

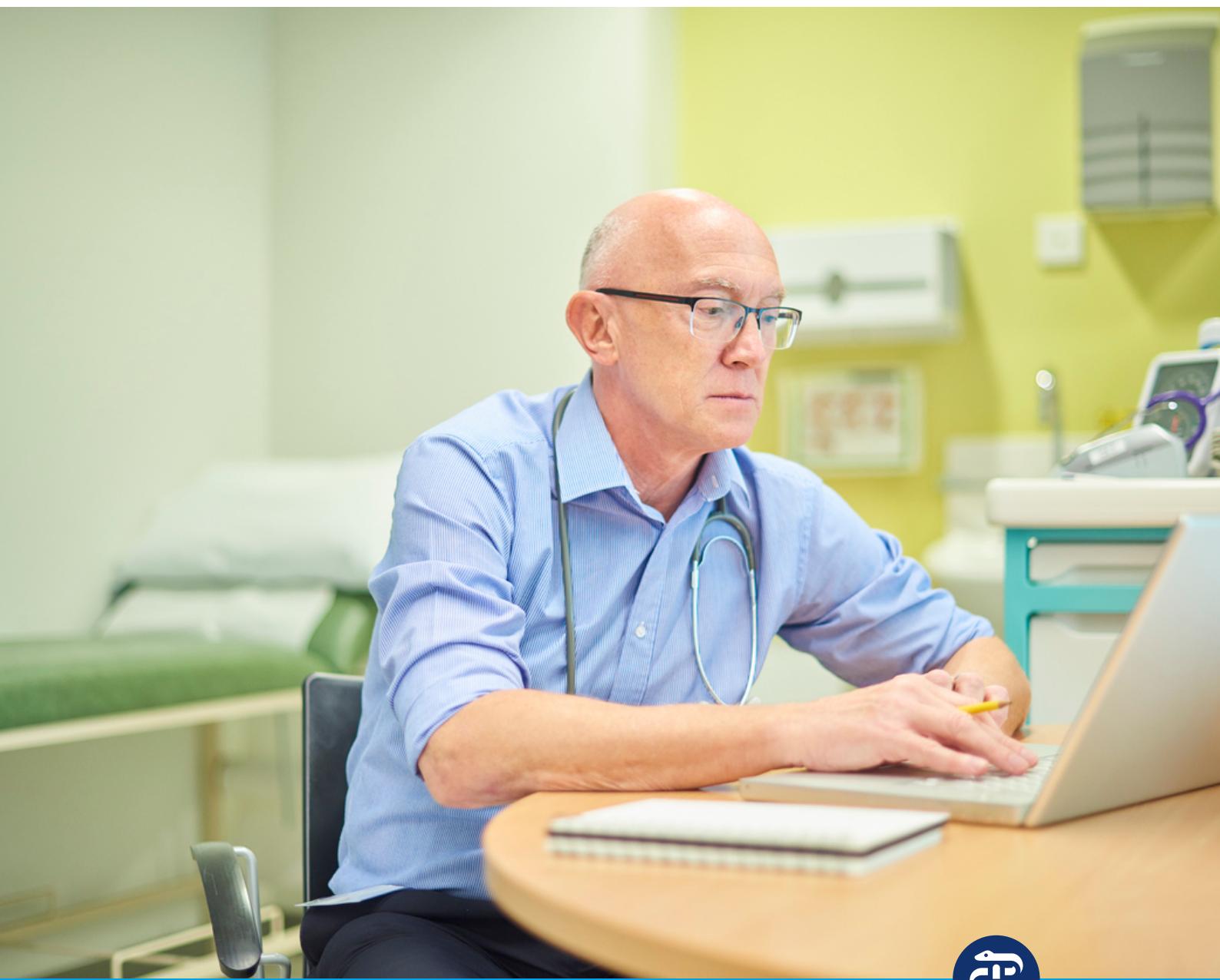
Scotland

# Scottish local medical committee conference

## Agenda and guide

**04 December 2020**

Online



#SLMC20



British Medical Association  
[bma.org.uk](http://bma.org.uk)

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# #SLMC20

# Agenda committee members

**Teresa Cannavina**, chair of conference

**Denise Mcfarlane**, deputy chair of conference

**Chris Black**, committee member

**Alastair Taylor**, committee member

**Andrew Thomson**, committee member



**Teresa Cannavina**, chair of conference



**Denise Mcfarlane**, deputy chair of conference



**Chris Black**, committee member



**Alastair Taylor**, committee member



**Andrew Thomson**, committee member

# BMA Scottish GP committee negotiators



**Andrew Buist**  
**SGPC chair**  
GP in Blairgowrie since 1993  
GPC UK member since 2003  
Member BMA Scottish council  
Fellow of the Royal college of general practitioners  
© Gordon Terris/Herald and Times Group



**Patricia Moultrie**  
**SGPC deputy chair**  
Sessional GP Glasgow since 2002  
Medical director, Glasgow local medical committee  
GPC UK ARM seat for constituency of Scotland  
Deputy chair BMA Scottish council  
Fellow of the Royal college of general practitioners



**Andrew Cowie**  
**SGPC deputy chair**  
GP in Dundee since 1997  
Member of the Royal college of general practitioners  
GPC UK – Regional rep for Fife, Forth Valley,  
Lothian and Tayside  
Treasurer Tayside local medical committee  
Fellow of Royal college of physicians, Edinburgh

# Welcome from the chair of conference



Teresa Cannavina  
chair of conference

**I am delighted to welcome you all to the 2020 Scottish LMC conference which we are holding virtually this year via Microsoft Teams due to current COVID-19 restrictions.**

We appreciate the effort that you, the representatives, have made to join us today despite all the challenges presented by the current pandemic.

The SLMC conference offers an important opportunity for GPs across Scotland to influence the policy of the BMA 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 be a one day conference on Friday 04 December, and 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. This year these will need to be submitted in advance of conference by 12 noon, Wednesday 02 December.

We will then debate motions on a wide variety of topics, starting with contract and negotiations and public messaging. There are also motions covering, eHealth, funding, primary/secondary care interface, immunisations and a range of issues affecting general practice.

There will also be time for the SGPC negotiators to answer your questions which, this year, will be submitted in advance of conference by 12 noon, Wednesday 02 December. Whether you're a regular or new participant, 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 03 December 2020

New representatives/refresher training **19.00 – 19.30**

## Friday 04 December 2020

Registration **08.00 – 08.45**

Conference agenda **08.45 – 17.20**

## Drop in sessions

### Wednesday 25 November 2020

Microsoft Teams meeting **18.30 – 19.30**

Join on your computer or mobile app

[Click here to join the meeting](#)

### Thursday 03 December 2020

Microsoft Teams meeting **12.00 – 13.00**

Join on your computer or mobile app

[Click here to join the meeting](#)

# 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 [bma.org.uk/what-we-do/local-medical-committees](https://bma.org.uk/what-we-do/local-medical-committees). 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 have this guide and accompanying documents with you at conference.**

## Video presence

As the conference will be run virtually this year there is an opportunity you may be visible to colleagues across Scotland even when you have not been called to speak. We would ask that you ensure that your attire and background are suitable.

## Registration

Registration will take place from 08.00 to 08.45 on Friday 04 December. You will be admitted into a virtual lobby where you will wait until a member of the secretariat admits you into the conference. You will have been sent a virtual delegate pack which contains election information for agenda committee positions, the election timetable, voting information and a virtual protocol guide for MS Teams.

## Voting on motions

If you are eligible to vote on motions you will be able to login to the SLMC conference events app, and see the live poll button. We would advise that you login to the SLMC conference events app prior to conference to test that you can use the app. Details on how to download 'The Event App' by 'EventsAir' is included in your electronic delegate pack.

Please refer to the motion voting information for more details. If you are eligible to vote and have trouble accessing the page please contact us on [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk) as soon as possible.

Voting on motions can be 'in parts', where each stem of the motion will be voted on separately or 'en bloc' where all parts of motion are taken in one vote. Motions may in some cases be 'taken as a reference' this would mean that the motion would not be taken as a policy, but the notion of the motion would be carried forward.

When voting is complete the chair will confirm if the vote for the motion was:

- **Carried unanimously:** All of conference voted for the motion
- **Carried:** Majority of conference voted for the motion
- **Carried but taken as a reference:** All/Majority of conference voted for the motion, but the motion will not be taken as policy
- **Rejected:** All/Majority of conference voted against the motion
- **or if a motion falls:** The vote was not quorate

The conference will need to be quorate for a motion vote to be valid as per standing order 14. *Quorum: 'No business shall be transacted at any conference unless at least one third of the number of representatives appointed to attend are present.'* If the count for votes is not quorate then the vote is not valid, and the motion will fall.

## Calls in conference

A reminder to please only use the chat function during the conference for calls in conference. You can make the following calls in conference:

- **Point of information:** A brief point on the motion, such as a relevant fact. This should not be used as a mechanism of debate.
- **Point of order:** If you feel the chair needs to intervene or because a rule has been broken. The decision of the chair is final.
- **Point of query:** If you need to ask the chair a question.
- **Call for reference:** if accepted the motion would not be taken as a policy. Only the notion of the motion would be carried forward.  
*'I agree with the spirit of the motion but not with the wording/actions'*
- **Call for parts:** if accepted means that each motion will be voted in parts.  
*'I agree with some parts of this motion but not others'*
- **Call to vote:** if supported by conference, the motion will be voted on before all speakers have been called. *'I have heard enough about this motion to make a decision'*
- **Call for next business:** if two thirds of conference support, the debate will move to the next motion as though the current motion never happened. The mover will have the right to reply. *'This is not appropriate for the conference to discuss or vote on'*

Please remember to use the proper etiquette and state your name followed by the call and the motion number as below:

*Jackie Smith; point of order re motion 11*

## Online elections for agenda committee positions

The following elections will take place at this year's conference:

- chair of conference for 2021
- deputy chair of conference for 2021
- three other members of the agenda committee for 2021

## How to take part

When nominations open, eligible representatives may nominate themselves using the BMA Elections webpage: [elections.bma.org.uk](https://elections.bma.org.uk)

To take part in elections you must have a BMA website account. This can be created using the following link: [join.bma.org.uk/limitedaccesregistration/limitedaccess](https://join.bma.org.uk/limitedaccesregistration/limitedaccess). You do not need to be a BMA member to create a BMA website account.

**It is strongly recommended that representatives obtain a BMA website account in advance of conference to ensure there are no complications on the day.**

Further details on the Scottish LMC conference agenda committee elections and eligibility are available in your virtual delegate pack.

## Drop in test sessions

We have arranged a 'test link up' session for delegates to use before the conference to help you connect for a few minutes and check that it all works okay on your device. A member of staff will be available to help should you have any issues. Please see below details for the test sessions.

**Drop in test session 1 – from 18.30-19.30 on Wednesday 25 November**  
[Click here to join the meeting](#)

**Drop in test session 2 - from 12:00 - 13:00 on Thursday 03 December**  
[Click here to join the meeting](#)

A step-by-step quick guide on how to connect to a Microsoft Teams meeting is available with your email.

## New representatives/refreshers training

A short training session will be provided by both the SLMC conference chair and deputy chair on Thursday 03 December at 19.00-19.30. The training session will be held on MS Teams (details below).

Microsoft Teams meeting

Join on your computer or mobile app:

[Click here to join the meeting](#)

We recommend that if you wish to join this session that you join 15 minutes early to ensure you are in the room as the session will begin promptly at 19.00.

## 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. This year is a virtual conference and for this reason at the beginning of this year's conference we will have a motion to suspend standing orders that do not apply to a virtual conference. The agenda committee feels this would be a pragmatic approach as it is hoped that next year, we will return to a face to face conference. The SLMC conference usually adopts a relatively informal and interactive debating style. However due to the fact the conference is virtual we have had to introduce speaker slips which will require to be submitted in advance. This is explained more fully in the Rules of Debate section.

## Conference expenses and subsistence (for representatives only)

As this year's conference is virtual, travel and accommodation expenses will not be reimbursed.

## Feedback

We value your feedback and use this each year in designing the next year's conference. Included in the appendices is our responses to last year's feedback. We hope you find this informative and would be grateful if you could complete the conference online evaluation form which will be sent to all delegates after the conference.

## Media coverage at conference

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. They can be contacted via the Scottish Public Affairs mailbox on: [press.scotland@bma.org.uk](mailto:press.scotland@bma.org.uk)

## Cameron Fund

The Cameron Fund is the only medical charity which solely supports general practitioners and any contact made is treated in the strictest confidence.

Below are some aspects of what they can provide with your support:

- They provide support to GPs and their families who are suffering financial hardship.
- They can help GPs and former GPs, doctors on a specialty GP training programme, as well as the dependent family of GPs.
- They give grants towards monthly living expenses, replacement of essential items, and professional subscriptions, courses and other costs relating to a return to work.
- They pay for Money Advice to help with maximising income, reducing expenditure, accessing all available state benefits and renegotiating debts.
- They can provide loans to assist with exam fees, house adaptations and essential repairs.
- They also pay for Career Coaching for GPs when returning to clinical work is not an option.

Further information on the Cameron Fund is available in your electronic papers.

If you wish to donate to the Cameron Fund you can do so via this link [online](#).

# 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 the agenda. It is anticipated by the agenda committee that there will not be enough time to reach these motions and therefore will not be debated.

There are also motions in the agenda that are prefixed with a letter 'A'. These are motions which the agenda committee consider to be a reaffirmation of existing conference policy or which are regarded by the chair of the SGPC as being non-controversial, self-evident or already under action or consideration.

There are sometimes also motions prefixed with the letters 'AR'. These are motions which the chair of the BMA Scottish GP committee is prepared to accept without debate as a reference to the SGPC.

## 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](mailto:mweatherston@bma.org.uk) and if possible are requested by 12.00 on Wednesday 02 December.

LMCs can also send in new business motions about any issue which has arisen since the closing date for motions. These should be sent by email by 12.00 on Wednesday 02 December to [mweatherston@bma.org.uk](mailto:mweatherston@bma.org.uk). The agenda committee will then make recommendations about how this new material should be fitted into the agenda and 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.

## Questions for the cabinet secretary

We will be requesting that questions for the cabinet secretary for health and sport to be submitted in advance of conference where possible. We will be approaching LMC secretaries to submit at least one question each from their LMCs for the cabinet secretary to answer. We would request your LMC secretary send in the question to [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk) with the subject 'Cabinet secretary question' by 12 noon on Wednesday 02 December 2020.

Please note we will do our best to get to your question however we may not be able to propose this due to time constraints. The question will be asked by the chair, the deputy chair of conference or agenda committee on behalf of the LMC on the day, so we can get to as many questions as possible.

## Questions for the BMA Scottish GP committee negotiators

For questions to the BMA Scottish GP committee negotiators we will be asking delegates to submit questions in advance of conference to [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk) with the subject 'SGPC question' by 12 noon on Wednesday 02 December 2020. Please note down your name and your LMC. Please note we will do our best to get to your question however we may not be able to get to everyone's questions due to time constraints. The question will be asked by the chair of conference or agenda committee on behalf of you on the day so we can get to as many questions as possible.

## Emergency questions

We understand that there may be urgent questions that arise on the day of conference to the cabinet secretary and BMA SGPC negotiators depending on speeches, motions discussed and other developments, as such the agenda committee will be allowing any emergency questions to be submitted on the day to [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk), which will be monitored and considered by the agenda committee. For cabinet secretary questions please use the subject 'Cabinet secretary question' and for questions to the negotiators please use the subject 'SGPC question' and include your name, LMC and question within the email.

## Rules of debate

Members will be asked to speak at the discretion of the chair. Those wishing to speak are required to submit a speaker slip, to the agenda committee in advance of the conference, by emailing [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk) by 12 noon on Wednesday 02 December. Speakers are also invited to mention a particular expertise they can bring on a subject when submitting a slip. The agenda committee are likely to use submission date to help prioritise speaker slips, therefore we would advise that you submit your speaker slips as soon as possible to avoid disappointment.

The agenda committee will order the speaker slips and pass the information to the chair or deputy chair as this helps the smooth running of the debate. The chair will try to maintain a balanced debate by calling those speaking for and against a motion to speak. If you are a "first time speaker", you should indicate this on the speaker slip, which will draw attention to this fact. The chair may then call on you to speak on that motion as first-time speakers will normally be prioritised. We strongly encourage everyone to take the opportunity to speak at conference. While you are speaking, please avoid making personal attacks or inflammatory statements and keep all comments as constructive and respectful as possible.

When the chair asks representatives to vote, please use the voting app to vote 'for', 'against' or 'abstain'. Please see the etiquette guide for further information on how to submit your vote.

Guests have observer status and are not permitted to speak at conference unless specifically asked by the chair.

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 both on the speaker slip and prior to starting to speak at 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 subsequent speaker to the motion and this is indicated by 'traffic lights' which will appear on screen. 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 – Friday 04 December 2020

<b>Time</b>	<b>Subject</b>
<b>08.45</b>	<b>Opening remarks</b>
	Return of Representatives
	Minutes
	Standing Orders
	Report of the Agenda Committee
<b>09.20</b>	<b>Report of the Chair of SGPC</b>
<b>09.30</b>	Keynote speaker: Jeane Freeman MSP, cabinet secretary of health and sport
<b>10.00</b>	Contracts and negotiations
<b>10.30</b>	Public messaging
<b>10.45</b>	<b>Break</b>
<b>11.00</b>	Workload
<b>11.30</b>	Workforce/wellbeing
<b>12.00</b>	Premises
<b>12.10</b>	Funding
<b>12.20</b>	Appraisal and revalidation
<b>12.30</b>	Superannuation/review of the NHS pension scheme
<b>12.45</b>	Negotiators questions
	Contingency
<b>13.00</b>	<b>Lunch</b>
<b>13.30</b>	Healthcare planning and provision
<b>14.00</b>	Primary/secondary care interface
<b>14.45</b>	eHealth
<b>15.30</b>	<b>Break</b>
<b>15.45</b>	Prescribing, pharmacy services and dispensing
<b>16.00</b>	Education and training
<b>16.15</b>	Out of hours/sessional GPs
<b>16.30</b>	Nursing and care homes
<b>16.45</b>	Immunisation
<b>17.15</b>	<b>Closing remarks</b>

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

# Conference agenda

**08.45**

## RETURN OF REPRESENTATIVES

1

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

## MINUTES

2

**The Chair:** Receive the minute of the conference held on 29 November 2019 as approved by the Chair of conference in accordance with standing order 26.

## STANDING ORDERS

3a

**The Chair:** That the following amendments be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2020:

- Changing mention of 'UK conference' to 'UK LMC conference' in 5.
- Removal of mention to his/her in item 5 (iii)
- Minor amendments to numbering, grammar and punctuation.
- Removal of reference to the chair standing to reflect current practice, in 11 (a)
- Removal of recorded vote mention in 16 (d) and (e) in 16. Voting to be consistent with other LMC conference standing orders.

Amendment of 9 (a) (i) as follows:

9. The agenda

(a) The agenda shall include:

- (i) Motions, amendments and riders submitted by the SGPC, and any LMC.  
 These shall fall within the remit of the SGPC, which is to consider and report to GPC UK on those matters which are peculiar to Scotland in relation to practitioners providing or performing primary medical services under the National Health Service (Scotland) Act 1978 and any Acts amending or consolidating the same; to report on any matters specially referred to it by GPC UK; to confer with the Scottish Government as representing the views of general medical practitioners in Scotland on any subjects relating to the work of the National Health Service Acts and the NHS (Primary Care) Act 1997 and any Acts amending or consolidating the same in Scotland as distinct from those which are common to all general medical practitioners and generally to keep GPC UK in touch with LMCs (GP) in Scotland.

Amendment of 10 (d-e) as follows:

10. Procedures

(d) No amendment or rider that has not been included in the printed agenda shall be considered unless a written copy of it has been submitted to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included on the written notice.

(e) All motions, amendments or riders after being proposed, must be seconded.

The following are the only exceptions where no seconder shall be required:

- (i) for any motion, amendment or rider submitted to the conference by the SGPC
- (ii) by an LMC for any composite motion or
- (iii) for any amendment produced by the agenda committee under standing orders.

Amendment of 11 (a) and (i) as follows:

**11. Rules of debate**

- (a) A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.
- (i) If it is proposed and seconded that the conference adjourns or that the debate be adjourned such motion shall be put to the vote immediately and without discussion, except as to the time of adjournment. If it is proposed and seconded "that the question be put now", such motion shall be put to a vote immediately and without discussion, except that the chair can decline to put the motion "that the question be put now". If a motion "that the question be put now" is carried by a two-thirds majority, the chair of the SGPC and the mover of the original motion shall have the right to reply to the debate before the question is put.

Amendment of 21 as follows:

**21. Mobile phones**

In the conference hall and immediately outside mobile phones should be in silent mode and only used for viewing documents and information relevant to conference or to contribute to online elections. No phone calls should be made in the conference hall or anywhere that would distract the business of conference.

3b

**The Chair:** That the following suspensions be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2020 as per motion 8. Suspension of standing orders:

**'Any decision to suspend one or more of the standing orders shall require a two-thirds majority of those representatives present and voting at the conference.'**

Suspension of the following:

**10. Procedures**

- (d) No amendment or rider that has not been included in the printed agenda shall be considered unless a written copy of it has been submitted to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included on the written notice.

**11. Rules of debate**

- (a) A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.

**20. Distribution of papers and announcements**

In the conference hall, or in the precincts thereof, no papers or literature shall be distributed, or announcements made or notices displayed, unless approved by the chair.

**21. Mobile phones**

In the conference hall and immediately outside mobile phones should be in silent mode and only used for viewing documents and information relevant to conference or to contribute to online elections. No phone calls should be made in the conference hall or anywhere that would distract the business of conference.

**Agenda Committee:** That this conference agrees to changing Standing Order 3(a) to read "All Scottish LMCs are entitled to appoint at least one representative to the Scottish LMC conference. The agenda committee shall each year allocate the number of LMC representatives per Scottish LMC using the number of registered patients in the associated NHS Board area. The agenda committee shall use the formula as stated in Appendix 2.

## REPORT OF THE AGENDA COMMITTEE

- 5      **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).

### **09.20            REPORT OF THE CHAIR OF SGPC**

- 6      **The Chair (on behalf of the Agenda Committee):** Receive report from the Chair of BMA SGPC (Scottish GP committee).

### **09.30            KEYNOTE SPEAKER: JEANE FREEMAN MSP, CABINET SECRETARY OF HEALTH AND SPORT**

### **10.00            CONTRACTS AND NEGOTIATIONS**

- \*      7      **Agenda Committee:** That this conference expresses its deep disappointment that the 2018 contract (MOU) memorandum of understanding will not be delivered by April 2021 and:  
 i. mandates SGPC to negotiate transitional arrangements  
 ii. asks SGPC and (SG) Scottish Government to put the 2018 memorandum of understanding into contractual terms  
 iii. asks SGPC and SG to negotiate what financial compensations there will be for practices providing services that they are no longer obliged to do  
 iv. that any financial compensation that is agreed should increase annually for each year of delay.
- 8      **Forth Valley:** That this conference asks that SGPC and SG negotiate what will happen in April 2021 when there is non-fulfilment of the 2018 GP contract and this includes:  
 i. putting the 2018 MOU in contractual terms  
 ii. agreeing what financial compensations there will be for practices providing services that they are no longer contractually obliged to do  
 iii. that the financial compensation should increase annually for each year of delay.
- 9      **Lothian:** That this conference requires SGPC and SG to urgently negotiate what failure to deliver the core elements of the 2018 contract means for practices, thus preventing widespread local variation and disparity in the ongoing arrangements from April 2021.
- 10     **Lothian:** That this conference calls for the following where the contract has not been delivered:  
 i. (CTACS) community care and treatment service – where the core elements of the 2018 contract have not been delivered practices should be reimbursed by their (HSCP) health and social care partnership for the work that has failed to transfer  
 ii. (VTP) vaccination transformation programme – where practices are forced to continue vaccinations, they are reimbursed by their HSCP for the work that has failed to transfer  
 iii. pharmacotherapy – where practices continue to provide pharmacotherapy services (Level 1-3), they are reimbursed by their HSCP for the work that has failed to transfer.

- 11      **Grampian:** That this conference recognises slow progress from HSCPs in the implementation of the new 2018 Scottish GP contract, and whilst we appreciate this has been delayed further due to COVID-19, this slow progress creates ongoing sustainability risks to general practice and calls for consequences for HSCPs for contract delivery failure.
- 12      **Glasgow:** That this conference expresses its deep disappointment that the 2018 contract memorandum of understanding will not be delivered by April 2021 and mandates SGPC to negotiate transitional arrangements to ensure that Scottish Government accept that significant GP workload reduction is not being achieved thus far and new steps are taken to ensure the contract investment is utilised to achieve its original intentions timeously.
- 13      **Ayrshire and Arran:** That this conference believes that the new GP contract implementation must not be delayed due to the current pandemic and calls on the SGPC to demand delivery of the contract in full as agreed in the memorandum of understanding.
- 14      **Glasgow:** That this conference is gravely concerned about the lack of progress in the implementation of the 2018 GP contract and the workload reduction that was envisaged, and calls on the Scottish Government and boards to:
  - i. ensure that the contract implementation is a priority for boards and (IJBs) integrated joint boards
  - ii. start a national recruitment campaign for the MOU service staff required
  - iii. recognise individual HSCP (PCIP) primary care improvement plan implementation that should be shared nationally as a gold standard.

## 10.30

### PUBLIC MESSAGING

- \*      19      **Agenda Committee:** That this conference calls on SG to run a public information campaign on the responsible use of GP services which should include:
  - i. how GP services will be delivered differently in a pandemic and why
  - ii. information about the changes to general practice working and the multidisciplinary team introduced by the new GP contract 2018
  - iii. clear public messaging on the lack of necessary mental health services available to many GPs to refer to for adults and children
  - iv. how to get information about hospital appointments and waiting list times without contacting your GP.
- 20      **Ayrshire and Arran:** That this conference believes there needs to be an urgent Scottish Government led open discussion with the public about:
  - i. why primary care services have transformed and how these changes are in the best interests of patient and staff safety
  - ii. the fact that primary care staff wish to remain healthy to continue to provide high quality care within the community
  - iii. how tasks take longer to complete safely at the current time due to PPE and social distancing requirements
  - iv. that remote consultations are being carried out to facilitate safe patient care.
- 21      **Forth Valley:** That this conference is concerned that there is not a clear public message about how GP services will be delivered differently whilst COVID-19 remains a live issue and asks for a national campaign to highlight this message to the general public.

- 22      **Tayside:** That this conference welcomes the changes introduced by the new GP contract in 2018 but are concerned that the public are unaware of the changes and of the role of our enhanced multi-disciplinary teams. We insist that health boards and the Scottish Government undertake a far-reaching public information campaign to make the public more aware of the changes to general practice working.
- 23      **Lothian:** That this conference calls for Scottish Government to have frank conversations with the public about hospital out-patient waiting lists to ensure patients have clear information about the progress of their appointments, delayed due to the pandemic, without having to contact their GP.
- 24      **Lothian:** That this conference calls for clear public messaging on the lack of necessary mental health services available to many GPs to refer to for adults and children alike, with a view to helping set realistic patient expectations.
- 25      **Glasgow:** That this conference believes that GP workload is unsustainable at current levels and calls for:  
 i. a government led campaign for the responsible use of GP services  
 ii. public understanding of what services can be delivered at the time of a pandemic.

## 10.45            **BREAK**

## 11.00            **WORKLOAD**

- 27      **Grampian:** That this conference acknowledges that the extent and volume of general practice workload remains unrecognised by health boards due to a lack of research data in primary care and calls on SGPC, SG and boards to work with relevant agencies to obtain accurate primary care data to allow appropriate service design.
- 28      **Glasgow:** That this conference is concerned that given the unsustainable GP workload it will be increasingly difficult for GPs to staff practices, (OOHs) out of hours and (CACs) community assessment centres and call for a whole system approach to the CACs.
- 29      **Glasgow:** That this conference considers that the shielding workload that GPs were given at the start of the pandemic was  
 i. immensely challenging  
 ii. unfunded  
 iii. in addition to GP workload that was heavy at the time  
 iv. made more difficult because of constant rule changes.
- A       30      **Tayside:** That this conference recognises the positive protective impact of making self-certification, for up to 14 days, of being unfit to work available to patients and call for a permanent increase in the length of self-certification to 14 calendar days to be introduced by the Scottish Government.

## 11.30 WORKFORCE/WELLBEING

- \*     33     **Glasgow:** That this conference is concerned that there are reports from GPs and practice staff of increasingly rude and uncivil behaviour from patients which puts additional pressure on GP practices and:
  - i. wishes to send a public message that this is not acceptable
  - ii. supports a zero-tolerance policy in GP practices
  - iii. is worried that unrealistic expectations are partly fuelled by political messages.
  
- 34     **Grampian:** That this conference welcomes the recognition of the NHS workforce by Scottish Government, the media and public at the start of the COVID-19 pandemic and calls on SGPC to negotiate for media support to highlight practice's no tolerance policy's regarding abusive behaviour to staff.
  
- \*     35     **Agenda Committee:** That this conference recognises the significant additional strain that the COVID-19 pandemic has put on general practice and NHS staff as a whole and:
  - i. calls on Government to offer all NHS staff priority access to healthcare as is offered for armed services personnel and military veterans
  - ii. believes this will lead to an increase in early retirements and calls on SGPC and Scottish Government to urgently roll out an enhanced retention package to prevent this
  - iii. supports the development of a primary care health support programme for staff in Scotland at least equivalent to the NHS England practitioners health programme
  - iv. notes that a mental health service will be available to all health and care workers in Scotland and asks SGPC to ensure this meets the particular needs of GPs.
  
- 36     **Grampian:** That this conference recognises the huge personal sacrifice that NHS staff have made during the COVID-19 pandemic, working on the front line, often in situations detrimental to their own personal health and wellbeing, and calls upon government to redress this appalling situation by offering all NHS staff priority access to healthcare as is offered for armed services personnel and military veterans.
  
- 37     **Glasgow:** That this conference is concerned that the global pandemic and the work pressures that GPs have been under will lead to an increase in early retirements and calls on SGPC and Scottish Government to urgently roll out an enhanced retention package to prevent this.
  
- 38     **Grampian:** That this conference recognises the stresses of working in general practice have been intensified by the COVID-19 pandemic and supports the development of a primary care health support programme for staff in Scotland at least equivalent to the NHS England practitioners health programme.
  
- 39     **Glasgow:** That this conference is pleased to note that a mental health service will be available to all health and care workers in Scotland from next year and reminds SGPC that it was tasked with negotiating a mental health service which meets the particular needs of GPs and asks that SGPC monitor the situation and take action if this service does not meet the needs of GPs which research has shown are unique and compelling.

**12.00****PREMISES**

- \*      44      **Ayrshire and Arran:** That this conference believes the COVID-19 crisis has exposed the inadequate nature of many GP facilities due to years of underinvestment in the GP estate. To address this the Scottish Government should urgently:
  - i. prioritise and increase investment in a GP and community health infrastructure modernisation programme
  - ii. promptly complete the first cycle of the GP sustainability loan scheme and Initiate the second cycle of the scheme immediately to fully use all allocated funds set aside for the first cycle.
  
- 45      **Grampian:** That this conference is dismayed by the ongoing condition of much of primary care premises across Scotland due to chronic underfunding, with out of date carpeted floor coverings alone using up the improvement grant funds many times over and urges SGPC to negotiate funding with Scottish Government.

**12.10****FUNDING**

- \*      46      **Agenda Committee:** That this conference congratulates the Scottish Government on its initial commitment to a 'no detriment' policy for general practice in responding to the COVID-19 pandemic and
  - i. is therefore surprised and disappointed that appropriate funding has not been maintained for additional expenses directly related to delivering services during the pandemic
  - ii. calls for a claim system for COVID-19 related items so that these can be ordered as for other standard equipment during the course of the pandemic
  - iii. calls for non-staff expenses to be included in the arrangements going forward
  - iv. calls for urgent action to ensure that, through boards, funding is re-instated for new and ongoing expenses.
  
- 47      **Tayside:** That this conference congratulates Scottish Government on its initial commitment to a 'no detriment' policy for general practice in responding to the COVID-19 pandemic and is therefore surprised and disappointed that appropriate funding has not been maintained for additional expenses directly related to delivering services during the pandemic and calls for urgent action to ensure that, through boards, funding is re-instated for new and ongoing expenses.
  
- 48      **Lothian:** That this conference calls for a claim system for COVID-19 related items so that these can be ordered as for other standard equipment during the course of the pandemic.
  
- 49      **Glasgow:** That this conference is supportive of the COVID-19 practice expenses funding settlement as agreed in the SFE ([Statement of financial entitlements](#)) and calls for non-staff expenses to be included in the arrangements going forward.
  
- A      50      **Grampian:** That this conference regrets subject access requests are still unfunded work in general practice, feels that this needs urgently reviewed and funded by Scottish Government to prevent it further impacting on the sustainability of general practice.

## 12.20 APPRAISAL AND REVALIDATION

- \* 52 **Agenda Committee:** That this conference welcomes the change to a wellbeing focussed appraisal but should:
  - i. have been deferred for 1 full year for every doctor due to the additional workload of COVID-19
  - ii. not return to a bureaucratic non evidence-based model of appraisal which research has shown is a reason why doctors leave the profession.
- 53 **Forth Valley:** That this conference believes that appraisal should:
  - i. have been deferred for 1 full year for every doctor due to the additional workload of COVID-19
  - ii. not be restarted until the appraisal process has been re-evaluated and shown to be of benefit.
- 54 **Glasgow:** That this conference regards the recent reduction in requirements regarding supporting information and a move to a wellbeing focussed appraisal as a positive outcome of the current situation and calls on the BMA to ensure that there is not a return to a bureaucratic non evidence based model of appraisal which research has shown is a reason why doctors leave the profession.

## 12.30 SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 56 **Glasgow:** That this conference congratulates the BMA in reaching agreement with the Scottish Government on death in service benefit which addresses the inequity faced by GP locums and GPs who have come out of the pension scheme.
- A 57 **Ayrshire and Arran:** That this conference believes that the Pensions Annual Allowance and Lifetime Allowance still need to be raised significantly to avoid disproportionately punishing doctors as their service builds up and demands that the Scottish Government addresses this with their UK counterparts.

## 12.45 NEGOTIATORS QUESTIONS /CONTINGENCY

## 13.00 LUNCH

## 13.30 HEALTHCARE PLANNING AND PROVISION

- \* 58 **Agenda Committee:** That this conference:
  - i. supports the COVID-19 community pathway that has enabled GPs to provide medical services to the population whilst minimising the risks of exposure to COVID-19
  - ii. requests that there should be no minimum compulsory requirement for practices to provide clinical time to respiratory/COVID-19 centres this winter
  - iii. asks that rates of payment for GPs working in COVID-19/respiratory centres should be agreed nationally between SGPC and Scottish Government to stop unacceptable local variation.
- 59 **Forth Valley:** That this conference believes that there should be no minimum compulsory requirement for practices to provide clinical time to respiratory/ COVID-19 centres this winter.
- 60 **Forth Valley:** That this conference believes that rates of payment for GPs working in COVID-19/respiratory centres should be agreed nationally between SGPC and Scottish Government to stop unacceptable local variation.
- 61 **Glasgow:** That this conference supports the COVID-19 community pathway that has enabled GPs to provide medical services to the population whilst minimising the risks of exposure to COVID-19.

- \*      62      **Agenda Committee:** That this conference is concerned about the mental health burden on the population over the pandemic and that this is putting significant additional pressure on general practice and
  - i. calls for improved access to mental health support workers in practice
  - ii. calls for self-referral pathways for patients who need supportive counselling
  - iii. believes that it is urgent and imperative that the GP component of Action 15 monies are placed under the control of GP subcommittees to maximise their effective use at the front line.
  
- 63      **Lothian:** That this conference that:
  - i. the pandemic has led to UK-wide reporting of an increase in mental illness
  - ii. this is putting significant additional pressure on general practice
  - iii. it is urgent and imperative that the GP component of Action 15 monies are placed under the control of GP subcommittees to maximise their effective use at the front line.
  
- 64      **Glasgow:** That this conference is concerned about the mental health burden on the population over the pandemic and calls for
  - i. improved access to mental health support workers in practice
  - ii. self-referral pathways for patients who need supportive counselling
  - iii. recognition of the impact of the pandemic on that burden.
  
- 65      **Highland:** That this conference welcomes plans for a national system for the delivery of remote and rural pre-hospital critical care in Scotland, and:
  - i. recognises the key role that many GPs already play in this area
  - ii. asks SGPC to lobby government to resource health board IJBs and HSCPs to fund pre-hospital care training for any practice-based clinician who chooses to undertake such training
  - iii. seeks for funding for (BASICS) British Association for Immediate Care Scotland training to be afforded to all practice-based clinicians, to allow this to be undertaken at least every three years.
  
- \*      66      **Glasgow:** That this conference believes that the response to the global pandemic by GP practices has demonstrated the vital importance of general practice to the NHS and wider society and applauds the extraordinary efforts of GPs and practice staff who have continued to provide a vital health service to patients over the course of the pandemic.
  
- 67      **Ayrshire and Arran:** That this conference would like to congratulate GP practices for rapidly adapting services in response to the COVID-19 pandemic and putting patients first despite potential personal risks.

## 14.00

### PRIMARY/SECONDARY CARE INTERFACE

- \*      70      **Forth Valley:** That this conference is concerned about the development of scheduling to unscheduled care and asks that:
  - i. general practices are not expected to provide all the staff for this development
  - ii. GP subcommittees are consulted on any developments which effect GP practices including access to appointments
  - iii. there is a clear messaging campaign for the public so they can understand the new ways of accessing care.
  
- 71      **Grampian:** That this conference is very concerned regarding the potential implications on general practice of the unscheduled care to scheduled care workstreams by Scottish Government, and calls on SGPC to continue to represent general practice to protect the speciality from an unmanageable shift in work which will threaten general practice survival.

- \*      72      **Agenda Committee:** That this conference salutes Scotland's GPs for responding selflessly to the COVID-19 pandemic but this has put pressure on many services and reduced the normal capacity and throughput of patients and
  - i. fears that the stopping of some essential clinical services by boards has not always occurred with adequate transparency
  - ii. asks that the Scottish GP committee works urgently with the Scottish Government to stop all non-agreed, unfunded, work transfer such as bloods and physical monitoring
  - iii. opposes any proposals that patients on waiting lists should see the GP for a re-assessment before being appointed
  - iv. strongly resists suggestions that referrals to specialties or imaging should be passed back to GPs for reconsideration.
  
- 73      **Highland:** That this conference salutes Scotland's GPs for responding selflessly to the COVID-19 pandemic, when many patient pathways were simultaneously disrupted, and:
  - i. fears that the stopping of some essential clinical services by boards has not always occurred with adequate transparency
  - ii. bemoans the unilateral transfer of work from secondary care to primary care
  - iii. asks that the Scottish GP committee works urgently with the Scottish Government to stop all non-agreed, unfunded, work transfer.
  
- 74      **Glasgow:** That this conference acknowledges that the pandemic has put pressure on many services and reduced the normal capacity and throughput of patients but:
  - i. strongly resists secondary care passing work such as bloods and physical monitoring back to GPs
  - ii. opposes any proposals that patients on waiting lists should see the GP for a re-assessment before being appointed
  - iii. strongly resists suggestions that referrals to specialties or imaging should be passed back to GPs for reconsideration.
  
- \*      75      **Agenda Committee:** That this conference directs that:
  - i. revisions to clinical and referral pathways should be a joint exercise between primary and secondary care and must involve the GP subcommittee
  - ii. secondary care should have systems in place to directly answer patients' questions and concerns about services and waiting times and resists attempts by hospitals to pass this to GP practices
  - iii. all clinical letters, including email and electronic correspondence, should be provided with contact details either an email and/or telephone number so that the GP can discuss patient cases with secondary and tertiary care directly.
  
- 76      **Glasgow:** That this conference believes that secondary care should have systems in place to directly answer patients' questions and concerns about services and waiting times and resists attempts by hospitals to pass this to GP practices.
  
- 77      **Glasgow:** That this conference believes that revisions for clinical and referral pathways should be a joint exercise between primary and secondary care and must involve the GP subcommittee.
  
- 78      **Glasgow:** That this conference demands all clinical letters, including email and electronic correspondence, should be provided with contact details either an email and/or telephone number so that the GP can discuss patient cases with secondary and tertiary care directly.

- \*      79      **Agenda Committee:** That this conference deplores the ever-increasing unfunded transfer of work from secondary care, especially to a now reduced capacity general practice due to the COVID-19 pandemic:
  - i. welcomes new services such as phlebotomy hubs
  - ii. believes these services are long overdue
  - iii. calls that they should be provided in the longer term to ensure that secondary care work is done by secondary care
  - iv. believes they are not part of the community treatment and care service
  - v. calls on urgent support from Scottish Government to health boards to enable secondary care to undertake this work.
- 80      **Grampian:** That this conference deplores the ever-increasing unfunded transfer of work from secondary care, especially to a now reduced capacity general practice due to the COVID-19 pandemic and calls on urgent support from Scottish Government to health boards to enable secondary care to undertake this work.
- 81      **Glasgow:** That this conference welcomes new services such as (GGC's) Greater Glasgow and Clyde acute phlebotomy hubs in hospitals and believes:
  - i. these services are long overdue
  - ii. that they should be provided in the longer term to ensure that secondary care work is done by secondary care
  - iii. they are not part of the community treatment and care service.
- 82      **Tayside:** That this conference recognises that Scottish Government and boards need to urgently address the provision of access for secondary care to CTAC in the community to prevent the unfunded and unmanageable workload dump that is occurring in primary care as a consequence of video consultations being performed by secondary care since the start of the COVID-19 crisis, and asks that this is addressed as a matter of urgency.
- 83      **Tayside:** That this conference is dismayed that some health boards are using the COVID-19 pandemic and remobilisation process as an excuse to pass unresourced work onto practices under the premise of keeping people away from hospitals, but aren't providing financial or workforce resource to allow the work to be done in the community. This conference insists that transfer of resource must be made with any transfer of work and it is not just passed onto practices.
- A      84      **Highland:** That this conference asserts that unresourced transfer of secondary care work to primary care, exacerbated and enabled by the coronavirus pandemic, is unacceptable and must be stopped.

**14.45****EHEALTH**

- \*      87      **Agenda committee:** That this conference welcomes advancements in IT during the COVID-19 pandemic to allow remote working however:
  - i. calls on the Scottish Government to provide the significant investment that is needed to improve the IT infrastructure and digital solutions that will facilitate smoother, faster and more reliable remote working to help support both in and out of hours care
  - ii. asks that SGPC negotiates with the Scottish Government to ensure that all health boards have to provide all general practitioners with remote access to GP clinical systems in their homes.
- 88      **Ayrshire and Arran:** That this conference calls on the Scottish Government to provide the significant investment that is needed to improve the IT infrastructure and digital solutions that will facilitate smoother, faster and more reliable remote working to help support both in and out of hours care.

- 89      **Grampian:** That this conference welcomes advancements in IT during the COVID-19 pandemic to allow remote working however regrets that more remote working devices are needed and calls for support through the relevant committees for further development.
- \*      90      **Agenda Committee:** That this conference welcomes the progress that has been made in providing equipment and software to allow general practice to offer a wider range of virtual consulting options however:
- i. urges SGPC and the Scottish Government to work to ensure all practices have access to broadband speeds and equipment that allow them to adopt virtual consultations when clinically appropriate
  - ii. demands that SGPC also seek support for programmes of work around training of clinicians and administrative staff, and to gather understanding around what else is required for digital technologies to be embraced
  - iii. calls for the Scottish Government to evaluate the use of these in combination with the planned, new GP clinical systems, including how people fit into this new environment
  - iv. is concerned that adopting a position of digital by default is not straightforward, especially where holistic care is to be delivered while mitigating for health inequalities and demands that this position is represented in GP contractual negotiations
  - v. is frustrated at the slow roll out of hardware in practices required for Near Me consultations and supports reimbursement for practices that wish to purchase their own equipment to enable Near Me.
- 91      **Highland:** That this conference welcomes the progress that has been made in providing equipment and software to allow general practice to offer a wider range of remote consulting options, but demands that SGPC also seek support for programmes of work around training of clinicians and administrative staff, and to gather understanding around what else is required for digital technologies to be embraced.
- 92      **Highland:** That this conference recognises that multiple new digital tools and systems have been introduced during the response to COVID-19, and well ahead of the arrival of new GP clinical systems, and calls for Scottish Government to evaluate the use of these in combination, including how people fit into this new environment.
- 93      **Forth Valley:** That this conference urges SGPC and Scottish Government to work to ensure all practices have access to broadband speeds and equipment that allow them to adopt virtual consultations when clinically appropriate.
- 94      **Highland:** That this conference is concerned that adopting a position of digital by default is not straightforward, especially where holistic care is to be delivered while mitigating for health inequalities and demands that this position is represented in GP contractual negotiations.
- 95      **Tayside:** That this conference calls on the Scottish Government to provide the significant investment that is needed to provide improved, reliable and fit for purpose digital systems within surgeries to match the ambitions GPs have for enhancing the high-quality care they provide.
- 96      **Glasgow:** That this conference is frustrated at the slow roll out of hardware in practices required for Near Me consultations and support reimbursement for practices that wish to purchase their own equipment to enable Near Me.

- \* 97 **Dumfries & Galloway:** That this conference believes that a digital asynchronous consulting platform should be provided for all practices, including facility for both acute consultations and chronic disease management.
  - 98 **Ayrshire and Arran:** That this conference believes the Scottish Government should invest in uniform roll out of a digital asynchronous consulting solutions to help GPs manage their workload.
  - A 99 **Forth Valley:** That this conference asks that SGPC negotiates with the Scottish Government to ensure that all health boards have to provide all general practitioners with remote access to GP clinical systems in their homes.

15.30 BREAK

#### **15.45 PRESCRIBING, PHARMACY SERVICES AND DISPENSING**

- \* 108 **Agenda Committee:** That this conference is appalled by the lack of progress to implement a fully electronic prescribing system and:

  - i. the continuing need for a 'wet signature' causes unnecessary workload, hinders the progress of pharmacotherapy services and demands that 'wet signatures' become a thing of the past
  - ii. calls on government to make this a priority especially in dealing with the current impact of the COVID-19 pandemic on services.

109 **Lanarkshire:** That this conference notes that as long as 'wet signatures' remain the preferred option for prescription transmission and processing, the associated workload will remain with GPs, hinder the progress of pharmacotherapy services and act as a disincentive for true progress. We demand that wet signatures become a thing of the past.

110 **Lanarkshire:** That this conference believes that wet signatures need to be a thing of the past and alternatives that retain patient choice and reduce practice workload must be urgently explored and resourced.

111 **Lanarkshire:** That this conference demands that 'wet signatures' be a thing of the past.

112 **Glasgow:** That this conference is appalled by the lack of progress to implement a fully electronic prescribing system and calls on government to make this a priority especially in dealing with the current impact of the COVID-19 pandemic on services.

A 113 **Tayside:** That this conference requests that on hospital discharge, patients are supplied with 14 days of medication as standard, to allow time for medicines reconciliation both in the practice and community pharmacies.

## **16.00 EDUCATION AND TRAINING**

- 114 **Lothian:** That this conference welcomes the acceptance of the [Gillies](#) report findings by Scottish Government and calls for an annual increase in the fee paid to GPs to support their involvement in undergraduate medical education in line with consultant pay.

**16.15****OUT OF HOURS/SESSIONAL GPS**

- \*      116     **Agenda Committee:** That this conference calls on SGPC on behalf of sessional GPs to work with:
  - i. SG to find a mechanism which protects GPs against loss of income when unable to undertake booked locum work due to the need to self-isolate or due to COVID-19 illness
  - ii. the BMA and SG to ensure that NHS boards apply pay uplifts as a result of the (DDRB) doctors and dentists review body recommendations and be subject to the same backdating arrangements to GPs working in the GP out of hours and the community COVID-19 pathway.
  
- 117     **Glasgow:** That this conference calls on SGPC to work with the Scottish Government to find a mechanism which protects sessional GPs against loss of income when they are unable to undertake booked locum work due to the need to self-isolate or due to COVID-19 illness.
  
- 118     **Glasgow:** That this conference believes that payments to GPs working in GP out of hours and the community COVID-19 pathway (remote triage hubs and clinical assessment centres) which are made on a fee paid sessional basis should be subject to the same pay uplift as was made to salaried GP pay as a result of the DDRB recommendations and be subject to the same backdating arrangements and requires that the BMA work with Scottish Government to ensure that NHS boards apply this and future uplifts.

**16.30****NURSING AND CARE HOMES**

- 120     **Lothian:** That this conference believes that the introduction of automatic police scrutiny for all initial deaths due to COVID-19 in care homes was a misjudgement which threatened to undermine the morale of care home staff battling against a highly infectious disease with inadequate resources and inadequate PPE.

**16.45****IMMUNISATION**

- 121     **Tayside:** That this conference is concerned, and disappointed, at what appears to be the failure to procure adequate flu vaccine stock to protect vulnerable patients in Scotland and extend, as promised, the age range for vaccination to minimise the impact of COVID-19 and flu circulating in parallel:
  - i. and calls for the Scottish Government to be honest with the public as to the reasons behind this
  - ii. will not tolerate this being seen as a "GP issue", despite practices having to bear the brunt of public anger over this
  - iii. condemns the further impact this may have on health inequalities as those first in line may have been vaccinated but those, often most in need, are left unprotected.
  
- 122     **Tayside:** That this conference welcomes the transfer of childhood immunisation to immunisation teams but insists teams be required to directly record activity in the GP record or, failing that, ensure that the system they use automatically, and without delay, updates the GP clinical record without the need for manual transcription, both to protect patient safety and avoid potential corruption or loss of data.

**17.15****CLOSING REMARKS**

# Motions not prioritised for debate

## CONTRACTS AND NEGOTIATIONS

- 15 **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 PCIP trackers.
- 16 **Highland:** That this conference wishes to highlight the potential of tripartite working to implement the new Scottish GP contract, and:
- commends the collaborative work of GP subcommittees, health board IJBs/HSCPs, and clusters to deliver the ambitious aims of the GP contract
  - supports the devolving of decision-making on clinical resource prioritisation across the contract workstreams down to clusters
  - asks SGPC to support the view that resources for workstream clinical staffing may pass directly to individual practices where there is tripartite cluster, GP subcommittee and IJB/HSCP support
  - considers that any Primary Care Improvement Programme monies devolved to practices must be used for clinical staffing, or for actions which support direct healthcare.
- 17 **Highland:** That this conference commends Scotland's GPs for continuing to direct efforts towards primary care modernisation, despite the COVID-19 pandemic and:
- insists that health board IJBs and HSCPs must use all GP contract monies for their intended use, and not for efficiency savings
  - is appalled to hear that, this year, the government has reduced GP contract resources to boards
  - brings to the profession's attention that unspent GP contract monies in some boards could go to the bottom line
  - demands that SGPC works urgently with the Scottish Government to ensure that New GP contract monies are ring-fenced and are exclusively used to deliver the contract workstreams.
- 18 **Highland:** That this conference welcomes the collaborative tripartite approach of the new Scottish GP contract, and
- commends the pooling of GP contract workstream resources to enable GP practices to deliver services tailored to their patients' needs
  - supports examples of the combining of resources for the urgent care, (CTAC) community treatment and care services, and (VTP) vaccination transformation programme
  - demands that a flexible approach be taken by tripartite groups within Scotland's health boards, to speed up the implementation of the contract so that GPs and patients realise the intended benefits of the contract without further delay.

## PUBLIC MESSAGING

- 26 **Lothian:** That this conference calls on the Scottish Government to give clear public messaging on how low the direct risk of coronavirus is to children and emphasise that the balance of risk with regard to children's physical health, mental health, development and wellbeing clearly favours their full inclusion in education, sport and other extracurricular activities.

## WORKLOAD

- 31 **Forth Valley:** That this conference is concerned about the unforeseen workload issues that the adoption of total telephone triage is leading to, now that the public believe it is business as usual for GPs.

- 32 **Lothian:** That this conference asks the Scottish Government to be realistic about the impact of the pandemic on workload in general practice, in determining the balance between “seeing those who are ill and believe themselves to be ill”, looking after the terminally ill and clinician-intensive screening programmes such as cervical cytology.

## WORKFORCE/WELLBEING

- 40 **Glasgow:** That this conference believes that GP practices should be allowed the normal public holidays over the festive period and resists attempts to reduce the number of public holidays for practices.
- 41 **Ayrshire and Arran:** That this conference:
- believes there is a significant need for improved support for primary care staff wellbeing
  - calls on the Scottish Government to recognise this and invest in wellbeing initiatives like improving digital support packages or access to wellbeing related therapies.
- 42 **Lothian:** That this conference calls on BMA and Scottish Government to ensure that GPs affected by long COVID-19 are treated the same as consultant and nursing colleagues in terms of sick leave.
- 43 **Highland:** That this conference welcomes the NHS Highland healing process and
- offers its sincere thanks to the Cabinet Secretary for Health and Sport for the personal interest she took in supporting the victims of bullying
  - is pleased that affected GPs and other NHS workers now have a route to a personalised apology, psychological therapy and an independent review panel
  - is deeply concerned that NHS Highland's 2020 survey of staff in Argyll & Bute, recommended by [John Sturrock QC](#), has identified further bullying
  - seeks ongoing assistance from the Scottish Government to ensure that the recommendations of the Sturrock review are implemented to support vital cultural change.

## FUNDING

- 51 **Highland:** That this conference highlights that the coronavirus pandemic has demonstrated the resourcefulness and commitment of general practice, which has kept working throughout, has re-established normal service long before secondary care, and demands that that general practice funding rises to 11% of the NHS budget in Scotland, as recommended by the RCGP.

## APPRAISAL AND REVALIDATION

- 55 **Tayside:** That this conference recognises the dramatic increase in reliance on telephone and video consultations as a normal part of delivering general practice but is concerned that there is no currently recognised and GMC approved process for gaining patient feedback to meet revalidation requirements based on non-patient facing consultations and calls for SGPC through the BMA – (GMC) General Medical Council working party to develop a suitable online tool to address this gap.

## HEALTHCARE PLANNING AND PROVISION

- 68 **Grampian:** That this conference deplores the removal of the primary care (MDT) multi-disciplinary team from practices to centralised, locality-based approaches, preventing the role of expert medical generalist being fulfilled in full, and we call on SGPC to work with SG and HSCPs to prevent this.
- 69 **Lothian:** That this conference asks that patients out of area for historical reasons should be required to re-register, as this reduces GP efficiency, and is problematic for locality service provision.

## PRIMARY/SECONDARY CARE INTERFACE

- 85    **Lothian:** That this conference calls for SGPC to negotiate a fair reimbursement for GPs involved in the re-triaging of their own out-patient referrals, a process required to address the significant waiting times in secondary care.
- 86    **Glasgow:** That this conference deplores the reduction in sexual health services with its resultant transfer of un-resourced work to primary care.

## EHEALTH

- 100    **Highland:** That this conference recognises the important role of the telephone during the response to COVID-19 and asks for SGPC's assistance in ensuring that all boards are including telephony systems in their IT support for general practice, including an adequate number of lines and appropriate functionality.
- 101    **Glasgow:** That this conference expresses its frustration that the roll out of NHS.scot and Office 365 which replaces the existing NHSmail is taking place whilst in the midst of a pandemic.
- 102    **Tayside:** That this conference demands that there is a standard national specification for inbox size and integrated applications in the new NHS Scotland email system and it is not left to health boards to decide and create an inequity between GPs in different regions.
- 103    **Highland:** That this conference supports the use of electronic order communications for scheduling and tracking investigations and samples but recognises that current implementations of this haven't adequately dealt with organisational boundaries and directs SGPC to push for solutions to this.
- 104    **Ayrshire and Arran:** That this conference deplores the continued delays in providing a fit for purpose IT system for general practice and demands that this is resolved as a matter of urgency.
- 105    **Highland:** That this conference supports the use of open platforms for our digital health systems, including electronic health records, especially where this prevents the lock-in of data.
- 106    **Tayside:** That this conference requests that there is a nationally agreed electronic pathway for hospitals to inform GP practices about deaths in hospital, to avoid GPs only finding out from families or obituaries in the press when one of their patients dies.
- 107    **Tayside:** That this conference asks that there is centralised agreement and funding for back scanning GP paper records to minimise the risk associated with transferring and storing old paper records, given that the GP record is the patient's complete health record and hospitals are no longer required to keep records indefinitely.

## EDUCATION AND TRAINING

- 115    **Tayside:** That this conference calls for GP specialty trainees to be maintained on the performers list as they transition between training and full qualification as general medical practitioners and asks SGPC to work with NHS Education for Scotland and Scottish Government to ensure this.

## OUT OF HOURS/SESSIONAL GPS

- 119    **Glasgow:** That this conference congratulates SGPC on negotiating a COVID-19 salaried GP contract which for a minimum commitment provides full death in service benefits and other benefits to sessional GPs in Scotland.

## IMMUNISATION

- 123 **Grampian:** That this conference recognises the potential failure of the vaccination transformation programme due to lack of workforce and calls on the relevant agencies to lobby for changes in legislation to allow an expanded workforce that includes health care support workers.

## QUALITY AND CLUSTERS

- A 124 **Ayrshire and Arran:** That this conference believes that in order to fully realise the ambitions of the new GP contract in Scotland, further investment is needed in
- i. cluster quality lead roles including funding attendance at leadership courses
  - ii. more training opportunities for GPs thinking of taking up a practice quality lead post
  - iii. facilitating funded sessional GP representative to sit on cluster and tripartite meetings.
- A 125 **Glasgow:** That this conference recognises the value of GP clusters and calls on SGPC to:
- i. negotiate an uplift to the fund for (PQL) practice quality leads
  - ii. ensure that PQL and (CQLs) cluster quality leads are adequately supported and remunerated in cluster and quality work.

## MISCELLANEOUS

- 126 **Grampian:** That this conference instructs the BMA and SGPC to expedite the publication of the professional fee engine which has been developed by the professional fees committee.
- 127 **Glasgow:** That this conference wishes to congratulate Dr Andrew Townsley for winning £500,000 on Who Wants to be a Millionaire in May 2020.

## LMC/GP SUBCOMMITTEE/CONFERENCE

- A 128 **Glasgow:** That this conference acknowledges the significant workload and role of GP subcommittee both in contract implementation and NHS recovery and calls on SGPC to negotiate dependable recurring funding to GP subcommittees to enable them to continue to fulfil their important role.
- 129 **Highland:** That this conference welcomes the resources that SGPC has negotiated with government for GP subcommittees, and
- i. is appalled to hear that some GP subcommittee representatives have had backfill resources withheld by their health board
  - ii. asks SGPC to bring this to the attention of the Cabinet Secretary for Health and Sport and her civil servants.
- 130 **Glasgow:** That this conference is grateful to our colleagues in LMCs who have worked collaboratively with other sectors over the pandemic to ensure that GPs and practices are represented in the planning and implementation of the Covid response.

## PUBLIC HEALTH

- 131 **Ayrshire and Arran:** That this conference believes that to adequately address the national “opiate crisis” and avoid further escalation in opiate and gabapentinoid related harms the Scottish Government must mandate health boards to:
- i. adequately resource chronic pain services with appropriate and realistic numbers of specialist clinicians as a priority
  - ii. train and employ community nurse specialists and pharmacists to work closely with primary care colleagues and meet patient demand for intensive and sustained support.
  - iii. increase resource and training for psychological therapies to allow local and timely access to evidence-based alternatives to analgesia.
- 132 **Ayrshire and Arran:** That this conference demands that the Scottish Government leads a national campaign to emphasise the potential harms from prolonged opiate based pain relief whilst simultaneously offering resource to evidence based alternatives.
- 133 **Highland:** That this conference believes that the coronavirus pandemic has demonstrated the importance of baseline population health on the resilience and well-being of citizens, and asks SGPC to explore with Scottish Government how to improve the funding of the activities in public health and primary care that lead to improved population health outcomes.
- 134 **Glasgow:** That this conference believes COVID-19 has brought public health to the forefront however, we recognise that:
- i. the obesity management and dietitian support is unfit for purpose
  - ii. public health messages have been insufficient to encourage and support patients to adopt healthier lifestyles.
- 135 **Forth Valley:** That this conference congratulates the Scottish Government and councils on their activities on advancing electrified transport with trains, cars and bicycles, but feel these efforts should be redoubled to gain further health, pollution and sustainability benefits.
- 136 **Highland:** That this conference supports a green COVID-19 recovery plan from government and believes that this is vital to sustain a healthier population and planet.

## Appendix 1

# Motion 4 Standing Orders From Scottish LMC Agenda Committee 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.

### **Conference passed the following motion last year:**

- 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)
  - iii. instructs agenda committee to ensure that any new formula is equitable while continuing to offer adequate representation to smaller LMCs.

### **Suggested Change**

As instructed, the SLMC agenda committee proposes using the formula published in Appendix 2. This ensures there is a progressive increase in the number of representatives as the populations increase. This formula maintains the principle that every LMC has at least one representative. It also maintains roughly the same numbers of representatives from each LMC. The agenda committee hope conference will agree that the formula is equitable while continuing to give adequate representation to smaller LMCs. Table 1 shows how the current formula allocates representatives depending on population and how a proposed new formula would affect this.

**Table 1**

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 2. You will see that, based on this year's numbers, the total number of representatives remains the same. Only Highland (gains 1) and Dumfries & Galloway (loses 1) would be affected.

**Table 2 (Ordered by population with affected LMCs highlighted)**

Number of Conference Reps per LMC			
	Population	Current	Proposed
Orkney	21,911	1	1
Shetland	22,953	1	1
Western Isles	26,832	1	1
Borders	119,600	3	3
D&G	154,444	5	4
Forth	321,786	5	5
Highland	330,317	5	6
Fife	386,037	6	6
A&A	385,663	6	6
Tayside	431,347	7	7
Grampian	600,140	10	10
Lanarkshire	689,082	11	11
Lothian	976,727	15	15
Glasgow	1,319,012	21	21
Total:	5,738,913	97	97

**Motion**

Conference will be asked to debate this in the standing orders section at the start of the day. As with all motions we would request speaker slips in advance of conference.

**Dr Alastair Taylor**

On behalf of SLMC conference agenda committee

## Appendix 2 – Number of Representatives

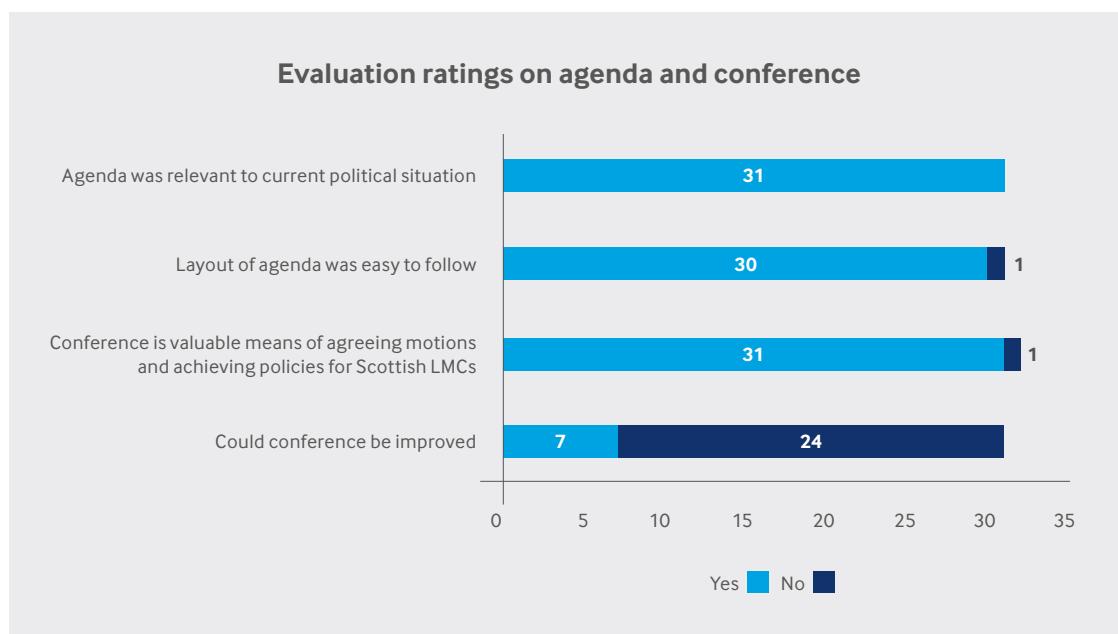
**Formula for Number of Representatives to Scottish LMC Conference from each Scottish LMC based on the number of registered patients in the associated NHS Board area**

Population	Reps
1-49,999	1
50,000-99,000	2
100,000-149,999	3
150,000-239,999	4
240,000-329,999	5
330,000-394,999	6
395,000-459,999	7
460,000-524,999	8
525,000-589,999	9
590,000-654,999	10
655,000-719,999	11
720,000-784,999	12
785,000-849,999	13
850,000-914,999	14
915,000-979,999	15
980,000-1,044,999	16
1,045,000-1,109,999	17
1,110,000-1,174,999	18
1,175,000-1,239,999	19
1,240,000-1,304,999	20
1,305,000-1,369,999	21
1,370,000-1,439,999	22

## Appendix 3

### Response to 2019 conference feedback

Please find below evaluation received from last 2019 annual Scottish local medical committee conference and what our response to address your points.



#### Suggestions on how conference could be improved

Content of conference

**Feedback:** What happens to motions not discussed?

**Response:** Motions that are not discussed, due to not having enough time or are noted as grey motions in the agenda are noted as motions not reached.

**Feedback:** An individual felt that the agenda was not easy to follow and only clear when verbally explained

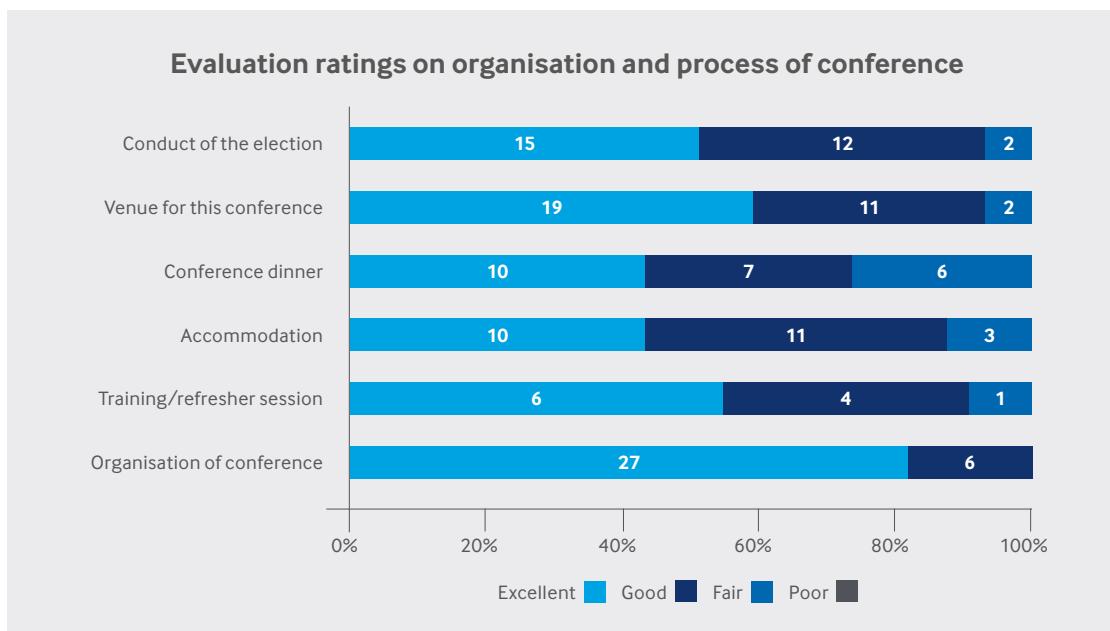
**Response:** We will address this and add this to part of our intro/refresher sessions on how the agenda is structured.

**Feedback:** An individual shared that there should be more nuanced feedback of previous years' resolution

**Response:** The SGPC negotiating team send actions that they have delivered on in relation to previous years' resolutions are shared with LMC secretaries. The volume of information included means that these can only be brief updates.

**Feedback:** An individual suggested that the SGPC chair not advise conference on how to vote.

**Response:** The role of the SGPC negotiating team at conference besides being available to answer your questions during the allocated SGPC negotiating questions is to advise on motions. They are there to highlight the facts relating to a motion and provide a view for conference as to what it would mean if a motion is carried or rejected and its impact on the wider negotiations on the GMS contract.



## Format of conference

**Feedback:** Intro/refresher session

**Response:** We held our first training session prior to the last annual conference in 2019 and are pleased to confirm that we received good feedback on this and have incorporated your feedback on ways to improve this for future years.

**Feedback:** Electronic voting

**Response:** Electronic voting is an additional cost to conference however we will consider introducing this in future years as there were various motions in 2019 conference which were lost or carried by a margin. We can confirm as the 2020 conference will be run virtually in its entirety that electronic voting will be available.

**Feedback:** Scheduled breaks and more exercise

**Response:** Unfortunately, due to the amount of motions we wish to debate we are unable to accommodate breaks throughout the day however delegates can leave the auditorium as they wish. This year conference will be held virtually, as such we were able to accommodate breaks into the agenda.

**Feedback:** Soapbox

**Response:** We have not incorporated soapbox in 2019 as there were not enough similar motions for this. However, Soapbox/themed debate is a standing item that is considered by the agenda committee each year when creating the agenda.

**Feedback:** Accommodation/venue

**Response:** We received various comments on accommodation and the restaurant and have fed them back to Golden Jubilee Conference Hotel. With regards to having a more central location we will endeavour to look at this for next years' conference in 2021.

**Feedback:** Dinner timing, entertainment and dress codes

**Response:** We started the dinner at 20:00 as with previous years and held a pre-dinner reception at 19:30. The late start was to accommodate LMC representatives who may be travelling from further afield. The dress code is dated and was discussed by the agenda committee and renamed to 'semi-formal'. In relation to entertainment at dinner such as singing/music or poetry, we will liaise with the venue to consider this.

## Appendix 4

### Joint BMA and GPDF defamation statement

Members of the LMC conference are asked to read the following statement and to act accordingly.

An individual making a public statement on behalf of the BMA, its GP committee (including subcommittees) and/or GPDF needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which

**'tends to lower an individual's reputation in the eyes of right-thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.'**

There are two forms of defamation – libel and slander. Libel is the publication in permanent form of a defamatory statement. Slander is its publication in transitory form. So, to give examples, typically slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, for instance in video form, or even in a voice recording such as potentially on a voicemail. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

There are a number of defences to a claim of defamation these include: (a) justification – being able to show that what was said is true; (b) fair comment on a matter of public interest – the honest expression of opinion; and (c) privilege – a statement fairly made in the discharge of a public or private duty.

An action for defamation can only be brought in the High Court. Legal aid is not available and proceedings are notoriously expensive.

Where it is necessary to mention individuals or organisations, great care should be taken to ensure that no gratuitous or unsustainable comment is made, this being so whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual or organisation is the subject of rumour, it is not given weight or authority by being publicised by the BMA or GPDF to the detriment of that individual or organisation's reputation. Similarly, unsubstantiated comment should not be made about individuals and organisations.

#### **Internet postings**

There is a common misconception that because of the informal and accessible nature of the Internet, different rules apply. The position is, quite simply, that the author of material posted over the Internet is every bit as liable in defamation as the author of off-line material.

Publication of defamatory material takes place once it has been posted on the Internet. It is not necessary for an aggrieved person to prove that anyone has actually read the material. There is the added danger that the material can be accessed anywhere in the world enabling anybody who is aggrieved to sue in that country as well as here.

Website hosts may also be liable, along with the author, for publishing defamatory material if they have been made aware of its presence on a website and have failed to remove it within a reasonable period of time. People who hide behind anonymous postings will find that the website hosts can be required to disclose the identity of the author.

### **Electronic communications**

Under the Data Protection Act (DPA) data subjects are entitled to request the disclosure of information held on them by the BMA or GPDF. The DPA extends not only to electronic files (including external and internal email correspondence and including activity tracking) but to some manual files as well. The BMA and GPDF are legally obliged to provide the information requested. To avoid the risk of a claim for defamation, it is extremely important that all recorded information relating to individuals is accurately and properly expressed. Anything which could be regarded as offensive, insulting and defamatory must be avoided unless approved by the BMA's Legal Department or other professional lawyers.

The best practical advice is that any reference to an individual or an organisation should be made in measured terms after a careful appraisal of the evidence available with legal advice being sought where appropriate. If this advice is followed there should be no difficulties with respect to defamation.

**J T Canning**

Director of operations  
GPDF  
August 2020

**Gareth Williams**

Interim director of legal services  
British Medical Association  
September 2020

**#SLMC20**

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