**Scottish General Practitioners Committee**

**Scottish local medical committee**

**annual conference**

**4 December 2020**

**Appendix I - Resolutions**

**Appendix II - Election results**

**Appendix III - Motions not reached**

**Appendix 1**

**SCOTTISH LOCAL MEDICAL COMMITTEE CONFERENCE**

**4 December 2020**

**Resolutions**

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|  |  | STANDING ORDERS |
| 1 |  | (4) 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 1. |
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|  |  | CONTRACTS AND NEGOTIATIONS |
| 2 |  | (7) 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 arrangementsii. 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 doiv. that any financial compensation that is agreed should increase annually for each year of delay. |
| 3 |  | (13) 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. |
| 4 |  | (14) 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 boardsii. start a national recruitment campaign for the MOU service staff requirediii. recognise individual HSCP (PCIP) primary care improvement plan implementation that should be shared nationally as a gold standard. |
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|  |  | PUBLIC MESSAGING |
| 5 |  | (19) That this conference calls on SG to run a public information campaign on the use of GP services which should include:i. how GP services will be delivered differently in a pandemic and whyii. information about the changes to general practice working and the multidisciplinary team introduced by the new GP contract 2018iii. 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. |
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|  |  | WORKLOAD |
| 6 |  | (27) 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. |
| 7 |  | (28) 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. |
| 8 | Referred to UK Conference | (29) That this conference considers that the shielding workload that GPs were given at the start of the pandemic wasi. immensely challengingii. unfundediii. in addition to GP workload that was heavy at the timeiv. made more difficult because of constant rule changes. |
| 9 | A | (30) 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. |
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|  |  | WORKFORCE/WELLBEING |
| 10 | Referred to UK Conference | (33) 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 acceptableii. supports a zero-tolerance policy in GP practicesiii. is worried that unrealistic expectations are partly fuelled by political messages. |
| 11 | Part (i) referred to UK Conference | (35) 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 veteransii. 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 thisiii. supports the development of a primary care health support programme for staff in Scotland at least equivalent to the NHS England practitioners health programmeiv. 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. |
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|  |  | PREMISES |
| 12 |  | (44) 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 programmeii. 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. |
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|  |  | FUNDING |
| 13 |  | (46) 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 andi. is therefore surprised and disappointed that appropriate funding has not been maintained for additional expenses directly related to delivering services during the pandemicii. 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 pandemiciii. calls for non-staff expenses to be included in the arrangements going forwardiv. calls for urgent action to ensure that, through boards, funding is re-instated for new and ongoing expenses. |
| 14 | A | (50) 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. |
|  |  | APPRAISAL AND REVALIDATION |
| 15 | Referred to UK Conference | (52) 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-19ii. not return to a bureaucratic non evidence-based model of appraisal which research has shown is a reason why doctors leave the profession. |
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|  |  | SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME |
| 16 |  | (56) 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. |
| 17 | A | (57) 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. |
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|  |  | HEALTHCARE PLANNING AND PROVISION |
| 18 |  | (58) 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-19ii. requests that there should be no minimum compulsory requirement for practices to provide clinical time to respiratory/COVID-19 centres this winteriii. (taken as a reference) 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. |
| 19 | Parts (i) and (ii) referred to UK Conference | (62) 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 practiceii. calls for self-referral pathways for patients who need supportive counsellingiii. 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. |
| 20 |  | (141) That this conference, With regards to the transitional arrangements announced in the 2nd December [Joint Scottish Government/BMA Letter](https://www.sehd.scot.nhs.uk/publications/DC20201203GMS_Contract.pdf) i. is concerned that there has been inadequate consultation with SGPC for such changes to the agreed 2018 Contract ii. is disappointed with the lack of detail around where the additional professional staff and the extra funds required will come from iii. calls on SGPC to review and agree the contents of the transitional arrangements |
| 21 |  | (65) 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 areaii. 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 trainingiii. 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. |
| 22 | Referred to UK Conference | (66) 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. |
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|  |  | PRIMARY/SECONDARY CARE INTERFACE |
| 23 | Parts (i) and (iii) referred to UK Conference | (70) That this conference is concerned about the development of scheduling to unscheduled care and asks that:i. general practices are not expected to provide staff for this developmentii. GP subcommittees are consulted on any developments which might affect GP practices including access to appointmentsiii. there is a clear messaging campaign for the public so they can understand the new ways of accessing care. |
| 24 |  | (72) 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 andi. fears that the stopping of some essential clinical services by boards has not always occurred with adequate transparencyii. 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 monitoringiii. opposes any proposals that patients on waiting lists should see the GP for a re-assessment before being appointediv. strongly resists suggestions that referrals to specialties or imaging should be passed back to GPs for reconsideration. |
| 25 | Parts (ii) and (iii) referred to UK Conference | (75) 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 subcommitteeii. 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 practicesiii. 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. |
| 26 |  | (79) 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 overdueiii. calls that they should be provided in the longer term to ensure that secondary care work is done by secondary careiv. (taken as a reference) believes they are not part of the community treatment and care servicev. calls on urgent support from Scottish Government to health boards to enable secondary care to undertake this work. |
| 27 |  | (83) 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. |
| 28 | A | (84) 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. |
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|  |  | EHEALTH |
| 29 |  | (87) 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 careii. 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. |
| 30 |  | (90) 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 appropriateii. 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 embracediii. 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 environmentiv. (taken as a reference) 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. (taken as a reference) 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. |
| 31 | Referred to UK Conference | (97) 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. |
| 32 | A | (99) 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. |
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|  |  | PRESCRIBING, PHARMACY SERVICES AND DISPENSING |
| 33 | Referred to UK Conference | (108) 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 pastii. calls on government to make this a priority especially in dealing with the current impact of the COVID-19 pandemic on services. |
| 34 | A | (113) 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. |
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|  |  | EDUCATION AND TRAINING |
| 35 |  | (114) That this conference welcomes the acceptance of the [Gillies](https://www.gov.scot/publications/undergraduate-medical-education-scotland-enabling-more-general-practice-based-teaching/) 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. |
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|  |  | OUT OF HOURS/SESSIONAL GPS |
| 36 |  | (116) 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 illnessii. 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. |
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|  |  | NURSING AND CARE HOMES |
| 37 |  | (120) 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. |
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|  |  | IMMUNISATION |
| 38 |  | (138) That this conference celebrates the successful collaborative Flu Vaccine delivery program this year and asks that, for the COVID-19 Vaccination programme, the Scottish Government: i. actively seeks, in collaboration with NHS Boards to utilise lessons learned from the Flu vaccine campaign especially where this has evidenced good practice ii. ensures that any further extension to the Flu program cohorts is made in early December or to clearly communicate to the public that no further extension will be made. iii. ensures that communications are timely, accurate, and support managing public expectation, to reduce the burden on front line services. iv. ensures clear, consistent and timely information to support teams developing and delivering the programme. v. ensures those working in the program have a simple, clear and accessible method of delivering feedback. |
| 39 |  | (122) 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. |
| 40 |  | (139) That this conference insists, that with the prospect of COVID-19 vaccine programs starting very soon and the high possibility for a need for a certificate for travel and possibly access to restaurants etc, an electronic certificate is generated automatically from the Turas COVID-19 Vaccine App following vaccination and emailed / texted to the patient. If this is not possible then, as a second option, a centrally developed certificate should be directly accessible to those patients that require it, from NHS Inform or a similar central source and details of this should be communicated to the public. |
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|  |  | **QUALITY AND CLUSTERS** |
| 41 | A | (124) That this conference believes that in order to fully realise the ambitions of the new GP contract in Scotland, further investment is needed ini. cluster quality lead roles including funding attendance at leadership courses ii. more training opportunities for GPs thinking of taking up a practice quality lead postiii. facilitating funded sessional GP representative to sit on cluster and tripartite meetings. |
| 42 | A | (125) 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 leadsii. ensure that PQL and (CQLs) cluster quality leads are adequately supported and remunerated in cluster and quality work. |
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|  |  | LMC/GP SUBCOMMITTEE/CONFERENCE |
| 43 | A | (128) 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. |
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**Appendix II**

**Election Results**

CHAIR: Dr Denise McFarlane (Grampian)

DEPUTY CHAIR: Dr Alastair Taylor (Glasgow)

AGENDA COMMITTEE: Dr Chris Black (Ayrshire & Arran)

 Dr Waseem Khan (Glasgow)

 Dr Andrew Thomson (Tayside) (co-opted after the conference)

**Appendix III**

Motions Not Reached

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|  |  | CONTRACTS AND NEGOTIATIONS |
| 44 |  | (15) 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) primary care improvement plan trackers. |
| 45 |  | (16) That this conference wishes to highlight the potential of tripartite working to implement the new Scottish GP contract, and:i. commends the collaborative work of GP subcommittees, health board IJBs/HSCPs, and clusters to deliver the ambitious aims of the GP contractii. supports the devolving of decision-making on clinical resource prioritisation across the contract workstreams down to clustersiii. 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 supportiv. considers that any Primary Care Improvement Programme monies devolved to practices must be used for clinical staffing, or for actions which support direct healthcare. |
| 46 |  | (17) That this conference commends Scotland's GPs for continuing to direct efforts towards primary care modernisation, despite the COVID-19 pandemic and:i. insists that health board IJBs and HSCPs must use all GP contract monies for their intended use, and not for efficiency savingsii. is appalled to hear that, this year, the government has reduced GP contract resources to boardsiii. brings to the profession's attention that unspent GP contract monies in some boards could go to the bottom lineiv. 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. |
| 47 |  | (18) That this conference welcomes the collaborative tripartite approach of the new Scottish GP contract, andi. commends the pooling of GP contract workstream resources to enable GP practices to deliver services tailored to their patients' needsii. supports examples of the combining of resources for the urgent care, CTAC and VTPiii. 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 |
| 48 |  | (26) 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. |
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|  |  | WORKLOAD |
| 49 |  | (31) 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. |
| 50 |  | (32) 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. |
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|  |  | WORKFORCE/WELLBEING |
| 51 |  | (40) 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. |
| 52 |  | (41) That this conference:i. believes there is a significant need for improved support for primary care staff wellbeing ii. calls on the Scottish Government to recognise this and invest in wellbeing initiatives like improving digital support packages or access to wellbeing related therapies. |
| 53 |  | (42) 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. |
| 54 |  | (43) That this conference welcomes the NHS Highland healing process andi. offers its sincere thanks to the Cabinet Secretary for Health and Sport for the personal interest she took in supporting the victims of bullyingii. is pleased that affected GPs and other NHS workers now have a route to a personalised apology, psychological therapy and an independent review paneliii. is deeply concerned that NHS Highland’s 2020 survey of staff in Argyll & Bute, recommended by [John Sturrock QC](https://www.tsh.scot.nhs.uk/Safe/Docs/Learning%20from%20External%20Inquiry%20Reports/Sturrock%20Report%20-%20Apr%2019.pdf), has identified further bullyingiv. seeks ongoing assistance from the Scottish Government to ensure that the recommendations of the Sturrock review are implemented to support vital cultural change. |
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|  |  | FUNDING |
| 55 |  | (51) 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. |
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|  |  | APPRAISAL AND REVALIDATION |
| 56 |  | (55) 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) General Medical Council approved process for gaining patient feedback to meet revalidation requirements based on non-patient facing consultations and calls for SGPC through the BMA – GMC working party to develop a suitable online tool to address this gap. |
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|  |  | HEALTHCARE PLANNING AND PROVISION |
| 57 |  | (68) 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. |
| 58 |  | (69) 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. |
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|  |  | PRIMARY/SECONDARY CARE INTERFACE |
| 59 |  | (85) 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. |
| 60 |  | (86) That this conference deplores the reduction in sexual health services with its resultant transfer of un-resourced work to primary care. |
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|  |  | EHEALTH |
| 61 |  | (100) 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. |
| 62 |  | (101) 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. |
| 63 |  | (102) 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. |
| 64 |  | (103) 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. |
| 65 |  | (104) 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.  |
| 66 |  | (105) 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. |
| 67 |  | (106) 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. |
| 68 |  | (107) 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.  |
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|  |  | EDUCATION AND TRAINING |
| 69 |  | (115) 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 (NES) NHS Education for Scotland and Scottish Government to ensure this.  |
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|  |  | OUT OF HOURS/SESSIONAL GPS |
| 70 |  | (119) 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. |
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|  |  | IMMUNISATION |
| 71 |  | (123) 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.  |
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|  |  | MISCELLANEOUS |
| 72 |  | (126) 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. |
| 73 |  | (127) That this conference wishes to congratulate Dr Andrew Townsley for winning £500,000 on Who Wants to be a Millionaire in May 2020. |
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|  |  | LMC/GP SUBCOMMITTEE/CONFERENCE |
| 74 |  | (129) That this conference welcomes the resources that SGPC has negotiated with government for GP subcommittees, andi. is appalled to hear that some GP subcommittee representatives have had backfill resources withheld by their health boardii. asks SGPC to bring this to the attention of the Cabinet Secretary for Health and Sport and her civil servants. |
| 75 |  | (130) 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 |
| 76 |  | (131) 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 priorityii. 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. |
| 77 |  | (132) 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. |
| 78 |  | (133) 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. |
| 79 |  | (134) 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.  |
| 80 |  | (135) 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. |
| 81 |  | (136) 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. |
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