

Scottish General Practitioners Committee

Scottish local medical committee annual conference

29 November 2019

- Appendix I - Resolutions**
- Appendix II - Election results**
- Appendix III - Motions lost**
- Appendix IV - Motions not reached**
- Appendix V - Motions moved to next business**

SCOTTISH LOCAL MEDICAL COMMITTEE CONFERENCE

29 November 2019

Resolutions

WORKFORCE/MULTI-DISCIPLINARY TEAM

- 1 (6) 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.
- 2 (12) 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.
- 3 (13) 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.
- 4 Referred to UK Conference (17) 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.
- 5 (20) That this conference recognises the importance of a GP exit survey and calls on SG to establish a national scheme across Scotland.

- 6 A (21) 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.
- 7 A (22) 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.

CONTRACTS AND NEGOTIATIONS

- 8 (27) That this conference calls on SGPC to negotiate phase 2 provisions which protects and promotes GP partnership opportunities in Scotland.
- 9 (30) 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.
- 10 (31) That this conference despite being more than half way through the three year implementation time of the new GMS contract:
i. is concerned that there are still not approved plans for delivery in some areas
ii. fears that the contract will not be delivered by April 2021
iii. lost
- 11 (32) That this conference, due to the failures of centrally appointing staff to support Phase 1 of the contract, as an interim measure, 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).
- 12 (34) 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 GPs working in the most deprived practices
ii. our contract negotiators establish a health inequalities' working group analogous to that of remote and rural.
- 13 (37) 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. lost
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.

EHEALTH

- 14** Part i-iii referred to UK Conference
- (44) 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.
- 15**
- (47) 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.
- 16**
- (48) 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.

GENERAL DATA PROTECTION REGULATION (GDPR)

- 17**
- (54) 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.
- 18**
- (57) (taken as a reference) 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.

- 19** (58) 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.

HEALTHCARE PLANNING AND PROVISION

- 20** (61) 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) multi-disciplinary team
 - iii. educate the public on changes in general practice and the present recruitment and workload crisis.

- 21** (64) 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.

- 22** (66) 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.

EDUCATION AND TRAINING

- 23** (76) 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.

- 24 A (80) 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.
- 25 A (81) 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.

QUALITY AND CLUSTERS

- 26 (89) 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.

IMMUNISATION

- 27 (94) 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.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 28 (98) 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.
- 29 Referred to UK Conference (105) 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.

PREMISES

- 30** (108) 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.
- 31** (110) 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.

MISCELLANEOUS

- 32** (117) That this conference, with regard to child protection in relation to general practice, 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.
- 33** Referred to UK Conference (118) 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.

FUNDING

- 34** (126) 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.

35

(127) 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. (taken as a reference) 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.

36

(135) 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 A&Es, 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.

37

(139) 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.

38

(140) That this conference calls for the (PCIF) primary care improvement fund funding to be allocated to HSCPs based on practice registrations rather than geographical or council area definition.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

39

(147) 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).

- 40** (150) 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. (taken as a reference) 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.
- 41** (153) That this conference notes the review of the drug tariff reimbursement in England & 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.

LMC/GP SUBCOMMITTEE/CONFERENCE

- 42** (155) 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.
- 43** Referred to UK Conference (156) 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.
- 44** (157) 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.

OUT OF HOURS/SESSIONAL GPs

- 45** (161) 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.

- 46** Referred to UK Conference (162) 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.

- 47** (169) (taken as a reference) 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.

WORKLOAD

- 48** (173) 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.

- 49** (174) 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.

NURSING AND CARE HOMES

- 50 (180) 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.

PRIMARY/SECONDARY CARE INTERFACE

- 51 (183) 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.
- 52 (184) 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.

- 53 A (188) 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.

- 54 A (189) 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.

SCOTTISH AMBULANCE SERVICE

- 55 (192) 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.

(195) 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.

Appendix II

Election Results

CHAIR: Dr Teresa Cannavina (Forth Valley)

DEPUTY CHAIR: Dr Denise McFarlane (Grampian)

AGENDA COMMITTEE: Dr Chris Black (Ayrshire & Arran)

Dr Alastair Taylor (Glasgow)

Dr Andrew Thomson (Tayside)

Motions lost

CONTRACTS AND NEGOTIATIONS

- 57 (28) 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.

IMMUNISATION

- 58 (97) That whilst 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.

Motions not Reached

WORKFORCE/MULTI-DISCIPLINARY TEAM

- 59 (23) 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.
- 60 (26) 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.

CONTRACTS AND NEGOTIATIONS

- 61 (40) 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.
- 62 (41) 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.
- 63 (42) 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.
- 64 (43) 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.

EHEALTH

- 65 (52) 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.

GENERAL DATA PROTECTION REGULATION (GDPR)

- 66 (60) 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.

HEALTHCARE PLANNING AND PROVISION

- 67 (69) 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.
- 68 (70) 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.
- 69 (71) 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.
- 70 (72) 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.
- 71 (73) 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.

72 (74) 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.

73 (75) 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.

EDUCATION AND TRAINING

74 (82) 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.

75 (83) 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.

76 (84) That this conference demands better incentives be developed to ensure all GP training places are filled, particularly in remote and rural locations.

77 (85) 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.

78 (86) 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.

79 (87) 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.

80 (88) 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.

QUALITY AND CLUSTERS

- 81 (93) 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.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 82 (107) 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.

PREMISES

- 83 (115) That this conference is disappointed about the lack of progress with the sustainability loan scheme.
- 84 (116) 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.

MISCELLANEOUS

- 85 (124) 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.
- 86 (125) 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.

FUNDING

- 87 (141) That this conference believes that we need to see the proposals for the 'other £250 million' which is intended to support general practice.
- 88 (142) That this conference reiterates the need to have funding attached to GP posts as part of any future phase 2 contract negotiations.
- 89 (143) That this conference believes that funding for pharmacotherapy services has been under estimated to cover all tier one services.

90 (144) 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.

91 (145) That this conference calls on the Scottish Government to review appraiser pay to recognise the increasing complexity and supportive nature of the role.

92 (146) 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.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

93 (154) 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.

LMC/GP SUBCOMMITTEE/CONFERENCE

94 (158) 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.

95 (159) 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.

96 (160) 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.

OUT OF HOURS/SESSIONAL GPs

- 97 (172) 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.

WORKLOAD

- 98 (177) That this conference believes that patient expectations and demands need to be addressed centrally to reduce the ongoing and increasing pressure on general practice.
- 99 (178) 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.
- 100 (179) 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.

PRIMARY/SECONDARY CARE INTERFACE

- 101 (187) 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.
- 102 (190) 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.
- 103 (191) 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.

SCOTTISH AMBULANCE SERVICE

104

(198) 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.