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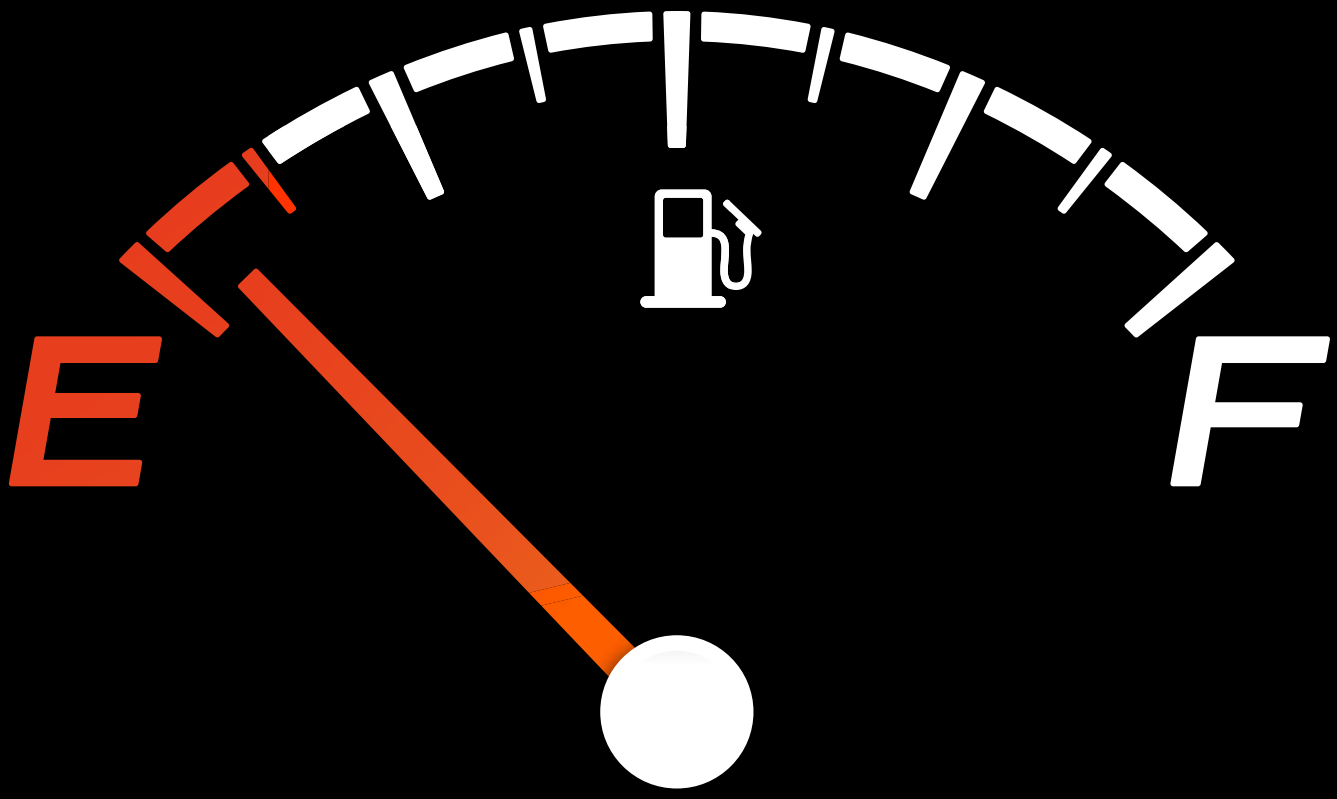
BMA Scotland

Scottish local medical committee conference

Agenda and guide



30 November – 1 December 2023
The Golden Jubilee Conference Hotel, Beardmore Street, Clydebank

#SLMC23

Contents

#SLMC23

Agenda committee members

Alastair Taylor
chair of conference
GP partner in Glasgow since 2001
Treasurer Glasgow LMC
Member of Scottish GPC exec (ex-officio)
Deputy chair of UK LMC conference
Member of GPC England and GPC UK
Fellow of the Royal college of general practitioners

Andrew Thomson
deputy chair of conference
GP partner in Forfar since 2019
Chair Tayside LMC
Chair Tayside area clinical forum
Non-Executive member Tayside health board
Member of Angus integrated joint board
Member of Scottish general practitioners committee
Member of the Royal college of general practitioners

Chris Black
committee member
GP partner in Ayrshire since 2010
Medical secretary Ayrshire and Arran LMC
Member of Scottish GPC and Scottish GPC exec
GPC UK member since 2019
Member of the Royal college of general practitioners

Rachel Fraser
committee member
GP partner in Largs since 2006
Chair Ayrshire and Arran LMC
Chair Ayrshire and Arran area medical professional committee
Member of Scottish general practitioners committee

Waseem Khan
committee member
GP principal Glasgow
Chair Glasgow quality improvement activity group
Vice Chair NE GP / HSCP interface group
Cluster quality lead
GP sub LMC Glasgow

BMA Scottish GP committee negotiators

Andrew Buist
SGPC chair
GP in Blairgowrie since 1993
GPC UK Co-chair
GPC UK member since 2003
Member of BMA Scottish council
Fellow of the Royal college of general practitioners

Patricia Moultrie
SGPC deputy chair
Sessional GP Glasgow since 2002
Medical director, Glasgow local medical committee
Deputy chair of BMA Scottish council
Fellow of the Royal college of general practitioners

Andrew Cowie
SGPC deputy chair
GP in Dundee since 1997
Member of the Royal college of general practitioners
Fellow of the Royal college of physicians, Edinburgh

Welcome from the chair of conference

Dear conference,

I am delighted to welcome you all to the 2023 Scottish LMC conference, "Running on empty", at the Golden Jubilee Conference Hotel.

The SLMC conference offers an important opportunity for GPs from across Scotland to influence the policy of the BMA's SGPC (Scottish GP committee). It is a chance to ensure the SGPC negotiators understand your priorities and concerns and a chance to provide your thoughts and ideas to improve the future of general practice in Scotland. The motions you have submitted, and the policy formed are also communicated to other important stakeholders, including Scottish Government and the NHS health boards.

Conference will begin on Thursday evening, with a pre-dinner reception at 1930 and dinner from 2000. This is a great opportunity to meet and network with the other delegates, and I hope to see you there.

On Friday, we will be debating motions on a wide variety of topics. Starting the debate will be 'recruitment and retention' followed by 'funding/doctors and dentists review body' and 'workload'. There are also motions covering 'contracts and negotiations', 'eHealth', 'education and training' and a wide range of issues affecting general practice that LMCs throughout Scotland want debated.

It is my pleasure to announce that the Cabinet Secretary for NHS Recovery, Health and Social Care Mr Michael Matheson MSP, will be joining us, before lunch, to address conference and answer a few of your questions.

In the afternoon there will also be time for negotiators' questions, where you can pose any questions, you have to our SGPC negotiators, and this year we will hopefully be holding a soapbox session for some free debate from the floor for 10 minutes.

Whether you're a regular or new participant, I hope you will both enjoy conference and get involved, either by proposing one of your LMC's motions or by contributing to the debates. If you're new to conference, I hope you will take the opportunity to attend the training session. It is an honour to be chairing my first conference this year and I would like to thank the agenda committee for their support in putting together what we hope will be an interesting programme.

I very much look forward to both seeing you at conference and hearing your views.

Best wishes,
Alastair Taylor

Programme

Wednesday 29 November 2023

New representatives/refresher training on MS Teams	**1800 – 1830**

Thursday 30 November 2023

Registration	**1700 – 1915**
Pre-dinner reception	**from 1930 – 2000**
Dinner (dress code – semi-formal)	

Friday 1 December 2023

Registration	**0800 – 0830**
Conference agenda	**0830 – 1645**

Tips and things to remember

This agenda and guide

Please read this agenda and guide before conference, which can also be found on the BMA website at https://www.bma.org.uk/what-we-do/local-medical-committees. It contains all of the information that you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to the debates on behalf of your LMC.

Registration at conference

Registration will take place from 1700 to 1915 on Thursday 30 November and from 0800 to 0830 on Friday 1 December. The registration desk is located by the entrance to the conference centre, in the foyer of the Golden Jubilee Conference Hotel. You will be issued with your name badge and your voting card if you are eligible to vote. A supplementary agenda will be accessible via the conference app only, unless you have requested a paper copy of the agenda on completing the email registration form.

Voting on motions

If you are eligible to vote on motions you will receive physical voting cards.
Voting on motions can be 'in parts', where each stem of the motion will be voted on separately or 'en bloc' where all parts of motion are taken in one vote if a motion is written in parts. Motions may in some cases be 'taken as a reference' this would mean that the motion would not be taken as a policy, but the notion of the motion would be carried forward.

When voting is complete the chair will confirm if the vote for the motion was:

- **Carried unanimously**: All of conference voted for the motion
- **Carried**: Majority of conference voted for the motion
- **Carried but taken as a reference**: All/majority of conference voted for the motion, but the motion will not be taken as policy
- **Rejected**: All/majority of conference voted against the motion
- **or if a motion falls**: The vote was not quorate

The conference will need to be quorate for a motion vote to be valid as per standing order

14. Quorum: "No business shall be transacted at any conference unless at least one third of the number of representatives appointed to attend are present." If the count for votes is not quorate then the vote is not valid, and the motion will fall.

Electronic voting at SLMC conference – NemoVote

This year we will be using NemoVote for delegates who are eligible to vote on motions. A **NemoVote quick user guide** will be sent out to voting delegates electronically on the week of conference, along with details of how to log in to the system and instructions on how to vote.

We would like to remind and encourage you to log in to the system in advance of conference to ensure that you are able to access the system with no difficulty.

Please do be careful that when copying and pasting the auto-generated initial password for log in, to not accidentally copy blank spaces as this is the most common reason for not being able to log in. If you have any difficulties with logging in, please contact Caroline Eason on ceason@bma.org.uk.

We will be using NemoVote for motions with close votes and the 'LMC conferences' motions which require a two thirds majority. For all other votes, there is an intention to use physical voting cards for conference votes to ensure quick voting and more time for debate.

SLMC conference app

The conference will be using the SLMC Conference app once again for viewing conference papers. Please download **'The Event App by EventsAir'** on the relevant app store and enter code: **slmc23**.

Please **Log in** with your **email address** and **PIN code** provided to you via the emails you have received.

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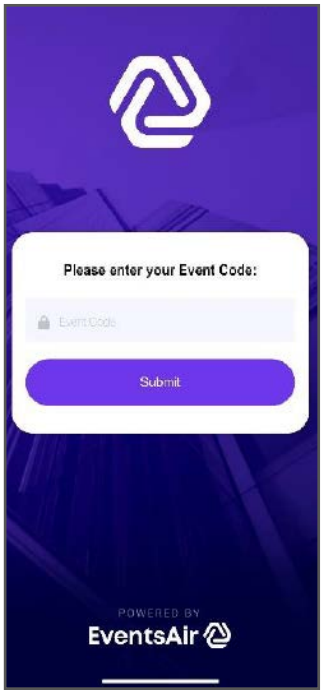

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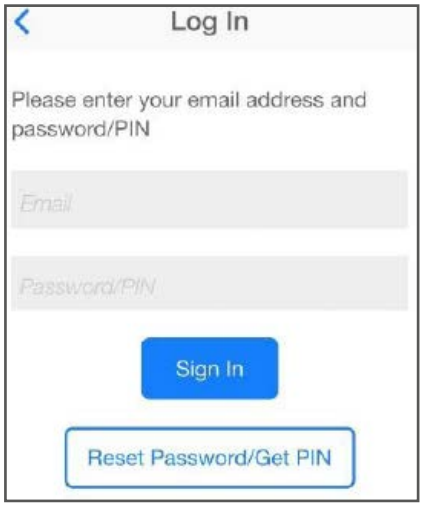

Calls in conference

A reminder that you can make the following calls in conference:

- **Point of information**: A brief point on the motion, such as a relevant fact. This should not be used as a mechanism of debate.
- **Point of order**: If you feel the chair needs to intervene or because a rule has been broken. The decision of the chair is final.
- **Point of query**: If you need to ask the chair a question.
- **Call for reference**: if accepted the motion would not be taken as a policy. Only the notion of the motion would be carried forward.
  "I agree with the spirit of the motion but not with the wording/ actions"
- **Call for parts**: if accepted means that each motion will be voted in parts.
  "I agree with some parts of this motion but not others"
- **Call to vote**: if supported by conference, the motion will be voted on before all speakers have been called. "I have heard enough about this motion to make a decision"
- **Call for next business**: if the chair hears the call and two thirds of conference support, the debate will move to the next motion as though the current motion never happened. The mover will have the right to reply before the vote to move to next business. "This is not appropriate for the conference to discuss or vote on"

Please remember to use the proper etiquette, please raise your card and when noticed by the chair state your name, LMC and point to be raised.

Standing orders

The procedures of the SLMC conference are covered by the Standing Orders, which is available online and in your conference pack. These set out the formal rules of conference and there are times when they need to be rigidly applied. The SLMC conference usually adopts a relatively informal and interactive debating style. This is explained more fully in the Rules of Debate section.

Media coverage at conference

The conference will be webcast as in previous years. You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in the national press. The public affairs team will be available to help you with any press enquiries. They can be contacted via the Scottish public affairs mailbox on: press.scotland@bma.org.uk and will also be at conference and accessible in Inspiration 1.

New representatives/refreshers training on MS Teams

A short training session will be provided by both the SLMC conference chair and deputy chair from 1800 – 1830 on Wednesday 29 November. The training session will be held virtually via MS Teams (details below for your information). This training course is aimed at conference representatives who are attending conference for the first time and observers and guests should not be in attendance.

Join on your computer, mobile app or room device	Join with a video conferencing device	Or call in (audio only)
Click here to join the meeting Meeting ID: 393 617 101 687 Passcode: 3ANnuW Download Teams | Join on the web	183743911@teams.bjn.vc Video Conference ID: 122 519 922 4 Alternate VTC instructions	+44 20 3787 4277, 337044334# UK, London Phone Conference ID: 337 044 334# Find a local number | Reset PIN

We recommend that if you wish to join this session that you arrive early as the session will begin promptly at 1800. We intend to record the session for those who are unable to attend and will send these to all delegates for information. If you have any concerns, please contact Andrea Ma on ama@bma.org.uk.

In advance of the training sessions, we would encourage you to read all papers in advance so you can come equipped with any questions you may have about conference.

Conference expenses and subsistence: for representatives of LMCs only (excluding observers and invited guests)

Individual representatives will not receive expense reimbursement directly from the GPDF, but LMCs will be able to claim for representatives' expenses within the prescribed limits. LMCs are requested to send a single invoice for all costs for which it is seeking reimbursement within two weeks (ideally by 15 December 2023).

For each representative, LMCs will be reimbursed the cost of return rail, or, if appropriate, air fares, to the conference, for single journeys over 50 miles first class rail fares will be claimable.

Overnight accommodation is provided as part of the conference and will not be reimbursed. Dinner is provided as part of the conference and other costs will only be reimbursed for those unable to attend the dinner, but who are travelling the evening before. Dinner costs will also be reimbursed where return home is after 2000 following the conference. (Please refer to GPDF letter within your representative conference pack).

If you have any questions about expenses for conference, please do get in touch with the GPDF at mail@gpdf.org.uk.

Feedback and evaluation on conference

We very much value the feedback and comments you provided and consider them each year in designing the next year's conference. Included in the appendix is our responses to last year's feedback, which we hope you find informative.

We would be grateful and would encourage you to please complete the conference online evaluation form which will be sent to all delegates after the conference. Thank you

Online elections for agenda committee positions

The following elections will take place at this year's conference:
– chair of conference for 2024
– deputy chair of conference for 2024
– three other members of the agenda committee for 2024

How to take part

When nominations open, eligible representatives may nominate themselves using the BMA elections webpage: elections.bma.org.uk

To take part in elections you must have a BMA website account. If you are not a BMA member with a BMA website account, you will need to contact FPC (First Point of Contact) to create a non-member online account either via phone: **0300 123 1233** or email: support@bma.org.uk. This may take some time, so please do this in advance.

It is strongly recommended that representatives obtain a BMA website account in advance of conference to ensure there are no complications on the day. If you do not ensure you have access to your account in advance of the day, there is no guarantee that we can assist you to vote on the day of conference. Please contact conference staff as soon as possible if you have used a different email address to register for conference than your BMA website account.

Further details on the Scottish LMC conference agenda committee elections and eligibility are available in your virtual delegate pack.

Sponsors and exhibitors

This year you can visit stands from a variety of organisations including:

BMA
Cameron Fund
Chase de Vere
GPDF and BB Partners
MDDUS

The Cameron Fund is the GPs' own charity

It is the only medical benevolent fund that solely supports general practitioners and their dependants. We provide support to GPs and their families in times of financial need, whether through ill-health, disability, bereavement, relationship breakdown or loss of employment. We help those who are already suffering from financial hardship and those who are facing it.

The Cameron Fund is a membership organisation with full membership open to GPs and former GPs and associate membership open to GP trainees and those working in the GP profession. Full members can stand for and vote in elections for local Trustees.

Applications are welcome from GPs or former GPs, GP trainees, their families, and dependants. We also welcome referrals from local medical committees and other organisations or individuals who know of someone who needs our help. Applicants do not need to be members of the Cameron Fund.

At the last SLMC conference in 2022, we raised a total of £904 and hope to beat this target this year. We are incredibly grateful for all donations and donations can be made here: https://cafdonate.cafonline.org/24285

Thank you.

www.cameronfund.org.uk

GPDF

The GPDF exists to ensure representation, influence and support for Local Medical Committees, GPs and general practice.

GPDF Limited has its roots in the early 20th century when its predecessor organisation, initially called The Insurance Defence Fund was founded in 1911. The remit, structure, focus and name (variously General Medical Services Defence Trust and General Medical Services Defence Fund Ltd), has changed and evolved several times over the years but always with a common purpose to support the best interest of publicly funded general practitioners.

GPDF is a company limited by guarantee, consisting of members who are nominated from LMCs across Great Britain with a Board of Directors, the majority of whom are or have been GPs and elected by members (i.e. LMCs). A minority of Directors are appointed for their skills or experience in other sectors. (i.e. non-medical). The principal activities of the GPDF are in providing funds to enable GPs to represent their colleagues at national level.

Currently the BMA does not recompense or compensate attenders at committee and other meetings, for the first 12 meetings. Given the status of GPs as independent contractors or employees in small organisations, the BMA arrangement is a significant disincentive to GPs to become involved in this type of activity. Therefore, the GPDF currently provides a grant to BMA to remove any disincentive and to encourage GP engagement in representation activity.

There are four policy making LMC conferences a year (UK, England, Scotland and Wales) all of which are important sessions to enable LMC Representatives to come together to debate issues of importance to general practice. A further conference for LMC Secretaries is held each year to facilitate mutual development and joint working for LMCs and the GPC. GPDF not only pays for the venue to hold each conference, it also funds travel and accommodation expenses for representatives of LMCs.

Conference Format

The agenda

The agenda is divided into sections. Each section is allocated a time slot and the chair will try to ensure that as many motions as possible are debated in each section.

Some motions have been bracketed together with a heavy black line in the left-hand margin. One of these motions might have an asterisk. The chair will lead conference to debate the asterisked motion although the debate will cover all motions in the bracket.

Some motions will have been re-written or combined by the agenda committee prior to issuing the agenda to try and highlight the key points of similar motions. In this case, the LMC whose motion is printed immediately under the agenda committee motion, will be invited to open the debate.

Some motions have been greyed out and placed at the bottom of their section of the agenda. It is anticipated by the agenda committee that there will not be enough time to reach these motions and therefore that they may not be debated.

There are also motions in the agenda that are prefixed with a letter 'A'. These are motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of the SGPC as being non–controversial, self-evident, or already under action or consideration.

There are sometimes also motions prefixed with the letters 'AR'. These are motions which the chair of the BMA Scottish GP committee is prepared to accept without debate as a reference to the SGPC.

The agenda also includes sections for a report from SGPC chair, keynote address by the cabinet secretary of NHS recovery, health and social care and a section for asking the negotiators questions. This year we have included time for a soapbox session where any representative can talk for up to one minute on a topic not included in the agenda.

Amendments

LMCs and representatives are welcome to send amendments to any of the motions in the agenda. These should be sent to mweatherston@bma.org.uk **by 1200 on Tuesday 28 November.** Amendments submitted after this time should be given to a member of the agenda committee in writing. Amendments at the conference can be accepted up to **0800 on Friday 1 December**, for items to be debated in the morning session and up to **1200 for afternoon items**.

LMCs can also send in new motions about any issue which has arisen since the closing date for motions. These should be sent by email to mweatherston@bma.org.uk by **1200 on Tuesday 28 November**. The agenda committee will then make recommendations about how this new material should be fitted into the agenda and to the timetable.

Timetable

An important part of the first business of the conference is to agree the proposed timetable and the structure of agenda. If you do not wish to accept the agenda committee's proposals, please be ready to present your case. Prior notification to the agenda committee would be very helpful in this instance. If a representative is dissatisfied with the timetable or the way in which the motions are dealt with, this should be discussed with members of the agenda committee in the first instance who will be able to help.

Questions for the cabinet secretary

Please note that if you have any questions for the cabinet secretary for NHS recovery, health and social care, Mr Michael Matheson MSP, we will be requesting that these be submitted in advance of conference. We will be approaching LMC secretaries to submit two to three questions from their LMCs and the proposer of the question, for consideration and prioritisation for the cabinet secretary to answer. In addition, the cabinet secretary will be joining conference for lunch, and we will also be requesting that LMCs provide the name of one representative who will be attending conference and can sit with the cabinet secretary and would be happy to speak on behalf of your LMC.

We would request your LMC secretary to send in the question and the name of who will pose the question, as well as the name of the individual who will represent your LMC at lunch to mweatherston@bma.org.uk with the **subject 'Cabinet secretary question' by 1200 on Wednesday 29 November**.

Please understand that we will have a limited time for questions so will likely only take a few pre-considered questions and then allow some questions from the floor. The chair will ask members to pose the pre-considered questions or questions from the floor to the cabinet secretary. If you have been asked to speak, when a roving mic reaches you, please introduce yourself, your LMC, **declare any conflicts of interest**, before posing your question to the cabinet secretary.

Lobbying

A reminder that if LMC representatives, as individuals are not paid to represent their organisation then they are exempt from requiring to report on lobbying, as regulated lobbying would not apply to them.

However, in instances where LMC representatives *"are paid and representing the views of your organisation (or those of a third party)"*, as noted in step 4 of the lobbying register guidance, regulated lobbying would apply.

In addition, step 3: *"you used the opportunity to inform or influence decisions on behalf of your organisation (or those you represent)"* of the 5 key steps to regulated lobbying would potentially also apply to LMC representatives. Step 3 largely depends on the nature of the conversation had with particular individuals (ie MSPs, member of the Scottish Government (Cabinet Secretaries and Scottish Law Officers, junior Scottish minister, Scottish Government special adviser or Scottish Government's Permanent Secretary (aside from Special Advisers, the only civil servant covered by regulated lobbying within the Act)) during any activity which matters.

Unfortunately, the individual Conference representative or LMC would need to make a judgement whether to record a conversation under lobbying register or not, keeping in mind that recording regulated lobbying is a legal requirement. You should be aware that if the person you had the discussion with considered that they were 'lobbied', then they may well expect to see that instance recorded on the Lobbying Register. However, as the Scottish LMC (GP) Conferences are largely discussing GP policy, any conversations had at conference would likely need recorded. This can be done retrospectively after conference.

Questions for the BMA Scottish GP committee negotiators

For questions to the BMA Scottish GP committee negotiators, we will be asking delegates to raise their hand if they have a question, and the chair will request for you to speak when a roving mic reaches you. Please introduce yourself, and your LMC, and **declare any conflicts of interest**, before posing your question to the SGPC negotiators.

Rules of debate

There are no speakers' slips however the agenda committee will need to be informed by LMCs about who is proposing each of their motions by **Monday 27 November 2023**. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from representatives who signal to the chair that they wish to speak. BMA staff will be in the room with roving mics to ensure that you are heard. The chair might ask who wants to speak for or against a motion, so that a balanced view is put across. Guests that have observer status and are not permitted to speak at conference. When the chair asks representatives to vote, please use your physical voting cards to vote. The chair will initially ask for votes for, then votes against, and then votes abstaining.

If you are opening a debate (proposer) and speaking to a bracketed motion or asterisked bracketed motion, you can refer to your own LMC motion when speaking but should be prepared to speak to all parts of the asterisked lead motion. It is not good practice to either ignore part of the lead motion or to actively disagree with it.

It may be proposed that a motion, if passed by conference, is taken as a reference. This means that the motion would not constitute conference policy, but that SGPC would consider how best to take forward the sentiment of the motion.

Timetable constraints apply to all speeches. Three minutes are allowed for the proposer and two minutes for each speaker from the floor and this is indicated by 'traffic lights' located adjacent to the speakers' podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.

Conflict of Interest

A reminder that if you are speaking at conference as proposer (or a representative who is speaking to a motion) or for or against a motion and believe that there may be a conflict of interest, then you should declare this to conference.

A conflict of interest may be, for example, if the delegate is a member of an organisation which is mentioned in the motion, or if the motion advocates a paper written by the delegate.

The Agenda Committee

The agenda committee members are located at the back of the auditorium. If you have any questions regarding conference on the day, please do not hesitate to approach one of the members of the agenda committee.

Soapbox

We have provisionally set aside time for soapbox this year, which will allow time for some free debate from the floor for 10 minutes. If you wish to speak to the Soapbox session - please queue by the lectern from 1530 when requested by the chair of conference. Please note that we are allocating all speakers 1 minute each.

TIMETABLE

Timetable
Schedule of business – 1 December 2023

*Please note that this timetable is subject to change on the day of conference

Time	Subject
0830	Opening remarks Return of representatives Minutes Standing Orders Report of the Agenda Committee
0850	Report of the Chair of SGPC
0905	Recruitment and retention
0920	Funding/doctors and dentists review body
0955	Workload
1010	Prescribing, pharmacy services and dispensing
1020	eHealth
1035	Environmental
1045	Contracts and negotiations
1135	Education and training
1150	Workforce/wellbeing
1200	Keynote speaker: Michael Matheson MSP, cabinet secretary of NHS recovery, health, and social care
1230	**Lunch**
1330	Mental health services
1345	Public messaging
1400	Negotiators' Q&A session
1415	Maternity, paternity and adoption leave
1425	Healthcare planning and provision
1440	Immunisation/enhanced services
1455	Premises
1505	LMC conferences
1520	Superannuation/review of the NHS pension scheme
1530	Soapbox
1540	Primary healthcare team
1550	Miscellaneous
1600	Primary/secondary care interface
1610	Private providers
1630	Closing remarks

Agenda

0830 RETURN OF REPRESENTATIVES

1 **The Chair:** That the delegate list be received.

MINUTES

2 **The Chair:** Receive the minute of the conference held on 2 December 2022 as approved by the Chair of conference in accordance with standing order 24.

STANDING ORDERS

3 **The Chair:** That the following amendments be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2023, to do the following:
– Update of standing orders to reflect and clarify current practices
– Improve understanding of the sentiments of standing orders

Amendment of 3. (c) as follows:
3. Membership

(c) The following may attend in a non-voting capacity:

(i) Chair/joint chair SGPC
(ii) Deputy/ joint deputy chair SGPC
(iii) Co-negotiator SGPC
(iv) Chairs of UK, NI, Wales, and England LMC conferences
(v) Chair BMA Scottish council
(vi) Chair Scottish council RCGP
(vii) Members of SGPC who are not providers or performers of primary medical services
(viii) Members of the agenda committee if not representatives
(ix) Chairs of GPC UK, NI, Wales, England, Sessional and Trainee Committees

Amendment of 7. (c) as follows:
7. motions to amend standing orders

(c) The SGPC shall inform, no less than 42 days before the conference, all LMCs of all such motions.

Amendment of 12. as follows:

12. Allocation of Conference time

(a) The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.

(b) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.

(c) Soapbox session:

(i) A period may be reserved for a 'soapbox' session in which representatives are given up to one minute to present to conference an issue which is not covered in the agenda.
(ii) Other representatives shall be able to respond to the issues raised during the soapbox session, or afterwards via means to be determined by the agenda committee.
(iii) Representatives wishing to present an issue in the soapbox may be requested to complete the form provided and hand to a member of the agenda committee at the time of the debate.

(d) Grouped motions, which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.

REPORT OF THE AGENDA COMMITTEE

4 **The Chair:** That the following report of the agenda committee be approved:
The agenda committee is charged under section [12(a)] with the allocation of time blocks. Having considered the motions submitted for inclusion in the agenda, the committee has recommended a starting time of certain blocks of motions (to follow).

0850 REPORT OF THE CHAIR OF THE SCOTTISH GPC

5 **The Chair (on behalf of the Agenda Committee):** Receive report from the chair of BMA (SGPC) Scottish GP committee.

0905 RECRUITMENT AND RETENTION

* 6 **Agenda Committee to be proposed by Ayrshire and Arran:** That this conference welcomes (RCGP) Royal College of General Practitioners "Retaining our GP Workforce in Scotland" report in December 2022 and calls on the Scottish Government to acknowledge the current recruitment, retention and partnership sustainability crises and

i. believes urgent interventions are required to maintain the GP partnership model in Scotland
ii. demands immediate financial cover for absent GP clinical staff
iii. demands that there is full compensation for locum cover required by a practice
iv. asks SGPC to prompt the Scottish Government for a formal response to the RCGP report and to adopt the recommendations set out in it
v. asks that there is an urgent implementation of a fit-for-purpose alternative to the (SIPS) stay-in-practice-scheme in order to reduce the loss of yet more experienced GPs.

7 **Ayrshire and Arran:** That this conference calls on the Scottish Government to acknowledge the current recruitment, retention, and partnership sustainability crises and

i. believes urgent interventions are required to maintain the GP partnership model in Scotland
ii. demands immediate financial cover for absent GP clinical staff
iii. demands that there is full compensation for locum cover required by a practice
iv. believes GP practitioners should have flexibility about the amount of work they choose to pension
v. asks that there is an urgent implementation of a fit-for-purpose alternative to the SIPS in order to reduce the loss of yet more experienced GPs.

8 **Grampian:** That this conference welcomes RCGP "Retaining our GP Workforce in Scotland" report in December 2022 and asks SGPC to prompt the Scottish Government for a formal response and to adopt the recommendations set out in the report.

9 **Lothian:** That this conference asks that, as there is currently no retention scheme for older GPs following the disbanding of the SIPS, there needs to be urgent implementation of a fit-for-purpose alternative in order to reduce the loss of yet more experienced GPs.

* 10 **Agenda Committee to be proposed by Glasgow:** That this conference demands a national grass roots approach to GP, practice and (PCIP) primary care improvement plan staff recruitment and calls:

i. on Scottish Government to recognise that there is a recruitment and retention crisis in general practice in Scotland
ii. for collaboration between all secondary schools, undergraduate and postgraduate centres for education to address the recruitment crisis
iii. for GP leadership and representation at all stages of trainee GPs' medical training
iv. on Scottish Government to urgently engage with SGPC to explore what emergency supportive measures can be put in place to support practices
v. on Scottish Government to develop a workforce plan for primary care, recognising that the existing plan has failed to even maintain GP whole time equivalent numbers.

11 **Glasgow:** That this conference demands a national grass roots approach to GP, practice and PCIP staff recruitment and calls for:

i. collaboration between all secondary schools, undergraduate and postgraduate centres for education to address the recruitment crisis
ii. GP leadership and representation at all stages of trainee GPs' medical training.

12 **Fife:** That this conference calls on Scottish Government to recognise that there is a recruitment and retention crisis in general practice in Scotland and calls on them to:
i. urgently engage with SGPC to explore what emergency supportive measures can be put in place to support practices
ii. develop a workforce plan for primary care, recognising that the existing plan has failed to even maintain GP whole time equivalent numbers.

0920 FUNDING/ DOCTORS AND DENTISTS REVIEW BODY

13 **Ayrshire and Arran:** That this conference believes that the Scottish Government have taken decisions that have significantly affected practice funding and
i. believes that despite this, general practice has continued to deliver more
ii. believes that this is making it more challenging to retain staff in practice
iii. believes that GP partners are personally funding the shortfalls
iv. demands an immediate reversal to this erosion and provision of adequate funding to practices.

* 14 **Agenda Committee to be proposed by Grampian:** That this conference is utterly despondent that, not only was GMS uplift for the past two years below inflation but the failure to uplift the expenses element in line with agenda for change pay awards and cost of living increases for bills meant that GPs received larger real term pay cuts than their consultant colleagues and
i. calls for the return to the well-established practice of uplifting non-staff expenses in line with inflation
ii calls on SGPC to negotiate with the Scottish Government for an annual uplift to GP expenses in line with CPI with an agreed point in the year the rate is taken
iii. calls on SGPC to negotiate with the Scottish Government to ensure in the future that GP practices will always receive funding to give our staff at least the same cost of living pay rise as Agenda for Change staff
iv. demands that GP contractors receive the same net pay rise as employed GPs and consultants, to avoid even greater recruitment issues into general practice.

15 **Grampian:** That this conference is appalled that all practice staff did not automatically receive the equivalent of the agenda for change pay uplift and feels it is vitally important for the survival of general practice that this uplift is delivered equally and consistently on an annual basis, ring-fenced in addition to the global sum.

16 **Grampian:** That this conference is aware of the risk to the survival of the independent contractor model and calls on SGPC to negotiate with the Scottish Government an annual uplift to GP expenses in line with CPI with an agreed point in the year the rate is taken.

17 **Glasgow:** That this conference notes with dismay the recent pay awards and the impact this has had on GP and staff recruitment, retention, and morale and
i. calls for the return to the well-established practice of uplifting non staff expenses in line with inflation
ii. demands that practice staff are respected and valued by the Scottish Government through a fully funded staff expenses uplift.

18 **Fife:** That this conference is utterly despondent that, not only was GMS uplift for the past two years below inflation but the failure to uplift the expenses element in line with agenda for change pay awards and cost of living increases for bills meant that GPs received larger real term pay cuts than their consultant colleagues and calls on Scottish Government to immediately correct and backdate the error.

19 **Tayside:** That this conference is dismayed that independent GP contractors are likely to see little or no pay uplift as per the (DDRB) doctors and dentists review body recommendation, due to insufficient funding into practices to fund the pay rises expected for employed staff and salaried GPs and demands that GP contractors receive the same net pay rise as employed GPs and consultants, to avoid even greater recruitment issues into general practice.

20 **Lothian:** That this conference demands an urgent review of the annual GMS uplift to include not only DDRB recommendations but also that uplifts in the global sum to meet GMS:
i. staff expenses should take full account of all recent pay rises negotiated by NHS staff engaged on Agenda for Change pay scales
ii. non-staff expenses should take full account of the inflationary increases in costs that have occurred each year.

21 **Forth Valley:** That this conference asks SGPC to negotiate with the Scottish Government to ensure in the future that GP practices will always receive funding to give our staff at least the same cost of living pay rise as Agenda for Change staff.

22 **Glasgow:** That this conference condemns the chronic underfunding of general practice in Scotland both in absolute terms and as a percentage of total NHS spending in Scotland and

i. recognises that this has resulted in significant funding degradation for GP practices
ii. demands that the Scottish Government engages meaningfully with SGPC to address this underfunding and agree a plan towards funding restoration for GPs
iii. in the event the Scottish Government fails to engage, urges SGPC to develop a range of potential options for collective/industrial action and present these to members.

23 **Borders:** That this conference is concerned the relationship between SGPC and Scottish Government is broken and that Scottish Government have no interest in the long-term security of general practice. This conference calls on SGPC to:

i. review the benefit of an ongoing dialogue with Scottish Government given the failure of Scottish Government to prioritise sufficient and sustainable investment in general practice
ii. look at an alternative approach for SGPC to progress the primary care agenda.

* 24 **Agenda Committee to be proposed by Grampian:** That this conference feels the Scottish Government is consistently failing the health of Scottish residents and calls on SGPC to work with relevant agencies including the Scottish Government to:

i. produce a paper on the impact that a poorly funded general practice has on patient's morbidity and mortality
ii. acknowledge that one solution is reprioritisation of NHS funding into primary care from secondary care and then form an action plan to support this work.

25 **Grampian:** That this conference feels the Scottish Government is consistently failing the health of Scottish residents and calls on SGPC to work with relevant agencies including the Scottish Government to produce a paper on the impact of a poorly funded general practice has on patient's morbidity and mortality.

26 **Grampian:** That this conference feels the Scottish Government is consistently failing the health of Scottish residents and calls on SGPC to work with the Scottish Government to acknowledge that one solution is reprioritisation of NHS funding into primary care from secondary care and then form an action plan to support this work.

27 **Highland:** That this conference wishes for the independent contractor model to be funded in a way that makes it viable going forward.

28 **Fife:** That this conference believes that, in these times of increased sustainability problems facing practices, that there should be a financial solution to help practices merge but be able to retain any partners without penalty.

29 **Lothian:** That this conference believes that Scottish Government does not comprehend how damaging the withdrawal of promised funding has been on GP morale and needs to urgently reinstate this if we are to avoid a worsening retention crisis.

30 **Lothian:** That this conference contends that, while allocating £19m of (PCIF) primary care improvement fund monies for Agenda for Change staff is advantageous for one group of primary care workers, it is insulting and demoralising for the rest.

0955 WORKLOAD

* 31 **Agenda Committee to be proposed by Grampian:** That this conference welcomes the BMA safe workload guidance and

i. calls on the BMA to continue exploring other options available to practices to protect themselves from excessive workload
ii. calls on the Scottish Government and health boards to publicly acknowledge there are limits to what GPs can safely undertake, that lack of capacity leads to safe limits being exceeded and patients may have to wait longer for appointments at their GP practice
iii. calls on SGPC to work with the GMC and relevant authorities to provide protection for practices against patient harm and complaints directly relating to access
iv. instructs SGPC to work with the relevant agencies to produce a paper highlighting the likely effects to accident and emergency and out of hours services of all GPs working to the BMA safe workload guidance.

32 **Grampian:** That this conference welcomes the BMA safe workload guidance but acknowledges that some practices have struggled to implement this due to the potential harm to patients and the risk of increasing complaints and calls on SGPC to work with the GMC and relevant authorities to provide protection for practices against patient harm and complaints directly relating to access in relation to PCIP services.

33 **Grampian:** That this conference welcomes the BMA safe workload guidance and is aware not all practices have implemented it therefore instructs SGPC to work with the relevant agencies to produce a paper highlighting the likely effects to accident and emergency and out of hours services of all GPs working to the BMA safe workload guidance of 25 patient contacts per day (dependant on level of complexity).

34 **Glasgow:** That this conference values the work that the BMA has undertaken to assist practices, with actions to protect themselves from excessive workload, including the publication of safe working guidance, and calls on the BMA to continue exploring other options available to practices.

35 **Glasgow:** That this conference calls on the Scottish Government and health boards to publicly acknowledge that with regard to workload in general practice:

i. there are limits to what GPs can safely undertake
ii. lack of capacity leads to safe limits being exceeded
iii. patients may have to wait longer for appointments with their GP practice, just as they do for appointments with secondary care.

* 36 **Agenda Committee to be proposed by Lothian:** That this conference reflects that the latest GMC survey shows that GPs are the professional group most likely to burn out, is concerned about the unsustainable workload in general practice and

i. calls on the Scottish Government urgently address workload issues and contain workload to safe levels before GPs are forced to do that themselves
ii. calls on the Scottish Government to put in place separate services and contractual frameworks to deal with unscheduled care and minor illness
iii. believes that Scottish Government has failed to implement systems to curb un-resourced workload movement from secondary to primary care, and that this is now compromising general practice 'core business'
iv. calls on Scottish Government to reintroduce and upscale NHS24 daytime triage to allow any practice that would benefit from this support to access
v. calls for the development of a national document clarifying the role of general practice in Scotland, in particular describing work that is NOT part of the GP role.

37 **Lothian:** That this conference believes that Scottish Government has failed to implement systems to curb un-resourced workload movement from secondary to primary care, and that this is now compromising general practice 'core business', a major failure of vision and strategy.

38 **Lothian:** That this conference reflects that the latest GMC survey shows that GPs are the professional group most likely to burn out and therefore requires Scottish Government to:

i. urgently address workload issues and contain workload to safe levels before GPs are forced to do that themselves
ii. agree a list of work that GPs should not be expected to do for free on behalf of hospitals.

39 **Ayrshire and Arran:** That this conference is concerned about the unsustainable workload in general practice and the recruitment and retention crisis and calls on the Scottish Government to put in place separate services and contractual frameworks to deal with unscheduled care and minor illness to allow practices to focus on scheduled care and complex medical management.

40 **Fife:** That this conference believes that the current balance of workload and GP numbers is unsustainable and there is imminent risk of practices failing over the winter and calls on Scottish Government to reintroduce and upscale NHS24 daytime triage to allow any practice that would benefit from this support to access it either short term at times of crisis or on an ongoing basis. This should not be seen as an alternative to investment in increasing GP numbers but as an extra supportive measure.

41 **Borders:** That this conference condemns the impact of increasing workload upon the ability of general practice to provide safe patient care and, given this, calls upon conference to:
i. reaffirm the essential purpose of general practice; to manage patients who are, or believe themselves to be ill, terminally ill or suffering from chronic disease
ii. support the development of a national document clarifying the role of general practice in Scotland, in particular describing work that is NOT part of the GP role
iii. direct SGPC to propose the adoption of the GP role document by the Scottish health boards.

A 42 **Grampian:** That this conference is distraught that after six previous conference motions from 2020-2022 there has still not been a satisfactory national patient facing communication regarding the changes to the GMS contract and the potential changes/impact on patients and calls on SGPC to produce an update paper of where this work is at and ensure this communication goes out in 2023/24.

A 43 **Lothian:** That this conference calls for all general practices to have the option of asking an alternative provider to undertake patient assessments requested during the in-hours period when practices have not had the capacity to undertake the work themselves prior to 1830 hours.

1010 PRESCRIBING, PHARMACY SERVICES AND DISPENSING

* 44 **Agenda Committee to be proposed by Fife:** That this conference believes that the electronic transmission of prescriptions is essential to the running of an efficient health system and
i. is appalled by the lack of investment by Scottish Government in electronic prescribing
ii. believes the lack of investment by Scottish Government is further damaging the patient journey, the economy, and the environment
iii. calls on Scottish Government to urgently progress this long overdue facility which is essential to progress primary care transformation.

45 **Fife:** That this conference believes that the electronic transmission of prescriptions is essential to the running of an efficient health system and calls on Scottish Government to urgently progress this long overdue facility which has been functioning in NHS England for many years.

46 **Tayside:** That this conference is disappointed in the continued failure of Scottish Government to deliver a fully electronic system for prescribing in Scotland which continues to inappropriately waste clinical and financial resource whilst maintaining a deleterious effect on the environment and calls for this to be delivered as a matter of urgency.

47 **Lothian:** That this conference is appalled by the lack of investment by Scottish Government in electronic prescribing, further damaging the patient journey, the economy, and the environment.

48 **Glasgow:** That this conference expresses concern at the continued lack of implementation of an e-prescribing system in Scotland, which is essential to progress primary care transformation, and calls on the Scottish Government to invest sufficient resource to ensure that this development is delivered urgently.

49 **Grampian:** That this conference welcomes the pharmacy first plus service to aid reduction of GP workload however recognises the rollout is delayed due to a lack of (DPP) designated prescribing practitioners and calls on SGPC to negotiate with the Scottish Government for funding and training for DPP work to aid the rollout of pharmacy first plus.

1020 EHEALTH

* 50 **Agenda Committee to be proposed by Tayside:** That this conference following the disastrous rollout of the SCI Gateway update, asks the Scottish Government to:

i. ensure the development of clinical IT systems involves end users at every stage
ii. direct robust and comprehensive testing of all IT developments prior to release, including live system testing
iii. be required to sign off any upgrades that have national impact
iv. undertake open and transparent significant event review when systems fail
v. underwrite any litigation claims that occur as a result and ensure clinicians are protected against regulatory consequence.

51 **Tayside:** That this conference following the disastrous rollout of the SCI Gateway update, asks the Scottish Government to:

i. ensure the development of clinical IT systems involves end users at every stage
ii. direct robust and comprehensive testing of all IT developments prior to release, including live system testing
iii. be required to sign off any upgrades that have national impact
iv. undertake open and transparent significant event review when systems fail
v. acknowledge the clinical risks and whole system safety issues that failure to do this causes.

52 **Lothian:** That this conference demands a full investigation into the catastrophic roll-out of the SCI-gateway R21 update, and that Scottish Government underwrites any litigation claims as a result and that clinicians are protected against regulatory consequence.

* 53 **Agenda Committee to be proposed by Tayside:** That this conference asks that patient access to parts of their electronic medical record is developed; empowering patients to take responsibility for their own health related needs:

i. and demands the Scottish Government develops a patient-friendly digital health record, using best practices from other countries
ii. to include the current medication
iii. to include anticipatory care plans and the key information summary
iv. to include key diagnoses
v. to include prospective consultation notes.

54 **Tayside:** That this conference demands the Scottish Government develops a patient-friendly digital health record, using best practices from other countries, to:

i. reduce widening health inequalities between devolved nations
ii. reduce the administrative burden on GP practices when patients need to seek their own health information
iii. empower patients to take responsibility for their own health related needs by accessing their own health record.

55 **Forth Valley:** That this conference asks that patient access to parts of their electronic medical record is developed to include the:

i. current medication
ii. anticipatory care plans and the key information summary
iii. key diagnoses
iv. prospective consultation notes.

AR 56 **Forth Valley:** That this conference asks Scottish Government to develop a system that would provide a patient with accurate real time information about the status of their referral.

57 **Highland:** That this conference expresses concern about the inconsistency of IT support available to general practices, too often called upon due to the mandated use of bespoke, legacy and end-of-life IT systems, and asks SGPC to press for better orchestration of support from NHS (NSS) National Services Scotland, territorial boards and IT suppliers.

58 **Highland:** That this conference is appalled at the level of additional strain put upon general practice staff when IT systems mandated for patient care fail and asks that boards have suitable contingency plans in place and can make available sufficient resource to practices.

59 **Highland:** That this conference is not satisfied with the user experience that clinicians have when using SCI Gateway and asks SGPC to seek better technology that can improve the safety and efficiency of making referrals electronically.

60 **Fife:** That this conference recognises the work of the GP IT reprovisioning team in progressing a modern GP IT system which will move to a modern hosted environment for both document management and GP clinical systems but calls on Scottish Government to:
i. recognise the scale of this change to practices in the context of a workforce crisis and unsustainable demand
ii. ensure boards are given adequate resource to develop infrastructure and support practices throughout and beyond this transition.

1035 ENVIRONMENTAL

* 61 **Agenda Committee to be proposed by Highland:** That this conference calls for an action plan for primary care and climate change and believes that GP practices should:
i. work collaboratively with boards and (HSCPs) health and social care partnerships
ii. improve practice wellbeing through green/wellbeing spaces
iii. encourage a whole team approach to the climate crisis
iv. reduce the volume of material waste generated in general practice, and improve how it is separated and processed
v. be supported financially to help achieve changes.

62 **Highland:** That this conference is confident that with the right support from boards that practices can reduce the volume of material waste generated in general practice, improve how it is separated and processed and help our NHS become more sustainable, and asks for SGPC to push for practices to be provided with assistance in pursuit of this.

63 **Glasgow:** That this conference calls for an action plan for primary care and climate change and believes that GP practices should:
i. work collaboratively with boards and HSCPs
ii. improve practice wellbeing through green/wellbeing spaces
iii. encourage a whole team approach to the climate crisis
iv. be supported financially to help achieve changes.

A 64 **Glasgow:** 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.

1045 CONTRACTS AND NEGOTIATIONS

* 65 **Agenda Committee to be proposed by Highland:** That this conference recognises the failure of the Scottish GMS contract to fully achieve the shared vision as set out in 2017, and
i. implores health boards to be candid with Scottish Government about the extent of gaps
ii. asks that Scottish Government recognise this situation and demands that these reformed services are adequately funded
iii. seeks renewed engagement from SGPC and Scottish Government towards "phase 2"
iv. demands further polling to be conducted with GPs to inform next steps
v. calls for Scottish Government to increase the GMS funding envelope to resource practices for the 800 additional GPs they are committed to delivering.

66 **Highland:** That this conference recognises the failure of the Scottish GMS contract to fully achieve the shared vision as set out in 2017, and
- i. implores health boards to be candid with Scottish Government about the extent of gaps
- ii. asks the Scottish Government to also recognise this situation
- iii. demands that these reformed services are adequately funded
- iv. seeks renewed engagement from SGPC and Scottish Government towards "phase 2"
- v. demands further polling to be conducted with GPs to inform next steps.

67 **Ayrshire and Arran:** That this conference is aware of the Scottish Government commitment to 800 additional GPs and calls on the Scottish Government to increase the GMS funding envelope to resource practices to increase their GP sessional compliment.

68 **Glasgow:** That this conference calls for the Scottish Government to commit to adequately funding the PCIF to allow the full delivery of (MoU) memorandum of understanding services for the provision of all services to all practices.

69 **Fife:** That this conference believes that the progress in fully implementing the services included in the GMS 2018 contract offer has been too slow, too limited, inequitable, and inefficient and calls upon Scottish Government to engage with SGPC in agreeing a plan to maximise these services to support GPs in performing the expert medical generalist role that they are not currently being allowed to do because they are covering the work the GMS 2018 services should have removed.

* 70 **Agenda Committee to be proposed by Tayside:** That this conference believes that, despite MOU2 having been issued, health boards remain unclear as to what pharmacotherapy and (CTAC) community treatment and care services should constitute and
- i. deplores the fact that Scottish Government Directions to health boards for the provision of CTAC and pharmacotherapy services are still not in place
- ii. asks that a firm date for this to happen is agreed in negotiation with SGPC
- iii. calls on Scottish Government to immediately reinstate and backdate transitionary payments to practices to compensate practices for having to continue to provide this service which has been removed from the GMS contract
- iv. calls for payment of an 'item of service' fee for all pharmacotherapy services that continue to be performed by general practitioners or their directly employed staff.

71 **Tayside:** That this conference deplores the fact that Scottish Government Directions to health boards for the provision of CTAC and pharmacotherapy services are still not in place and formal transfer of responsibility nationally of this work from practices under the GMS contract 2018 has still not taken place and asks that a firm date for this to happen is agreed in negotiation with SGPC.

72 **Fife:** That this conference believes that, despite MOU2 having been issued, health boards remain unclear as to what pharmacotherapy and CTAC services should constitute. We ask that Scottish Government provide this direction with immediate effect to allow health boards to attempt to deliver the required services, and practices may plan ahead with regard to their own workforce.

73 **Fife:** That this conference believes that the pharmacotherapy service has failed to deliver according to the specification in the GMS 2018 contract offer or memorandum of understanding and calls on Scottish Government to:
- i. immediately reinstate and backdate transitionary payments to practices to compensate practices for having to continue to provide this service which has been removed from the GMS contract
- ii. work with SGPC and the pharmacist professional body to agree a clear specification and an acceptable way forward for this service.

74 **Lothian:** That this conference calls for payment of an 'item of service' fee for all pharmacotherapy services that continue to be performed by general practitioners or their directly employed staff.

* 75 **Agenda Committee to be proposed by Highland:** That this conference recognises the unique challenges of the GMS contract that are particularly amplified in remote and rural areas and

i. believes that the needs of populations in remote and rural areas are not being fully met by our 2018 GMS contract
ii. calls on SGPC to encourage HSCPs to consider options appraisals for practices that fall under Scottish Government urban rural classification Category 3
iii. asks SGPC and Scottish Government to work towards delivering solutions that can flex for areas which have sparse populations and workforce gaps
iv. asks SGPC and the Scottish Government to work towards finding solutions that accommodate those additional costs required to deliver necessary services in remote areas.

76 **Highland:** That this conference raises as a matter of concern that the needs of populations in remote and rural areas are not being fully met by our 2018 GMS contract and asks SGPC and Scottish Government to work towards delivering solutions that can flex for areas which have sparse populations and workforce gaps.

77 **Highland:** That this conference seeks to avoid unintended inequity arising through our contract for general medical services, and asks SGPC and the Scottish Government to work towards finding solutions that:

i. address the needs of populations in remote and rural areas
ii. accommodate those additional costs required to deliver necessary services in remote areas
iii. mitigate for the impact of staffing deficits occurring across both the GP workforce and multidisciplinary team.

78 **Highland:** That this conference recognises that additional service costs occur when delivering services to remote and rural areas, that current funding mechanisms fail to adequately compensate for this and demands that SGPC negotiators raise this with Scottish Government and seek to rectify this or mitigate for it.

79 **Highland:** That this conference notes that gaps in the multidisciplinary team that arise through unfilled posts or uncovered leave can have adverse effects on general practice teams and calls upon SGPC to push for the impact of this to be adequately recognised and for robust mechanisms for practices to be supported in these circumstances.

80 **Grampian:** That this conference recognises the unique challenges of the GMS contract that are particularly amplified in remote and rural areas and calls on SGPC to encourage HSCPs to consider options appraisals for practices that fall under Scottish Government urban rural classification Category 3.

* 81 **Agenda Committee to be proposed by Grampian:** That this conference is distraught at the failure of PCIP to take sufficient workload away from general practice, despite hard working (MDT) multidisciplinary team staff and

i. insists that there needs to be a practice-based option for some CTAC services, with GPs directly reimbursed for their delivery
ii. instructs SGPC to lobby Scottish Government to allow any underspend at the end of each financial year to be given to practices as payment for continuing to do work that was meant to have transferred to health board responsibility
iii. calls on SGPC to negotiate with the Scottish Government that every year the contract has failed to allow GPs to work at their BMA recommended capacity of maximum 25 patient contacts a day, practices should be proportionally compensated financially.

82 **Grampian:** That this conference is distraught at the failure of PCIP to take sufficient workload away from general practice, despite hard working (MDT) multidisciplinary team staff and calls on SGPC to negotiate with the Scottish Government that every year the contract has failed to allow GPs to work at their BMA recommended capacity of maximum 25 patient contacts a day, practices should be proportionally compensated financially.

83 **Grampian:** That this conference is gravely concerned with the slow progress of the GMS 2018 contract and instructs SGPC to lobby Scottish Government to allow any underspend at the end of each financial year to be given to practices as payment for continuing to do work that was meant to have transferred to health board responsibility in the absence of transitionary payments.

84 **Lothian:** That this conference insists that there needs to be a practice-based option for some CTAC services, with GPs directly reimbursed for their delivery.

* 85 **Ayrshire and Arran:** That this conference believes that the 2018 GP contract, whilst noble in its ambitions to align MDTs to GP practices, is fundamentally flawed due to its delivery being reliant on individual management structures outwith general practice and

i. believes this impairs team working and integration, is inefficient and does not facilitate workforce retention
ii. believes this model removes decision making away from general practice teams who bear ultimate responsibility for the work being completed
iii. believes these inefficiencies and frustrations are corrosive of the traditional collaborative team working nature of general practice that they threaten our continued existence
iv. demands MDT resource and management responsibility comes directly to general practice teams.

86 **Lothian:** That this conference recognises the funding which went into the 2018 contract but is disappointed by how little relative benefit either our practices or our patients have seen and calls on Scottish Government to reconsider its ideological decision to spend the investment through boards and HSCPs rather than direct investment in general practice.

87 **Forth Valley:** That this conference believes that the 2018 GP contract policy of providing additional staff to practices and not providing direct funding to practices has:

i. not been fully delivered 5 years later
ii. not allowed practices to manage staff as to what best suits their practice and patient needs
iii. created inefficiencies by creating new health board work streams to provide these services
iv. not been a success and the time has come to give the funding to practices to employ the staff they need directly.

* 88 **Agenda Committee to be proposed by Forth Valley:** That this conference believes that with the 2018 GMS contract, there have been significant increased demands on practice staff and time without increase in resource and therefore demands:

i. financial compensation for hosting MDT members in practice buildings
ii. increased financial resource to employ new members of staff to cover the additional burden of work
iii. additional funding is negotiated so that administrative funding can be attached to PCIP clinical staff.

89 **Forth Valley:** That this conference acknowledges that general practices are not in a position to provide administrative functions for additional PCIP staff and asks that additional funding is negotiated so that administrative funding can be attached to PCIP clinical staff.

90 **Ayrshire and Arran:** That this conference recognises that the new 2018 GMS contract has increased the administrative and financial burden on general practice teams and demands:

i. financial compensation for hosting MDT members in practice buildings
ii. increased financial resource to employ new members of staff to cover the additional burden of work.

91 **Ayrshire and Arran:** That this conference believes that with the 2018 GMS contract, there have been significant increased demands on practice staff and time without increase in resource and demands additional funding into practices to support this work.

* 92 **Agenda Committee to be proposed by Lothian:** That this conference recognises the failure of the 2018 GP contract and:

i. believes that, partly consequent to the Scottish Government reneging on its commitment to deliver in full the new GP contract, that the current model of general practice is broken:
ii. calls on SGPC to explore an alternative to the 2018 GMS contract that is fit-for-purpose, appropriately funded and more reflective of the needs of general practice and patients in Scotland
iii. believes the independent contractor model is no longer fit for purpose
iv. calls for SGPC to enter into negotiation to move to a fully salaried GP service, with equivalent terms and conditions to our consultant colleagues.

93 **Lothian:** That this conference recognises the failure of the 2018 GP contract and calls for both an urgent review of progress and the development of a rescue plan, as the present situation for practices is unsustainable and impacts on morale, with many colleagues questioning the viability of the independent contractor model.

94 **Lothian:** 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.

95 **Lothian:** That this conference bemoans that, despite acknowledging that the 2018 contract has failed to deliver its aims, there is still no proposed alternative and calls on SGPC to formalise a plan B with Scottish Government.

96 **Tayside:** That this conference believes that, partly consequent to the Scottish Government reneging on its commitment to deliver in full the new GP contract, that the current model of general practice is broken and SGPC should at the earliest opportunity enter into negotiation to move to a fully salaried GP service, with equivalent terms and conditions to our consultant colleagues.

97 **Grampian:** That this conference calls on SGPC to explore an alternative to the 2018 GMS contract that is fit-for-purpose, appropriately funded and more reflective of the needs of general practice and patients in Scotland.

98 **Grampian:** That this conference has lost faith in the Scottish Government with the GMS 2018 contract and calls on SGPC to explore legal proceedings against the Scottish Government for this failure.

99 **Highland:** That this conference welcomes attention such as that provided by Audit Scotland and calls for scrutiny of the 2018 GMS contract, evaluating its value, including comment upon:
- i. the current extent to which it has been implemented
- ii. the additional funding required so that the contract aspirations can be realised in full
- iii. the degree to which it has facilitated necessary transformation and adequately prepared services to be sustainable
- iv. how much it appears able to meet the combined challenges of increasing demand and an aging population.

100 **Grampian:** That this conference is distraught at the inefficiencies of management led PCIP services and calls for a national review of the management of HSCP GP services compared to traditional GP models including the financial impact to the taxpayer in Scotland.

101 **Ayrshire and Arran:** That this conference recognises the increasing levels of litigation and demands that SGPC work with the Scottish Government to supply crown indemnity for general practitioners and their teams.

102 **Lanarkshire:** That this conference demands that PCIP related MDT service provision to practices needs to track population shifts rather than creating and perpetuating new 'historic inequity' for example when new houses are built, or practice circumstances change.

1135 EDUCATION AND TRAINING

* 103 **Agenda Committee to be proposed by Lothian:** That this conference is disappointed that despite promises made previously by the Scottish Government at this very conference there has still not been a return to a regular program of (PLT) protected learning time for practices with NHS24 cover and
- i. conference is appalled that GPs and their teams are expected to work without PLT time despite funding being allocated to each health board
- ii. insists that arrangements for PLT are not fit for purpose, being under-resourced with no direct workforce support
- iii. calls on SGPC to negotiate nationally organised PLT, supported by NHS24
- iv. insists arrangements for PLT should have parity with secondary care consultants in terms of protected time.

104 **Lothian:** That this conference insists that the arrangements for PLT:
- i. are not fit for purpose, being under-resourced with no direct workforce support
- ii. require the support of NHS24
- iii. should have parity with secondary care consultants in terms of protected time.

105 **Tayside:** That this conference is disappointed that despite promises made previously by the Scottish Government at this very conference, there has still not been a return to a regular program of PLT for practices with NHS24 cover, which is essential for whole team learning and development for all staff and calls for this to be addressed at the earliest opportunity.

106 **Grampian**: That this conference is appalled that GPs and their teams are expected to work without PLT despite funding being allocated to each health board and calls on SGPC to negotiate nationally organised PLT, supported by NHS24.

* 107 **Agenda Committee to be proposed by Lothian:** That this conference in relation to (IMG) International medical graduates, calls for:

i. an extended induction period to help new IMGs familiarise themselves with local healthcare practices
ii. a buddy scheme to provide guidance and support
iii. training for managers to understand the challenges faced by IMGs
iv. some of the £11 million promised for a recruitment campaign and centre for workforce supply be mandated to support visa applications for any IMG planning to continue working in Scottish general practice.

108 **Lothian:** That this conference demands that some of the £11 million promised for a recruitment campaign and centre for workforce supply be mandated to support visa applications for any international medical graduate planning to continue working in Scottish general practice.

109 **Glasgow:** That this conference calls for an extended induction period to help new IMGs familiarise themselves with local healthcare practices, a buddy scheme to provide guidance and support, and training for managers to understand the challenges faced by IMGs.

110 **Lothian:** That this conference notes that England and Wales have made huge progress in implementing changes to the GP training programme by increasing the time spent in general practice to 2 years and demands that Scotland catches up.

111 **Highland:** That this conference welcomes investment in training medical students, endorses the rich experiences that can be gained in general practice settings, and expresses a desire for policies that will support doctors in having positive reasons to settle in locations across Scotland.

1150 WORKFORCE/WELLBEING

* 112 **Agenda Committee to be proposed by Grampian:** That this conference notes with concern the BMA Scotland GP wellbeing survey results and

i. is forced to conclude that GPs' health is being knowingly sacrificed by the Scottish Government in preference to providing the necessary support or resource for core GP funding
ii. calls on the Scottish Government to significantly increase the proportion of NHS spend that is allocated to general practice
iii. welcomes the workforce specialist service and feels that Scottish GPs would benefit from improved engagement with the service
iv. calls on SGPC to work with relevant groups to better understand the wellbeing needs of doctors working in Scotland and improve promotion of the workforce specialist service.

113 **Grampian:** That this conference welcomes the workforce specialist service and feels that Scottish GPs would benefit from improved engagement with the service and calls on SGPC to work with relevant groups to better understand the wellbeing needs of doctors working in Scotland and improve promotion of the workforce specialist service.

114 **Glasgow:** That this conference notes with concern the BMA Scotland GP wellbeing survey results and

i. is forced to conclude that GPs' health is being knowingly sacrificed by the Scottish Government in preference to providing the necessary support or resource for core GP funding
ii. calls on the Scottish Government to demonstrate to significantly increase the proportion of NHS spend that is allocated to general practice.

A 115 **Highland:** That this conference notes with concern the fragility of general practice teams where there may be one or more doctors who are approaching retirement and asks for:

i. the SGPC negotiators to push Scottish Government to make improvements to workforce reporting mechanisms
ii. additional workforce reporting and planning that allow solutions for this risk to be properly considered
iii. health boards to explore new and better ways to help these teams plan for GP retirements.

116 **Highland:** That this conference endorses childcare as a useful and necessary support for the health and care workforce and wishes for the better provision of facilities to be made available to the NHS's independent contractor workforce including those located in rural areas.

1200 KEYNOTE SPEAKER: MICHAEL MATHESON MSP, CABINET SECRETARY OF NHS RECOVERY, HEALTH, AND SOCIAL CARE

1230 LUNCH

1330 MENTAL HEALTH SERVICES

* 117 **Agenda Committee to be proposed by Lothian:** That this conference expresses disappointment at the decisions of Scottish Government affecting mental health funding streams and

i. believes this will result in overall greater health service costs and inequalities downstream
ii. believes that this has further damaged GP morale and capacity
iii. calls for an explanation from the Mental Health and Wellbeing Minister
iv. seeks a clear commitment from the Scottish Government regarding its future plans for this funding
v. calls for the impact this has had on planning of PCIF services to be acknowledged by the Scottish Government.

118 **Lothian:** That this conference believes that the removal of primary care mental health funding:

i. will result in overall greater health service costs and inequalities downstream
ii. has further damaged GP morale and capacity.

119 **Glasgow:** That this conference expresses disappointment at the decision by the Scottish Government to cease the funding associated with the mental wellbeing hubs and calls on the Scottish Government to properly fund and resource mental health services in primary care.

120 **Glasgow:** This conference is appalled at the limited extent to which Action 15 monies have supported the provision of mental health services within general practice and

i. calls for an explanation from the Mental Health and Wellbeing Minister
ii. calls for the impact this has had on planning of PCIF services to be acknowledged by the Scottish Government.
iii. seeks a clear commitment from the Scottish Government regarding its future plans for this funding.

* 121 **Agenda Committee to be proposed by Lothian:** That this conference demands that Scottish Government reviews the rising emergency detention certificate numbers:

i. to understand why GPs are undertaking more of these, despite them being less preferred in terms of protecting patients' rights
ii. and asks for reporting by the Mental Welfare Commission to include figures that reflect where this is known or suspected to have occurred.

122 **Lothian:** That this conference demands that Scottish Government reviews the rising emergency detention certificate numbers to understand why GPs are undertaking more of these, despite them being less preferred in terms of protecting patients' rights.

123 **Highland:** That this conference is concerned that GPs are being asked to be involved with the emergency detention of patients who have mental health problems when other arrangements may have been more suitable and asks for reporting by the Mental Welfare Commission to include figures that reflect where this is known or suspected to have occurred.

1345 PUBLIC MESSAGING

* 124 **Agenda Committee to be proposed by Fife:** That this conference is demoralised by the relentless increase in patient demand and the lack of any visible public messaging from Scottish Government and calls on government to:

i. undertake a sustained public messaging programme to explain the pressures on primary care and the alternative services and self-care options available
ii. develop a new patient charter making clear their responsibilities in terms of behaviour and expectations
iii. engage in an honest conversation with the public that the service in primary care is poor quality because of years of government undervaluing and underinvesting in primary care and is not the fault of the few of us there are left trying to do our best
iv. urgently implement the First Minister's intention to hold a 'national conversation', as it is currently GPs and their teams that field unrealistic public expectations, often at the cost of morale and everyday working
v. be open and honest with the public around what GPs are contracted to provide and what they are NOT contracted to provide, and to desist from using GPs as the default for NHS system failures and gaps in other services.

125 **Fife:** That this conference is demoralised by the relentless increase in patient demand and the lack of any visible public messaging from Scottish Government and calls on government to:

i. undertake a sustained public messaging programme to explain the pressures on primary care and the alternative services and self-care options available
ii. develop a new patient charter making clear their responsibilities in terms of behaviour and expectations
iii. engage in an honest conversation with the public that the service in primary care is poor quality because of years of government undervaluing and underinvesting in primary care and is not the fault of the few of us there are left trying to do our best.

126 **Lothian:** That this conference asks that Scottish Government urgently implements the First Minister's intention to hold a 'national conversation', as it is currently GPs and their teams that field unrealistic public expectations, often at the cost of morale and everyday working.

127 **Tayside:** That this conference is tired of Scottish Government paying lip-service to the actual problems surrounding general practice and asks them to be open and honest with the public around what GPs are contracted to provide and what they are NOT contracted to provide, and to desist from using GPs as the default for NHS system failures and gaps in other services.

128 **Lanarkshire:** That this conference believes it is time for an open and honest appraisal of what the general public should and should not expect from the NHS within its current funding package. We call on Scottish Government and the BMA to instigate this public discussion, ensuring any rhetoric is apolitical and avoids disingenuous and inconsistent declarations that raise false expectations amongst patients and have a deleterious impact on morale of front-line staff.

129 **Lanarkshire:** That this conference is dismayed at the apparent lack of 'realistic medicine' in public health advertising campaigns and demands that Scottish Government and Public Health Scotland ensure:

i. these are evidence based
ii. these do not purposely increase patient anxiety and unrealistic expectation
iii. they consider and mitigate their impact on NHS services and GP workload
iv. these are targeted to reach the right people at the right time rather than simply the largest yield.

130 **Glasgow:** That this conference notes with concern the BMA Scotland sustainability dashboard findings and calls on the Scottish Government and boards to publicly acknowledge the trajectory that general practice is currently on and to outline the steps that it will take to ensure that general practice survives and is able to continue providing a universal service to all.

1400 NEGOTIATORS Q&A SESSION

1415 MATERNITY, PATERNITY AND ADOPTION LEAVE

131 **Glasgow:** That this conference expresses concern about the current level of reimbursement for maternity/paternity/adoption leave within the (SFE) statement of financial entitlements, as it does not reflect the real financial costs to practices and calls on SGPC to negotiate an increased level of maternity/paternity/adoption leave reimbursement.

1425 HEALTHCARE PLANNING AND PROVISION

* 132 **Agenda Committee to be proposed by Lothian:** That this conference welcomes refugees and asylum seekers to Scotland and calls on SGPC to negotiate with Scottish Government:

i. that where a practice has asylum seekers and refugees placed within their practice boundaries, sufficient funding as part of an enhanced service is given to allow those practices the ability to provide the recommended higher-level services
ii. multidisciplinary hubs with input from interpreters, secondary care, general practice and social services to serve the needs of the refugees and asylum seekers residing in Scotland.

133 **Lothian:** That this conference demands that, where a practice has asylum seekers and refugees placed within their practice boundaries, sufficient funding as part of an enhanced service is given to allow those practices the ability to provide the recommended higher-level services, beyond the basic GMS contract, that are crucial to meet the needs of a vulnerable patient population.

134 **Grampian:** That this conference welcomes refugees and asylum seekers to Scotland and calls on SGPC to negotiate with Scottish Government multidisciplinary hubs with input from interpreters, secondary care, general practice and social services to serve the needs of the refugees and asylum seekers residing in Scotland.

* 135 **Agenda Committee to be proposed by Lothian:** That this conference advises that where GPs are required and expected to carry out work that would normally be undertaken by other staff groups, this conference:

i. believes GPs are entitled to levy a fee for that work on whomever is requesting the activity
ii. demands that Scottish Government mandate an accounting system, with a clear implementation date, for all secondary care tests done in primary care, to allow for appropriate reimbursement.

136 **Lothian:** That this conference demands that Scottish Government mandate an accounting system with a clear implementation date for all secondary care tests done in primary care, to allow for appropriate reimbursement.

137 **Tayside:** That this conference advises that for whatever reason where GPs are required and expected to carry out work that would normally be undertaken by other staff groups then GPs will be entitled to levy a fee for that work on whomever it is that is requesting the activity.

AR 138 **Tayside:** That this conference advises that where there is a lack of forensic medical examiners in any area those duties do not consequently become the responsibility of GPs.

139 **Lothian:** That this conference believes that, due to the ongoing financial pressures, practices should have the ability to charge their own patients for extended services or access in a manner similar to general dental practitioners, pharmacists and local consultants.

140 **Highland:** That this conference notes with interest the establishment of a National Centre for Remote and Rural Health and Care and asks SGPC to liaise with NHS Education for Scotland and Scottish Government to ensure this centre is backed with sufficient resource to allow it to produce tangible benefits for the remote and rural GP workforce.

141 **Lothian:** That this conference believes that the current planning application process is not adequately supporting primary care as local authorities have no mandate to provide primary care, and requests that HSCPs are empowered to become co-decision makers on new housing developments.

142 **Highland:** That this conference recognises that the GP.scot project increased the provision of useful information online for patients about services available locally, with consistent NHS Scotland branding, and asks SGPC to push for this work to be adequately resourced to bring on more GP practices and improved functionality.

143 **Highland:** That this conference recognises there is variation in the use of primary care services by patients in different locations and call upon improved use of data to drive the provision of services based upon need.

1440 IMMUNISATION/ENHANCED SERVICES

* 144 **Agenda Committee to be proposed by Glasgow:** That this conference with regard to the (VTP) vaccination transformation programme:

i. welcomes the fact that HSCPs/boards are now responsible for the delivery of vaccination services
ii. is deeply concerned that in some areas patients are being directed back to GP practice for referral into the service
iii. calls on the Scottish Government to ensure that local VTPs will accept direct patient requests for vaccination without recourse automatically back to GP
iv. calls on the Scottish Government to advise health boards that they must allow and advertise direct patient contact for vaccination queries and delivery
v. implores the Scottish Government to develop a system for direct patient access to their vaccination records.

145 **Glasgow:** That this conference with regard to the VTP:

i. welcomes the fact that HSCPs/boards are now responsible for the delivery of vaccination services
ii. is deeply concerned that in some areas patients are being directed back to GP practice for referral into the service
iii. calls on the Scottish Government to ensure that local VTPs will accept direct patient requests for vaccination without recourse automatically back to GP
iv. calls on the Scottish Government to advise health boards that they must allow and advertise direct patient contact for vaccination queries and delivery.

146 **Tayside:** That this conference implores the Scottish Government to develop a system for direct patient access to their vaccination records given that vaccinations are no longer the responsibility of the GP under the new GMS contract, to prevent multiple requests from patients for copies of these records for travel vaccinations etc.

* 147 **Agenda Committee to be proposed by Tayside:** That this conference whilst recognising the potential health inequalities for those members of the population with learning difficulties feel that the rollout of the current proposed learning disability health check will not address these and

i. believes GPs are not always 'best placed' to undertake these
ii. asks SGPC to negotiate with Scottish Government to remove the current directed template from the legislation
iii. asks SGPC to negotiate with Scottish Government to commission an impact assessment on the potential consequence of widespread rollout
iv. asks Scottish Government to collaborate with SGPC and other appropriate clinical bodies to create guidance that is patient focussed and flexible to local circumstances
v. believes if they are carried out in general practice as an optional enhanced service, there must be a realistic fee paid based on the work undertaken.

148 **Tayside:** That this conference whilst recognising the potential health inequalities for those members of the population with learning difficulties feel that the rollout of the current proposed learning disability health check will not address these and asks SGPC to negotiate with Scottish Government to:

i. remove the current directed template from the legislation
ii. commission an impact assessment on the potential consequence of widespread rollout
iii. seek a full value for money assessment prior to any rollout
iv. collaborate with SGPC and other appropriate clinical bodies to create guidance that is patient focussed and flexible to local circumstances.

149 **Tayside:** That this conference believes that in relation to comprehensive annual learning disability reviews:
i. GPs are not always 'best placed' to undertake these
ii. if they are carried out in general practice as an optional enhanced service, there must be a realistic fee paid based on the work undertaken.

150 **Glasgow:** That this conference supports the response to the drug deaths taskforce report, and demands the Scottish Government works collaboratively to deliver:
i. increases in practice take up of the Drug Misuse Enhanced Service by uplifting NES funding
ii. a guarantee that the required Primary Care education to deliver (MAT) medication assisted treatment standards, to improve access, and to reduce stigma has separate funding streams from those "ring-fenced" in the report.

151 **Lothian:** That this conference calls on a full audit office report into the total cost of the vaccination transformation programme, and that SGPC perform a scoping exercise on returning the work to general practice for better value and performance.

1455 PREMISES

* 152 **Agenda Committee to be proposed by Fife:** That this conference acknowledges the financial strain which practices are facing due to increased premises costs and
i. asks that Scottish Government provide funding to address this gap in order to prevent financial ruin for practices throughout the country
ii. insists that the government mandates all HSCP and/or health boards to reimburse GP lease holders for all reasonable premises expenses.

153 **Fife:** That this conference acknowledges the financial strain which practices are facing due to increased interest rates on mortgages and utility bills and asks that Scottish Government provide funding to address this gap in order to prevent financial ruin for practices throughout the country.

154 **Lothian:** That this conference insists that the government mandates all HSCP and/or health boards to reimburse GP lease holders for all reasonable premises expenses.

* 155 **Agenda Committee to be proposed by Ayrshire and Arran:** That this conference is grateful for the premises loan scheme that is part of the 2018 GMS contract, but:
i. believes it has taken too long for practices to get the funding
ii. believes there needs to be further tranches of funds to support further delivery
iii. believes that practices should be able to access higher percentage value if desired
iv. acknowledges the significant challenges which practices have faced obtaining sustainability loans and urges Scottish Government to provide guidance relating to tranche two applications and exceptional circumstance applications with immediate effect.

156 **Ayrshire and Arran:** That this conference is grateful for the premises loan scheme that is part of the 2018 GMS contract, but believes:
i. it has taken too long for practices to get the funding
ii. there needs to be further tranches of funds to support further delivery
iii. practices should be able to access higher percentage value if desired.

157 **Fife:** That this conference acknowledges the significant challenges which practices have faced obtaining sustainability loans and urges Scottish Government to provide guidance relating to tranche two applications and exceptional circumstance applications with immediate effect.

A 158 **Highland:** That this conference believes that a general practice premises strategy will be of benefit to every health and social care partnership and calls on SGPC to take this up with Scottish Government.

1505 LMC CONFERENCES

159 **Agenda Committee to be proposed by Agenda Committee:** That this conference agrees to changing Standing Orders to include a new part: "3(b) (iii) The SGPC trainee GP representative. Where the SGPC Trainee GP representative already has a conference place or is unable to attend conference, a deputy who must be a GP Trainee working in Scotland, may be nominated by GPC UK Trainee committee."

160 **Glasgow:** That this conference recognises that health is devolved, and motions passed at the UK LMC conference may be contrary to the wishes or desire of Scottish LMCs and calls on:

i. SGPC to disregard any motion passed at UK LMC conference which would direct SGPC to create new policy in Scotland, until such a motion is passed at Scottish LMC conference
ii. the agenda committee of Scottish LMC conference to consider the inclusion of any motion passed at UK LMC conference that directs devolved nations to create new policy.

1520 SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME

* 161 **Agenda Committee to be proposed by Forth Valley:** That this conference with regard to superannuation contributions:

i. believes it is unfair that Scottish GPs pay more for their pension than English GPs but get only the same benefits and ask SGPC and the BMA to strongly campaign on this matter
ii. bemoans the disparity between NHS consultants and GP partner superannuation contributions, with GP partners paying both the excessive employer and employee contributions
iii. demands that Scottish Government fully reimburses GP partner employer contributions.

162 **Forth Valley:** That this conference believes it is unfair that Scottish GPs pay more for their pension than English GPs but get only the same benefits and we ask SGPC and the BMA to strongly campaign on this matter.

163 **Lothian:** That this conference bemoans the disparity between NHS consultants and GP partner superannuation contributions, with GP partners paying both the excessive employer and employee contributions which directly impacts recruitment and retention, and demands that Scottish Government fully reimburses employer contributions.

1530 SOAPBOX

1540 PRIMARY HEALTHCARE TEAM

* 164 **Agenda Committee to be proposed by Lanarkshire:** That this conference believes that as doctors we are expected to reflect and learn and develop our services in response to complaints and

i. demands that organisations dealing with GP complaints also have a duty to consider recurrent themes and address and improve the root causes of conflict rather than focusing purely on individual cases
ii. calls on all elected political representatives to ensure that when they contact a GP practice on behalf of a constituent who has raised an issue with them, that the service the patient was seeking is actually available on the NHS and is the responsibility of general practice and not some other part of the system
iii. demands that those working in complaints processes are aware of the contractual position of GPs before assuming that GPs should provide elements of non-NHS care simply because they can or because some GPs do.

165 **Lanarkshire:** That this conference believes that as doctors we are expected to reflect and learn and develop our services in response to complaints. This conference demands that organisations dealing with GP complaints also have a duty to consider recurrent themes and address and improve the root causes of conflict rather than focusing purely on individual cases.

166 **Lanarkshire:** That this conference demands that those working in complaints processes are aware of the contractual position of GPs before assuming that GPs should provide elements of non-NHS care simply because they can or because some GPs do.

167 **Tayside:** That this conference calls on all elected political representatives to ensure that when they contact a GP practice on behalf of a constituent who has raised an issue with them, that the service the patient was seeking is actually available on the NHS and is the responsibility of general practice and not some other part of the system.

1550 MISCELLANEOUS

168 **Tayside:** That this conference asks the Scottish Government that when a sudden death in the community is managed by the Procurator Fiscal, the GP is automatically sent a copy of any post-mortem report and final death certificate for any reflective learning opportunities and any queries from relatives regarding the death.

169 **Tayside:** That this conference is concerned that schemes, such as the ECO4 flex scheme, have been developed without consultation with general practice despite the direct impact this has resulted in and calls for SGPC to:

i. inform Scottish Government that any such future scheme will not be supported or facilitated by general practice if full and collaborative discussions have not been undertaken
ii. stress to Scottish Government the negative impact on GP practices and that other parts of the health & social care system are better placed to support this work
iii. ensure the guidance and regulations are clear and easy to follow without risk of inappropriate involvement of GP practice teams where this is unnecessary.

170 **Tayside:** That this conference continues to have serious concerns about the current processes and procedures in place around (PLE) pronouncing life extinct and ask SGPC to work with Scottish Government and the Procurator Fiscal to ensure that:

i. it is recognised that this does not need to be undertaken by a clinician but can be undertaken by any suitably trained person with appropriate support
ii. all first responders, including police, are empowered to PLE when it is apparent that the person is dead
iii. if needing to seek remote clinical advice for a patient not currently registered with a GP then an alternative route outwith general practice will need followed
iv. if a patient is very obviously dead, there should be no requirement to call on any "acute service".

171 **Tayside:** That this conference asks that as per the Scottish (CMO) chief medical officer guidance, that in cases of sudden death in the community and death is clearly evident, the police are obliged to record a 'time found' and remove the body to a police mortuary, rather than trying to involve a GP or other acute service to pronounce life extinct.

1600 PRIMARY/SECONDARY CARE INTERFACE

* 172 **Agenda Committee to be proposed by Highland:** That this conference recognises the benefits of using remote consultations and specialist allied health professionals in secondary care, however:

i. notes with concern that there are instances where the assessment performed remotely by secondary care clinicians is incomplete
ii. asserts that GPs must not be asked to do assessments that would ordinarily be done by a specialist at their outpatient clinics
iii. demands where remote consultations take place in secondary care all further actions which require to be undertaken to complete the patient review (e.g. bloods or examinations) must be organised, actioned and acted on by secondary care
iv. demands where the service relies on a consultation by an allied health professional this must not result in additional work for the GP and any action that the allied health professional cannot complete should be escalated within the service.

173 **Highland:** That this conference welcomes the reductions in travel and other benefits realised by remote consulting, but:

i. notes with concern that there are instances where the assessment performed remotely by secondary care clinicians is incomplete
ii. asserts that GPs must not be asked to do assessments that would ordinarily be done by a specialist at their outpatient clinics
iii. highlights that in some rural areas patients have had healthcare needs met through specialists travelling out to provide peripheral clinics
iv. asks that patient experience be a driver for how these services are organised.

174 **Glasgow:** That this conference recognises the benefits of using remote consultations and specialist allied health professionals in secondary care, however, demands where:

i. remote consultations take place in secondary care all further actions which require to be undertaken to complete the patient review (e.g. bloods or examinations) must be organised, actioned and acted on by secondary care
ii. the service relies on a consultation by an allied health professional this must not result in additional work for the GP and any action that the allied health professional cannot complete should be escalated within the service.

175 **Lanarkshire:** That this conference demands that Scottish Government mandates boards to work with LMCs to identify and address the reasons behind inappropriate clinical handoff to GPs, from all board influenced sources, and ensure that:

i. resources follow responsibility
ii. boards embed the mantra 'make it easy for people to do the right thing'
iii. boards resource, define and describe, clearly and visibly for patients, administrators and clinicians the process for getting bloods or biometrics done in the community, near the patient. This must not be passed to the GP in lieu of not knowing how.

AR 176 **Ayrshire and Arran:** That this conference believes there needs to be a once for Scotland approach to diagnostic spirometry and

i. insists that provision of this is not part of general medical services
ii. recognises emerging guidance that this requires a service that is fully calibrated and provided by certified health professionals
iii. is concerned that without standard provision, we risk a new public health emergency with undiagnosed and under diagnosed not receiving the treatment that they need.

177 **Lanarkshire:** That this conference deplores the increasing trend of discharging people from clinical caseloads while expecting general practice to provide ongoing screening follow-up as a safety net for future incidence or progression of disease. This conference demands GPs not be used as the agent for specialities' risk management and therefore seeks:

i. support for practices and LMCs to flag up and decline such instances
ii. the centre for realistic medicine work with flagged specialities to determine consensus on monitoring/screening pathways for relevant targeted populations or individuals
iii. Scottish Government or boards resource such pathways
iv. where no consensus view is identified, this not be passed to GPs to manage
v. MDOs are consulted, and a position determined on patient initiated follow up for screening/ monitoring.

1610 PRIVATE PROVIDERS

* 178 **Glasgow:** That this conference is concerned with regard to the numbers of patients seeking private sector care from abroad which requires specialist follow up and

i. is concerned these patients aren't aware of the fact they are not entitled to NHS follow up when returning
ii. notes with concern the difficulties that GPs are having when patients expect their NHS GP to perform specialist follow up which is outwith their competence
iii. expresses disappointment at the communications that have to date come from the Scottish Government on this matter
iv. calls on the Scottish Government to provide clear guidance to the public, GPs and health boards on this matter.

179 **Ayrshire and Arran:** That this conference demands more robust and clear public guidance from Scottish Government that the preparation and routine after care for any health intervention carried out privately needs to be fully resourced privately without any responsibility being placed on GP and NHS services unless through an agreed and fully funded service model.

180 **Lanarkshire:** That this conference notes the significant contribution from the private sector, in filling gaps within and around NHS care. The public and clinicians themselves need to understand that where a treatment or a place in the treatment queue is not yet available to an individual, that is true of all elements of that healthcare journey. As such, parts of the care journey that may include bloods or provision of prescriptions should be provided by that care service or other clinicians working on a private basis. A patient's registered NHS GP is prevented from providing this care privately. This conference demands that the Scottish Government stop expecting GPs to police or self-fund patient access to NHS care under the guise of our personal and moral responsibilities as GPs. If Scottish Government determines this is not appropriate, it should make this clear, transparent and resource this work.

181 **Highland:** That this conference calls for further guidance from Scotland's Chief Medical Officer on how primary and secondary NHS services should respond when patients seek or have obtained opinions, advice or interventions from private health care providers operating from within our country and beyond.

182 **Lothian:** That this conference calls on Scottish Government to make clear that overseas private procedures will not be managed by the NHS upon the patients return, with any long term follow up and complication management required to be met privately.

* 183 **Agenda Committee to be proposed by Lanarkshire:** That this conference recognises the significant dangers posed to ever increasing sectors of the population by the largely unregulated "wellness" sector and its promulgation of unrealistic lives via social media and calls on Scottish Government:

i. to undertake a wide-reaching campaign to understand and address the drivers behind uptake of (IPEDs) image and performance enhancing drugs, medical tourism and unregulated providers of cosmetic procedures
ii. to require apparently regulated providers of services to be open and honest as to the extent of their regulated ability to provide a complete service
iii. to teach the public how to perform their due diligence and understand everything they should know or ask in advance of deciding on a course of treatment with a particular provider.

184 **Lanarkshire:** That this conference recognises the significant dangers posed to ever increasing sectors of the population by the largely unregulated "wellness" sector and its promulgation of unrealistic lives via social media. There is little doubt that NHS wait times and access to services are both a driver for uptake and a successful advertising tool. This conference calls on Scottish Government to:

i. undertake a wide-reaching campaign to understand and address the drivers behind uptake of IPEDs, medical tourism and unregulated providers of cosmetic procedures
ii. require apparently regulated providers of services to be open and honest as to the extent of their regulated ability to provide a complete service
iii. teach the public how to perform their due diligence and understand everything they should know or ask in advance of deciding on a course of treatment with a particular provider.

185 **Lanarkshire:** That this conference recognises the significant dangers posed particularly (but not exclusively) to young adults by the unregulated "wellness" sector and its promulgation of unrealistic lifestyles and body types on social media. This conference calls on the Scottish Government to undertake a wide-reaching campaign across all media outlets to advise on the dangers of IPED's, medical tourism, and unregulated providers of cosmetic and extreme procedures.

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186 **Agenda Committee to be proposed by Lanarkshire:** That this conference with regard the interface between private and NHS healthcare:

i. demands that if Scottish Government and (SPSO) Scottish Public Services Ombudsman determine they are not content with current arrangements that they seek to influence and address the root causes rather than focusing on and penalising individual cases
ii. believes It should not fall on individual GPs, working within the NHS, to determine and self-fund the parts of the private healthcare journey that the patient or specialist have determined could be done by the GP
iii. demands that Scottish Government define and agree the principles and process of moving between private and NHS healthcare
iv. believes that any GP with any workload encountered as a consequence of private provider interaction should be able to bill the private provider for their time.

187 **Lanarkshire:** That this conference demands that Scottish Government define and agree, once and for all, the principles and process of moving between private and NHS healthcare. It should not fall on individual GPs, working within the NHS, to determine and self-fund the parts of the private healthcare journey that the patient or specialist have determined could be done by the GP.

188 **Lanarkshire:** That this conference demands that if Scottish Government and SPSO determine they are not content with current arrangements at the interface between private and NHS healthcare, that they seek to influence and address the root causes rather than focusing on and penalising individual cases.

189 **Lothian:** That this conference believes that any GP with any workload encountered as a consequence of private provider interaction is able to bill the private provider for their time.

190 **Tayside:** That this conference believes that private healthcare providers should be required to issue sickness certification for those patients accessing their services for the expected duration of absence from work, including expected recovery time.

191 **Lanarkshire:** That this conference notes the success of public health media campaigns such as 'get checked early', which seem to target many more people than available capacity, and demands that Scottish Government and partners are similarly enthusiastic in educating the public who may be planning to use overseas and unregulated providers of health and wellness related care so that know how to ensure they are fully informed about the procedure and all related follow up care and costs.

PUBLIC HEALTH

192 **Lothian:** That this conference insists that a national pathway for (PPE) personal protective equipment should be created to protect all primary care staff promptly from any emerging harmful contagion, including those spread by aerosol.

193 **Tayside:** That this conference believes that e-cigarettes have a place as part of a comprehensive smoking cessation strategy but believe that lack of regulation has led to an inappropriate expansion in their penetrance in society and call for Scottish Government to:

i. take urgent action to control and limit the use of disposable e-cigarettes / vapes
ii. restrict use of e-cigarettes to a role as a smoking cessation aid
iii. enhance restriction and protections to avoid the increasing use of e-cigarettes by children.

194 **Tayside:** That this conference believes that the value of minimum alcohol pricing needs to be revised upwards.

195 **Lothian:** That this conference calls on Scottish Government to set clear public policy on (PSA) prostate-specific antigen testing, acknowledging that this has never been approved as a screening test, and that mixed messages to the public are causing significant workload and patient anxiety.

GENERAL PRACTICE

196 **Grampian:** That this conference calls for a six session GP partner to be acknowledged as full time due to the number of hours worked being consistently in excess of 40 hours per week when taking into consideration clinical duties, administration, and managerial responsibilities of being an employer and an independent contractor.

197 **Forth Valley:** That this conference asks that Scottish Government and SGPC agree the definition of what a (WTE) whole time equivalent GP is so that there is consistency in reporting.

198 **Lothian:** That this conference recognises the impending risk of further practice closures due to practices becoming increasingly financially unviable.

GOVERNMENT POLICY

199 **Fife:** That this conference believes that Scottish Government's approach to general practice not only undermines our profession, but also, through sustained erosion of our safe operational capacity, inflicts avoidable harm on those most vulnerable in our society, in direct contradiction of the socialist agenda our ruling politicians allegedly champion.

200 **Grampian:** That this conference feels the Scottish Government is consistently failing the health of Scottish residents as life expectancy in Scotland has continued to fall and is lower than life expectancy in England.

OUT OF HOURS

201 **Lothian:** That this conference demands that all GPs working in out-of-hours services are remunerated:
i. at rates reflecting at least consultant out-of-hours pay scales:
ii. for the additional work entailed in supervising other colleagues working for the out-of-hours services, including the supervision of GP trainees.

202 **Highland:** That this conference recognises that GP OOH service is not part of the GMS contract, but it is part of being a GP, and as such wishes to nurture a close professional relationship between in-hours GP practices and OOH services, where:
i. both parties are proactive in sharing their own and seeking understanding of the others perspective
ii. instead of instances of an announcement of an action by one party that may have a detrimental impact on the other, they seek to collaborate on the wording, timing and communication of such an announcement
iii. both parties seek to support each other in any fora where they may anticipate detrimental impact on either party.

Appendix 1

Response to 2022 Conference Feedback

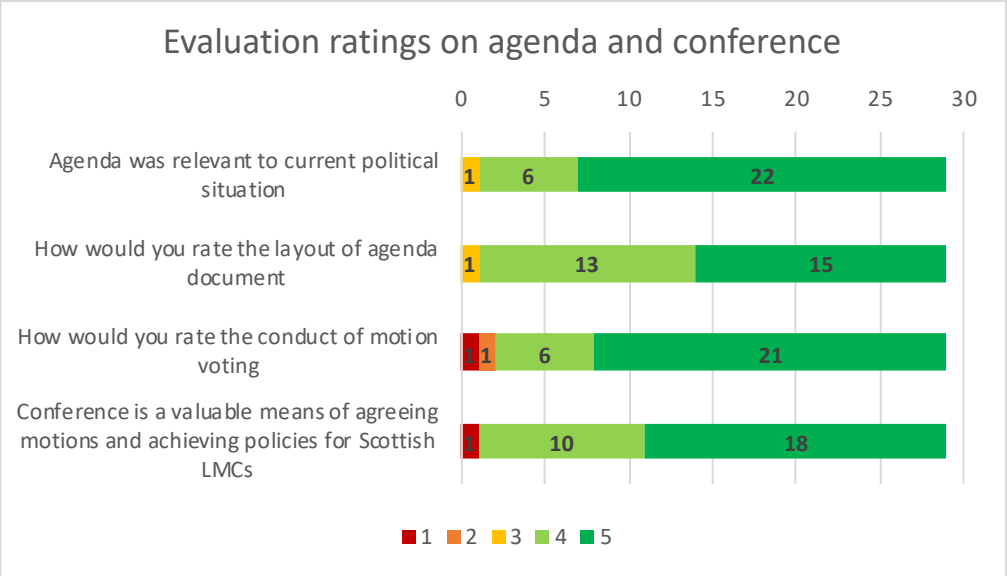
Friday 2 December 2022
Golden Jubilee Conference Hotel

The 2022 Scottish conference of local medical committees had 147 attendees and received 29 responses, which is a 20% response rate which we intend to improve upon for Scottish LMC Conference 2023.

This year we have taken the decision to not to respond to all feedback, especially those that are on the whole positive, however have highlighted some particular feedback and our responses to your concerns.

The performance was rated from 1 to 5, with 1 being the lowest score and 5 being the highest, on each category

Evaluation rating on agenda content, format and conference



Agenda content, format and conference

Feedback: There was a comment that the additional agenda was seen as complicated. There was a suggestion to have a hard copy of the agenda at registration and a suggestion that bracketed motions be displayed with colours so to be easier and clearer to see that motions are bracketed. Another comment received was that important issues are repeatedly greyed and that the soapbox should be maintained more actively to allow those motions to be debated.

Response: The agenda committee are aware that the additional supplementary agenda can be complicated to navigate in addition to the main agenda and will consider any particular improvements that can be made to make things easier. In relation to a hard copy version of the conference agenda, the Scottish LMC Conference has moved to paperless to be greener and eco-friendlier, which meant providing papers electronically. This however did not prevent delegates from printing their own copies of the agenda if they preferred to work in this method.
Regarding the suggestion to colour code the agenda, the agenda committee will consider this for next conference, taking into account some delegates may have a colour vision deficiency and they will also consider the suggestion of soapbox at conference.

Motion voting

General Feedback: Comments included that use of hands for voting was ideal, as online voting was too slow allowing for more debate and use of electronic device was felt as useful for motions that were tighter to call. As usual there was disappointment at motions not being debated due to timing.

Specific Feedback: Feedback was received on SGPC negotiators steering votes with a statement that this is a breach of an ARM resolution. In addition, there was feedback that declarations of interest were not made by the SLMC Conference chair and that her role as Deputy Medical Director for NHS Highland should have been declared before hearing a call to move to next business.

Response: Following a previous comment on the way that the SGPC negotiators inform conference on how particular motions would impact on BMA Scottish GPC workplan and negotiations with Scottish Government, LMC office bearers were asked whether they wanted the current approach to continue or not. The clear feedback from LMCs was that LMC delegates found the perspective provided by SGPC negotiators helpful to considering their positions and wanted this to continue. Conference delegates are free to vote however they wish. The Scottish LMC Conference is not bound by BMA ARM policy in this regard, as the conference is a Conference of LMCs, and not a BMA conference and can therefore determine its own process.

In relation to the Scottish LMC Conference chair declaration of interest, there was no reason for them to declare their role as deputy medical director of NHS Highland as the chair's position at conference is only to chair the conference and not to offer any viewpoint on motions.

In addition, a call for a 'move to next business' requires a proposer, and a seconder from the floor and if the chair hears the call, it requires a two thirds majority of those present and voting to carry a proposal for 'the conference to move to next business'. This is what occurred at conference, and conference decided to move to next business rather than continue to debate motion 35 and is in accordance with Scottish LMC Conference standing orders.

On conference achieving policy:

Feedback: There was a comment that many motions were felt as 'barn door' motions and relatively uncontentious. It was suggested whether there could be an agreement of motions in advance via online vote to allow time for discussion of more contentious motions.

Response: The SLMC agenda committee will consider whether there is a method of agreeing motions in advance for those that are considered uncontentious motions. It is however difficult to ascertain as it is not possible for the SLMC agenda committee to know whether any delegates will speak against the motion at conference. Any move to do this would likely first require a change to the conference's standing orders.

Feedback: Another comment related to communications and that frequency should be more than once a year at conference.

Response: The BMA Scottish GP Committee secretariat do provide communications on a more regular basis to local medical committee office bearers and to the BMA Scottish GP Committee representatives. Communications that relate to GPs should be distributed to practices via these channels. In addition, this year the BMA Scottish GPC secretariat had organised three regional virtual meetings that were used as part of an update to grassroot GPs on the progress of the implementation of the GMS contract.

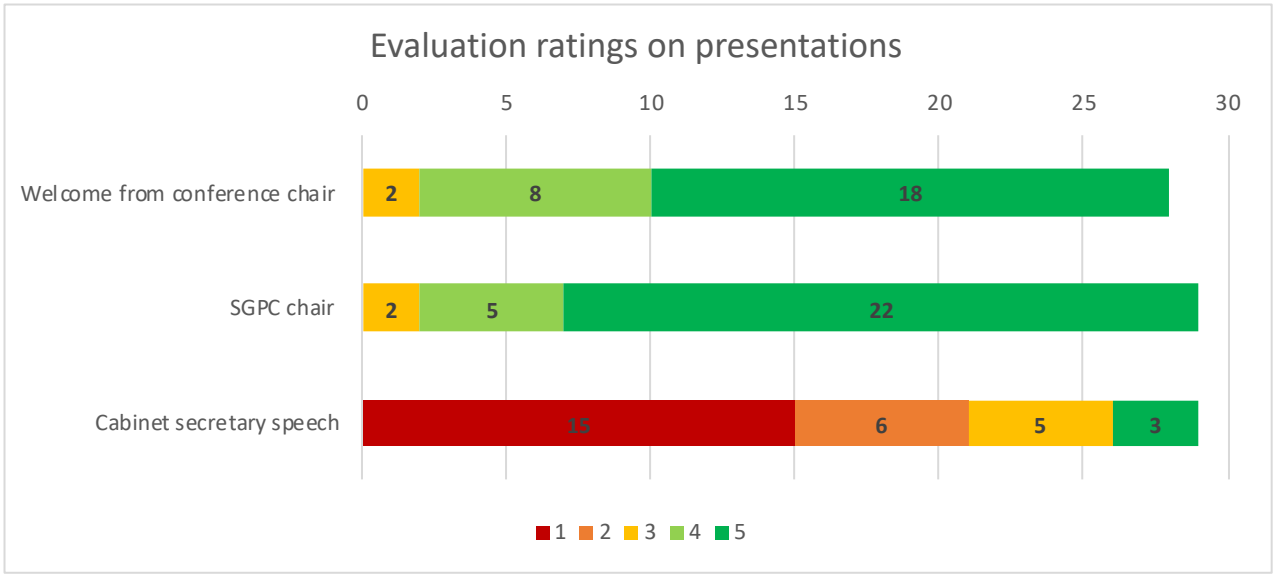
Feedback: There was a comment that some of the questions to the Cabinet secretary which had a personal edge, and it was felt that as a politician, the Cabinet secretary was well able to respond or deflect. The respondent stated that they preferred the questions that related to policy and strategy.

Response: The questions to the Cabinet secretary for health and social care are provided by delegates of conference, and not the agenda committee.

Could the conference format be improved in any way?

Feedback: There were a few suggestions including, allowing coffee/refreshments in the conference room and two comments regarding a smaller agenda with fewer motions with more debate; to limit the numbers of contributions so that fewer people repeat the same points; or lose some of the more 'sideline' issues.

Response: The policy on refreshments in the conference room is set by the venue, but we will ask whether there is scope to relax this policy. The agenda committee will take on board the above comments on having fewer motions with more debate or a method to limit contributions being made. Much of the latter, however, will be dependent on the conduct of delegates in conference, as we do not use speaker slips to ascertain whether there will be a number of representatives speaking for or against the motion and will not know until the chair calls representatives to speak from the floor.

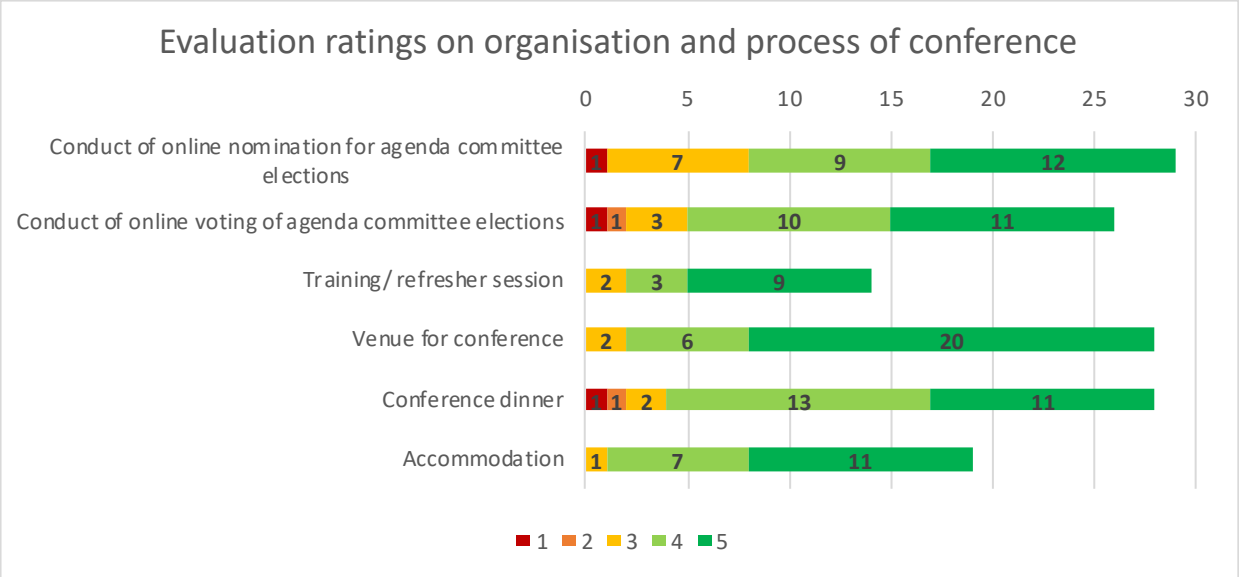


Presentations:

Feedback: There were three comments receiving in relation to the presentations:
The Cabinet secretary's address was dismal, and his "padding" meant less questions could be asked.

- *Cab sec speech appeared incoherent and rambling. Seems to be completely out of touch with reality*
- *Neither SGPC chair nor the Cab Sec gave specific proposals about new directions going forward (other than giving us PLT). Liked SGPC chair speech - gave such a good flavour of where we are and what we face, and analytical round that too, however, this was mitigated by the roadshows in the run up to conference which had the ability to meet a wider audience.*

Response: Regarding the comment in relation to the time for Q&A and time for the speech. We provide the Cabinet secretary for health and social care with 30 minutes in the conference agenda for their speech. We inform the Cabinet secretary's office in advance that this will include a Q&A session from delegates at conference. Unfortunately, we cannot specify or restrict how much of this time is spent on the speech and how much is provided for Q&A.



Agenda committee elections:

Feedback: The feedback received included that the elections were confusing, there were issues with wi-fi, IT, access and getting votes to count and that it was much easier to use paper voting. In addition, it was felt that reminders of nomination closure would have been helpful during conference.

Response: This was our first year running the agenda committee elections online along with a physical conference and there was understandably some unfamiliarity from delegates with what was required. Delegates were asked on several occasions ahead of conference to ensure that they had access to a BMA website account (which could be done without being a member) to be able to nominate and vote, but not everyone had done this. While the wi-fi in the conference venue is generally good, there are alternatives such as mobile data and access to desktops for hotel residents available. Reminders that nominations were closing were provided from the stage.

New representatives/refresher training: There was a comment received from one respondent that they were unaware that there was a training session. The agenda committee did communicate this in the agenda and in email communications to delegates directly, however we will consider what additional communication methods could be used to ensure that all LMC representatives are aware of the training session.

Venue - dinner and accommodation: We received some feedback on the dinner and the hotel regarding the lighting and temperature of the rooms and will be feeding this back to the venue.

Additional comments:

Feedback: There were three comments received for improvement: to ensure that the soapbox occurs; that activities be included such as quizzes to make conference more interesting; and for conference to be held in a more central location.

Response: The agenda committee had hoped to include a soapbox session for 2022 conference however due to the influx of important new business motions it was not possible to accommodate this, and as experienced at conference a number of motions were again not able to be debated. The agenda committee tries to predict how many motions can be reached when preparing the agenda, but longer than expected debates or more than anticipated new business motions will impact upon this.

As this year was a return to a physical conference, we did not wish to consider any new locations in our first year back to a physical conference. The agenda committee will however consider other potential options for locations in future.

The agenda committee will consider the suggestion of a quiz or other activity, though would note that reducing time for motions is unlikely to be desirable.

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