

Scottish local medical committee conference

Agenda and guide



03 December 2021
Online

#SLMC21

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#SLMC21

Agenda committee members

Denise Mcfarlane, chair of conference

Alastair Taylor, deputy chair of conference

Chris Black, committee member

Waseem Khan, committee member

Andrew Thomson, committee member



Denise Mcfarlane
chair of conference



Alastair Taylor
deputy chair of conference



Chris Black
committee member



Waseem Khan
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

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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 Scottish council BMA
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
Treasurer Tayside local medical committee
Fellow of Royal college of physicians, Edinburgh

Welcome from the chair of conference



Denise McFarlane,
chair of conference

I am delighted to welcome you all to the 2021 Scottish LMC conference which we are holding virtually this year via Microsoft Teams. We appreciate the effort that you, the representatives and guests, have made to join us 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's Scottish GP committee (SGPC). 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 03 December 2021, and I am delighted to announce that the cabinet secretary for health and social care, Mr Humza Yousaf MSP, will be joining us to address conference and answer a few of your questions, submitted via your LMC. As with the last virtual conference we will need these to be submitted in advance of conference by 12 noon, Wednesday 01 December 2021.

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, healthcare planning and provision, funding, primary/secondary care interface, immunisations/enhanced services and a range of issues affecting general practice.

There will also be time for the SGPC negotiators to answer your questions which, again will be submitted in advance of conference by 12 noon, Wednesday 01 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 my first 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,
Denise McFarlane

Programme

Wednesday 01 December 2021

New representatives/refresher training	17:30 – 18:00
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Friday 03 December 2021

Registration	08:15 – 09:00
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Conference agenda	09:00 – 17:30
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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. 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.

Video Presence

As the conference will be run virtually this year there is an opportunity that 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 **08:15 to 09:00 on Friday 03 December**. You will be admitted into a virtual lobby where you will wait until a member of the secretariat will admit 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. 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 app' 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 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 if a motion is written in parts. 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 2022
- deputy chair of conference for 2022
- three other members of the agenda committee for 2022

How to take part

When nominations open, eligible representatives may nominate themselves using the BMA Elections webpage: elections.bma.org.uk

To take part in elections you must be a BMA website account. If you are not a BMA member, this can be created using the following link:
join.bma.org.uk/limitedaccessregistration/limitedaccess.

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.

New representatives/refreshers training

A short training session will be provided by both the SLMC Conference chair and deputy chair on **Wednesday 01 December at 17:30-18:00**. 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 **17:30**.

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 we have made a few adjustments to the standing orders to allow for business to be conducted for a virtual conference and as such do not envisage a need to have a motion to suspend standing orders. 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



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 dependent families who are suffering financial hardship.
- They can help GPs and former GPs, GP trainees who are progressing on a specialty 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 offer 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, essential repairs and adaptations.
- They also may pay for Career Coaching when a return 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 or at the end of each section. 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 and if possible are requested by **12:00 on Wednesday 01 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 to mweatherston@bma.org.uk by **12:00 on Wednesday 01 December**. 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 consideration and prioritising for the cabinet secretary to answer. We would request your LMC secretary send in the question to slmc.conference@bma.org.uk with the **subject 'Cabinet secretary question'** by **12:00 on Wednesday 01 December**. Please note we will do our best to get to your question however we may not be able to propose your question 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 with the subject 'SGPC question' by **12:00 on Wednesday 01 December**. Please complete the SGPC negotiators question speaker slip with your details. 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. This year delegates will be provided the opportunity to pose their own questions to the SGPC negotiators and will require to submit a speaker slip for each question posed.

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 by **12:00 on Wednesday 01 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.

If you are opening a debate and speaking to a bracketed motion or asterisked bracketed motion, you are not just speaking to your own LMC motion but should be prepared to speak to all parts of the bracketed motion. It is not good practice to either ignore part of the lead motion or to actively disagree with it.

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 virtual protocol 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 03 December 2021

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

Time	Subject
0900 – 0930	Opening remarks Return of representatives Minutes Standing Orders Report of the Agenda Committee
0930 – 0945	Report of the Chair of SGPC
0945 – 1015	Keynote speaker: Humza Yousaf MSP, cabinet secretary of health and social care
1015 – 1100	Contracts and negotiations
1100 – 1115	Break
1115 – 1130	Public messaging
1130 – 1145	Appraisal and revalidation
1145 – 1215	Healthcare planning and provision
1215 – 1245	Funding
1245 – 1300	Negotiators' questions Contingency
1300 – 1330	Lunch
1330 – 1400	Workforce/wellbeing
1400 – 1415	Education and training
1415 – 1430	eHealth
1430 – 1440	Government policy
1440 – 1500	Workload
1500 – 1510	Miscellaneous
1510 – 1530	Primary/secondary care interface
1530 – 1545	Break
1545 – 1600	Public health
1600 – 1615	Immunisation/enhanced services
1615 – 1625	Recruitment and retention
1625 – 1635	Out of hours/sessional GPs
1635 – 1645	Superannuation/review of the NHS pension scheme
1645 – 1700	Premises
1700 – 1715	Environmental
1715 – 1730	Closing remarks

Agenda

0900

RETURN OF REPRESENTATIVES

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

MINUTES

- 2 **The Chair:** Receive the minute of the conference held on 4 December 2020 as approved by the Chair of conference in accordance with standing order 24.

STANDING ORDERS

- 3 **The Chair:** That the following amendments be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2021:
- Update of the allocation of LMC representatives to conference as was approved by representatives of conference 2020 with inclusion of a formula in an appendix
 - Update of formatting for consistency
 - Improvement of understanding of the sentiments of standing orders
 - Update of standing orders to reflect and clarify current practices.

Amendment of 3. (a) as follows:

3. Membership

The members of the Conference shall be:

(a) 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.

Amendment of 10. (e) as follows:

10. Procedures

(e) No seconder shall be required for any motion, amendment or rider submitted to the conference by SGPC, a local medical committee or agenda committee or any composite motion or amendment produced by the agenda committee under standing order 9 (c)(ii). All other motions, amendments or riders after being proposed, must be seconded.

Amendment of 11. (a) and (l) as follows:

11. Rules of Debate

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

(l) Members of the conference have an overriding duty to those they represent. If a speaker has a pecuniary or personal interest, beyond his capacity as a member of the conference, in any question which the conference is to debate, this interest shall be declared at the start of any contribution to the debate.

Amendment of 13. (g) as follows:

13. Motions not published in the agenda

Motions not included in the agenda shall not be considered by the conference except those:

(g) that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions and submitted in writing by SGPC, the agenda committee or any LMC.

Amendment of 20 as follows:

20. Distribution of papers and announcements

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

REPORT OF THE AGENDA COMMITTEE

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

0930

REPORT OF THE CHAIR OF THE SGPC

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

0945

KEYNOTE SPEAKER: HUMZA YOUSAF MSP, CABINET SECRETARY OF HEALTH AND SOCIAL CARE

1015

CONTRACTS AND NEGOTIATIONS

*

- 6 **Tayside:** That this conference welcomes the continued commitment of the Scottish Government, health boards and HSCPs (Health and Social Care Partnerships) to the full implementation of the GMS (general medical services) 2018 contract and recognises that implementation is starting to provide vital support to practices but is concerned that
- i. elements of the contract that would be most beneficial to GP teams appear to have been deprioritised e.g. urgent care, FCP (first contact practitioner), mental health
 - ii. there continues to be a lack of recruitment and training at a national level to provide the workforce with the resources required to ensure successful implementation which Scottish Government need to address
 - iii. the funding to health boards and HSCPs is inadequate to deliver on the aspirations of the MOU (memorandum of understanding) and Scottish Government needs to significantly uplift resources to enable delivery
 - iv. there is a lack of national investment in tools to enable more efficient and cost-effective implementation and development e.g. electronic prescribing, fully compatible records systems.
- 7 **Lothian:** That this conference is concerned by the inadequacies of workforce planning behind the new contract, and in particular is concerned about the lack of training opportunities for pharmacy technicians.

- 8 **Grampian:** That this conference recognises the GP 2018 contract MOU to have been ambitious and that HSCPs have been unable to deliver the contract in full due to a lack of funding and workforce and instructs SGPC urgently to review this with Scottish Government if the contract is to be achieved.
- 9 **Grampian:** That this conference acknowledges the GP contract 2018 MOU was negotiated without plans in place to train new members of the MDT (multidisciplinary team) required to fulfil the contract and calls on SGPC to work with relevant agencies to increase funded training programmes for new members of the MDT in particular pharmacy technicians and physiotherapists.
- 10 **Lothian:** That this conference is disappointed by the continuing slow progress in implementing the 2018 contract, and feels that so far it has failed in its aims of reducing GP workload in any significant way, and asks SGPC to consider and update the profession on alternatives to the 2018 GMS contract.
- * 11 **Glasgow:** That this conference, whilst welcoming the publication of the MOU 2, remains concerned about the pace of implementation of the MOU services and calls on the MOU signatories to provide clarity with regards to
- i. nationally agreed levels of service provision for vaccinations, pharmacotherapy, and CTACS (community treatment and care service)
 - ii. practice transitional arrangements and funding for MOU services that are not fully delivered by April 2022
 - iii. the expectation of practice services for travel advice
 - iv. the balance of CTACS provision for immediately necessary care.
- 12 **Grampian:** That this conference welcomes transitional payments as a temporary measure to full implementation of the GP 2018 contract and calls for contractual clarity of service to allow SGPC to negotiate breach of contract transitional payments for practices once services are fully operational.
- * 13 **Agenda Committee:** That this conference deplores the abuse from the public that GPs and practice staff have endured during the pandemic with the risk of the staff sustaining moral injury and harm and calls
- i. on the Scottish Government to make clear it has a zero-tolerance policy for any verbal, physical or online abuse
 - ii. for changes to the GMS (general medical services) regulations to allow for immediate removal of an individual from the practice list for any form of abuse
 - iii. on Scottish government to explain the capacity challenges facing general practice to MSPs and the public
 - iv. on SGPC to work with the police to agree support for the practice
 - v. on the BMA to lobby for increased sentencing for those abusing general practice staff.
- 14 **Glasgow:** That this conference deplores the abuse from the public that GPs and practice staff have endured during the pandemic and calls
- i. on the Scottish Government to make clear it has a zero-tolerance policy for any verbal, physical or online abuse
 - ii. for changes to the GMS regulations for immediate removal from the practice list for any form of abuse.
- 15 **Grampian:** That this conference feels the abuse received in general practice is now intolerable and to prevent staff sustaining moral injury and harm resulting in leaving the profession instructs SGPC to work with Scottish Government to clearly explain the capacity challenges facing general practice to MPs and the public.
- 16 **Grampian:** That this conference feels the abuse received in general practice is now intolerable and instructs SGPC to work with police to agree support for practices, to work with relevant agencies to increase police sentencing for those abusing general practice staff and to offer national training programme for zero tolerance training to be offered for general practice staff.

- * 17 **Agenda Committee:** That this conference wants the Scottish Government to understand the disappointment, frustration, and anger felt by many GPs at the failure to deliver so much of the 2018 GMS contract and the MoU and hopes that the government can turn this around before the resulting demoralisation leads to a greater crisis in the retention of GPs. We are disappointed that the MoU2 priorities certain workstreams and calls on SGPC to negotiate:
- i. the multi-disciplinary team services roles which reduce GP workload can continue to be expanded and prioritised including ANP (Advanced Nurse Practitioners) mental health nurses and advanced physio practitioners
 - ii. for GMS contractual terms that guarantee practices will benefit from a minimum number of 'extended MDT' appointments per month or transitional payments will apply
 - iii. local flexibility be given to progress those workstreams that will afford the greatest GP workload relief.
- 18 **Forth Valley:** That this conference is disappointed that MOU 2 – GMS contract implementation for PC Improvement does not prioritise the multi-disciplinary team services workstream including ANPs, mental health nurses and advanced physio practitioners which has been a great benefit to many patients and practices. We ask that SGPC negotiates
- i. that the multi-disciplinary team services roles which reduce GP workload can continue to be expanded and prioritised
 - ii. for GMS contractual terms that guarantee practices will benefit from a minimum number of 'extended MDT' appointments per month or transitional payments will apply.
- 19 **Lothian:** That this conference wants the Scottish Government to understand the disappointment, frustration, and anger felt by many GPs at the failure to deliver so much of the 2018 GMS contract, and hopes that the government can turn this around before the resulting demoralisation leads to a greater crisis in the retention of GPs.
- 20 **Highland:** That this conference wishes to reach a point where the contract has been implemented and
- i. commends the efforts of SGPC negotiators in pursuit of this
 - ii. doesn't agree with the MOU 2 approach to prescriptive prioritisation of certain workstreams
 - iii. demands that local flexibility be given to progress those workstreams that will afford the greatest GP workload relief.
- A 21 **Forth Valley:** That this conference
- i. believes that in taking the approach that practices cannot employ directly to their own MDT staff, the new contract fails to consider the unique nature of individual practices, their unique needs and the complexities in the provision of comprehensive care
 - ii. asks SGPC to negotiate with Scottish Government for practices to have the option to opt out of health board delivered services and in those instances be funded directly to employ staff and deliver the additional support they need to fulfil the goals of the 2018 contract.
- A 22 **Glasgow:** That this conference recognises the important role of GPs in supporting and mentoring new MDT colleagues as part of the implementation of the new GP contract and
- i. is aware that this work puts additional demand and strains on an already overstretched workforce
 - ii. calls on SGPC to ensure that this supportive and mentoring role is adequately funded and backfilled to allow GPs to fully engage in this new work.

- A**
- 23 **Grampian:** That this conference welcomes funding for locum cover from day one of illness in the 2020/2021 statement of financial entitlements and given the sustainability pressures facing general practice pre and now mid pandemic requests this to continue for 2021/2022 to allow practice stability.
- 24 **Lothian:** That this conference notes that MOU 2 states that “there is a need to consider how PCIF (primary care improvement fund) funded posts interface with Action 15 funded posts” and asks Scottish Government that:
- it reminds boards and HSCPs that Action 15 monies were intended to give a workforce to all GP practices
 - it asks all HSCPs for an update on how Action 15 monies are spent in line with the MOU in terms of supporting all GP practices, including specifics of what has been delivered
 - Action 15 decisions should fall under the GMS tripartite decision-making processes with power to change decisions already made where it is clear that they do not fulfil the intended use of these monies to support all GP practices.
- 25 **Lanarkshire:** That this conference is concerned that maternity services in much of the country have moved on in ways that are no longer compatible with regular GP shared care and that the additional maternity services definition in the GMS contract requires review.
- 26 **Glasgow:** That this conference seeks clarity from SGPC about the direction of travel for the 2018 GP contract and the progress to phase 2.

1100

BREAK

1115

PUBLIC MESSAGING

- *
- 27 **Agenda Committee:** That this conference is appalled at the sustained campaign with negativity and untruths coming from some politicians and parts of the media about general practice and calls on Scottish Government and SGPC to
- bring an immediate stop to this
 - recognise the damage to relationships and the morale of the profession this has caused
 - work with boards and LMCs on a public information campaign to inform the public about the realities of GP services and the NHS
 - change the media strategy in order to restore public confidence in general practice
 - recognise the work general practice has done during the pandemic and reiterating that general practice is, and has always been, open.
- 28 **Glasgow:** That this conference is appalled at the negativity and untruths coming from politicians and the media about general practice and face to face consultations and
- demands an immediate stop to this
 - calls on Scottish Government and boards to work with SGPC and LMCs on a public information campaign to inform the public about the realities of GP services.
- 29 **Lothian:** That this conference notes that there is a perception amongst some of the public and media that general practice is closed, and is concerned that this damages relationships and the profession, and calls on the Scottish Government to run an active campaign to support general practice.
- 30 **Lanarkshire:** This conference asks SGPC to consider a change in media strategy in order to correct the persistent denigration of general practice and, by so doing, restore public confidence in primary care and aid moribund GP morale.

- 31 **Highland:** That this conference is appalled at the sustained campaign by some politicians and parts of the media to suggest there is unused capacity in general practice, when in reality GPs, nurses, administrative and multidisciplinary teams have been working harder than ever to meet unrelenting demand.
- 32 **Forth Valley:** That this conference asks Scottish Government to proactively protect the reputation of GPs who have worked hard to provide a service in the pandemic.
- 33 **Forth Valley:** That this conference asks the Scottish Government now that we are in the recovery phase of the COVID-19 pandemic to be honest and realistic with patients regarding what can be expected from the NHS.
- 34 **Ayrshire and Arran:** This conference is disgusted with the recent negative and inaccurate anti-GP narrative seen in the media and social media that has irrevocably damaged the profession and our relationships with patients and calls for a full investigation into why this has happened and hold those responsible accountable.
- 35 **Tayside:** That this conference condemns the negative reports towards general practice in the press and calls on Scottish Government to stand with GPs in fully rebuking these claims by way of a positive public communication campaign demonstrating the work general practice have been involved with during the pandemic and reiterating that general practice is, and has always been, open.
- A 36 **Grampian:** That this conference is dismayed despite previous conference policy there has still not been a national campaign for new ways of working for primary care to reflect the GP contract 2018 and requests prioritisation of this campaign given the accelerated changes due to the pandemic.
- A 37 **Tayside:** That this conference is disappointed by the lack of national publicity around changes to GP services as a result of the GMS 2018 contract implementation and calls on SGPC to insist that Scottish Government urgently develops and shares a clear campaign to inform the public and promote the benefits of the changes to general practice services.
- 38 **Lanarkshire:** That this conference calls for public education programmes to explain the benefits to patients of appropriate remote consultations.

1130

APPRAISAL AND REVALIDATION

- 39 **Lothian:** That this conference recommends that SOAR (Scottish online appraisal resource) undertakes an annual development plan which includes reducing unnecessary GP workload and stress for GPs.
- A 40 **Grampian:** That this conference welcomed a focus on wellbeing appraisal and is disappointed that appraisal has returned in its full bureaucratic non evidence based model to general practice this year and calls for a rephased approach to appraisal as primary care recovers and remobilises from the pandemic.

1145

HEALTHCARE PLANNING AND PROVISION

- 41 **Highland:** That this conference applauds the efforts of health and care workers during the pandemic and
- i. praises general practice for continuing to deliver safe and effective healthcare throughout, including face to face consultations where appropriate, alongside the vaccination programme
 - ii. condemns the ill-informed and unwarranted negativity and hostility by the press and on social media towards general practice
 - iii. demands more action from government to prevent the abuse of GPs and their staff.
- 42 **Fife:** That this conference has lost confidence in the government due to
- i. the failure to implement the contract of 2018
 - ii. their management of COVID-19, as removing the bulk of protections has predictably led to further overwhelming of the NHS, with the requirement to curtail non-emergent care while the public messaging has continued to encourage the public to feel that the NHS, and in particular primary care, is back to working as normal, despite ongoing more stringent guidance for COVID-19 protections in primary care settings than in social settings
 - iii. their implication in the NHS recovery plan that face-to-face appointments had ceased during the pandemic, and while assuring the public that face-to-face appointments would increase, also seeming to assume that the current level of digital and telehealth appointments would be able to be maintained
 - iv. their lack of communication with appropriate representation when advising on clinical issues such as the assessment of children under 12.
- 43 **Ayrshire and Arran:** This conference calls on the Scottish Government to provide for the care that our population needs served by properly resourced health and care services and demands
- i. an annual statement of numbers of whole-time equivalent GPs and for this to be published with historical data
 - ii. an appropriately resourced care sector with better education and terms and conditions for carers
 - iii. urgent and full expansion of the MDT teams as agreed in the 2018 contract
 - iv. a funded education campaign about use of NHS resource and promoting self-directed help.
- * 44 **Agenda Committee:** That this conference, in relation to the redesign of urgent care program
- i. believes it has not led to patient-centred service, having been used as a mechanism to reduce footfall in emergency departments
 - ii. asks SGPC to explore what can be done to improve emergency care pathways that truly span across primary and secondary care
 - iii. maintains that it is not cost-effective and a poor use of public funds.
- 45 **Highland:** That this conference believes the redesign of urgent care has not led to patient-centred service, having been used as a mechanism to reduce footfall in emergency departments, and asks SGPC to explore what can be done to improve emergency care pathways that truly span across primary and secondary care.
- 46 **Lothian:** That this conference maintains that redesign of urgent care is not cost-effective and a poor use of public funds.

- 47 **Lothian:** That this conference believes that as demand completely outstrips capacity, and in order to maintain safe working during the pandemic and prioritise clinical need, GPs and their teams need to make the complex decisions about which patients to see face to face.
- 48 **Lothian:** That this conference believes that GPs and their teams need to make the complex decisions about which patients they see face to face, based on clinical need and infection control considerations in order to maintain a safe service.
- 49 **Tayside:** That this conference calls on SGPC to urgently lobby the Scottish Government for more investment in community mental health services given the increase in mental health presentations as a result of COVID-19 which are directly impacting on GP and other community services workloads who are left to “fill the gaps” caused by chronic under-investment and staffing.
- 50 **Tayside:** That this conference recognises the significant physical and psychological effects of long-COVID on growing numbers of the Scottish population and asks Scottish Government to provide and direct additional support to be provided by NHS boards and HSCPs to develop services to support these patients in both hospital and community settings.
- 51 **Lothian:** That this conference is concerned about the additional demand placed on general practice by the increasing use of private providers of specialist services, including those based overseas, who do not provide follow up to patients, and calls on Scottish Government to revisit guidance to boards about specialist follow up where appropriate for these patients.
- 52 **Lothian:** That this conference believes that NHS Scotland should work more closely with its counterparts in England, Wales and Northern Ireland on projects where collaborative working may lead to timely cost-effective delivery of improved health services.

1215

FUNDING

- * 53 **Grampian:** That this conference recognises primary care is at crisis point with an uncapped workload, increasing demand and a current funding model that is unsustainable and calls on SGPC to explore alternative funding models for delivery.
- 54 **Lothian:** That this conference believes that NHS Scotland, including general practice, has not had the resources that it has required to meet the demands that it has faced over the past decade and calls on the Scottish Parliament to set up an all-party commission to explore fair co-payment systems used in other modern healthcare systems.
- 55 **Glasgow:** That this conference welcomes the MOU2 commitment to the continuing dedicated funding for GP subcommittees to support the PCIP implementation work and calls on Scottish Government to make this funding stream permanent and annually uplifted.
- * 56 **Glasgow:** That this conference is concerned that certain practice funding streams such as Enhanced Service payments have not been uplifted for many years and calls on SGPC to ensure that these payments are increased in line with pay uplift.
- 57 **Grampian:** That this conference recognises that seniority payments are valuable in retention of experienced general practitioners and is disappointed despite previous conference policy for these to be uplifted with inflation, that this has not occurred during the last ten year and instructs SGPC to prioritise this.

- 58 **Ayrshire and Arran:** That this conference recognises that the current envelope of PCIF is inadequate to fully implement the 2018 contract aims and calls for urgent uplift to this funding.
- 59 **Lanarkshire:** That this conference condemns the continued underfunding of nGMS2018 and requires SG to review its primary care funding plans to ensure that PCIP is delivered effectively in full and on time.
- 60 **Highland:** That this conference believes that many primary care improvement plans (PCIPs) were written with available budget in mind, rather than accurately reflecting the actual cost of achieving primary care reform and demands that SGPC seek additional resource to remedy this.
- 61 **Grampian:** That this conference recognises the incredible hard work that general practice and their teams have shown during the past two years of the pandemic and agrees that this has not been recognised nationally, pay awards do not match the work made by GPs and their teams and calls on SGPC to negotiate with Scottish Government to recognise this work publicly and remunerate appropriately.

1245 **NEGOTIATORS' QUESTIONS/ CONTINGENCY**

1300 **LUNCH**

1330 **WORKFORCE/WELLBEING**

- 62 **Ayrshire and Arran:** That this conference believes we are in a GP workforce crisis which is dramatically worsening month by month and demands that the Scottish Government must act now by:
- working with universities to significantly expand medical school and post graduate degree course places
 - increasing the numbers of GP training posts in Scotland
 - acknowledging that 'GP bashing' has a profound negative influence on recruitment and retention and must cease immediately to prevent this crisis intensifying
 - agreeing cross party commitment to work together to save general practice in Scotland rather than using this crisis for political point scoring.

- * 63 **Agenda Committee:** That this conference acknowledges there is a variability of wellbeing support for Scottish GPs compared to their English colleagues, variability in wellbeing support between primary and secondary care and:
- requests a Scottish wellbeing service for GPs and their practice teams, to allow support for wellbeing before mental health services such as the workforce specialist service is needed
 - requests a practice allocation of funding to allow practices to support their staffs' wellbeing
 - calls on the Scottish Government to develop a counselling and peer support service, similar to the one developed for doctors, to support the wider practice team.
- 64 **Grampian:** That this conference acknowledges there is a variability of wellbeing support for Scottish GPs compared to their English colleagues, variability in wellbeing support between primary and secondary care and requests a Scottish wellbeing service for GPs and their practice teams, to allow support for wellbeing before mental health services such as the workforce specialist service is needed.

- 65 **Grampian:** That this conference acknowledges there is a variability of wellbeing support for Scottish GPs compared to their English colleagues, variability in wellbeing support between primary and secondary care and requests a practice allocation of funding to allow practices to support their staffs' wellbeing.
- 66 **Ayrshire and Arran:** This conference is concerned about the significant pressure on practice managers and primary care teams and call on the Scottish Government to develop a counselling and peer support service, similar to the one developed for doctors, to support the wider practice team.
- * 67 **Agenda Committee:** That this conference with regards to workforce:
- i. is dismayed by the large parts of workforce survey collected that were not of suitable quality for analysis, and asks SGPC to work with Scottish Government to set up a secure repository of information about individuals that will support workforce reporting for independent contractors
 - ii. believes that Scotland is years behind health services elsewhere in terms of monitoring the workforce and asks for urgent action to rectify this
 - iii. is disappointed that despite 800 new GPs being announced at Scottish conference in 2017 that these GPs have not materialised and not been introduced to the workforce and request an update from Scottish Government on these promised GPs.
- 68 **Highland:** That this conference is dismayed by the large parts of workforce survey collected that were not of suitable quality for analysis and asks SGPC to work with Scottish Government to set up a secure repository of information about individuals that will support workforce reporting for independent contractors.
- 69 **Lothian:** That this conference believes that Scotland is years behind health services elsewhere in terms of monitoring the workforce and asks for urgent action to rectify this.
- 70 **Grampian:** That this conference is disappointed that despite 800 new GPs being announced at Scottish conference in 2017 that these GPs have not materialised and not been introduced to the workforce and request an update from Scottish Government on these promised GPs.
- AR 71 **Glasgow:** That this conference wishes to thank and applaud our GPs and practice staff colleagues across Scotland who have continued to provide general medical services to patients overcoming the multiple challenges of the COVID-19 pandemic, rising workload, and staffing challenges.

1400

EDUCATION AND TRAINING

- 72 **Forth Valley:** That this conference welcomes the development of improved quality improvement and leadership elements of GP training however
- i. recognises that availability of leadership and quality improvement training are inadequate in primary care for the majority of GPs following qualification
 - ii. recognises that these skills are vital to the successful development of 'expert medical generalists'
 - iii. calls for better accessibility of training opportunities, adequate funding and time to promote and support development of these skills.
- 73 **Grampian:** That this conference recognises that some of the general practice workforce will not have the skills for the new evolving role of the expert medical generalist and calls on SGPC to negotiate with Scottish Government allocated funding for each GP to support training.

A	74	Ayrshire and Arran: That this conference believes in the concept of PLT (protected learning time) within primary care and <ul style="list-style-type: none"> i. recognises the value of PLT to develop the EMG (expert-medical generalist) role ii. recognises the value of PLT in supporting MDT staff iii. recognises the value of PLT to improve morale within primary care iv. demands that the Scottish Government fund and support the delivery of at least 10 PLT sessions per year.
	75	Grampian: That this conference is dismayed that PLT cover has disappeared nationally and urges SGPC to work with Scottish Government, NHS24 and other relevant agencies to reintroduce PLT cover as the recovery of general practice cannot continue without PLT.
	76	Lothian: That this conference believes that GP specialty training is not long enough to prepare trainees for their role as 'expert-medical generalist' and calls on Scottish Government to increase training in a GP setting to 2 years with immediate effect to match the changes made in England and Wales.
	77	Ayrshire and Arran: That this conference recognises the value of advanced practice in primary care and demands that the Scottish Government <ul style="list-style-type: none"> i. rapidly develops large scale national advanced practice training ii. resources general practice to support this training to the same level as that for GP trainees.
	78	Lanarkshire: That this conference insists GP trainees should not be used to fill rota gaps during these extraordinary times and should have training prioritised in community-based placements and out-patient clinics.

1415

EHEALTH

	79	Lothian: That this conference is concerned that digital-first approaches to primary care increase general practice workload unless stringent conditions are met, and believes that <ul style="list-style-type: none"> i. justification for these approaches should be based on evidence about the benefits in relation to the costs, rather than assumptions about reductions in workload, and that ii. given the potential increase in workload, which in due course could worsen problems of access, these initiatives should be implemented in a staged way alongside careful evaluation.
	80	Glasgow: That this conference is frustrated at the lack of progress and slow pace of implementation of the next generation of GP IT systems in Scotland and calls <ul style="list-style-type: none"> i. on Scottish Government to ensure that current IT systems remain fit for purpose and supported until new systems are in place ii. for a review of the reprovisioning processes, learning the lessons to prevent the same problems occurring in the future.
AR	81	Lothian: That this conference believes that Scotland is years behind health services elsewhere in terms of SNOMED CT implementation and asks for urgent action to rectify this.

- 82 **Highland:** That this conference believes that telephony systems in general practice are under more strain than ever, asserts that these systems are a key part of the infrastructure and urges SGPC to seek some pan-Scotland work to ensure that solutions offered by boards are suitable for the hybrid models of consultation that we expect to be utilised in the coming years.
- 83 **Highland:** That this conference recognises the value of asynchronous dialogue between primary and secondary care, notes that SCI Gateway is a national product for the exchange of clinical information and instructs SGPC to demand improvements in terms of what is offered to multi professional teams for them to communicate in a way that is automatically retained within clinical records.
- 84 **Highland:** That this conference recognises the value of having some consistency in digital resources, such as practice websites and other communication tools to provide online information for registered patients and other service users and asks SGPC to seek further national level support around this.

1430

GOVERNMENT POLICY

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- 85 **Agenda Committee:** That this conference with regards to the [National Care Service proposal](#):
- deems it an attempt by this government to end collective bargaining by the back door
 - believes that the setting up of a new national care service is a welcome but massive undertaking
 - worries that if the same organisations tasked with delivering it are also asked to hold GMS contracts, then general practice will struggle to get the support and focus that it needs at this time
 - rejects the proposal of GMS contract being held by the Integrated Joint Boards as suggested in the [Feeley report](#) and national care service consultation as this will risk the profession being split from our health care colleagues.
- 86 **Fife:** That this conference deems the National Care Service proposal
- an attempt by this government to end collective bargaining by the back door
 - will lead to fragmentation of health services
 - will lead to destabilisation of primary care.
- 87 **Lothian:** That this conference is very concerned about the proposal to move the holding of general practice contracts away from health boards to reformed IJBs (integrated joint boards), and the possibility that this may lead to further division and separation between primary and secondary care.
- 88 **Grampian:** That this conference rejects the proposal of GMS contract being held by the Integrated Joint Boards as suggested in the Feely report and national care service consultation as this will risk the profession being split from our health care colleagues.
- 89 **Lothian:** That this conference believes that the setting up of a new national care service is a welcome but massive undertaking but worries that if the same organisations tasked with delivering it are also asked to hold GMS contracts, then general practice will struggle to get the support and focus that it needs at this time.

1440

WORKLOAD

- * 90 **Ayrshire and Arran:** That this conference believes that the workload in general practice has become completely unsustainable and calls on
- SGPC and SG to determine what a safe number of patient contacts per GP per day is
 - SG to resource general practice sufficiently to allow appropriate time with patients to meet their needs & deliver patient centred realistic medicine
 - SG to urgently address the lack of GP workforce with a secure and funded plan.
- 91 **Grampian:** That this conference recognises despite the new GMS contract 2018 to reduce workload general practice is at crisis point with an uncapped workload, increasing demand, workload challenges and calls on SGPC to work with relevant agencies to cap GP consultations to routine of twenty five a day and explore alternative numbers of consults for complex patients.
- 92 **Ayrshire and Arran:** That this conference believes that to adequately address the significant workload issues in practice the Scottish Government
- needs to provide additional funding to practices, to bolster management and administrative teams
 - funds backfill for wellbeing and educational activities to support this valuable workforce
 - provides funding to practices, to develop bespoke solutions to current demand and lack of availability of skilled workforce.
- 93 **Grampian:** That this conference acknowledges with more hospital care being delivered in patients homes there is a threat to GP workload and calls on SGPC to discuss with relevant organisations to include GP involvement at very early stages of development, produce clear boundaries on responsibilities of services and protect GP and consultant time to work on operational issues.
- 94 **Highland:** That this conference notes that demand for primary care services is at an all-time high and
- laments that our capacity is not currently able to service everything and anything
 - views demand to include the additional work arising from secondary care backlogs
 - calls for Scottish Government to use public messaging to better highlight why these factors have driven the ongoing need for alternative models of care to co-exist with the face-to-face consultation
 - asks Scottish Government to increase resources and publicity for self-help advice and measures available to patients
 - believes greater investment in public health measures could reduce demand for primary and secondary care.

1500

MISCELLANEOUS

- 95 **Grampian:** That this conference is disappointed that despite previous conference policy passed that SGPC have not negotiated for Scottish GPs to have their medical defence payments covered by Scottish Government like our English colleagues and calls on SGPC to negotiate with SG for this to allow practice stability especially at a time where complaints are increasing and patient satisfaction is at an all-time low.
- A 96 **Lothian:** That this conference is concerned that temporary resident funding remains very historical and doesn't fairly reflect current demand.

- 97 **Glasgow:** That this conference recognises the specific physical and psychological needs of transgender patients and the need for specialist input and calls on the Scottish Government to commission specialist transgender services, including specialised prescribing for transgender services.
- 98 **Lothian:** That this conference is concerned that many of the services set up by HSCPs to deliver the new contract are much less efficient in their use of public money than GP practices have been and calls on Audit Scotland to carry out an enquiry into the equivalent value for money of GP services and the HSCP services delivered under the new contract.

1510

PRIMARY/SECONDARY CARE INTERFACE

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- 99 **Tayside:** That this conference is concerned about the length of time patients are waiting for onward investigations/treatment in secondary care and
- asks Scottish Government to ensure that health boards are being transparent with both GPs and the public about actual waiting times by sharing these details in a publicly accessible format
 - recognises that GPs, as a result, are managing a higher level of clinical risk and calls for each secondary care department to develop plans to assist GPs with managing these patients until they can be treated/seen by the specialist service without further risk or workload transfer
 - asks health boards to implement a system to facilitate direct patient contact with specialty departments for those who have been waiting beyond the treatment time guarantee to discuss changes in symptoms directly with the secondary care team to allow appropriate triage.
- 100 **Glasgow:** That this conference remains deeply concerned about the impact of lengthy waiting times for hospital clinics and investigations on patients and the impact on the population's health and wellbeing, and on GP practices, and calls on Scottish Government to provide a clear plan for improvement and for boards to provide contact numbers for patients to chase up their appointments.
- 101 **Lothian:** That this conference should formally acknowledge that GPs have a new workload managing patients already referred to secondary care because of long (and unknown) waiting times and need additional support to support this additional workload.
- 102 **Lothian:** That this conference insists that, as part of the forthcoming HIS (Healthcare Improvement Scotland) CTACS review, that there is a nationally agreed policy statement that:
- secondary care must use an electronic ordering system, available to CTACS, for all blood tests for which there has been local agreement to be performed in primary care, ensuring that results are electronically returned directly to the requesting clinicians
 - there is nationally agreed transfer of resource arrangements, so that funding transfer for CTACS activities done on behalf of secondary care can be agreed rapidly and transparently in advance
 - breaches of these arrangements be reported directly to the national GMS oversight group
 - all health boards are informed of these arrangements with duty to ensure compliance in their board area.

- 103 **Lothian:** That this conference believes that the Scottish Government needs to do more to support interface working by providing funding and protected time for primary and secondary care clinicians to attend well-functioning primary and secondary care interface groups as set out in the BMA/RCGP (Royal College of General Practitioners) Scotland joint principles statement "[whole system working – the interface in Scotland](#)", which in turn will support the 2018 GMS contract by improving practice sustainability.
- 104 **Lanarkshire:** That this conference calls for funding and investment in shadowing between secondary care and general practice at all levels, to facilitate greater understanding of each other and improve collegiate working.
- 105 **Lanarkshire:** That this conference fears that the GMS definition of anyone who is ill or believes themselves to be ill, is being misused by some to pass work that managed services cannot cope with, onto GPs.
- 106 **Lanarkshire:** That this conference believes the GP record exists to allow a GP to provide care to a patient and is not a proxy for all health encounters a person may have. If this is the desire, we demand funding for dedicated coding staff and streamlined, simple coding processes, to prevent data corruption as it crosses interfaces and frees up GP time.

1530**BREAK****1545****PUBLIC HEALTH**

- 107 **Glasgow:** That this conference recognises the value and importance of the COVID-19 community pathway during the pandemic in allowing patients to be seen in a safe setting, and allowing general practice to operate in a lower COVID-19 risk environment and
- calls on SGPC to ensure continuation of the pathway as long as it is required
 - calls on SGPC to ensure that GP subcommittees are involved in any changes to the local COVID-19 pathway
 - if the pathway is revised or ceased and COVID cases are to be seen in general practice, that the resources and funding of the COVID-19 community pathway are transferred to support general practice.
- 108 **Ayrshire and Arran:** That this conference believes there is an urgent need to address demand on the NHS and calls on the Scottish Government to
- significantly invest in improving population health literacy
 - promote self-management of minor illness
 - provide adequate resource, including TEC (technology enabled care) solutions, for long term condition self-management.

1600**IMMUNISATION/ENHANCED SERVICES**

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- 109 **Lothian:** That this conference believes that enhanced services still have a role to play, not for simple service delivery for areas which move elsewhere under the GMS contract, but to ensure local flexibility for particular settings and should remain a contractual option going forward.
- 110 **Highland:** That this conference recognises there are multiple areas where enhanced services have been a means to supply resource to general practice for health matters where a population would otherwise be underserved and seeks assurance from SGPC that such an approach will be permitted to continue across the period of the recovery plan, affording practices some degree of stability to plan around.

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- 111 **Agenda Committee:** That this conference recognises the additional workload:
- that deprivation brings to practices and believes there should be a DES (directed enhanced service) for health inequalities
 - rurality brings to practices and believes there should be a DES for remote and rural practices
 - created by current difficulties around the ability of secondary care services to diagnose and initiate treatments for people with dementia and seeks the development of suitable enhanced services
 - caused by the increase in new medications requiring regular monitoring and asks Scottish Government to require all health boards to ensure all shared care agreements are appropriately funded.
- 112 **Lothian:** That this conference recognises the additional workload that deprivation brings to practices and believes there should be a DES for health inequalities.
- 113 **Lothian:** That this conference recognises the additional workload rurality brings to practices and believes there should be a DES for remote and rural practices.
- 114 **Highland:** That this conference recognises current difficulties around the ability of secondary care services to diagnose and initiate treatments for people with dementia and seeks SGPC's support in this being addressed through the development of suitable enhanced services.
- 115 **Lothian:** That this conference is concerned that the increase in new medications requiring regular monitoring is both putting additional strain on practices, and requires additional resource, and therefore asks Scottish Government to require all health boards to ensure all shared care agreements are appropriately funded.
- 116 **Glasgow:** That this conference welcomes the transfer of flu immunisations out of GP practices for season 2021/22 that has taken place in Greater Glasgow and Clyde, as promised in the 2018 Contract.

1615

RECRUITMENT AND RETENTION

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- 117 **Agenda Committee:** That this conference believes that in order to recruit GPs in Scotland the
- GP trainees should be offered a golden hello to stay within their parent health board after CCT (certificate of completion of training)
 - current golden hello scheme is insufficient
 - SG need to significantly improve incentives for relocation.
- 118 **Lanarkshire:** That this conference suggests GP trainees should be offered a golden hello to stay within their parent health board after CCT.
- 119 **Ayrshire and Arran:** That this conference believes that in order to recruit GPs in Scotland the
- current golden hello scheme is insufficient
 - SG need to significantly improve incentives for relocation.

1625

OUT OF HOURS/SESSIONAL GPs

- 120 **Glasgow:** That this conference is concerned about the increasing pressure faced by GPs working in GP OOH (out of hours) services due to rising demand with a limited workforce and
- i. expresses concern about the sustainability of GP OOH service
 - ii. calls on Scottish Government to ensure that call handling by NHS24 is fit for purpose
 - iii. calls on Scottish Government and boards to ensure that safe and appropriate escalation plans are in place to support GP OOH services.

- 121 **Lothian:** That this conference recognises the valuable place the GP retainer scheme Scotland has in supporting GPs to maintain their skills whilst unable to commit to full time practice, but asks that it becomes more flexible in line with the national GP retention scheme in England, including that the:
- i. eligibility criteria for the scheme should be wider and include personal reasons (extending to personal health and not just caring commitment), those approaching retirement, and those who need greater flexibility to undertake other work (within or outside general practice)
 - ii. scheme should provide more financial support for professional expenses (in line with the English scheme which provides £1000 per session per year rather than £310 total per year in Scotland)
 - iii. scheme should provide greater flexibility in undertaking additional locum work to support the retainer's specific needs and to provide support to the practices in which they are based.

1635

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 122 **Lanarkshire:** That this conference believes that where undertaking additional but necessary work, GPs should not be penalised by additional taxes on pension income and should be able to opt such earnings out of NHS pensionable income.

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

1645

PREMISES

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- 124 **Agenda Committee:** That this conference
- i. is dismayed that the majority of first rounds of sustainability loans have not been provided to practices by September 2021
 - ii. instructs SGPC to work with the central legal advisors and banks to clearly identify the issues and have transparency with practices regarding the delays, and share learning from those banks who have accepted the terms and released funds to practices
 - iii. is frustrated and disappointed in the glacial pace of boards taking over GP premises leases as promised in the 2018 GP contract.
- 125 **Grampian:** That this conference is dismayed that the majority of first rounds of sustainability loans have not been provided to practices by September 2021 and instructs SGPC to work with the central legal advisors and banks to clearly identify the issues and have transparency with practices regarding the delays and share learning from those banks who have accepted the terms and released funds to practices.

- A**
- 126 **Glasgow:** That this conference is frustrated and disappointed in the
- i. slow roll out of the GP practice sustainability loan scheme
 - ii. glacial pace of boards taking over GP premises leases as promised in the 2018 GP contract.
- 127 **Lothian:** That this conference believes that the recent pandemic has highlighted the current state of primary care premises, with much of it not fit for purpose, and calls on Scottish Government to develop improved mechanisms with additional funding for new practice premises to be developed.
- 128 **Glasgow:** That this conference is concerned that many GP practices face significant increases for shared spaces in their health centre charges payments when moving into new health and care centres and
- i. recognises that these increased charges are out with the control of GP practices and are unfair
 - ii. that under the 2018 GP contract practices do not have a mechanism to increase their funding to pay these higher charges
 - iii. calls on SGPC to ensure that practices are protected financially against these higher charges.

1700

ENVIRONMENTAL

- 129 **Highland:** That this conference accepts the imminent threat of climate breakdown outlined in the 2021 [IPCC \(Intergovernmental Panel on Climate Change\) report](#) and
- i. is proud that the COP26 talks were hosted in Glasgow
 - ii. recognises the significant contribution of the NHS to the nation's carbon footprint
 - iii. believes the NHS has not been ambitious enough in setting carbon neutral targets
 - iv. demands a more comprehensive environmental strategy for public bodies, with targets for the NHS and support for achieving these, including for independent contractors.
- 130 **Tayside supported by Glasgow and Lothian:** That this conference is concerned by the IPCC report on the climate crisis and calls on SGPC to negotiate with Scottish Government to ensure that sustainability and carbon neutrality are recognised priorities within primary care and that any workload or resource implications are fully supported in order that they meet the 2045 net zero law demands.
- 131 **Fife:** That this conference is alarmed by the recent IPCC report on climate change and its effect on health. We therefore call on SGPC and Scottish Government to work collaboratively to prioritise sustainability within primary care and support workload and financial implications to achieve this.
- 132 **Fife:** That this conference calls upon SGPC to negotiate with Scottish Government to ensure that primary care is part of the public sector decarbonisation fund, or, creates a separate fund so that the GP workplace can be upgraded to minimise the carbon footprint of health centres and provide electric car charging points.
- 133 **Glasgow supported by Lothian:** That this conference requests SGPC to negotiate with the Scottish Government to ensure that general practice is either included in the public sector decarbonisation fund or that Scottish Government creates a separate fund for general practice to accelerate investment in larger infrastructure projects and retrofitting buildings to reduce the carbon footprint of primary care premises, and the provision of electric vehicle charging points and safe cycle storage.

- 134 **Forth Valley:** That this conference
- i. declares that there is a climate emergency
 - ii. recognises that the climate crisis threatens population health globally
 - iii. calls for Scottish Government to provide support to practices to improve their environmental sustainability.
- 135 **Lothian:** That this conference supports urgent action to tackle the climate emergency and calls on Scottish Government to
- i. ensure all refuse from NHS facilities is recycled where possible
 - ii. support GPs who provide video/telephone consultations where appropriate
 - iii. ensure that NHS Scotland becomes carbon neutral by the end of this parliament
 - iv. remove the need for signed paper prescriptions.
- 136 **Lothian supported by Glasgow and Tayside:** That this conference is concerned that clinical and PPE waste streams are not reviewed, evaluated and appropriate alternatives promoted, and calls for waste stream funding to be negotiated at a national level to ensure that practices are incentivised to recycle and dispose of all waste appropriately, and furthermore calls for medical supplies and instruments to have reduced packaging and increased recycling options.
- 137 **Fife:** That this conference believes clinical waste streams should be assessed and appropriate alternatives provided with funding.
- 138 **Fife:** That this conference appeals to NES (NHS education for Scotland) and RCGP to provide formal training on the implications of climate change on healthcare and what changes can be made within primary care.
- 139 **Glasgow supported by Lothian:** That this conference asks Scottish Government, in collaboration with NES and RCGP, to develop, offer, and resource formal training on the health impacts of the climate crisis and what can be done in practice to address it.
- 140 **Highland:** That this conference is appalled at the enormous climate impact associated with the use of metered dose inhalers and calls for
- i. NHS organisations to prioritise the switching of patients to dry powder devices where safe to do so
 - ii. pharmaceutical companies to publish detailed environmental impact data on their products
 - iii. the Scottish Medicines Consortium to seek environmental impact data when giving consideration to licencing of treatments
 - iv. NHS boards to review their formulary choices to consider selecting procedures and medicines with lower environmental impact.
- 141 **Lothian supported by Glasgow and Tayside:** That this conference supports the introduction of recycling schemes for inhalers to be made locally available to all community pharmacists with ease of use for patients the priority.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- A** 142 **Lothian:** That this conference believes that the current Scottish paper-based prescription system is archaic, wasteful, and inconvenient to patients, and noting that commitments to a paperless system were made in 2007 therefore calls on the Scottish Government to deliver a paperless system by 2022.
- A** 143 **Ayrshire and Arran:** That this conference recognises that for environmental and workload reasons it is no longer acceptable that a wet signature is required for prescribing in Scotland and demands that electronic prescribing is implemented within six months.

- A**
- 144 **Highland:** That this conference recognises the need to improve investment in dispensing infrastructure and services, and requests that SGPC explore with Scottish Government what changes to the framework around applications for pharmaceutical services might be possible to improve the sustainability of dispensing practices in rural areas.
- 145 **Ayrshire and Arran:** That this conference with regards to the NHS recovery plan notes the statements, “over the next year we will develop a new pharmacy women’s health & wellbeing service, and in the second year will establish a community pharmacy hospital discharge & medicines reconciliation service”, and:
- i. condemns the lack of rural proofing in these statements
 - ii. is concerned that this will widen inadequacies of service provision & care in rural areas
 - iii. believes that this will not address the workload issues for rural practices
 - iv. demands that SGPC lobby SG to address these issues as a matter of urgency.
- 146 **Forth Valley:** That this conference is concerned about the focus in the Memorandum of Understanding 2 - GMS contract Implementation for PC improvement being on pharmacy technicians to deliver level one service including managing acute and repeat prescriptions and medicines reconciliations and that this approach may lead to:
- i. less robust medicine checks when reconciling medicines with hospital letters compared to a pharmacist or other clinician completing this task
 - ii. increased queries back to clinicians to manage medicines reconciliations and prescribing compared to when a pharmacist is used.

QUALITY AND CLUSTERS

- A**
- 147 **Lanarkshire:** That this conference is grateful of previous cluster guidance documents and notes that the COVID-19 pandemic has paused some cluster quality work in the eyes of the contract. However, the closer working relationships within clusters and localities during this time evidences that cluster work should be less top down and more bottom up, with a focus on practice and cluster priorities that will benefit patients rather than board identified priorities and targets.
- 148 **Lanarkshire:** That this conference asks that funding for administrative support for clusters is made more transparent and straightforward.

SCOTTISH AMBULANCE SERVICE

- 149 **Glasgow:** That this conference once again calls on the Scottish Government to urgently address the problem of unacceptably long delays for ambulance services which is impacting on good clinical care for patients and patients’ wellbeing.

GENERAL PRACTICE

AR

150 **Grampian:** That this conference recognises the incredible hard work that SGPC, general practice and their teams have shown during the past two years of the pandemic.

151 **Ayrshire and Arran:** That this conference believes urgent changes are needed to reduce bureaucracy and paperwork in general practice including:

- i. an urgent review of sickness certification and monitoring to remove long term certification from practices
- ii. creation of auto-populated electronic reports for assessment of benefit entitlement (with appropriate consent).

152 **Lothian:** That this conference believes that the pandemic has further demonstrated that the only way to directly support general practice is to directly invest in general practice.

Appendix 1

Response to 2020 Conference Feedback

Due to the last Scottish local medical committee conference being held virtually last year on Microsoft Teams the Agenda committee have decided to provide a Q&A of the general suggestions made for conference and providing sub-headings of key themes from the feedback offered.

Conference content

– Motions at conference:

Feedback: There was some general feedback on the content of the motions discussed at conference being quite repetitive, impacting GP partners mostly, and being mostly on short-term issues. In addition, there was a comment on having a themed debate at conference.

Response: The motions considered at conference are based on submissions from LMCs. It is up to the LMCs to provide motions on topics. If representatives are interested in having motions for example on GP sessional aspects, public health, obesity and lifestyle related conditions then representatives are encouraged to contact their LMCs regarding constructing motions on these topics. We consider whether a themed debate is possible when motions are received, and it was decided that it was not possible last year and would have been administratively challenging to deliver. Generally, a themed debate is accepted where a vast number of similar motions are submitted for conference.

Feedback: There was feedback received that the conference was too agreeable and almost guaranteed to pass despite negotiators advising against particular motions, and a suggestion that speakers against motions do not get enough time to speak. In addition, there was a comment that more debate should be provided on contentious issues over those approved and that conference be provided options to state that motions be supported, opposed or debated in advance of conference occurring.

Response: The speakers at conference are all given a set amount of time to speak for or against each motion. The proposer is allowed 3 minutes to propose the motions, speakers for or against the motion speak for 2 minutes and the proposer has 2 minutes to reply. This is the standard, and consistent with other devolved nation LMC conferences. In the last conference 2020, we did not receive as many speakers speaking against motions as hoped which resulted in a very agreeable conference.

In relation to debate on contentious issues, unfortunately we did not receive many motions that were contentious to be prioritised for debate and make for an interesting debate at conference. In terms of taking votes in advance of conference regarding the motions this unfortunately would not be possible given the strict deadlines we had to adhere to, to ensure production of the agenda on time.

– Layout of agenda and format of conference:

Feedback: The layout is unintuitive for new attendees and sometimes difficult to know which motions are selected for debate

Response: The layout of the agenda is such that any motions in white are for debate with some similar motions being bracketed or made into a composite motion for debate. Both 'A', and 'AR' motions are taken as a vote 'en bloc' at the beginning of conference and not for debate.

'A' motions, are 'motions which the agenda committee considered 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'.

'AR' motions are 'motions which the chair of the SGPC is prepared to accept without debate as a reference to the SGPC'

Feedback: I find the format of setting policy in this way at conference quite stilted. I think there are broader, more valuable discussions at SGPC meetings throughout the year that could form the basis of policy too or in addition.

Response: Unfortunately, discussions and decisions made within the BMA Scottish GP committee meetings cannot form new policies as it would require a larger representation of the profession to agree to a position before it is made into policy. LMC representatives sit within SGPC meetings and there is no restriction of motions being written based on discussions within SGPC, to be formally agreed and accepted as BMA SGPC policy at conference. In addition, there is the functionality for SGPC to also put motions to conference which is another avenue to submit motions to conference.

– Interactivity of conference:

Feedback: There was keen support to move back to face-to-face meetings and disappointment at losing the interactivity of conference: the debates, ability to comment and respond to speakers.

Response: We are happy to move back to a physical conference provided that Scottish Government COVID-19 guidance allows and would prefer to hold conference face-to-face. Due to the virtual nature of the last conference, as understood by many, it was difficult to incorporate any 'live interactive' elements such as comments, live debates and audience participation given the unfamiliarity with holding conference virtually. However, now that we are more comfortable and familiar with the system, as a virtual conference is required again this year in 2021, we will endeavour to attempt to incorporate interactive elements into conference where administratively possible.

Feedback: A comment was received on healthiness of conference and lack of interactivity.

Response: Due to the virtual nature of conference there was incorporation of two 15 minute breaks and a 30 minute lunch break during conference this year in accordance with BMA Scotland guidance. In terms of healthy eating and exercise during conference we were unable to implement this effectively into conference in 2020 due to the virtual nature of conference. We will however have healthy options of fruit available at conference should we return to a physical conference. In terms of exercise, representatives are free to walk outside during the lunch break.

– Negotiators questions:

Feedback: One comment received stated that it worked well without need for chair of GPC UK. Another comment stated that they felt censored that difficult questions were not selected for cabinet secretary or contract negotiators.

Response: The questions were reviewed and were prioritised so that each LMC area had at least one of their questions answered by the cabinet secretary and by the SGPC negotiators where possible, however given the time restrictions it was difficult to ascertain which question would be of more importance to ask. On reflection should a virtual conference be required again, the LMCs would be asked to rate their questions, so that a decision could be made more easily on what questions should be prioritised.

– **Additional comments:**

Feedback: Two comments were received as below:

- *Please consider challenges faced by overseas graduated doctors who come to UK for a fair chance at career progression but struggle with unconscious bias and rarely achieve their goal of achieving fair GP partnership status. More needs to be done to understand why most consultant and GP Partner positions go to people who have native sounding names or look and speak like the native population.*
- *More information about opportunities to discuss GP portfolio careers and support provided by LMCs to GPs facing physical/mental/social/racial/challenges to be the best they can be without facing bias in appointments*

Response: The above comments are out with the remit of the Scottish local medical committee (GP) Conference agenda committee. However, we will pass these comments on to BMA Scottish GP committee for information and consideration.

Conference process

– **Timing of motions:**

Feedback: A suggestion was made that composite motions with 3 to 4 subsections should be provided 4 minutes timing and motions without composite are at 3 minutes.

Response: We provided an estimated timing for each motion on the agenda. Generally, consideration is given to the number of motions for each section than timing for the length of a motion and whether a motion is a composite or includes subsections. We will however consider this in future, but from experience the formula of estimated timing currently given has been quite accurate with only one or two motions not being reached for discussion.

– **Information overload:**

Feedback: There was too much information it was far too complicated

Response: We coordinated with other conference secretariat in advance of our conference and tried to mitigate any potential issues as much as possible in advance of conference. Due to this there may have been too much information provided as a result.

Conference app

Feedback: There was a mixed response on the conference app with some liking the flexibility and break from the screen and preferring it to the voting cards and having all the information in the one place. Some felt they system was too slow, and that it would have been helpful to see the motion on screen of the app when voting and that voting was too long and should be reduced to 20 seconds.

Others had issues with the connectivity of the app which kept disconnecting, which meant they had missed votes as a result due to the loading time and technical issues, especially in rural areas and some felt that electronic voting should be incorporated into a physical conference.

Response: In relation to the voting aspect, unfortunately technology and connectivity in areas is something outwith our control, however electronic voting can be considered at a physical conference with the understanding that voting will be either by show of cards or by electronic voting and a vote cannot be taken with some participants using electronic voting and some using cards, due to issues with counting votes through two systems and quoracy concerns.

The EventsAir app that we used for electronic voting on motions, unfortunately does not have the functionality to display the motion text on the screen when voting, as this was something we also wanted for conference. Should the app be used again in future, we are happy to consider the timing of the voting to be reduced to 20 seconds if possible however there is the added issue of connectivity for others which may require that additional time to load and vote on the app.

Presentations

Feedback: Two comments were received in relation to the presentation section of the conference:

- *Good selection of questions posed, and the deputy chair did well in the section of questions to the negotiators*
- *It felt like a stitch up - no real chance to debate the anger of GPs round the country*

Response: We did provide a means to pose emergency questions to the cabinet secretary, the BMA Scottish GP committee negotiators and also time for 'new business' motions to be submitted and accepted. We provided extended time for this as there was an expectation that some new business may be raised as a result of the joint letter being issued at quite short notice. We are aware of the disappointment and anger within the GP profession and were unfortunately due to COVID-19 circumstances, unable to provide debate for conference to express their anger.

Online agenda committee elections

Feedback: There was feedback received on the elections of office bearers and being unable to vote in elections.

Response: The results of the online elections were announced at conference by the returning officer. No elections were required as only one individual stood for chair, one individual for deputy chair and only two individuals for the agenda committee. Unfortunately, the electronic online elections system does not have the functionality to display this, but we will feedback to the elections team to request whether it can be a development feature for the system.

Training/drop in sessions

Feedback: The feedback from those who attended found it clear and informative and quick and easy, and suggested that MS Teams drop-in sessions continue moving forward

Response: If a virtual conference is required, we will be providing MS Teams drop-in sessions again. Due to the positive feedback on the new representatives/refresher training session we will continue to provide these for future conferences.

Things to keep for a physical conference

– Hybrid Conference

Feedback: There were 8 comments received regarding a hybrid virtual and physical conference to save costs on travel, to be green. Other benefits noted were to allow those to attend from more remote and rural areas of Scotland, and for those who may have family commitments that may be restricted from being away all day. There was 1 comment for a half day physical and half day virtual conference, 1 comment against a hybrid conference and 5 comments stating that they would not keep anything for a physical conference.

Response: We have considered holding a hybrid virtual and physical conference, however the administration of providing both a physical conference with virtual connectivity and participation, is too much to manage and would require additional workforce, time and planning for this to be done effectively to provide equity of access and participation for both types of audiences. In addition, there are multiple challenges include quoracy, managing speakers and voting amongst other issues. For the above reasons we would be highly against offering a hybrid model of conference.

We are however looking into ensuring that individuals can join as previously via livestream to watch the conference. Although the benefits shared for virtual connectivity were to allow more remote and rural areas to connect to conference, we are aware that some remote and rural areas had difficulty connecting and voting on motions. In addition, some of the more rural boards did not attend conference as they previously had. We would prefer that conference be held either physically in full or virtually in full.

– **App/electronic voting:**

Feedback: There were 4 comments received regarding keeping the app and improving it and an additional 7 comments were received for electronic voting for more honest votes and anonymity.

Response: We are looking into using either the EventsAir app and electronic voting pads at the next physical conference and are considering the advantages and disadvantages of each to ascertain which would be better for use.

– **Additional comments:**

Feedback: There were 2 comments for online documents instead of paper. There was 1 comment on each of the following: MS Teams, new representative/refresher training, keeping the red/green clock, and a comment on hiring 'Primal Play' to bring energy into conference or an organised health walk, yoga or quick exercises between motions.

Response: The conference will be paper-free this year as this is the intention for all BMA conferences moving forward. In addition, a SLMC conference motion was passed at conference that discussed reducing carbon footprint, to be green and environmentally aware. This is also consistent with the practices at UK LMC conference. Physical copies of the agenda will only be issued to delegates that request a physical agenda.

As the conference will be held virtually again this year in 2021, we will be using MS Teams as the main platform, however as explained above we would not be keen to hold a hybrid version of conference. The red/green clock was an aspect that was included for a virtual conference but we can explore whether this can be included for a physical conference or whether the timer in the room is required.

The new representative/refresher training was run for its second year last year and we intend to continue to provide this prior to conference.

We are happy to consider bringing exercise into the room however this cannot be mandated and will be difficult to incorporate given restrictions in timing.

Improvements for conference

Feedback: There was mixed feedback on improvements with some participants wishing to meet virtually and some who prefer the face-to-face conference. Participants were keen to return to quick voting. Some felt that speaker slips should be allowed to be submitted during conference, and if a virtual conference were to occur again that speakers that agree with the motion should be limited, and that a longer lunch break be provided.

Response: We would be keen to meet physically for conference where Scottish Government guidance allows. The majority of participants miss the interactivity, networking, and quick voting aspects of conference which is something that is not easily replicable in a virtual format. We would not view speaker slips to be required for a physical conference, however, can consider speaker slips during conference for a virtual conference. The lunch break for the virtual conference was shortened to 30 minutes to accommodate for motions and breaks during conference, but we are happy to consider the duration of lunch breaks should a virtual conference be required again in future.

Overall feedback

Feedback: There was some positive feedback received with participants enjoying the conference, feeling it was easier to attend, that they were could multi-task, it kept to time and had good engagement.

There was however also a comment that the joint letter issued in advance of conference created a lot of uncertainty for delegates and did complicate matters.

Response: We were pleased to hear that some participants were able to enjoy conference despite the virtual nature of the conference and the very structured approach that had to be taken for conference. We are aware that the joint letter was delayed and was likely to raise some concerns due to the lack of time to truly consider, reflect and understand the sentiments of the letter, as such we took the decision to extend the deadlines for both emergency questions to be posed to both the cabinet secretary for health and sport and SGPC negotiators, and also for 'new business' motions to be submitted.

Appendix 2

JOINT BMA AND GPDP 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 GPDP 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 GPDP 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

25 August 2021

Gareth Williams

Director of legal services

British Medical Association

02 August 2021

#SLMC21

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