



ANNUAL CONFERENCE OF LMCs 2011

INTRODUCTION

General Practitioner Committee (GPC) and LMC representatives meet at the Annual Conference of LMCs. Proposals from individual LMCs across the country are debated, alongside those from the GPC. The outcome of the debate determines the framework for the profession's negotiations. National negotiations take place continually between the Secretary of State and his/her team of negotiators and the GPC negotiating team.

The Annual Conference of LMCs 2011 was held in London on Thursday 9 and Friday 10 June. I attended both days, along with Tim Moorhead. David Savage attended the first day. Other Sheffield LMC attendance included Trish Edney, in her capacity as GPC representative for the Yorkshire & Humber region and James Parsons in his capacity as GPC member (elected through the BMA's Annual Representative Meeting).

We were in a smaller than usual venue, due to refurbishment and, as such, it was unfortunate that the number of observers was restricted. Various assurances were made that this would be adjusted.

Tim and I attended the Annual Conference Dinner at the Savoy Hotel. This was a particularly grand venue, having undergone £100M worth of refurbishment. The food, company and after dinner entertainment was excellent.

SPEECHES

After initial business, Laurence Buckman, GPC Chair, gave a State of the Nation style address. As in previous years, his speech was unanimously welcomed with a standing ovation.

The text of the speech is available on the GPC website at:

http://www.bma.org.uk/whats_on/branch_practice_conferences/lmcchairmanspeech.jsp

We had a key note address by Dr Iona Heath, President of the Royal College of General Practitioners (RCGP). Dr Heath is a respected working GP, who has a wide perspective on health care, the economics of health care and the social and political agenda. She made clear the importance of primary care and the role of the GP as the lynch pin within the service. She also highlighted the difficulties and potential conflicts of interest that might arise out of the Health and Social Care Bill, namely the difficulties in balancing being a patient's advocate, acting professionally and holding the budget. She also pointed out her anxieties regarding large global health care providers moving into the market and reflected on how this invariably had been unsuccessful in the United States of America (USA).

The full speech is available on the GPC website at:

http://www.bma.org.uk/whats_on/branch_practice_conferences/lmcconf2011.jsp

SHEFFIELD LMC'S MOTIONS

Sheffield LMC submitted 5 motions as follows:

1. *That Conference believes that commissioning by English GPs will inevitably tarnish the reputation of GPs, because freeing up resources will be portrayed as money being given priority over patients' needs and overspending will be portrayed as GP profligacy, so that whatever the outcome, GPs can be said to have failed.*

Tim Moorhead spoke to this motion in a well received and competent fashion and the motion was carried.

2. *That Conference believes that competition in the English NHS will promote itself to the detriment of patient care.*

This motion formed part of a bracket, but we were not given the opportunity to speak. The motion was carried.

3. *That Conference has grave concerns about the role of Monitor in primary care.*

I spoke to this motion, which was proposed by Nottinghamshire LMC, and was carried unanimously.

4. *That Conference believes the Care Quality Commission (CQC) fee for primary care providers is a tax upon the profession and should be strongly resisted.*

We were not called to speak to this motion.

5. *That Conference believes that although English GPs have been given the full responsibility for commissioning, they have not been given commensurate powers, because:*

- a) *They cannot even form their own commissioning groups without fear of veto by a government agency;*
- b) *They cannot affect budget setting;*
- c) *They can be undermined by the National Commissioning Board (NCB), Monitor or Care Quality Commission (CQC), none of whose decisions can be questioned.*

This motion was not prioritised for debate.

OTHER MOTIONS AND DEBATES

As expected, this year's Conference was dominated by the Health and Social Care Bill. There were no surprises in highlighting the main areas of concern, namely the revolutionary approach to NHS reform in the face of a perceived lack of engagement with professionals and whose responsibility it would be to lead the process.

There was broad support for clinicians leading the commissioning process, as this had been requested for many years. However, the various new bodies that will have regulatory control were hotly debated, namely Monitor, the Care Quality Commission (CQC) and the National Commissioning Board.

Of particular concern to the profession, having announced the demise of Primary Care Trusts (PCT) and Strategic Health Authorities (SHA), is the haemorrhaging of staff and important resources for the future.

Motions of particular note were as follows:

NHS Pensions

This stopped short of recommending industrial action. It was highlighted that the NHS pension is in a healthy position and actually contributes positively. The Treasury asset has an apparent surplus.

Flu Provision

In light of a recommendation that the Influenza vaccine would be centralised, this was unanimously deplored (England and Wales only). We have an excellent record of administering this type of vaccination programme and called for it to continue.

Future of GP Contract (UK wide with no termination date)

This protects MPIG and seniority payments and considered the investment in PMS and APMS practices to stop them from destabilisation through contract change. There was debate about the need for a national primary care estates strategy, with empowerment for the GPC to negotiate for this.

Darzi Centres

The so called Darzi centres were unanimously deplored as a poor investment and there were clear calls for a transparent process to illustrate the appalling waste of money in these contracts.

Value and Continuance of the GP System of Choice (GPSoC)

There was a clear debate about value and continuance, which was carried. There are noted concerns of GPs being pressurised in to changing to a system that is not of their choosing.

Consortia Working and Formation

There was unanimous support for the active involvement of all primary care GPs, a call for the involvement of Public Health and local authorities, as well as integration and healthy cooperation with secondary care colleagues.

Practice Level Budgets

There was a motion which affirmed that practice level budgets, for the purposes of locality commissioning, should be treated with caution.

Practice Boundaries

There was unanimous opposition to the abolition of general practice boundaries, which was seen to particularly threaten the vulnerable, elderly and housebound, as well as undermining continuity, home visiting and education.

Deaneries

There was a call to retain these. The government's proposed changes to educational organisation in England were deplored.

Conference Venue

Conference voted to hold the conference in Liverpool in 2012, after a humorous publicity campaign from Mid Mersey LMC, which had also involved leafleting the entire conference with details of the pleasures to be found in the Liverpool metropolitan area.

Details of all of this year's resolutions can be found at:

http://www.bma.org.uk/images/gpcconferencenews10_tcm41-207295.pdf

The LMC Executive would be happy to answer questions from GPs or Practice Managers regarding this year's conference resolutions and the formation of GPC policy.