

2015-2016  
GPC News 6



**General Practitioners Committee**

## **Conference News**

Special Conference of Representatives of  
Local Medical Committees  
30 January 2016

Part I: Resolutions  
Part II: Motions not reached  
Part III: Remainder of the agenda

## PART I

### SPECIAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JANUARY 2016

#### RESOLUTIONS

##### Report of the agenda committee

- (3) 1. That the report of the agenda committee be approved.  
**(Proposed by Mary O'Brien, Agenda Committee)**  
**Carried**

##### Workload

- (300) 2. That conference, gravely concerned by the intensity at which GPs are working, believes that current working practices may be a risk to patients' care and GPs' health, and calls for GPC to campaign for safe working practices such as:
- (i) an increase in the duration of routine GP appointments to at least 15 minutes
  - (ii) a restriction of patient contacts per day to a level comparable to other EU countries
  - (iii) an outlawing of unsafe 12 hour days
- (Proposed by Helena McKeown, Wiltshire LMC and Agenda Committee)**

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

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

##### **Shortened stem (as below) also carried unanimously**

That conference, gravely concerned by the intensity at which GPs are working, believes that current working practices may be a risk to patients' care and GPs' health

- (6) 3. That conference believes, in order to provide safe and sustainable services in general practice, separate contractual arrangements are needed for:
- (i) care for residents of nursing homes, residential care homes and similar institutions
  - (ii) medical certification of illness
  - (iii) travel advice and immunisation
- (Proposed by Stefan Kuetter, Buckinghamshire LMC)**  
**Carried**

##### Workforce

- (8) 4. That conference, in respect of physicians' assistants;
- (i) is concerned that they will distract attention from the inadequate numbers of GPs and registrars
  - (ii) is concerned that they will not decrease GP workload
  - (iii) is concerned that they will increase referrals, investigations and prescribing
  - (iv) demands that they require their own medical indemnity cover.
- (Proposed by Roberta King, Dorset LMC)**  
**Parts (i), (ii), and (iii) carried**  
**Part (iv) carried unanimously**

- (9) 5. That conference, in order to address the current recruitment crisis, demands;
- (i) the government writes off a proportion of new GPs' student loans for each year of service, at five yearly intervals
  - (ii) more support for newly qualified GPs to take on partnership roles more gradually
  - (iii) an immediate increase in the number of GP training posts in Northern Ireland to a level equivalent to the other three UK countries.

**(Proposed by Greg Place, Nottinghamshire LMC)**

**Part (i) carried**

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

**Part (iii) carried unanimously**

## **Future of the NHS**

- (12) 6. That conference insists that new models of care must be based on:
- (i) personalised care being delivered to patients by general practices supported by extended primary health care teams
  - (ii) a registered list of patients
  - (iii) an adequately resourced, safe and sustainable national core GP contract
  - (iv) cherishing and building on the independent contractor model

**(Proposed by Ken Megson, Gateshead and South Tyneside LMC)**

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

**Part (ii) carried unanimously**

## **Regulation**

- (13) 7. That conference believes that over regulation and monitoring of the profession has eroded morale and had an adverse effect on the sustainability of General Practice, and:
- (i) opposes any increase in the fees demanded of practices by the Care Quality Commission and demands that all fees be fully reimbursed.
  - (ii) demands that GPC actively campaigns to abolish the regulation of General Practice by the CQC.
  - (iii) demands that GPC produces realistic proposals for an effective peer led quality assurance scheme for General Practice based on criteria that improve patient care and safety.
  - (iv) calls on GPC to explore all options by which GP practices could lawfully withdraw from engaging with the Care Quality Commission.

**(Proposed by Jackie Applebee, City and East London LMC)**

**Part (i) carried unanimously**

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

- (14) 8. That conference:
- (i) recognises that appraisal and revalidation consume time that General Practitioners could use for direct patient care.
  - (ii) calls for the appraisal and revalidation requirements to be reviewed and simplified.
  - (iii) calls for appraisal to return to being a formative process.
  - (iv) calls for the frequency of appraisals to be reduced

**(Proposed by Stephanie De Giorgio, Kent LMC)**

**Carried**

## Premises

- (15) 9. That conference:
- (i) believes that GP practices should have a right to insist that their practice premises be owned by the NHS and to this end demands that the NHS must take on the head lease role of any GP premises on the request of the GP principal involved.
  - (ii) calls for a "buyer of last resort" scheme to be established for privately owned or rented GP premises to safeguard practices where the financial risk associated with the premises threatens viability.
  - (iii) calls for an accelerated programme of update and redevelopment for practices whose premises are inadequate to deliver 21st-century primary care.
- (Proposed by Michael Haughney, Glasgow LMC)**  
**Part (i) carried as reference**  
**Parts (ii) and (iii) carried**

## Funding

- (16) 10. That conference notes that practices currently provide a year of care for an average of £141 per patient and believes that this is wholly inadequate to provide a safe, sustainable and responsive service that meets the growing needs of their patients and therefore calls on governments to ensure that all practices receive at least £200 per patient per year.  
**(Proposed by Nicola Hambridge, Leeds LMC)**  
**Carried**
- (17) 11. That conference supports patients' requirements for safe and sustainable services which can only be delivered by stable general practices and therefore requires that:
- (i) the GPC rejects annual contract renegotiations
  - (ii) such a contract will be subject to genuinely independent financial review only.
- (Proposed by Elliot Singer, Watham Forest LMC)**  
**Carried**
- (18) 12. That conference demands that the reimbursement of GP expenses must be properly and fully funded if practices are to continue to function and remain open.  
**(Proposed by Simon Parkinson, Worcestershire LMC)**  
**Carried unanimously**

## Indemnity

- (19) 13. That conference calls upon the GPC to negotiate Crown Indemnity for all GP work, both in and out of hours, in all NHS working environments, with immediate effect.  
**(Proposed by Mike Ingram, Hertfordshire LMC)**  
**Carried**

## Next steps

- (303) 14. That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:
- (i) actions that GPs can undertake without breaching their contracts must be identified to the profession
  - (ii) a ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients
  - (iii) the GPC should canvass GPs on their willingness to submit undated resignations.
- (Proposed by James Murphy, Buckinghamshire LMC)**  
**Carried**

## PART II

### SPECIAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JANUARY 2016

#### 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 April** 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.

#### **Workforce**

- (10) That conference demands action on a strategy for retaining experienced general practitioners within the GP workforce, which should specifically include;
- (i) re-instatement of seniority payments or equivalent funding
  - (ii) amendments to the NHS Pension Scheme to incentivise GPs to remain in practice
  - (iii) voluntary exit interviews for GPs who are retiring or moving out of the UK
  - (iv) reduced bureaucracy for the GP returners scheme.

## PART III

### SPECIAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JANUARY 2016

#### REMAINDER OF THE AGENDA

##### **Workload**

- (300) That conference, gravely concerned by the intensity at which GPs are working, believes that current working practices may be a risk to patients' care and GPs' health, and calls for GPC to campaign for safe working practices such as:
- (i) a reduction in maximum hours per week to 48
  - (ii) a reduction in core hours.
- (Proposed by Helena McKeown, Wiltshire LMC and Agenda Committee)**  
**LOST**

- (6) That conference believes, in order to provide safe and sustainable services in general practice, separate contractual arrangements are needed for home visits.
- (Proposed by Stefan Kuetter, Buckinghamshire LMC)**  
**LOST**

##### **Workforce**

- (7) That conference believes that many younger GPs currently prefer to be salaried rather than partners, and that in looking at future contractual models, the GPC Executive Team should explore all options including movement away from independent contractor status.
- (Proposed by Paul Roblin, Oxfordshire LMC)**  
**LOST**
- (8) That conference, in respect of physicians' assistants;
- (i) affirms they will be a lifeline for general practice.
- (Proposed by Roberta King, Dorset LMC)**  
**LOST**
- (9) That conference, in order to address the current recruitment crisis, demands a Foundation training year 3 which should be undertaken entirely in general practice.
- (Proposed by Greg Place, Nottinghamshire LMC)**  
**LOST**

##### **Future of the NHS**

- (11) That conference demands that, in the light of the unprecedented pressures on a demoralised and depleted NHS, the government convenes a new commission to report on the future form, function and funding of the NHS in the 21st century.
- (Proposed by Peter Holden, Derbyshire LMC)**  
**LOST**

## **Regulation**

- (14) That conference calls for revalidation to be suspended.  
**(Proposed by Stephanie DeGiorgio, Kent LMC)**  
**LOST**

## **Premises**

- (15) That conference believes that the GP owned premises model is no longer sustainable.  
**(Proposed by Michael Haughney, Glasgow LMC)**  
**LOST**

## **Funding**

- (17) That conference supports patients' requirements for safe and sustainable services which can only be delivered by stable general practices and therefore requires that the GPC agrees a national contract which will last at least the length of a parliament.  
**(Proposed by Elliot Singer, Waltham Forest LMC)**  
**LOST**