Conference of Representatives of Local Medical Committees

Supplementary Agenda

To be held on

**Thursday 19 May 2016** at 9.30am
**Friday 20 May 2016** at 9.00am
The Mermaid Conference & Events Centre, Puddle Dock, Blackfriars, London EC4V 3DB

**Chair**
Guy Watkins (Cambridgeshire)

**Deputy Chair**
Mary O’Brien (Tayside)

**Conference Agenda Committee**
Guy Watkins (Chair of Conference)
Mary O’Brien (Deputy Chair of Conference)
Chaand Nagpaul (Chair of GPC)

Stuart Blake (Edinburgh)
Chris Browning (Suffolk)
Hal Maxwell (Ayrshire)
Helena McKeown (Wiltshire)
Rachel McMahon (Cleveland)
Stephen Meech (Kent)
Emmanuel Owoso (Swansea)
This supplementary agenda contains all items received by the GPC Secretariat by 12 noon on 13 May 2016.

Chosen motions
S-1 No chosen motions achieved the minimum number of votes as set out in Standing Order 27:
‘Chosen motions must receive the vote of at least ten representatives’.

Themed debate – Empowering professionalism
S-2 Request by BEDFORDSHIRE that motion T4-9 is amended to include the words ‘calls on GPC to ensure that’

Accepted by the Agenda Committee

BEDFORDSHIRE: That conference calls on GPC to ensure that no target, ranking, dashboard or payment relation to individuals or practices should be based on metrics which do not have full exception coding provided.

LMC Conference
S-3 Request by BEDFORDSHIRE that motion T5-35 be withdrawn

Accepted by the Agenda Committee

Motions for new business
S-4 DERBYSHIRE: That conference is utterly dismayed by the total chaos that has followed the introduction of the Primary Care Services England record movements service and other services on 29 March 2016.

Accepted as new business by the Agenda Committee and moved to Annex 7 as an A motion.

S-5 OXFORDSHIRE: In relation to the recent BMA guidance for GPs on changes to the firearms licensing process, conference is unhappy that issues that primarily affect GPs are sometimes dealt with solely by general BMA committees that do not always safeguard the interest of GPs and asks the GPC to remedy this situation.
(Supported by Berkshire and Buckinghamshire)

Rejected by the Agenda Committee under starting order 63.6 as not new business.

S-6 HERTFORDSHIRE: That conference applauds the academic gravitas and analytical detail of the Kings Fund report and calls on GPC to:
(i) adopt its conclusions as short term policy goals for the salvation of the profession
(ii) work closely with the Kings Fund to find further sustainable solutions for general practice.

Accepted as new business by the Agenda Committee and moved to the Themed debate – Workload in General Practice.

S-7 WILTSHIRE: That conference believes that a free market in a depleted workforce is one of the best drivers for future contract negotiations benefiting the profession and calls for the GPC to resist any sign up to restriction of trade and reject the proposal in the General Practice Forward View that may lead to practices signing up to indicative locum rates.

Accepted as new business by the Agenda Committee and to be included in bracket led by motion 15 as 15g.
S-8 WILTSHIRE: That conference calls for the GPC to resist indicative locum rates, as a free-market rate-setting is one of the best drivers for GP remuneration in future contract negotiations.

Rejected by the Agenda Committee under starting order 63.6 as not new business.

S-9 DEVON: That conference recognises that a new process for issuing of Firearms Certificates by the police commenced on 1 April 2016 which involves additional work for general practitioners and instructs the GPC to work with the BMA Professional Fees Committee to urgently revise this dangerous scheme and actively support GPs refusing to participate in this process until:
(i) the process is changed so that certificates are only issued after (rather than before) GPs are involved
(ii) there is clarification regarding payment for the work involved
(iii) there is clarification of the medico-legal validity of the process.

Rejected by the Agenda Committee under starting order 63.6 as not new business.

S-10 DEVON: That conference calls for the Department of Health to respond to the Public Accounts Committee report April 2016 that challenges them to provide a full analysis of the financial and workforce implications of implementing 7 day services in the NHS by 2020.

Accepted as new business by the Agenda Committee and to be included in bracket led by motion 10 as 10r.

S-11 GLOUCESTERSHIRE: That conference is dismayed at the newly introduced process for involvement of general practitioners in firearm and shotgun certification and
(i) questions the logic of issuing a certificate before hearing from the GP, if that is deemed important
(ii) is concerned about the increased workload in checking through volumes of sometimes large medical records
(iii) is concerned about the risk that GPs face in assessing the unknown intent of the certificate applicant/owner
(iv) is appalled that the BMA appears to have agreed the process without adequate consultation with the GPC, and that no advance advice was provided to GPs
(v) is alarmed that all future mental health and some medical conditions developed by the certificate owner will need to be alerted to the police, even if the consultation is not with the GP practice
(vi) believes that a firearms owner may well be more reluctant to consult their GP with any mental illness, increasing the potential use of their firearm in a suicide attempt
(vii) with regret, believes it highly likely that some GPs in future will be blamed for failing to disclose a mental health problem after a firearms related death
(viii) expects at the very least a robust evidence base that any of this process will save lives
(ix) is dismayed that although the applicant makes a payment for a firearm licence no funding is passed to the GP for this risky new work
(x) notes the relative ease of obtaining illegal firearms and legal antique firearms and the continued death rates due to driving with drug and alcohol related illnesses where no expectation of disclosure of mental health is required to the DVLA or other authorities
(xi) calls for the current process to stop until proper exploration of the implications are assessed.

Rejected by the Agenda Committee under starting order 63.6 as not new business and 23.3 as more than five subsections.
Response of the Profession

A number of motions (S-13 – S-19 and S-21 – S-25) have been accepted as new business under standing order 63.6 and are published below.

Friday 20 May the format of this section will be:

9.00 – 9.50 themed debate on General Practice Forward View
Speakers will be called by the Chair from those who have indicated a wish to speak using speaker slips – to facilitate this, speakers will be asked to describe in as few words as possible the area they wish to address on the Major Issues speaker slip. Members of Conference will be given only one minute to address conference to allow as many as possible to speak.

9.50 – 10.40 debate on motions S-12 and S-20 as listed below

S-12 AGENDA COMMITTEE to be proposed by Cambridgeshire: That conference with regards to the General Practice Forward View;
(i) Welcomes the acknowledgment of significant past underfunding and commitment to increased spending
(ii) believes that most of the investment promised is conditional upon practices delivering transformation and service change
(iii) recognises that only some of the demands of the profession have been included, and instructs GPC to continue to press for further dedicated resources to support GPs
(iv) does not believe that there is sufficient urgency in the measures described
(v) is concerned that the present financial state of the NHS makes the prospects of these financial flows unlikely

S-13 CAMBRIDGESHIRE: That conference notes the perilous crisis in general practice described at the Special Conference in January 2016 to be continuing, and, whilst welcoming the acknowledgement of significant past underfunding and commitment to increased spending described in the GP Forward View, conference:
(i) recognises that only some of the demands of the profession have been included in the GP Forward View and instructs GPC to continue to press for further dedicated resources to support GPs
(ii) does not believe that there is sufficient urgency in the measures described in the GP Forward View
(iii) notes that without direct investment in global sum there is a significant risk that the measures in the Forward View will fail to alleviate the acute pressures affecting patients and practices on the front line of general practice
(iv) instructs GPC to continue the campaign to actively publicise the extremely vulnerable state of general practice
(v) instructs GPC to publish an evidence based progress report on the impact of measures undertaken by NHS England on workload, workforce and morale in general practice before the next conference of LMCs.

S-14 BEDFORSHIRE: That conference recognises that most of the investment promised in the GP Forward View is conditional upon practices delivering transformation and service change and calls on GPC to fully support LMCs to identify the opportunities and motivate practices to deliver this.

S-15 HERTFORSHIRE: That conference welcomes the GP forward view document but is concerned that the present financial state of the NHS makes the prospects of these financial flows unlikely. It calls on GPC to:
(i) urgently review the document to establish whether these financial flows can be reasonably expected to occur
(ii) scrutinise the application of the document aggressively, holding NHSE to account
(iii) calls on LMCs to hold GPC to account should the program not be delivered.
S-16  LAMBETH: That conference welcomes that the General Practice Forward View recognises the crisis in general practice. However, conference believes that:
(i) funding should not be conditional
(ii) there should be investment in the global sum.

S-17  SUFFOLK: That conference believes with regard to the GP Forward View:
(i) the delivery date of the promises is too far in the future
(ii) that the greater part of the resources promised are not new but rather redirected from elsewhere
(iii) that the resources promised are in most cases not directed into general practice where they are most sorely and urgently needed but more widely to ‘primary care’ in general
(iv) that the resources promised are tied to yet further work when the system is on its knees with the work it has
(vi) that it is overall far from adequate and will not save general practice.

S-18  WILTSHIRE: That conference welcomes the increase in premises funding from 66 to 100% for improved premises and asks GPC to enquire from NHS E whom they expect to be working there?

S-19  WILTSHIRE: That conference regrets that there is not one word in the GP Forward View about GP remuneration and demands that more resources are put into the global sum to reverse severely falling GP incomes.
AGENDA COMMITTEE to be proposed by Tower Hamlets: That conference does not accept the General Practice Forward View is an adequate response to the GPCs statement of need within the BMAs Urgent Prescription for General Practice, and considering this to be sufficient grounds for a trade dispute, unless the government agrees to accept the Urgent Prescription within 3 months of this conference, the GPC should ask the BMA to:

(i) ballot the profession on their willingness to sign undated resignations
(ii) ballot the profession on their willingness to take industrial action
(iii) ballot the profession as to what forms of industrial action they are prepared to take
(iv) produce a report to practices on the options for taking industrial action that doesn’t breach their contracts

TOWER HAMLETS: That conference believes that the GP Forward View does not recognise the urgency of the problems which practices face, and that general practice needs immediate solutions if it is to survive, and therefore instructs GPC:

(i) with respect to the motion passed overwhelmingly at the LMC Special Conference, to ballot the profession on their willingness to sign undated resignations
(ii) to ballot the profession on their willingness to take industrial action
(iii) to ballot the profession as to what form of industrial action they are prepared to take.

EALING, HAMMERSMITH AND HOUNSLOW: The conference does not accept that the plan in NHS England’s Forward View for General Practice is the rescue package for general practice that was voted for in motion 303 at the special conference of LMCs and as such insists that within 3 months of this conference the GPC must:

(i) announce to the profession and communicate to commissioners, providers and Local Authorities, actions that GPs can undertake without breaching their contracts
(ii) hold a ballot of GPs regarding what work/services must cease to reduce the workload to ensure safe and sustainable care for patients
(iii) canvass GPs on their willingness to submit undated resignations.

(Supported by all Londonwide LMCs)

SHROPSHIRE: That conference believes the response of the government to the crisis in general practice remains inadequate and instructs the GPC:

(i) to now ballot general practitioners on their willingness to submit undated resignations
(ii) after taking relevant legal advice, to produce a report to practices on the options for taking industrial action that lies within the law.

(Supported by SOUTH STAFFORDSHIRE, WOLVERHAMPTON and NORTH STAFFORDSHIRE)

SANDWELL:

A) That the GPC accept that the Five Year Forward View for General Practice is a wholly inadequate response to the Crisis in General Practice and we call upon them to poll practitioners on their willingness to submit undated resignation letters.

B) It must be made clear to all pollees that their answer will be predicated on any their return not being on the same terms but would involve:

(i) a resetting of capitation at a market rate, to be decided by the profession
(ii) full reimbursement for medical insurance, CQC, appraisal, maternity and sick pay
(iii) defined number of consultations, to be determined by the profession
(iv) sundry other conditions to ensure the viability of GP going forward.
S-24 OXFORDSHIRE: That conference believes that the GP Forward View does not represent a Rescue Package for general practice as envisaged in the Resolution 14 of the January Special LMC Conference and that the actions listed in that resolution (copied below) should now take place:

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

S-25 BIRMINGHAM: That conference believes that the GP Forward View has massively underestimated the degree of the crisis in the profession and fails to recognise the actions and level of funding increase now desperately needed to save general practice and so instructs GPC to:
   (i) urgently negotiate the required changes and appropriate funding
   (ii) should this not be successful fully explore taking whatever action is appropriate and necessary to achieve these aims and canvass the profession on its willingness to support these.

(Supported by SHROPSHIRE)

R-3 DERBYSHIRE: That conference instructs the GPC to revise and review its scheme of sanctions ready to be enacted in the absence of negotiated contractual funding and policy revisions for general practice which are acceptable to the profession.

R-24 WILTSHIRE: That Conference directs GPC to collect undated resignations from GPs to strengthen their hand in renegotiation of our contract and that GPs are encouraged to have the courage to provide such letters of resignation as the only way in which to bring the government seriously to the table.

R-5 HAMPSHIRE AND ISLE OF WIGHT: That conference calls upon the BMA to ballot its GP members for industrial action if a fair, sustainable and modern GP contract cannot be achieved through negotiation.

R-8 KENT: That conference demands that, in the light of the crisis in general practice, the GPC takes immediate steps to obtain undated resignations from every GP in the country.

R-10 KENT: That conference demands that, within one month, the GPC ballots GPs on what actions they would be prepared to take without breaking their contract to ensure the safety of patients and strengthen our negotiators’ position.

R-17 CENTRAL LANCASHIRE: That conference strongly believes that it is unlikely that the government will come forward with an adequate rescue package for general practice and calls on GPC:
   (i) to report to conference the progress of negotiations so far
   (ii) to canvas the views of conference and front line GPs on the progress of these negotiations and their acceptability
   (iii) to use these views to strengthen and empower negotiations
   (iv) to confirm before the expiry of the 6 months the measures that GPs will be advised to follow to reduce workload and sustain safe practice
   (v) to advise practices on the impact and next steps following mass resignations from the current NHS contract.

R-23 BARNET: That conference demands GPC undertakes a survey of all GPs in England to establish their willingness to partake in forms of action in support of doctors suffering from extreme workloads.
R-24 CITY AND EAST LONDON: That conference believes that general practice is at breaking point and that despite repeated warnings from the profession and from other bodies, government initiatives have been totally inadequate and fail to address the immediate need to prevent widespread collapse of the system. Conference therefore demands that the GPC takes immediate action to survey the profession:
(i) as to what level of industrial action they would be prepared to take
(ii) as to their willingness to submit undated resignation letters to the BMA.

R-25 CITY AND EAST LONDON: That conference following the Special Conference of LMCs in January instructs GPC to immediately survey the profession on their attitude to taking industrial action should a dispute arise between GPs and the government.

R-26 CITY AND EAST LONDON: That conference following the Special Conference of LMCs in January instructs GPC to immediately survey the profession as to what level of industrial action they would be prepared to take if we entered into a dispute with government.