

Conference of England LMC Representatives

Supplementary Agenda

To be held on

Thursday 25 November at 14.00 and Friday 26 November 2021 at 09.00

To take place virtually and a link to the virtual conference platform has been sent to all those who have registered to attend the conference.

Chair Shaba Nabi (Avon)

Deputy Chair Elliott Singer (London)

Conference Agenda Committee

Shaba Nabi (Chair of Conference)

Elliott Singer (Deputy Chair of Conference)

Paul Evans (Gateshead and South Tyneside)

Matthew Mayer (Buckinghamshire)

Simon Minkoff (Manchester)

Zoe Norris (Yorkshire)

Roger Scott (Liverpool)

This supplementary agenda contains all items received up to 9am on Monday 22 November 2021.

Items are grouped together into the categories of the main agenda. The agenda committee provides details of the proposed handling of these motions under the text of each.

Chosen motions

The results of the chosen motion ballot are:

This will be taken at 09.30 on Friday 26 November

236. 93 OXFORDSHIRE: That conference is concerned by the growing burden of targeted recall and individualised management plans being delegated to primary care, for delivery without adequate resource (for example follow-up imaging and echocardiography, or prostate specific antigen or monoclonal gammopathy monitoring), and:
- (i) rejects any implication that the GP's role is to deliver management plans recommended by specialists, without the GP's explicit agreement to this
 - (ii) believes that individual targeted recall requires a robust national approach, with adequate IT databases which continue to deliver effective call / recall reminders even in the event of a patient moving GP surgery
 - (iii) calls on GPC England to negotiate on GPs behalf to ensure that delivery of these personalised management plans is not delegated to GPs in the absence of robust call/recall systems being in place, and
 - (iv) calls on the BMA to promote collaborative working in this area, respecting the pressures and limitations of general practice, so that GPs and specialists retain clinical responsibility for the management plans they recommend to their patients.

This will be taken at 09.40 on Friday 26 November

237. 127 CAMBRIDGESHIRE: That conference believes in light of ongoing patient demand; the unprecedented length of waiting lists for secondary services; and delays to blood testing; the Covid booster programme and the influenza vaccine deliveries; practices cannot realistically deliver their contractual targets for 2021/22 and calls upon GPCE to work with NHSEI to instead provide a guarantee of funding security for practices until 31.03.2022. Conference requires GPC England to produce, by 31 January 2022:
- (i) a practice and PCN facing campaign to outline to practices how they can facilitate their PCN serving their needs as a priority, and not the local Integrated Care System
 - (ii) clear guidance around how to mitigate attempts to subvert GMS/PMS/APMS into vertically aligned systems and ICPs
 - (iii) a reinvigorated review of the outstanding promises from NHSEI at the beginning of the PCN DES and the original partnership review, holding NHSEI's words against their own failed promises.

The following motion also received the desired number of votes for a chosen motion but was rejected by the agenda committee on the basis that it is procedurally incompetent (Standing order 22).

238. 180 BEDFORDSHIRE: That conference believes that the only hope of saving general practice is for the government to acknowledge the current dire position and to take immediate action on several fronts, namely:
- (i) to address recruitment at the start, middle and end of GP careers by incentivising young doctors to the profession, retaining and re-recruiting those who take career breaks or emigrate, and incentivizing retired GPs in their 50s and early 60s to return
 - (ii) to make appraisal and revalidation a supportive, joyous and uplifting process, and immediately suspend present appraisal and revalidation requirements until the necessary redesign of the system is achieved
 - (iii) to reduce the plethora of regulatory bodies who have jurisdiction in general practice to no more than one
 - (iv) to relieve GPs of the risks and responsibility of financing their own premises, as equipping all practices with suitable premises at no expense or risk to the doctors who work there should be a matter of course
 - (v) to relieve GPs of the many pointless admin task that are currently statutory
 - (vi) to replace the current gargantuan complaint system with one that is fair, efficient, reaches decisions promptly, and does not blame doctors for the failings of a dysfunctional system.

Amendments / Riders

239. Anthony O'Brien, Devon:

Motion 9 – rider added so motion reads:

That conference proposes that we should bravely lead the way and update the tired, 1970s styled, binary motion format we follow by empowering the next Agenda Committee to completely rewrite the conference standing orders with the aim of having:

- (i) fewer motions, more debate
- (ii) motions written by the Agenda Committee responding to subjects proposed by LMCs
- (iii) motions debated in camera that do not form policy but revisit controversial subjects as these often produce the most informative debate
- (iv) more experimentation and exploration of the value of break-out discussion groups
- (v) any work involved in delivering changes, funded in full by GPDF.

240. That motion 221 be passed as an A motion:

LINCOLNSHIRE: That conference calls upon GPDF to fund a national system for measuring and quantifying GP workload.

Amendment to motion 12, which now reads:

AGENDA COMMITTEE TO BE PROPOSED BY WIRRAL: That conference believes that GP practices should decide how they can provide the best service to their patients; the introduction of online consulting was inadequately planned and resourced, and:

- (i) insists on proper evaluation of the workload, safety, cost and impact on health inequalities of these before any further roll out is implemented
- (ii) directs GPC England to negotiate regulations that enshrine the rights of practices to choose which systems they use for their population
- (iii) believes that online consulting should not be a part of the GMS contract
- (iv) calls for the removal of all mandates and incentives regarding online consultations
- (v) is concerned that the 21 / 22 PCN DES includes a target for number of e-consultations per PCN and calls for this target to be scrapped.

Questions to GPC England

Two questions were received from members of conference and will be discussed in the following order at 14.00 on Friday 26 November.

241. Rachel McMahon, Cleveland LMC. Would like to ask a question on the topic of funding, specifically relating to the core contract/global sum.

Why have GPC/GPC England consistently failed to ensure appropriate investment into the global sum, despite this being the explicit policy of conference for more than a decade?

242. Zishan Syed, Kent:

Why did the GPC re-establish dialogue with NHS England when only a minority of 9 LMCS wrote to them to do so and the majority of LMCs did not want them to do so according to Pulse?

Indicative Ballot

After the two questions are submitted for GPC England, we will be presenting the results of the indicative ballot during this session, and this will be an opportunity to share thoughts on next steps. Anyone wishing to participate will be able to speak for a maximum of **one minute**, in a soapbox style discussion, and a response to this will be offered by the Chair of GPC England in her closing speech.

Motions for new business

243. Jackie Applebee, Tower Hamlets:

That conference rejects the NHSE plan for improving access for patients and supporting general practice published on 14th October 2021, will not accept the money and will not comply with the stipulations therein.

244. James McNally, Oxfordshire:

That conference notes plans by NHSE for “accelerated” patient access to online medical records, notes previous GMS contractual obligations regarding online access to medical records, which ensure such schemes only go ahead if appropriate computerised clinical systems and redaction software allow, and:

- (i) condemns the timing of this move which demonstrates a complete lack of consideration of the workload pressures GPs are currently facing
- (ii) calls on GPC England to produce an estimate of how much practice time (GP/ clinician and administrative) will be required to perform necessary redaction
- (iii) mandates GPC England to negotiate adequate resources (including funding for necessary training and change management in primary care) before any “accelerated access” is rolled out
- (iv) demands “end-to-end” testing of any proposed redaction systems before they are implemented, to ensure software respects any redaction or visibility settings, and that they are fit for purpose
- (v) instructs GPC England to negotiate that data controllers (GP practices) will be indemnified for any data breaches or harm resulting from their patients being granted online access to their medical records by default.

Accepted as an A motion

245. Rachel Ali, Devon:

That conference wishes to congratulate GPC England on its historic election of Dr Farah Jameel to Chair and looks forward to working with her in the best interests of our constituents.

Accepted as new business and moved into the bracket of motion 33

246. Diana Hunter, Cambridgeshire

That conference congratulates Dr Farah Jameel for taking on the GPC England Chair role at a time of great challenge to the profession, and that conference:

- (i) believes this is a positive opportunity to reset the profession's relationship with government and begin to rebuild general practice
- (ii) believes the results of the indicative survey to test the appetite for collective mass action need to now be shared with LMCs to empower the profession
- (iii) advocates that GPC England leadership should now consult directly with LMCs around how to take the survey results forward.
- (iv) notes with dismay that even the House of Commons' Health & Social Care Committee has declared that general practice is 'in crisis' and has launched an immediate inquiry, to be led by its chair, Jeremy Hunt MP
- (v) now calls on the Department of Health & Social Care to understand that GPs in England require a new contract, and for GPC England and Government to begin working together to this end.

Supported by Ealing, Hammersmith & Hounslow, Liverpool, and Manchester

The following motions were not accepted by the Agenda Committee as they were not new business or England specific in line with Standing Order 56.6

247. Jackie Applebee, Tower Hamlets:

That conference condemns the lack of meaningful action agreed at the COP26 in Glasgow and agrees with Greta Thunberg that the resolutions passed were just more blah blah blah and do not go anywhere near what is needed to keep warming below 1.5 degrees and stem runaway climate change. As health professionals we recognise 'the catastrophic harm to health' that current government and international policy poses.

248. Anthony O'Brien, Devon:

In anticipation of NHSE agreeing to renegotiate the PCN DES in light of the threat of the majority of practices withdrawing from it, conference asks the GPC negotiators to:

- (i) ensure the Improved Access requirements are made voluntary and IIF indicators realistic
- (ii) seek renegotiation of the GMS contract in full for 01/04/2023
- (iii) ensure that for agreement to both of the above they are subject to scrutiny via a ballot of the profession.

249. Anthony O'Brien, Devon:

Given the recent rise in the Consumer Price Index (CPI) conference calls for an agreement from NHSE to honour review bodies' recommendations for pay rises in GMS contracts and to include increased NI contributions, other pay awards to staff and all inflationary pressures.