Scottish Local Medical Committee Conference

Agenda

To be held on 12/13 March 2015
at The Beardmore Conference Hotel, Clydebank, Glasgow

Chairman
Dr Hal Maxwell (Ayrshire & Arran)

Deputy Chairman
Dr Mary O’Brien (Tayside)

Conference Agenda Committee
Dr Stuart Blake (Lothian)
Dr Teresa Cannavina (Forth Valley)
Dr William McAlpine (Ayrshire & Arran)

Principal Sponsor for 2015 conference

MPS
Conference format, rules of debate and an explanation of the SLMC conference agenda

A pack of information is posted to you in advance of the conference. This contains a copy of the Conference Agenda, a welcome letter from the Chair of Conference and information relating to the timing of the conference. Please bring all this information with you to conference.

The Delegate Pack and your name badge are issued at the Conference Registration desk located by the entrance to the conference centre in the foyer of the Beardmore Hotel. This pack contains the Standing Orders, election information, election timetable, your voting papers, if you are eligible to vote, a travel claim form and a conference evaluation form.

The procedures of the SLMC conference are covered by the Standing Orders. These set out the formal rules and there are times when they need to be rigidly applied. That said, the SLMC conference adopts a relatively informal and interactive debating style and it may be helpful to describe in advance, what is proposed.

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 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.

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 or an organisation which is mentioned in the motion, of 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.
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RETURN OF REPRESENTATIVES

The Chairman: That the delegate list be received.

MINUTES

The Chairman: Receive the minutes of the conference held on 14 March 2014 as approved by the Chairman of Conference in accordance with Standing Order 26.

STANDING ORDERS

The Chairman: That the following amendments be made to the Standing Orders for Conference of Representatives of Scottish Local Medical Committees (GP) 2015:

Section 3 (c) of the SLMC Standing Orders be amended to include the Co-Negotiator of SGPC:

3. The members of the Conference shall be:

(c) The following may attend in a non-voting capacity:

(i) Chairman/Joint Chairman SGPC  
(ii) Deputy/Joint Deputy Chairman SGPC  
(iii) Co-Negotiator SGPC  
(iv) Chairman LMC Conference UK  
(v) Chairman BMA Scottish Council  
(vi) Chairman Scottish Council RCGP  
(vii) Members of SGPC who are not providers or performers of primary medical services  
(viii) Members of the Agenda Committee if not representatives  
(ix) Chairman of GPC

The addition of parts (d) and (e) to section 7:

(d) Motions which are deemed by the Agenda Committee to be ‘housekeeping motions’ can be confirmed at the beginning of an SLMC Conference (by suspending Standing Orders) and can be introduced for that conference.

(e) All other motions will be confirmed at conference and introduced the following year

Section 10 (e) of the SLMC Standing Orders, as shown below, be removed (this item refers to priority motions which are not used by the SLMC conference):

(e) No amendment or rider shall be moved to a priority motion unless such amendment or rider has been published in the supplementary agenda, or is made by the Chairman or the Agenda Committee.
REPORT OF THE AGENDA COMMITTEE

4 The Chairman (on behalf of the Agenda Committee): That the following report of the Agenda Committee be approved: The Agenda Committee is charged under Standing Order 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 for certain blocks of motions (to follow).

REPORT OF THE CHAIRMAN OF THE SGPC

5 The Chairman: Receive report from the Chairman of the SGPC.

CONTRACTS AND NEGOTIATIONS

* 6 Agenda Committee: That this conference is of the opinion that:
   i. GPs and their teams can be the solution to the medical needs of the country’s challenging demographic projections and calls upon the Scottish Government to take this opportunity to create a contract which lets us practice medicine to our fullest potential
   ii. the GP of the future will be the specialist generalist in the community and that for this model to succeed it will require them to lead a team of staff with appropriate skills and experience.

7 Grampian: That this conference believes the GP of the future will be the specialist generalist in the community and that for this model to succeed it will require them to lead a team of staff with appropriate skills and experience.

8 Forth Valley: That this conference believes the GP of the future will be the specialist generalist in the community and that for this model to succeed it will require them to lead a team of staff with appropriate skills and experience.

* 9 Agenda Committee: That this conference welcomes the opportunity to shape a new Scottish GP contract for 2017 and beyond and
   i. believes the relationship between new work and new funding has to be re-emphasised in new contract negotiations
   ii. requests that the new Scottish GP contract defines what work is not contractual to allow GP practices to reduce un-resourced workload
   iii. calls for the funding streams in a new GP contract to be simple and transparent
   iv. believes that SGPC should negotiate for a move to 15 minute appointments as part of the on-going contract negotiations
   v. demands that the new GP contract for 2017 must give GPs and practices adequate mechanisms to manage workload and list sizes without being financially punitive.

10 Glasgow: That this conference welcomes the opportunity to shape a new Scottish GP contract for 2017 and beyond.
**Glasgow:** That this conference believes the relationship between new work and new funding has to be re-emphasised in new contract negotiations.

**Glasgow:** That this conference requests that the new Scottish GP contract defines what work is not contractual therefore allowing GP practices to reduce its un-resourced workload.

**Glasgow:** That this conference is now bewildered about the core funding streams of the GMS contract and calls for the funding streams in a new GP contract to be simple and transparent.

**Glasgow:** That this conference demands that the new GP contract for 2017 must give GPs and practices adequate mechanisms to manage workload and list sizes without being financially punitive.

**Ayrshire and Arran:** That this conference believes that SGPC should negotiate for a move to 15 minute appointments as part of the on-going contract negotiations.

* **Agenda Committee:** That this conference:
  
i. believes that the independent contractor partnership model of general practice in Scotland is fundamental to efficient and innovative quality care and that while it can be brought up to date for the challenges ahead,  
ii. believes any new GP contract model must make it work, both for the profession and those it serves  
iii. supports GP partnerships and calls on SGPC to explore elements in the new GP Contract that will fund practices in taking on additional or new partners.

**Grampian:** That this conference believes that the independent contractor partnership model of general practice in Scotland is fundamental to efficient and innovative quality care and that while it can be brought up to date for the challenges ahead, any new contract must make it work, both for the profession and those it serves.

**Grampian:** That this conference supports GP partnerships and calls on SGPC to explore elements in the new GP Contract that will fund practices in taking on additional or new partners.

**Ayrshire and Arran:** That this conference believes the time is right for a single performers list for GPs in Scotland thus allowing greater workforce mobility and demands that SGPC negotiate this as an essential part of any new contract.

**Forth Valley:** That this conference believes that with the current GP workforce shortages a single performers list must be implemented for Scotland, to maximise the mobility of general practitioners.
22 **Lanarkshire:** That this conference feels that there is an immediate need to have a Scottish national performers list rather than separate lists managed by each health board, as this would facilitate easy availability of locums to cover work at short notice.

23 * **Agenda Committee:** That this conference seeks recognition for the non-clinical work in practice and professional development of GPs and calls for negotiations of the new contract for general practice to remunerate these 'supporting clinical activities'.

24 **Ayrshire and Arran:** That this conference seeks recognition for the non-clinical work in practice and calls for negotiations of the new contract for general practice to remunerate these 'supporting clinical activities' in the same manner as our consultant colleagues.

25 **Glasgow:** That this conference calls for appropriate funding for continuing professional development to be built into any future GP contract in Scotland.

26 * **Lothian:** That this conference congratulates SGPC and the Scottish Government on agreeing a period of stability to March 2017 and believes that future GP contract agreements must:
   i. be of at least 3 years duration
   ii. be negotiated so that the full details can be presented to GPs 3-6 months in advance of their introduction
   iii. include a guarantee that all IT changes will be in place within 1 month of their introduction.

27 **Glasgow:** That this conference demands that any future GP contract in Scotland will at least have stability as such that yearly revisions will not be a feature.

28 **Ayrshire and Arran:** That this conference congratulates SGPC negotiators for achieving stability in the GMS contract in Scotland until 2017 and welcomes the current willingness of the Scottish Government to reach an agreed position for a future contact.

29 **Grampian:** That this conference recognises the quality improvements that the quality and outcomes framework has brought over the last decade, but feels that in the future the delivery of these aspects of care should be separated from GP practice income.

30 **Glasgow:** That this conference believes that enhanced services contracts should be retained in any future GP Contract as it gives practices flexibility in shaping the services that are provided to meet local needs.


31 **Glasgow:** That this conference reiterates that nursing services and treatment room services are NOT part of the GMS contract, and believes that:
   i. hospitals and other services should not expect practice nurses to deal with post-operative wound care and other general nursing services
   ii. CH(C)Ps (HSCI Partnerships) should organise the supply of these services
   iii. district nursing teams should supply appropriate nursing services to the housebound.

32 **Forth Valley:** That this conference believes that the new GP contract in 2017 should no longer oblige GPs to provide a free travel medicine service using scarce NHS resources.

33 **Glasgow:** That this conference is concerned about the lack of national scrutiny of local 17C contracts.

34 **Glasgow:** That this conference:
   i. acknowledges that the 2004 GMS contract was a positive development at the time for the improvement of patient care in general practice and
   ii. believes that in order to maintain those improvements and continuing quality of GP services across Scotland now requires an overhaul to ensure less interference.

FUNDING

35 **Agenda Committee:** That this conference believes that although Scottish general practice offers excellent access and a very high quality of care despite rising public expectation and demand, it believes that practices will be unable to deliver the Scottish Government’s 2020 Vision unless:
   i. there is a real terms significant shift in resource from secondary to primary care
   ii. as a minimum, the GP portion of the NHS budget should be 11% (as recommended by the RCGP).

36 **Lothian:** That this conference believes that Scottish general practice will be unable to deliver the Scottish Government’s 2020 Vision unless:
   i. there is a real terms significant shift in resource from secondary to primary care
   ii. as a minimum, the GP portion of the NHS budget should be 11% (as recommended by the RCGP).

37 **Lanarkshire:** That this conference believes that the Scottish general practice:
   i. offers excellent access despite rising public expectation and demand
   ii. provides very high quality of care despite a challenging workload and shrinking resources
   iii. is not sustainable unless it is better resourced
   iv. is not fully appreciated by the public media and politicians.

38 **Dumfries & Galloway:** That this conference believes that effective transfer of workload from secondary care to primary care only be achieved by increasing the proportion of total NHS spend on primary care.
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| 39 | **Borders:** That this conference believes that SGPC should continue to ensure funding is transferred from QOF to core funding to allow GPs to focus on:  
  i. their core function of assessing acutely ill people  
  ii. keeping patients with multiple co-morbidities out of hospital. |
| 40 | **Tayside:** That this conference asks that in times of crisis in the NHS, primary care receives a fair share of any emergency funding given to health boards to deal with the situation. |
| **A** 41 | **Forth Valley:** That this conference once again demands that no more unfunded and under resourced work is shifted from secondary to primary care as this is adding to the strain on general practice. |
| **A** 42 | **Glasgow:** That this conference believes that general practice is not resourced to print all the forms, certificates, advice leaflets and self-care plans that no longer come from other sources. |
| 43 | **Ayrshire and Arran:** That this conference believes that short lived, under resourced enhanced services are of limited value and would welcome the development of long-term appropriately resourced, funding streams to resource any services which health boards wish to commission from practices which are over and above “core services”. |
| 44 | **Glasgow:** That this conference believes that without additional targeted funding, significantly deprived practices will struggle to maintain a full complement of GPs. |
| 45 | **Lothian:** That this conference calls on SGPC to negotiate new and additional funding for GP practices based on the proportion of its population in SIMD first quintile. |
**HEALTH & SOCIAL CARE**

* Agenda Committee: That this conference recognises that Health and Social Care Partnerships will be fundamental to how healthcare is provided in years to come and:

i. believes that excessive time and finances have been used on arranging the management structures of Health and Social Care Partnerships and ask that efforts are now concentrated on truly integrating the frontline staff within the partnerships

ii. suggests that if there is any genuine desire from the Scottish Government to have general practice consistently and effectively involved with Integration Joint Boards then clear guidance must be put out centrally to instruct these that they must have representative GPs on the boards

iii. is concerned that the health and social care integration organisations have underestimated the challenges of rising morbidity in the elderly population because they have not made enough effort to engage with local general practitioners

iv. demands that for any GP time involved in meetings in respect of health and social care integration, there is a clear and unambiguous agreement that full backfill for GP time or locum cover reimbursement will be paid

v. demands that Health and Social Care Partnerships work closely with LMCs when developing or reshaping primary care services.

Grampian: That this conference recognises that Health and Social Care Partnerships are happening and will be fundamental to how the healthcare is provided in years to come, and therefore must be made to work, preferably by having a valued GP voice at each level.

Ayrshire and Arran: That this conference feels that excessive time and finances have been used on arranging the management structures of Health and Social Care Partnerships and ask that efforts are now concentrated on truly integrating the frontline staff within the partnerships.

Tayside: That this conference demands that for any GP time involved in meetings in respect of health and social care integration, there is a clear and unambiguous agreement that full backfill for GP time or locum cover reimbursement will be paid.

Glasgow: That this conference demands that Health and Social Care Partnerships work closely with LMCs when developing or reshaping primary care services.

Dumfries & Galloway: That this conference believes that genuine GP leadership within health and social care integration is doomed due to the inability of health boards to engage with grass roots GPs.
53 Lanarkshire: That this conference is concerned that the health and social integration organisations have so far under estimated the challenges of rising morbidity in the elderly population because they have not made enough efforts to engage with local general practitioners.

54 **Ayrshire and Arran:** That this conference remains concerned about the lack of meaningful general practitioner involvement in the development of Health and Social Care Partnerships.

55 *Dumfries & Galloway:* That this conference supports moves to make it incumbent on health and social care integration structures to pro-actively manage any transfer of work from hospital care to the community.

56 **Ayrshire and Arran:** That this conference asks that stronger efforts are made to integrate primary and secondary care while we move towards health and social care integration, without which the latter is doomed to fail.

57 **Forth Valley:** That this conference is concerned that the lack of pace and uncertainty surrounding the implementation of health and social care integration in some areas is preventing innovative care due to delays in available funding.

### UNSCHEDULED CARE

58 **Agenda Committee:** That this conference is concerned about the increasing workload in GP out of hours services, and:

i. believes that NHS24 and the 111 number has increased public expectation on the NHS and also increased the workload

ii. believes that the present structure of NHS 24 and the local hub for out of hours is not working and requires radical reform at local level to maintain the best quality of care for patients

iii. believes that the current model of out of hours care is both desirable and sustainable only if the triage of patient contacts by NHS 111 becomes less risk averse

iv. believes the move by NHS24 to triage patients by non-clinical staff has implications on patient safety and demands immediate action to stop this happening.

59 **Lanarkshire:** That this conference believes that the present structure of NHS 24 and the local hub for out of hours is not working and requires radical reform at local level to maintain the best quality of care for patients

60 **Fife:** That this conference believes that the current model of out of hours care is both desirable and sustainable only if the triage of patient contacts by NHS 111 becomes less risk averse. Their current policies of advising inappropriate face to face consultations is overwhelming GP visiting services, the Scottish Ambulance Service and accident and emergency departments country wide.

61 **Glasgow:** That this conference is concerned about the increasing workload in GP out of hours services.
Glasgow: That this conference believes that NHS24 and the 111 number has increased public expectation on the NHS and also increased the workload of GP OOHs services.

Ayrshire and Arran: That this conference deplores the move by NHS 24 to triage patients by non-clinical staff, believes this has implications on patient safety and demands immediate action to stop this happening.

Forth Valley: That this conference believes that if NHS 24 is reconfigured with significant clinical involvement and advice this will help reduce the pressure on the urgent and emergency care system.

Tayside: That this conference advises Scottish Government that it is now over 10 years since the responsibility for the provision of GP out-of-hours services passed to health boards, and that, with respect to health board employed GPs within the service:

i. many health boards still do not have a set of terms and conditions of service for these GPs

ii. many work under conditions less favourable than other medical colleagues employed by the same health board

iii. this conference demands that the Scottish Government instructs health boards to ensure they provide equitable terms and conditions to these GPs as a matter of urgency.

Tayside: That this conference deplores the fact that some boards are financially penalising GPs that do out of hours session and have opted out of the NHS pension scheme because of recent HMRC rulings and asks SGPC to demand the Scottish Government instruct boards to desist from this.

Forth Valley: That this conference asks that the Scottish Government ensures that the out of hours ambulance service will transfer patients to non-hospital locations such as nursing homes and hospices in urgent situations.

Grampian: That this conference, while accepting that increasing workload in the out of hours period means that teams have to use appropriate skill mix, is concerned to ensure that these services do not become GP light and do not lead to increased pressures on daytime services.

PUBLIC HEALTH

* Tayside: That this conference deplores the short sightedness of the Scottish Government in launching public health campaigns such as Detecting Cancer Early without first adequately resourcing general practice and the wider NHS to cope with the resulting surge in demand and urges that SGPC have significant input to any such proposed campaigns in future.

Grampian: That this conference calls on SGPC to work with Scottish Government and others to ensure that future health promotion campaigns do not lead to services being overwhelmed and a perverse reduction in access for those patients who need seen.
Lothian: That this conference maintains that some Scottish Government health campaigns inappropriately increase GP workload and should only be launched with the support of SGPC.

Tayside: That this conference deplores the lack of support the Scottish Government and health boards give to practices with respect to handling serious infectious diseases such as Ebola, and demands that they provide practices with the same resources such as any PPE, posters, leaflets, cleaning/decontamination etc as the rest of the NHS without additional cost to practices.

Lothian: That this conference congratulates the Scottish Government on its perseverance in pursuing the minimum price for a unit of alcohol policy, and reminds it of conference’s ongoing support for this.

Forth Valley: That this conference urges the Government with BMA advice to encourage patients to take responsibility for their own health and that this should be the focus of future public health work.

IMMUNISATION

Highland: That this conference:

i. expresses concern that while midwives have routine contact with pregnant women, many do not administer vaccinations against life-threatening conditions

and

ii. calls upon Scotland's Chief Nursing Officer and Chief Medical Officer to jointly instruct health boards to take steps to ensure that timely and efficient maternity care is provided to women through having access to the administration of influenza and pertussis vaccines by midwifery staff.

Tayside: That this conference is concerned by the statement of the national programme to transform health visiting statement that health visitors will no longer immunise children in the future, and calls on SGPC to demand the Scottish Government instructs health boards that existing community nursing immunisation support must not be withdrawn from practices.

Glasgow: That this conference is disappointed that the Scottish Government has failed to deliver lifetime immunisation records and calls on the Scottish Government to deliver this.

Glasgow: That this conference believes that consolidated lifetime immunisation records should be available for all patients and calls upon the Scottish Government to deliver this.
Lothian: That this conference asks SGPC to:
   i. remind NHS Scotland that vaccination fees were negotiated on the basis that other staff give these too
   ii. urgently negotiate an increased fee where this is not the case.

Grampian: That this conference regrets that the recent childhood influenza vaccination programme resulted in additional pressures on practices due to the lack of catch up programmes at schools and the lack of clarity around the transfer of responsibilities between the practice and school programmes.

HEALTHCARE PLANNING AND PROVISION

Tayside: That this conference calls on the Scottish Government to instruct local council planning departments to ensure that full consideration is given to healthcare infrastructure and provision when approving new residential developments and allow planning departments to make it a condition of planning consent that developers invest in the development of healthcare resource sufficient for the needs of their proposed development.

Grampian: That this conference feels that if we are to fulfil our potential as out of hospital generalists, GPs must be given full access to appropriate hospital investigations without the delaying step of outpatient referral.

Glasgow: That this conference demands that any equipment required for a ‘shift in care’ to the community is supplied and maintained by the board or department making that change.

Tayside: That this conference believes that boards are not providing adequate access to NHS psychology therapy for patients and urges SGPC to demand that the Scottish Government either resource this nationally or instruct health boards to provide this service with ring fenced funding.

Ayrshire and Arran: That this conference believes the ongoing use of general practice “as the service of last resort” when other services are under pressure is contributing to the difficulties faced by general practice and calls for urgent government action to stop this happening.

Ayrshire and Arran: That this conference requests that health boards give wider consideration to practices and patients facing cross boundary issues to reduce the negative impact this can have on patient care.

Lanarkshire: That this conference believes it's time for a change in terminology; patients aren't admitted and discharged; rather, GPs refer people to hospital for assessment and their care is then 'transitioned' back to the primary health and social care teams looking after them.

Lanarkshire: That this conference feels that patients should have direct access to more facilities rather than having to see GPs for onward referral.
PREMISES

* 90  

**Agenda Committee:** That this conference recognises that problems with premises are impacting on recruitment, retention and on service delivery, and calls on SGPC to  
i. work with Scottish Government to develop a national GP premises strategy to ensure that future premises developments are focused on primary care  
ii. negotiate new dedicated funding for premises development.

91  

**Forth Valley:** That this conference urges the Scottish Government to adequately invest in general practice premises to ensure they are fit for modern general practice.

92  

**Ayrshire and Arran:** That this conference recognises that problems with premises are impacting on recruitment and on service delivery and calls on SGPC to negotiate new dedicated funding for premises development.

93  

**Glasgow:** That this conference calls on SGPC to work with Scottish Government to develop a national GP premises strategy.

94  

**Grampian:** That this conference calls on Scottish Government to ensure future premises developments are focused on primary care premises, sufficient to enable the realisation of its 2020 vision, and to enable the co-location of the multidisciplinary primary care team.

95  

**Dumfries & Galloway:** That this conference believes that Health Boards must invest in practice premises with as high a priority as new hospitals to reflect the needs of general practice and new services being moved into the community if people are to have treatment and care as close to home as possible.

96  

**Ayrshire and Arran:** That this conference recognises the significant impact of negative equity in premises and “last man standing” on recruitment and retention of the workforce and calls on SGPC to negotiate protection for GPs faced with this situation.

COMMUNITY HOSPITALS

A 97  

**Grampian:** That this conference recognises the role that community hospitals play in many parts of Scotland in looking after patients in their own communities, and insists that appropriately remunerated contracts are in place to enable GPs to continue to contribute their expertise in this area.

PRIMARY HEALTH CARE TEAM

* 98  

**Agenda Committee:** That this conference:  
i. deplores the fragmentation of the primary care team and believes that this decreases efficiency and threatens the quality of service to patients  
ii. insists that if GPs are to maximise their potential in providing medical care in the community, the primary care team must be based around the practice  
iii. calls on health boards to support GP practice based teams.
Dumfries & Galloway: That this conference deplores the fragmentation of the primary care team and believes that this decreases efficiency and threatens the quality of service to patients.

Grampian: That this conference insists that if GPs are to maximise their potential in providing medical care in the community, the primary care team must be based around the practice and not split in different ways.

Glasgow: That this conference believes that primary healthcare teams are vital in the delivery of community based care for patients and calls on health boards to support GP practice based teams.

Ayrshire and Arran: That this conference deplores the destruction of the primary care team and calls on SGPC to campaign for allied staff to be practice aligned.

Ayrshire and Arran: That this conference deplores the deskilling of the community nursing team and calls on SGPC to make it clear to the Scottish Government that this trend needs to be reversed urgently.

Tayside: That this conference recognises the exponential increase in the number of frail elderly patients living in the community and urges the Scottish Government to invest in home visiting support teams to enable primary care to keep these patients in their own homes.

Lanarkshire: That this conference believes that the integrated community support team causes more paperwork and even less practice attachment.

Prescribing and Pharmacy Services

Dumfries & Galloway: That this conference believes that "Prescription for Excellence" must be refocused such that pharmacists become an increasingly effective clinical resource in supporting safe and effective prescribing in general practices.

Lothian: That this conference instructs SGPC to negotiate changes around the arrangements to allow wider use of hospital based prescriptions (HBPs).

Maternity, Paternity and Adoption Leave

Agenda Committee: That this conference believes the Scottish Government should instruct health boards that payments to practices for maternity, paternity and adoptive leave should:

i. no longer be discretionary but a right
ii. fund internal practice locums where necessary
iii. fund alternative service provision, such as nurses, in view of the workforce crisis and difficulty finding locums
iv. fully reimburse the cost of locum cover for maternity, paternity and adoptive leave, including internal locum cover.
**Forth Valley:** This conference demands with regard to health board maternity, paternity and adoptive leave payments that they:

i. are no longer discretionary but a right
ii. can fund internal practice locums
iii. can fund alternative service provision, such as nurses, in view of the workforce crisis and difficulty finding locums

**Lothian:** That this conference calls upon the Scottish Government to enforce all health boards to fully reimburse the cost of locum cover for maternity, paternity and adoption leave including internal locum cover.

**Grampian:** That this conference calls for any new contract to have more clarity around maternity, paternity and adoptive leave funding for GPs.

**Dumfries & Galloway:** That this conference believes that in this time of manpower crisis, that GPs going on maternity leave and practices are totally financially supported to encourage young doctors wishing to have a family to come into and remain in general practice in the longer term.

**Borders:** That this conference requests SGPC to secure an alteration to the wording of section 9 of the Scottish Statement of Financial Entitlements to:

i. ensure practices are appropriately and fully reimbursed for maternity and paternity locums, without arbitrary reductions being applied to payment ceilings

ii. confirm that existing partners may perform such locums as additional work.

**Ayrshire and Arran:** That this conference believes that any future GP contract negotiations in Scotland need to make general practice a viable and attractive career choice for doctors by including appropriately resourced maternity, paternity and adoption leave.

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**SESSIONAL GPS**

**Tayside:** That this conference condemns the continued lack of consistent NHS occupational health provision for locum/freelance GPs across Scotland and urges SGPC to demand the Scottish Government instruct boards to allow these GPs access to these services.

**Tayside:** That this conference deplores the lack of progress in ensuring that all GP locums are provided with the opportunity to receive vaccination against seasonal influenza without charge in a similar way to other frontline NHS employees, and urges Scottish Government Health Department to ensure this happens as a matter of urgency.

**Tayside:** That this conference is encouraged by the Scottish Government’s willingness to work with health boards to reduce barriers to freelance/locum GPs working throughout Scotland but asks them to also liaise with the other UK health departments to also reduce barriers to cross border working.
SECONDARY CARE

Lothian: That this conference recognises the devastating GP workload and workforce crisis, and calls on the Scottish Government to ensure that Health Boards provide a separately-funded workforce to undertake secondary care work in the community, including all phlebotomy.

Dumfries & Galloway: That this conference believes that when a GP is considering referral of a patient for acute admission that the clinical needs of the patients take precedence over concerns over targets.

Ayrshire and Arran: That this conference recognises that the clinical portal is a useful resource however asks that the SGHD issue clear guidance that clinical responsibility rests with the clinician who arranges an investigation and not a clinician who is able to view the result.

Glasgow: That this conference believes that it is not the job of general practice to act as a personal assistant or community houseman to secondary care.

Ayrshire and Arran: That this conference demands that the seemingly widespread cancellation or postponement of secondary care clinic appointments stops now.

Highland: That this conference recognises that there are gaps in some hospital services due to inability to recruit consultants, and would like health boards to explore how the funding normally allocated for these to secondary care could instead be used in a way that allows a service to be supported by GPs with extended roles, or other models involving enhanced contribution from general practice.

ACCESS TO SERVICES

Ayrshire and Arran: That this conference requests the Scottish Government to develop and implement strategies to promote patient self-care and appropriate use of precious NHS resources.

Borders: That this conference believes that there should be a public health campaign to educate the public as to how to make appropriate use of primary care and emergency services.

Forth Valley: That this conference believes that patients should be educated regarding the costs of healthcare, as part of a package to encourage responsible use of services.

Grampian: That this conference calls on SGPC to work with Scottish Government and others to ensure patients have realistic expectations regarding access to healthcare services, recognising that they are not limitless, and highlights the importance of Health and Social Care Partnerships in this area.

Lothian: That this conference believes that the practice access action report (PAAR) has an expiry date and that this has already passed.
Tayside: That this conference believes that any further attempt to increase the hours of access within current resources will achieve nothing useful and will adversely affect the continuity of care for our patients and urges the Scottish Government and boards to desist from such attempts.

NURSING AND CARE HOMES

Agenda Committee: That this conference believes that there is a significant workload attached to care home patients over and above the normal services general practitioners provide for their patients, and:
   i. believes that where geographically practical, nursing homes should be aligned to single GP practices thereby enhancing communication, continuity of care and cost efficiency
   ii. instructs SGPC to negotiate adequate resources in any contract negotiations for this patient cohort.

Ayrshire and Arran: That this conference believes that there is a significant workload attached to care home patients over and above the normal services general practitioners provide for their patients and instructs SGPC to negotiate adequate resources in any contract negotiations for this patient cohort.

Ayrshire and Arran: That this conference believes that where geographically practical, nursing homes should be aligned to single GP practices thereby enhancing communication, continuity of care and cost efficiency.

GOVERNMENT POLICY

Dumfries & Galloway: That this conference believes that the current increased usage of A&E departments, often for minor medical complaints is mirrored in general practice where spiraling demand against a background of static manpower resources has been fuelled by politically stimulated consumerist attitudes.

Glasgow: That this conference believes that:
   i. welfare reforms and austerity have had a direct impact upon the health of the poorest in our society and
   ii. calls upon the Scottish Government to seize the opportunities provided by the Smith Commission to deliver welfare differently in Scotland, using welfare as a tool to reduce health inequalities

Grampian: That this conference is concerned that the proposals to refer patients who have been unfit for work for more than 4 weeks to occupational health services will increase practice workload without significant patient benefit.

Ayrshire and Arran: That this conference believes that Fit to Work notes should be a mandatory component of hospital discharge documentation.
Lothian: That this conference calls on the UK Government to immediately suspend the further implementation of universal credit in Scotland until the process of legislating for new powers for the Scottish Parliament is complete.

Glasgow: That this conference is concerned that the new systems for the Medical Certificate of Cause of Death will
i. affect grieving relatives negatively and
ii. calls for a national advertising campaign and an effective communication strategy with the general public advising them of the change.

Lothian: That this conference asserts that the Protecting Vulnerable Groups’ Scheme for doctors is unnecessary, expensive and inefficient and should be abandoned.

Lothian: That this conference believes that the Scottish Government’s ‘named person’ proposals lack evidence base, will increase risk and are untenable.

Ayrshire and Arran: That this conference believes that the system of free prescriptions in Scotland has led to reduced compliance, increased medicine wastage and reduced self-management of minor illness.

Lothian: That this conference calls on the SGPC to make all GPs aware of the ESA substantial risk regulations 35(2)(b): that there would be a risk of harm to the claimant or someone else if they were not placed in the support group, as this is now the most common justification for support group entry.

Glasgow: That this conference believes that sanctions imposed by Job Centre Plus are a blunt tool and often cause harm.

REPRESENTATION

Ayrshire and Arran: That this conference insists that the GP Sub-Committee of the Area Medical Committee should continue to be the primary source of advice for Health and Social Care Partnerships on general practice issues.

Glasgow: That this conference directs SGPC to work with Scottish Government to explore the implications and legislative requirements that will give Local Medical Committees statutory body status in Scotland.

DOCTORS AND DENTISTS REVIEW BODY

Glasgow: That this conference is concerned that the DDRB can make pay recommendations for GPs without the detailed knowledge of how general practice is funded and managed and also without credible figures on GP practice expenses from year to year.

Ayrshire and Arran: That this conference believes that out of hours remuneration for general practitioners should be subject to the annual uplift as set out in the Review Body report and demands Scottish Government instructs NHS boards to implement this.
**PROFESSIONAL REGULATION**

* 148 **Agenda Committee:** That this conference:

i. believes that doctors in Scotland should be entitled to attend Fitness to Practice proceedings at a venue within Scotland

ii. believes that the GMC approach to Fitness to Practice is intrusive and inhumane

iii. believes that the GMC is creating a climate where doctors practice in fear for their registration

iv. is concerned that the GMC is failing doctors

v. demands that the GMC implement the recommendations of the independent report by Sarndrah Horsfall, “Doctors who commit suicide while under GMC fitness to practise investigation”.

149 **Glasgow:** That this conference demands that the GMC implement the recommendations of Sarndrah Horsfall’s independent report “Doctors who commit suicide while under GMC fitness to practise [sic] investigations”

150 **Glasgow:** That this conference believes that the GMC’s approach to Fitness to Practice is intrusive and inhumane and is ultimately creating a climate where doctors practice in fear for their registration.

151 **Glasgow:** That this conference believes that:

i. doctors in Scotland should be entitled to attend Fitness to Practice proceedings within Scotland

and

ii. calls upon SGPC to work with the GMC to reduce the stress caused to doctors through these proceedings by establishing a venue for Fitness to Practice hearings within Scotland.

152 **Lothian:** That this conference is concerned that the GMC is failing doctors as evidenced by the Civitas Report ‘The General Medical Council: Fit to Practise [sic]?’

153 **Tayside:** That this conference seeks assurance that adequate resource will be provided to general practice to allow implementation of nurse revalidation.

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**APPRAISAL AND REVALIDATION**

* 154 **Glasgow:** That this conference resists attempts by Responsible Officers across Scotland to set an arbitrary number of sessions worked in general practice to allow GPs to have an appraisal and calls for Responsible Officers to assess GPs on a case by case basis.

155 **Ayrshire and Arran:** That this conference believes that any minimum number of sessions set by individual boards before a GP is eligible to be appraised should take into consideration previous experience.
Tayside: That this conference believes the onerous nature of appraisal and revalidation is a contributing factor to GPs leaving the performers list when they retire from a partnership and urges SGPC to work with NES, RCGP, GMC and the Scottish Government to reduce this barrier to retaining these experienced GPs within the workforce.

Glasgow: That this conference calls upon SGPC to continue to work to deliver a national GP performers list so that individual boards are not disproportionately affected by the requirement to appraise large numbers of hosted sessional GPs which may lie behind the introduction of arbitrary sessional entry requirements for GP appraisal.

EDUCATION AND TRAINING

Ayrshire and Arran: That this conference is concerned about the cancellation of protected learning time and calls for this to be negotiated into any future contract.

Lanarkshire: That this conference believes that due to the withdrawal of protected learning time sessions by health boards that there is a need to adopt a new model of training and development such as small group learning.

Glasgow: That this conference recognises that GPs starting out in their careers can face isolation both professionally and emotionally and calls on SGPC to explore ways that GPs can be supported or mentored in the early years of their careers.

Glasgow: That this conference recognises that the business side of general practice is complex and daunting for newly qualified GPs and calls for training in this area to be improved.

Grampian: That this conference calls on SGPC to work with NES and others to increase exposure to GP practices during training years to help correct the misunderstandings some colleagues elsewhere in medicine have regarding the organisation and funding of general practice and primary care.

Grampian: That this conference calls for a mechanism to be found to make it easier for GPs to take time out and experience other practices, both to reduce professional isolation, and to help refresh them from the wearing down combination of practice administration and increasingly heavy and complex workloads.

GENERAL PRACTICE

Grampian: That this conference can again see hope in the future, and feels that general practice has the potential of becoming once again one of the most rewarding and fulfilling branches of medicine, and therefore calls on junior colleagues to come and join us in increasing numbers.
Dumfries & Galloway: That this conference believes that, for general practice to prosper and become a more positive career option for young doctors in training, it must evolve to allow GPs to concentrate on what they uniquely can do and be fully supported by a team of other health professionals.

**Glasgow:** That this conference believes that it is time to consider rebranding GPs as Primary Care Consultants to reflect their expanding role in the community, increase respect and classify GPs as leaders of the patient’s medical care in the community.

Lanarkshire: That this conference feels that there needs to be a frank consultation with the public and politicians to make them aware of the pressures affecting primary care

Tayside: That this conference demands that the public are made aware that while we wish to maintain a free at the point of care national health service, without significant extra primary care funding and additional GPs in place the speed of access must be determined by 'clinical needs' and not 'wants'.

Grampian: That this conference rejects any moves to a system of general practice where the partnership model is replaced with private providers.

**Lanarkshire:** That this conference feels that newly qualified GPs must commit to work in UK general practice for 2 years post qualifying as this would help with the current recruitment crisis

**Dumfries & Galloway:** That this conference believes that previous rhetoric about a primary care led NHS be replaced by a vision a general practice led service.

**EHEALTH**

Agenda Committee: That this conference:

i. recognises that IT functionality is vital in enabling practices to deliver high quality care to patients

ii. believes that some health boards are failing to deliver reliable IT for GPs and their patients

iii. calls on SGPC to demand adequate ring fenced resource from the Scottish Government to improve the fundamental capacity, speed and reliability of computers in primary care

iv. calls for any future GP contract to have more robust standards for the performance of IT systems.

**Glasgow:** That this conference recognises that IT functionality is vital in enabling practices to deliver high quality care to patients and demands that Scottish Government increase investment to support and develop GP practice IT.

**Lothian:** That this conference implores the Scottish Government to instruct health boards to listen to GP practices and to prioritise IT spend on improving the fundamental capacity, speed and reliability of computers in primary care.
**Forth Valley:** That this conference urges the Scottish Government to mandate all health boards to provide ring fenced resources and specific IT teams for the requirements of general practice.

**Tayside:** That this conference believes that practice IT is woefully inadequately funded and supported and calls on the SGPC to demand adequate resource from the Scottish Government and boards now to address this.

**Grampian:** That this conference believes that some health boards are failing to deliver reliable IT for GPs and their patients.

**Tayside:** That this conference insists that whether GPs remain data controllers or not, they should have control over who has remote access to their IT systems and so help preserve patient confidentiality.

**Lothian:** That this conference believes that:

i. there is a lack of good quality evidence to support further expansion of telemedicine

ii. no more funding should be put into telemedicine projects affecting general practice, without the support of the local representative GP community.

**Glasgow:** That this conference believes that current access arrangements to clinical systems for Sessional GPs is inadequate and inappropriate and has both patient safety and information governance implications and calls upon the Scottish Government to resolve this at national level.

**Glasgow:** That this conference believes it is time for the RCGP curriculum to reflect the huge role of IT in general practice.

**Lothian:** That this conference urges SGPC to form an IT sub-group to support LMCs and GPs in understanding and making IT choices.

**Glasgow:** That this conference feels it is now time to back scan all patients’ notes in Scottish GP practices and calls on Scottish Government to facilitate and fund this.

**Glasgow:** That this conference believes that poor IT systems and workflow in hospitals have contributed to the increase in GP workload and calls for the Scottish Government, health boards and the BMA craft committees to work together to

i. improve the patient journey

ii. reduce inappropriate demands on general practice.

**Highland:** That this conference recognises the vital role of accurate clinical coding in safe and effective patient care, and demands that the Scottish Government gives urgent consideration to the types of clinical coding activity that hospital teams should be involved with as part of the process of producing letters to describe the care received by patients.

**Glasgow:** That this conference believes that the sharing of specified electronic patient information between different services can improve the patient journey and care.
SUPERANNUATION

Glasgow: That this conference is concerned that the recent changes to the NHS superannuation scheme and taxation on pensions has had a negative effect on GP retention and calls on SGPC to work with Scottish Government to ameliorate the situation.

Forth Valley: That this conference urges the governments to introduce flexibility to the NHS pension scheme to allow doctors to choose how much of their income they wish to be pensioned.

Ayrshire and Arran: That this conference ask the Scottish Government to make superannuation payment for income from OOH be made optional.

MISCELLANEOUS

Lothian: That this conference demands that Scottish GP practices should be provided with uniform, free occupational health services to protect and support the workforce as it undertakes NHS duties.

Glasgow: That this conference deplores the continued refusal of the NHS to supply high flow oxygen for emergency use to GP practices.

Ayrshire and Arran: That this conference demands action to be taken against those who post defamatory material about GP's or their staff on social media sites

Ayrshire and Arran: That this conference is extremely concerned with limited numbers of primary care senior medical leadership and urges Scottish Government to instruct health boards to expand the scope and number of clinical director and associate medical director posts for primary care.

Glasgow: That this conference believes that the relentless negative media portrayal of general practice has significantly damaged both the morale of the profession and its recruitment and calls for media editors and politicians to publicise the positive aspects of general practice.

Forth Valley: That this conference welcomes the BMA campaign "Your GP Cares", but asks for continuing work to raise the profile of the current challenges in general practice within the media.

Forth Valley: That this conference notes the persistent media fascination with the apparent crisis in A/E departments and notes with interest the increased funding for a service that fails to meet a target, compared to the removal of funding over the last few years from general practice when our access has been perceived a problem.

Lanarkshire: That this conference believes that the current fee associated with access to medical records under the Freedom of Information act does not reflect the work entailed and should be increased appropriately.
Lanarkshire: That this conference believes that there is inequality in provision of long acting reversible contraceptives to women throughout Scotland as boards have withdrawn funding for the GP enhanced service resulting in increased waiting times for patients to access this service and increased inconvenience as they cannot be accessed in the patients own practice.

Glasgow: That this conference deplores the waste of energy and resources without any benefit for patient care that has been the result of the changes to health board boundaries in April 2014.

WORKFORCE

* 200 Agenda Committee: That this conference acknowledges the severity of the workforce crisis facing general practice, and:
   i. believes that morale in general practice is at rock bottom and that this is exacerbating recruitment difficulties
   ii. believes that the Scottish Government should urgently fund a campaign to recruit more doctors to a career in general practice
   iii. demands that SGPC and the Scottish Government agree a long term strategy to address this
   iv. suggests the need to explore ways to encourage and facilitate retaining GPs to remain in the workforce
   v. demands that SGPC and the Scottish Government address the current issues affecting GP recruitment and retention.

201 Ayrshire and Arran: That this conference believes that the Scottish Government should urgently fund a campaign to recruit more doctors to a career in general practice.

202 Glasgow: That this conference acknowledges the severity of the workforce crisis facing general practice and demands that SGPC and the Scottish Government address the current issues affecting GP recruitment and retention.

203 Ayrshire and Arran: That this conference believes that morale in general practice is at rock bottom and that this is exacerbating recruitment difficulties.

204 Dumfries & Galloway: That this conference demands that the governments take immediate action to address the severe recruitment crisis which is now threatening the existence of general practice in this country.

205 Lothian: That this conference recognises the current workforce debacle, and suggests the need to explore ways to encourage and facilitate retaining GPs to remain in the workforce.

206 Forth Valley: That this conference is concerned that there will be few staff with skills and experience left in the community to support the ideas in 2020 vision and calls upon government, universities and colleges to work together to create a workforce fit for the future.

207 Ayrshire and Arran: That this conference is concerned about the current workforce crisis and demands that SGPC and the Scottish Government agree a long term strategy to address this.
Forth Valley: That this conference believes in view of the current GP workforce crisis, urgent discussions between Scottish Government, health boards and SGPC are necessary to find ways to support practices.

Ayrshire and Arran: That this conference recognises the worsening GP workforce crisis and advise the Scottish Government to act on this as a matter of priority.

Tayside: That this conference believes that in the light of the current GP workforce crisis where practices require to restrict new patient registration for the safety of their existing patients; Scottish Government must instruct boards to support these practices rather than punish them.

Glasgow: That this conference values the contribution of all GPs to the delivery of NHS services regardless of their contractual status.

WORKLOAD

Agenda Committee: That this conference recognises that current GP workload is unsustainable and:
   i. believes this is a disincentive for doctors to join general practice
   ii. believes this is leading to an exodus of doctors from general practice
   iii. calls on SGPC to work with others to limit the transfer of workload to GP practices
   iv. calls on SGPC to urgently seek solutions to safeguard general practice in Scotland.

Glasgow: That this conference believes that the increase in GP workload and increase in GP work intensity is unsustainable and
   i. is a disincentive to join the profession and leading to an exodus of doctors away from the profession
   ii. calls on SGPC to limit GP workload to more manageable levels.

Grampian: That this conference calls on SGPC to work with others to either stem the tide of workload transferring to practices, or find ways of helping practices free up capacity to manage it.

Grampian: That this conference recognises that a large number of GPs currently feel swamped by workload pressures and don’t have the capacity to offer more services and better availability, however much they may want to.

Ayrshire and Arran: That this conference believes that current GP workload is unsustainable.

Glasgow: That this conference is concerned about the use of clinical guidelines and referral pathways by health boards to shift work from secondary care to general practice without any funding or acknowledgement of the impact on GP workload.
Grampian: That this conference is concerned that lack of staffing in some areas including carers, ambulance service and nursing is leading to increased workload in GP practices who feel that they have to try to fill the gaps.