Conference of Representatives of Local Medical Committees

Supplementary Agenda

To be held on

Friday 9 March 2018 at 9.00am
At the BT Convention Centre, King’s Dock, Liverpool Waterfront, Liverpool L3 4FP

Chair Guy Watkins (Cambridgeshire)
Deputy Chair Mark Corcoran (Avon)

Conference Agenda Committee
Guy Watkins (Chair of Conference)
Mark Corcoran (Deputy Chair of Conference)
Richard Vautrey (Chair of GPC)

Uzma Ahmad (Walsall)
Roberta King (Dorset)
Haldane Maxwell (Ayrshire)
Rachel McMahon (Cleveland)
Shaba Nabi (Avon)
Elliott Singer (City and Hackney)
Kalindi Tumurugoti (Nottingham)
This supplementary agenda contains all items received by the GPC Secretariat by 12 noon Friday 2 March 2018.

**Chosen motions**

The following motions have been prioritised for debate at 17.10 under standing order 27.

310. HAMPSHIRE AND ISLE OF WIGHT: That conference believes that a one day UK conference is too short to allow adequate debate and networking and requests that:
   (i) the two day UK conference is re-instated
   (ii) the one day single country conferences continue as before
   (iii) any increased expenditure created by this change is met from the GPDF reserves without any increase in the voluntary levy
   (iv) that the previous time of May is a more appropriate time for the conference avoiding end of year pressures for representatives and being approximately six months from the England conference.

If motion 310 (i) or (ii) are passed then motion 309 will fall and not be debated.

309. DEVON: That conference calls for the combined and individual nation conferences of LMCs to take place at the same time over two consecutive days on an annual basis and are held in each of the devolved nations on a four year rotation.

304. TOWER HAMLETS: That conference:
   (i) notes that it is conference policy that GPs should not do the work of the home office by checking immigration status of patients
   (ii) opposes the obligation on practices to send a copy of the GMS1 form to NHS Digital of patients who self declare that they hold either a non UK issued EHIC card, PRC or S1 form and opposes the obligation to manually record this information in the patient’s medical record
   (iii) instructs GPC to remove this obligation during the next round of contract negotiations.

**Errata**

Correction to motion 16
Part (ii) should read: Believes that it is no longer sustainable for the GP to be the sole data controller

Correction to motion 19
The Cameron Fund is providing a report and this will not be their Annual General Meeting.

Correction to motion 89
The motion has been moved to part 2 as it was incorrectly assigned A motion status due to an Agenda Committee error.
Process for themed debate

The workload themed debate will be conducted under standing order 53. The themed debate will be introduced by a representative of the GPC UK Chair, who will report on recent GPC activity arising from recent Conference policy on workload management as published in the BMA paper ‘Workload Control in General Practice’ (a copy of this is included in the representative pack).

All members of conference may take part in this debate by speaking from the microphones in the hall, rather than from the podium, when called by the Chair, with a speaker time limit of one minute per speaker (SO 53.5).

At the end of the debate a representative of the GPC UK Chair will respond to the discussion.

An electronic vote on the five proposed next steps below will then follow, with representatives signifying on a scale of 1-6 how strongly they support these statements.

1. Agree the principles outlined in the BMA paper ‘Workload Control in General Practice’ behind safe working and work with other organisations to promote its introduction
2. Undertake further work to specify precise safe limits to workload in practice settings. (Expressed in appointments, time or list size)
3. Produce resources for practices and locality groups with examples of how this model of working can be introduced
4. Endorse a locality approach which supports groups of practices, or LMCs, in setting their own safe limits
5. Collect and publish examples of hub-based working and workload control from around the UK

Amendments

Request by HERTFORDSHIRE to amend motion 15 (i)

(i) To demand the rewriting of the destructive and discriminatory out of area registration regulations to stop private companies cherry picking patients to whom they provide services.

Rejected by the Agenda Committee under Standing Order 31.

Motions for new business

400. HERTFORDSHIRE: That conference mandates GPC UK to formally collate expressions of concern around unsafe working forthwith, via a dedicated awareness campaign, and to submit these on behalf of the GP profession to the GMC, as advocated by the CEO and Chair of the GMC in January 2018.
  (Supported by Derbyshire, Tower Hamlets, Highland, Avon)

  Accepted as new business by the Agenda Committee. To be considered in themed debate as TD26.

401. MID MERSEY: That conference welcomes the offer of NHS England to reimburse Stamp Duty Land Tax (SDLT) for practices entering into a new lease in NHS Property Services (NHS-PS) or Community Health Partnerships (CHP) buildings, but notes that it is inequitable that practices entering into new leases in non NHS-PS or CHP buildings will not be reimbursed, and insists that while this offer is in place all practices facing a charge for SDLT should also have their cost reimbursed on an equal basis.

  Rejected by the Agenda Committee under Standing Order 60.6 as not new business.
402. TOWER HAMLETS: That conference believes that the content of the 2018:19 GP contract as presented at the 2018 GPC roadshows shows that the government and NHSE have no intention of implementing the measures needed to save general practice. In the light of this clear failure, yet again, of NHSE and Government to demonstrate that they are taking the crisis in general practice seriously conference instructs the BMA to proceed to formal ballot of the profession to collectively, temporarily close lists.

Accepted as new business by the Agenda Committee and moved to part 2 in the nation specific section.

403. THE GPC: That the GPC seeks the views of conference on the following motion from the Sessional GPs Subcommittee:

That conference, following the recent case of Dr Bawa-Garba;

(i) has no confidence in the GMC as a regulatory body
(ii) directs GPC to advise GPs disengage from written reflection in both appraisal and revalidation until adequate safeguards are in place
(iii) request the Health Select Committee review the GMC’s conduct regarding this case
(iv) mandates GPC to urgently implement a system whereby GPs can make collective statements of concern regarding unsafe care.

(Supported by GP Trainees Subcommittee, North Wales, Tower Hamlets and Sheffield)

Accepted as new business by the Agenda Committee to be debated after motion 25.

404. THE GPC: That the GPC seeks the views of conference on the following motion from the GP Trainees Subcommittee:

Following recent legal cases, that conference, whilst acknowledging the importance of reflective learning, recognises that GPs and GP trainees are potentially vulnerable to having their reflections used against them and their practice in court. This conference calls on the BMA to discuss with relevant stakeholders to:

(i) stop the current process for recording significant event analyses in trainee and appraisal portfolios and develop alternatives, such as verbal reflections or group reflection meetings.
(ii) standardise the number of reflective entries required of GP trainees across the country and reduce the burden to create quality, not quantity.
(ii) introduce alternatives to written recorded reflections, such as verbal reflections, for controversial or difficult cases to protect the GP, the trainee and the practice.

Rejected by the Agenda Committee under Standing Order 60.6 as not new business.