



Conference News

Conference of England Local Medical
Committees Representatives
10 November 2017

Part I: Resolutions
Part II: Election results
Part III: Remainder of the agenda

PART I

ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2017

RESOLUTIONS

NEW MODELS OF CARE

- (5) That conference asks GPC England to negotiate funding and statutory changes to ensure general practice can provide a strategic role in the development of new models of care and
- (i) ensure parity with other parts of the health and social care service
 - (ii) ensure that they can be GP led organisations
 - (iii) ensure equitable use of savings made,
 - (iv) to explore other options for general practice holding core contracts.

(Proposed by Agenda Committee to be proposed by Herefordshire)

Parts (i), (ii) and (iii) carried

Part (iv) carried as a reference

- (6) That conference understands the value of independent contractor status but also recognises that not all GPs desire to work in this way and calls upon GPC to:
- (i) formulate a blueprint for the future of general practice that includes a plurality of contractual types and provides meaningful support to both sessional and contractor GPs
 - (ii) lobby NHS England to investigate and invest in locum chambers as a proven GP retention model
 - (iii) ensure that locum GPs are protected from large web based platforms and locum banks which attempt to impose unfair terms of work and rates of pay.

(Proposed by Agenda Committee to be Proposed by the Sessional GPs Subcommittee)

Parts (i) and (iii) carried

Part (ii) carried as a reference

ONLINE CONSULTING

- (7) That conference is concerned about the pressure to introduce on line consulting into general practice:
- (i) when there is no evidence that it will save time
 - (ii) and believes it will decrease access to more vulnerable patients who may struggle to use the internet
 - (iii) as it will add to an already unmanageable GP workload
 - (iv) and calls on GPC England to make it clear to government and NHS England that GPs will not formally agree to begin on line consulting until there is clear evidence that it is beneficial to the health of patients.

(Proposed by Tower Hamlets)

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

CAPITA

- (8) That conference calls upon GPC England to:
- (i) make the return of the delivery of primary care support functions to the public domain a central demand in the next round of contract negotiations
 - (ii) urgently address Capita's failure to correctly collect superannuation contributions in England and seek recompense for those practitioners affected
 - (iii) demand that NHS England prioritise PCSE service improvement with regard to financial statements so that practices can undertake informed business planning.

(Proposed by Agenda Committee to be proposed by Waltham Forest)
Parts (i), (ii) and (iii) carried

GPFV

- (9) Given the vote of no confidence in the GP Forward View at the Conference of LMCs in Edinburgh earlier this year, conference insists that GPC England negotiates improvements in the GP Forward View to ensure that money reaches practices directly without additional bureaucracy or additional workload requirements, and adequate improvements cannot be achieved within one year, GPC England must publicly dissociate itself from GP Forward View.

(Proposed by Oxfordshire)
Carried

CAPPED EXPENDITURE PROCESS

- (10) That conference deplores the imposition of the capped expenditure process (CEP) and calls on GPC to negotiate with NHS England and NHS Improvement to abandon this process because:
- (i) GP providers are already struggling to provide services within what is already a limited financial envelope
 - (ii) general practice and GP service provision will necessarily and disproportionately experience the impact of this cost cutting exercise
 - (iii) even with economies of scale this has the potential to destabilise general practice to the overall detriment of patient care
 - (iv) the CEP is likely to significantly increase workload in general practice without any additional funding, or any consideration being given to the impact or sustainability of this transfer of work.

(Proposed by Agenda Committee to be Proposed by Tower Hamlets)
Part (i) carried unanimously
Parts (ii), (iii) and (iv) carried

CLINICAL AND PRESCRIBING

- (11)
300
Amended
- That conference demands that individual CCGs should not be able to impose restrictions on prescribing and calls upon:
- (i) Department of Health to undertake a national review of prescribing regulations and entitlements
 - (ii) Delegated CCGS to remove pressure on GPs to reduce or limit clinically appropriate prescribing.

(Proposed by Agenda Committee proposed by Hertfordshire)

Parts (i) and (ii) carried

REGULATION

- (12)
- That conference deplores the over-regulation of general practice and it calls upon GPC England to lobby government to:
- (i) abolish the NHS Choices reporting system
 - (ii) abolish the Friends and Family test reporting system
 - (iii) review the current procedure for GP complaints so that trivial complaints can be taken out of the system, as the practice time and resources they consume are disproportionate

(Proposed by Agenda Committee to be proposed by Avon)

Parts (i) and (ii) carried

Part (iii) carried unanimously

- (13)
- That conference demands that GPC works with NHS England to:
- (i) ensure the standards set for appraisal and revalidation are the same across the country and are not open to interpretation by individual Responsible Officers
 - (ii) that appraisal remains a supportive, formative tool for professional development, in line with current RCGP guidance and not a performance management tool
 - (iii) ensure that confidentiality is an integral part of the appraisal process and that performance management groups do not have the right to access an appraisal without a GP's written consent.
 - (iv) reject any attempt by NHS England or others to introduce minimum activity levels on the Medical Performers List

(Proposed by agenda committee to be proposed by Derbyshire)

Parts (i), (ii) and (iv) carried

Part (iii) carried as a reference

LIST CLOSURES

- (14) That conference asks GPC England to enter into discussions with NHS England:
- (i) to develop a new category of list closure that would allow a practice to close its list in agreement with the commissioners, and in the interest of patient safety, so that it can, for a period, decline to accept new registrations from patients who have not changed address
 - (ii) to improve financial support to practices taking on patients following a list dispersal with the creation of a centrally negotiated payment per patient
 - (iii) to work towards funding to practices taking on patients after a list dispersal flowing in 'real time' and not in arrears at quarter-end,
 - (iv) so that commissioners must agree the terms of any list dispersal with the LMC(s) involved to ensure neighbouring practices taking on extra workload are supported appropriately and not destabilised.

(Proposed by agenda committee to be proposed by Cleveland)

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

WORKLOAD LIMITS

- (16) That conference:
- (i) believes tired doctors are potentially unsafe doctors
 - (ii) calls on GPC England to issue guidance to support GPs to limit their working day to ensure patient safety
 - (iii) calls on NHS England and the government, working with GPC England, to make patients aware of the importance of reducing GP workload to safe levels
 - (iv) believes GPs should be supported to say "NO" without feeling guilt.

(Proposed by Agenda Committee to be Proposed by Leeds)

Carried

INDEMNITY

- (17)
302
Amended
- That conference believes that the rising cost of medical indemnity in England is making general practice unsustainable and adding to the workforce crisis in England, and calls upon GPC England to:
- (i) ensure that inflationary reimbursements made by NHS England are recurrent and made directly to the individual GP or practice that is paying the indemnity
 - (ii) demand that the government must introduce a system of indemnity comparable with secondary care which covers all GPs on the performers list and all NHS GP practice staff.
 - (iii) welcome the government's intention to provide indemnity cover to all GPs and their teams, and insists that this must be funded by new money

(Proposed by AGENDA COMMITTEE to be Proposed by Gateshead And South Tyneside)

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

PRIMARY/SECONDARY CARE INTERFACE

- (18) That conference recognises the right and responsibility of general practitioners to refer patients for specialist opinion and regarding referral management systems:
- (i) requires legal confirmation that the clinical responsibility will rest with the individual making the decision that a referral may or may not proceed
 - (ii) believes they are an unacceptable barrier to patients accessing appropriate secondary care
 - (iii) believes the time involved is a poor use of the GP workforce
 - (iv) demands that the government takes measures to ensure that the postcode lottery these create ceases immediately
 - (v) calls upon the GPC England to oppose this false economy and allow GPs as highly skilled generalists to continue to act with professional autonomy.

Proposed by Agenda Committee to be proposed by Northamptonshire Parts (i), (ii), (iii), (iv) and (v) carried

- (19) That conference is concerned that with the increase in use of 'advice and guidance' by trusts on Electronic Referral System (ERS) that:
- (i) GPs will be required to take on more secondary care work without an increase in resources
 - (ii) GPs will be exposed to further clinical risk
 - (iii) clear guidance must be produced to clarify who holds the clinical risk
 - (iv) national financial modelling is required to ensure appropriate financial resourcing of this new workload.

(Proposed by Lewisham) Carried

- (20) That conference welcomes the recent hospital contract changes which empower GPs to reject inappropriate work from secondary care but feels it does not go far enough and demands that:
- (i) NHS England and CCGs hold secondary care providers to account for compliance with the requirements
 - (ii) an identified email address is provided for every hospital to receive and act upon breaches
 - (iii) GPC England negotiates with NHS England that hospitals publicise their arrangements for fulfilling their contractual obligations to patients
 - (iv) GPC England works with others to introduce a formal national programme that educates clinicians joining trusts of their obligations
 - (v) GPC England negotiate a tariff system which can be used to assign value and, consequently, payment to work carried out by practices, which should be done by secondary care providers.

(Agenda Committee to be Proposed by Kent) Carried

URGENT CARE

- (21) That conference believes the new Integrated Urgent Care (IUC) agenda will have significant impact on primary care services and the profession has not been adequately consulted on this, and demands:
- (i) a proper impact assessment be carried out of the effect on primary care
 - (ii) a proper consultation takes place between commissioning boards and LMCs
 - (iii) no new service demands are imposed on already overstretched, under-resourced and understaffed primary care teams
 - (iv) no staff are redirected from current service provision to support an untried and untested idea.

(Proposed by North Yorkshire)
Carried unanimously

GP TRAINEES

- (22)
301
Amended
- That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee:
That conference recognises the inconsistent out-of-hours arrangements in GP training across the country and requires GPC, through the GP trainees subcommittee, to engage with the RCGP curriculum review and HEE review of OOH to ensure that:
- (i) OOH work for GP trainees is for training and not service provision
 - (ii) hours requirements for OOH work is consistent across the country
 - (iii) trainees are supernumerary and supervised when managing patients in the OOH setting by a GP, and should not be expected to work as independent practitioners during their training

(Proposed by the GPC)
Carried unanimously

- (23) That conference instructs the GPC to work with the RCGP to develop the GP curriculum so that trainees are taught and assessed on relevant aspects of practice management.

(Proposed by Camden)
Carried

PREMISES

(24)

That conference instructs GPC England to negotiate with government:

- (i) an extension to the deadline for the reimbursement package including contributions to Stamp Duty Land Tax, VAT, legal costs and service charge management fees
- (ii) a guarantee that the 'last man standing' in a partnership will have the building either bought back or the remaining lease taken over by the government
- (iii) that the lease liability for non-NHS Property Services (NHS PS) should be accepted by NHS England in the same way as for NHS PS premises
- (iv) to ensure equivalent investment in partner owned premises as in purpose built and NHS Property service buildings

(Proposed by agenda committee to be proposed by Bedfordshire)

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

(25)

That conference believes that Estates, Technology and Transformation Fund (ETTF) monies are not reaching sufficient numbers of practices and calls on the GPC urgently to discuss how NHS England can guarantee this money reaches practices immediately.

(Proposed by Kent)

Carried

INFORMATION TECHNOLOGY

- (26) That conference requires GPC England to:
- (i) negotiate with relevant bodies on the development of a standardised overarching data sharing template and data sharing agreement format
 - (ii) ensure that NHS England/CCGs recognise the importance of information governance provider development arrangements
 - (iii) work to ensure that properly resourced regional information governance and data sharing support arrangements are put in place to provide expert support and advice to GP provider organisations
 - (iv) appoint regional data sharing experts to provide advice and support to all LMCs on all data sharing agreement

(Proposed by Agenda Committee to be Proposed by Haringey)
Parts (i), (ii), (iii) and (iv) carried

- (27) That conference supports the piloting of artificial intelligence health systems but insists that, prior to further rollout:
- (i) all systems need to be piloted and assessed against set national criteria
 - (ii) the systems need to demonstrate a sustainable reduction in GP workload
 - (iii) any system needs to fully integrate with GP clinical systems.

(Proposed by Waltham Forest)
Carried

CQC

- (28) That conference demands that the procedure be far easier for GPs to become a CQC 'registered manager', and that possession of GMC registration and placement on the Performers List alone should be sufficient requirements for this post.

(Proposed by Gloucestershire)
Carried unanimously

CHOSEN MOTION – NEW BUSINESS

- (303) That conference, with regard to the 'GP at Hand' service launched this week and any other similar services:
- (i) deplores the use of public funds, including any GP Forward View monies, to promote inequitable access to NHS branded GP services
 - (ii) demands that GPC commences urgent negotiations with the Secretary of State for Health to compensate practices from which registrations are switched for the loss of practice income incurred as a result of any patient registering with such services
 - (iii) demands that the GPC seeks urgent legal advice regarding the options available and the potential for a judicial review, to challenge the decision to introduce this service.

(Proposed by Derbyshire)
Carried

ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES
NOVEMBER 2017

ELECTION AND CO-OPTION RESULTS

Chair of England Conference

Rachel McMahon

Deputy Chair of England Conference

Shaba Nabi

Five members of England Conference Agenda Committee

Katie Bramall-Stainer

Roberta King

Brian McGregor

Elliott Singer

Miriam Ainsworth

PART III
REMAINDER OF THE AGENDA

NEW MODELS OF CARE

- (6) That conference understands the value of independent contractor status but also recognises that not all GPs desire to work in this way and calls upon GPC to recognise the acute workforce shortages in general practice and support a move to provide a structured pathway for locum GPs to work on a rotational basis with practices on fixed term salaried contracts – a ‘locum plus’ model.

(Proposed by Agenda Committee to be Proposed by the Sessional GPs Subcommittee)
LOST

PRIVATE GENERAL PRACTICE

- (15) Given that a number of GPs genuinely feel that they can no longer operate within the NHS, conference calls on GPC England to urgently look at how these GPs can be supported to operate within a private, alternative model.

(Proposed by Bedfordshire)
LOST

WORKLOAD LIMITS

- (16) That conference believes no GP should work longer than 12 hours in a day

(Proposed by Agenda Committee to be proposed by Leeds)
LOST

INDEMNITY

- (17) That conference believes that the rising cost of medical indemnity in England is making general practice unsustainable and adding to the workforce crisis in England, and calls upon GPC England to survey GPs to consider withdrawing their out-of-hours commitment if direct reimbursement for their out-of-hours indemnity is not provided

(Proposed by Agenda Committee to be proposed by Gateshead and South Tyneside)
LOST

PREMISES

- (24) That conference instructs GPC England to negotiate with government that NHS Property Services be dissolved and the properties to be devolved to CCGs.

(Proposed by Agenda Committee to be proposed by Bedfordshire)
LOST

INFORMATION MANAGEMENT AND TECHNOLOGY

- (26) That conference requires GPC England to ensure that NHS England is recognised as the data controller for primary care

(Proposed by Agenda Committee to be proposed by Haringey)

LOST

GPDF

- (29) That conference resolves to ask GPC England members of GPDF to abstain from voting at meetings so that the LMC members can ensure the Meldrum Review reforms are properly implemented

(Proposed by Hampshire and Isle of Wight)

LOST

- (30) That conference recommends to LMCs that they should stop forwarding the voluntary levy to GPDF and instead use the money to set up a national and regional support and resource network for LMCs.

(Proposed by Cornwall and Isles of Scilly)

LOST

ENGLAND CONFERENCE STANDING ORDERS

- (31) That conference asks for an additional standing order to be introduced that directs the Agenda Committee to treat motions submitted by a regional LMC organisation in the same way as those from individual LMCs.

(Proposed by Devon)

LOST