

Scottish General Practitioners Committee

Scottish local medical committee annual conference

1 December 2023

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SCOTTISH LOCAL MEDICAL COMMITTEE CONFERENCE

1 December 2023

Resolutions

RECRUITMENT AND RETENTION

- 1** (6) That this conference welcomes (RCGP) Royal College of General Practitioners “Retaining our GP Workforce in Scotland” report in December 2022 and calls on the Scottish Government to acknowledge the current recruitment, retention and partnership sustainability crises and
- i. believes urgent interventions are required to maintain the GP partnership model in Scotland
 - ii. demands immediate financial cover for absent GP clinical staff
 - iii. demands that there is full compensation for locum cover required by a practice
 - iv. asks SGPC to prompt the Scottish Government for a formal response to the RCGP report and to adopt the recommendations set out in it
 - v. asks that there is an urgent implementation of a fit-for-purpose alternative to the (SIPS) stay-in-practice-scheme in order to reduce the loss of yet more experienced GPs.
- 2** (10) That this conference demands a national grass roots approach to GP, practice and (PCIP) primary care improvement plan staff recruitment and calls:
- i. on Scottish Government to recognise that there is a recruitment and retention crisis in general practice in Scotland
 - ii. for collaboration between all secondary schools, undergraduate and postgraduate centres for education to address the recruitment crisis
 - iii. for GP leadership and representation at all stages of trainee GPs’ medical training
 - iv. on Scottish Government to urgently engage with SGPC to explore what emergency supportive measures can be put in place to support practices
 - v. on Scottish Government to develop a workforce plan for primary care, recognising that the existing plan has failed to even maintain GP whole time equivalent numbers.

FUNDING/DOCTORS AND DENTISTS REVIEW BODY

- 3** (13) That this conference believes that the Scottish Government have taken decisions that have significantly affected practice funding and
- i. believes that despite this, general practice has continued to deliver more
 - ii. believes that this is making it more challenging to retain staff in practice
 - iii. believes that GP partners are personally funding the shortfalls
 - iv. demands an immediate reversal to this erosion and provide adequate funding to practices.
- 4** (14) That this conference is utterly despondent that, not only was GMS uplift for the past two years below inflation but the failure to uplift the expenses element in line with agenda for change pay awards and cost of living increases for bills meant that GPs received larger real term pay cuts than their consultant colleagues and
- i. calls for the return to the well-established practice of uplifting non-staff expenses in line with inflation
 - ii. calls on SGPC to negotiate with the Scottish Government for an annual uplift to GP expenses in line with CPI with an agreed point in the year the rate is taken
 - iii. calls on SGPC to negotiate with the Scottish Government to ensure in the future that GP practices will always receive funding to give our staff at least the same cost of living pay rise as Agenda for Change staff
 - iv. demands that GP contractors receive the same net pay rise as employed GPs and consultants, to avoid even greater recruitment issues into general practice.
- 5** (22) That this conference condemns the chronic underfunding of general practice in Scotland both in absolute terms and as a percentage of total NHS spending in Scotland and
- i. recognises that this has resulted in significant funding degradation for GP practices
 - ii. demands that the Scottish Government engages meaningfully with SGPC to address this underfunding and agree a plan towards funding restoration for GPs
 - iii. in the event the Scottish Government fails to engage, urges SGPC to develop a range of potential options for collective/industrial action and present these to members.
- 6** (23) That this conference is concerned the relationship between SGPC and Scottish Government is broken and that Scottish Government have no interest in the long-term security of general practice. This conference calls on SGPC to:
- i. review the benefit of an ongoing dialogue with Scottish Government given the failure of Scottish Government to prioritise sufficient and sustainable investment in general practice
 - ii. look at an alternative approach for SGPC to progress the primary care agenda.

- 7 (24) That this conference feels the Scottish Government is consistently failing the health of Scottish residents and calls on SGPC to work with relevant agencies including the Scottish Government to:
- i. (taken as a reference) produce a paper on the impact of a poorly funded general practice has on patient's morbidity and mortality
 - ii. acknowledge that one solution is reprioritisation of NHS funding into primary care from secondary care and then form an action plan to support this work.

WORKLOAD

- 8 (31) That this conference welcomes the BMA safe workload guidance and
- i. calls on the BMA to continue exploring other options available to practices to protect themselves from excessive workload
 - ii. calls on the Scottish Government and health boards to publicly acknowledge there are limits to what GPs can safely undertake, that lack of capacity leads to safe limits being exceeded and patients may have to wait longer for appointments at their GP practice
 - iii. calls on SGPC to work with the GMC and relevant authorities to provide protection for practices against patient harm and complaints directly relating to access
 - iv. lost.

- 9 (36) That this conference reflects that the latest GMC survey shows that GPs are the professional group most likely to burn out, is concerned about the unsustainable workload in general practice and
- i. calls on the Scottish Government urgently address workload issues and contain workload to safe levels before GPs are forced to do that themselves
 - ii. lost
 - iii. believes that Scottish Government has failed to implement systems to curb un-resourced workload movement from secondary to primary care, and that this is now compromising general practice 'core business'
 - iv. lost
 - v. calls for the development of a national document clarifying the role of general practice in Scotland, in particular describing work that is NOT part of the GP role.

- 10 A (42) That this conference is distraught that after six previous conference motions from 2020-2022 there has still not been a satisfactory national patient facing communication regarding the changes to the GMS contract and the potential changes/impact on patients and calls on SGPC to produce an update paper of where this work is at and ensure this communication goes out in 2023/24.

- 11 A (43) That this conference calls for all general practices to have the option of asking an alternative provider to undertake patient assessments requested during the in-hours period when practices have not had the capacity to undertake the work themselves prior to 1830 hours.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 12** (44) That this conference believes that the electronic transmission of prescriptions is essential to the running of an efficient health system and
- i. is appalled by the lack of investment by Scottish Government in electronic prescribing
 - ii. believes the lack of investment by Scottish Government is further damaging the patient journey, the economy, and the environment
 - iii. calls on Scottish Government to urgently progress this long overdue facility which is essential to progress primary care transformation.

EHEALTH

- 13** (50) That this conference following the disastrous rollout of the SCI Gateway update, asks the Scottish Government to:
- i. ensure the development of clinical IT systems involves end users at every stage
 - ii. direct robust and comprehensive testing of all IT developments prior to release, including live system testing
 - iii. (taken as a reference) be required to sign off any upgrades that have national impact
 - iv. undertake open and transparent significant event review when systems fail
 - v. underwrite any litigation claims that occur as a result and ensure clinicians are protected against regulatory consequence.

- 14** (53) (taken as a reference) That this conference asks that patient access to parts of their electronic medical record is developed; empowering patients to take responsibility for their own health related needs:
- i. and demands the Scottish Government develops a patient-friendly digital health record, using best practices from other countries
 - ii. to include the current medication
 - iii. to include anticipatory care plans and the key information summary
 - iv. to include key diagnoses
 - v. Lost.

- 15** AR (56) That this conference asks Scottish Government to develop a system that would provide a patient with accurate real time information about the status of their referral.

ENVIRONMENTAL

- 16** (61) That this conference calls for an action plan for primary care and climate change and believes that GP practices should:
- i. work collaboratively with boards and (HSCPs) health and social care partnerships
 - ii. improve practice wellbeing through green/wellbeing spaces

- iii. encourage a whole team approach to the climate crisis
- iv. reduce the volume of material waste generated in general practice, and improve how it is separated and processed
- v. be supported financially to help achieve changes.

17 A

- (64) That this conference calls on SGPC to negotiate for funding for transition to net zero premises for all GP surgeries in Scotland by 2030 through upgrades, retrofitting or new builds, and supports the views:
- i. that it is not acceptable to be causing harm through air pollution locally nor harm internationally through CO2 emissions
 - ii. as anchor institutions influencing communities, we need to urgently lead the changes that we all need to make.

CONTRACTS AND NEGOTIATIONS

18

- (65) That this conference recognises the failure of the Scottish GMS contract to fully achieve the shared vision as set out in 2017, and
- i. implores health boards to be candid with Scottish Government about the extent of gaps
 - ii. asks that Scottish Government recognise this situation and demands that these reformed services are adequately funded
 - iii. seeks renewed engagement from SGPC and Scottish Government towards “phase 2”
 - iv. demands further polling to be conducted with GPs to inform next steps
 - v. calls for Scottish Government to increase the GMS funding envelope to resource practices for the 800 additional GPs they are committed to delivering.

19

- (70) That this conference believes that, despite MOU2 having been issued, health boards remain unclear as to what pharmacotherapy and (CTAC) community treatment and care services should constitute and
- i. deplores the fact that Scottish Government Directions to health boards for the provision of CTAC and pharmacotherapy services are still not in place
 - ii. asks that a firm date for this to happen is agreed in negotiation with SGPC
 - iii. calls on Scottish Government to immediately reinstate and backdate transitional payments to practices to compensate practices for having to continue to provide this service which has been removed from the GMS contract
 - iv. (taken as a reference) calls for payment of an ‘item of service’ fee for all pharmacotherapy services that continue to be performed by general practitioners or their directly employed staff.

20

- (75) That this conference recognises the unique challenges of the GMS contract that are particularly amplified in remote and rural areas and
- i. believes that the needs of populations in remote and rural areas are not being fully met by our 2018 GMS contract

- ii. calls on SGPC to encourage HSCPs to consider options appraisals for practices that fall under Scottish Government urban rural classification Category 3
- iii. asks SGPC and Scottish Government to work towards delivering solutions that can flex for areas which have sparse populations and workforce gaps
- iv. asks SGPC and the Scottish Government to work towards finding solutions that accommodate those additional costs required to deliver necessary services in remote areas.

21

(81) That this conference is distraught at the failure of PCIP to take sufficient workload away from general practice, despite hard working (MDT) multidisciplinary team staff and

- i. insists that there needs to be a practice-based option for some CTAC services, with GPs directly reimbursed for their delivery
- ii. instructs SGPC to lobby Scottish Government to allow any underspend at the end of each financial year to be given to practices as payment for continuing to do work that was meant to have transferred to health board responsibility
- iii. lost.

22

(85) That this conference believes that the 2018 GP contract, whilst noble in its ambitions to align MDTs to GP practices, is fundamentally flawed due to its delivery being reliant on individual management structures outwith general practice and

- i. believes this impairs team working and integration, is inefficient and does not facilitate workforce retention
- ii. believes this model removes decision making away from general practice teams who bear ultimate responsibility for the work being completed
- iii. believes these inefficiencies and frustrations are corrosive of the traditional collaborative team working nature of general practice that they threaten our continued existence
- iv. demands MDT resource and management responsibility comes directly to general practice teams.

23

(88) That this conference believes that with the 2018 GMS contract, there have been significant increased demands on practice staff and time without increase in resource and therefore demands:

- i. financial compensation for hosting MDT members in practice buildings
- ii. increased financial resource to employ new members of staff to cover the additional burden of work
- iii. additional funding is negotiated so that administrative funding can be attached to PCIP clinical staff.

24

(92) That this conference recognises the failure of the 2018 GP contract and

- i. believes that, partly consequent to the Scottish Government renegeing on its commitment to deliver in full the new GP contract, that the current model of general practice is broken

- ii. calls on SGPC to explore an alternative to the 2018 GMS contract that is fit-for-purpose, appropriately funded and more reflective of the needs of general practice and patients in Scotland
- iii. lost
- iv. lost.

25

(203) That this conference condemns the recent move from Scottish Government, in the sixth year of the Scottish GMS contract implementation, to seek 3 test areas to pilot fuller implementation of a contract which should have been implemented in full within three years, and

- i. has significant concerns that this will destabilise any existing implementation in neighbouring HSCP areas
- ii. fears the likelihood that this will further postpone contract implementation in non-selected areas
- iii. worries that the pilots being limited to only CTACS and pharmacotherapy implies the Scottish Government has given up on full contract implementation of the other areas in any timescale,
- iv. as a result wishes for Scottish Government and SGPC to reopen contract negotiations to find a better way of investing the PCIF funding that will deliver immediate, substantial and genuine support directly to all practices and patients.

EDUCATION AND TRAINING

26

(103) That this conference is disappointed that despite promises made previously by the Scottish Government at this very conference there has still not been a return to a regular program of (PLT) protected learning time for practices with NHS24 cover and

- i. conference is appalled that GPs and their teams are expected to work without PLT time despite funding being allocated to each health board
- ii. insists that arrangements for PLT are not fit for purpose, being under-resourced with no direct workforce support
- iii. calls on SGPC to negotiate nationally organised PLT, supported by NHS24
- iv. insists arrangements for PLT should have parity with secondary care consultants in terms of protected time.

WORKFORCE/WELLBEING

27

(112) That this conference notes with concern the BMA Scotland GP wellbeing survey results and

- i. is forced to conclude that GPs' health is being knowingly sacrificed by the Scottish Government in preference to providing the necessary support or resource for core GP funding
- ii. calls on the Scottish Government to significantly increase the proportion of NHS spend that is allocated to general practice

- iii. welcomes the workforce specialist service and feels that Scottish GPs would benefit from improved engagement with the service
- iv. calls on SGPC to work with relevant groups to better understand the wellbeing needs of doctors working in Scotland and improve promotion of the workforce specialist service.

28 A

- (115) That this conference notes with concern the fragility of general practice teams where there may be one or more doctors who are approaching retirement and asks for:
- i. the SGPC negotiators to push Scottish Government to make improvements to workforce reporting mechanisms
 - ii. additional workforce reporting and planning that allow solutions for this risk to be properly considered
 - iii. health boards to explore new and better ways to help these teams plan for GP retirements.

MENTAL HEALTH SERVICES

29

- (117) That this conference expresses disappointment at the decisions of Scottish Government affecting mental health funding streams and
- i. believes this will result in overall greater health service costs and inequalities downstream
 - ii. believes that this has further damaged GP morale and capacity
 - iii. calls for an explanation from the Mental Health and Wellbeing Minister
 - iv. seeks a clear commitment from the Scottish Government regarding its future plans for this funding
 - v. calls for the impact this has had on planning of PCIF services to be acknowledged by the Scottish Government.

30

- (121) That this conference demands that Scottish Government reviews the rising emergency detention certificate numbers
- i. to understand why GPs are undertaking more of these, despite them being less preferred in terms of protecting patients' rights
 - ii. and asks for reporting by the Mental Welfare Commission to include figures that reflect where this is known or suspected to have occurred.

PUBLIC MESSAGING

31

- (124) That this conference is demoralised by the relentless increase in patient demand and the lack of any visible public messaging from Scottish Government and calls on government to:
- i. undertake a sustained public messaging programme to explain the pressures on primary care and the alternative services and self-care options available
 - ii. develop a new patient charter making clear their responsibilities in terms of behaviour and expectations

- iii. engage in an honest conversation with the public that the service in primary care is poor quality because of years of government undervaluing and underinvesting in primary care and is not the fault of the few of us there are left trying to do our best
- iv. urgently implement the First Minister's intention to hold a 'national conversation', as it is currently GPs and their teams that field unrealistic public expectations, often at the cost of morale and everyday working
- v. be open and honest with the public around what GPs are contracted to provide and what they are NOT contracted to provide, and to desist from using GPs as the default for NHS system failures and gaps in other services.

32

(129) That this conference is dismayed at the apparent lack of 'realistic medicine' in public health advertising campaigns and demands that Scottish Government and Public Health Scotland ensure:

- i. these are evidence based
- ii. these do not purposely increase patient anxiety and unrealistic expectation
- iii. they consider and mitigate their impact on NHS services and GP workload
- iv. these are targeted to reach the right people at the right time rather than simply the largest yield.

MATERNITY, PATERNITY AND ADOPTION LEAVE

33

(131) That this conference expresses concern about the current level of reimbursement for maternity/paternity/adoption leave within the (SFE) statement of financial entitlements, as it does not reflect the real financial costs to practices and calls on SGPC to negotiate an increased level of maternity/paternity/adoption leave reimbursement.

HEALTHCARE PLANNING AND PROVISION

34

(132) That this conference welcomes refugees and asylum seekers to Scotland and calls on SGPC to negotiate with Scottish Government:

- i. that where a practice has asylum seekers and refugees placed within their practice boundaries, sufficient funding as part of an enhanced service is given to allow those practices the ability to provide the recommended higher-level services
- ii. multidisciplinary hubs with input from interpreters, secondary care, general practice and social services to serve the needs of the refugees and asylum seekers residing in Scotland.

35

(205) That this conference opposes the Scottish Governments decision to stop the funding of Personal Protective Equipment for practices. Having set the precedent in terms of PPE protection in the primary care setting for assessing patients during Respiratory Viral Outbreaks the Scottish Government should:

- i. continue to supply practices with PPE to the level the practice requires allowing clinician autonomy in terms of PPE worn when assessing patients
- ii. commit to future universal supply of PPE if a specific Respiratory Viral Prevalence is reached or new strain of concern emerges in the community so practices don't feel obliged to keep self-funded stocks at partners expense
- iii. set out clear guidelines around PPE standards to protect practices from any occupational disease claims from staff moving forward
- iv. recognise the current exponential rises in practice expenses and the critical need not to add to this with a transfer of responsibility for PPE purchasing further contributing to the GP partnership sustainability crisis.

36

(135) That this conference That this conference advises that where GPs are required and expected to carry out work that would normally be undertaken by other staff groups, this conference:

- i. believes GPs are entitled to levy a fee for that work on whomever is requesting the activity
- ii. demands that Scottish Government mandate an accounting system, with a clear implementation date, for all secondary care tests done in primary care, to allow for appropriate reimbursement.

37 AR

(138) That this conference advises that where there is a lack of forensic medical examiners in any area those duties do not consequently become the responsibility of GPs.

IMMUNISATION/ENHANCED SERVICES

38

(144) That this conference with regard to the (VTP) vaccination transformation programme:

- i. (taken as a reference) welcomes the fact that HSCPs/boards are now responsible for the delivery of vaccination services
- ii. is deeply concerned that in some areas patients are being directed back to GP practice for referral into the service
- iii. calls on the Scottish Government to ensure that local VTPs will accept direct patient requests for vaccination without recourse automatically back to GP
- iv. calls on the Scottish Government to advise health boards that they must allow and advertise direct patient contact for vaccination queries and delivery
- v. implores the Scottish Government to develop a system for direct patient access to their vaccination records.

PREMISES

39

(152) That this conference acknowledges the financial strain which practices are facing due to increased premises costs and

- i. asks that Scottish Government provide funding to address this gap in order to prevent financial ruin for practices throughout the country
- ii. insists that the government mandates all HSCP and/or health boards to reimburse GP lease holders for all reasonable premises expenses.

40 (155) That this conference is grateful for the premises loan scheme that is part of the 2018 GMS contract, but:

- i. believes it has taken too long for practices to get the funding
- ii. believes there needs to be further tranches of funds to support further delivery
- iii. believes that practices should be able to access higher percentage value if desired
- iv. acknowledges the significant challenges which practices have faced obtaining sustainability loans and urges Scottish Government to provide guidance relating to tranche two applications and exceptional circumstance applications with immediate effect.

41 A (158) That this conference believes that a general practice premises strategy will be of benefit to every health and social care partnership and calls on SGPC to take this up with Scottish Government.

LMC CONFERENCES

42 (159) That this conference agrees to changing Standing Orders to include a new part: “3(b) (iii) The SGPC trainee GP representative. Where the SGPC Trainee GP representative already has a conference place or is unable to attend conference, a deputy who must be a GP Trainee working in Scotland, may be nominated by GPC UK Trainee committee.”

43 (160) That this conference recognises that health is devolved, and motions passed at the UK LMC conference may be contrary to the wishes or desire of Scottish LMCs and calls on:

- i. SGPC to disregard any motion passed at UK LMC conference which would direct SGPC to create new policy in Scotland, until such a motion is passed at Scottish LMC conference
- ii. the agenda committee of Scottish LMC conference to consider the inclusion of any motion passed at UK LMC conference that directs devolved nations to create new policy.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

44 (161) That this conference with regard to superannuation contributions:

- i. believes it is unfair that Scottish GPs pay more for their pension than English GPs but get only the same benefits and ask SGPC and the BMA to strongly campaign on this matter
- ii. bemoans the disparity between NHS consultants and GP partner superannuation contributions, with GP partners paying both the excessive employer and employee contributions

- iii. demands that Scottish Government fully reimburses GP partner employer contributions.

PRIMARY HEALTHCARE TEAM

- 45** (164) That this conference believes that as doctors we are expected to reflect and learn and develop our services in response to complaints and
- i. demands that organisations dealing with GP complaints also have a duty to consider recurrent themes and address and improve the root causes of conflict rather than focusing purely on individual cases
 - ii. calls on all elected political representatives to ensure that when they contact a GP practice on behalf of a constituent who has raised an issue with them, that the service the patient was seeking is actually available on the NHS and is the responsibility of general practice and not some other part of the system
 - iii. demands that those working in complaints processes are aware of the contractual position of GPs before assuming that GPs should provide elements of non-NHS care simply because they can or because some GPs do.

MISCELLANEOUS

- 46** (168) That this conference asks the Scottish Government that when a sudden death in the community is managed by the Procurator Fiscal, the GP is automatically sent a copy of any post-mortem report and final death certificate for any reflective learning opportunities and any queries from relatives regarding the death.

- 47** (169) That this conference is concerned that schemes, such as the ECO4 flex scheme, have been developed without consultation with general practice despite the direct impact this has resulted in and calls for SGPC to:
- i. inform Scottish Government that any such future scheme will not be supported or facilitated by general practice if full and collaborative discussions have not been undertaken
 - ii. stress to Scottish Government the negative impact on GP practices and that other parts of the health & social care system are better placed to support this work
 - iii. ensure the guidance and regulations are clear and easy to follow without risk of inappropriate involvement of GP practice teams where this is unnecessary.

PRIMARY/SECONDARY CARE INTERFACE

- 48** (172) That this conference recognises the benefits of using remote consultations and specialist allied health professionals in secondary care, however:

- i. notes with concern that there are instances where the assessment performed remotely by secondary care clinicians is incomplete
- ii. asserts that GPs must not be asked to do assessments that would ordinarily be done by a specialist at their outpatient clinics
- iii. demands where remote consultations take place in secondary care all further actions which require to be undertaken to complete the patient review (e.g. bloods or examinations) must be organised, actioned and acted on by secondary care
- iv. demands where the service relies on a consultation by an allied health professional this must not result in additional work for the GP and any action that the allied health professional cannot complete should be escalated within the service.

49 AR

(176) That this conference believes there needs to be a once for Scotland approach to diagnostic spirometry and

- i. insists that provision of this is not part of general medical services
- ii. recognises emerging guidance that this requires a service that is fully calibrated and provided by certified health professionals
- iii. is concerned that without standard provision, we risk a new public health emergency with undiagnosed and under diagnosed not receiving the treatment that they need.

PRIVATE PROVIDERS

50

(178) That this conference is concerned with regard to the numbers of patients seeking private sector care from abroad which requires specialist follow up and

- i. is concerned these patients aren't aware of the fact they are not entitled to NHS follow up when returning
- ii. notes with concern the difficulties that GPs are having when patients expect their NHS GP to perform specialist follow up which is outwith their competence
- iii. expresses disappointment at the communications that have to date come from the Scottish Government on this matter
- iv. calls on the Scottish Government to provide clear guidance to the public, GPs and health boards on this matter.

51

(183) That this conference recognises the significant dangers posed to ever increasing sectors of the population by the largely unregulated "wellness" sector and its promulgation of unrealistic lives via social media and calls on Scottish Government:

- i. to undertake a wide-reaching campaign to understand and address the drivers behind uptake of (IPEDs) image and performance enhancing drugs, medical tourism and unregulated providers of cosmetic procedures
- ii. to require apparently regulated providers of services to be open and honest as to the extent of their regulated ability to provide a complete service

- iii. to teach the public how to perform their due diligence and understand everything they should know or ask in advance of deciding on a course of treatment with a particular provider.

52

(186) That this conference with regard the interface between private and NHS healthcare:

- i. demands that if Scottish Government and (SPSO) Scottish Public Services Ombudsman determine they are not content with current arrangements that they seek to influence and address the root causes rather than focusing on and penalising individual cases
- ii. believes It should not fall on individual GPs, working within the NHS, to determine and self-fund the parts of the private healthcare journey that the patient or specialist have determined could be done by the GP
- iii. demands that Scottish Government define and agree the principles and process of moving between private and NHS healthcare
- iv. (taken as a reference) believes that any GP with any workload encountered as a consequence of private provider interaction should be able to bill the private provider for their time.

Appendix II

Election Results

CHAIR: Dr Alastair Taylor (Glasgow)

DEPUTY CHAIR: Dr Andrew Thomson (Tayside)

AGENDA COMMITTEE:
Dr Mish Bhana (Grampian)
Dr Chris Black (Ayrshire & Arran)
Dr Waseem Khan (Glasgow)

Motions not Reached

FUNDING/DOCTORS AND DENTISTS REVIEW BODY

- 53 (27) That this conference wishes for the independent contractor model to be funded in a way that makes it viable going forward.
- 54 (28) That this conference believes that, in these times of increased sustainability problems facing practices, that there should be a financial solution to help practices merge but be able to retain any partners without penalty.
- 55 (29) That this conference believes that Scottish Government does not comprehend how damaging the withdrawal of promised funding has been on GP morale and needs to urgently reinstate this if we are to avoid a worsening retention crisis.
- 56 (30) That this conference contends that, while allocating £19m of (PCIF) primary care improvement fund monies for Agenda for Change staff is advantageous for one group of primary care workers, it is insulting and demoralising for the rest.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 57 (49) That this conference welcomes the pharmacy first plus service to aid reduction of GP workload however recognises the rollout is delayed due to a lack of (DPP) designated prescribing practitioners and calls on SGPC to negotiate with the Scottish Government for funding and training for DPP work to aid the rollout of pharmacy first plus.

EHEALTH

- 58 (57) That this conference expresses concern about the inconsistency of IT support available to general practices, too often called upon due to the mandated use of bespoke, legacy and end-of-life IT systems, and asks SGPC to press for better orchestration of support from NHS (NSS) National Services Scotland, territorial boards and IT suppliers.
- 59 (58) That this conference is appalled at the level of additional strain put upon general practice staff when IT systems mandated for patient care fail and asks that boards have suitable contingency plans in place and can make available sufficient resource to practices.
- 60 (59) That this conference is not satisfied with the user experience that clinicians have when using SCI Gateway and asks SGPC to seek better technology that can improve the safety and efficiency of making referrals electronically.

- 61 (60) That this conference recognises the work of the GP IT reprovisioning team in progressing a modern GP IT system which will move to a modern hosted environment for both document management and GP clinical systems but calls on Scottish Government to:
- i. recognise the scale of this change to practices in the context of a workforce crisis and unsustainable demand
 - ii. ensure boards are given adequate resource to develop infrastructure and support practices throughout and beyond this transition.

CONTRACTS AND NEGOTIATIONS

- 62 (99) That this conference welcomes attention such as that provided by Audit Scotland and calls for scrutiny of the 2018 GMS contract, evaluating its value, including comment upon:
- i. the current extent to which it has been implemented
 - ii. the additional funding required so that the contract aspirations can be realised in full
 - iii. the degree to which it has facilitated necessary transformation and adequately prepared services to be sustainable
 - iv. how much it appears able to meet the combined challenges of increasing demand and an aging population.

- 63 (100) That this conference is distraught at the inefficiencies of management led PCIP services and calls for a national review of the management of HSCP GP services compared to traditional GP models including the financial impact to the taxpayer in Scotland.

- 64 (101) That this conference recognises the increasing levels of litigation and demands that SGPC work with the Scottish Government to supply crown indemnity for general practitioners and their teams.

- 65 (102) That this conference demands that PCIP related MDT service provision to practices needs to track population shifts rather than creating and perpetuating new 'historic inequity' for example when new houses are built, or practice circumstances change.

EDUCATION AND TRAINING

- 66 (107) That this conference in relation to (IMG) International medical graduates, calls for:
- i. an extended induction period to help new IMGs familiarise themselves with local healthcare practices
 - ii. a buddy scheme to provide guidance and support
 - iii. training for managers to understand the challenges faced by IMGs
 - iv. some of the £11 million promised for a recruitment campaign and centre for workforce supply be mandated to support visa applications for any IMG planning to continue working in Scottish general practice.

- 67 (110) That this conference notes that England and Wales have made huge progress in implementing changes to the GP training programme by increasing the time spent in general practice to 2 years and demands that Scotland catches up.
- 68 (111) That this conference welcomes investment in training medical students, endorses the rich experiences that can be gained in general practice settings, and expresses a desire for policies that will support doctors in having positive reasons to settle in locations across Scotland.
- 69 (204) That this conference believes that the IT debacle that has afflicted the new Simulated Consultation Assessment represents a failure from the RCGP to deliver a fair, standardised and reliable assessment to final year GP trainees and
- i. demands a full apology to those affected
 - ii. demands a full and transparent investigation into the causes
 - iii. believes all candidates affected should not be penalised by these failures by assessing the cases they managed to sit and making a judgement based on that
 - iv. demands assurance that future diets of the exam have the ability to be completed within seven days if subjected to further IT difficulties
 - v. believes that those affected have been subjected to a protracted, stressful and isolating experience and should be facilitated to resit free of charge with full refund of original fee.

WORKFORCE/WELLBEING

- 70 (116) That this conference endorses childcare as a useful and necessary support for the health and care workforce and wishes for the better provision of facilities to be made available to the NHS's independent contractor workforce including those located in rural areas.

PUBLIC MESSAGING

- 71 (130) That this conference notes with concern the BMA Scotland sustainability dashboard findings and calls on the Scottish Government and boards to publicly acknowledge the trajectory that general practice is currently on and to outline the steps that it will take to ensure that general practice survives and is able to continue providing a universal service to all.

HEALTHCARE PLANNING AND PROVISION

- 72 (139) That this conference believes that, due to the ongoing financial pressures, practices should have the ability to charge their own patients for extended services or access in a manner similar to general dental practitioners, pharmacists and local consultants.

- 73 (140) That this conference notes with interest the establishment of a National Centre for Remote and Rural Health and Care and asks SGPC to liaise with NHS Education for Scotland and Scottish Government to ensure this centre is backed with sufficient resource to allow it to produce tangible benefits for the remote and rural GP workforce.
- 74 (141) That this conference believes that the current planning application process is not adequately supporting primary care as local authorities have no mandate to provide primary care, and requests that HSCPs are empowered to become co-decision makers on new housing developments.
- 75 (142) That this conference recognises that the GP.scot project increased the provision of useful information online for patients about services available locally, with consistent NHS Scotland branding, and asks SGPC to push for this work to be adequately resourced to bring on more GP practices and improved functionality.
- 76 (143) That this conference recognises there is variation in the use of primary care services by patients in different locations and call upon improved use of data to drive the provision of services based upon need.

IMMUNISATION/ENHANCED SERVICES

- 77 (147) That this conference whilst recognising the potential health inequalities for those members of the population with learning difficulties feel that the rollout of the current proposed learning disability health check will not address these and
- i. believes GPs are not always 'best placed' to undertake these
 - ii. asks SGPC to negotiate with Scottish Government to remove the current directed template from the legislation
 - iii. asks SGPC to negotiate with Scottish Government to commission an impact assessment on the potential consequence of widespread rollout
 - iv. asks Scottish Government to collaborate with SGPC and other appropriate clinical bodies to create guidance that is patient focussed and flexible to local circumstances
 - v. believes if they are carried out in general practice as an optional enhanced service, there must be a realistic fee paid based on the work undertaken.
- 78 (150) That this conference supports the response to the drug deaths taskforce report, and demands the Scottish Government works collaboratively to deliver:
- i. increases in practice take up of the Drug Misuse Enhanced Service by uplifting NES funding
 - ii. a guarantee that the required Primary Care education to deliver (MAT) medication assisted treatment standards, to improve access, and to reduce stigma has separate funding streams from those "ring-fenced" in the report.

79 (151) That this conference calls on a full audit office report into the total cost of the vaccination transformation programme, and that SGPC perform a scoping exercise on returning the work to general practice for better value and performance.

MISCELLANEOUS

80 (170) That this conference continues to have serious concerns about the current processes and procedures in place around (PLE) pronouncing life extinct and ask SGPC to work with Scottish Government and the Procurator Fiscal to ensure that:

- i. it is recognised that this does not need to be undertaken by a clinician but can be undertaken by any suitably trained person with appropriate support
- ii. all first responders, including police, are empowered to PLE when it is apparent that the person is dead
- iii. if needing to seek remote clinical advice for a patient not currently registered with a GP then an alternative route outwith general practice will need followed
- iv. if a patient is very obviously dead, there should be no requirement to call on any “acute service”.

81 (171) That this conference asks that as per the Scottish (CMO) chief medical officer guidance, that in cases of sudden death in the community and death is clearly evident, the police are obliged to record a ‘time found’ and remove the body to a police mortuary, rather than trying to involve a GP or other acute service to pronounce life extinct.

PRIMARY/SECONDARY CARE INTERFACE

82 (177) That this conference deplores the increasing trend of discharging people from clinical caseloads while expecting general practice to provide ongoing screening follow-up as a safety net for future incidence or progression of disease. This conference demands GPs not be used as the agent for specialities’ risk management and therefore seeks:

- i. support for practices and LMCs to flag up and decline such instances
- ii. the centre for realistic medicine work with flagged specialities to determine consensus on monitoring/screening pathways for relevant targeted populations or individuals
- iii. Scottish Government or boards resource such pathways
- iv. where no consensus view is identified, this not be passed to GPs to manage
- v. MDOs are consulted, and a position determined on patient initiated follow up for screening/monitoring.

PRIVATE PROVIDERS

83 (190) That this conference believes that private healthcare providers should be required to issue sickness certification for those patients accessing their services for the expected duration of absence from work, including expected recovery time.

84 (191) That this conference notes the success of public health media campaigns such as 'get checked early', which seem to target many more people than available capacity, and demands that Scottish Government and partners are similarly enthusiastic in educating the public who may be planning to use overseas and unregulated providers of health and wellness related care so that know how to ensure they are fully informed about the procedure and all related follow up care and costs.

PUBLIC HEALTH

85 (192) That this conference insists that a national pathway for (PPE) personal protective equipment should be created to protect all primary care staff promptly from any emerging harmful contagion, including those spread by aerosol.

86 (193) That this conference believes that e-cigarettes have a place as part of a comprehensive smoking cessation strategy but believe that lack of regulation has led to an inappropriate expansion in their penetrance in society and call for Scottish Government to:

- i. take urgent action to control and limit the use of disposable e-cigarettes / vapes
- ii. restrict use of e-cigarettes to a role as a smoking cessation aid
- iii. enhance restriction and protections to avoid the increasing use of e-cigarettes by children.

87 (194) That this conference believes that the value of minimum alcohol pricing needs to be revised upwards.

88 (195) That this conference calls on Scottish Government to set clear public policy on (PSA) prostate-specific antigen testing, acknowledging that this has never been approved as a screening test, and that mixed messages to the public are causing significant workload and patient anxiety.

GENERAL PRACTICE

89 (196) That this conference calls for a six session GP partner to be acknowledged as full time due to the number of hours worked being consistently in excess of 40 hours per week when taking into consideration clinical duties, administration, and managerial responsibilities of being an employer and an independent contractor.

90 (197) That this conference asks that Scottish Government and SGPC agree the definition of what a (WTE) whole time equivalent GP is so that there is consistency in reporting.

91 (198) That this conference recognises the impending risk of further practice closures due to practices becoming increasingly financially unviable.

GOVERNMENT POLICY

92 (199) That this conference believes that Scottish Government's approach to general practice not only undermines our profession, but also, through sustained erosion of our safe operational capacity, inflicts avoidable harm on those most vulnerable in our society, in direct contradiction of the socialist agenda our ruling politicians allegedly champion.

93 (200) That this conference feels the Scottish Government is consistently failing the health of Scottish residents as life expectancy in Scotland has continued to fall and is lower than life expectancy in England.

OUT OF HOURS

94 (201) That this conference demands that all GPs working in out-of-hours services are remunerated:

- i. at rates reflecting at least consultant out-of-hours pay scales
- ii. for the additional work entailed in supervising other colleagues working for the out-of-hours services, including the supervision of GP trainees.

95 (202) That this conference recognises that GP OOH service is not part of the GMS contract, but it is part of being a GP, and as such wishes to nurture a close professional relationship between in-hours GP practices and OOH services, where:

- i. both parties are proactive in sharing their own and seeking understanding of the others perspective
- ii. instead of instances of an announcement of an action by one party that may have a detrimental impact on the other, they seek to collaborate on the wording, timing and communication of such an announcement
- iii. both parties seek to support each other in any fora where they may anticipate detrimental impact on either party.