

# **Scottish General Practitioners Committee**

## **Scottish Local Medical Committee Annual Conference**

**10 March 2017**

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## SCOTTISH LOCAL MEDICAL COMMITTEE CONFERENCE

10 MARCH 2017

### Resolutions

#### CONTRACTS AND NEGOTIATIONS

- 1 (6) That this conference welcomes the constructive way in which Scottish Government and the SGPC negotiators have been working together in developing a new GP contract and hopes that clarification on its outcomes will be available soon.
- 2 (7) That this conference asks SGPC to ensure that as part of ongoing contract negotiations:
- i. any support that is theoretically provided to GP surgeries by staff employed by other agencies must be made transparent, consistent and reliable
  - ii. mentoring time for the expanded team of allied health professionals working within general practice as envisioned in our new general medical services (GMS) contract should be recognised and appropriately funded.
- 3 (10) That this conference demands GP practice incomes are protected during the transition period to a new Scottish GP contract.
- 4 A (11) That this conference recognises the additional work and responsibilities associated with caring for patients in a community hospital and insists that community hospital work remains out with the GMS (or equivalent) contract and separately remunerated.
- 5 A (12) That this conference believes that the new contract should stipulate 15 minute GP appointments as a minimum requirement.

#### HEALTHCARE PLANNING AND PROVISION

- 6 (15) That this conference calls on the Scottish Government to:
- i. hold a public debate about the principles of “Realistic Medicine” and clarify what areas of healthcare will be funded by the NHS
  - ii. be more honest with the public about the limited resources available for healthcare

- iii. use national campaigns and media initiatives to support self-care and empower individuals to seek advice/care from sources other than general practice
  - iv. avoid giving advice to the public which undermines the principles of “Realistic Medicine”.
  
- 7 Referred to UK Conference (23) That this conference:
  - i. believes that patients should be able to self-refer to a wider range of allied health professionals within primary care
  - ii. insists that waiting times to see allied health professionals in primary care should be no greater than that to see a GP.
  
- 8 A Referred to UK Conference (26) That this conference believes that a community based phlebotomy service, accessible to both primary and secondary care services and not funded through GP income, would lead to significant reductions in GP workload and improved clinical governance, with results able to go directly to the requesting clinician.

#### **PREMISES**

- 9 (37) That this conference demands:
  - i. urgent action to resolve the continuing problem of premises owning practices struggling to recruit new partners because of the need to buy into those premises
  - ii. a plan to modernise the primary care estate to allow GPs and their teams to look after more patients in their communities
  - iii. (Taken as a reference) that all health boards should act as guarantors for leases for GP premises.

#### **GENERAL PRACTICE**

- 10 (42) That this conference:
  - i. insists that the seven day working, 12 hours a day, is unsustainable within current resources with particular reference to manpower
  - ii. seeks Scottish Government assurances that there is no intention to move to GP opening hours of 84 hours a week
  - iii. demands that the current public holiday system is maintained for general practice as GPs are unable to have the same arrangements for enhanced annual leave in lieu that our secondary care colleagues receive.
  
- 11 AR (48) That this conference demands the immediate recognition and establishment of general practice as a medical specialty in its own right.

## **EHEALTH**

- 12 (53) That this conference:
- i. believes that IT provision to general practice is in some areas sub-optimal which can increase GP workload significantly
  - ii. insists that in any new contract there are robust performance standards and failure consequences for both boards and commercial providers
  - iii. is aware that vast parts of Scotland have inadequate broadband links and calls on the Scottish Government to accelerate the provision of fast broadband to all areas of Scotland
  - iv. believes that teleconferencing facilities are essential for practices to participate meaningfully in cluster quality work and that these facilities should be provided as an integral part of IT provision to all practices.
- 13 (57) That this conference is dismayed by the continued inefficiency and ongoing denigration of the primary care patient record due to the failure to deliver electronic transfer of patient notes and calls on SGPC to lobby the Scottish Government to ensure this is implemented by April 2018.

## **GOVERNMENT POLICY**

- 14 (62) That this conference welcomes many of the sentiments and approaches of 'The Modern Outpatient: A Collaborative Approach' but:
- i. has doubts that many of the changes required (including an extended workforce and re-education of the public) will be in place by 2020
  - ii. believes that it fails to recognise that existing outpatient work done by GPs has an impact on capacity for managing core practice work
  - iii. calls for a new workforce in the community to undertake outpatient work now - with consideration given to a 2017/18 HEAT target.
- 15 (63) That this conference welcomes 'A New Future for Social Security Consultation on Social Security in Scotland' and calls that:
- i. no letter should be requested of GPs for a benefits decision without government funding for it
  - ii. other health professionals closely involved with the patient should be allowed to contribute to DWP documentation
  - iii. it be considered that the current system increases inequalities by relying on GPs serving the most deprived patients to shoulder the biggest unresourced burden for reports.

## **RECRUITMENT AND RETENTION**

- 16 (67) That this conference:
- i. believes more needs to be done urgently to identify the reasons for the GP retention crisis
  - ii. is concerned that during a time of GP shortage there remain difficulties for returning GPs accessing NHS Education for Scotland (NES) support
  - iii. believes the Scottish Government should consider a concerted effort to attract GPs from the rest of the UK and from overseas.
- 17 A (A72) That this conference demands that the UK governments, Royal College of General Practitioners (RCGP) and General Medical Council (GMC) work with the universities to promote general practice as a career to improve recruitment.

## **UNSCHEDULED CARE**

- 18 (73) That this conference believes:
- i. government should recognise the essential role of primary care out of hours (OOH) services in the unscheduled care environment and protect these vulnerable services from unrealistic efficiency savings which compromise the ability to deliver safe and effective care
  - ii. IJBs should actively support the development of and sustainability of primary care OOH services.
- 19 (76) That this conference believes that the Scottish Government should urgently negotiate at UK level to make superannuation for out of hours GP work optional thereby encouraging more GPs to staff the OOH workforce crisis.

## **APPRAISAL AND REVALIDATION**

- 20 (77) That this conference calls on SGPC to work with the GMC and national appraisal and revalidation bodies to:
- i. reduce the burden of appraisal through agreeing proportionate and relevant supporting evidence
  - ii. agree a reduction in frequency of full appraisal based on risk stratification
  - iii. reclaim GP appraisal as a formative and supportive activity
  - iv. develop a simpler and less burdensome model for older GPs to improve retention

## **PRESCRIBING, PHARMACY SERVICES AND DISPENSING**

- 21 (81) That this conference believes that the continued inefficient use of general practice resource required to re-issue alternative medication due to stock shortage is inappropriate and calls on the Chief Pharmaceutical Officer to work with SGPC to enable pharmacists to automatically make appropriate substitutions when required.
- 22 (83) That this conference supports the imperative for safe and effective prescribing across Scotland and calls for the Scottish Government to ensure:
- i. lost
  - ii. a unified prescribing formulary for Scotland.

## **FUNDING**

- 23 (88) That this conference welcomes the commitment by the Scottish Government to increase funding to general practice annually to 2021-22, but:
- i. insists that details of how the additional resource will be used must be provided at the earliest opportunity
  - ii. insists that the additional investment must be spent on services to reduce general practice workload
  - iii. instructs the Scottish Government to continue to increase funding to general practice to address the workload from the increasing complexity of patients managed in general practice
  - iv. instructs the Scottish Government to additionally fund any shift of workload from secondary care.
- 24 (93) That this conference demands that the new GMS contract:
- i. does not jeopardise or destabilise any GP practice
  - ii. (Taken as a reference) addresses the “inverse care law” and supports GP practices caring for patients living in areas of deprivation
  - iii. (Taken as a reference) reflects the needs of remote and rural communities
  - iv. (Taken as a reference) gives fair recognition to aged populations
  - v. (Taken as a reference) recognises frailty and delivers resource where it is most needed.
- 25 (100) That this conference calls for the Scottish Government, as a matter of urgency, to:
- i. lost
  - ii. (Taken as a reference) develop a payment mechanism for newly established GP practices to reflect the element of QOF funding now transferred to core funding
  - iii. address the reduced relative funding received by GP practices with expanding list sizes since the retiral of QOF.

- 26 (103) That this conference asks NHS Scotland that any new funding allocated to NHS boards for primary care has a ring-fenced allocation specifically for general practices and cannot be used entirely by Boards on their own employed community staff.
- 27 (104) That this conference, in light of the ongoing review of the discount rate used for personal injury awards, insists that the new Scottish GP contract involves full reimbursement of expenses, including any increases in the cost of indemnity which may arise from this review.

### **EDUCATION AND TRAINING**

- 28 Referred to UK Conference (107) That this conference believes that mandatory experience of working in general practice for all foundation year doctors would improve working at the primary secondary care interface to the benefit of patient care.
- 29 (109) That conference supports the Medical Schools Council report 'By choice not by chance - supporting medical students towards future careers in general practice' and calls upon the Scottish Government to implement its recommendations.
- 30 (112) That this conference notes the requirement for a range of professionals to train in general practice settings, and asks SGPC to press for arrangements that involve:
- i. this being sustained by central funding
  - ii. training of general practice nurses to an advanced level not being the sole responsibility of practices
  - iii. funding to release GPs to provide clinical educational support.
- 31 A (113) That this conference insists that there should be nation-wide protection for doctors undertaking the hospital component of GP training to ensure that all training posts provide the necessary training which will be required in general practice and are not simply used to fill gaps in secondary care rotas.

### **WORKLOAD**

- 32 Referred to UK Conference (115) That this conference recognises that workload in general practice is at a critical level and is potentially compromising patient and clinician safety and demands that urgent action is required immediately to address this problem.
- 33 (116) That this conference believes that GPs should have a safe and sustainable workload and that health boards should have contingency for when practices need to close or limit their list due to workload pressures.

## **WORKFORCE**

- 34 (119) That this conference believes the lack of robust workforce data has hampered the investment required to support the development of Scotland's primary care workforce and demands improved support to collect reliable data to inform planning for our diverse GP workforce.
- 35 AR (120) That this conference believes that there needs to be a national workforce strategy to coordinate the new healthcare professionals who will provide services in support of general practice.

## **PRIMARY HEALTH CARE TEAM**

- 36 (122) That this conference believes that list based general practice remains the best way to deliver primary care and calls upon the Scottish Government to ensure that:
- i. all patients have access to a professional treatment room service that is fully funded and maintained by health boards and HSCPs
  - ii. lost
  - iii. (Taken as a reference) all new staff employed to support general practice are directly line managed by their attached GP practice regardless of their employer
  - iv. (next business) funding is given directly to GP practices if posts to support general practice are vacant.
- 37 (127) That this conference
- i. welcomes the re-establishment of the primary health care team (PHCT)
  - ii. agrees that practice nurses, nurse practitioners, 'district' nurses, primary care pharmacists and community physiotherapists be considered as members of a practice's PHCT
  - iii. lost
  - iv. lost.
- 38 Referred to UK Conference (128) That this conference believes that training courses should be funded and much more readily available, for:
- i. GP nurse practitioners
  - ii. practice nurses.

## **PRIMARY/SECONDARY CARE INTERFACE**

- 39 Referred to UK Conference (133) That this conference believes that when referring to secondary care:
- i. it is unacceptable to receive 'back to referrer' as an outcome as a means to manage outpatient workload

- ii. highly skilled extended GP team members referrals should be accepted to give us equity with secondary care staff.

## **HEALTH & SOCIAL CARE**

- 40 (137) That this conference believes that:
- i. variability and flexibility in the structure of the (HSCPs) is necessary to reflect demographic differences across the country
  - ii. HSCPs need to provide community health teams with a more transparent explanation of how they are structured
  - iii. HSCPs need be structured in such a way that "grass-roots" GPs are able to meaningfully engage in the decision making process for HSCPs so that they fully benefit local communities.

- 41 (138) That conference believes that Integrated Joint Boards (IJBs) can only be effective if they include a strong and accountable GP presence and that SGPC and the Scottish Government should ensure that:
- i. all IJBs contain at least one voting GP
  - ii. (Taken as a reference) GPs sitting on the IJB are truly representative with a clear link to the LMC
  - iii. there is clear guidance on the future role of the GP Sub-Committee and LMC if the decisions that matter to GPs are taken by IJBs at locality level.

## **MISCELLANEOUS**

- 42 (141) That this conference believes that there are increasing numbers of temporary residents (TR) in some parts of the country and that:
- i. historical funding no longer reflects a rising workload and needs a new mechanism for remuneration
  - ii. some are in care homes as part of a respite programme and should receive an additional fee for a disproportionate workload
  - iii. the anticipatory care plan - key information summary (ACP-KIS) does not appear in the TR record - where it is arguably most needed - and a new IT solution urgently be found to address this.

- 43 A (143) That this conference insists that standardised forms and paperwork which practices are asked to use by either Scottish Government, health boards, community health and social care partnerships or similar bodies and agencies must always be provided to general practice at no cost.

## **IMMUNISATION**

- 44 (149) That this conference welcomes the proposed move of childhood immunisations out of general practice workload and would support the transfer of the flu immunisation programme out of GP workload to free up capacity within general practices.

## **PROFESSIONALISM AND QUALITY**

- 45 (152) That conference, whilst welcoming the document 'Improving Together: A National Framework for Quality and GP Clusters in Scotland':
- i. is concerned that it does not appear to take sufficient heed of the present workload and workforce crisis in many general practices
  - ii. believes that practices struggling to sustain essential services will also struggle to undertake new quality work
  - iii. requests that SGPC works to ensure that 'Realistic Medicine' extends to realistic expectations of what can be achieved in a single cluster session and that, learning lessons from the past, there is a clear understanding between all parties concerned that new work must be accompanied by realistic new resources.
- 46 (153) That this conference demands that cluster groups, practice quality leads and cluster quality leads are adequately resourced in terms of funding and administrative support.

## **PROFESSIONAL REGULATION**

- 47 (157) That this conference urges SGPC to be more proactive in its relationship with the ombudsman service to allow GPs to practice realistic medicine.
- 48 A (158) That this conference demands that SGPC work with the GMC, and if necessary the Scottish Government, to end the current disadvantage faced by Scottish doctors facing regulatory proceedings through securing the right for doctors living or practicing in Scotland to appear before their regulator within Scotland.

## **FEES & CERTIFICATION**

- 49 Referred to UK Conference (160) That this conference, in relation to firearms:
- i. regrets guidance that puts an obligation on GPs to facilitate licence applications

- ii. believes GPs should only be asked for the applicants' medical information and that it is the responsibility of the police service to determine the suitability of an individual to hold a firearms licence
- iii. believes the manner in which the new certification was introduced to practices, was confusing and disruptive and continues to present professional risk and vulnerabilities to general practitioners.

50 A

(164) That this conference requests that Scottish Government and SGPC work with equivalent bodies across the UK to increase the range of medical professionals able to provide Med3 certificates (fit notes) to mean that patients undergoing treatment with an allied professional don't have to see a GP simply to have a Med3 completed if the GP has not been part of their management.

## Appendix II

### Election Results

CHAIRMAN: Dr Mary O'Brien (Tayside)

DEPUTY CHAIRMAN: Dr Teresa Cannavina (Forth Valley)

AGENDA COMMITTEE:  
Dr Chris Black (Ayrshire & Arran)  
Dr Denise McFarlane (Grampian)  
Dr Alastair Taylor (Glasgow)

## Appendix III

### Motions Lost

#### EHEALTH

- 51 (58) That this conference calls for the removal of choice in clinical operating systems with a single system Scotland wide.

#### SLMC CONFERENCE

- 52 (165) That this conference believes:
- i. that the format of SLMC conference does not permit true debate and discussion
  - ii the structure should be radically changed to limit the number of motions and allow widespread discussion/debate on those to obtain a true consensus view from the delegates rather than a decision taken by the executive as to which motions they feel should be actioned.

## Motions not Reached

### CONTRACTS AND NEGOTIATIONS

- 53 (13) That this conference believes that the new GP contract should set safe, maximum working limits on GPs and provide robust local arrangements for management of overflow when this limit is reached.
- 54 (14) That conference, with respect to drug and alcohol dependent patients, and knowing that they represent one of the highest risk groups for sudden death outside hospital care:
- i. believes that primary care and general practice can uniquely contribute to the co-ordination of their care, and liaise with other services involved (prisons, secondary care and the third sector)
  - ii. asks that the new general practice contract contains specific provision for supporting this clinical need.

### HEALTHCARE PLANNING AND PROVISION

- 55 (20) That this conference demands that SGPC divert from negotiating our professional terms and conditions of service within an increasingly failing healthcare system to pressing Scottish Government for a national debate on the future of healthcare provision in Scotland in the context of which a more meaningful negotiation can occur.
- 56 (27) That this conference believes that for GPs to exercise their role as expert medical generalists in the community effectively (and for a reduction to be made in some hospital clinic waiting times) there must be increased direct access to diagnostic investigations (where and when the clinician is competent in interpreting the results).
- 57 (29) That this conference understands that hospitals are under a great deal of pressure at this time but rejects any suggestion that GPs should be doing more in the community to avoid sending patients into hospital.
- 58 (30) That this conference does not support the move to redirect A&E patients to general practice.
- 59 (31) That this conference recognises that trauma care in Scotland can benefit from a national network, yet:
- i. accepts that a significant number of people live and work in parts of Scotland that are distant from major trauma centres
  - ii. acknowledges the reality of some GPs being called upon to give initial care by virtue of their location

- iii. notes the need for GPs in remote locations to be supported with relevant training
- iv. asks SGPC to keep Scottish Government mindful of the vital contribution GPs make to emergency and urgent care

60 (32) That conference is dismayed that the 'Universal Health Visiting Pathway in Scotland' has been implemented and calls upon its suspension until adequate health visitor numbers and resource have been put in place.

61 (33) That this conference believes that GPs should provide high quality medical care to all patients in their community, regardless of origin or ethnicity, but believes that their ability to do this is at times hampered by the translation services provided and so insists that any service receiving public funding should have robust standards including connection times and rates of calls being disconnected.

62 (34) That this conference believes that if active surveillance is a legitimate treatment/investigation modality, it should be properly resourced and monitored, rather than left to ad hoc arrangements, where the GP is offered to the patient as an active partner, without their consent.

63 (35) That this conference acknowledges the patients' charter and the costs to the NHS if a patient defaults from an appointment, however, insisting the patient sees the GP for re-referral increases the costs to the NHS, demoralises and devalues the GP and risks unnecessary confrontation/complaint. As such, conference demands a nationally agreed protocol allowing a patient to be reappointed, without recourse to the GP if they:  
i. miss an appointment, for example within 6 months  
ii. have been discharged prematurely e.g. before results are known.

64 (36) That this conference believes outpatient waiting times information should be more easily available to patients, online or by telephone, should not involve the GP practice and should make clear in any safety netting that this is for a significant change in clinical condition and that the GP has no control over waiting times.

### **GENERAL PRACTICE**

65 (47) That this conference believes that Scottish general practice is under overwhelming pressure from excessive demands from patients as well as from secondary care and is not expected to survive unless an urgent rescue package is negotiated between Scottish Government and SGPC as soon as possible.

66 (49) That this conference encourages Scottish Government to consider developing a team of experienced GPs who would be willing to work in practices experiencing difficulties to help identify issues which could turn the practices round before they potentially fail.

67 (50) That this conference believes that SGPC should negotiate with Scottish Government to extend CNORIS (NHS indemnity) to GPs to:

- i. support the practice of realistic medicine
- ii. ease expenses pressures on GPs
- iii. improve recruitment to Scotland
- iv. provide equity with consultants.

68 (51) That this conference believes that the fee for access to medical records should reflect the work entailed.

69 (52) That this conference believes that:

- i it is inherent upon the government and HSCPs to ensure that the public is told the truth about the crisis in general practice recruitment, retention and training and the impact this has on GPs' ability to deliver the safe and high quality care we all expect.
- ii The Government should ensure that a GP practice surgery is the preferred and only place of care for patient to see general practitioners and their employed staff

## **EHEALTH**

70 (59) That this conference welcomes the work that has been carried out across Scotland to share parts of the GP clinical record with secondary care clinicians and supports the discussion with the GP community on wider sharing of the GP record.

71 (61) That this conference demands an urgent review of the SCI Gateway template used for reporting deaths to the COPFS because the template is time consuming, onerous and overly bureaucratic for GPs.

## **GOVERNMENT POLICY**

72 (64) That conference believes that Scottish general practices already provide a comprehensive, responsive and high quality complaints system and that the proposed NHS Model Complaints Handling system:

- i. brings a new and unnecessary bureaucratic workload at a time when many general practices are struggling to deliver core services
- ii. brings an unrealistic requirement to deal with complaints within 5 days
- iii. puts undue emphasis on documenting 'concerns'

- iv. should be urgently raised with the Scottish Government by SGPC as unacceptable and unworkable unless there is a revision which addresses the above concerns.

73

(66) That this conference believes that the current pressures on local government funding:

- i. are adversely impacting on the lives and health of many of the most vulnerable members of our communities
- ii. pose a significant threat to the viability of health and social care integration in Scotland.

### **PRESCRIBING, PHARMACY SERVICES AND DISPENSING**

74

(84) That this conference is concerned about the negative impact of significant increases in the cost of some generic medications on both practice prescribing budgets and on patient care.

75

(85) That this conference demands that secondary care and mental health clinics have access to either a hospital pharmacy or a community prescription pad so that GPs are not the default service for all urgent or same day prescriptions coming from clinics.

76

(86) That this conference believes that there should be a prescription charge for items that otherwise can be bought over the counter.

77

(87) That conference believes that GPs should not be involved in the prescription of food.

### **FUNDING**

78

(105) That conference believes that it is an act of serious governmental irresponsibility to cut the funding of substance misuse services.

79

(106) That this conference endorses the work of Helene Irvine that was presented to the Deep End Conference. This highlights the benefit of analysing routine healthcare data and using it to reveal the astonishing resource gap in the funding for general practice.

## **EDUCATION AND TRAINING**

- 80 (114) That this conference welcomes the “Realistic Medicine” report by the Chief Medical Officer, but is concerned that in some cases current medical training is providing colleagues who are increasingly risk averse and suggests that risk management becomes a core part of training at all levels from undergraduate onwards, where this is not already the case.

## **WORKLOAD**

- 81 (117) That this conference is concerned that rising pressure on secondary care services will increasingly impact on general practice workloads.
- 82 (118) That this conference:
- i. reiterates its belief that the present workload in most general practices is unsustainable
  - ii. does not believe that the best response to this is to move services out of general practice at greater cost and risk of poorer uptake than if they remained - properly resourced - within it.

## **WORKFORCE**

- 83 (121) That this conference believes that due to the current workforce crisis and the rising workloads in general practice that every and each GP practice is vulnerable.

## **PRIMARY HEALTH CARE TEAM**

- 84 (131) That this conference:
- i. recognises that there are multiple benefits arising from general practices being able to directly employ administrative staff
  - ii. applauds the efforts being made to guard against workers being paid less than a living wage
  - iii. demands that the annual uplift to general practice funding includes an appropriate level of resource to accommodate the wage rises for administration staff that are imposed through legislative changes
  - iv. and asks to work with Scottish Government to ensure there is a mechanism for this to be achieved.
- 85 (132) That conference calls upon SGPC to strengthen and maintain the independent contractor status in the environment of an expanding attached team.

## **PRIMARY/SECONDARY CARE INTERFACE**

- 86 (136) That this conference believes that there has been a sustained transfer of work from secondary care on to general practice that is not being measured in the current data collection. This extra work is:
- i. not negotiated and not resourced for in primary care
  - ii. potentially exposing patients to clinical risks and is potentially unsafe
  - iii. putting general practice under serious pressure due to excessive workload.

## **HEALTH & SOCIAL CARE**

- 87 (139) That this conference
- i. believes GP involvement in the locality planning forums is welcome and essential for the development and success of health and social care partnerships
  - ii. demands that the time and commitment required to fulfil these roles needs to be more appropriately funded in order for GPs to be able to offer full and effective participation.

- 88 (140) That this conference applauds the inclusion of aims to improve end-of-life care in the Health and Social Care Delivery Plan, and calls upon health and social care partnerships to show their support for general practice and out-of-hours teams in achieving this.

## **MISCELLANEOUS**

- 89 (142) That this conference recognises the neglect of the Scottish Intercollegiate Guidelines and that up to date Scottish guidance on primary care conditions is required rather than relying on English NICE guidance.

- 90 (144) That this conference believes that requests for Group & Hold and cross-match samples should be able to be made electronically rather than handwritten wherever electronic testing requests are available and calls for SGPC to lobby for this change.

- 91 (145) That this conference demands that Shared Care Protocols are renamed Shared Care Agreements.

- 92 (146) That this conference calls for statutory regulation of GP locums who, although essential to the running of general practice, are currently holding primary care to ransom by charging high fees and not undertaking the full role and duties of a GP.

93 (147) That this conference welcomes the introduction in Scotland of legislation to protect children in cars from second hand tobacco smoke and calls for the Scottish Government to go further and ban smoking in cars altogether to further improve health and reduce risk of road traffic accidents.

94 (148) That this conference recognises that climate change poses a huge threat to health around the world, welcomes the ambitious targets set by Scottish Government to reduce emissions, and wants general practice to be part of a cleaner, more sustainable future.

### **IMMUNISATION**

95 (150) That this conference calls on the Scottish Government to reinstate national flu vaccination television and radio health promotions.

(151) That this conference insists that practices have equal access to health board support when delivering programs such as childhood immunisation as often health visiting teams will provide support to some practices but not to all.

### **PROFESSIONALISM AND QUALITY**

96 (154) That this conference demands that further work-plans for GP clusters are suspended until adequate resources and GP workforce are available.

97 (155) That this conference asks SGPC to seek funding for clusters to include GPs working in out of hours, in the pursuit of improving the quality of general medical services.

98 (156) That conference, with regards to practice quality and cluster leads, believes that:

- i. GPs who have taken on these roles did not do so on the understanding that they are medico-political representatives
- ii. GP Sub-committees and LMCs should retain their role as overarching representative bodies, and calls on SGPC to more securely define relationships with cluster organisations in order to ensure this.

### **PROFESSIONAL REGULATION**

99 (159) That this conference believes that the General Medical Council should be independent and independently funded.

