

## **NILMC CONFERENCE RESOLUTIONS 2022**

### **PRACTICES IN CRISIS**

That conference calls for an immediate summit to be convened by the Department of Health (DoH) and involving politicians and civil servants at the highest levels to address the current collapse of practices in Northern Ireland.

That conference calls for a freeze of the contract and reinstatement of secured funding that was delivered earlier in the pandemic.

That conference instructs NIGPC to seek from the Strategic Planning and Performance Group (SPPG) a limit on patient migration from practices perceived to be in trouble to enable stability of these practices and a reduction of potential harm to surrounding practices.

That conference calls for increased powers for practices to manage verbally abusive patients with the same measures as physically abusive patients, allowing their immediate removal from practice lists.

That conference directs NIGPC to seek absolute transparency in seeking the wording of Alternative Provider Medical Services (APMS) contracts and the detail around management and staffing spend when Trusts are awarded such contracts. This is sought to ensure that there is equivalence between the funding of a GMS contract before handback and the running of a practice by a Trust under APMS afterwards.

### **GENERAL MEDICAL SERVICES CONTRACT (GMS)**

That conference calls for restoration of GP remuneration, allowing for inflation, to historic levels.

That conference directs NIGPC to seek the views of GPs in Northern Ireland regarding current GP contracting arrangements and initiate negotiations with DoH around the development of practice funding models, to include a full review and reprofiling of Quality Outcomes Framework (QOF), global sum equivalent (GSE) and inflation protected Enhanced Services (ES) funding streams.

That conference calls on our Assembly to return to Government as soon as possible to deliver a ring fenced 3-5 year budget for delivery of health services.

That conference believes that the discrepancy between discretionary maternity payments to GP partners made by the SPPG and the actual cost of locum cover is detrimental to the appointment and retention of female GPs and the wider GP population and instructs NIGPC to negotiate on the provision of a higher rate.

## **PATIENT REGISTRATION**

That conference deplores the delays in the patient registration process by the Business Services Organisation (BSO) and demands a centrally managed system which respects patient choice and ensures that the burden of gathering the required documentation is removed from primary care administrative teams.

## **PREMISES/RUNNING COSTS**

That conference notes with dismay the destabilising effect of rapidly increasing expenses and energy costs and instructs NIGPC to negotiate an urgent package of support measures for practices who are adversely affected by these issues.

## **IT**

That conference deplores the decision of the Department of Health to delay the business case approval for electronic prescribing and instructs NIGPC to withdraw from any discussions about prescribing savings until its approval and a guaranteed timeline for delivery has been put in place.

## **ALTERNATIVE MODELS**

That conference has no confidence that the current GMS contract in Northern Ireland is fit for purpose.

That conference instructs NIGPC to explore the development of alternative models for the delivery of future primary care and to share these with the wider GP community.

That conference asks NIGPC to consider all options in regards future proofing local practices including the current business structure of partnerships which are no longer attractive to new GPs. All options should be explored including limited partnerships, limited companies, not-for-profit organisations etc.

## **MDTS**

That conference demands NIGPC seek from the DOH and SPPG in the absence of a funded and timely MDT roll out plan that they demand the acute and community trusts pivot their services to where the majority of clinical need and contacts occur ie in primary care.

## **WORKFORCE**

That conference welcomes the increase in training numbers this year by 10 extra places, but to address the workforce crises in general practice the conference calls on DoH to continue to increase the training places numbers year on year until we reach 161 trainees per year.

That conference believes that Northern Ireland General Practice needs an agreed plan for increased investment and infrastructure aligned to GP training to specifically include premises accommodation and an uplift in the Supplement for Undergraduate Medical and Dental Education (SUMDE) GP trainer payments.

That conference notes with dismay the loss of trainees to other areas upon completion of training and instructs NIGPC to work with Northern Ireland Medical and Dental Training Agency (NIMDTA) and the DoH to explore options to improve retention.

That conference calls on the DoH and SPPG to publicly acknowledge how hard GPs are working and how many consultations we are doing every day in Northern Ireland and advise the public the reason they cannot get an appointment when they want with a GP is because GPs are an endangered species in Northern Ireland.

## **SESSIONALS**

That conference is disappointed that sessional GPs in Northern Ireland have not all received their COVID special recognition payment and believes it is unfair that part of the workforce throughout the COVID response has been ignored in this way. Conference

i) acknowledges the important role sessional GPs played throughout the COVID pandemic

ii) instructs NIGPC to demand that this missing payment is addressed urgently

iii) believes that, as professionals, sessional GPs are able to self declare what work they undertook during the relevant period to qualify for the payment and that this would be the quickest and easiest method of arranging payment.

## **WAITING LISTS**

That conference instructs NIGPC to demand that the DoH ascertains the true status of waiting list arrangement for patients from referral, awaiting investigation and definitive diagnosis and treatment and review and applies a harmonisation procedure enforced by the commissioner/SPPG that removes the geographical lottery in access to these services.

That conference calls for the clinical governance around the use of independent sector providers in addressing waiting list in initiatives and ongoing provision of care in respect to NHS care be clearly stated by the SPPG and DoH and ensure that the health and social care trusts still remain clinically responsible for the care supplied on their behalf.

## **TRUST INTERFACE**

That conference directs NIGPC to create a memorandum of understanding similar to the recent document produced by the Cheshire and Merseyside Health Authority which seeks to improve the common interface issues between primary and secondary care which are frequently brought to NILMCs for resolution.

That conference directs NIGPC to demand that the DoH enhance the oversight and accountability of Trusts in regard to their current use of Phlebotomy Hubs, where in place and seeks to understand the interface with primary care.

That conference again directs NIGPC to call on DoH and the Chief Allied Health Professionals Officer and Chief Social Services Officer in particular, to address and resolve the variance across Trusts, about what services accept self-referral from patients and which services insist on GP referral.

### **URGENT CARE REVIEW**

That conference instructs NIGPC to demand coherent and integrated policy from the DoH with regards to the reviews and processes presently underway, specifically the Urgent Care Review, No More Silos, and Review of Out of Hours Care.

### **NON GMS**

That conference calls upon the NIGPC

- (i) To re-negotiate all currently agreed third-party report fees to an appropriate level which reflects the time, expertise and risk carried by GPs completing them and takes account of current inflation, and
- (ii) to promote the use of the BMA fee calculator.
- (iii) to negotiate a solution for the unfunded and additional workload on practices as a consequence of GDPR, such as resourcing a dedicated DPO.

### **LMC/GPCUK**

That conference calls for a streamlining of GPCUK so that it truly represents the interests of all four nations and instructs NIGPC to work with SGPC, GPC Wales and GPC England to restructure this committee and redefine its shared purpose.

### **AND FINALLY...**

That conference condemns the political situation that is presently causing clinical harm to patient care in Northern Ireland and prioritising access to cooked meats and Cumberland sausages over and above accessible clinical care.

#### **MOTIONS TAKEN AS A REFERENCE**

##### **PRACTICES IN CRISIS**

That conference directs that the word receptionist is dropped from all NIGPC communications and is replaced with the term care navigator.

##### **GENERAL MEDICAL SERVICES CONTRACT (GMS)**

That conference instructs NIGPC to demand that the SPPG inform Health Trusts that patients with complex needs should not be displaced to primary care without adequate funding (if via a local enhanced service with the relevant caveats in that it has to be agreed) and within the professional competence of the primary care practitioner.

##### **ALTERNATIVE MODELS**

That conference calls on NIGPC to explore the reasons behind the significant increase in the numbers of salaried and locum GPs, and slight reduction in GP principals, using methods such as surveys and focus groups, to report by Easter 2023.