



Conference News

Special Conference of England Local
Medical Committees Representatives
11 March 2020

Part I: Resolutions

Part II: Remainder of the agenda

**SPECIAL CONFERENCE OF ENGLAND LMCs
11 MARCH 2020**

RESOLUTIONS

2020 / 2021 CONTRACT NEGOTIATIONS

- 5 That conference believes:
- (i) the contract agreement of 2019/20 was mis-sold as a 'five year deal' when it was actually only a 'one year deal'
 - (ii) broader engagement with the profession on proposed GP contract changes is to be commended and to be repeated prior to commencing future negotiations
 - (iii) GPC England should not have agreed the 2020 / 2021 contract update, knowing that this special conference was to be held to debate the proposed agreement
 - (iv) that only GPC England have the authority to negotiate on behalf of the profession.

(Proposed by Hull and East Yorkshire)

Parts (i), (ii), (iii), and (iv) carried

GP WORKFORCE

Pay Transparency

- 6 That conference, regarding pay transparency:
- (i) believes that the naming of individual GPs with total NHS earnings above a given threshold would be misleading, risk disincentivising the recruitment of partners, and encourage colleagues to work less
 - (ii) entirely rejects the naming of individual GPs with total NHS earnings above a given threshold
 - (iii) calls for earnings to be published anonymously by age band, gender, and HEE region, as for consultant colleagues.

(Proposed by Agenda Committee to be proposed by North and North East Lincolnshire)

Carried unanimously

Partnership Incentives

- 7 That conference welcomes the new partner financial incentive, and calls on GPC England to:
- (i) negotiate for it to be made available to all new partners including those who have been in partnership before
 - (ii) work with relevant stakeholders to ensure that appropriate training options are commissioned to maximise the use of the business training allowance
 - (iii) negotiate that it be tax free.

(Proposed by Agenda Committee to be proposed by Berkshire)

Parts (i), (ii), and (iii) carried

Fellowships

- 8 That conference believes fellowships as outlined in the new English GP contract may offer positive opportunities for newly qualified GPs, however these posts must:
- (i) not be mandatory or an extension to training
 - (ii) have safeguards of continued NHS service (including, but not limited to, maternity pay, shared parental leave and pension contributions)
 - (iii) attract the appropriate salary reflecting expected earnings of a comparable salaried post
 - (iv) have a clearly defined and agreed job plan that is not solely focussed on service delivery
 - (v) offer the same contractual safeguards and provisions as the BMA model contract for salaried GPs.

(Proposed by GP Trainees committee)

Carried unanimously

GP Head Count

- 9 That conference insists that only fully qualified GPs should be counted when reporting the number of GP whole time equivalents and that including doctors in GP training or the term 'doctors working in general practice' is misleading to the public and creates unrealistic expectations.

(Proposed by Redbridge)

Carried unanimously

Premises

- 10 That conference demands that funding for premises be made available urgently to house additional workers in general practice.

(Proposed by Cleveland)

Carried unanimously

VACCINATIONS AND IMMUNISATIONS

- 11 That conference believes that clawing back vaccination payments when 80% targets have not been met is punitive and should be replaced with an additional reward payment for practices that achieve over 90% uptake.

(Proposed by Derbyshire)

Carried

ACCESS

Continuity of Care

- 12 That conference instructs GPC England to ensure that the new patient quality access scheme:
- (i) places greater value on fewer but better quality consultations
 - (ii) gives incentives to practices for increasingly offering 15 minute and variably timed appointments.
 - (iii) values access that improves continuity of care
 - (iv) should be refused until sufficient new capacity is in post and trained to meet any predicted increase in demand.

(Proposed by Agenda Committee to be proposed by North Essex)

Carried nem com

Out of Hours

- 13 That conference demands that any future proposal to give PCNs responsibility to deliver out of hours care is a red line for GPC England negotiators.

(Proposed by Hull and East Yorkshire)

Carried nem com

- 150 That conference is concerned that if the potential pandemic of Covid 19 occurs, practices will be required to suspend normal practice to cope with the increased workload and the potential decrease to the workforce and in such a scenario they require GPCE to urgently negotiate that:
- (i) all contract payments including DES and QOF payments will be paid in full but utilised to fund essential services only
 - (ii) no contractual sanctions or remedial/breach notices will be issued to practices as a result of the forced changes to normal practice whilst the national emergency persists
 - (iii) any additional costs relating to infection control for Covid 19 infections in general practice including personal protection equipment and additional training will be readily available in sufficient quantities and directly reimbursed
 - (iv) practices are able to prioritise frontline work and suspend other requirements including appraisals and CQC inspections
 - (v) practices should be entitled to claim for reimbursement of all expenses incurred covering for a sick doctor, without any requirement for a practice funded period.

(Proposed by Kensington, Chelsea and Westminster)

Carried unanimously

PCN DES

- 14 That conference, in respect of future contract negotiations, mandates that:
- (i) there must be a genuine financially viable option to enable practices to decline to sign up to future versions of the PCN DES
 - (ii) PCN involvement must always remain a DES, not to be moved to core GMS services
 - (iii) the priority area for investment must be the core contract, not the PCN DES
 - (iv) there remains a clear demarcation between core GMS services and enhanced services including the PCN DES
 - (v) any changes to the PCN DES must not impact negatively on core GMS funding.

(Proposed by Agenda Committee to be proposed by Cleveland)

Carried

PCN OPT OUT

- 15 That conference has significant concerns regarding some of the clauses in the Network Agreement and demands that GPC England:
- (i) urgently amends the opt out arrangement clause to ensure there can be no ambiguity in the interpretation that arrangements for the alternative provision of core GMS will automatically apply if a practice opts out of the PCN DES
 - (ii) negotiates the removal of the clause which would enable a CCG to assign a practice to a PCN.

(Proposed by Redbridge)

Carried

PCN WORKLOAD

- 16 That conference believes that GPC England must remind NHS England and CCGs that the additional workforce being recruited with PCN resources is expected to assist with GP workload, not manage secondary care's workload problems, nor the shift in care from secondary to primary care.

(Proposed by Liverpool)

Carried unanimously

PCN SPECIFICATIONS

Care Homes

- 17 That conference is concerned that the care home premium of £120 is per bed, not per patient, and therefore does not give any consideration to new patients, which attract higher workload, or high turnover of patients such as respite care, and demands that:
- (i) the value of this premium be increased for 2021 / 22
 - (ii) the requirement for a GP or geriatrician to do home rounds for patients in care homes is removed, and that this work be undertaken by an AHP under the supervision of a GP
 - (iii) payment should be per patient and not per bed to recognise homes with high turnover
 - (iv) the funding and specification is extended to include frail patients living in their own home
 - (v) GPC England Executive should therefore renegotiate this specification once more.

(Proposed by Agenda Committee to be proposed by Devon)

Carried

PCN Modelling

- 18 That conference is concerned that, despite a radical overhaul of the PCN service specifications, there remains a significant funding gap, and demands:
- (i) to know as soon as possible whether an impact assessment, including PCN level and practice level modelling, was carried out by the BMA prior to the agreement of the GP contract
 - (ii) that there is an urgent costing exercise undertaken which will better inform primary care networks as to the financial viability of signing up to the scheme
 - (iii) that the deadline for practices to sign up to the 2020 / 21 PCN DES be deferred until 1 October 2020 to allow time for all associated details to be published
 - (iv) a moratorium of one year on the implementation of all specifications within the DES to allow time for PCNs to begin to develop the required workforce, and to scope the required workload for feasibility and viability in the longer term.

(Proposed by Agenda Committee to be proposed by Derbyshire)

Parts (i), (iii), and (iv) carried

Part (ii) carried unanimously

INVESTMENT AND IMPACT FUND

- 19 That conference, in respect of the Investment and Impact Fund:
- (i) believes that the 2020 / 21 targets would be better assessed at practice level, rather than at PCN level
 - (ii) is concerned that the performance management of practices by other practices within a PCN introduces a new layer of regulation
 - (iii) believes this scheme to be discriminatory to practices who choose not to participate in the PCN DES
 - (iv) rejects the 2020 / 21 iteration of this fund
 - (v) mandates that the funding within this scheme is moved into a practice level scheme immediately.

(Proposed by Cleveland)

Carried

THEMED DEBATE – ARRS

The Additional Roles Reimbursement Scheme (ARRS) themed debate will be conducted under standing order 50. The motions submitted by LMCs that the Agenda Committee considers are best covered by this themed debate are included in the agenda here and are numbered TD1 to TD32. The Agenda Committee have noted the large number of motions on the ARRS submitted by LMCs, both on the current scheme and future options for it. We would encourage members of conference to use this opportunity to feedback to GPC England on the ARRS and suggest possible solutions. All members of conference may take part in this debate by speaking from the microphones in the hall, rather than the podium, when called by the Chair, with a speaker time limit of one minute per speaker. A representative of the Chair of GPC England will have the opportunity to respond to the issues raised during the debate.

At the conclusion of the debate, conference will be asked to vote on the related statements below using the electronic voting system.

You will be asked to choose your top three options from the list below.

- (1) Agenda for change banding is insufficient
- (2) Employment liability concerns
- (3) Lack of available staff to recruit into roles
- (4) The staff recruited do not reduce workload
- (5) Lack of funding for training, supervision and management
- (6) Quantity and type of role are too prescriptive
- (7) The ARRS doesn't include the right roles for our PCNs
- (8) Lack of premises
- (9) There are no problems with ARRS.

Conference voted as its top three options:

1. **Lack of funding for training, supervision and management.**
2. **Lack of premises.**
3. **Recruitment does not reduce workload.**

ARRS

- 20 That conference believes that current rules regarding ARRS must be modified to specifically state that:
- (i) any underspend cannot be moved into CCG baselines
 - (ii) all funds allocated to a PCN for workforce should remain for that PCN to use
 - (iii) London weighting should be applied to ARRS reimbursement.

(Proposed by Lincolnshire)

Part (i) carried unanimously

Part (ii) carried nem com

Part (iii) carried

Tax Advice

- 21 That conference believes the support and information available to PCNs and clinical directors regarding tax, VAT and PAYE has been confusing and inadequate, and:
- (i) the lack of good advice has placed practices at risk
 - (ii) it is not acceptable that PCNs are having to fund this advice themselves
 - (iii) conference demands to know, as soon as possible, what negotiations, consultations and discussions were had with HMRC by the BMA prior to approval of the PCN DES
 - (iv) calls for fit for purpose tax advice to be provided to PCNs funded by NHSE.

(Proposed by Oxfordshire)

Part (i) carried unanimously

Parts (ii) and (iv) carried nem com

Part (iii) carried

FUTURE OF PCNs

22 That conference believes the PCN DES is a Trojan horse to transfer work from secondary care to primary care and that:

- (i) this strategy poses an existential threat to the independent contractor model
- (ii) there should be immediate cessation of LES and DES transfers from practice responsibility to that of PCNs
- (iii) GPC England is mandated to urgently survey the profession to get feedback on whether they intend to sign the new PCN DES
- (iv) GPC England must urgently negotiate investment directly into the core contract as the only way to resolve the crisis in general practice is by trusting GP partners with realistic investment
- (v) the profession should reject the PCN DES as currently written.

Vote breakdown:

- (i) 79 for, 46 against
- (ii) 95 for, 26 against
- (iii) 93 for, 39 against
- (iv) 121 for, 17 against
- (v) 83 for, 53 against

**(Proposed by Agenda Committee to be proposed by Berkshire)
Carried**

Part II Remainder of the agenda

2020/2021 CONTRACT NEGOTIATIONS

- (5) That conference believes that for the 2021 / 2022 contract, a conference of England LMCs should be held to determine acceptance of the negotiated changes prior to any agreement by GPC England.

(Proposed by Hull and East Yorkshire)

Lost

Partnership incentives

- (7) That conference welcomes the new partner financial incentive and calls on GPC England to negotiate that it only be tied to remaining as a partner for three years.

(Proposed by Agenda Committee to be proposed by Berkshire)

Lost

FUTURE OF PCNs

- (22) That conference asks that the legal status of primary care networks should be explored and consideration should be given to enabling them to become NHS bodies.

(Proposed by Kent)

Lost