

UK CONFERENCE OF LMCs

FRIDAY 9 MARCH 2018

SHEFFIELD LMC ATTENDANCE: Alastair Bradley Mark Durling David Savage

This was the new format of a one day UK Conference, which was held at the BT Convention Centre in Liverpool. We attended the Conference dinner at St George's Hall, which was an excellent meal in beautiful surroundings, although the acoustics were terrible, making some of the speeches unintelligible. However, by and large they were for the purposes of entertainment rather than information.

REPORT OF THE CHAIR OF GENERAL PRACTITIONERS COMMITTEE (GPC) UK

Richard Vautrey's report is an important part of Conference and the full text can be viewed at: <https://www.bma.org.uk/news/media-centre/press-releases/2018/march/bma-gp-committee-chair-dr-richard-vautrey-delivers-speech-to-annual-lmc-uk-conference>. The main highlights were:

- Doctors' dedication and hard work, despite long hours and staffing shortages.
- Rota gaps and a significant rise in workload.
- Concern that overworked doctors were potentially dangerous and this could lead to significant patient risk.
- Unacceptable rise in workload which required immediate action.
- Concerns relating to the recent General Medical Council (GMC) and High Court review and appeal against the findings of the Medical Professionals Tribunal Service relating to the case of Dr Bawa-Garba.
- Grave concerns relating to the impact the above case will have on doctors' reflective notes and their ability to record openly and freely any errors and learning points.
- The plight of continuing austerity, particularly the under resourcing of Mental Health Services and talking therapies with escalating waiting times.
- The growing problem of indemnity schemes, particularly the English Winter Indemnity Scheme being cut from April 2018.
- The recruitment and retention crisis which requires urgent redress.
- Premises issues, including problems with NHS Property Services (NHSPS) and the risks of premises ownership.
- The introduction of a new contract in Scotland and Scotland's ability to mitigate some of the risks mentioned above and reinvigorate the partnership model.
- Progress made in Wales in relation to the formal suspension of the Quality and Outcomes Framework (QOF) for a second year.
- The debacle concerning Capita's "Primary Care lack-of-service England".
- The importance of the registered General Practice list and the partnership model.
- Falling patient satisfaction from the British Social Attitude Survey and the fact that GPs agree with patients in their increasing dissatisfaction and, indeed, were "furious".
- Uncertainties about the financial consequences of Brexit crisis.
- An urgent need for recurrent funding to invest in IT and premises infrastructure.
- A call for professional unity to fight these battles.

WORKFORCE RECRUITMENT AND RETENTION

The debated motions once again highlighted support for the Partnership Model, calling for a reinvestment in this model and support for older GPs to remain in practice. Conference endorsed a motion calling for full and direct employment reimbursement for allied health care professionals within the practice team, together with an extension to the sickness reimbursement scheme for key practice staff.

PRACTICE CLOSURES

This motion, which was carried unanimously, highlighted the danger of unmanaged list dispersals following practice closures, and also called for public engagement to be aware of the mounting threat to General Practice, and asked for the GPC to take urgent action to protect "last man standing" GPs which often lead to practice closures.

REPORT BY THE CHAIR OF SCOTTISH GPC

Alan McDevitt walked us through a clear, methodical and illuminated description of Scottish GPC's negotiation with their government to support General Practice. This is radical, far reaching and results in significant additional funding to Scottish colleagues. His presentation can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Report%20by%20the%20Chair%20of%20Scottish%20GPC%20Mar18.pdf>

ONLINE GP SERVICES

We debated the difficulty of cherry picking from online services. The motion, which was carried, called for online GPs to offer a full range of General Practice services rather than register patients for specific issues, then suggest re-registration with their own GPs for continuity of care in areas such as mental health.

INFORMATION MANAGEMENT AND TECHNOLOGY

We debated the new General Data Protection Regulation (GDPR) and Conference:

- Endorsed an approach that General Practice was exposed to risks with this new mechanism and, furthermore, it made it unsustainable for GPs to be the sole data controller;
- urged the GPC to explore one data protection officer within a General Practice area to handle these issues;
- called for an uplift in funding to support this and a renegotiation with the government concerning the new regulations.

THEMED DEBATE - WORKLOAD

There were many one minute speeches and it was particularly striking to see one young London based GP describe her burnout and depression resulting from untenable workload and pressure within her practice, together with the suicide of a partner. This was met with a standing ovation and heartfelt sympathy from the audience. In general the rest of the debate reiterated the unmanageable workload and failure to deliver extra doctors as part of the General Practice Forward View (GPFV), and called in a variety of ways for a review of the current contract and a negotiation for a new contract. In addition, there were calls for an alerting system across General Practice workload and an establishment of safe levels of working. The British Medical Association (BMA) has just published Workload Control in General Practice and this was generally a well-received document, albeit with some criticisms. It builds upon triage and locality hub models to deliver additional support for General Practice, which sounds familiar given developments in Sheffield. I would urge you to review it:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/workload-control-general-practice-mar2018%20\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/workload-control-general-practice-mar2018%20(1).pdf)

EDUCATION AND TRAINING

There was opposition to mandatory post-certificate of completion of training (CCT) jobs, and a call to make hospital jobs for training and not for service.

SOAPBOX SESSION

This session allows representatives to make a one minute speech on a variety of subjects, which is always interesting. Perhaps one of the most important debates surrounded regulation and the role of the GMC in light of the Dr Bawa-Garba case. Despite a steer from the Executive team to the contrary, Conference supported a vote of no confidence in the GMC, which has been subject to some headlines elsewhere. Discussion highlighted concerns about judgements concerning complaints handling and the differing burdens of proof between civil and criminal issues and the risk of General Practice being exposed to gross negligence, manslaughter trials.

CONFERENCE RESOLUTIONS

Conference News detailing all Conference resolutions can be found at:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/lmc/lmc-conference-news-march-2018.pdf?la=en>

DR M DURLING

Chair