Scottish local medical committee conference
Agenda and guide

29/30 November 2018
The Golden Jubilee Conference Hotel, Beardmore Street, Clydebank

#SLMC18
#SLMC18
Agenda committee members

Teresa Cannavina, chair of conference
Denise Mcfarlane, deputy chair of conference
Stuart Blake, committee member
Chris Black, committee member
Alastair Taylor, committee member
Andrew Buist, chair of SGPC
I am delighted to welcome you all to the 2018 Scottish LMC conference at the Golden Jubilee Conference Hotel.

The SLMC conference offers an important opportunity for GPs across Scotland to influence the policy of the BMA’s (SGPC) Scottish GP committee. It is a chance to ensure the SGPC negotiators understand your priorities and concerns and a chance to provide your thoughts and ideas to improve general practice for the future. The motions you submit and the policy formed are also communicated to stakeholders, including Scottish Government and the NHS health boards.

Conference will begin on Thursday evening, with a pre-dinner reception at 7.30pm and dinner from 8pm. This is a great opportunity to meet and network with the other delegates, and I hope to see you there.

On Friday, I am delighted to announce that the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, will be joining us to address conference and answer a few of your questions.

We will then debate motions on a wide variety of topics. To start we will debate the new contract and the challenges ahead. There are also motions covering eHealth, the new GPDR regulations, protected learning time and a wide range of issues effecting general practice.

There will also be time for negotiators’ questions where you can pose any questions you have to our SGPC negotiators. Whether you’re a regular or new visitor, I hope you enjoy conference and will get involved, either by proposing one of your LMC’s motions or by contributing to the debates.

I am delighted to chair conference this year and I would like to thank the agenda committee for their support in putting together what we hope will be an interesting programme. I very much look forward to seeing you at conference and hearing your views.

Best wishes,

Teresa Cannavina
Programme

Thursday 29 November 2018
Registration 5pm – 7.15pm
Pre-dinner reception from 7.30pm
Dinner (dress code – lounge suits) 8pm

Friday 30 November 2018
Registration 8am – 8.30am
Conference agenda 8.30am – 4.45pm
Tips and things to remember

This agenda and guide
Please read this agenda and guide before conference, which can also be found on the BMA website at [www.bma.org.uk/scotland](http://www.bma.org.uk/scotland). It contains all of the information that you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to the debates on behalf of your LMC.

Please bring this guide, and accompanying papers, with you to conference.

Registration
Registration will take place from 5pm to 7.15pm on Thursday 29 November and from 8am to 8.30am on Friday 30 November. The registration desk is located by the entrance to the conference centre, in the foyer of the Golden Jubilee Conference Hotel. You will be issued with your name badge and delegate pack which contains election information, the election timetable, your voting papers, if you are eligible to vote and a conference evaluation form.

Standing Orders
The procedures of the SLMC conference are covered by the Standing Orders, a copy of which accompanies this Guide. These set out the formal rules of conference and there are times when they need to be rigidly applied. The SLMC conference usually adopts a relatively informal and interactive debating style. This is explained more fully in the Rules of Debate section.

Conference expenses and subsistence: for representatives only (excl observers and invited guests)
Individual representatives will not receive expense reimbursement directly from the GPDF, but each LMC will be able to claim for its representatives’ expenses within the prescribed limits. For each representative, LMCs will be reimbursed the cost of return rail, or, if appropriate, air fares, to the conference, for single journeys over 50 miles first class fares will be claimable.

Overnight accommodation is provided as part of the conference and will not be reimbursed. Dinner is provided as part of the conference and will only be reimbursed those unable to attend the dinner, but who are travelling the evening before. Dinner costs will also be reimbursed where return home is after 8pm. (Please refer to GPDF letter within your representative conference pack).

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form and leave it in the box outside the auditorium at the end of the conference.

Media coverage at conference
The conference will be webcast as in previous years. You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in the national press. The public affairs team will be available to help you with any press enquiries.

Sponsors and exhibitors
This year you can visit stands from a variety of organisations including:
- BMA Law
- BMA Member Services
- BMJ
- Chase de Vere
- Medical and Dental Defence Union Scotland
- MP Locums
- Scottish Rural Medicine Collaborative
- Vision Health
Conference format

The agenda
The agenda is divided into sections. Each section is allocated a time slot and the chair will try to ensure that as many motions as possible are debated in each section.

Some motions have been bracketed together with a heavy black line in the left hand margin. One of these motions might have an asterisk. The chair will lead conference to debate the asterisked motion although the debate will cover all motions in the bracket.

Some motions will have been re-written or combined by the agenda committee prior to issuing the agenda to try and highlight the key points of similar motions. In this case, the LMC whose motion is printed immediately under the agenda committee motion, will be invited to open the debate.

Some motions have been greyed out and placed at the bottom of their section of the agenda. It is anticipated by the agenda committee that there will not be enough time to reach these motions and therefore that they may not be debated. If there is extra time the chair of conference may decide to debate some of these motions and therefore LMCs should be aware that they may be called on to propose a motion that has been greyed out.

Amendments
LMCs and representatives are welcome to send amendments to any of the motions in the agenda. These should be sent to mweatherston@bma.org.uk by 12pm on 28 November. Amendments submitted after this time should be given to a member of the agenda committee in writing. Amendments at the conference can be accepted up to 8am on 30 November, for items to be debated in the morning session and up to midday for afternoon items.

LMCs can also send in new motions about any issue which has arisen since the closing date for motions. These should be sent by email to mweatherston@bma.org.uk by 12pm on 28 November. The agenda committee will then make recommendations about how this new material should be fitted into the agenda and to the timetable.

Timetable
An important part of the first business of the conference is to agree the proposed timetable and the structure of agenda. If you do not wish to accept the agenda committee’s proposals please be ready to present your case. Prior notification to the agenda committee would be very helpful in this instance. If a representative is dissatisfied with the timetable or the way in which the motions are dealt with, this should be discussed with members of the agenda committee in the first instance who will be able to help.
Rules of debate

There are no speakers’ slips. There are however, proposer of motion slips which should be completed and submitted to the agenda committee. The agenda committee members are located at the back of the auditorium. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from representatives who signal to the chair that they wish to speak. The chair might ask who wants to speak for or against a motion, so that a balanced view is put across. Guests have observer status and are not permitted to speak at conference. When the chair asks representatives to vote, please hold up the brightly coloured voting card which is in your delegate pack.

If a proposer (or a representative who is speaking to a motion) thinks that there may be a conflict of interest then they should declare this to conference. A conflict of interest may be, for example, if the delegate is a member of an organisation which is mentioned in the motion, or if the motion advocates a paper written by the delegate.

It may be proposed that a motion, if passed by conference, is taken as a reference. This means that the motion would not constitute conference policy, but that SGPC would consider how best to take forward the sentiment of the motion.

Timetable constraints apply to all speeches. Three minutes are allowed for the proposer and two minutes for each speaker from the floor and this is indicated by ‘traffic lights’ located adjacent to the speakers’ podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.
## Timetable

**Schedule of business – 30 November 2018**

*Please note that this timetable is subject to change on the day of conference*

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
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| 0830 | Opening remarks  
Return of Representatives  
Minutes  
Standing Orders  
Report of the Agenda Committee |
| 0850 | Report of the Chair of SGPC |
| 0900 | Keynote speaker: Jeane Freeman MSP, Cabinet Secretary for Health and Sport |
| 0930 | Contracts and Negotiations |
| 1000 | eHealth |
| 1030 | General Data Protection Regulation (GDPR) |
| 1045 | Healthcare Planning and Provision |
| 1110 | Education and Training |
| 1125 | Quality & Clusters |
| 1140 | Funding |
| 1205 | Negotiators’ Questions  
Contingency |
| 1230 | Lunch |
| 1330 | Workload |
| 1345 | Workforce |
| 1415 | Prescribing, Pharmacy Services and Dispensing |
| 1440 | Public Health |
| 1455 | Appraisal and Revalidation |
| 1510 | Superannuation/Review of the NHS Pension Scheme |
| 1520 | Miscellaneous |
| 1545 | BMA/LMC Business |
| 1610 | Unscheduled Care |
| 1625 | Premises |
| 1640 | Closing remarks |
Conference agenda

RETURN OF REPRESENTATIVES

1
The Chair: That the delegate list be received.

MINUTES

2
The Chair: Receive the minutes of the conference held on 10 March 2017 as approved by the Chair of Conference in accordance with Standing Order 26.

STANDING ORDERS

3
The Chair: That the following amendments be made to the Standing Orders for Conference of Representatives of Scottish Local Medical Committees (GP) 2018:

- Reflect that electronic voting may be available.
- Provide distinction between annual and special conference.
- Changes to implement the BMA style guide including changing ‘chairman’ to ‘chair’ and reducing the number of words which are capitalised (item 11 (m) -(v))
- Changing mentions of ‘GPC’ to ‘GPC UK’ (item 3 (b) -(i)).
- Changing mention of his to his/her (item 5 (iii))
- Amendment of item 12 (c)(iii) as follows:
  12. Allocation of Conference Time
     (c) Soapbox session:
        (iii) Representatives wishing to present an issue in the soapbox may be requested to complete the form provided and hand to a member of the agenda committee at the time of the debate.
- Amendment of item 16 Voting (c) as follows:
  (c) Voting shall be by a show of cards or electronically. If the chair requires a count this will be by electronic voting.
- Amendment of item 17 Elections (d-f) as follows:
  (d) At each annual conference, a chair shall be elected to hold office from the termination of the annual conference until the end of the next annual conference. The chair shall not be eligible to stand for more than three consecutive years.
  (e) At each annual conference, a deputy chair shall be elected to hold office from the termination of the annual conference until the end of the next annual conference.
  (f) At each annual conference, three members of the agenda committee shall be elected to hold office from the termination of the annual conference until the end of the next annual conference.
REPORT OF THE AGENDA COMMITTEE

The Chair: That the following report of the agenda committee be approved:
The agenda committee is charged under section [12 (a)] with the allocation of time blocks. Having considered the motions submitted for inclusion in the agenda, the committee has recommended a starting time of certain blocks of motions (to follow).

REPORT OF THE CHAIR OF SGPC

The Chair (on behalf of the agenda committee): Receive report from the Chair of SGPC.

CONTRACTS AND NEGOTIATIONS

* 6 Agenda Committee: That this conference:
i. believes that the new GP contract has the potential to make being a GP in Scotland a desirable career option
ii. applauds the minimum income guarantee for GPs and asks that it is made as simple as possible for GPs to obtain
iii. strongly believes that pharmacists attached to GP practices are proving to be a great success
iv. congratulates SGPC on negotiating the new Scottish GP contract.

7 Glasgow: That this conference congratulates SGPC on negotiating the new Scottish GP contract.

8 Glasgow: That this conference believes that the new GP contract has the potential to make being a GP in Scotland a desirable career option.

9 Ayrshire & Arran: That this conference strongly believes that pharmacists attached to GP practices are proving to be a great success and the Scottish GP committee negotiators and Scottish Government should be congratulated on this part of the new contract.

10 Glasgow: That this conference applauds the minimum income guarantee for GPs and ask that it is made as simple as possible for GPs to obtain.

* 11 Agenda Committee: That this conference welcomes the aims of the new Scottish contract to reduce workload but asks SGPC to:
i. make provision for practices to directly employ mental health workers
ii. make provision for practices to directly employ pharmacists
iii. make provision for practices to directly employ (ANPs) advanced nurse practitioners
iv. work towards enabling patients to continue to have long term conditions monitored in their own practices
v. demand that health boards do not prevent the recruitment or re-deployment of mental health nurses into general practice.

12 Highland: That this conference welcomes the aim within the new Scottish GP contract to re-establish the primary health care team, and asks SGPC to:
i. retain some flexibility around how practices recruit clinical staff
ii. make provision for practices to directly employ pharmacists
iii. make provision for practices to directly employ advanced nurse practitioners.
Highland: That this conference welcomes the aim within the new Scottish GP contract to remove the burden of (LTC) long term condition monitoring from GPs, and:

i. recognises that practices already employ their own practice nurses and healthcare assistants in order to monitor people with LTCs

ii. asks the SGPC to work towards enabling patients to continue to have LTCs monitored in their own practices

iii. demands action by the contract oversight group to avoid situations where resources in direct support of general practice are diverted by health boards towards tasks that are directed by secondary care.

Highland: That this conference welcomes the aim within the new Scottish GP contract to increase access to mental health workers, and:

i. demands that health boards do not prevent the recruitment or re-deployment of mental health nurses into general practice

ii. asks the SGPC to support GP practices, when health boards fail to recruit mental health workers within the new GP contract’s initial 3-year period, to directly employ mental health workers.

Agenda Committee: That this conference whilst welcoming much of the provision of the new contract:

i. is concerned at the “one size fits all” approach

ii. believes that the implementation of the contract fails to adequately support rural general practice

iii. insists that the Rural short life working group urgently produce specific detail on the use of the resource committed to the “rural package” in 2018/19

iv. insists that the Rural short life working group urgently produce practical guidance on how local development plans can use this to deliver phase 1 in remote and rural practices/areas

v. seeks a more flexible approach that directly funds practices to provide services where health boards are unable to do so in an equitable manner.

Ayrshire & Arran: That this conference, whilst welcoming much of the provisions of the new contract:

i. is concerned at the “one size fits all” approach

ii. believes that the implementation of the contract fails adequately to support rural general practice

iii. seeks a more flexible approach that directly funds practices to provide services where health boards are unable to do so in an equitable manner.

Ayrshire & Arran: That this conference, whilst welcoming the Rural short life working group, insists that the group urgently produces:

i. specific detail on the use of the resource committed to the “rural package” in 2018/19

ii. practical guidance on how local development plans can use this to deliver phase 1 in remote and rural practices/areas.

Forth Valley: That this conference asks to ensure that (LMCs) local medical committees are enabled to consider if all (PCIP) primary care improvement plan money is being used as planned in direct support of general practice for SGPC to work with the Scottish Government to ensure that health boards provide LMCs with:

i. baseline primary care staff numbers, workforce expenditure and existing workforce gaps as at 31/03/18

ii. an update of total primary care expenditure in support of general practice every 6 months

iii. an update of (WTE) whole time equivalent staff numbers by profession and location that have been recruited to support general practice using the resources aligned with the primary care improvement plan every 6 months.
| 19 | Lothian: That this conference believes that the new GMS contract gives insufficient support to GPs working in the most deprived practices, who serve some of the most ill populations in Western Europe. |
| 20 | Highland: That this conference welcomes the aim within the new Scottish GP contract to reduce GP workload, and asks SGPC to:  
   i. show flexibility towards how practices choose to manage urgent care  
   ii. support arrangements for practices that wish to continue to triage and undertake their own home visits  
   iii. support practices that wish to continue to triage and undertake their urgent on-the-day appointments. |
| 21 | Glasgow: That this conference calls on SGPC to ensure that, if there are funding changes in phase 2, practices are given sufficient time to adjust. |
| 22 | Glasgow: That this conference expects every (LMC) local medical committee to support their GPs to get the best from the new contract arrangements. |
| 23 | Lanarkshire: That this conference thanks Scottish Government for providing funding for locum reimbursement for GP sickness and asks for further direction to boards to enable practices to support GPs returning to work such as enabling some locum reimbursement during a phased return. |
|  | **EHEALTH** |
| 24 | Glasgow: That this conference is disappointed that due to the timescale of the GP IT re-provisioning process, practices will not have access to up to date clinical systems until 2020 and calls on SGPC to ensure that additional investment in IT systems and support are available until new systems are available. |
| 25 | SGPC: That this conference:  
   i. upholds the absolute right of individual practices to choose nationally approved clinical IT systems  
   ii. believes that there are additional benefits to practices grouping together as a larger cohort when choosing a clinical IT system. |
| 26 | Forth Valley: That this conference believes in the importance of anticipatory care planning and to allow further development believes that the (KIS) key information summary needs to be urgently replaced by a portal that allows:  
   i. secondary care to add anticipatory care plans and updates  
   ii. social care to add anticipatory care plans and updates  
   iii. patients to add anticipatory care plans and updates. |
| 27 | Glasgow: That this conference believes that anticipatory care plans are very valuable but believes that the electronic key information summary is out dated. |
| 28 | Agenda Committee: That this conference believes that transcription of clinical data presents a risk to data quality, and therefore to patient safety, and calls on Scottish Government to immediately ensure that:  
   i. eHealth systems in primary care are developed to ensure good interoperability  
   ii. all electronic clinical systems have the ability to automatically update a patient’s electronic general practice primary care record  
   iii. newly procured systems have the ability to automatically update a patient’s primary care record as a minimum operating requirement  
   iv. there is an easy way for services supplied by other members of the extended (MDT) multi-disciplinary team to be recorded, where appropriate, in the clinical record without adding to the burden on existing practice staff. |
Tayside: That this conference believes that transcription of clinical data presents a risk to data quality, and therefore patient safety, and calls on Scottish Government to immediately ensure that:

i. all electronic clinical systems have to ability to automatically update a patient’s electronic general practice primary care record
ii. newly procured systems have the ability to automatically update a patient’s primary care record as a minimum operating requirement.

Glasgow: That this conference calls on SGPC to work with Scottish Government to ensure that eHealth systems in primary care are developed to ensure good interoperability.

Glasgow: That this conference calls on SGPC to ensure that there is an easy way for services supplied by other members of the extended MDT to be recorded, where appropriate, in the clinical record without adding to the burden on existing practice staff.

Agenda Committee: That this conference:

i. believes the Modernising out patient programme can only succeed with the successful creation of the (CTACS) community treatment and care services underpinned by an IT infrastructure with seamless communications at its core
ii. demands a guarantee that there are straightforward electronic processes to allow specialists to order tests in the community, and receive the result directly, in order for CTACS work to progress, and support patient care closer to home.

Lothian: That this conference believes the modernising out patient programme can only succeed with the successful creation of the CTACS underpinned by an IT infrastructure with seamless communications at its core.

Lothian: That this conference demands that Scottish IT leads guarantee straightforward electronic processes to allow specialists to order tests in the community, and receive the result directly, in order for CTACS work to progress, and support patient care closer to home.

Borders: That this conference wishes that there should be full investment in primary care IT to allow use of available systems to assist in patient care, such as EMIS web, electronic prescribing, integrated lab systems.

Glasgow: That this conference welcomes the eventual roll out of GP2GP.

Grampian: That this conference continues to support the SGPC in its work to provide a safe and modern IT system but notes that not all areas have achieved Wi-Fi access for practice staff in all areas and calls on guidance to be produced for local IT teams to support this.

Lothian: This conference calls on the government to support the development of forward-thinking IT solutions to enable flexible remote working, in order to use the GP workforce to its maximum potential.

Glasgow: That this conference asks SGPC to ensure that the best standards of IT support are available to all practices with minimum standards of service delivery.

Highland: That this conference accepts that security of the NHS network is of vital importance, bemoans the wide variation digital maturity across health board areas and instructs SGPC to address this.

Highland: That this conference asks SGPC to urgently seek to resolve the lack of adequate progress in templates for data sharing agreements that are tailored for general practice.
Highland: That this conference looks forward to more modern GP IT systems becoming available in Scotland and welcomes a nationally-coordinated approach to testing these systems.

Lothian: That this conference demands that Scottish Government and health boards:
   i. give equal importance to the need for evidence based technology as they do for evidence based medicine
   ii. when funding IT in general practice, prioritise meeting and enhancing basic requirements over headline grabbing or politically driven IT projects.

Lanarkshire: That this conference believes that fax machines are archaic and should have no place in a modern NHS.

GENERAL DATA PROTECTION REGULATION (GDPR)

Agenda Committee: That this conference with regard to the new general data protection regulations:
   i. recognises that this adds significant workload and the public needs to know that all (SARs) subject access requests reduce the NHS capacity for other work
   ii. supports patients being allowed access to their own records free of charge where there is no involvement of solicitors or insurance companies
   iii. calls on SGPC/GPC UK to clarify whether lawyers’ requests for subject access requests properly fall under requests for medical reports
   iv. believes that solicitors should not be allowed to make subject access requests free of charge
   v. demands that the Scottish Government urgently reviews the current system for GDPR/SARs in general practice and provides funding to support practices providing this service for patients.

Lothian: That this conference with regard to the new general data protection regulations:
   i. supports patients being allowed access to their own records free of charge where there is no involvement of solicitors
   ii. believes that solicitors and insurance companies should not be allowed to make subject access requests free of charge
   iii. demands that the Scottish Government urgently reviews the current system for GDPR/SARs in general practice and provides funding to support practices providing this service for patients.

Glasgow: That this conference calls on SGPC/GPC UK to clarify whether lawyers’ requests for SARs properly fall under requests for medical reports.

Highland: That this conference is awake to the changed landscape relating to subject access requests as a consequence of GDPR and:
   i. is fearful of the workload of checking medical records before release
   ii. demands that SGPC urgently discusses possible mechanisms of support with Scottish Government.

Fife: That this conference believes that the unique obligations imposed upon general practice by GDPR pose an unsustainable administrative and financial threat to the future of the profession.

Lanarkshire: That this conference recognises that despite contractual efforts to reduce pressures on general practice the change in GDPR policy is adding a significant increase in workload and risk. Unless urgent action is taken such a policy risks destabilising practices further.
Lanarkshire: That this conference regrets that the GDPR were introduced without adequate regard to their impact on the sustainability of NHS general practice and without adequate safeguards for the sustainability of NHS general practice.

Lothian: That this conference believes that the new GDPR guidance increases GP workload, for no additional resource, and the public needs to know that all such requests reduce the NHS capacity for other work.

Glasgow: That this conference believes that the introduction of GDPR and the removal of a fee for subject access reports has had a detrimental effect on GPs workload.

Grampian: That this conference denounces the recent changes which have removed the ability for practices to charge for subject access requests and urges SGPC to ensure that these additional costs and significant extra workload are presented to the next DDRB review to ensure appropriate compensation.

Agenda Committee: That this conference, with regard to GDPR, calls on SGPC to:
   i. push that health boards supply a (DPO) data protection officer to practices
   ii. seek progress in the description of how board-employed data protection officers might act on behalf of GP practices
   iii. pressure Scottish Government to ensure that health boards produce useable templates for privacy notices and risk registers.

Glasgow: That this conference, with regard to GDPR, calls on SGPC to:
   i. push that health boards supply a data protection officer to practices
   ii. pressure Scottish Government to ensure that health boards produce useable templates for privacy notices and risk registers.

Highland: That this conference demands that SGPC seeks progress in the description of how board-employed data protection officers might act on behalf of GP practices.

Lothian: That this conference asks that patients be able to access an online summary of their practice record, safely and for free, without involving the practice.

HEALTHCARE PLANNING AND PROVISION

Forth Valley: That this conference requests that SGPC and Scottish Government ensure health boards provide equitable access to diagnostic tests for ANPs working in support of general practice compared with ANPs working in other areas of healthcare.

Borders: That this conference believes that the availability of commercial internet-based GP services should not be allowed to disadvantage existing GP practices.

Lothian: That this conference believes that with respect to online providers of GP services:
   i. there is a lack of evidence to support the safety of such services
   ii. such services threaten to undermine NHS general practice
   iii. patients should not be allowed to separately register with two separate practices whether traditional or online
   iv. SGPC should ask the Scottish Government to introduce legislation and funding differentials which deter providers from cherry picking patients and failing to offer a full range of services.

Tayside: That this conference believes that the current interface between prisons and general practice is inadequate with disparity between different areas and needs urgent improvement for quality and safety.
Grampian: That this conference regrets the current arrangements for the provision of oxygen cylinders remain unsatisfactory and urges a system where this emergency treatment is available in an appropriate amount wherever patients are likely to experience a delay in ambulance services attending, and not only in the most rural areas.

Dumfries & Galloway: That this conference supports the principle of realistic medicine but this comes at a time when demand and expectation on general practice is increasing at an unsustainable rate. Conference urgently needs the Scottish Government to recognise that a realistic society is what is needed and to begin dialogue with the Scottish people on their demands and expectations of primary care.

Tayside: That this conference believes that in the case of distant national/regional specialist clinics, secondary care consultants in the patient’s own health board must continue to be responsible for local follow up and monitoring of the patients along with prescribing, if off-licence/formulary and the GP is not comfortable to prescribe.

Glasgow: That this conference believes the change to risk sharing arrangements for drug budgets represents a direct threat to the delivery of the new GP contract and development of the role of GPs as (EMGs) expert medical generalists and calls upon SGPC to work with Scottish Government and the boards to prevent reduction in frontline community services arising from drug cost pressures on (HSCP) health and social care partnerships budgets.

Tayside: That this conference advises Scottish Government that the GP verification of expected death of nursing home residents in the out of hours periods:
  i. represents a poor use of often very limited medical time
  ii. is a role that should become a statutory core part of the care provided by the nursing staff engaged by the home providers.

Grampian: That this conference recognises the threat posed to general practice sustainability which comes from (CLO) Central Legal Office guidance limiting the potential for patients to be allocated to a practice, and therefore urges SGPC and the BMA to lobby on behalf of LMCs and their members to have this guidance removed, helping to reduce the threat to the sustainability of general practice.

Dumfries & Galloway: That this conference believes the best way to mark the 70th anniversary of the NHS would be to accept that it is now broken beyond all hope of repair. What is needed is for politicians to show true courage and honesty in this matter and allow us as a nation to begin the crucial steps of starting again so that a health service can be created which is fit for the beginning of the 21st century rather than the middle of the 20th.

**EDUCATION AND TRAINING**

Forth Valley: That this conference believes that there should be a contractual obligation for NHS 24 to provide cover for protected learning time and:
  i. this should be a minimum of 10 sessions a year initially
  ii. the sessions should be increased in the future
  iii. we ask that SGPC raise this with Scottish Government as a priority.

Tayside: That this conference believes that protected learning time as a practice/locality with NHS24 cover, in addition to protected time for personal development, is essential for general practice and believes the number of sessions should be increased with even distribution throughout the financial year and dates set at the start of the year.

Lothian: That this conference believes that there should continue to be regular protected learning time for all practices which is centrally funded, and preferably continues to be covered by the out of hours service.
Glasgow: That this conference calls for SGPC to ensure that GPs have access to training on service design and improvement to be able to take their full part in future improvements in the Scottish NHS.

Grampian: That this conference believes that SGPC should influence a step change in general practice exposure during medical school training, foundation training and other speciality training, and urges a review between SGPC and (RCGP) Royal College of General Practitioners to lead to such an increase.

Borders: That this conference believes that funding should be made available for GPs to do further training such as diplomas, in areas which will benefit their patients and practices.

Lanarkshire: That this conference believes Scotland should protect its junior doctors and not allow the (GMC) General Medical Council to waste scarce resources challenging legal decisions.

QUALITY AND CLUSTERS

Forth Valley: That this conference asks that the role of the cluster is defined and that health boards and HCSPs are reminded that the role is for quality and not managerial purposes.

Glasgow: That this conference asks SGPC to ensure that the full potential for GPs to engage in their “extrinsic quality improvement role” is realised through proper funding of the activities required for participation.

FUNDING

Agenda Committee: That this conference:
  i. is concerned that health boards and health and social care partnerships are experiencing difficulties in delivering needed services within their given budgets
  ii. insists that primary care improvement fund monies in direct support of general practice are not used to alleviate other primary or secondary care pressures
  iii. asks that the Scottish Government ensures that the new resources for general practice are not used by health boards to shift work from secondary care to general practice
  iv. calls for realistic funding of health care by the Scottish Government.

Ayrshire & Arran: That this conference insists that primary care improvement fund monies in direct support of general practice are not used to help alleviate other primary or secondary care pressures.

Forth Valley: That this conference asks SGPC to work with Scottish Government to ensure health boards have robust systems in place to ensure that secondary care do not use the new primary care resources to shift secondary care work.

Ayrshire & Arran: That this conference views with great concern the news that health boards & health & social care partnerships are experiencing difficulties in delivering needed services within their given budget and calls on the SGPC to lobby the Scottish Government for realistic funding.

Glasgow: That this conference calls on SGPC to work with Scottish Government to match the commitment of the Welsh government this year and achieve implementation of the full the DDRB pay review in future years.
**Agenda Committee:** That this conference:

i. asks SGPC to ensure that GP practice expenses are directly reimbursed
ii. asks SGPC to ensure that there is a mechanism to fund new unexpected GP practice expenses in-year
iii. expects SGPC to ensure that GP income is at least equivalent to that of other medical specialties.

**Glasgow:** That this conference asks SGPC to ensure that as many as possible of practice expenses are directly reimbursed and that there is a mechanism to fund unexpected new expenses in-year.

**Glasgow:** That this conference expects SGPC to ensure that GPs can expect income at least equivalent to that of other medical specialties for a normal working week.

**Agenda Committee:** That this conference urges SGPC to ensure that phase 2 of the Scottish GMS contract will:

i. continue to reward the innovation and efficiency that has made general practice the most cost-effective part of the NHS
ii. not allow funding for GP partners to be permanently used to fund other staff in the future
iii. not result in significant reductions in income for GPs.

**Lanarkshire:** That this conference believes phase 2 funding proposals must not result in significant pay cuts for GPs.

**Glasgow:** That this conference urges SGPC to ensure that funding for GP partners in phase 2 of the contract cannot, in future, be permanently be used to fund other staff.

**Lanarkshire:** That this conference believes that phase 2 funding proposals must continue to reward the innovation and efficiency that has made general practice the most cost-effective part of the NHS.

**WORKLOAD**

**Agenda Committee:** That this conference is concerned about the risk that workload pressures in general practice will persist despite the positive aims of the new Scottish GMS contract, and:

i. believes that the transfer of unresourced work from other parts of the health and social care system needs to be reduced
ii. believes that new members of the general practice multi-disciplinary team need to work in ways that reduce GP workload pressures
iii. believes that more pharmacists need to be embedded in general practice in Scotland to ease GP workload
iv. asks Scottish Government to take measures to inform the Scottish public that it is not always possible, or necessary, to see a GP, and to raise awareness of the alternatives to seeing a GP
v. demands that Scottish Government begins a dialogue with the Scottish public about how to reduce demand in general practice.

**Forth Valley:** That this conference is concerned that positive changes to GP workload with the new contract will be put at risk by:

i. other parts of the health and social system continuing to shift unresourced work
ii. new members of MDTs choosing to work on areas that interest them
iii. new members of the MDT and health system continuing to defer to GPs as their backstop
iv. failing to properly implement an education programme for the public on how to use services correctly.
Lanarkshire: That this conference understands that the new conference aims to reduce workload pressures, but significant non-contractual pressures do and will persist. As such, we believe there needs to be a definitive action plan to improve primary and secondary care interfaces and reduce the burden of unresourced transfer of work.

Ayrshire & Arran: That this conference believes that more pharmacists need to be embedded in Scottish general practice as soon as possible as they can significantly ease GP workload.

Lothian: That this conference demands that Scottish Government takes comprehensive measures to inform the Scottish public that the new GMS contract, and the shortage of GPs, means that it is not always possible — or necessary — to see a GP, but rather a member of the extended team.

Forth Valley: That this conference asks that SGPC ask Scottish Government to fund a national media campaign to increase the awareness of alternatives to seeing your GP including websites, pharmacists, dentists and opticians.

Dumfries & Galloway: That this conference believes the survival of general practice is as much at threat from over demanding patients as it is from underperforming doctors. The 2018 contract is driven by the need to reduce workload but while waiting for its implementation the Scottish Government must begin dialogue with the Scottish people about what can be done to reduce demand.

Grampian: That this conference is concerned that recent guidance confirming all international visitors are entitled to free primary care in Scotland will lead to an increase in workload and calls on SGPC and Scottish Government to closely monitor the situation in practices and increase resources to practices to deal with any increase in demand found.

Lothian: That this conference demands that the Scottish Government urgently reviews their position on general practice requiring to provide GMS services to all overseas visitors without being able to charge for these services.

Fife: That this conference believes that pressures on local GP practices should be formally considered as part of the planning application process for new housing developments.

Lothian: This conference believes that the Scottish Government should set up a short life working group with COSLA and third sector colleagues with a remit to end the ‘just get a note from your doctor culture’ that takes up scarce NHS resource.

WORKFORCE

Glasgow: That this conference welcomes the introduction of the wider multi-disciplinary team to support general practice but is concerned about recruitment and workforce planning and calls on Scottish Government to:
   i. urgently increase the number of training posts for pharmacists, physiotherapists and nurses
   ii. increase the number of training posts for independent prescribers.

Agenda Committee: That this conference asks SGPC to:
   i. agree with Scottish Government a plan to deliver non-patient facing time to each GP to allow time for education, training and quality work
   ii. ensure that the mentoring time for the expanded team of allied health professionals, arising from implementation of the new contract, is properly recognised and appropriately funded.
104 Glasgow: That this conference asks SGPC to agree with Scottish Government a plan to deliver non-patient facing time to each GP to allow time for education, training and quality work.

105 Glasgow: That this conference asks SGPC to ensure that the mentoring time for the expanded team of allied health professionals, arising from implementation of the new contract, is properly recognised and appropriately funded.

106 Lothian: That this conference believes that all mentoring work taken on by practices for new AHPs must be fully resourced/remunerated for the actual work involved.

107 Lothian: That this conference:
   i. believes that health board HR provision is often slow and cumbersome
   ii. suggests that this can sometimes compromise recruitment of the extended team, so crucial to new GMS implementation and the stabilisation of primary care
   iii. insists that SGPC negotiates a Scottish-wide service level agreement for such recruitment processes.

108 Grampian: That this conference welcomes the work ongoing with the vaccination transformation programme and urges SGPC to encourage the government to work with the governing and professional bodies of other multi-disciplinary team members, such as midwives, to recognise their new roles with regards to immunisations.

109 Lothian: That this conference calls upon the government to mandate all health boards to reimburse the cost of maternity leave for retainer GPs.

A 110 Ayrshire & Arran: That this conference believes that GPs nearing retirement need to be offered strong incentives to encourage them to continue to work and help ease the workforce crisis.

111 Forth Valley: That this conference asks that SGPC work with the Scottish Government to ensure all new allied health professions working in direct support of general practice are:
   i. provided with training on the GP IT systems
   ii. given access to all GP IT systems
   iii. provided with a suitable clinical space
   iv. provided with a suitable work station space.

**PRESCRIBING, PHARMACY SERVICES AND DISPENSING**

112 Glasgow: That this conference calls upon SGPC to work with Scottish Government to expedite the introduction electronic prescribing.

113 Forth Valley: That this conference asks that the SGPC and Scottish Government work together to prioritise electronic prescribing.

114 Forth Valley: That this conference asks that SGPC and the Scottish Government work together to resolve the barriers to pharmacists signing prescriptions for patients they have not had direct contact with to allow the new pharmacotherapy service to work efficiently.

115 Glasgow: That this conference is concerned by the impact of short supply of medication is to good patient care and GP workload, and demands that health departments across the UK address this ongoing and increasingly problematic issue.
* 116 **Agenda Committee:** That this conference calls on SGPC to work with Scottish Government to set national standards to allow GPs and community pharmacy to safely reconcile medication, such that:

i. on discharge from hospital a minimum of at least 14 days supply of medication is issued

ii. on release from prison a minimum of at least 14 days supply of medication is provided

iii. following attendance at an out-patient clinic an initial supply of medication should be given to the patients.

117 **Tayside:** That this conference asks that on discharge from hospital/prison there is a set national standard issue of a minimum of at least 14 days’ supply of medication, to allow time for general practice and community pharmacy to safely reconcile medication.

118 **Glasgow:** That this conference is aware of the requirement in England that hospitals must supply medication to patients following attendance at an out-patient clinic and calls on SGPC to work with Scottish Government and boards to make this a requirement in Scotland.

119 **Lothian:** That this conference supports the General Pharmaceutical Council in calling for stronger guidance for UK based online pharmacies and believes that with respect to online drug sales:

i. online prescribers should be fully responsible for ensuring prescriptions are safe and that all appropriate medical checks have been done

ii. SGPC should work with medical defence bodies to clarify where medico-legal responsibilities lie when GP’s become aware of safety issues with online prescriptions which they have not generated.

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**PUBLIC HEALTH**

120 **Highland:** That this conference believes that Scottish general practice has good reason to be proud of the effective immunisation service it has delivered over many years, and therefore:

i. has concerns that in some areas health boards could fail to achieve the same high rates of immunisation uptake

ii. is concerned about the consequences should herd immunity be compromised

iii. seeks an expert risk assessment by Health Protection Scotland to address the likelihood of new arrangements being effective in protecting people from the burden of disease

iv. believes that contractual mechanisms need to be available for GPs to be able to opt-in to delivering some immunisation services.

121 **Lothian:** That this conference believes that we urgently need a ‘Realistic Medicine’ approach to Vitamin D testing and prescribing, and to facilitate this, demands that SGPC negotiates with Scottish Government a means for providing supplements under the minor ailments (or some similar) scheme.

122 **Lothian:** That this conference wishes to congratulate the Scottish Government on recognising the harm done by alcohol to its citizens, and successfully pursuing a minimum unit price policy, despite considerable opposition.

123 **Tayside:** That this conference whilst recognising the role of e-cigarettes as a smoking cessation option, feels that restrictions should remain on their use in enclosed public places.
APPRAISAL AND REVALIDATION

* 124  Forth Valley: That this conference is concerned about the application by some health boards of a minimum number of sessions a doctor will have to work in a year in general practice to qualify for an appraisal and asks SGPC and Scottish Government to clarify a Scottish position for all health boards.

125  Glasgow: That this conference calls on SGPC to work with Scottish Government to ensure that responsible officers are not able to decide, based solely on the number of sessions of general practice work undertaken, to refuse to make revalidation recommendations. This threatens the sustainability of general practice and conference insists instead that a supportive approach to facilitate appraisal, revalidation and safe practices is adopted.

* 126  Agenda Committee: That this conference believes that there has to be a different way to appraise GPs and:
  i. more should be taken of the opportunity presented by appraisal (which is after all compulsory) to screen our colleagues for evidence of distress and struggle so that practical support and assistance can be offered
  ii. the process should be streamlined with a full appraisal once every 3 years for those GPs who have had 5 consecutive ‘successful’ appraisals with annual probity statements continuing.

127  Dumfries & Galloway: That this conference believes more should be taken of the opportunity presented by annual appraisal (which is after all compulsory) to screen our colleagues for evidence of distress and struggle, so that practical support and assistance can be offered.

128  Lanarkshire: That this conference believes there has to be a different way to appraise GPs.

129  Ayrshire & Arran: That this conference believes that in order to improve retention of GPs the appraisal process should be streamlined with a full appraisal once every 3 years for those GPs who have had 5 consecutive ‘successful appraisals’, with annual probity statements continuing.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

130  Lanarkshire: That this conference believes that the UK government must address the tapered annual allowance for GP pensions to halt the mass exodus of GPs from the pension scheme and the profession.

A  131  Ayrshire & Arran: That this conference believes that the Scottish Government should strongly lobby Westminster to make superannuation optional for (OOH) out of hours GP work and therefore help ease the OOH crisis.

MISCELLANEOUS

* 132  Agenda Committee: That this conference believes that whilst the occupational health service now available to GPs is a welcome step forward:
  i. it demands that SGPC works with the Scottish Government to deliver a comprehensive confidential NHS service for all GPs and GP trainees in Scotland suffering from mental health conditions, including stress and depression which is at least comparable with the NHS GP health service available to GPs in England
  ii. the Scottish Government should be aiming to provide a specialised primary care service which recognises the unique problems which doctors with acute and chronic illnesses face.
133 Lanarkshire: That this conference believes that whilst the occupational health service now available to GPs is a welcome step forward, the Scottish Government should be aiming to provide a specialised doctors’ primary care service which recognises the unique problems which doctors with acute and chronic illnesses face.

134 Glasgow: That this conference demands that SGPC works with the Scottish Government to deliver a comprehensive confidential NHS service for all GPs and GP trainees in Scotland suffering from mental health conditions, including stress and depression, which is at least comparable with the NHS GP health service available to GPs in England.

135 Highland: That this conference expresses its heartfelt condemnation of any bullying of doctors and other workers in Scotland’s NHS and:
   i. reminds leaders in NHS boards and government of their duty to operate and develop systems to protect workers from bullying
   ii. brings to wider attention and exposes the malign tactics that have been used to target, intimidate, marginalise, and scapegoat doctors
   iii. bemoans the lack of an effective whistle-blowing procedure in Scotland
   iv. commends GPs and other doctors who have the courage to whistle-blow, when other processes have failed
   v. salutes all the victims of bullying within Scotland’s NHS, and welcomes the recently announced independent inquiry as part of building a culture of learning and support.

136 Forth Valley: That this conference remains concerned about the general practitioner’s role in dealing with Department of Work and Pensions information requests both in terms of volume and relevance and asks that SGPC ask the Scottish Government for this to be reviewed urgently.

137 Lanarkshire: That this conference believes Scotland should consider creating its own GMC as the current one is unfit for purpose.

138 Lothian: That this conference believes there should be a moratorium on all media campaigns that encourage increased use of general practice for next 3 years and divert the resource used in these media campaigns to frontline services or a ‘Choose wisely/realistic medicine campaign’.

139 Lothian: That this conference believes that the (PVG) protecting vulnerable groups system for clinical medical posts entirely duplicates that of the GMC, is wasteful and unnecessary, and should be disbanded forthwith.

140 Lothian: That this conference believes that frailty identification, especially premature frailty identification, using the GP clinical record offers significant hope in tackling the inverse care law.

141 Lothian: That this conference insists that GPs should not have to pay for urinalysis testing strips required for direct patient care, where their use is supported by evidence-based national guidance.
BMA/LMC BUSINESS

142 **Glasgow:** That this conference is concerned that many GPs are working under unsustainable workloads which are causing stress and mental health problems and calls on SGPC to work with LMCs to increase their ability to identify and offer support to such GPs.

*143 **Grampian:** That this conference welcomes news of additional funding to allow GP subcommittees to function more fully in its essential role within the development of the new Scottish GMS contract.

144 **Glasgow:** That this conference welcomes the additional funding for GP subcommittees to meet their new role under the contract but asks that it be reviewed every 2 years to ensure it is sufficient.

145 **Glasgow:** That this conference is concerned that changes to funding arrangements for LMC conferences will have an adverse effect on debate and policy formation as it threatens attendance by SGPC representatives and calls upon SGPC to work with the (GPDF) General Practitioners Defence Fund and BMA to ensure that conferences remain effective and representative.

146 **Ayrshire & Arran:** That this conference is concerned about the transfer of funding for GPC UK/SGPC work to the BMA from the GPDF and:
   i. is concerned that this has led to a lack of clarity of payment of honoraria for work done
   ii. believes that this is likely to deter representation on committees by grass roots GPs
   iii. calls on the GPC UK/SGPC to lobby for clarity of funding for time spent on committee work.

147 **Tayside:** That this conference believes that, in relation to local medical committee and GP Subcommittee office bearers, the title ‘Medical secretary’ is no longer fit for purpose and calls on SGPC, working with GPC UK as required, to agree an alternative title for this role.

148 **Glasgow:** That this conference deplores any legal attempts to interfere in the legitimate processes of SGPC and the BMA.

UNSCHEDULED CARE

149 **Glasgow:** That this conference calls for urgent action by Scottish Government and the Scottish Ambulance Service to address the problems of ambulance delays which are detrimental to patient care.

150 **Lothian:** That this conference recognises that a resilient out of hours GP service is vital to 24/7 patient care and calls on the government to include a focus on out of hours staffing in recruitment and retention strategies by means of improving remuneration and raising the profile of the out of hours GP role.

151 **Tayside:** That this conference believes that a rapid electronic system of transferring written communication between Scottish Ambulance Service personnel and general practitioners is urgently required. This is particularly important in cases where ambulance staff pronounce life extinct and there is an expectation that the patient’s general practitioner will issue a death certificate.

152 **Highland:** That this conference calls for out of hours clinicians to have appropriate information technology and looks to SGPC to seek assurance that this will be provided by NHS boards.
* 153 **Glasgow:** That this conference calls for SGPC to urgently negotiate with Scottish Government the need for capital funding to support the premises required to host the expanded multi-disciplinary team.

154 **Lothian:** That this conference believes that practices should have access to financial support to allow them to adapt or add to existing premises in order to allow them to accommodate new allied health professionals.

155 **Glasgow:** That this conference asks SGPC to work with Scottish Government to ensure that every practice which wishes to use the new premises arrangements is able to do so even if it requires additional funding in the early years.

156 **Highland:** That this conference welcomes the aim within the new Scottish GP contract to remove the burden of premises ownership from those GPs who do not wish to own their premises, yet:
   i. acknowledges that many young GPs wish to be partners and thereby sustain the benefits of property ownership
   ii. asks the SGPC to recognise that many existing GP partnerships benefit from owning their premises
   iii. asks the SGPC to support GP partners who wish to continue to own premises
   iv. asks the SGPC to support GPs to take on the ownership of smaller practice premises, as an alternative to these practices co-locating with other practices.
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