

Scottish local medical committee conference

Agenda and guide

28-29 November 2019

The Golden Jubilee Conference Hotel, Beardmore Street, Clydebank



#SLMC19



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#SLMC19

Agenda committee members

Teresa Cannavina, chair of conference
Denise Mcfarlane, deputy chair of conference
Stuart Blake, committee member
Chris Black, committee member
Alastair Taylor, committee member
Andrew Buist, chair of SGPC



Teresa Cannavina, chair of conference



Denise Mcfarlane, deputy chair of conference



Stuart Blake, committee member



Chris Black, committee member



Alastair Taylor, committee member



Andrew Buist, chair of SGPC



Welcome from the chair of conference



Teresa Cannavina
chair of conference

I am delighted to welcome you all to the 2019 Scottish LMC conference at the Golden Jubilee Conference Hotel.

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

Conference will begin on Thursday evening, with a pre-dinner reception at 19:30 and dinner from 20:00. This is a great opportunity to meet and network with the other delegates, and I hope to see you there.

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

We will then debate motions on a wide variety of topics. To start we will debate workforce and the multi-disciplinary team. There are also motions covering contract and negotiations, eHealth, funding, education and training and a wide range of issues effecting general practice.

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

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

Best wishes,
Teresa Cannavina



Programme

Thursday 28 November 2019

Registration	17:00 – 19:15
Pre-dinner reception	from 19:30
Dinner (dress code – lounge suits)	20:00

Friday 29 November 2019

Registration	08:00 – 08:30
New reps/refresher training	08:15 – 08:25
Conference agenda	08:30 – 16:45

Tips and things to remember

This agenda and guide

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

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

Registration

Registration will take place from 17:00 to 19:15 on Thursday 28 November and from 08:00 to 08:30 on Friday 29 November. The registration desk is located by the entrance to the conference centre, in the foyer of the Golden Jubilee Conference Hotel. You will be issued with your name badge and delegate pack which contains election information, the election timetable, your voting papers, if you are eligible to vote and a conference evaluation form.

New Representatives/Refreshers training

A short training session will be provided by both the SLMC Conference chair and deputy chair from 08:15 – 08:25 on Friday 29 November. The training session will be in the Cameronia room of the Golden Jubilee Conference Hotel. We recommend that if you wish to join this session that you arrive early as the session will begin promptly at 08:15.

Standing Orders

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

Conference expenses and subsistence: for representatives only (excl observers and invited guests)

Individual representatives will not receive expense reimbursement directly from the GPDF, but each LMC will be able to claim for its representatives' expenses within the prescribed limits.

For each representative, LMCs will be reimbursed the cost of return rail, or, if appropriate, air fares, to the conference, for single journeys over 50 miles first class fares will be claimable.

Overnight accommodation is provided as part of the conference and will not be reimbursed. Dinner is provided as part of the conference and will only be reimbursed those unable to attend the dinner, but who are travelling the evening before. Dinner costs will also be reimbursed where return home is after 20:00: (Please refer to GPDF letter within your representative conference pack).

Feedback

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

Media coverage at conference

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

Sponsors and exhibitors

This year you can visit stands from a variety of organisations including:

- BMA Law
- BMA Member Services
- Cameron Fund
- Chase de Vere
- Exchange Communications
- GPDF
- MP Locums
- Scottish Rural Medical Collaborative



Conference format

The agenda

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

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

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

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

Amendments

LMCs and representatives are welcome to send amendments to any of the motions in the agenda. These should be sent to mweatherston@bma.org.uk by 12:00 on 27 November. Amendments submitted after this time should be given to a member of the agenda committee in writing. Amendments at the conference can be accepted up to 17:00 on 28 November, for items to be debated in the morning session and up to midday for afternoon items.

LMCs can also send in new motions about any issue which has arisen since the closing date for motions. These should be sent by email to mweatherston@bma.org.uk by 12:00 on 27 November. The agenda committee will then make recommendations about how this new material should be fitted into the agenda and to the timetable.

Timetable

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



Rules of debate

There are no speakers' slips. There are however, proposer of motion slips which should be completed and submitted to the agenda committee. The agenda committee members are located at the back of the auditorium. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from members of conference 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. When the chair asks representatives to vote, please hold up the brightly coloured voting card which is in your delegate pack.

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

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

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



Timetable

Schedule of business – 29 November 2019

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

Time	Subject
08:30	Opening remarks
	Return of Representatives
	Minutes
	Standing Orders
	Report of the Agenda Committee
08:50	Report of the Chair of SGPC
09:00	Keynote speaker: Jeane Freeman MSP, cabinet secretary of health and sport
09:30	Workforce/multi-disciplinary team
10:00	Contracts and negotiations
10:40	eHealth
11:00	General data protection regulation (GDPR)
11:20	Healthcare planning and provision
11:40	Education and training
11:50	Quality and clusters
12:00	Immunisation/CTACS
12:15	Negotiators' Questions
	Contingency
12:30	Lunch
13:30	Superannuation/review of the NHS pension scheme
13:45	Premises
14:00	Miscellaneous
14:15	Funding
14:45	Prescribing, pharmacy services and dispensing
15:05	LMC/GP subcommittee/conference
15:25	Out of hours/sessional GPs
15:45	Workload
16:00	Nursing and care home
16:05	Primary/secondary care interface
16:25	Scottish Ambulance Service
16:40	Closing remarks

Conference agenda

08:30 RETURN OF REPRESENTATIVES

- 1 **The Chair:** That the delegate list be received.

08:35 MINUTES

- 2 **The Chair:** Receive the minutes of the conference held on 30 November 2018 as approved by the Chair of conference in accordance with standing order 26.

08:40 STANDING ORDERS

- 3 **The Chair:** That the following amendments be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2019:
- Ensure that demonstrations of opinion cannot be sought on an ad hoc basis
 - Provide more clarity regarding the 'move to next business'
 - Ensure that any conflicts of interest are declared at conference
 - Allow for electronic elections of office bearers in Conference of Representatives of Scottish Local Medical Committees (GP) 2020.
 - Minor amendments to numbering and typography.
- Amendment to 9. (d) (vi) as follows:
9. The agenda
- (d) The agenda shall be prepared by the agenda committee as follows:
- (vi) Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provision of standing order 11, parts (f), (g), (h) and (i) shall not apply. The debate shall be held in accordance with standing order 11, part (o).
- Amendment of 11(k-m) as follows:
11. Rules of debate
- (k) If there be a call by acclamation to 'move to next business', it shall be the chair's discretion whether the call is heard. If it is heard, then the proposer of the original motion can choose to have the call for next business voted on as a whole or in parts and is allowed one minute to oppose the call to 'move to next business'. Conference will then vote on the motion to move to next business and a 2/3 majority is required for it to succeed
- (m) If a proposer (or a representative who is speaking to a motion) thinks that there may be a conflict of interest, then they should declare this to conference. A conflict of interest may be, for example, if the delegate is a member of an organisation which is mentioned in the motion, or if the motion advocates a paper written by the delegate.
- Amendment of 16. (a-e) as follows:
16. Voting
- (a) Except as provided for in standing orders 17 (a) (election of chair of conference), 17(b) (election of deputy chair of conference), and 17 (c) (election of three members of the agenda committee), only those described in standing orders 3(a), (b) and (d) may vote.
- (b) Except as provided for in standing order 11(j) and 11 (k) (procedural motions), decisions of the conference shall be determined by simple majorities of those present and voting, except that the following will also require a two-thirds majority of those present and voting:

- (i) any change of conference policy relating to the constitution and/or organisation of the LMC conference/GPC Scotland structure, or
- (ii) a decision which could materially affect the GPDF Ltd funds.
- (c) Voting shall be, at the discretion of the chair, by a show of voting cards or electronically. If the chair requires a count this will be a manual count or by electronic voting if available.
- (d) If a recorded vote is demanded by 10 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
- (e) A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

– Amendments of 17 (a-c) as follows:

17. Elections

(a) Chair

- (i) At each annual conference, a chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.
- (ii) The chair shall not be eligible to stand for more than three consecutive years.

(b) Deputy chair

- (i) At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

(c) Three members of the conference agenda committee

- (i) The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC Scotland and three members of the conference. In the event of there being an insufficient number of candidates to fill the three seats on the agenda committee, the chair shall be empowered to fill any vacancy by co-option from the appropriate section of the conference. Members of the conference agenda committee for the following conference shall take office at the end of the conference at which they are elected and shall continue in office until the end of the next annual conference.
- (ii) The chair of conference, or if necessary the deputy chair, shall be chair of the agenda committee.
- (iii) Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) may self-nominate for the agenda committee and only those described in 3 (a), (b), and (d) may be eligible to vote.

08:45

REPORT OF THE AGENDA COMMITTEE

4

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

08:50

REPORT OF THE CHAIR OF THE SGPC

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

09:30

WORKFORCE/MULTI-DISCIPLINARY TEAM

- * 6 **Agenda Committee:** That this conference is concerned that (MDT) multi-disciplinary team workforce shortages could hinder the implementation of the new contract and asks:
- i. the (SG) Scottish Government to publish accurate national clinical staffing figures to show the full extent of this problem
 - ii. SGPC to urgently review whether SG and all relevant training organisations are doing everything needed to ensure the workforce needed will be trained and in place in time to implement the contract in full
 - iii. SGPC and SG to collaborate to improve awareness in schools and the wider public of the opportunities that the new professional roles within general practice offer to the people of Scotland
 - iv. SG to instigate a dedicated national recruitment programme to accelerate workforce recruitment for the new GP contract.
- 7 **Glasgow:** That this conference calls on the Scottish Government to instigate a dedicated national recruitment programme to accelerate workforce recruitment for the new GP contract.
- 8 **Grampian:** That this conference is concerned that workforce shortages could hinder the implementation of the new (GMS) general medical services contract and calls on SGPC to urgently review whether Scottish Government and all relevant training organisations are doing everything needed to ensure the workforce needed will be trained and in place in time to implement the contract in full.
- 9 **Highland:** That this conference is concerned about the lack of pharmacists, physiotherapists, advanced nurse practitioners, paramedics, mental health workers and link-workers recruited into Scotland's general practices since the variation of the Scottish GP contract in April 2018 and asks the Scottish Government to publish accurate national clinical staffing figures to show the full extent of this problem.
- 10 **Glasgow:** That this conference calls on Scottish Government to urgently increase funding and training places for pharmacists and pharmacy technicians to deliver the workforce required to deliver the pharmacotherapy service in the 2018 contract agreement.
- 11 **Glasgow:** That this conference calls on SGPC and Scottish Government to collaborate to improve awareness in schools and the wider public of the opportunities that the new professional roles within general practice offer to the people of Scotland.
- 12 **Grampian:** That this conference calls on SGPC to alleviate fears from GPs that they will be replaced by new members of the MDT, employed to deliver the new GMS contract, by recommending a minimum number of GPs per patient population, ensuring GPs cannot be replaced and instead continue as a profession.
- * 13 **Agenda Committee:** That this conference welcomes the commitment by SG to deliver 800 new GP posts by 2027 but asks:
- i. for urgent action by SGPC and SG to determine why GP numbers are not rising
 - ii. SGPC to report annually to the profession through the conference on the progress towards this both in terms of GP headcount and the number of full-time equivalent GPs
 - iii. SG to produce a credible plan to deliver on its commitment for at least 800 new GP posts.

- 14 **Highland:** That this conference is dismayed at the lack of recruitment of new GPs in Scotland and:
- i. demands urgent action by SGPC and the Scottish Government to determine why GP numbers are not rising
 - ii. asks the Scottish Government to take all reasonably practicable actions to increase GP numbers.
- 15 **Grampian:** That this conference welcomed the commitment in the new GMS contract to increase the numbers of GPs in Scotland and asks SGPC to report annually to the profession through this conference on the progress towards this both in terms of GP headcount and number of full-time equivalent GPs.
- 16 **Glasgow:** That this conference calls on Scottish Government to produce a credible plan to deliver on its commitment for at least 800 new GP posts by 2027 as this is essential to delivery of the vision of Scotland's GPs as clinical leaders and expert medical generalists.
- * 17 **Agenda Committee:** That this conference asks that within the next 12 months all GP's will have access to support, psychological and careers advice to allow them to be safely supported in staying in work.
- 18 **Lanarkshire:** That this conference believes that at a time that stress, burnout and overt mental illness is at an all-time high amongst the profession that despite motions being passed previously at conference that there is no changes being made to support GPs on the edge or in difficulty, and that this is contributing to high rates of dissatisfaction in careers, early retirements and decisions to move to (LTFT) less than full time working, thus exacerbating the stress on the remaining workforce. As such we move that as a matter of urgency within the next twelve months GPs will have access to support, psychological and careers advice to allow them to be safely supported in staying in work.
- 19 **Grampian:** That this conference welcomes ongoing work for GP wellbeing and a possible mental health service but feels GPs without mental health diagnoses urgently need access to a service to allow support when needed to help cope with the day to day pressures of working as a GP.
- 20 **Glasgow:** That this conference recognises the importance of a GP exit survey and calls on SG to establish a national scheme across Scotland.
- A 21 **Ayrshire and Arran:** That this conference requests that SGPC work with the defence unions to provide greater clarity around liability and protection for GPs regarding practice exposure to clinical negligence claims due to actions of staff not employed by the practice but working within it.
- A 22 **Fife:** That this conference recommends changes in legislation to allow members of the primary care MDT to issue fit notes. This would allow for continuity of care by the relevant health care professional and allow the new GP contract a further measure of success.
- * 23 **Agenda Committee:** That this conference with reference to (CLW) community links workers:
- i. recognises that they have been very valuable to practices and patients
 - ii. believes that they are especially valuable in areas of deprivation
 - iii. believes that their value in other areas of need should be evaluated
 - iv. calls for additional ring-fenced funding out with the (PCIF) primary care improvement fund to ensure adequate access to CLWs for practices.

- 24 **Ayrshire and Arran:** That this conference believes the addition of community connectors or link workers to practice teams has:
- i. reduced use of GP appointments for purely social reasons
 - ii. increased patient accessibility to third sector services
 - iii. highlighted the need for the service to be expanded and calls for additional resource to support this.
- 25 **Glasgow:** That this conference with reference to CLW:
- i. recognises that they have been very valuable to practices and patients
 - ii. believes that they are especially valuable in areas of deprivation
 - iii. believes that their value in other areas of need should be evaluated
 - iv. calls for additional ring-fenced funding out with the PCIF to ensure adequate access to CLWs for practices.
- 26 **Glasgow:** That this conference welcomes the chief nursing officer's report on practice nursing and calls on Scottish Government and SGPC to promote the development of the senior GP practice nurse role in general practices.

10:00

CONTRACTS AND NEGOTIATIONS

- 27 **Glasgow:** That this conference calls on SGPC to negotiate phase 2 provisions which protects and promotes GP partnership opportunities in Scotland.
- * 28 **Lothian:** That this conference calls upon SGPC to postpone negotiations over Phase 2 of the contract until such time as we have clear sight of the delivery of Phase 1 via the primary care improvement plan trackers.
- 29 **Lanarkshire:** That this conference moves that negotiations for phase 2 of the new GP contract be suspended until there is tangible changes and progress made on phase one implementation which results in actual benefits to the average GP. Most GPs do not believe that phase one has given any benefits to day to day general practice, and as such to continue negotiations for a different stage would be disingenuous. This conference proposes that negotiations for phase 2 of the new GP contract be suspended until there is tangible change and progress made on phase one implementation resulting in actual benefit perceived by the average GP.
- 30 **Grampian:** That this conference asks Scottish Government to remind (HSCPs) health and social care partnerships that they have an obligation to implement the new GMS contract in full, irrespective of financial pressures caused by providing some services in an inefficient way.
- 31 **Grampian:** That this conference is concerned that, despite being more than half way through the three year implementation time of the new GMS contract, there are still not approved plans for delivery in some areas, and fears that the contract will not be delivered by April 2021, and so instructs SGPC to begin work on alternative strategies to reduce GP workload and the financial risks of being a GP.
- * 32 **Lothian:** That this conference, due to the failures of centrally appointing staff to support Phase 1 of the contract, as an interim measure, this conference calls upon SGPC and SG to free up funding to be given directly to general practices and enable them to employ the healthcare teams required (where practices request this autonomy).
- 33 **Highland:** That this conference is concerned about the wasted GP time and energy involved in influencing health board managers regarding the daily working activities of health board employed members of the multi-disciplinary team and asks SGPC to agree with the Scottish Government that general practices, which wish to do so, may directly employ clinical staff with (PCIF) primary care improvement fund monies.

- * 34 **Agenda Committee:** That this conference recognises that health inequalities are the root cause of our poor Scottish health record and asks that:
- i. we urgently need to see specific proposals from SG and SGPC on how support should be provided to GP's working in the most deprived practices
 - ii. our contract negotiators establish a health inequalities working group analogous to that of remote and rural.
- 35 **Lothian:** That this conference upholds that as Scottish LMC conference believes that the new GMS contract gives insufficient support to GPs working in the most deprived practices (2018 conference) and life expectancy is falling in the most deprived areas, we urgently need to see specific proposals from Scottish Government and SGPC on how this support should be provided.
- 36 **Lothian:** That this conference recognises that health inequalities are the root cause of our poor Scottish health record and recommends that our contract negotiators establish a working group analogous to that for remote and rural.
- * 37 **Agenda Committee:** That this conference, with respect to phase 1 of the new GP contract implementation in rural practices:
- i. observes that rhetoric exceeds reality
 - ii. notes that manpower resource is not reaching these practices in a manner equitable with their urban colleagues
 - iii. believes that this lack of resource further aggravates the divisions that were evident with the workload allocation formula
 - iv. calls on SGPC to develop additional mechanisms to mitigate this ongoing funding and resource gap
 - v. calls for clarity on what defines as rural for remote and rural practices to allow implementation of variation.
- 38 **Ayrshire and Arran:** That this conference, with respect to Phase 1 of the new GP contract implementation in rural practices:
- i. observes that rhetoric exceeds reality
 - ii. notes that manpower resource is not reaching these practices in a manner equitable with their urban colleagues
 - iii. believes that this lack of resource further aggravates the divisions that were evident with the workload allocation formula
 - iv. calls on SGPC to develop additional mechanisms to mitigate this ongoing funding and resource gap.
- 39 **Grampian:** That this conference calls for clarity on what defines as rural for remote and rural practices to allow implementation of variation where appropriate for the GMS Contract 2018.
- 40 **Lanarkshire:** That this conference believes that the legal requirement for boards to not overspend and the personal requirements of individuals to not fail, risks negatively impacting the true aspirations and aims of transforming primary care and general practice. As such boards seek to impress that they are on target and managing the task they have been given, rather than demanding an increase in funding to enable full delivery of GMS 2018.
- 41 **Lanarkshire:** That this conference believes that the phrasing in the new contract "when is safe and able to do so" is being used by others as an excuse to delay, or not take over work as per the understanding of the new contract. This conference moves that it is made clear from a general practice standpoint that this is unacceptable and that general practice is increasingly becoming unsafe and unable to do so for many tasks.
- 42 **Ayrshire and Arran:** That this conference calls on the Scottish Government to provide assurances that once Phase 1 of the new contract has been fully implemented and integration joint boards become responsible for service provision, that there will be no resource reduction due to financial pressures.

- 43 **Highland:** That this conference is concerned about the negative effect on our profession's morale caused by the loss of autonomy of general practitioners due to:
- i. the Scottish contract variation promoting health board employed multi-disciplinary team clinicians rather than directly employed clinicians and
 - ii. the relinquishing of some long-standing clinical services to health boards.

10:40

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- 44 **EHEALTH**
- Ayrshire and Arran:** That this conference believes that:
- i. the digital systems and infrastructure falls short of that required to facilitate full contract implementation
 - ii. a single platform software system is needed to unite primary care, secondary care, social care and patient held record access systems for the future
 - iii. significant further and sustained investment is required to provide the IT tools for patient care
 - iv. SGPC should lobby Scottish Government to provide the necessary funding for IT development.
- 45 **Dumfries and Galloway:** That this conference welcomes the recent announcement of extra funding for GP IT but recognises that this is not sufficient to provide an IT infrastructure that is fit for purpose to allow effective multi-disciplinary team working.
- 46 **Glasgow:** That this conference expresses disappointment in the slow progress of the GPIT re-provisioning programme and calls for any approved systems to be fit for purpose not only for now but for the next decade to enable multidisciplinary working and the implementation of the new GP contract.
- 47 **Highland:** That this conference is concerned that the current licencing arrangements in Scotland for document management software do not fit with the new workforce arrangements that the new GP contract brings and asks SGPC to urgently push for arrangements that adequately accommodate staff working remotely and across multiple sites.
- * 48 **Agenda Committee:** That this conference with regard to new technologies which allow new access options for patients including web consultations:
- i. welcomes the findings from the recent **parliamentary health and sport committee report** that the public view communicating with their practices using information technology as a priority
 - ii. calls on SGPC to ensure that the developments are clinically and professionally led by GPs to support general practice
 - iii. calls on SGPC to ensure these solutions are made available to all NHS GP practices.
 - iv. regrets that the costs for some of these IT systems still rests with practices and insists that all such accredited systems should be fully funded by the NHS
 - v. calls on Scottish Government to ensure that patient identity management for IT systems is administered centrally and not left to individual GP practices.
- 49 **Glasgow:** That this conference welcomes new technologies which allow new access options for patients including web consultations and calls on SGPC to ensure that
- i. the developments are clinically and professionally led by GPs to support general practice
 - ii. these solutions are made available to all NHS GP practices.
- 50 **Grampian:** That this conference welcomes the findings from the recent parliamentary health and sport committee report that the public view communicating with their practices using information technology as a priority but regrets that the costs for some of these IT systems still rests with practices and insists that all such accredited systems should be fully funded by the NHS.

51 **Glasgow:** That this conference calls on Scottish Government to ensure that patient identity management for IT systems is administered centrally and not left to individual GP practices.

* 52 **Highland:** That this conference is pleased that NHS24 has been able to develop specific support to increase the number of GP practices that have a website, but demands that SGPC seek progress around allowing practices to choose what information is displayed on these webpages, particularly about services that are available locally, thus assisting the signposting efforts being made by practice teams.

53 **Glasgow:** That this conference welcomes the rollout of the GP website programme.

11:00

GENERAL DATA PROTECTION REGULATION (GDPR)

* 54 **Agenda Committee:** That this conference with regard to subject access requests:

- i. is concerned by the continuing increase in the work caused by responding to subject access requests and the effect caused by diverting practice staff from providing direct patient care
- ii. deplores the fact that this work remains unfunded and calls on SGPC to negotiate a solution with Scottish Government to, as a minimum, allow parity with the funding available in England
- iii. welcomes the BMA code of conduct for subject access request and calls for an electronic solution to be made available in Scotland so that subject access requests can be handled and delivered electronically.

55 **Grampian:** That this conference, concerned by the continuing increase in the work caused by responding to subject access requests and the effect caused by diverting practice staff from providing direct patient care, deplores the fact that this work remains unfunded and calls on SGPC to negotiate a solution with Scottish Government to, as a minimum, allow parity with the funding available in England.

56 **Glasgow:** That this conference welcomes the BMA code of conduct for subject access request and calls for an electronic solution to be made available in Scotland so that subject access requests can be handled and delivered electronically.

57 **Lanarkshire:** That this conference believes that the Scottish Government should explore ways of preventing “no win, no fee” litigation from placing excessive demands on general practice. Guidelines need to be drawn up with the law society with regards to appropriate request of medical records. Full medical records are often not required and blanket request are taking up valuable time and resources.

* 58 **Grampian:** That this conference is dismayed that GPs are still responsible as data controller, with no national protection from the data protection risks associated with the new workforce accessing and entering data onto the GP IT system, and calls on SGPC to urgently work with Scottish Government to resolve the issue.

59 **Glasgow:** That this conference is disappointed with the delay in the national information sharing agreement roll out.

60 **Ayrshire and Arran:** That this conference welcomes the decision for boards to provide practices with the role of (DPO) data protection officer to comply with GDPR but calls on SGPC to provide clarity on protection for practices that follow DPO advice and are subsequently found to be in breach of the regulations.

11:20

HEALTHCARE PLANNING AND PROVISION

- * 61 **Agenda Committee:** That this conference calls on Scottish Government to arrange an urgent campaign to:
- i. educate the public via advertisement and social media to highlight that a GP may not be the first point of contact and which service /professional should be approached with seeking help for medical conditions
 - ii. increase the understanding of the role of the GP as expert medical generalist and the role of other members of the MDT
 - iii. educate the public on changes in general practice and the present recruitment and workload crisis.
- 62 **Ayrshire and Arran:** That this conference demands that Scottish Government arrange an urgent campaign to:
- i. help educate the public on changes in general practice
 - ii. increase understanding of roles of other professionals
 - iii. increase understanding of the expert medical generalist role and
 - iv. increase awareness that the GP may not be first point of contact.
- 63 **Ayrshire and Arran:** That this conference calls on the Scottish Government to:
- i. do more to promote the current recruitment crisis and workload pressures with the public
 - ii. undertake an active advertisement and social media campaign highlighting the best service to approach when seeking help for medical conditions.
- * 64 **Glasgow:** That this conference is concerned about the inequity of distribution across GP practices of new resources and services and calls on boards and HSCPs to work with GP subcommittees and practices to ensure that new resources and services are fairly distributed benefitting all practices.
- 65 **Grampian:** That this conference, while recognising the need to prioritise the deployment of staff recruited under the new contract to areas with recruitment difficulties, insists that HSCPs ensure all practices get a fair share of new staff, ensuring that all our patients and communities benefit from the new services.
- * 66 **Orkney:** That this conference calls for an end to the disparity of public holiday provision and calls for all health boards and integrated joint boards to honour the nationally-agreed 10 public holidays per annum for general practices without exception.
- 67 **Highland:** That this conference recognises the need for planned general practice closures, and:
- i. notes with concern the significant historic variation between Scotland's health boards in allocations for public holidays
 - ii. asks for SGPC to support LMCs where health boards provide a lower number of public holidays to GP practices.
- 68 **Dumfries and Galloway:** That this conference requests SGPC and Scottish Government to standardise core hours and the number of statutory public holidays across Scotland and remove the need for regional negotiation.
- 69 **Tayside:** That this conference expects that private healthcare providers do not direct patients to general practice for follow up care i.e. suture removal, dressings and blood tests. Whilst the care and treatment services may be able to take some of this work, we call for it to be properly funded by the private provider.
- 70 **Highland:** That this conference recognises the importance of patients being able to access timely travel health advice and asks SGPC to seek answers about whether this can be delivered by health boards or whether additional resource will need to be directed towards general practice.

- 71 **Lanarkshire:** That this conference believes that people are complex and attend GPs for many non-evidence-based reasons. Offering cheaper, but only evidence-based alternatives to expensive GPs, will perpetuate the medicalisation of such factors as loneliness, misery, poor relationships and poverty. We call on public health to do more to improve the well-being and self-reliance of the population at individual and community level.
- 72 **Lothian:** That this conference:
- i. is aware of a growing crisis in healthcare provision for homeless people as highlighted in the **BMA report 'Streets of Shame'**, and
 - ii. calls on the Scottish and UK Governments to recognise that the response to this crisis requires radical change in housing, welfare and support services.
- 73 **Highland:** That this conference believes that the treatment of leg ulcers should take place in the community, and:
- i. seeks SGPC's assistance to ensure that patient pathways should not involve practice nursing staff routinely undertaking changes of dressings
 - ii. insists that when compression or multi-component bandaging is required, the responsibility for the provision of this rests with the health board.
- 74 **Glasgow:** That this conference is concerned about reports of sexual health services being inadequately provided by boards and the resulting impact on GP workload and patient care that this is having and calls on boards to ensure that sexual health services are funded and staffed adequately.
- 75 **Lothian:** That this conference supports **Margaret McCartney's (RCGP) Royal College of General Practitioners position paper** on the follow up for private screening. We request that Scottish Government work with SGPC to adopt this as policy.

11:40

EDUCATION AND TRAINING

- * 76 **Agenda Committee:** That this conference:
- i. expresses disappointment at the (ARM) Annual representative meeting motion which reverses years of campaigning by the GP profession for enhanced and extended GP training
 - ii. calls on the Scottish Government to support RCGP and BMA in their pursuit of a modern, fit for purpose training programme for GP trainees which provides increased training time in a GP setting
 - iii. expresses dismay that Scotland has not progressed to having four-year competency-based training embedded within general practice
 - iv. asks SGPC to pursue four-year competency-based training with (NES) NHS Education for Scotland and the Scottish Government.
- 77 **Glasgow:** That this conference expresses disappointment at the ARM motion which reverses years of campaigning by the GP profession for enhanced and extended GP training.
- 78 **Lothian:** That this conference condemns the Shape of training steering group for their continued refusal to accept the RCGP proposal for increased time for GP specialty training in a general practice setting, and calls on the Scottish Government to support RCGP and BMA in their pursuit of a modern, fit for purpose training programme for GP trainees which provides increased training time in a GP setting.
- 79 **Highland:** That this conference is mindful that an educational case for enhanced GP training was established in 2012 and:
- i. expresses dismay that Scotland has not progressed to having four-year competency-based training embedded within general practice
 - ii. asks SGPC to pursue four-year competency-based training with NES and the Scottish Government.

- A** 80 **Forth Valley:** That this conference demands that the Scottish Government fully funds 10 protected learning time sessions per year for GPs and their extended teams to develop their learning and team relationships.
- A** 81 **Ayrshire and Arran:** That this conference recognises the continued value of protected learning time, particularly in the era of the new contract implementation and multi-disciplinary team working and calls for national support to ensure continuity of this valuable resource.
- 82 **Glasgow:** That this conference recognises that general practice training is a vital component of the medical curriculum and calls on Scottish Government to increase the funding available to GP practices to support teaching places for medical students and help to facilitate an increase in the number of medical student places available within general practice.
- 83 **Ayrshire and Arran:** That this conference welcomes the role of the GP as the expert medical generalist but believes that there needs to be additional funding for education and mentoring to help GPs augment their skills required for this role.
- 84 **Dumfries and Galloway:** That this conference demands better incentives be developed to ensure all GP training places are filled, particularly in remote and rural locations.
- 85 **Lothian:** That this conference believes that all GPs on the retainer scheme should have an annual review meeting with a representative from NES in order to ensure educational needs of the GP are being met and that all GPs on the retainer scheme are receiving adequate support and guidance.
- 86 **Forth Valley:** That this conference asks that there is increased training provided on the specific skills GPs need to run a partnership to GPs in training and GPs throughout their career.
- 87 **Lothian:** That this conference believes that the limited general practice experience provided by Scottish foundation school programmes is unacceptable in a modern balanced medical education system and it calls for the Scottish Government to mandate the Scottish foundation school to have a general practice post in every foundation programme.
- 88 **Grampian:** That this conference recognises GP practices as learning environments for their own and other staff employed by HSCP and calls on SGPC to promote and encourage development of this, especially in non-GP training practices.

11:50

QUALITY AND CLUSTERS

- * 89 **Agenda Committee:** That this conference welcomes the positive work that GP cluster groups have been engaging in and calls:
- i. on SGPC to negotiate and increase in the (PQL) practice quality lead session rate
 - ii. for additional funding and resources to support their ongoing development
 - iii. on additional training for GPs in leadership roles.
- 90 **Glasgow:** That this conference calls on SGPC to negotiate an increase in the PQL session rate.
- 91 **Glasgow:** That this conference welcomes the positive work that GP cluster groups have been engaging in and calls for additional funding and resources to support their ongoing development.

92 **Ayrshire and Arran:** That this conference recognises that additional training will be required for GPs in leadership roles including practice and cluster quality leads as the role of GP clusters expands to incorporate their extrinsic function and calls on SGPC to negotiate additional funding for this work.

93 **Grampian:** That this conference welcomes the role given to GP clusters in monitoring quality associated with implementation of the new contract at a local level, but encourages SGPC to work with Scottish Government to agree outcomes to ensure that the significant investment in the new contract is both improving patient care as well as reducing the workload of, and improving the stability of, general practice.

12:00

IMMUNISATION/CTACS

* 94 **Agenda Committee:** That this conference expresses its disappointment with the slow pace of implementation of the 2018 Scottish general medical services contract, and calls on Scottish Government and health boards to:

- i. expedite the delivery of flu vaccinations through the (VTP) vaccination transformation programme
- ii. expedite the delivery of travel vaccinations through the VTP
- iii. prioritise the implementation of (CTACS) community treatment and care services.

95 **Lanarkshire:** That this conference moves that the GP negotiators immediately move to expedite the national vaccine transformation project, in particular travel vaccinations, as this would have immediate benefits to GP, and is a tangible change which could be shown to the profession at large as an example of progress of the new contract.

96 **Glasgow:** That this conference expresses its disappointment with the slow pace of implementation of the new GP Contract and calls on government and boards to:

- i. progress VTP especially flu and travel vaccinations
- ii. implement the care and treatment service as a priority.

97 **Lothian:** That whilst this conference welcomes the transfer of highly scheduled vaccination programmes to the wider team, the annual flu vaccination programme is a high volume, annual programme where practices could maximise opportunistic vaccination and an option should be given to that alternative delivery.

13:30

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

* 98 **Agenda Committee:** That this conference is dismayed that the current taxation and contribution rules in relation to the NHS Scotland pension scheme may result in critical reductions in available clinical workforce, and irrevocable harm to the NHS in Scotland, and calls on the Scottish Government to work with the UK Treasury to improve pensions flexibility by:

- i. allowing variable contribution rates
- ii. allowing the ability to opt out of the scheme on a contract by contract basis
- iii. removing the annual allowance tapering rules
- iv. removing the annual allowance
- v. increasing the value of the lifetime allowance.

99 **Dumfries and Galloway:** That this conference insists that the Scottish Government take urgent steps to address the pension tax trap that is exacerbating the GP workforce crisis.

100 **Tayside:** That this conference believes that, unless urgent action is taken, the current taxation and contribution rules in relation to the NHS Scotland pension scheme may result in irrevocable harm to the NHS in Scotland through critical reductions in available clinical workforce and calls on the Scottish Government to make all necessary changes within their power to address this including but not limited to:

- i. allowance of variable contribution levels
- ii. the ability to opt out of the scheme on a contract by contract basis
- iii. liaise with the UK Government around the scrapping of the annual allowances taper.

101 **Forth Valley:** That this conference asks that SGPC and UKGPC work towards having the current pension scheme urgently reviewed and that:

- i. the tapering rules are removed
- ii. annual allowance is removed
- iii. the value of the life time allowances is increased by £300,000.

102 **Highland:** That this conference is dismayed by the impact that NHS pension changes are having on Scotland's general practitioners and instructs SGPC to ask the Scottish Government to take all the actions it has in its power to reduce the negative impacts on GPs of the taper, the annual allowance, and the lifetime allowance.

103 **Glasgow:** That this conference is concerned that patient services are being adversely affected by the financial consequences of the current pension regulations which are forcing doctors at all stages of their careers to either reduce their working hours, not take on extra work, and even to retire early and calls on Scottish Government to work with UK treasury on improving pensions flexibility to allow doctors to continue to provide care to patients.

104 **Grampian:** That this conference is fearful that the cliff edge caused by the UK treasury pensions rules will cause a significant loss of GPs from the NHS and calls on SGPC to work with government and the wider BMA to have the pension tax rules changed before this has a significant impact on patient care.

* 105 **Forth Valley:** That this conference demands that GPs should have the option to receive all of the 20.9% employer superannuation contribution if they leave the NHS pension scheme as taxable income so they can most efficiently determine their future planning.

106 **Lothian:** That this conference demands that the 6% employer's contribution, reimbursed by Scottish Government, should also be given to GPs out with the pension scheme in a bid to ensure parity within partnerships and improve retention.

107 **Ayrshire and Arran:** That this conference urges Scottish Government, in light of the significant damage done by pension changes, to find a mechanism where general practitioners are told in advance how much can be paid into their NHS pension without penalty prior to making those payments.

13:45

PREMISES

* 108 **Tayside:** That this conference welcomes the proposed change in leasehold for primary care premises as detailed in the new contract. However, we would urge that NHS boards urgently review investment in primary care premises and give this an equal priority to secondary care as we believe this is the pivotal reason for many practices closing or considering doing so.

109 **Glasgow:** That this conference demands that health boards capital plans must take into account and have an investment strategy for GP premises.

- * 110 **Ayrshire and Arran:** That this conference:
- i. recognises that GP premises are inadequate for the development of MDT working required by the new GP contract
 - ii. believes that GP premises capacity is a major limitation to the full implementation of the new contract
 - iii. calls on the Scottish Government to urgently provide additional capital investment to facilitate appropriate expansion and/or relocation.
- 111 **Forth Valley:** That this conference asks that SGPC and Scottish Government negotiate a national strategy for funding of premises that includes the upgrading of current premises and creating new premises to meet the increasing demands of primary care.
- 112 **Glasgow:** That this conference calls on Scottish Government and boards to improve and invest in GP and community health premises to house eMDT members and enable the implementation of the new GP contract service such as pharmacotherapy and CTAC services.
- 113 **Glasgow:** That this conference calls for a primary care premises funding policy with ring-fenced funding for GP premises development that does not come out of the PCIF.
- 114 **Grampian:** That this conference is dismayed that patients may have to travel increased distances to access care, and GPs may be hampered in their leadership of primary care teams, due to the lack of investment in primary care premises meaning that many GP practices do not have the space for new staff to be co-located, and calls on Scottish Government to increase the capital funds available to boards to modernise the primary care premises estate.
- 115 **Glasgow:** That this conference is disappointed about the lack of progress with the sustainability loan scheme.
- 116 **Glasgow:** That this conference calls on more urgent progress with regards to health boards taking on the third-party leases from practices as a means to reduce risk.

14:00

MISCELLANEOUS

- 117 **Lothian:** That this conference, with regard to child protection in relation to general practice, this conference calls on the government to mandate health boards to create contemporaneous electronic registers of children with a child protection status, derived from regional social care data, for use in general practice and GP unscheduled care, to increase clinical governance in safeguarding.
- * 118 **Agenda Committee:** That this conference:
- i. approves of active travel to improve health outcomes by increasing exercise
 - ii. recognises the opportunity to improve recycling within the NHS
 - iii. approves of analysis of GP premises and working environments to reduce our carbon footprint
 - iv. urges government to accelerate the transition from fossil fuel vehicles to decrease pollution
 - v. supports the Scottish Government in declaring a climate emergency.
- 119 **Highland:** That this conference approves of GP practices undertaking analysis of our GP premises and the working environment to examine and reduce the carbon footprint of our primary care health and social care organisations.
- 120 **Forth Valley:** That this conference urges government, both central and local, to accelerate the transition from fossil fuel vehicles to human and electrically powered transport, improving health outcomes by increasing exercise and decreasing pollution in population centres.

- 121 **Ayrshire and Arran:** That this conference recognises there is opportunity to improve recycling within the NHS and calls on Scottish Government to investigate the potential for a funded recycling programme within general practice in Scotland.
- 122 **Highland:** That this conference declares a climate emergency.
- 123 **Highland:** That this conference approves of active travel and asks SGPC to work with Scottish Government and health boards to understand where further infrastructure and resources are needed to support this in general practice settings.
- 124 **Tayside:** That this conference advises both Scottish and UK governments that at the earliest opportunity the powers to govern controlled drug policy in Scotland should be devolved to the Scottish Government.
- 125 **Lothian:** That this conference maintains that the (PVG) protecting vulnerable groups system for doctors entirely duplicates that of the (GMC) General Medical Council, is hugely wasteful of precious NHS time, and should be disbanded forthwith.

14:15

FUNDING

- 126 **Lothian:** That this conference:
- i. notes the conclusion by **Audit Scotland** in October 2018 that the NHS in Scotland is not in a financially sustainable position
 - ii. notes that the all member **BMA survey in 2018** suggested that doctors in Scotland believe that NHS resources are inadequate and significantly affect the quality and safety of patient services
 - iii. commends BMA Scotland for its recent publication **“Secondary care matters: Shaping the future of safe, sustainable hospital-based healthcare in Scotland”**
 - iv. calls on the Scottish Government to engage in a genuine national conversation with the public about their expectations of the NHS
 - v. believes that the Scottish Government should increase healthcare expenditure to at least 10% of Scotland’s (GDP) gross domestic product.
- * 127 **Agenda Committee:** That this conference calls on the Scottish Government to recognise the significant under-funding of general practice, and to take decisive action to deliver:
- i. full funding of the 2018 Scottish general medical services contract to allow the vision and intention of the contract to be realised
 - ii. an acceleration of the funding programme for the 2018 Scottish general medical services contract through releasing the full 2021/22 funding for year 3
 - iii. major additional funding to recruit and train enough personnel to fulfil the requirements of 2018 Scottish general medical services contract
 - iv. funding for the provision and development of new GP IT and for the development of GP premises
 - v. direct spending of at least 11% of Scotland’s NHS funding in general practice.
- 128 **Forth Valley:** That this conference asks Scottish Government to ensure that the 2018 Scottish general medical services contract is fully funded to allow the contract to be delivered this includes funding for:
- i. the new staff that will be needed
 - ii. new IT to be provided and developed
 - iii. training of Staff
 - iv. premises development.
- 129 **Glasgow:** That this conference calls on Scottish Government to take decisive action to deliver on its contractual commitment by accelerating the funding programme for the new GP contract through releasing the full 2021/22 funding for year 3.

- 130 **Ayrshire and Arran:** That this conference believes that as additional staff join our teams through implementation of the new contract, it has become clear that major additional funding will be required (following the initial implementation period) to allow the full realisation of the new contracts vision and intention.
- 131 **Lanarkshire:** That this conference believes insufficient future funding is negatively impacting on health boards' ability to adequately recruit and train enough personnel to fulfil the requirements of the GMS 2018 contract and insists that the Scottish Government significantly increase the funding available.
- 132 **Highland:** That this conference asserts that 11% of Scotland's NHS funding should be spent directly in general practice, and:
- i. is dismayed that since 2008 the proportion of NHS spending in general practice has fallen from 9.8% to 7.4% and
 - ii. asks SGPC to compel the Scottish Government to increase direct spending in general practice to 11% without delay.
- 133 **Forth Valley:** That this conference:
- i. urges the Scottish Government to recognise 13 years of under-funding in general practice that has seen its share of NHS spend drop from approximately 9% to approximately 6%
 - ii. seeks the urgent resolution of this underfunding via realistic increases in the global sum.
- 134 **Lanarkshire:** That this conference believes that the implementation of the new contract is being undertaken disingenuously by both health boards and the Scottish Government due to significant underfunding which has resulted in little to no significant changes to GP workload, and very little tangible changes in the short to medium term due to this underfunding. As such we demand that:
- i. negotiators must move to the aim of increasing primary care funding to at least 10% of NHS funding
 - ii. this is ring-fenced for primary care initiatives
 - iii. any workload transferred from secondary care is resourced from secondary care.
- * 135 **Agenda Committee:** That this conference recognises that the implementation of Action 15 of the mental health strategy is essential, to provide access to mental health professionals in all AandEs, all GP practices, police station custody suites and prisons, and calls upon the Scottish Government to:
- i. hold health and social care partnerships and health boards accountable for ensuring Action 15 monies are allocated in direct support of these principles
 - ii. publish data showing how Action 15 monies have been spent in each area in Scotland
 - iii. direct Action 15 monies to be used to improve the provision of mental health workers in GP practices where this has not happened
 - iv. require all health and social care partnerships and health boards to declare what percentage of Action 15 monies will be spent in general practice in 2020 and 2021.
- 136 **Highland:** That this conference is dismayed about how little of Scotland's mental health strategy Action 15 monies have been apportioned to primary care, including general practice, in some health board areas and calls upon SGPC and the Scottish Government to:
- i. publish data showing how Action 15 monies have been spent across all of Scotland's health boards
 - ii. instruct health boards to transfer Action 15 monies into primary care, including general practice, where it is clear that little or no investment has been made to date
 - iii. require all health boards to declare what percentage of Action 15 monies will be spent in general practice in 2020 and 2021.

- 137 **Ayrshire and Arran:** That this conference:
- i. recognises that the implementation of Action 15 of the mental health strategy providing access to mental health professionals in all AandEs, all GP practices, police stations, custody suites and prisons is essential
 - ii. requests that Scottish Government to hold HSCPs accountable for ensuring Action 15 money is allocated in direct support of these principles.
- 138 **Glasgow:** That this conference calls on the Scottish Government and health boards to direct the use of Action 15 monies to improve the provision of mental health workers in general practices where this has not happened.
- 139 **Glasgow:** That this conference welcomes the introduction of the GP tripartite group arrangements as detailed in the new GP contract and recent national cluster guidance and calls for this new group to be adequately funded to allow it to provide consistent GP insight and influence for the benefit of the wider healthcare system as envisaged.
- 140 **Tayside:** That this conference calls for the PCIF funding to be allocated to HSCPs based on practice registrations rather than geographical or council area definition.
- 141 **Lothian:** That this conference believes that we need to see the proposals for the 'other £250 million' which is intended to support general practice.
- 142 **Glasgow:** That this conference reiterates the need to have funding attached to GP posts as part of any future phase 2 contract negotiations.
- 143 **Ayrshire and Arran:** That this conference believes that funding for pharmacotherapy services has been under estimated to cover all tier one services.
- 144 **Highland:** That this conference observes that the (NRAC) NHS Scotland resource allocation committee formula has been used for distributing the PCIF amongst health boards, despite NRAC not being designed for the purposes of primary care modernisation, and therefore asks that SGPC seeks assurance from the Scottish Government that additional top-up mechanisms may be used to support geographical areas that might otherwise be disadvantaged from the use of NRAC alone, such as remote and rural areas.
- 145 **Glasgow:** That this conference calls on the Scottish Government to review appraiser pay to recognise the increasing complexity and supportive nature of the role.
- 146 **Forth Valley:** That this conference asks that back scanning of paper patient records should be funded centrally and should not be paid for by practices and asks that SGPC negotiate funding for this.

14:45

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- * 147 **Forth Valley:** That this conference believes that too much GP time is used manually signing paper GP10 prescriptions and that the Scottish Government should prioritise:
- i. electronic GP or (NMP) non-medical prescriber signatures to be added digitally all GP10 or GP10(NMP) prescriptions
 - ii. a system which allows patients to attend any pharmacy in Scotland to have their prescription dispensed, once an electronic prescription has been digitally signed, without the requirement to collect or present a paper GP10 or GP10(NMP).
- 148 **Ayrshire and Arran:** That this conference requests that electronic prescriptions be rolled out Scotland wide as a matter of urgency.
- 149 **Fife:** That this conference recommends that all prescriptions be paperless in the near future as it is a massive waste of GP and reception staff time signing and chasing up lost prescriptions.

- * 150 **Agenda Committee:** That this conference deplores the amount of clinical time taken away from other patient care in dealing with the increasing problem of medication shortages and asks:
- i. SGPC to continue to work with the wider BMA and governments to improve the situation
 - ii. the Scottish Government to urgently create an online easily accessible data base for all prescribers to assist in finding alternatives to medications affected by drug shortage or unavailability.
- 151 **Grampian:** That this conference deplores the amount of clinical time taken away from other patient care in dealing with the increasing problem of medication shortages and calls on SGPC to continue to work with the wider BMA and governments to improve the situation.
- 152 **Ayrshire and Arran:** That this conference demands that the Scottish Government urgently create an online, easily accessible data base for all prescribers to assist in finding alternatives to medications affected by drug shortage or unavailability.
- 153 **Ayrshire and Arran:** That this conference notes the review of the drug tariff reimbursement in England and Wales, recognises that changes in drug pricing are reflected UK wide, and asks SGPC to clarify:
- i. whether an impact assessment has been undertaken in Scotland and, if so, what were its findings
 - ii. what steps are planned to mitigate the potential loss of practices who feel they are no longer financially viable as a result of the changes in reimbursement.
- 154 **Highland:** That this conference notes that there are environmental consequences of prescribing and asks SGPC to discuss with Scottish Government what ways that the negative impacts of this can be mitigated.

15:05

LMC/GP SUBCOMMITTEE/CONFERENCE

- 155 **Glasgow:** That this conference welcomes the new GP subcommittee funding which recognises the important role of the committee in delivering the new GP contract and in working to develop the leadership role of GPs and calls on Scottish Government to make this funding available on a recurring basis.
- 156 **Tayside:** That this conference believes that, in relation to LMC and GP subcommittee office bearers, the title 'medical secretary' is no longer fit for purpose and calls on SGPC, working with GPC UK as required, to agree an alternative title for this role.
- 157 **Agenda Committee:** That this conference, in relation to Standing Order 3(a):
- i. agrees that the formula for allocating LMC representatives to Scottish conference is anomalous
 - ii. calls on the agenda committee to produce an amended formula to be proposed at the next annual conference (Appendix 1)
 - ii. instructs agenda committee to ensure that any new formula is equitable while continuing to offer adequate representation to smaller LMCs.
- 158 **Lothian:** This conference calls for;
- i. the immediate removal of the BMA careers 'specialty explorer' site
 - ii. an inquiry in to the BMA specialty explorer tool to understand why this widely advertised careers advice tool for medical students and doctors in training fails to advise GP as a top 5 choice in virtually all cases.
- 159 **Glasgow:** That this conference is concerned about the volume of work now expected of GP subcommittees with the implementation of the GP contract and calls on SGPC to ensure that LMCs and GP subcommittees are supported in the work that they do.

- 160 **Lanarkshire:** That this conference believes that given we have a national performers list, with national paperwork, this would be the ideal platform to add additional consent to share fields, specifically with local or named LMCs for the purpose of allowing:
- i. them to contact you to offer their services
 - ii. them to add you to their mailing list
 - ii. host board to send information on behalf of the LMC.

15:25

OUT OF HOURS/SESSIONAL GPs

- 161 **Glasgow:** That this conference values our sessional and locum GP workforce and is concerned that there has been not enough done to ensure their participation in the new quality agenda and facilitating their opportunities to develop as clinical leaders and calls on SGPC to ensure that sessional and locum GPs are afforded opportunities for training for as part of the development of quality agenda and the expert medical generalist role.
- * 162 **Agenda Committee:** That this conference believes that the present systems for GP locums to access practice IT are poor and compromise patient safety and calls for a:
- i. solution to be found to allow near immediate access to all required IT systems
 - ii. national minimum standard for locum IT access is established and embedded in the IT procurement process.
- 163 **Tayside:** That this conference asks that given the increasing number of short-term locum GPs and other clinical staff; a solution is found to allow near immediate access to all required IT systems.
- 164 **Lanarkshire:** That this conference believes that GP locum access to patient management systems including peripherals accessed by a GP in the course of a normal working day, should be addressed as a matter of urgent national priority.
- 165 **Lanarkshire:** That this conference believes that GP locum access to patient management systems including peripherals accessed by a GP in the course of a normal working day, should be a mandatory ask of the national platform and GP IT re-provisioning project and should not rely on employment status or local practice access via inherently unsafe generic locum accounts.
- 166 **Lanarkshire:** That this conference believes that inadequate access to patient management systems and peripherals such as SCI store and SCI gateway for locum GPs increases frustration, reduces efficiency, safety and productivity and the impact is at its worst when the need for a locum is at its greatest.
- 167 **Lothian:** That this conference believes that the systems for locums to access practice IT are poor, thereby wasting doctor and practice time and potentially compromising patient safety, and that a national minimum standard for such access should be agreed.
- 168 **Forth Valley:** That this conference asks that SGPC and Scottish Government work towards making it a compulsory requirement that health boards have to provide each sessional GP with access to SCI Gateway in their usual group of practices to allow timeously and appropriate referrals to secondary care.
- * 169 **Forth Valley:** That this conference believes that GPs who are deemed by providers to not be self-employed for tax purposes must be entitled to the corresponding statutory employment rights including pro rata annual leave and instructs SGPC to assist and support affected GPs.
- 170 **Lothian:** That this conference believes that all out of hours organisation employers in Scotland should pay all statutory elements including pro-rata annual leave to all their employed GPs in accordance with current Scottish Government guidance.

171 **Lothian:** That this conference believes that zero hours contracts without employee rights has led to further denigration of GPs working in out of hours services.

172 **Glasgow:** That this conference is concerned about the workload for GPs in the out of hours service and calls on Scottish Government and boards to ensure that GPs working in out of hours services are adequately supported and not exposed to excessive workload.

15:45

WORKLOAD

173 **Lanarkshire:** That this conference believes that rising workload remains a serious threat to sustainability of general practice in Scotland despite additional multi-disciplinary staffing support under GMS 2018 and;

- i. believes that primary and secondary interface groups need to function more efficiently in order to deliver reduction in unresourced transfer of work
- ii. believes that an issue arising from gaps in adequate provision of social services is not a responsibility for general practice
- iii. demands that the Scottish Government takes measures to improve mental health services in order to reduce increasing pressures on general practice from mental illness.

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174 **Agenda Committee:** That this conference is aware that, despite the measures in the new Scottish GP contract, most GPs have not yet seen a significant reduction in their workload and;

- i. calls upon Scottish Government to work with the UK Government and the EU to amend legislation to protect medical services from the damaging effects of GDPR
- ii. asks SGPC to call upon Scottish Government to set up a short life working group to reduce the use of NHS time in producing reports of limited value
- iii. acknowledge the welfare reforms that the Scottish Government is taking forward but reminds the government not to add additional GP workload with regards to the provision of evidence as part of decision making and appeals
- iv. calls upon Scottish MPs to lobby the UK Government to ensure all UK wide public bodies cease unnecessary requests for doctors' letters.

175 **Lothian:** That this conference is aware that, despite the measures in the new Scottish GP contract, most GPs have not yet seen a significant reduction in their workload and;

- i. calls upon Scottish Government to work with the UK Government and the EU to amend legislation to protect medical services from the damaging effects of GDPR
- ii. asks SGPC to call upon Scottish Government to set up a short life working group to reduce the use of NHS time in producing reports of limited value, and
- iii. calls upon Scottish MPs to lobby the UK Government to ensure all UK wide public bodies cease unnecessary requests for doctors' letters.

176 **Glasgow:** That this conference welcomes the welfare reforms that the Scottish Government is taking forward and reminds the government not to add additional GP workload with regards to the provision of evidence as part of decision making and appeals.

177 **Lanarkshire:** That this conference believes that patient expectations and demands need to be addressed centrally to reduce the ongoing and increasing pressure on general practice.

178 **Ayrshire and Arran:** That this conference, whilst respecting the rights of an individual to change gender, assert that the cost of retrospectively altering gender specific terms in historical notes should not be borne by practices.

179 **Tayside:** That this conference believes that GP home visiting, except in the most exceptional of circumstances and at the discretion of the GP, should end at the earliest opportunity.

16:00

NURSING AND CARE HOMES

- * 180 **Agenda Committee:** That this conference with regards to nursing and care homes:
- i. advises Scottish Government that at the earliest opportunity it should amend nursing home contracts to include verification of death as a core part of the care package provided
 - ii. calls for the ability to stock a supply of just in case medication that can be used for any resident in a similar way to hospital ward supplies and calls for the Scottish Government with the chief pharmaceutical officer to make any changes, legislative or otherwise to enable this.
- 181 **Tayside:** That this conference calls for nursing and care homes to be able to stock a supply of just in case medication that can be used for any resident in a similar way to hospital ward supplies and calls for the Scottish Government with the chief pharmaceutical officer to make any changes, legislative or otherwise to enable this.
- 182 **Tayside:** That this conference advises Scottish Government that at the earliest opportunity it should amend nursing home contracts to include verification of death as a core part of the care package provided.

16:05

PRIMARY/SECONDARY CARE INTERFACE

- 183 **Tayside:** That this conference believes that improving and maintaining co-ordination and collaboration across the primary: secondary care interface is critical to ensuring safe, effective and efficient patient pathways and calls on SGPC to negotiate with the Scottish Government to:
- i. provide specific funding to NHS boards to support the formation and work of a primary: secondary care interface groups
 - ii. mandate that boards provide a minimum of an additional 2 protected learning afternoons that should be given to primary: secondary care working with content agreed by the board's interface group.
- * 184 **Agenda Committee:** That this conference:
- i. requests that the Scottish Government define clearly to boards the responsibility of secondary care with regard to ownership and delivery of results and investigations, communication to patients and basic information required in correspondence to primary care
 - ii. demands that practice results and letters to GPs must be pushed into GP practices clinical systems.
- 185 **Ayrshire and Arran:** That this conference requests that the Scottish Government define clearly to boards the responsibility of secondary care with regard to ownership and delivery of results and investigations, communication to patients and basic information required in correspondence to primary care.
- 186 **Glasgow:** That this conference demands that practice results and letters to GPs must be pushed into GP practices clinical systems.
- 187 **Glasgow:** That this conference reminds boards and HSCPs that the community treatment and care service is resourced to take current workload from GP practices and should not be used to shift new un-resourced work out of hospitals.
- A 188 **Lanarkshire:** That this conference calls on SGPC and Scottish Government, in collaboration with our secondary care colleagues, to develop and implement formal guidance on unresourced transfer of work. This will allow GP's facing the significant burden of such work a frame of reference to determine where clinical responsibility may lie and offer a more meaningful and productive counter to inappropriate delegation of workload.

- A** 189 **Lanarkshire:** That this conference moves that the all transfer of work from secondary to primary care is followed by appropriate funding streams identified from secondary care budgets.
- 190 **Lanarkshire:** That this conference believes that the new GP contract has given a false impression of the capacity and capability for change in primary care to secondary care colleagues. There appears to be a false belief that there is now additional capacity within the primary care system, which is not happening due to delays in implementation of phase one of the contract. We move that there should be an immediate call for all such transfer of work to stop until such a time as primary care has implemented sufficient change to allow this work to be safely taken over.
- 191 **Lanarkshire:** That this conference believes secondary care colleagues are very keen to exploit the changes in primary care to deliver more out-patient care in the community. They must be made to understand that while this is indeed the direction of travel, the resources for this are not currently available from within primary care and must be created from existing staff and funding in secondary care, given that this is not new work, merely a new place of work.

16:25

SCOTTISH AMBULANCE SERVICE

- * 192 **Glasgow:** That this conference calls on Scottish Government to urgently address the problems of
- i. ongoing clinically unacceptable ambulance service delays
 - ii. the ambulance service reducing the urgency of responses to patients when there is a GP on the premises.
- 193 **Ayrshire and Arran:** That this conference is concerned about the increasing reports of significant delays experienced by our patients while awaiting a response from (SAS) Scottish Ambulance Service and calls upon SGPC to urgently work with SAS and Scottish Government to understand the reasons for this and address them as a matter of urgency.
- 194 **Lothian:** That this conference demands urgent action to address the failings in the Scottish Ambulance Service response times to emergency calls made from GP practices.
- * 195 **Agenda Committee:** That this conference:
- i. demands that in relation to sudden, unexpected deaths in the out of hours period, that a reliable electronic system is put in place for transferring comprehensive information from Police Scotland and Scottish Ambulance Service to practices to prevent delays in reporting to (COPFS) Crown Office and Procurator Fiscal Service or issuing death certificates
 - ii. is disappointed that there is still no reliable electronic system to automatically inform practices of assessments and treatment carried out in the community by paramedics/ambulance technicians and calls on SGPC/Scottish Government to address this as a matter of urgency.
- 196 **Tayside:** That this conference demands that in relation to sudden, unexpected deaths in the out of hours period, that a reliable electronic system is put in place for transferring comprehensive information from Police Scotland and Scottish Ambulance Service to practices to prevent delays in reporting to COPFS or issuing death certificates.
- 197 **Tayside:** That this conference is disappointed that there is still no electronic system to automatically inform practices of assessments and treatment carried out in the community by paramedics/ambulance technicians and calls on SGPC/Scottish Government to address this as a matter of urgency.
- 198 **Tayside:** That this conference asks that, given the increasing provision of care in the community for chronic disease, primary care has the same transport provision on offer as that for hospital appointments.

Appendix 1

Document for Scottish LMC Medical Secretaries Day 17th April 2019 From Scottish LMC Agenda Committee

To discuss Standing Order 3a re numbers of representatives from LMCs

Background

Prior to 2004 the number of representatives to conference from LMCs was worked out in relation to the number of GPs in each LMC area. This required to be changed when the contract changed to patients being registered with practices rather than individual GPs. At that time a formula was created using numbers of patients which was manipulated to maintain the same number of representatives from each LMC by giving additional representatives to a range of smaller LMCs.

“There will be one general practitioner representative per Scottish LMC at the Scottish LMC conference per 61,500 registered patients (to the nearest 61,500) in the associated NHS Board area. Scottish LMCs with between 100,000 and 150,000 registered patients will receive an additional representative. Scottish LMCs with between 150,000 and 200,000 registered patients will receive two additional representatives. There will be a minimum of one general practitioner representative per Scottish LMC.”

Issue

The formula is well over 10 years old and population numbers have changed in that time. This risks it creating what could be seen as a very unfair distribution of representatives. If challenged this might cause problems. The issue relates to populations shown in Table 1. You will see that if an LMC went from 200,000 patients to 200,001 they would lose 2 representatives. To regain 5 representatives the LMC would need to attain a population of 276,750. This means that one LMC might only have 3 representatives while a smaller LMC might have 5.

Table 1

Population Range	Representatives
100,000-149,999	3
150,000-153,749	4
153,750-200,000	5
200,001-215,249	3
215,250-276,749	4
276,750-338,249	5
338,250-399,749	6

Suggested Change

The SLMC agenda committee proposes creating a formula which ensures there is a progressive increase in the number of representatives as the populations increase. They wish to maintain the principle that every LMC has at least one representative. The committee are also keen to produce a formula that maintains roughly the same numbers from each LMC. The aim is a formula that is equitable but continues to give adequate representation to smaller LMCs. Table 2 shows how the current formula allocates representatives depending on population and how a proposed new formula could affect this.

Table 2

Current SO Formula:		Proposed Formula	
Population	Reps	Population	Reps
1	1	1	1
92,250	2	50,000	2
100,000	3	100,000	3
150,000	4	150,000	4
153,750	5	–	–
200,001	3	–	–
215,250	4	–	–
276,750	5	240,000	5
338,250	6	330,000	6
399,750	7	395,000	7
461,250	8	460,000	8
522,750	9	525,000	9
584,250	10	590,000	10
645,750	11	655,000	11
707,250	12	720,000	12
768,750	13	785,000	13
830,250	14	850,000	14
891,750	15	915,000	15
953,250	16	980,000	16
1,014,750	17	1,045,000	17
1,076,250	18	1,110,000	18
1,137,750	19	1,175,000	19
1,199,250	20	1,240,000	20
1,260,750	21	1,305,000	21
1,322,250	22	1,370,000	22

The effect this would have on conference representatives is given in Table 3. You will see that, based on last year's numbers, this would reduce the total number of reps from 97 to 95. Only Dumfries and Glasgow would be affected losing one rep each. However, as Highland is only 874 and Glasgow 1648 patients away from getting an additional representative the agenda committee feels this is reasonable.

Table 3 (Ordered by population with affected LMCs highlighted)**Number of Conference Reps per LMC**

	Population	Current	Proposed
Orkney	21,714	1	1
Shetland	22,939	1	1
Western Isles	26,893	1	1
Borders	118,897	3	3
Dumfries and Galloway	154,224	5	4
Forth Valley	320,604	5	5
Highland	329,126	5	5
Fife	383,537	6	6
Ayrshire and Arran	385,563	6	6
Tayside	429,609	7	7
Grampian	597,711	10	10
Lanarkshire	685,043	11	11
Lothian	959,701	15	15
Glasgow	1,303,352	21	20
Total:	5,738,913	97	95

Questions

1. Do you agree that the formula should be amended?
2. Do you agree that the formula should be non-linear with a weighting to smaller LMCs?
3. Is the suggested formula reasonable?

Proposal

Based on feedback from the Medical Secretaries Day the Agenda Committee would hope to inform all LMCs of a motion to amend Standing Order 3(a) at least 42 days prior to this year's annual conference.

Dr Alastair Taylor

On behalf of SLMC Agenda Committee

#SLMC19

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