Scottish General Practitioners Committee

Scottish local medical committee
annual conference

3 December 2021

Appendix I - Resolutions
Appendix II - Election results
Appendix III - Motions lost
Appendix IV - Motions not reached
Resolutions

CONTRACTS AND NEGOTIATIONS

1  (6) 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.

2  (10) 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.

3  (11) 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 CTAC (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 CTAC provision for immediately necessary care.

(13) 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.

(17) 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 prioritises 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. (taken as a reference) 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.

(21) 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.
(22) 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.

(23) 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.

PUBLIC MESSAGING

(27) 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
i. bring an immediate stop to this
ii. recognise the damage to relationships and the morale of the profession this has caused
iii. work with boards and LMCs on a public information campaign to inform the public about the realities of GP services and the NHS
iv. change the media strategy in order to restore public confidence in general practice
v. recognise the work general practice has done during the pandemic and reiterating that general practice is, and has always been, open.

(36) 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.

(37) 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.
APPRAISAL AND REVALIDATION

12  (39) 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.

13 A  (40) 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.

HEALTHCARE PLANNING AND PROVISION

14  (153) That this conference is dismayed with the comprehensive Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control IPC Addendum that was published on the 25th November 2021 and:

i. has significant concerns that the respiratory screening questions guidance will include too many patients and overwhelm the respiratory pathway and calls on Scottish Government to communicate to the public the changes that are happening and the impact that it will have on GP practice access

ii. has significant concerns about the ability of practices to find solutions for separating respiratory pathway patients from non-respiratory patients without impacting on the ability to provide other face to face services to patients and asks Scottish Government to maintain/reinstate the local community respiratory pathway including COVID assessment centres

iii. feels that general practice premises are not fit to carry out this work and calls on SG to acknowledge that until practices are upgraded, respiratory pathway face to face consultations cannot happen in general practice without risk

iv. calls on SGPC to secure finance for premises upgrades to allow safe delivery

v. calls on SGPC to negotiate an agreement with Scottish Government that where premises and staffing levels cannot accommodate the requirements for respiratory face to face assessment that health boards will offer this service.

15 Referred to UK Conference  (41) 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.

16 (42) 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.

17 (43) 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.

18 (44) 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.
FUNDING

19 (55) 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.

20 (56) 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.

WORKFORCE/WELLBEING

21 (62) 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:
   i. working with universities to significantly expand medical school and post graduate degree course places
   ii. increasing the numbers of GP training posts in Scotland
   iii. acknowledging that ‘GP bashing’ has a profound negative influence on recruitment and retention and must cease immediately to prevent this crisis intensifying
   iv. agreeing cross party commitment to work together to save general practice in Scotland rather than using this crisis for political point scoring.

21 (63) 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:
   i. 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
   ii. requests a practice allocation of funding to allow practices to support their staffs' wellbeing
   iii. 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.

23 (67) 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.

24 AR

(71) 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.

EDUCATION AND TRAINING

25 Referred to UK Conference

(72) 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.

26

(73) 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.

27 A

(74) That this conference believes in the concept of PLT (protected learning time) within primary care and
   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.

28 A

(75) 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.
EHEALTH

29 Referred to UK Conference (79) That this conference is concerned that digital-first approaches to primary care increase general practice workload unless stringent conditions are met, and believes that
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.

30 (80) 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
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.

31 AR (81) 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.

GOVERNMENT POLICY

32 (85) That this conference with regards to the National Care Service proposal:
ii. deems it an attempt by this government to end collective bargaining by the back door
ii. believes that the setting up of a new national care service is a welcome but massive undertaking
iii. 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
iv. 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.

WORKLOAD

33 (90) That this conference believes that the workload in general practice has become completely unsustainable and calls on
i. (taken as a reference) SGPC and SG to determine what a safe number of patient contacts per GP per day is
ii. SG to resource general practice sufficiently to allow appropriate time with patients to meet their needs & deliver patient centred realistic medicine

iii. SG to urgently address the lack of GP workforce with a secure and funded plan.

34

(92) That this conference believes that to adequately address the significant workload issues in practice the Scottish Government

i. needs to provide additional funding to practices, to bolster management and administrative teams

ii. funds backfill for wellbeing and educational activities to support this valuable workforce

iii. provides funding to practices, to develop bespoke solutions to current demand and lack of availability of skilled workforce.

MISCELLANEOUS

35 A

(96) That this conference is concerned that temporary resident funding remains very historical and doesn’t fairly reflect current demand.

PRIMARY/SECONDARY CARE INTERFACE

36

(99) That this conference is concerned about the length of time patients are waiting for onward investigations/treatment in secondary care and

i. 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

ii. 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

iii. 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.

37

(102) 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:

i. 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
ii. 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
iii. breaches of these arrangements be reported directly to the
national GMS oversight group
iv. all health boards are informed of these arrangements with duty
to ensure compliance in their board area.

PUBLIC HEALTH

38
(107) 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
i. calls on SGPC to ensure continuation of the pathway as long as
it is required
ii. calls on SGPC to ensure that GP subcommittees are involved in
any changes to the local COVID-19 pathway
iii. 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.

39
(108) That this conference believes there is an urgent need to
address demand on the NHS and calls on the Scottish Government
to
i. significantly invest in improving population health literacy
ii. promote self-management of minor illness
iii. provide adequate resource, including TEC (technology enabled
care) solutions, for long term condition self-management.

IMMUNISATION/ENHANCED SERVICES

40 Referred to UK Conference
(109) 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.

41
(111) That this conference recognises the additional workload:
i. lost
ii. lost
iii. lost
iv. 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.

RECRUITMENT AND RETENTION

42 (117) That this conference believes that in order to recruit GPs in Scotland the
i. lost
ii. current golden hello scheme is insufficient
iii. SG need to significantly improve incentives for relocation.

OUT OF HOURS/SESSIONAL GPS

43 (120) 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.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

44 Referred to UK Conference (122) 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.

45 A (123) 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.

PREMISES

46 (124) 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.

47 A

(127) 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.

ENVIRONMENTAL

48 Referred to UK Conference

(129) 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.

49

(130) 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.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

52 A

(142) 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.

53 A

(143) 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.
(144) 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.

QUALITY AND CLUSTERS

(147) 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.

GENERAL PRACTICE

(150) 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.
Appendix II

Election Results

CHAIR: Dr Denise Mcfarlane (Grampian)

DEPUTY CHAIR: Dr Alastair Taylor (Glasgow)

AGENDA COMMITTEE: Dr Chris Black (Ayrshire & Arran)
Dr Waseem Khan (Glasgow)
Dr Andrew Thomson (Tayside)
Motions lost

FUNDING

50  (53) 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.

MISCELLANEOUS

51  (95) 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.
Appendix IV

Motions not Reached

CONTRACTS AND NEGOTIATIONS

(24) 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:
   i. it reminds boards and HSCPs that Action 15 monies were intended to give a workforce to all GP practices
   ii. 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
   iii. 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) 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.

PUBLIC MESSAGING

(38) That this conference calls for public education programmes to explain the benefits to patients of appropriate remote consultations.

HEALTHCARE PLANNING AND PROVISION

(47) 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) 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) 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) 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) 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) 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.

**FUNDING**

(58) 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) 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) 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) 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 renumerate appropriately.
EDUCATION AND TRAINING

70 (76) 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.

71 (77) That this conference recognises the value of advanced practice in primary care and demands that the Scottish Government 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.

72 (78) 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.

EHEALTH

73 (82) 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.

74 (83) 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.

75 (84) 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.

WORKLOAD

76 (93) 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) That this conference notes that demand for primary care services is at an all-time high and
i. laments that our capacity is not currently able to service everything and anything
ii. views demand to include the additional work arising from secondary care backlogs
iii. 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
iv. asks Scottish Government to increase resources and publicity for self-help advice and measures available to patients
v. believes greater investment in public health measures could reduce demand for primary and secondary care.

MISCELLANEOUS

(97) 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) 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.

PRIMARY/SECONDARY CARE INTERFACE

(103) 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.
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.

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.

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.

IMMUNISATION/ENHANCED SERVICES

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.

OUT OF HOURS/SESSIONAL GPS

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.

PREMISES

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 outwith 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.

ENVIRONMENTAL

(131) 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) 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) 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) 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) 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.
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.

That this conference believes clinical waste streams should be assessed and appropriate alternatives provided with funding.

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.

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.

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.

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.

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.

99

(146) 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

100

(148) That this conference asks that funding for administrative support for clusters is made more transparent and straightforward.

SCOTTISH AMBULANCE SERVICE

101

(149) 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

102

(151) 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).

103

(152) 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.