

**(Proposed by Jim Kelly, Kent)**

**Parts (i) and (ii) carried unanimously**

**Part (iii) carried**

(105) That conference calls on the Departments of Health to move more funding into core contract baselines in order to:

- (i) allow more strategic planning at a local surgery based level
- (ii) allow clinicians more time with their patients rather than scrabbling to achieve piecemeal funding streams
- (iii) avoid endless submission of plans, audits and reports to achieve individual funding streams.

**(Proposed by Domonique Thompson, Avon LMC)**

**Parts (i) and (iii) carried**

**Part (ii) carried unanimously**

(106) That conference believes the use of the Prime Minister's Challenge Fund to fund extended hours and seven day services is:

- (i) undermining GP out-of-hours services
- (ii) stretching an already over-stretched service more thinly and risks undermining core general practice services
- (iii) not the best use of NHS resources
- (iv) not sustainable.

**(Proposed by Khalid Muneer, Leeds LMC)**

**Part (i) carried unanimously**

**Parts (ii), (iii) and (iv) carried**

(107) That conference notes that many practices impacted by the removal of MPIG are feeling abandoned by government and the GPC and calls on the GPC to:

- (i) ensure that government understands the consequent reduction in frontline services and access for patients
- (ii) offer greater support to practices that are losing income to ensure patient services are not jeopardised,
- (iii) focus on negotiating a change in the formula such that weighting is only used to increase funding for those practices with populations considered to be more in need, rather than reducing it for others.

**(Proposed by Katie Bramall-Stainer, Hertfordshire LMC)**

**Parts (i) and (iii) carried**

**Part (ii) carried unanimously**

## **Information management and technology**

(108) That conference believes, with respect to data governance, that:

- (i) when GPs are required to share information for patient care they should be indemnified if a data breach occurs within the requesting organisation
- (ii) GPs should have control over who has remote access to their IT systems
- (iii) GPC should set up a national approval process for data sharing agreements.

**(Proposed by Mark Sanford-Wood, Devon LMC)**

**Carried**

- (109) That conference, with respect to information technology:
- (i) insists that GPC negotiate the continuation of funding of SMS text reminders from clinical systems
  - (ii) instructs GPC to negotiate that mobile, upgradeable IT for patient systems should be part of the core offer for practices
  - (iii) demands that all GPSoC software is accessible by single log-on using the NHS Smartcard
  - (iv) deplores the delay to implementation of the GP2GP 'large message' solution.
- (Proposed by Tom Kinloch, Mid Mersey LMC)**  
**Carried**

### **Primary and secondary care interface**

- (110) That conference believes that meaningful collaboration between primary and secondary care cannot happen whilst secondary care is paid for by payment by results and primary care is paid on a block contract.
- (Proposed by John Crompton, North Yorkshire LMC)**  
**Carried**

- (111) That conference demands that hospital trusts be made aware that all local GP practices are under exceptional pressure at present, because of:
- (i) rising patient expectations
  - (ii) the increasing tendency of hospitals to discharge patients precipitately
  - (iii) the growing trend of hospitals to ask GPs to do tasks that until recently was the responsibility of hospitals
  - (iv) commissioners insistence that GPs must jump through ever increasing hoops before referring patients to hospitals
  - (v) patients seen in A&E who are then told to see their GP immediately when not indicated or appropriate.
- (Proposed by Andrew Scott-Brown, Hampshire and Isle of Wight)**  
**Carried unanimously**

### **Co-commissioning**

- (112) That conference believes co-commissioning:
- (i) must be adequately resourced
  - (ii) must exclude performance management of GPs
  - (iii) must tackle and reassure regarding potential conflicts of interest
  - (iv) will further reduce the influence of member practices on CCGs
  - (v) will be made unworkable through conflicts of interest and so calls for GPC to advise GPs not to participate in its implementation.
- (Proposed by Jenny North, Derbyshire LMC)**  
**(i), (ii), (iii) and (iv) carried**  
**(v) carried as a reference**

### **Medical certificates and reports**

- (113) That conference:
- (i) is concerned about the recent ruling requiring GPs to report all deaths of residents in care homes subject to Deprivation of Liberty Safeguards (DOLS) to the coroner for inquests and calls on the GPC to resolve this
  - (ii) notes that considerable amount of GPs' time is taken up completing reports requested by insurance companies and other agencies and requests the GPC to address this unrealistic demand

(iii) believes that collaborative fees are now a mess which needs to be resolved nationally.

**(Proposed by Ian Keith, Hampshire and Isle of Wight LMC)**

**Part (i) carried unanimously as a reference**

**Part (ii) carried as a reference**

**Part (iii) carried**

## **Occupational health**

(114) That conference notes the catastrophic retention crisis in the primary care workforce and demands that NHS England immediately restores a fully funded and accessible occupational health service for GPs and their staff, including:

(i) bespoke mental health and psychological support

(ii) equity of access for freelance/locum GPs.

**(Proposed by Peter Williams, Derbyshire LMC)**

**Carried unanimously**

## **Pay negotiations**

(115) That conference believes that:

(i) it is unacceptable that government repeatedly ignores and overrides the recommendations of the DDRB (Doctors' and Dentists' Review Body)

(ii) by ignoring (even only once) the recommendations of the DDRB, government has fatally undermined the credibility of the independent review process.

**(Proposed by Stefan Kuetter, Buckinghamshire LMC)**

**Part (i) carried unanimously**

**Part (ii) carried**

## **Pensions**

(116) That conference condemns the recent changes that will affect GP pensions:

(i) which will mean retention of senior general practitioners will be increasingly difficult

(ii) which is likely to further discourage new recruits to the profession

(iii) which will hasten the demise of general practice

(iv) which will be to the detriment of patient care

(v) and calls on GPC to work with governments to address the situation.

**(Proposed by Jeremy Luke, West Sussex LMC)**

**Parts (i), (ii), (iii) and (iv) carried unanimously**

**Parts (v) carried unanimously as a reference**

## **Public health**

(117) That conference believes that public health campaigns often appear to be politically motivated rather than evidence based, can damage the public's perception of their GP, and should be planned in conjunction with the GPC.

**(Proposed by Emma Tiffin, Cambridgeshire LMC)**

**Carried unanimously**

(118) That conference requests government to develop and implement strategies to promote patient self-care and appropriate use of precious NHS resources.

**(Proposed by Rachel Fraser, Ayrshire and Arran LMC)**

**Carried**

**PART II**  
**ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES**  
**MAY 2015**

**ELECTION RESULTS**

**Chairman of Conference** – Guy Watkins

**Deputy Chairman of Conference** – Mary O’Brien

**Six members of GPC (in alphabetical order):**

Katie Bramall-Stainer  
John Canning  
Peter Horvath-Howard  
Helena McKeown  
Chaand Nagpaul  
Fay Wilson

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

Bruce Hughes

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

Sally Johnston

## **PART III**

### **ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2015**

#### **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.

#### **GP education and training**

- (16) That conference believes that the requirement for new GP trainers to acquire a Postgraduate Certification in Education (PGCE) is seen as an impediment to becoming a GP trainer on account of the time required and inadequate funding.

#### **New models of care**

- (34) That conference instructs GPC to continue to actively promote the partnership model and to support and encourage the career development of our sessional colleagues.
- (35) That conference reasserts our commitment to the holistic care of our patients and believes the strength of UK general practice is our long-term knowledge of our patients and asks that continuity of care is incentivised over access.

## **PART IV**

### **ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2014**

#### **REMAINDER OF THE AGENDA**

##### **Government**

- (7) That conference believes that politicians irresponsibly fuel unrealistic public expectation of the NHS for their own political ends, and calls on the GPC to demand that the government relinquishes political control of the NHS to allow GPs to focus on issues that make people better.  
**(Proposed by Sara Khan, Hertfordshire LMC)**  
**LOST**

##### **Workforce**

- (10) That conference supports the creation of an intermediate grade qualification for GPs, similar to staff grade in hospitals, to allow a career path for GP registrars whose practice is safe but does not reach the standard required for the MRCGP qualification, to avoid the loss of this potentially useful workforce to the profession.  
**(Proposed by Andrew Paterson, Hampshire and Isle of Wight LMC)**  
**LOST**

##### **Patient safety**

- (13) That, in the interests of the safety of patients and the health of GPs, conference demands that practices should be enabled to ensure GPs do not work beyond the legislated hours of the European Working Time Directive.  
**(Proposed by Bruce Hughes, Devon LMC)**  
**LOST**

##### **GP education and training**

- (14) That conference is concerned by the decline in GP training applications and calls on GPC and the RCGP to increase efforts to recruit GP trainees by ensuring GP training posts are not used for service provision.  
**(Proposed by Pooja Arora, GP trainees subcommittee)**  
**LOST**



## **CCGs**

- (19) That the GPC seeks the views of conference on the following motion from the Sessional GPs Subcommittee:  
That conference believes that as a significant part of the GP workforce, sessional GPs should be considered a potential asset by commissioning bodies, and
- (i) asks GPC to demand that NHS England instructs these organisations to ensure they have proportionate representation from sessional GPs on their boards
  - (ii) asks GPC to demand that NHS England instructs these bodies to ensure they allow these GPs access to leadership roles within their organisation.

**(Proposed by Elizabeth Robinson, Sessional GPs subcommittee)**

**LOST**

- (28) That conference believes that any new models of care should:
- (i) support organisations working together rather than focus on re-organisation in order to create a single employing organisation for all staff
  - (ii) focus on the provision of services within an area and not on competition to provide services outside their locality.

**(Proposed by Annette Bearpark, Leeds LMC)**

**LOST**

- (32) That conference believes that the model of the self-employed independent practitioner has been so eroded by the current contract and regulatory regime, that the GPC should be exploring the establishment of a fully costed and salaried GP service.

**(Proposed by James Graham, Liverpool LMC)**

**LOST**

## **GP partnerships**

- (36) That conference believes that allowing GP partners access to the goodwill in their practices would be an effective way to enable general medical practice to evolve to meet the challenges of the future.

**(Proposed by Tom Yerburch, Gloucestershire LMC)**

**LOST**

## **Private fees / NHS work**

- (39) That conference believes patient care would be improved were practices to be allowed to offer 'top up' private services to their NHS patients and requests that the GPC include this in their contract negotiations.

**(Proposed by Jethro Hubbard, Gloucestershire LMC)**

**LOST**

## **Contract negotiations**

- (41) That conference believes it is time to have one GP contract across the UK.

**(Proposed by Ivan Camphor, Mid Mersey)**

**LOST**

- (42) That conference, with respect to the standard model contract for salaried GPs:
- (iii) believes that it is now not fit for purpose
  - (iv) believes that it generates unrealistic and unaffordable burdens concerning annual leave entitlements and study leave entitlements
  - (iii) instructs the GPC to negotiate changes.
- (Proposed by Denise Glover, Derbyshire LMC)**  
**LOST**

- (RM 43) That conference believes that the BMA model contract for sessional doctors is bad for all GPs and bad for general practice and demands that GPC have its obligatory use removed from the general practice contract. (Will fall if Motion 42 part (ii) is passed).
- (Proposed by Bobbie King, Dorset LMC)**  
**LOST (as motion 42 (ii) was carried)**

### **NHS 111**

- (44) That conference believes that NHS 111 should be:
- (i) re-commissioned as a local service
  - (ii) fully integrated with unscheduled care providers
  - (iii) based on early skilled clinical triage and not a risk averse algorithm used by call handlers
  - (iv) subject to regular review of its effectiveness and impact on all other providers.
- (Proposed by Sue Roberts, Somerset LMC)**  
**LOST**

### **Other motions 1**

- (45) That conference contends that much of the remaining Quality Outcomes Framework (QOF):
- (iii) is unfit for purpose
  - (iv) should be scrapped with the money transferred into the global sum.
- (Proposed by Julie-Ann Birch, Cleveland LMC)**  
**LOST**

### **Clinical and prescribing**

- (57) That conference, with respect to prescribing, asks the GPC/BMA to negotiate:
- (i) for prescription medications to be available free of charge for all patients
  - (ii) that primary medical services be directed to stop giving patients prescriptions for items that can easily be purchased over the counter.
- (Proposed by Kieran Sharrock, Lincolnshire LMC)**  
**LOST**

### **Information management and technology**

- (108) That conference believes, with respect to data governance, that:
- (i) the Health and Social Care Act and the Data Protection Act are frequently at odds with each other and should be amended
  - (ii) the era for general practices to be the data controllers for patient records has passed and this responsibility should lie with NHS England or the appropriate national body.
- (Proposed by Mark Sanford-Wood, Devon LMC)**  
**LOST**

- (109) That conference, with respect to information technology demands that the Summary Care Record should be a comprehensive record of information from all providers of health.  
**(Proposed by Tom Kinloch, Mid Mersey LMC)**  
**LOST**

### **Pay negotiations**

- (115) That conference believes that:
- (i) the GPC and BMA alienate members by continuing to submit evidence to the DDRB or to cooperate with the DDRB reviews
  - (ii) the GPC and BMA need to return to direct negotiations over pay, contracts and conditions with the NHS and use all lawful approaches to dispute-resolution including strike action where appropriate.
- (Proposed by Stefan Kuetter, Buckinghamshire LMC)**  
**LOST**