

Conference News

Annual Conference of Representatives of
Local Medical Committees
10 and 11 May 2022

Part I: Resolutions

Part II: Election results

Part III: Remainder of the agenda

PART I
ANNUAL CONFERENCE OF REPRESENTATIVES
OF LOCAL MEDICAL COMMITTEES
MAY 2022

RESOLUTIONS

STANDING ORDERS

3. That conference accepts the proposed changes to the Standing Orders, as recommended by the Agenda Committee and as outlined in Appendix 1 [of the agenda] regarding:

- (i) Membership
- (ii) Observers
- (iii) Voting
- (iv) Elections
- (v) Rules of debate.

Carried

Proposed by Matt Mayer, Deputy Chair of Agenda Committee

SOLUTIONS TO WORKLOAD

6. That conference instructs GPC UK to conduct a comparison review across the four nations of the impact of the outcomes of their contractual negotiations on the stability and sustainability of GP practices, including GP: patient ratios, retention of GPs and PNs, real investment in essential services, and patients' satisfaction with GP services.

Carried

Proposed by Lisa Harrod-Rothwell, of Kensington, Chelsea and Westminster LMC

PATIENT EMPOWERMENT

7. That conference has observed that the public are emerging from the pandemic with additional and unrealistic expectations of general practice, and:
- (i) believes that the continued political and media pressure for general practice to meet demand over need in a chronically underfunded health service is unacceptable
 - (ii) believes that more support is needed for patients to make informed choices for their personalised care that avoids duplication, is truly necessary and free from harm, and prevents or reduces medical intervention
 - (iii) believes that requesting written evidence of support from a GP for non-medical issues is inappropriate
 - (iv) demands an education campaign for patients to encourage the use of self-care
 - (v) demands an education campaign for patients to appropriately utilise pharmacy, optometry and dental services.

Carried

Proposed by Mairi Barr, of Ayrshire and Arran LMC

SAFE WORKLOAD LIMITS

8. That conference, with regards to current workload within general practice:
- (i) believes that patient safety is paramount
 - (ii) recognises that reducing the number of patient contacts will have an impact on access

- (iii) calls on GPC UK to coordinate the creation of credible agreed workload measures that are acceptable to the profession and to the wider NHS
- (iv) calls on GPC UK to further develop, publicise and strongly advocate worked-up plans to introduce safe workload limits for general practice that do not constitute a breach of contract
- (v) calls on the GPCs to use data on safe workload to renegotiate the GMS contracts with workload limits in order to protect all general practice staff and patients.

Carried

Proposed by Rachel McMahon, of Cleveland LMC

SOLUTIONS FOR THE WORKFORCE

10. That conference celebrates and values the contribution of international medical graduates to our workforce and calls on the UK government to:
- (i) support the option of relocation of the close family of NHS workers to the UK
 - (ii) facilitate tier 2 sponsorship / skilled worker status funding for all practices across the country
 - (iii) mandate a five year minimum visa award to doctors entering UK GP training programmes
 - (iv) extend the duration of any existing tier 2 visa (or health and social care visa) before the planned CCT date without trainees having to secure employment for visa sponsorship
 - (v) lobby the DVLA to prioritise IMG GP trainees who do not hold a UK driving license for driving tests.

Carried

Proposed by Andrew John Wilson, of the GP Trainees Committee

THE PRACTICE TEAM

11. That conference requests an overhaul of processes for the modern general practice to account for services provided by the extended general practice team and demands:
- (i) a public-facing campaign to introduce patients to the skills and expertise of the extended general practice team
 - (ii) that the NHS develop patient pathways and guidance to facilitate online booking into the correct allied health professional clinic
 - (iii) that Allied Health Professionals should be able to refer directly, without involving a GP, to other services
 - (iv) reimbursements for cover to be extended to all clinical staff employed in primary medical services.

Parts (i), (iii), (iv) carried

Part (ii) carried as a reference

Proposed by Charles Bleakley, of Bath & North East Somerset, Swindon & Wiltshire LMC

PROFESSIONAL WELLBEING

12. That 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) calls upon GPC UK to work alongside Northern Ireland GPC, GPC Wales, GPC Scotland and GPC England in proactively ensuring that the public know that their practices are, and have been, open
 - (iii) condemns the ill-informed and unwarranted negativity and hostility by the press and on social media towards general practice
 - (iv) calls for changes to the GMS (General Medical Services) regulations to allow for the immediate removal of an individual from the practice list for any form of abuse
 - (v) calls on the BMA to lobby for increased sentencing for those abusing general practice staff.

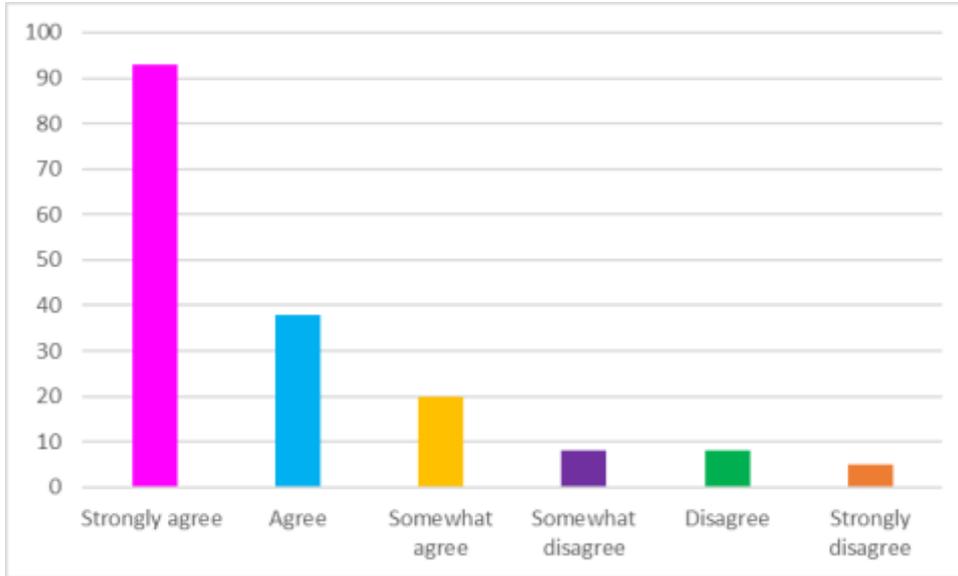
Parts (i) and (iii) carried

Parts (ii), (iv) and (v) carried as a reference

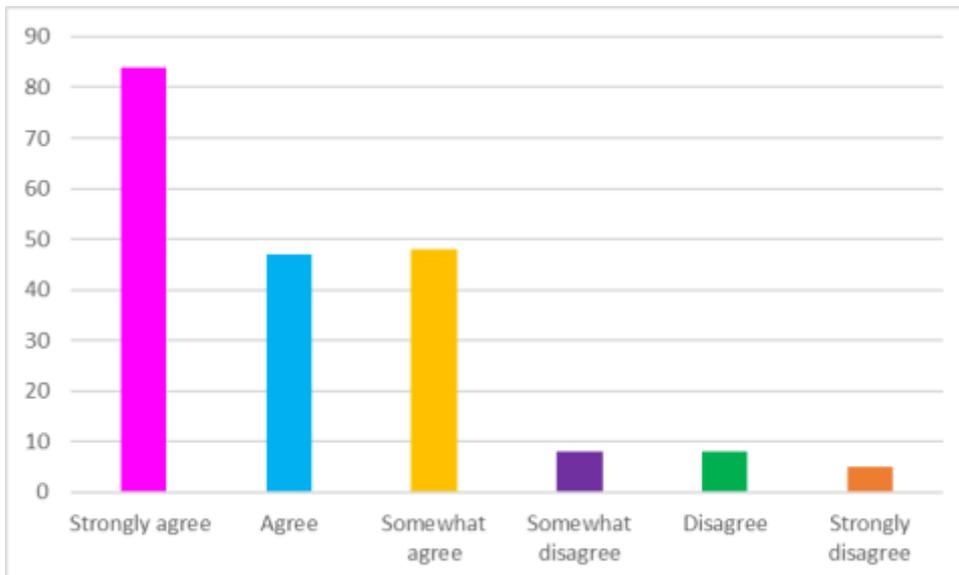
Proposed by Nicola Herron, of Northern Ireland Conference of LMCs

THEMED DEBATE – UNRESOURCED WORKLOAD

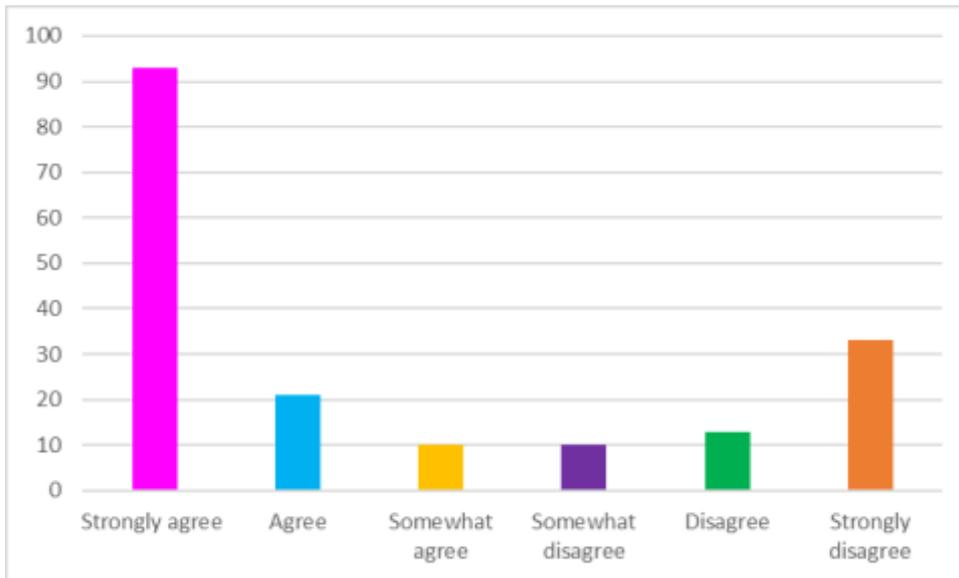
1. There is sufficient guidance to support pushback, GPs need to be empowered to say no and GPC UK needs to focus on ways to take forward that empowerment.



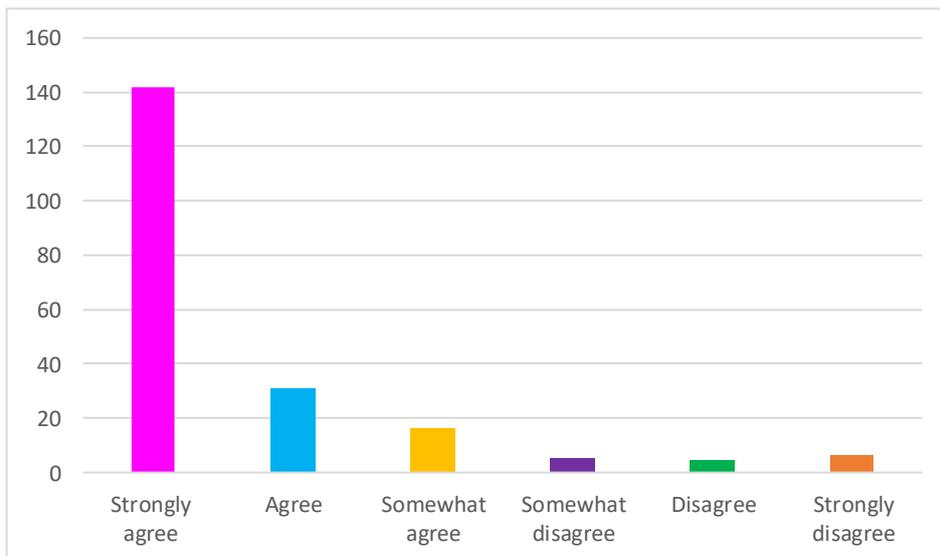
2. The key to success is improved collaboration between general practice and secondary care.



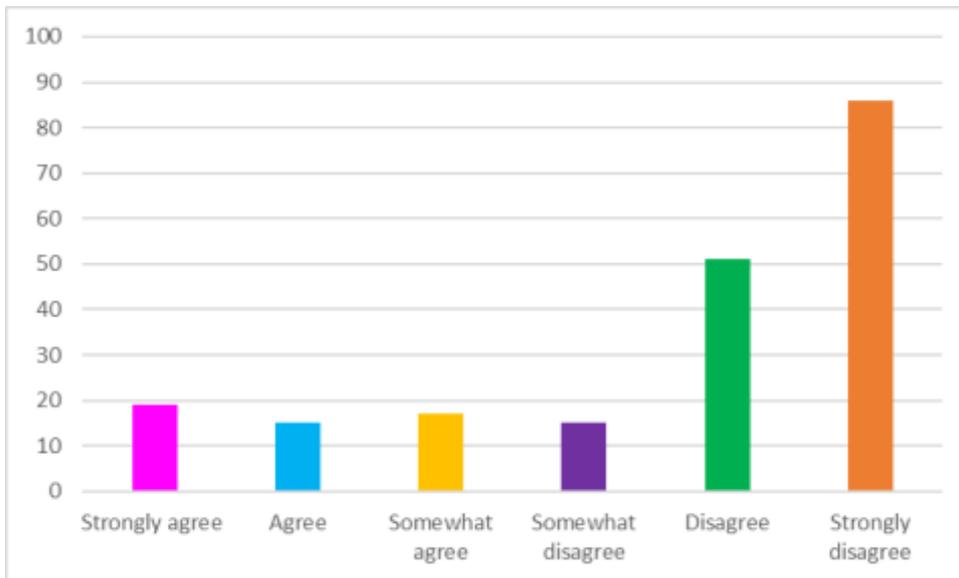
3. All doctors must take responsibility for their own workload, including any investigations deemed necessary by secondary care.



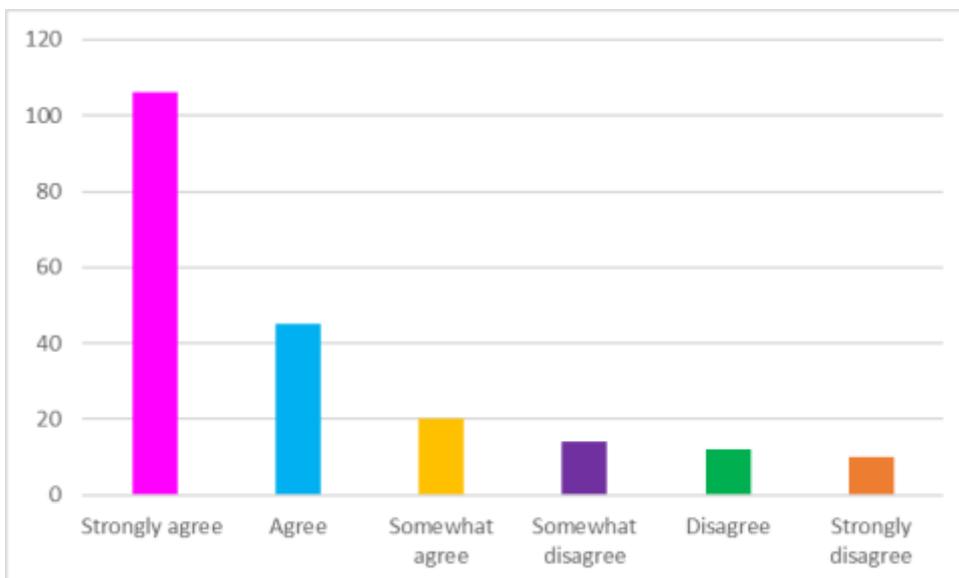
4. GPs core contract must be explicitly defined to allow all within the system to identify and understand what has and has not been commissioned.



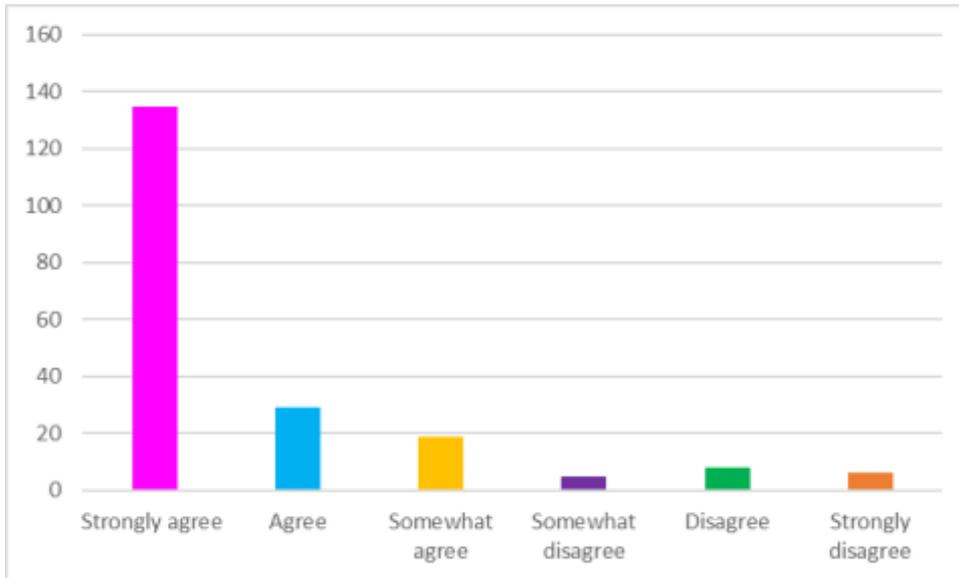
5. Practices have the capacity and are best placed to deliver care at the request of hospital colleagues, via a commissioned resourced pathway.



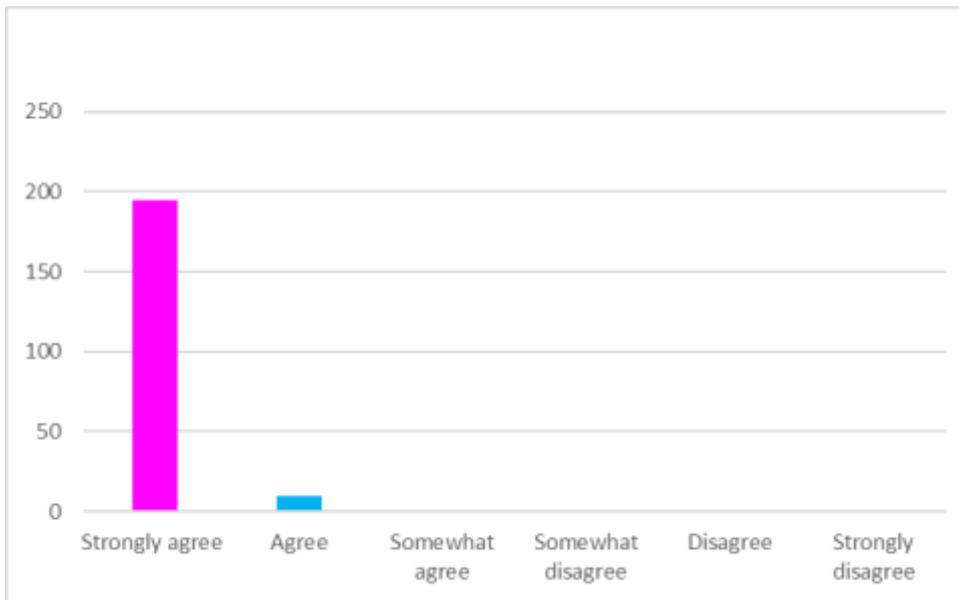
6. Practices do not have capacity, therefore cannot accept additional work from secondary care, regardless of funding.



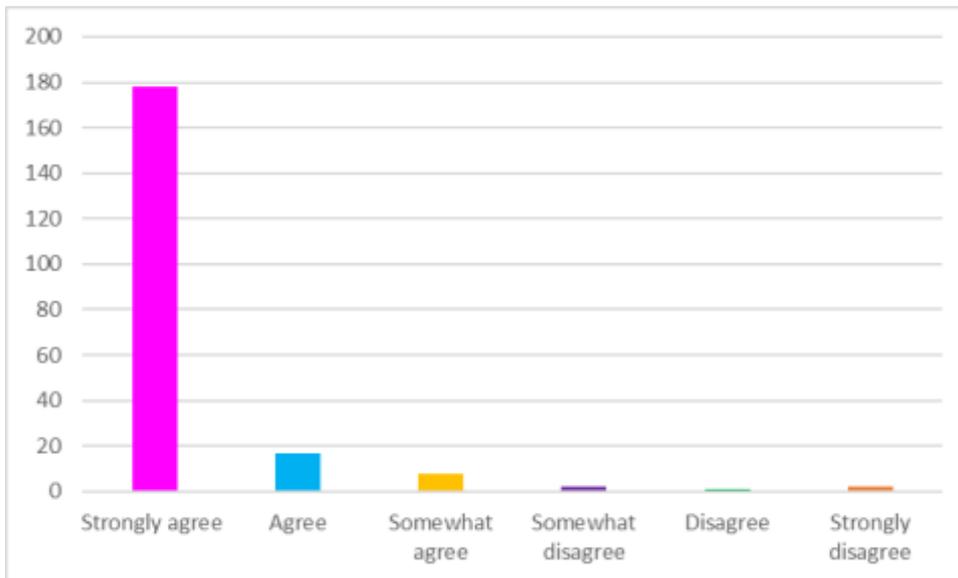
7. Uncommissioned workload transfer should be chargeable at private market rates by the GP practice.



8. Hospital services urgently need to improve patient facing communications with regard to waiting times, communication of results and safety netting.



9. New GP related pathways can only be introduced with the explicit agreement of the LMC in any given area.



WORKING ACROSS INTERFACES

13. That conference is seriously concerned by the impact of waiting times for secondary care NHS treatment, both on patients who are waiting unacceptably long times for appointments and on practice workload, and:
- (i) believes current government initiatives to reduce waiting times have been wholly inadequate
 - (ii) demands that governments provide additional funding for practices to support the additional workload they are dealing with
 - (iii) calls on the four governments to provide clear plans for reducing lengthy waiting times so that appropriate care can be provided at the right time
 - (iv) believes that the widespread rejection of primary care referrals by secondary care could lead to patient harm and significant missed diagnoses
 - (v) insists that if a referral from general practice is declined for whatever reason, then this should be communicated by a named, accountable individual.

Parts (i) and (iii) carried

Parts (ii), (iv) and (v) carried as a reference

Proposed by Lucy Clement, of Leeds LMC

GPDF

14. That conference accepts the proposed amendments made by GPDF to the standing orders as appended (appendix 2) for 2023 regarding:
- (i) Membership
 - (ii) Agenda
 - (iii) The black box.

Carried

Proposed by Zoe Norris, of GPDF

SESSIONAL GPs AND PORTFOLIO PRACTICE

15. That conference recognises that the increasing patient demand for appointments and the escalating challenges of managing more complex patients all lead to greater workload pressures and:
- (i) supports the BMA model contract for salaried GPs
 - (ii) recommends that the BMA salaried GP model contract is urgently reviewed
 - (iii) recommends that the BMA gives clearer guidance on how GP sessions may be divided up into specific working periods, by mutual agreement of the sessional GP and the practice
 - (iv) advises that the GPC determines and disseminates the average sessional rate for GPs across the UK, across the four nations and at borough level, to facilitate practice-level negotiations and place-based discussions.

Parts (ii), (iii) and (iv) Carried

Part (i) carried as a reference

Proposed by Vinay Patel, of City and Hackney LMC

REGULATION AND UK PROFESSIONAL ISSUES

16. That conference is concerned that the profession (even before the pandemic) is under constant strain and that this is having an impact of the health and wellbeing of the profession and:
- (i) is concerned that GPs either as individuals or as a profession, do not receive the equivalent supervision or support that other professional bodies receive as part of their continuing professional development
 - (iii) recognises that it is becoming increasingly difficult to maintain knowledge in a working day and calls for an increase in protected education time with adequate backfill for essential training as part of core GP funding.

Carried

Proposed by James McNally, of Oxfordshire LMC

PARTNERSHIP AND CONTRACTS

17. That conference believes that a “nationalised general practice service” is not in the best interest of patients or doctors and:
- (i) believes there is an abject failure of governments to recognise the value of the independent contractor model for delivery of primary care
 - (ii) believes vertical integration is an existential threat to the independent contractor model and the role of the GP partner
 - (iii) calls for clear modelling of the impact of a fully employed GP service in all UK countries to be undertaken by GPC UK
 - (iv) calls on GPCs to take all necessary action to defend and promote the partnership model and independent contractor status of general practice in the UK
 - (v) instructs the GPC to form a separate GP contract holders subcommittee to represent and discuss GP partnership contract issues.

Parts (i), (ii), (iii) and (iv) carried

Part (v) carried as a reference

Proposed by Chandra Kanneganti, of North Staffordshire LMC

GP TRAINEES AND GP TRAINING

19. That conference asks GPC UK to work with relevant bodies across the UK to ensure that all secondary care speciality training should include a mandatory three-month placement within general practice.

Carried as a reference

Proposed by Wendy Outwin, of Norfolk and Waveney LMC

MRCGP

20. That conference, with regards to the MRCGP examination process:
- (i) calls on GPC UK to lobby the RCGP to provide improved individualised, disability specific, evidence-based reasonable adjustments for all trainees with disabilities for MRCGP exams
 - (ii) notes with dismay the repeated problems with the application process to take the MRCGP applied knowledge test
 - (iii) calls on GPC UK to lobby the RCGP to consider if the applied knowledge test assessment is still fit for purpose 15 years after introduction.

Carried

Proposed by Andrew John Wilson, of GP Trainees Committee

CONTINUITY OF CARE AND HEALTH PROMOTION

21. That conference demands that we move away from a target-based GP contract and be rewarded for prioritising continuity.

Carried

Proposed by Sam Creavin, of Avon LMC

HEALTH INEQUALITIES

22. That conference is deeply concerned by the rise in health inequalities in our communities and calls upon GPC to:
- (i) conduct a review into the impact of current national and local general practice funding models including funding formulae and outcomes payments
 - (ii) negotiate enhanced funding for GP practices serving areas of significant deprivation to resource addressing the additional workload
 - (iii) negotiate a requirement for a health impact analysis to be carried out by commissioners when any new housing or care homes are located in these areas of deprivation
 - (iv) negotiates for fairer funding of vaccinations which does not financially discriminate against practices with low vaccine uptake.

Carried

Proposed by Lisa Harrod-Rothwell, of Kensington, Chelsea and Westminster LMC

DIGITAL, TECHNOLOGY AND DATA GOVERNANCE

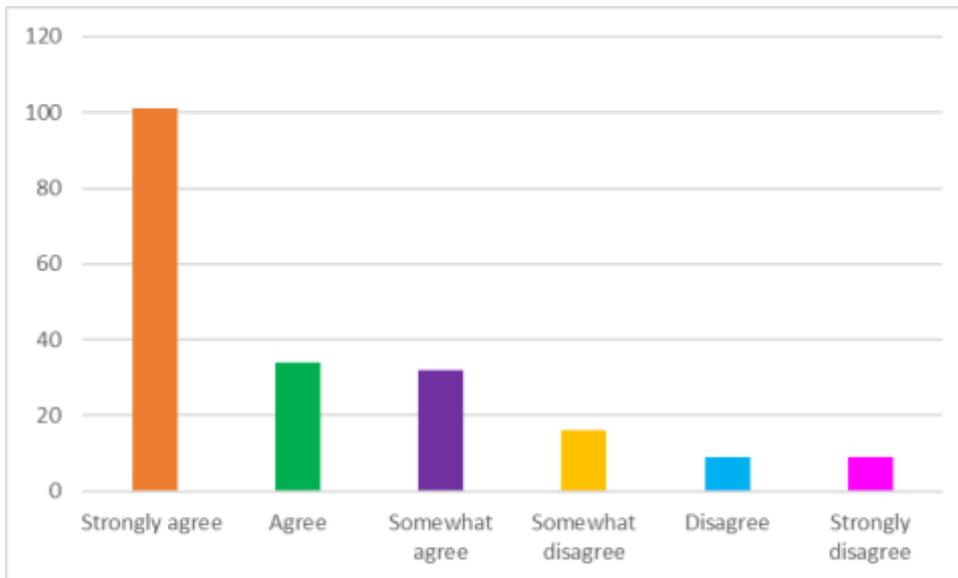
23. That conference believes that recent digital innovations have increased health inequalities for our most vulnerable patients and:
- (i) instructs GPC to insist in all negotiations that individual practices have the right to determine the most appropriate form of consultation to best serve their patient's needs
 - (ii) calls on the UK government to investigate the impact of recent digital innovations on health inequalities.

Carried

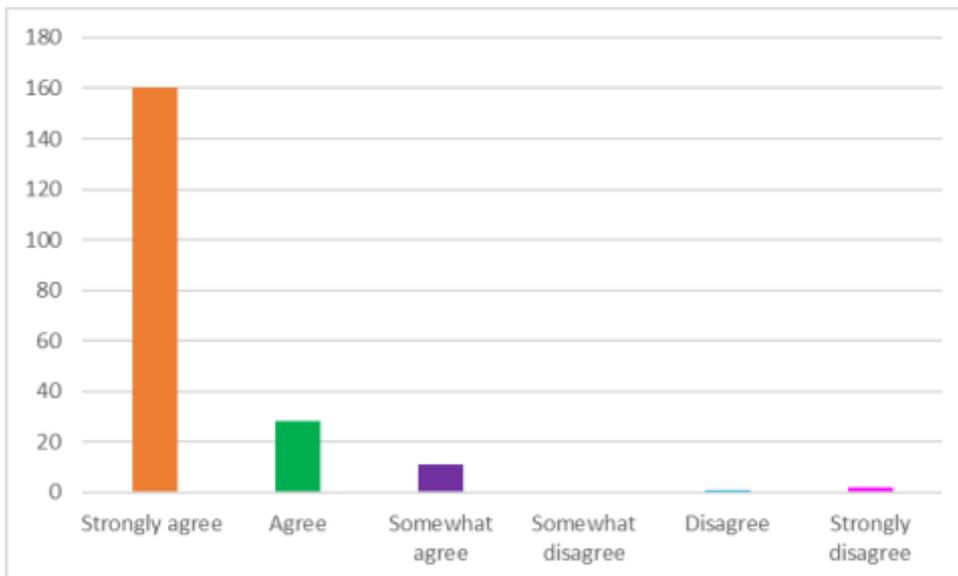
Proposed by Tamara Hibbert, of Newham LMC

THEMED DEBATE - NATIONAL ASSOCIATION OF LMCs

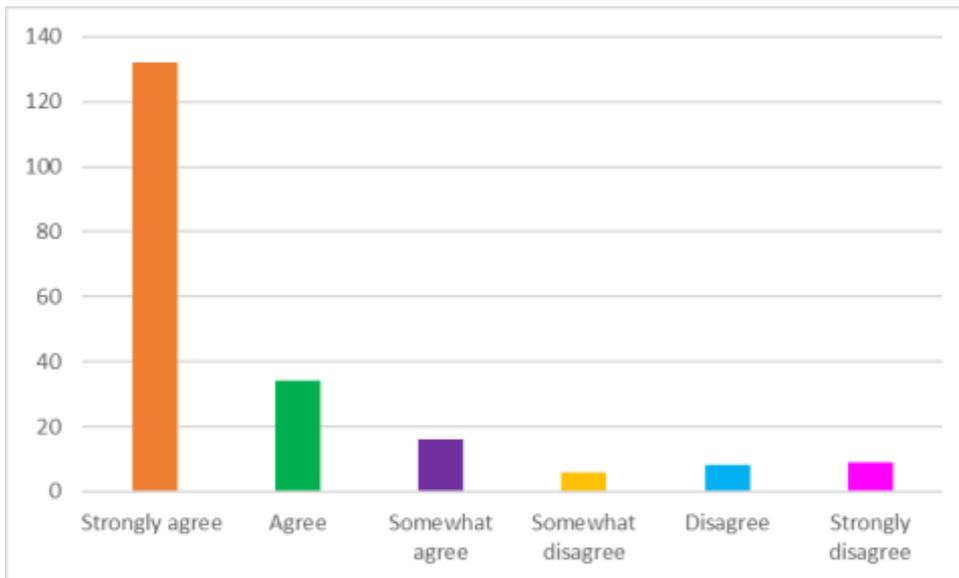
1. Any National Association of LMCs should be a single nation body rather than UK wide, with each nation determining their own needs



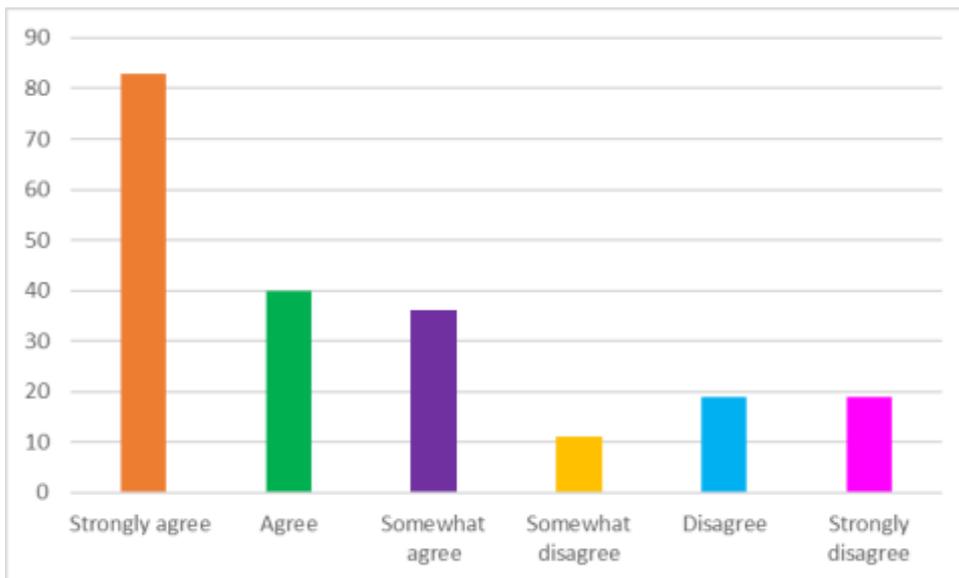
2. The functions of any National Association of LMCs should include guidance, support and best practice shared between LMCs



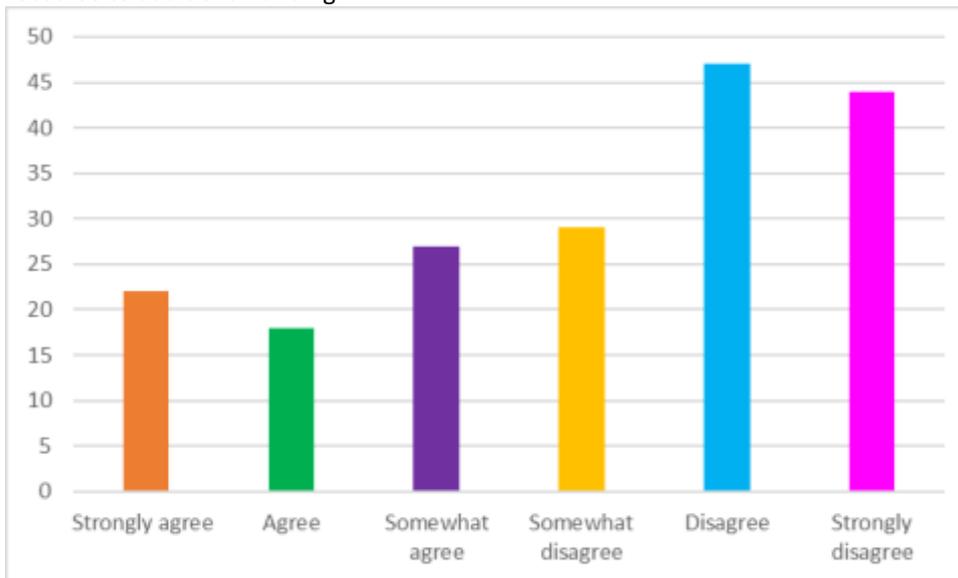
3. Any National Association of LMCs should not replace or replicate the role and function of the BMA/GPCs



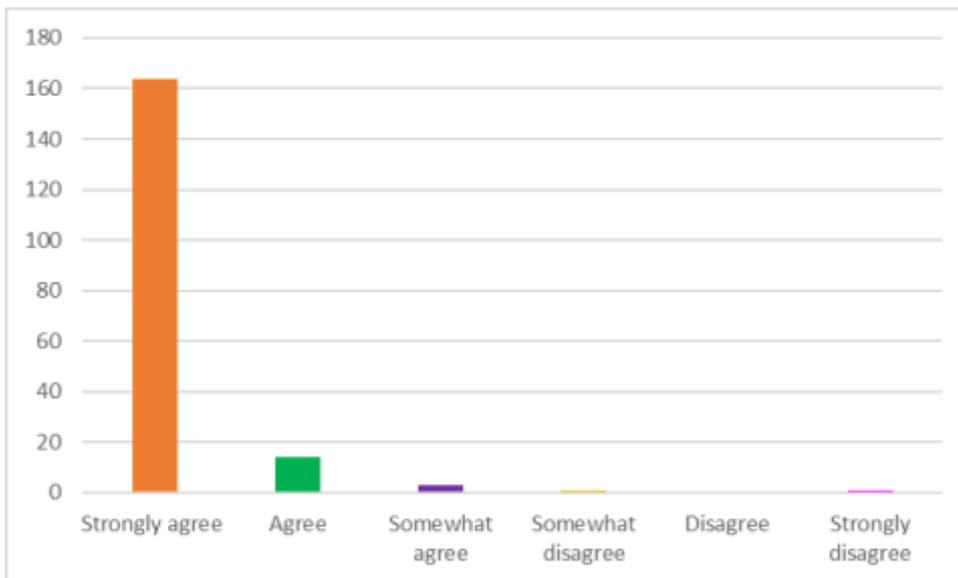
4. The suggestion of a National Association of LMCs is predominantly an English issue



5. LMCs should undertake such suggested functions of any NALMC themselves using existing structures, without recourse to additional funding.



6. LMC representatives and officers should follow the Seven Nolan Principles of Public Life



CLINICAL, PRESCRIBING AND DISPENSING

24. That conference calls on GPC UK to renegotiate the dispensing doctor fee envelope to:
- (i) avoid mid-year fluctuations in dispensing payments
 - (ii) allow cost neutral changes to dispensing doctor drug reimbursement pursuant to the 2021 DHSC review
 - (iii) allow dispensing to compete with pharmacists on a level playing field.

Parts (i) and (ii) Carried

Part (iii) carried as a reference

Proposed by Francesca Frame, of Cambridgeshire LMC

ENVIRONMENT AND PREMISES

25. This conference recognises that health care delivery in general practice is adversely impacted by the shortcomings of existing GP estates, including insufficient consultation rooms and meeting rooms and:
- (i) calls on the NHS in each of the four nations to investigate the impact of current GP estate limitations on the effective safe delivery of care and the recruitment of both clinical and non-clinical GP staff
 - (ii) calls on the NHS in each of the four nations to investigate the impact of the limited number of disability adapted GP consultation rooms, on the clinical care of disabled patients
 - (iii) instructs GPC to negotiate with the NHS in each of the four nations, to urgently provide much needed new funding to develop GP estates.

Carried

Proposed by Asiya Yunus of Sutton LMC

FOUR NATIONS

26. That conference believes that all additional services delivered by general practice should be adequately remunerated and:
- (i) calls for the end of the postcode lottery of LES contracts and requests a centrally negotiated menu of appropriately funded additional services
 - (ii) that the GPC negotiates with the four nations' NHS, to ensure that general practice participation in locally negotiated contracts is not dependent on sign up to the voluntary component of national contracts.
 - (iii) requires agreement by the NHS in each of the devolved nations that all calculations for projected costs of service delivery should be transparent and available for scrutiny and comment by GPC or LMCs (depending on whether a national or local service is involved)
 - (iv) funding calculations should allow for GP remuneration at a commensurate rate to the cost of locum GPs

Carried

Proposed by Shabnam Quraishi, of Redbridge LMC

MEDICO-LEGAL AND INDEMNITY

27. That conference notes the recent 'folic acid' legal case in the media, and supports GPC UK researching the benefits of a no-fault medical compensation scheme to replace the current tort-based system, with the intention of providing this data to the government to add weight to their patient-centered reviews, particularly assessing whether a no-fault scheme would:
- (i) reduce GPs' anxiety associated with possible litigation and therefore reduce defensive medicine
 - (ii) improve doctors' and patients' experiences of resolving a claim, particularly with regard to mental health impact
 - (iii) improve patient safety by enabling doctors to more freely admit to adverse events and share learning from these episodes.

Carried

Proposed by Hayley Haworth, of Cambridgeshire LMC

SOCIAL MEDIA

29. That conference believes that GPC should have more of a social media presence to be able to engage with and respond to grassroots GPs.

Carried

Proposed by Annie Farrell, of Liverpool LMC

GPC

31. That conference reminds GPC UK that conference exists to formulate policy which GPC UK should endeavour to implement, and calls for GPC UK to publish:
- (i) an annual action plan, incorporating conference policy
 - (ii) a formal biannual report against the action plan, published on the BMA website, and made available to LMCs at least one month prior to the closing date of motion submissions to conference
 - (iii) a quarterly report against the action plan to LMCs.

Carried

Proposed by Clare Sieber, of West Sussex LMC

FIT NOTES

32. That conference with regard to fit notes, observes that most GPs do not have occupational health qualifications and:
- (i) believes that it is a huge drain on GP resources to do a fit note in the first four weeks of illness
 - (ii) congratulates the UK government on the decision to temporarily extend the period for which people can self-certify absence from work to 28 days
 - (iii) believes that self-certification for social security and work purposes should be extended from the current seven days to 28 days as a permanent change
 - (iv) believes that general practice is neither the best placed, nor GPs the most appropriate professional, to assess fitness to work
 - (v) believes that for illness more than four weeks long, an independent occupational health service should be set up that would assess any patient for these matters, removing that workload completely from general practice.

Parts (i), (ii) and (iii) Carried

Parts (iv) and (v) carried as a reference

Proposed by Jasmeet Singh of Glasgow LMC

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2022

ELECTION RESULTS

Chair of UK Conference

Katie Bramall-Stainer

Deputy Chair of UK Conference

Matt Mayer

GPC UK

Laura-Jane Evans

Manu Agrawal

Zishan Mehdi Syed

Paul Cundy

Rachel Ali

Lisa Jane Harrod-Rothwell

Charles Strachan

Early career GP to be co-opted on to GPC – Mairi Elizabeth Reid

The outcome of the Agenda Committee election will be announced after this year's ARM.

PART III

REMAINDER OF THE AGENDA

CORE HOURS

9. That conference believes urgent action should be taken to manage the workload / workforce mismatch within general practice and demands that the core GP contract is reduced to the hours of 09.00 to 17.00.

LOST

Proposed by Shaba Nabi, Avon LMC

REGULATION AND UK PROFESSIONAL ISSUES

16. That conference is concerned that the profession (even before the pandemic) is under constant strain and that this is having an impact of the health and wellbeing of the profession and:
- (ii) seeks GPC, BMA and UK governmental support to make professional supervision and support a statutory requirement during GP training and ongoing GP registration

LOST

Proposed by James McNally, of Oxfordshire LMC

MRCGP

20. That conference, with regards to the MRCGP examination process:
- (iv) mandates GPC UK to liaise with the RCGP to ensure an immediate return to the clinical skills assessment.

LOST

Proposed by Andrew John Wilson, of GP Trainees Committee

FOUR NATIONS

26. That conference believes that all additional services delivered by general practice should be adequately remunerated and:
- (v) requires GPC to develop a cost calculator, agreed with the four devolved nations' departments of health, defining the unit cost for general practice which should then be used in all local negotiations.

LOST

Proposed by Shabnam Quraishi, of Redbridge LMC

CONFERENCES OF LMCs

28. That conference calls for Conference of LMCs to be more frequent than annually, with some conferences held virtually so that they can address UK-wide issues in the morning and then split into the four nations for the afternoon.

LOST

Proposed by Nasir Hanna, of Bedfordshire LMC

NON DOCTOR REPRESENTATIVES

30. That conference agrees that non clinicians who are partners in general practices with a signed partnership agreement and are LMC representatives are fully able to enjoy the same rights of voting and proposing at conference as GPs are.

LOST

Proposed by Bruce Hughes, of Devon LMC