

Conference News

Conference of England Local Medical
Committees Representatives
27 November 2020

Part I: Resolutions

Part II: Election results

Part III: Remainder of the agenda

PART I

ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2020

RESOLUTIONS

Standing orders

- (3) That conference agrees to amend standing order 26 to read: A ballot of representatives shall be conducted to enable them to choose motions, ('C' motions), amendments or riders for debate. Using only the prescribed form, which must be received by the GPC England secretariat by a time to be agreed and advertised by the agenda committee, each representative may choose up to three motions, amendments or riders to be given priority in debate. The three motions, amendments or riders receiving the most votes shall be given priority.

Proposed by Shaba Nabi on behalf of the Agenda Committee

Carried

COVID-19

- (5) That conference, in respect of the response of general practice to the COVID-19 pandemic, commends practices for stepping up to the unique challenges, and:
- (i) congratulates GPs and clinicians for developing and using alternative consulting methods during the pandemic
 - (ii) believes that finding our way through the COVID-19 pandemic has been and continues to be a driver for modernisation and positive developments
 - (iii) believes general practice has demonstrated that the GP partnership model works and expects the government to remain committed to this model of primary care
 - (iv) instructs GPC England to inform the government that GPs will not accept the return to the previous conditions of micro management and central control once the pandemic is over
 - (v) mandates GPC England to use this to insist on investment in the core contract rather than the flawed PCN model.

Proposed by Jackie Applebee, Tower Hamlets

Carried

- (6) That conference believes the government has failed to provide sufficient funding or resources to general practice in a timely manner to fight the COVID-19 pandemic, and:
- (i) believes the statement by Chancellor Rishi Sunak that "the NHS will get whatever it needs" is completely out of step with reality
 - (ii) believes it is far from business as usual in general practice and the current service needs significantly more investment if it is to provide the same levels of service provided prior to the COVID-19 epidemic
 - (iii) calls on GPC England to push NHSEI to ensure all income from item of service contracts, including national and local schemes, should be income protected until the pandemic is truly over
 - (iv) calls on GPC England to negotiate that no further requirements are stipulated as part of the PCN DES until practices have recovered from the COVID-19 pandemic
 - (v) demands that GPC England track and share, in real time, the proportion of additional NHS

funding given to primary care as a result of COVID-19, winter or other pressures and hold NHSE to account on proportional spending commitments.

Proposed by Raman Singh Nijjar, Oxfordshire

Carried

Primary secondary care interface

- (7) That conference is concerned about the unfunded transfer of workload and responsibility from secondary care to GP during COVID-19, and calls on GPC England to:
- (i) ensure all secondary care clinicians undergo an annual educational activity covering their duties and responsibilities under the NHS Standard Contract
 - (ii) urgently negotiate that NHSEI mandates that all investigations initiated in secondary care are followed up in secondary care
 - (iii) ensure that GPs are not held responsible if their patient's clinical medical condition deteriorates whilst on unacceptably long waiting lists
 - (iv) insist that NHSEI formally engage with CCGs to provide clear guidance on how to define unacceptable workload shifts
 - (v) agree financial sanctions against providers who do not reduce this transfer, with resulting funds being paid directly to affected practices.

Proposed by Mitch Garsin, Hillingdon

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

Part (iv) carried as a reference

Role of NHSEI in supporting general practice

- (8) That conference finds abhorrent and insulting much of NHSEI's communications with the profession, the press and the public and:
- (i) demands that NHSEI apologise and retract all communications that have implied general practitioners have not been fully involved in patient care throughout the pandemic, staining our reputation and inciting complaints
 - (ii) deplores the habit that appears to have developed of NHSEI briefing journalists, particularly those hostile to general practice, before communicating with the profession and its representatives
 - (iii) demands that general practice's contribution to the management of both the pandemic, and continuation of service whilst other parts of the healthcare system have stepped back from face-to-face work, be recognised, particularly given the general practitioners who have died in the course of their duties to the public.

Proposed by Paul Evans, Gateshead and South Tyneside

Carried

Digital first

- (9) That conference notes with deep concern the proposal of NHSEI to commission extended (eg 20 year) APMS contracts from providers to enable digital health provision in under-doctored or deprived areas and calls upon GPC England to:
- (i) oppose the proposal to award longer term APMS contracts
 - (ii) seek a legal challenge around the impact on the provision and stability of GMS services in these areas

- (iii) make this a 'red line' in any future contract negotiations.

Proposed by Kieran Sharrock, Lincolnshire

Carried

Core funding

- (10) That conference strongly believes that the current GP funding formula is both seriously flawed and outdated and demands that GPC England:
 - (i) urgently calls for NHSEI to review the GP funding formula
 - (ii) ensures that any future formula provides fair and full remuneration which recognises GP workload
 - (iii) ensures that a revised funding formula appropriately and proportionately accounts for differences in patient demographics, deprivation and health-seeking behaviour at individual practice level
 - (iv) ensures that any revision does not result in practices losing out.

Proposed by Michal Grenville, Waltham Forest

Carried

NHS111

- (11) That conference is concerned by recent moves to increase the number of GP appointments available to NHS 111 for direct booking and demands that GPC England ensures that the number of directly bookable GP appointments allocated to NHS 111 are not increased beyond what was agreed in the 2019 / 2020 GMS Contract.

Proposed by Vinay Patel, City and Hackney

Carried

GP consultation

- (12) That conference:
 - (i) deplores the action of NHSEI in failing to support GPs in the use of their professional judgement in deciding when and if a patient needs a face-to-face appointment
 - (ii) calls for a national campaign to explain why a face-to-face GP appointment is not always necessary or safe
 - (iii) following the words of the Secretary of State for Health and Social Care, agrees that the "new normal" will mean that more consultations will be done by telephone or video consultation rather than face-to-face
 - (iv) emphasises that if a doctor feels a patient needs to be seen face-to-face such an appointment will be arranged.

Proposed by Peter Gledhill, Bedfordshire

Carried

- (13) That conference, considering the massive shift to remote consulting demonstrated during the pandemic, mandates GPC England to:
 - (i) lobby educational bodies and other stakeholders to recognise the need for GP training to reflect this

- (ii) state that a digital consultation with a GP still takes up at least as much GP time as a face-to-face consultation
- (iii) work with stakeholders to find sensible ways to limit and manage the workload from e-consultations
- (iv) ensure that there is sufficient equipment to enable at least 50% of the workforce to work remotely
- (v) ensure that IT support is available 24 hours a day nationally to all GP working environments.

Proposed by Paul Hynam, Devon

**Parts (i), (ii), (iii) and (v) Carried
Part (iv) Carried as a reference**

DDRB

- (14) That conference believes any contract deal where public sector employees can receive a pay rise with no additional funding for their employer is a failure and:
- (i) believes that 2.8% does not reflect the increase in workload experienced by GPs of all types
 - (ii) regrets the pay rise for independent contractor GPs and their administrative staff amounted to only 1.8%
 - (iii) that this is a pay cut for independent contractors who have funded a pay increase to 2.8% for salaried GPs
 - (iv) calls upon GPC England to negotiate an increase to at least the DDRB recommended raise of 2.8%, for all GPs, backdated to April 2020.

Proposed by Kieran Sharrock, Lincolnshire

Carried

PCN ballot

- (15) That conference notes that the GPC England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.

Proposed by David Jenner, Devon

Carried

Sessional GPs

- (16) That conference acknowledges the economic and professional impact COVID-19 has had on locum GPs and calls for NHSEI to:
- (i) prioritise locums for work over those GPs returning to practice from retirement
 - (ii) enable locums to work safely
 - (iii) ensure locums are equipped and trained for new ways of working
 - (iv) ensure locums are included in future discussions over primary care's response to and recovery from the crisis.

Proposed by L-J Evans, Dorset

Carried

ARRS

- (17) That conference instructs GPC England to negotiate for the Additional Roles Reimbursement Scheme element of the Network Contract to allow funding for:
- (i) additional GPs including locums
 - (ii) practice nurses
 - (iii) advanced nurse practitioners
 - (iv) non-clinical staff / supportive staff outside the prescribed national roles.

Proposed by Aneela Sattar, Hertfordshire

Carried

PCN funding

- (18) That conference, in respect of the Core PCN Funding Payment (£1.50 / registered patient / year):
- (i) believes this is woefully inadequate to fund all the schemes it has been allocated to cover and additional workforce it is anticipated to employ and manage
 - (ii) insists that this payment must be uplifted annually to reflect the expanding workforce and responsibility, as a minimum in line with core GMS contract uplifts
 - (iii) demands that this payment is renegotiated for 2021 / 2022, to accurately reflect the workload that it is supposed to support.

Proposed by Girish Chawla, Cleveland

Carried

Vaccination programme

- (19) That conference, in respect of the 2020 / 2021 annual flu vaccination campaign:
- (i) is disappointed that staff have not been universally offered from the wider healthcare system to support practices
 - (ii) believes that a higher payment should have been negotiated for this year's DES in light of COVID-19
 - (iii) mandates GPC England to negotiate an appropriate uplift in the DES payment for all future years that are impacted by COVID-19 or a similar situation that results in additional costs outwith the control of general practice
 - (iv) would particularly highlight for early examination the differences in requirements in the flu vaccine delivery contracts offered to GMS / PMS and pharmacy providers
 - (v) believes that announcing flu vaccination for 50-64 year olds without a plan for the supply or delivery of this programme was either simple incompetence or a cynical political ploy.

Proposed by James Ward-Campbell, Leicester, Leicestershire and Rutland

Carried

- (295) That conference deplores the pace and pressure put upon GPC England and its Executive team in the negotiation of the COVID-19 vaccination programme enhanced service, and
- (i) calls on GPC England to make it clear to patients and the public that faults in the COVID-19 vaccination programme lie with Government not with GPs
 - (ii) rejects the mandated 8am-8pm seven days a week proposals and demands that GPs are best placed to decide when and how to conduct their business to ensure maximal population coverage with minimal wastage
 - (iii) rejects the suggestion of single PCN designated sites and mandates the GPCE Executive to

- (iv) push for vaccine choice allowing general practice to deliver what it can at a practice level demands an immediate renegotiation of funding and flexibility attached to the proposed enhanced service, now that timelines and possibilities are better understood.

Proposed by Francesca Frame, Cambridgeshire

Carried

Chosen motions

- (124) That conference demands that all referrals to secondary care must:
- (i) be assessed by an appropriate clinician in secondary care
 - (ii) not be rejected without a clinical explanation to the referrer that is copied to the patient
 - (iii) not be downgraded to advice and guidance when a full assessment is requested
 - (iv) transfer the medico-legal responsibility to the secondary care clinician.

Proposed by Gaurav Gupta, Kent

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

Part (iv) Carried as a reference

- (243) That conference views as unacceptable, in light of additional work undertaken in the COVID19 pandemic, the contract clause about a balancing mechanism which will adjust between the global sum and workforce reimbursement sum in the Network Contract DES depending on real terms partner pay levels, and calls on GPC England to demand that any additional funding for additional work is not subsequently clawed back from the practices' core income.

Proposed by Saritha Eli, Shropshire

Carried

- (258) That conference, despite a number of previous motions regarding unsustainable GP workload that have been previously carried by conference:
- (i) believes that it is no coincidence that GP workload continues to increase, and the numbers of GP continues to fall
 - (ii) calls on government to stop producing patronising panaceas for the workload crisis that we are in and works with LMCs and GPC England to provide solutions to unsustainable workload that help us now.

Proposed by Sue Dickie, Haringey

Carried

ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES
NOVEMBER 2020

ELECTION AND CO-OPTION RESULTS

Chair of England Conference

Shaba Nabi

Deputy Chair of England Conference

Elliott Singer

Five members of England Conference Agenda Committee

Paul Evans

Zoe Norris

Matt Mayer

Simon Minkoff

Roger Scott

PART III
REMAINDER OF THE AGENDA

Vaccination programme

- (295) That conference deplores the pace and pressure put upon GPC England and its Executive team in the negotiation of the COVID-19 vaccination programme enhanced service, and believes that the GPC Executive team has failed in its duty to properly represent and negotiate on behalf of the profession and declares that it has no confidence in the Executive team of GPC England.

Proposed by Francesca Frame, Cambridgeshire

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