

Scottish General Practitioners Committee

Scottish local medical committee annual conference

2 December 2022

- Appendix I - Resolutions**
- Appendix II - Election results**
- Appendix III - Motions not reached**

SCOTTISH LOCAL MEDICAL COMMITTEE CONFERENCE

2 December 2022

Resolutions

QUALITY AND CLUSTERS

- 1 (6) That this conference applauds the efforts of GPs and practices in taking forward quality improvement work and
- i. notes the important work of GP clusters on this
 - ii. believes that clusters should be focussed on quality improvement work, and adequately supported and resourced for this
 - iii. believes that CQLs (cluster quality leads) and PQLs (practice quality leads) should be properly paid for their work.

WORKFORCE/WELLBEING

- 2 (7) That this conference in noting the issues facing both primary and secondary care services,
- i. expresses concern with regards to the difficulties in recruitment and retention
 - ii. deplores the increasing workplace stress and burnout affecting health service staff
 - ii. calls on Scottish Government to urgently address these issues with credible workforce and wellbeing plans.
- 3 (8) That this conference recognises the significant crisis within general practice and calls on the Scottish Government
- i. and SGPC to acknowledge and quantify the mismatch between the GP workforce and present workload
 - ii. to provide clarity regarding workforce planning
 - iii. to explain the number of patient facing sessions and whole-time equivalents for the mooted additional 800 GPs for Scotland.
- 4 (11) That this conference calls on Scottish Government to implement procedures to ensure newly qualified GPs who don't yet have the "right to remain" are automatically granted sponsorship at a national level and these essential skilled practitioners, in whom we have invested as trainees, are not forced to leave and take their much-needed skills abroad.
- 5 (12) That this conference asserts that the denigration of GPs continues in medical schools and hospitals, is witnessed by medical students, and asks that this is investigated, and appropriate action taken.

- 6 AR (13) That this conference is not minded to currently express faith in the accuracy of workforce data coming from the NPCCD (national primary care clinician database) and
- i. calls for all inaccurate and ghost entries to be removed
 - ii. wishes health boards to demonstrate they undertake measures such as manual reconciliation to avoid errors in the numbers of GPs recorded as currently working in Scotland
 - iii. asks SGPC to continue to seek more accurate ways of tracking the capacity of the GP workforce in Scotland.

RECRUITMENT AND RETENTION

7 (18) That this conference believes that Scottish Government's pledge to recruit 800 additional GPs to work within NHS Scotland will fail because there is currently no evidence of a plan to fund these new doctors.

- 8 (19) That this conference recognises there is a GP retention emergency that requires a systematic approach to changing the workload and working conditions of general practice and
- i. calls upon Scottish Government to develop an undergraduate general practice sponsorship scheme to help address recruitment and retention
 - ii. believes that a mentoring scheme for newly qualified general practitioners would improve recruitment and retention and asks that all new general practitioners have access to such a funded mentoring scheme
 - iii. requests sight of the Scottish Government's plans for retaining the GP workforce, as retention reaches a crisis
 - iv. believes that the already stretched general practice service is put at greater risk with the co-existing practice nurse recruitment and retention crisis and calls upon Scottish Government to address this.

EDUCATION AND TRAINING

9 (61) That this conference expresses concern at the low number of new GPs in Scotland and believes that trainee numbers need to be increased further to take account of those undertaking less than full time training.

10 (62) That this conference recognises that the role of the expert medical generalist is increasingly complex and now urgently requires an expansion of both GP training and the availability of fellowships.

11 (63) That this conference applauds the good progress being made by Scottish Government on extending verification of death training to other PAMS (professions allied to medicine) but insists that it be made clear to providers that this training applies to all deaths, not just those that were expected.

12 A (64) That this conference deplores the loss of PLT (protected learning time) for practices - the only true protected time for practice and locality education for all staff – and asks that this is reinstated as soon as possible.

- 13 A (65) That this conference believes that the failure to provide practices with protected learning time should now be considered detrimental in terms of team development and learning, and further diminishes an already-low morale.
- 14 A (66) That this conference instructs SGPC to speak to Scottish Government with urgency around reinstating a systematic approach to support protected learning time, enabling practice teams to regularly have opportunities to meet and improve together within office hours.

PUBLIC MESSAGING

- 15 (27) That this conference has grave concerns about the sustainability of general practice in Scotland and calls on Scottish Government to
- i. engage in an open and honest conversation with the public around what the actual changes to the GMS (general medical services) contract will mean for their health care provision moving forward
 - ii. engage in an open and honest conversation about which health needs general practice and NHS services are able to provide, allowing expectation to match the level of service being funded
 - iii. resist quoting statistics and meaningless numbers around recruitment and retention of GPs/NHS staff and instead state where gaps lie and the time it will take to train these staff.
- 16 (28) That this conference recognises despite repeated calls in previous conferences for a national campaign to highlight the pressures and changes in general practice with the GMS 2018 contract, there has not been a campaign that addresses these issues satisfactorily and thus practices are experiencing yearly increases in abuse due to lack of understanding regarding the direction of travel for general practice services.

COMMUNITY HOSPITALS

- 17 (49) That this conference endorses the important role that community hospitals play in the delivery of local health care across Scotland and calls on SGPC negotiators to work with Scottish Government to sustain these services through
- i. proactive development by boards that allows for community hospitals that are modern, locally sustainable and responsive to local community needs
 - ii. provision of resources that are commensurate with allowing them to fulfil such a function while operating within a modern health and social care setting
 - iii. recognising that the role that GPs can fulfil as expert medical generalists is also well suited to the provision of medical input to community hospitals
 - iv. the promotion of community hospitals as having the potential to be hubs from which a range of intermediate care services can be delivered, strengthened by the ability of GPs to act in the role of expert medical generalists.

EHEALTH

- 18** (50) That this conference welcomes the technical progress made in Scotland around GP activity data and
- i. looks forward to this progressing the ability to demonstrate aspects relating to the range and extent of excellent work that is being delivered in general practice
 - ii. is hopeful that improved consistency around the recording of information on clinical systems may be facilitated through the provision of such information directly back to practices, for example via a suitable dashboard
 - iii. accepts that further technical solutions will be needed to illustrate levels of demand.
- 19** (51) That this conference expresses its disappointment and concern in respect to how boards have planned and implemented Order Comms (Order Communications) solutions and resolves
- i. that it is unacceptable that several boards do not have any Order Comms
 - ii. that interoperability is threatened by the wide range of order communications IT solutions being deployed by boards
 - iii. that current approaches appear susceptible to functional limitation through the organisational boundaries involved
 - iv. to ask that SGPC must work with Scottish Government, health boards and national IT groups to find ways to improve this situation.
- 20** (52) That this conference calls on all health boards to work together to facilitate clinical portal access across board interfaces within Scotland and to ensure that the functionality is available to GPs with appropriate clinical governance arrangements.
- 21** (53) That this conference
- i. calls for a clear commitment that health boards should provide adequate IT support for both clinical and non-clinical software that are required for GP practices
 - ii. does not support the development of any NHS software where the NHS does not either supply or fund the supply of the necessary hardware on which it is to operate.
- 22** AR (56) That this conference is awake to the prospect of future cyberattacks and threats of disruption to the clinical systems we use in Scotland and asks for a proportionate response from SGPC in seeking improved cyber resilience in general practice and out of hours services, that might include support around business continuity and cybersecurity training for the workforce.
- 23** AR (57) That this conference applauds the response of eHealth and out of hours services with the recent cyberattack on ADAstra and sees opportunity in the consolidation of computer systems.
- 24** AR (145) That this conference, in relation to the DOcMAN batch manager issue, where patient documents were misplaced, due to software failure and
- i. applauds the work of GP practice teams in both identifying the problem and working collaboratively to retrieve missing documents

- ii. recognises that there was a significant workload impact on both practices and Board IT teams to reconcile missing documents
- iii. is disappointed that Scottish Government, despite being advised of the impact declined to ensure adequate support and compensation
- iv. asks SGPC to formally raise the negative impact on practices and ask Scottish Government to seek compensation for all those affected.

ENVIRONMENTAL

- 25** (68) That this conference calls on SGPC to negotiate for funding for transition to net zero premises for all GP surgeries in Scotland by 2030 through upgrades, retrofitting or new builds, and supports the views
- i. that it is not acceptable to be causing harm through air pollution locally nor harm internationally through CO2 emissions
 - ii. as anchor institutions influencing communities, we need to urgently lead the changes that we all need to make.

REPRESENTATION

- 26** (72) That this conference believes that each nation that contributes to GPDF (General Practice Defence Fund) should be able to take its own position on the merits of a national association of LMCs.

CONTRACTS AND NEGOTIATIONS

- 27** (141) That this conference demands that Scottish Government, health boards, and health and social care partnerships deliver on the commitments of the memorandum of understanding 2 that was agreed with SGPC, and
- i. requires that Scottish Government issue directions to fully establish and define the responsibility for every health board to provide community treatment and care and pharmacotherapy services to all patients by 1 April 2023
 - ii. insists that HBs continue and maintain other MOU services that were agreed and prioritised locally with LMCs
 - iii. warns Scottish Government that the only path to the continued viability of the 2018 GMS contract is to honour the commitments of MOU2
 - iv. (taken as a reference) instructs SGPC/BMA to consider all options to protect GPs and patients from any deviation from the MOU2.
- 28** (31) That this conference in regard to the 2018 GMS contract
- i. is saddened, that despite some progress with the GMS 2018 contract overall it has failed to reduce GP workload to a level that supports practices and improves sustainability
 - ii. agrees that patients and practices are let down when there are lapses in services delivered by the board under this contract
 - iii. wishes for boards to provide a reliable service and to have robust continuity arrangements in place
 - iv. instructs SGPC to see a mechanism to prevent lapses in services

v. lost.

29

(142) That this conference expresses anger and utter disappointment with the Scottish Government's recent treatment of general practice with its triple whammy of announcements (a wholly inadequate GMS uplift settlement, the withdrawal of £5m of the agreed 2022 sustainability payment, and the appalling letter from the Cabinet Secretary to GPs), at a time when most GP practices are working well beyond safe capacity due to the escalating crisis in demand, workforce and capacity and

- i. believes Scottish Government is failing to protect general practice in Scotland from collapse
- ii. believes patient care will suffer as a consequence of these decisions by Scottish Government
- iii. (taken as a reference) calls on Scottish Government to uplift GMS payments to ensure GP partners get the agreed pay award
- iv. calls on Scottish Government to reinstate the £5m taken out of the sustainability payments for practices
- v. calls on Scottish Government to work with SGPC for real solutions to the current crisis.

FUNDING

30

(73) That this conference is shocked by the Scottish Government's letter with regards to PCIF (primary care improvement fund) funding for 2022/23 and believes that the removal of reserves from current funding will

- i. affect HSCPs' ability to use already allocated underfund spends
- ii. penalise areas that haven't been able to recruit staff or commence services
- iii. stop HSCPs from being able to develop PCIP (primary care improvement plan) services
- iv. lower GP morale.

31

(76) That this conference is disappointed in the 2022/23 PCIF funding letter and calls on Scottish Government to commit to sufficient funding for the PCIF to fully deliver all MOU (memorandum of understanding) services.

32

(77) That this conference believes that financial support to practices should be given to fairly reflect the increased

- i. interest rates affecting mortgages and leasing costs
- ii. costs on fuel and utility bills.

33

(80) That this conference notes with concern the difficulties in obtaining locum GPs being experienced by practices; and

- i. believes that this presents a challenge for GPs being able to take annual leave, which is of huge importance to their welfare
- ii. calls on Scottish Government to work with SGPC and RCGP (Royal College of General Practitioners) to implement solutions
- iii. calls on SGPC to negotiate with Scottish Government an increase in funding to cover the actual cost of a locum in 2022.

- 34 A (84) That this conference believes enhanced services contracts, where they remain part of the services a practice delivers, require annual uplift to the resource attached and calls on SGPC to negotiate with Scottish Government to deliver an annual percentage uplift of the value of these contracts.

WORKLOAD

- 35 (86) That this conference recognises since the COVID 19 pandemic the resulting rise in workload has left general practice at breaking point and
- i. GP contractors are working to excessive levels
 - ii. calls on SGPC and Scottish Government to define what is a reasonable sessional and therefore weekly workload for a GP contractor
 - iii. lost
 - iv. calls on SGPC and relevant agencies to produce an urgent report on the impact to healthcare in Scotland if general practice was to fail.

- 36 A (91) That this conference contends that the failure to implement the new arrangements for temporary residents means that practices are working with resource based on workload estimates that are decades out of date and this needs urgent review.

PREMISES

- 37 (93) That this conference with regards to sustainability loans
- i. still believes that sustainability loans are a reasonable way to help reduce long-term risk to GPs who are practice premises owners
 - ii. is dismayed that it is taking so long to complete round one of these loans
 - iii. deplores the reportedly high legal fees practices are having to pay to complete these loans
 - iv. feels that practices facing huge legal fees to complete these loan goes against the spirit of the new GP contract
 - v. calls on SGPC to work urgently with Scottish Government to reduce the costs to practices of these loans.

IMMUNISATION/ENHANCED SERVICES

- 38 (97) That this conference applauds the success of the implementation of the vaccine transformation programme but
- i. expresses concern the demands are still being made of GPs and practice staff to provide information to the board for delivery of the service
 - ii. calls on Scottish Government to work with health boards to implement IT systems which facilitate board delivery of vaccinations without action by general practice.

- 39 (98) That this conference
- i. is concerned about some of the vaccination delivery models relied upon following the conclusion of the role played by most GP practices

- ii. acknowledges that there is an unavoidable burden from travel in sparsely populated areas and some remote parts
- iii. demands that boards find additional resource in support of areas where the high rates of uptake of childhood immunisations is not sustained
- iv. recognises that some areas could be better served by a mechanism for general practice to be engaged by boards where this is mutually beneficial
- v. lost.

DOCTORS AND DENTISTS REVIEW BODY

- 40** (102) That this conference believes that the DDRB (doctors and dentists review body) has demonstrated a significant lack of independence and therefore it should be reformed or replaced.
- 41** (103) That this conference condemns the derisory 2022-23 pay award for doctors in Scotland and
- i. calls for an uplift that reflects both the current rate of inflation and the real terms erosion in remuneration that has occurred over recent years
 - ii. supports the BMA's consideration of collective industrial action as a mechanism for challenging the pay award.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 42** (104) That this conference is frustrated at the constant changes in local formularies and unwarranted variation across board areas and calls on SGPC to
- i. (taken as a reference) work with the Scottish Government to create an agreed national formulary
 - ii. ensure that where items may be prescribed under nationally agreed shared care agreements, these are resourced adequately.

HEALTHCARE PLANNING AND PROVISION

- 43** (107) That this conference acknowledges that there are increasing demands from private health care providers to GP practices and asks that SGPC negotiate with Scottish Government so that guidance is formed for private health care providers to ensure
- i. (taken as a reference) private providers must be upfront to patients what the cost of a whole episode of care is and not just the initial consultation
 - ii. private providers must tell patients before embarking on an episode of care that follow up monitoring and prescriptions may not be provided by the NHS and that they should check with their practice if this is possible before deciding if they wish to continue privately
 - iii. care that would be delivered by specialist services in the NHS is not passed on to GPs by private providers with expectation that general practice will be able to do this.

- 44 (109) That this conference notes the establishment of a national care service which will allow Scottish ministers to be able to transfer healthcare functions, and asks SGPC to seek
- i. additional assurances that this will not negatively impact upon the independent contractor model of delivering general practice
 - ii. improvement in the resource available to general practice to match any Scottish Government policy commitments around input that goes beyond GMS for patients living in care home settings.

- 45 AR (113) That this conference demands that urinalysis testing strips should be seen as essential practice diagnostic supplies and should therefore be provided by PECOS (professional electronic commerce online system).

PRIMARY HEALTHCARE TEAM

- 46 (121) That this conference believes that the introduction of MDT members as part of the new GMS Scotland contract have
- i. lost
 - ii. not had the desired effect of freeing up GP time to be the EMG (expert medical generalist)
 - iii. increased the overall workload of the practice.

- 47 (122) That this conference hopes that data collection relating to the general practice multidisciplinary team can
- i. provide intelligence around what rewarding careers look like for GP pharmacists and first contact physiotherapists
 - ii. show that there are career progression opportunities for these individuals while retaining them within the primary care workforce.

MISCELLANEOUS

- 48 (124) That this conference notes the humanitarian crisis created by the war in Ukraine and
- i. welcomes refugees who come to Scotland
 - ii. recognises that language barriers and complex medical issues necessitate a longer appointment time
 - iii. requests that the Scottish Government provide funding to practices taking on this deserving population to provide the care that is required
 - iv. (taken as a reference) requests that the Scottish Government ensure adequate access to interpreter and written medical record translation services.

PUBLIC HEALTH

- 49 (130) That this conference believes that weight management services are under-resourced in Scotland and demands that the Scottish Government
- i. urgently funds adequate weight management services in all areas

- ii. funds boards to deliver access to tier 4 weight management services in all areas and includes lifelong follow up after surgery as part of this service.

PRIMARY/SECONDARY CARE INTERFACE

- 50** (133) That this conference sympathises with the challenging conditions that colleagues in hospitals are working under and
- i. urges collaborative working with primary care
 - ii. demands a cease to the inappropriate back to referrer outcomes and GP review of waiting list patients
 - iii. calls for better communication solutions with secondary care colleagues.
- 51** (134) That this conference believes that outpatient waiting lists are excessive at present and demands
- i. that the Scottish Government adequately resources and directs health boards to manage their waiting lists more dynamically
 - ii. an end to signposting people back to their GP who are waiting for outpatient appointments
 - iii. (taken as a reference) that health boards create a waiting list hub to manage patients who are deteriorating on the waiting list
 - iv. transparency over current waiting times for each specialty.
- 52** (144) That this conference is dismayed that the mental health wellbeing workstreams in general practice have been paused awaiting further guidance when staff have already been recruited and calls on Scottish Government to share their plans for how the increasing mental health presentations in general practice will be managed.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 53** (137) This conference is seriously concerned about the current superannuation scheme for GPs and the
- i. failure to reform pension contribution rates
 - ii. impact of the annual allowance
 - iii. lack of flexibility to vary the proportion of NHS income which is superannuated
 - iv. effect this is having on the retention of GPs and the number of sessions that GPs are undertaking.

Appendix II

Election Results

CHAIR: Dr Alastair Taylor (Glasgow)

DEPUTY CHAIR: Dr Andrew Thomson (Tayside)

AGENDA COMMITTEE:
Dr Chris Black (Ayrshire & Arran)
Dr Rachel Fraser (Ayrshire & Arran)
Dr Waseem Khan (Glasgow)

Motions not Reached

WORKFORCE/WELLBEING

- 54 (14) That this conference recognises poor staff wellbeing is a risk to sustainability and that there is a gap in wellbeing support for primary care teams and calls on SGPC to negotiate funding from Scottish Government for primary care wellbeing posts in each health board to support engagement with individual practices.
- 55 (15) That this conference welcomes the workforce specialist service in Scotland and calls for continued and improved communications to practices regarding this service.
- 56 (16) That this conference believes there is an urgent need to address the reduced workforce of GPs in the NHS and
- i. is concerned about the length of time patients, including health care workers, are waiting for investigation and treatment in secondary care
 - ii. recognises prolonged staff sickness contributes to workforce shortages
 - iii. calls upon the Scottish Government to implement a national system to facilitate the prioritisation of NHS employees for routine secondary care appointments.
- 57 (17) That this conference believes for the ongoing provision of world class primary care to an ageing and increasingly multimorbid population it is of paramount importance to increase WTE (whole time equivalent) GP numbers working in practices
- i. that this can only be done with a contract where money follows the GP as well as the patient
 - ii. that failure to do so will lead to the fragmentation of care provision to patients, and continued demoralisation of general practice as a viable medical speciality.

EDUCATION AND TRAINING

- 58 (67) That this conference calls upon NHS24 to return the monies acquired through protected learning time cover provision and the MATS (Musculoskeletal Advice & Triage Service), or otherwise agree to restart both services.

PUBLIC MESSAGING

- 59 (29) That this conference calls on Scottish Government to provide a sustained public messaging campaign to highlight the pressures on GPs and to promote self-management and highlight the alternative sources of help and advice that are available.

(30) That this conference is saddened at the public perception of general practice which is negatively impacting not only staff morale but patient care and calls on SGPC for an urgent multi-media campaign with Scottish Government to address this.

EHEALTH

60 (58) That this conference is frankly embarrassed that there are clinicians in Scotland that are still expected to use the outdated internet explorer browser to access legacy systems and asks SGPC to push for general practice to use technologies with modern architecture, manufacturer support and that can benefit from active development.

61 (59) That this conference calls for all secondary care clinicians to have access to SCI-Gateway for all referrals.

62 (60) That this conference anticipates the arrival of Scotland's first national data strategy for health and social care, holding a belief that GPs should play a role in developing intelligence to improve services while continuing to protect patient identifiable information and data.

63 ENVIRONMENTAL

(71) That this conference believes that more can be done to reduce the volume of material waste generated in general practice, improve how it is separated and processed to become more sustainable, and asks for SGPC to push for practices to be provided with assistance in pursuit of this.

CONTRACTS AND NEGOTIATIONS

64 (35) That this conference believes that the vision around the 2018 GMS contract has not been realised, and

- i. demands clarity and detail on what services general practices should already be receiving from boards
- ii. is disappointed that despite this conference asking for clarity around levels of service specification provision for vaccinations, pharmacotherapy, and CTAC (community treatment and care) this is still pending agreement between SGPC and Scottish Government
- iii. has an appetite for SGPC to set out what the much requested plan B looks like.

65 (38) That this conference believes that following the failure of Phase 1 of the 2018 GP contract, the independent contractor model is no longer fit for purpose.

66 (39) That this conference accepts that the 2018 contract has not delivered on its promised outcomes and will not deliver on them even with the time extension granted and therefore

- i. demands a halt in any further local PCIP (primary care improvement plan) negotiations and implementation
- ii. requests that new contract discussions are started with Scottish Government at the earliest convenience
- iii. asks that our next Scottish GP contract to have vision, aspiration and a clear direction of travel, but insists that this must be backed up with detailed service specifications and a level of financial planning commensurate with this.

- 67** (43) That this conference asks in light of the changing landscape of general practice since the introduction of the 2018 contract, that SGPC re-evaluate phase 2 with a renewed focus on reducing workload and create a new plan for phase 2.
- 68** (44) That this conference calls for SGPC and the Scottish Government to move forward with negotiations and delivery of phase two of the 2018 contract.
- 69** (45) That this conference calls on the Scottish Government to fulfil its promised commitment to ensure effective delivery of the 2018 contract and
- i. notes the lack of adequate funding for HSCPs (health and social care partnerships) to further develop PCIP services
 - ii. expresses its disappointment at the slow pace of implementation.
- 70** (46) That this conference believes we have had little analysis of how the contract has worked, and particularly the new expanded MDT (multi-disciplinary team).
- 71** (47) That this conference believes the Scottish GMS Contract 2018 needs further flexibility around implementation in rural/semi-rural practice that function in different ways in their communities and calls on SGPC to ensure that this is possible and for Scottish Government to ensure adequate funding to support it.
- 72** (48) That this conference recognises that geographically challenged areas have been discriminated against by the GMS 2018 contract, compounded with removal of the accrued 2018-2022 underspend and calls on Scottish Government to urgently address this inequality of PCIP delivery across Scotland.

FUNDING

- 73** (85) That this conference notes that the PCIF allocation does not expand as patient numbers do, specifically disadvantaging and under-resourcing practices in boards with growing populations.

WORKLOAD

- 74 (90) That this conference recognises the cost-of-living crisis will result in an increased workload to general practice and calls on SGPC to work with relevant agencies to ensure appropriate support is available for the general public and to practices, to support this workload.
- 75 (92) That this conference believes that if general practice fails, the NHS will die.

PREMISES

- 76 (96) That this conference calls on Scottish Government to mandate all new housing developments to contribute financially to primary care services and give local HSCPs the power to veto new developments where provision would be compromised.

IMMUNISATION/ENHANCED SERVICES

- 77 (101) That this conference appreciates locally enhanced services are outwith SGPCs discretion to negotiate however calls on SGPC to provide guidance to health boards that these contracts should be reviewed regularly with appropriate funding to prevent their loss from general practice workload due to sustainability pressures.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 78 (105) That this conference welcomes pharmacy first plus service development to support a reduction in GP workload however feels it is at such a small scale, it is yet to have impact and calls on the Scottish Government to rapidly expand this service along with the communications to practices and public.
- 79 (106) That this conference maintains that the ongoing failure to implement e-prescribing is having a huge negative impact on the workload and morale of general practice reception and administrative staff, as well as compromising safety. Conference laments Scottish Government progress on this and asks that it takes urgent action to catch up with English and European neighbours.

HEALTHCARE PLANNING AND PROVISION

- 80 (110) That this conference
- i. calls for HSCPs to desist from addressing lack of capacity in general practice with the development of virtual GP practices, believing that virtual practices will simply create a two-tier system of NHS general practice, and ultimately lead to worsening health inequalities.
 - ii. regrets the discussion around virtual practices due to the significant lack of primary care estates investment in areas of high growth.

- 81** (114) That this conference maintains that practices having to retain historical out of area patients is a profoundly inefficient, outdated legacy which compromises capacity in an already overwhelmed system.
- 82** (115) That this conference demands that some attention be paid to whether flow navigation centres have proved to be a good use of resource in all board areas and considers that objective evidence should be used to inform this judgement.
- 83** (116) That this conference acknowledges that any formula to allocate a limited resource towards healthcare will present challenges and differences in opinion and calls for SGPC to ask Scottish Government to commission research into the material effect of recent changes on remote and rural populations and the perceptions surrounding this.
- 84** (117) That this conference recognises the significant additional costs incurred by practices through two additional public holidays appearing during an exceptional year, demands recognition of the impact of this on GP practices, and seeks financial support for practices to mitigate these costs.
- 85** (118) That this conference considers that using practice-employed staff for phlebotomy and chronic disease monitoring should be an option as
- i. provision of CTACS within each individual practice has not so far been possible
 - ii. it would give additional flexibility and the advantage of local, familiar access for these services
 - iii. it would reduce the potential for widening health inequalities, including for the elderly and poor who would be most impacted if needing to travel beyond the practice to access centralised CTACS
 - iv. it is especially suited to high volume, short appointment health care
 - v. travel beyond the practice to access CTACS will have a greater environmental impact.
- 86** (119) That this conference agrees that the wellbeing of workers and safety of patients should be at the heart of public holiday arrangements and
- i. demands that adequate notice is given when these are proposed in order to enable practices to close and out of hours to operate safely
 - ii. acknowledges the confusion and distress that is incurred where inadequate notice has meant that some practices cannot close
 - iii. is supportive of those practices, such as those struggling to balance the books, who may not be able to grant additional paid leave to staff
 - iv. asks SGPC to explore with Scottish Government if there are any measures that could bring harmony.
- 87** (120) That this conference is disappointed that so few of the key Scottish LMC 2021 motions, critical to the success of the new GMS contract, have been implemented – including that there be national agreements around secondary care using an electronic test ordering system for bloods done in primary care and the transfer of resource arrangements for this work.

PRIMARY HEALTHCARE TEAM

- 88 (123) That this conference is concerned that the existing model of remuneration incentivises the development of multi-site practices with few partners, few salaried GPs and many AHPs (allied health professions). That it risks the demise of the longitudinal family practice in favour of transactional practice which is not in patients best interests or the interests of the profession. While we fully support the multidisciplinary model this team must be in addition to not in place of GPs and ask that SGPC incorporates this concern into negotiations for phase 2.

MISCELLANEOUS

- 89 (126) That this conference asks that there is a mandatory obligation for the police to inform practices of a sudden death in the community directly, rather than asking the deceased's next of kin to inform the practice.
- 90 (127) That this conference calls on Audit Scotland to do a full financial analysis regarding services previously provided by general practice and now delivered elsewhere.
- 91 (128) That this conference calls upon Scottish Government to urgently address the disparity of income between Scottish GPs and English GPs.
- 92 (129) That this conference notes the large public interest that was shown in response to the proposal for a Member's Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life and is supportive of SGPC and the BMA providing advice and comment to Scottish Parliament in the event of requests being made for input from organisations who can represent healthcare professionals.

PUBLIC HEALTH

- 93 (131) That this conference recognises that drug deaths in Scotland is a public health emergency and agrees in principle with the findings of the [Changing Lives report](#) by the Drugs death taskforce.
- 94 (132) That this conference deeply regrets that there is no legacy from the recent COVID pandemic that protects the workforce in the future from a high consequence infectious disease spread by aerosol.

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

- 95 (138) That this conference notes that a third of Scottish GPs are aged over 50 and fears that the pension punishment they receive will also deliver a fatal body blow to the future of our general practice.

96

(139) That this conference understands the adverse tax financial situation consequent on the current AA (annual allowance) & LA (lifetime allowance) pension rules. In order to facilitate the retention of senior GPs, conference urges the Scottish Government to

- i. match English financial incentives by compensating any AA/LA tax charges incurred during COVID
- ii. reinstate historic tax-free contribution thresholds.

97

(140) That this conference calls on Scottish Government to use its powers to mitigate the punitive effect of the annual allowance tax rules which affect senior clinicians, including GPs disproportionately. The effect of these tax charges is well documented in dis-incentivising GPs taking on extra roles, or out of hours work and encouraging reduction in hours or early retirement, just at the time when the NHS can least afford a reduction in GP numbers.