

Scottish local medical committee conference

Agenda and guide

2018 Scottish GP Contract 🏴󠁧󠁢󠁥󠁮󠁧󠁿 Phase One 🏴󠁧󠁢󠁥󠁮󠁧󠁿



Queues Likely

Work Starts April 2018
Expected Completion

~~April 2021~~
~~2022~~ ~~2023~~
~~2024~~ ????

A Scottish Government Funded Project

Time for a New Direction?

28 and 29 November 2024

The Golden Jubilee Conference Hotel,
Beardmore Street, Clydebank

Contents

Welcome from the chair of conference	3
Programme	4
Tips and things to remember	5
The agenda and guide	5
Registration at conference	5
Voting on motions	5
SLMC conference app	6
Calls in conference	7
Standing orders	7
Media coverage at conference	7
Conference expenses and subsistence (for reps)	7
Online elections for agenda committee positions	8
Sponsors and exhibitors	8
Conference format	10
Timetable	13
Summary of Agenda – Motions prioritised for debate	14
Update on motions from Conference of Scottish LMCs 2023	26
Part 1 of the agenda	44
Part 2 of the agenda	67
A & AR motions	67
Motions not prioritised for debate	68

#SLMC24

Agenda committee members



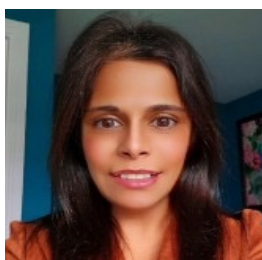
Alastair Taylor
chair of conference

GP partner in Glasgow since 2001
Treasurer Glasgow LMC
Member of Scottish general practitioners committee exec (ex-officio)
Deputy chair of UK LMC conference
Member of GPC England and GPC UK (ex-officio)
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



Mishaim Bhana
committee member

GP Partner in Aberdeen since 2014
Chairperson, Grampian LMC
Member of Grampian GP-Subcommittee
Member of Scottish general practitioner's committee
Member of Scottish council and Scottish council executive
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
Member of Glasgow LMC

BMA Scottish GP committee negotiators



Iain Morrison

Chair of Scottish general practitioners committee
GP Partner Newbattle Medical Group since 2009
Member of GPCUK
Member of Scottish Council Executive



Chris Black

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



Al Miles

Deputy chair of Scottish general practitioners committee
GP Partner Grantown on Spey since 2008
OOH Sessional GP
GP Trainer
BASICS Scotland instructor (PHECC and PHPLS)
Member of GPC UK
Member of the Royal college of general practitioners

Welcome from the chair of conference



Dr Alastair Taylor
chair of conference

Dear conference,

I am delighted to welcome you all to the 2024 Scottish LMC conference, “Time for a New Direction”, 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 new 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 ‘Primary/secondary care interface’ followed by ‘Contracts and negotiations’. There are also motions covering ‘eHealth’, ‘education and training’ and a wide range of issues affecting general practice that LMCs throughout Scotland want debated. This year we have a new section ‘PCIF/eMDT’ to reflect that we received so many motions on this topic.

It is my pleasure to announce that the Cabinet Secretary for NHS Recovery, Health and Social Care Mr Neil Gray 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. We will be finishing the conference with motions in the section ‘Mental health/neurodiversity services’.

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.

For any new attendee to conference, we are trialling a new introductory training pack with informative slides that have been voiced over. Please view and listen to these in your leisure before coming to conference. We hope these will explain what happens at conference and all the procedures. However, if you still have questions the Agenda Committee will be doing a drop in session on Friday morning at 8am in the auditorium theatre and you are welcome to attend this.

It is an honour to be chairing conference again this year and I would like to thank LMCs for submitting these motions and 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,
Dr Alastair Taylor

Programme

Thursday 28 November 2024

Registration	1700 – 1830
Pre-dinner reception	from 1930
Dinner (dress code – business wear)	2000

Friday 29 November 2024

Drop-in session for new attendees with Agenda Committee	0800 – 0830
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 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 1830 on Thursday 28 November and from 0800 to 0830 on Friday 29 November. 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. Please note that we will be using physical voting cards only this year. There will be no electronic voting. (we will also be using these cards to indicate when you wish to speak.) This is to ensure that only delegates can vote and speak at conference. To vote raise your card so it can be clearly seen by the chair and keep your card up until the chair signals they have noted the votes.

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 (or parts of a motion) may in some cases be 'taken as a reference' this would mean that the motion (or part) would not be taken as a policy, but the sentiments of the motion (or part) 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 as a reference, 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.

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: **slmc24**.

Image 1



Image 2

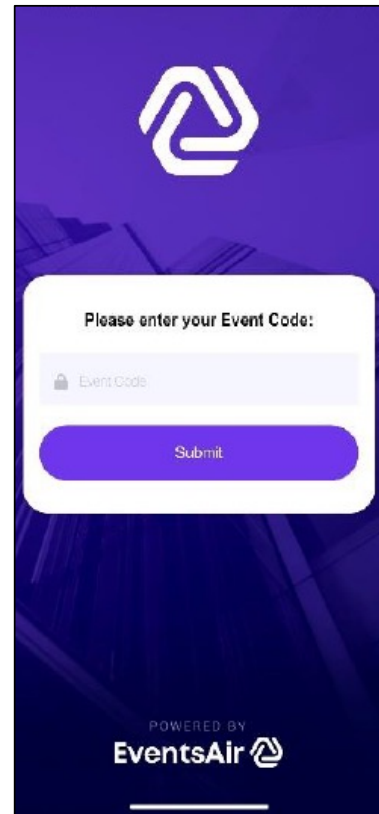
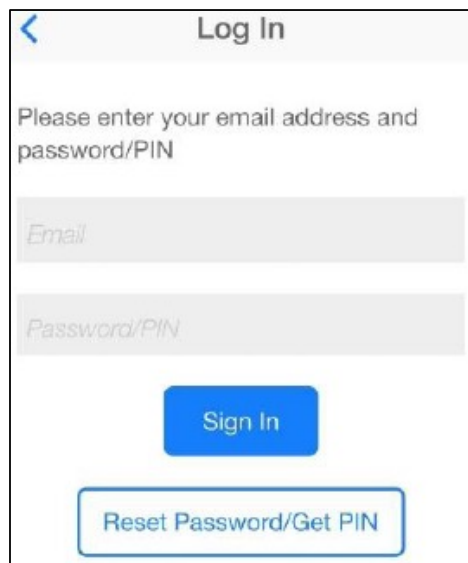


Image 3



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

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.

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 13 December 2024).

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.

Online elections for agenda committee positions

The following elections will take place at this year's conference:

- chair of conference for 2025
- deputy chair of conference for 2025
- three other members of the agenda committee for 2025

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 create a non-member online account using the contact details available on the [BMA website](https://www.bma.org.uk).

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

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.

Thanks to your generosity, we raised over £1,900 at the SLMC Conference last year. We are incredibly grateful for all donations and donations can be made here:

<https://cafdonate.cafonline.org/26501>

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. This year the published agenda includes a new summary section “*Motions prioritised for debate*”. This section only includes the actual motions that will be debated. (i.e. the bracketed motions are not visible).

In Part 1 of the agenda 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.

In Part 2 of the agenda ‘*A and AR motions*’ there are motions 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.

In part two of the agenda, ‘*motions not prioritised for debate*’ motions have been greyed out. 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.

The agenda also includes sections for a report from SGPC chair, keynote address by the Cabinet Secretary for 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 fhoy@bma.org.uk by **1200 on Tuesday 26 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 29 November**, 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 fhoy@bma.org.uk by **1200 on Tuesday 26 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 Health and Social Care, Mr Neil Gray MSP, we will be requesting that these be submitted in advance of conference. We will be approaching LMC secretaries to submit up to three questions from their LMCs as well as 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 fhooy@bma.org.uk with the **subject 'Cabinet secretary question'** by **1200 on Wednesday 27 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.

Please note that the following website may also be helpful to refer to in relation to lobbying: <https://www.parliament.scot/-/media/files/Lobbying/Booklet.pdf>

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 card 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 25 November 2024**. 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 by raising their coloured cards. Those with roving mics will be directed by the chair/deputy chair of conference but we may not get to everyone with their cards up due to timekeeping for conference. 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, though conference may choose to reduce this time, 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 at the start of your speech.

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.

Auditorium Seating Plan

Please note that there is a seating plan in place in the conference auditorium. Your allocated seats can be found in the auditorium plan sent the day before conference and on the auditorium maps outside of conference. We would be grateful if you could stick to these seats as much as possible so we can easily locate speakers for conference. Thank you.

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 including finding your seats in the auditorium, 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 1435 when requested by the chair of conference. Please note that we are allocating all speakers 1 minute each.

Timetable

Schedule of business – 29 November 2024

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

Time	Subject
0830 – 0850	Opening remarks Return of representatives Minutes Standing Orders Report of the Agenda Committee
0850 – 0905	Report of the Chair of SGPC
0905 – 0920	Primary/secondary care interface
0920 – 0945	Contracts and negotiations
0945 – 1000	Education and training
1000 – 1030	Healthcare planning and provision
1030 – 1045	eHealth
1045 – 1055	Wellbeing
1055 – 1105	Scottish Ambulance Service
1105 – 1130	PCIF/eMDT
1130 – 1140	Maternity, paternity and adoption leave
1140 – 1200	GP funding and remuneration
1200 – 1230	Keynote speaker: Neil Gray MSP, Cabinet Secretary for Health and Social Care
1230 – 1330	Lunch
1330 – 1350	Negotiators Q&A Session
1350 – 1405	Workload
1405 – 1420	Private providers
1420 – 1435	Immunisation/enhanced services
1435 – 1445	Soap box
1445 – 1505	Premises
1505 – 1525	Representation
1525 – 1535	Recruitment and retention
1535 – 1555	Prescribing, pharmacy services and dispensing
1555 – 1605	General practice
1605 – 1615	Public health
1615 – 1630	Mental health/neurodiversity services
1630 – 1645	Closing remarks

Summary of Agenda – Motions prioritised for debate

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 1 December 2023 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) 2024, to do the following:

- Amendment of references to trainee representative to registrar representative in line with updated name of the BMA's GP Registrar Committee
- Removal of references to SGPC co-negotiator and replacement with plural of Deputy Chairs to reflect updated standing orders of SGPC, with consequential updates to numbering in other sections
- Clarification that LMCs may suggest up to two observers to attend conference
- Clarification of existing practice that the Agenda Committee will invite representatives of appropriate organisations (such as Scottish Government) to attend conference as guests

Amendment of 3 (b) (iii) as follows:

The SGPC registrar GP representative. Where the SGPC registrar GP representative already has a conference place or is unable to attend conference, a deputy who must be a GP registrar working in Scotland, may be nominated by GPC UK registrar committee.

Amendment of 3 (c) as follows:

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

Amendment of 3 (e) as follows:

All members of the conference, except those listed in 3 (c) (iii), (iv), (v), (vi), (vii) and, (viii) shall be registered medical practitioners who are either members or officials of a Scottish local medical committee.

Amendment of 4 as follows:

Observers and Guests

- a) Both lay and medical secretaries of LMCs, who are not members of the conference, may, with the permission of the chair, attend as observers but the cost of such attendance is to be met by the LMC. Each LMC will be able to suggest up to two observers for conference.
- b) The agenda committee will invite representatives from appropriate organisations as guests to Conference.

Amendment of 15 (a) as follows:

A member of the conference, including the chair and deputy chairs of the SGPC, moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chair may extend these limits.

Amendment of 17 (a) (i) as follows:

At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

Amendment of 17 (b) (i) as follows:

At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

Amendment of 17 (c) (iii) as follows:

Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) may self-nominate for the agenda committee and only those described in 3 (a), (b), and (d) may be eligible to vote.

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 SGPC

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

0905

PRIMARY/SECONDARY CARE INTERFACE

- 6 **Agenda Committee to be proposed by Glasgow:** That this conference is appalled at the state of the secondary care waiting lists and:
 - i. acknowledges the negative impact of long waiting lists on patients' health
 - ii. is concerned about the associated additional workload for general practice as a consequence of this, including patients' conditions deteriorating during this time
 - iii. calls for the Scottish Government to ensure that secondary care provides a service for the management of patients once they have been referred and are on a waiting list

- iv. calls for SG to mandate boards to ensure that secondary care clinicians communicate directly with patients without using the GP as the messenger
- v. calls for general practice to receive funding to support the additional work that long secondary care waiting lists cause in general practice.

7

Ayrshire and Arran: That this conference believes that if secondary care services look to implement [Active Clinical Referral Triage \(ACRT\)](#), it should be incumbent upon them to follow the guidance produced by the Centre for Sustainable Development and to:

- i. ensure primary care clinicians are involved in the design of processes and pathways which must be approved through all governance channels - including primary care
- ii. ensure pathways are actively shared with referrers in advance of implementation
- iii. provide the opportunity for patients to respond, and seek further assessment or clarification from specialist services should their referral be rejected
- iv. move resource from the specialist service into primary care to enable safe and effective management of patients, in accordance with national guidance, and as a result of these changes.

0920

CONTRACTS AND NEGOTIATIONS

8

Agenda Committee to be proposed by Lothian That this conference believes that the 2018 contract has failed to achieve the bulk of its stated aims and requests that SGPC and Scottish Government begin negotiations on a new contract which:

- i. will invest directly in General Practice, encourage the partnership model and reward continuity of care for patients
- ii. will include in any future contract negotiations legal penalties for Scottish Government if contractual agreements are broken.

9

Agenda Committee to be proposed by Dumfries & Galloway: That this conference believes that progress in implementing the GMS 2018 contract continues to be inequitable and calls on Scottish Government to engage with the SGPC to:

- i. ensure PCIF underspend should be mandated to be delivered to General Practice as transitional payments
- ii. develop a funding formula to recognize and compensate practices not receiving full services from the health board
- iii. create a plan, including funding, to maximise these services to support GPs in performing the expert medical generalist role currently hampered as practices continue to cover work the GMS 2018 contract should have removed
- iv. negotiate variations of the GMS contract suitable for all of Scotland with flexibility for additional services that are protected and uplifted annually
- v. work with The National Centre for Remote and Rural Health and Care to identify innovative options including contractual ones to support primary care in remote and rural areas that does not disadvantage urban areas of Scotland.

10

Grampian: That this conference is dismayed to watch general practice decline due to the incompetence of Scottish Government to adequately support general practice by years of disinvestment in general practice with financial cuts opposed to uplifts to GP partners pay and calls on SGPC to ballot the profession on industrial action options.

0945

EDUCATION AND TRAINING

- 11 **Glasgow:** That this conference recognises the vital importance of GP training on the future of the profession, and calls on the Scottish Government to ensure that GP training is adequately resourced, and:
- trainers' grants are adequately funded, including backfill for trainer GPs, and that once set at an adequate level, this should be uplifted annually by a minimum of the DDRB uplift
 - there is investment in high quality training events
 - there is provision of investment for premises so that training can be properly delivered.
- 12 **Grampian:** That this conference acknowledges that GP Registrars are paid for their lunch breaks in England but not in Scotland, and calls on SGPC to have discussions with NHS Education for Scotland, and the General Practitioner Registrars' Committee to lobby the Scottish Government to rectify this unfairness, and until such negotiation can occur to highlight to General Practitioners in Scotland that at present GP Registrars are not paid for their lunch breaks.

1000

HEALTHCARE PLANNING AND PROVISION

- 13 **Tayside:** That this conference calls on Scottish Government to acknowledge the impact the Agenda for Change standard working week reduction will have on GP Practices and calls for:
- GMS budget uplift to reflect this additional burden on all GP practices
 - reflecting this change in amendment to the salaried model GP contract – especially for practices
 - reflecting this new accepted working time when considering whole time equivalent workforce statistics for General Practice.
- 14 **Glasgow:** That this conference recognises the urgent need for more preventative health care in Scotland and calls on the Scottish Government to:
- recognise the key role of general practice in the effective delivery of preventative care and early intervention
 - ensure that sufficient resources are invested in core general practice so that GPs can safely undertake this increasing workload.
- 15 **Agenda committee to be proposed by Lothian:** That this conference maintains that GPs are the most cost-effective solution to our growing demographic challenges and deplores Scottish Government's resistance to matching population growth and need with matching practice premises, infrastructure and GP expansion in the areas with highest population growth and calls for:
- urgent planning and intervention to resolve this imbalance
 - Scottish Government to resource General Practice adequately to address our growing demographic challenges.
- 16 **Agenda Committee to be proposed by Grampian:** That this conference believes that developers obligations are welcome however supports that the process is too complex for LMCs to drive to completion when issues arise and:
- calls for SGPC to produce guidance for LMCs and practices on developers obligations with expected timelines for completion
 - calls on SGPC to negotiate with Scottish Government that the process for appeals is reviewed to ensure no practice is inappropriately disadvantaged.

- 17 **Lothian:** That this conference maintains that in terms of health inequalities, Scotland's are amongst the worst and contribute to our having the lowest life expectancies in Western Europe, and feels that the Scottish Government has a record of promises but has been short on delivery and requests that:
- i. Scottish Government should recognise that the universal free access to health care via General Practice is key to addressing these and needs to be far better supported
 - ii. as Scotland is now lagging well behind England with its [20 Plus 5](#) scheme for adults and children/young people, a similar scale of intervention needs to be considered
 - iii. as the current GMS contract has not done anything significant to address this, any future contract requires this as a central aim.

1030

EHEALTH

- 18 **Tayside:** That this conference believes that the current system for Social Security SSD reports via SCI-Gateway is inadequate and asks SGPC to insist that:
- i. SSD requests are for targeted information from the GP and not a blanket request for all medical history and treatments
 - ii. document attachments should be allowed to avoid excessive free text typing from the GP and more detailed information to be supplied
 - iii. SSD electronic report proforma should repopulate appropriate information from the clinical system e.g. list of medication.
- 19 **Tayside:** That this conference calls upon the Scottish Government to ensure that when procuring or developing any IT system:
- i. it is not rolled out until robust testing has been undertaken, involving those that will be the end users
 - ii. that penalties are in place for those companies that fail to deliver to an agreed, workable, standard including liability for resultant costs for organisations and users that have procured their products.

1045

WELLBEING

- 20 **Ayrshire and Arran:** That this conference demands that with regard to successive infectious disease guidance, most recently measles, that appropriate PPE is fully funded and supplied to General Practice teams.

1055

SCOTTISH AMBULANCE SERVICE

- 21 **Tayside:** That this conference advises that the ever-increasing requests by Scottish Ambulance staff for clinical advice poses a significant burden on already overworked practices and changes need to be made to the GP contract to recognise that if this is to become a core part of GP led Primary Care then it needs to be properly resourced and funded.

1105**PCIF/eMDT**

- 22 **Agenda Committee to be proposed by Highland:** That this conference, with regard to Primary Care Improvement Fund (PCIF):
- condemns the failure of the Scottish Government to sufficiently implement the PCIP element of the 2018 GMS Contract
 - expresses concern regarding financial inefficiencies realised under a board delivery compared to direct investment under an independent contractor model of delivery
 - calls on the Scottish Government to acknowledge that General Practitioners, not the Health and Social Care Partnerships or Health Boards, are best placed to determine the care needs of their unique patient population
 - believes that PCIF funding should be moved to General Practice such that individual practices can employ and manage staff to match their own patient population requirements
 - calls on SGPC to negotiate the option for practices to be funded to directly employ MDT staff including for the possibility of funding to be used to employ additional GP sessions.
- 23 **Agenda committee to be proposed by Grampian:** That conference notes that personnel in new roles coming into general practice require a significant amount of training, supervision, and support from existing general practitioners and calls upon SGPC to ensure that:
- any GP in a supervisory role is understood to be offering enhanced clinical expertise to complement and support those that are being supervised
 - protected time and appropriate remuneration should be provided to any GP taking on supervisory roles
 - constraints be placed on how many colleagues a single GP can simultaneously supervise to protect the safety of patients
 - the role of GPs in primary care is protected by ensuring that AHPs supplement rather than substitute, with high quality, cost-effective care provided by services that are GP-led and GP-delivered.
- 24 **Lothian:** That this conference asserts that Scottish Government's focus on Community Treatment and Care (CTAC) services and pharmacotherapy in both its MOU and Demonstrator Site approaches are misguided and reflect a profound lack of understanding of how General Practice works and its priorities.

1130**MATERNITY, PATERNITY, ADOPTION AND SICK LEAVE**

- 25 **Agenda Committee to be proposed by Glasgow:** That this conference believes that with regards to Maternity/Paternity/Adoption leave and sickness absence reimbursement, GMS funding is insufficient and calls on SGPC to negotiate for the GMS funding pot to be increased to allow for the SFE locum reimbursement to:
- be available at the maximum rate from day one
 - provide sufficient reimbursement to fully cover a ten session GP
 - be increased annually in line with uplifts to GMS contract.

1140**GP FUNDING AND REMUNERATION**

- 26 **Agenda committee to be proposed by Glasgow:** That this conference calls for the Scottish Government to significantly increase investment in core GMS funding:
- i. recognising that this is the only means by which practices can remain financially viable and maintain existing patient services
 - ii. and to recognise that general practice has been disinvested in over 15 years, and that this is the reason for the acute sustainability crisis that general practice is in
 - iii. and instructs SGPC to determine what 'reasonable provision' means in terms of the funding we are given to deliver GMS
 - iv. and demands that GP contracts provide for an automatic uplift in funding to cover inflationary pressures, along similar lines as the state pension "triple lock", including but not limited to pay recommendations issued by DDRB and/or government, changes to the National Living Wage, and increases in practice running costs
 - v. recognising that this is the only means by which the aspiration of the Scottish Government to deliver more care at home and in the community can be met.
- 27 **Agenda Committee to be proposed by Ayrshire and Arran:** That this conference supports the outcomes from the [Lord Darzi NHS review](#) and in particular demands that Scottish Government:
- i. note that primary and community care spend has a superior return on investment compared to other areas
 - ii. change their approach and directly invest in General Practice
 - iii. produces a Scottish version of the Darzi report.

1200**KEYNOTE SPEAKER – MR NEIL GRAY MSP, CABINET SECRETARY FOR HEALTH AND SOCIAL CARE****1230****LUNCH****1330****NEGOTIATORS Q&A SESSION****1350****WORKLOAD**

- 28 **Agenda Committee to be proposed by Lanarkshire:** That this conference wishes to highlight to the profession and wider public that the purpose of the [BMA Scotland Safe Workload Guidance](#) for GPs is to ensure safe clinical decision making for patients, as well as safe working for GPs and calls for the Scottish Government to:
- i. actively and publicly support GPs and agree to the BMA's safe workload guidance
 - ii. acknowledge the insufficient resource being provided to general practice
 - iii. put in place a public information programme regarding realistic expectations of general practice
 - iv. immediately increase funding to cover the work practices are doing over and above this recommended level.
- 29 **Agenda Committee to be proposed by Glasgow:** That this conference recognises the significant impact on GP workload in looking after patients who require interpreters and:
- i. believes this adds to health inequalities, particularly on practices serving deprived populations

- ii. demands that this additional workload be resourced contractually
- iii. calls on SGPC to negotiate an enhanced service for practices supporting the growing number of non-English speakers
- iv. calls for this to be developed with new additional GMS funding.

1405

PRIVATE PROVIDERS

- 30 **Agenda Committee to be proposed by Tayside:** That this conference notes the increasing use of the private health sector both in the UK and abroad, and calls for the Scottish Government to:
- i. allow private providers to be able to refer a patient into the NHS for ongoing care without having to ask the patient's GP to undertake this on their behalf
 - ii. put in place clear, workable guidance for GPs and patients regarding the interaction between the NHS and private providers, including the expectations around prescribing and monitoring
 - iii. ensure that NHS waiting lists are not short-cut when patients move between private and NHS services
 - iv. ensure that additional GP practice work for such patients is adequately resourced and funded so as not to disadvantage our NHS patients and practice-based services.
- 31 **Agenda Committee to be proposed by Lanarkshire:** That this conference wonders if NHS Scotland is aware that it continues to fund much of the work of private providers as they attempt to shift the burden of responsibility onto NHS GPs. Conference:
- i. demands that the Scottish Government clarify that a private provider cannot, as part of its business model, default to NHS GPs for prescribing, monitoring or referral
 - ii. demands that Scottish Government make clear to users and providers of private healthcare that they are responsible for the outcomes of treatments and services they provide. These should be evidence based and provide answers, without recourse to NHS GPs to manage uncertainty
 - iii. insists that GPs should have the ability to treat patients privately in the same way that other appropriately trained clinicians can
 - iv. requests that SGPC ensure there are no contractual restrictions on practices seeing private patients, subject to appropriate fair systems in place
 - v. demands that practices are not unfairly penalised financially by seeing private patients in NHS facilities

1420

IMMUNISATION/ENHANCED SERVICES

- 32 **Agenda Committee motion to be proposed by Grampian:** That this conference calls for a reform of all Enhanced Service contracts:
- i. through a process of assessment that ensures the funding matches the work required
 - ii. through a commitment that Enhanced Services funding should be subject, as a minimum, to the GMS uplift figure
 - iii. through stability in Enhanced Services to enable practices to engage in longer term planning
 - iv. and calls for a Safeguarding DES that meets the resourcing need and recognises the many hours of unfunded work that GPs currently do in the area of safeguarding
 - v. and calls on SGPC to negotiate an enhanced service for practices supporting the additional time required to effectively care for asylum seeker and refugee patient populations with new additional GMS funding.

- 33 **Tayside:** That this conference is disappointed that all immunisation data is still not being entered in to or automatically shared with, the patient GP electronic record by those undertaking the immunisation, relying on delayed transcription of information which represents a safety risk for patients and unnecessary burden on administrative teams in practices and calls for:
- i. urgent addition of all nationally supported vaccinations into the vaccine management tool
 - ii. mandatory use of the vaccine management tool at the point of delivery by all NHS immunisation services.

1435

SOAP BOX

1445

PREMISES

- 34 **Agenda Committee to be proposed by Forth Valley:** That this conference with regard to the Scottish Government's pausing of the Sustainability Loans Scheme and failure to deliver Lease Assignations, key components of the 2018 GMS contract:
- i. believes this to be a betrayal of the profession who voted in favour of the contract
 - ii. calls on the Scottish Government to immediately restore adequate funding to allow the Sustainability Loans Scheme to urgently restart including the tranche 2 applications
 - iii. calls on the Scottish Government to take the steps necessary to enforce government policy and ensure that NHS Boards facilitate the transfer of leases as intended
 - iv. instructs SGPC to regard this as a dispute and to take steps to ballot GPs on industrial action.
- 35 **Lothian:** That this conference believes that the current framework for premises Service Level Agreements between practices and Boards creates a significant risk to practice financial stability which is directly at odds with the expressed aims of the 2018 contract and believes costs should be directly reimbursable as part of the GMS contract.
- 36 **Agenda Committee to be proposed by Grampian:** That this conference is appalled that after years of raising General Practice premises as a major issue at SLMC Conference we have yet to see an adequate General Practice premises national plan and calls for:
- i. SGPC to prioritise negotiation of a national plan with the government to ensure they are fit for purpose in the 21st century
 - ii. adequate and equitable capital funding and premises development in community settings compared to secondary care spending given the Scottish Government reform agenda around increasing community delivery of care
 - iii. Scottish Government to provide ring fenced funding for General Practice premises improvement for both NHS premises and practice owned premises
 - iv. SGPC to negotiate grants to enable improvements in premises for the use of teaching and training.

1505

REPRESENTATION

- 37 **Agenda Committee to be proposed by Agenda Committee:** That this conference agrees to changing Standing Orders to include an amendment to 15. (a) "A member of the conference, including the chair of the SGPC, moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed one minute. However, the chair may extend these limits."
- 38 **Tayside:** That this conference calls on SGPC to make the necessary amendments so the election of the Deputy Chair of SGPC post(s) is/are for a 2-year term, and not yearly as is at present, to ensure the entirety of the SGPC negotiating team does not change within a single year and preserves some continuity and the knowledge bank.
- 39 **Forth Valley:** That this conference believes that Scottish LMCs should decide who their representatives are at SGPC and that this should not be decided by BMA policy.

1525

RECRUITMENT, RETENTION AND WORKFORCE

- 40 **Agenda Committee to be proposed by Glasgow:** That this conference calls for the critical role of GPs to be protected and made sustainable, with the Scottish Government ensuring that:
- i. funding and arrangements are delivered now which permit practices to begin to engage the additional 800 GPs which the government committed to in 2018, and have confirmed they are on track to deliver
 - ii. work is undertaken to establish how many whole-time equivalent GPs are required to meet the needs of the Scottish population now
 - iii. work is undertaken to establish how many whole time GPs will be required to meet the needs of the Scottish population in 10 and 25 years' time, having regard to changing demographics, any increased role of the GP arising from more care shifting to the community, and an increased preventative medicine approach
 - iv. some contractual funding follows the GP as well as the patient list
 - v. it fast track a new and fit for purpose retention scheme applying to all career stages to help maintain this.

1535

PRESCRIBING, PHARMACY SERVICES
AND DISPENSING

- 41 **Agenda Committee to be proposed by Lothian:** That this conference is shocked and dismayed that the Scottish Government has failed to deliver a fully electronic prescribing solution, as committed to in its 2021 manifesto and:
- i. that this is an embarrassing and dismal Scottish Government failure, with the cost being felt by every practice workforce in the country and our patients
 - ii. is livid that prescribing pharmacists in pharmacotherapy hubs are still relying on GPs within practices signing, in ink, prescriptions generated by others
 - iii. calls on the Scottish Government to commit sufficient resource to deliver this project, which will enable joint working across the NHS in Scotland without further delay.
- 42 **Lothian:** That this conference demands that all specialist-initiated drugs requiring monitoring in General Practice that are not covered by traditional Quality and Outcomes Framework (QOF) domains should be separately resourced.

- 43 **Lothian:** That this conference is concerned about the lack of evidence for use of antivirals in COVID and is disappointed that, despite this, Scottish Government has advised that these services become business as normal and can be transferred into General Practice, putting further pressure on access.

1555 GENERAL PRACTICE

- 44 **Glasgow:** That this conference calls on the Scottish Government to protect the family doctor role, and ensure that General Practice remains a GP led and GP delivered service in Scotland.

1605 PUBLIC HEALTH

- 45 **Agenda Committee to be proposed by Lothian:** That this conference with regard to public health applauds:
- i. Scotland for its progressive public health approaches, having led the way with a ban on smoking in enclosed public places, and now asks that it does the same for outdoor eating areas
 - ii. that Scottish Government continues to support a minimum price on a unit of alcohol, including the recent increase, but asks that this be automatically linked to inflationary markers in future.

1615 MENTAL HEALTH/NEURODIVERSITY SERVICES

- 46 **Agenda Committee to be proposed by Fife:** That conference is appalled at the lack of adequate ADHD and other neurodiversity services across the NHS, with demand for services continuing to rise sharply, impacting on GP workload. We call upon SGPC to work with and lobby relevant stakeholders to:
- i. fund and commission comprehensive local NHS ADHD and other neurodiversity services, delivered by appropriately trained and regulated clinicians, with the responsibility for initiating, monitoring, prescribing, and titrating any medications prescribed
 - ii. ensure that no GP is expected to take over responsibility of ADHD medication prescribing or monitoring without a shared care agreement and appropriate funding to facilitate any required monitoring
 - iii. provide support to GPs who do not feel comfortable facilitating shared care agreements for prescribing ADHD medications following an assessment that they do not feel has been conducted to a suitable standard
 - iv. produce clear patient resources to explain NHS ADHD services and the role of GPs in ongoing prescribing, where felt appropriate, under shared care agreements
 - v. allow patients to self-refer to NHS ADHD and other neurodiversity services, without the requirement to consult their GP.
- 47 **Agenda Committee to be proposed by Lothian:** That this conference believes that Scottish Government has failed in providing adequate mental health services to its population and also, in accordance with Scottish Government's [2017-2027 Mental Health Strategy](#), demands:
- i. acknowledgement be made that systems are failing, and that GPs and their patients are left to pick up the pieces
 - ii. consideration be given to reinstating the promise to provide an additional 800 mental health practitioners
 - iii. anti-psychotic medication recommended by specialist services be monitored by them, unless covered by an agreed and resourced Shared Care Agreement
 - iv. action 15 funding is utilised appropriately to provide direct and equitable access to mental health professionals in ALL GP practices

- v. there should be no barrier to access and no exclusion criteria, for patients presenting to primary care, with concerns regarding mental health or distress.

1630**CONTINGENCY TIME****1645****CLOSE OF CONFERENCE**

Update on motions from Conference of Scottish LMCs 2023

RECRUITMENT AND RETENTION	Action
<p>(6) 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</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government regarding this in February 2024 and pursued an increase in locum reimbursements in negotiations with Scottish Government. Scottish Government's position was that any increase in locum reimbursements could only come from transferring global sum uplift money from practices to Health Boards which SGPC was unable to accept.</p>
<p>(10) That this conference demands a national grass roots approach to GP, practice and (PCIP) primary care improvement plan staff recruitment and calls:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out the policy passed by conference that would require action by Scottish Government. Scottish Government’s response can be viewed here. BMA Scotland has also pushed throughout the year for improved workforce planning and workforce projections, including for primary care.</p> <p>SGPC updated the GP vacancy heatmaps in June and the GP sustainability dashboard in October 2024.</p>

FUNDING/DOCTORS AND DENTISTS REVIEW BODY	
<p>(13) That this conference believes that the Scottish Government have taken decisions that have significantly affected practice funding and</p> <ul style="list-style-type: none"> 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 provide adequate funding to practices. 	<p>SGPC submitted DDRB evidence in February 2024 which included evidence of GPs providing services beyond their resources and calling for an above inflation pay recommendation and a recommendation on inadequate expenses uplifts in 2022 and 2023.</p> <p>While the DDRB recommended an above-inflation pay award, it did not make a specific recommendation on redressing the shortfall in uplifts in Scotland. Scottish Government subsequently announced a 7.5% uplift to the global sum and while this makes limited progress to restore the erosion in funding they created, SGPC has put them on notice that it is insufficient and that they risk a formal dispute if the gap is not closed in next year's uplift.</p> <p>SGPC also developed and published business guidance for practices on maintaining profitability to support practices who are receiving inadequate levels of funding.</p>
<p>(14) 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</p> <ul style="list-style-type: none"> 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. 	<p>SGPC submitted DDRB evidence in February 2024 which included evidence of GPs providing services beyond their resources and calling for an above inflation pay recommendation and a recommendation on inadequate expenses uplifts in 2022 and 2023.</p> <p>SGPC also developed and published business guidance for practices on maintaining profitability to support practices who are receiving inadequate levels of funding.</p>

<p>(22) 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</p> <ul style="list-style-type: none"> 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. 	<p>SGPC raised this resolution with Scottish Government and underlined the potential consequences of failing to address underfunding of General Practice.</p> <p>While the DDRB recommended an above-inflation pay award, it did not make a specific recommendation on redressing the shortfall in uplifts in Scotland. Scottish Government subsequently announced a 7.5% uplift to the global sum and while this makes limited progress to restore the erosion in funding they created, SGPC has put them on notice that it is insufficient and that they risk a formal dispute if the gap is not closed in next year's uplift.</p>
<p>(23) 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:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC raised this resolution with Scottish Government and stressed the fact that it reflects a deep unhappiness in the profession at Scottish Government's recent actions in relation to funding and the contract. Ultimately it is Scottish Government that makes the key decisions affecting general practice and therefore even where relationships are challenging there is no alternative to continued dialogue.</p>
<p>(24) 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:</p> <ul style="list-style-type: none"> i. (taken as a reference) produce a paper on the impact of 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. 	<p>SGPC raised this resolution with Scottish Government in negotiations.</p>

WORKLOAD	
<p>(31) That this conference welcomes the BMA safe workload guidance and</p> <ol style="list-style-type: none"> calls on the BMA to continue exploring other options available to practices to protect themselves from excessive workload 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 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 lost. 	<p>The safe workload guidance developed by the BMA should give practices the assurance that they can take steps to limit workload to safe levels within the current terms of their contract. SGPC has made clear to Scottish Government that the provisions of the guidance should be baked into any assumptions of how much work GPs can safely undertake in future negotiations.</p> <p>SGPC and SG sought to produce an overarching document setting out the direction of the contract for consideration by SGPC at the June meeting. However, SGPC was unable to support the overly positive tone taken in the document by Scottish Government that did not reflect the reality on the ground for GPs.</p>
<p>(36) 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</p> <ol style="list-style-type: none"> calls on the Scottish Government urgently address workload issues and contain workload to safe levels before GPs are forced to do that themselves lost 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' lost 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. 	<p>SGPC wrote to Scottish Government setting out conference policy in this resolution and will continue to seek contractual opportunities to reduce GP workload to manageable levels. In parallel, the BMA's safe workload guidance is intended to give practices the confidence to introduce safe limits on their own workload under current contractual arrangements.</p>
PRESCRIBING, PHARMACY SERVICES AND DISPENSING	
<p>(44) That this conference believes that the electronic transmission of prescriptions is essential to the running of an efficient health system and</p> <ol style="list-style-type: none"> is appalled by the lack of investment by Scottish Government in electronic prescribing believes the lack of investment by Scottish Government is further damaging the patient journey, the economy, and the environment calls on Scottish Government to urgently progress this long overdue facility which is essential to progress primary care transformation. 	<p>SGPC has continued to press for SG to allocate sufficient funding to support electronic transmission of prescriptions being implemented as soon as possible.</p>

EHEALTH	
<p>(50) That this conference following the disastrous rollout of the SCI Gateway update, asks the Scottish Government to:</p> <ul style="list-style-type: none"> 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. (taken as a reference) 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area. Scottish Government's response can be viewed here.</p>
<p>(53) (taken as a reference) 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:</p> <ul style="list-style-type: none"> 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. Lost. 	<p>SGPC is continuing to monitor developments and associated costs in other parts of the UK to inform whether to pursue this resolution through the Joint GP IT Committee.</p>
ENVIRONMENTAL	
<p>(61) That this conference calls for an action plan for primary care and climate change and believes that GP practices should:</p> <ul style="list-style-type: none"> 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. 	<p>This resolution was discussed by LMC medical directors at their meeting in spring and ideas were shared on what could be done to support general practices to reduce their environmental footprint.</p>

CONTRACTS AND NEGOTIATIONS	
<p>(65) That this conference recognises the failure of the Scottish GMS contract to fully achieve the shared vision as set out in 2017, and</p> <ol style="list-style-type: none"> implores health boards to be candid with Scottish Government about the extent of gaps asks that Scottish Government recognise this situation and demands that these reformed services are adequately funded seeks renewed engagement from SGPC and Scottish Government towards “phase 2” demands further polling to be conducted with GPs to inform next steps calls for Scottish Government to increase the GMS funding envelope to resource practices for the 800 additional GPs they are committed to delivering. 	<p>SGPC has sought to progress phase two negotiations for a number of years, but the pace of progress has been disappointing. It is increasingly clear that a new approach, more directly focused on GPs at the core of practice activity is required and will be pursued by SGPC in parallel to seeking restoration of lost funding in recent years.</p> <p>SGPC and SG sought to produce an overarching document setting out the direction of the contract for consideration by SGPC at the June meeting. However, SGPC was unable to support the overly positive tone taken in the document by Scottish Government that did not reflect the reality on the ground for GPs.</p> <p>The GP contract survey results from Autumn 2023 are informing SGPC’s priorities in negotiation with Scottish Government.</p>
<p>(70) 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</p> <ol style="list-style-type: none"> deplores the fact that Scottish Government Directions to health boards for the provision of CTAC and pharmacotherapy services are still not in place asks that a firm date for this to happen is agreed in negotiation with SGPC calls on Scottish Government to immediately reinstate and backdate transitional payments to practices to compensate practices for having to continue to provide this service which has been removed from the GMS contract (taken as a reference) 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. 	<p>SGPC has repeatedly pressed Scottish Government for directions fully establishing MoU service transfer to be laid, including with successive Health Secretaries, but Scottish Government has been unwilling to do this. The failure to lay directions leaves phase one of the GMS contract in an unhelpful halfway house that is not tolerable to practices.</p>

<p>(75) That this conference recognises the unique challenges of the GMS contract that are particularly amplified in remote and rural areas and</p> <ol style="list-style-type: none"> believes that the needs of populations in remote and rural areas are not being fully met by our 2018 GMS contract calls on SGPC to encourage HSCPs to consider options appraisals for practices that fall under Scottish Government urban rural classification Category 3 asks SGPC and Scottish Government to work towards delivering solutions that can flex for areas which have sparse populations and workforce gaps asks SGPC and the Scottish Government to work towards finding solutions that accommodate those additional costs required to deliver necessary services in remote areas. 	<p>At the GMS Oversight group, SGPC again encouraged SG and HSCPs to use the rural options appraisal process where appropriate for practices, including those in urban rural classification 3. SGPC will ensure that 'phase 2' contract proposals are flexible enough to ensure that remote and rural practices receive equivalent benefit to other practices and supports unavoidable costs faced by these practices.</p>
<p>(81) 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</p> <ol style="list-style-type: none"> insists that there needs to be a practice-based option for some CTAC services, with GPs directly reimbursed for their delivery 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 lost. 	<p>SGPC made proposals to Scottish Government on how a pilot of a model of direct practice delivery of MoU services could work. This is intended to allow direct comparison of the costs and effectiveness of practice vs Health Board MOU service delivery. While Scottish Government has continued to discuss this with us, actual progress has been frustratingly slow.</p>
<p>(85) 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</p> <ol style="list-style-type: none"> believes this impairs team working and integration, is inefficient and does not facilitate workforce retention believes this model removes decision making away from general practice teams who bear ultimate responsibility for the work being completed believes these inefficiencies and frustrations are corrosive of the traditional collaborative team working nature of general practice that they threaten our continued existence demands MDT resource and management responsibility comes directly to general practice teams. 	<p>SGPC made proposals to Scottish Government on how a pilot of a model of direct practice delivery of MoU services could work. This is intended to allow direct comparison of the costs and effectiveness of practice vs Health Board MOU service delivery. While Scottish Government has continued to discuss this with us, actual progress has been frustratingly slow.</p>

<p>(88) 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:</p> <ul style="list-style-type: none"> 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. 	<p>Given current limits on available Scottish Government funding, SGPC's priority has been to pursue a pilot of a model of direct practice delivery of MoU services. This is intended to allow direct comparison of the costs and effectiveness of practice vs Health Board MOU service delivery. While Scottish Government has continued to discuss this with us, actual progress has been frustratingly slow.</p>
<p>(92) That this conference recognises the failure of the 2018 GP contract and</p> <ul style="list-style-type: none"> 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. lost iv. lost. 	<p>SGPC is disappointed by progress towards full implementation of phase 1 and development of phase 2 of the 2018 contract. It is increasingly clear that a new approach, more directly focused on GPs at the core of practice activity is required and will be pursued by SGPC in parallel to seeking restoration of lost funding in recent years.</p>
<p>(203) That this conference condemns the recent move from Scottish Government, in the sixth year of the Scottish GMS contract implementation, to seek 3 test areas to pilot fuller implementation of a contract which should have been implemented in full within three years, and</p> <ul style="list-style-type: none"> i. has significant concerns that this will destabilise any existing implementation in neighbouring HSCP areas ii. fears the likelihood that this will further postpone contract implementation in non-selected areas iii. worries that the pilots being limited to only CTACS and pharmacotherapy implies the Scottish Government has given up on full contract implementation of the other areas in any timescale, iv. as a result wishes for Scottish Government and SGPC to reopen contract negotiations to find a better way of investing the PCIF funding that will deliver immediate, substantial and genuine support directly to all practices and patients. 	<p>The SGPC negotiating team has repeatedly raised these concerns about the demonstrator sites with Scottish Government. SGPC made proposals to Scottish Government on how a pilot of a model of direct practice delivery of MoU services could work. This is intended to allow direct comparison of the costs and effectiveness of practice vs Health Board MOU service delivery. While Scottish Government has continued to discuss this with us, actual progress has been frustratingly slow.</p>

EDUCATION AND TRAINING	
<p>(103) 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</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area and has repeatedly pushed for the reintroduction of PLT in bilateral negotiating meetings. Scottish Government's response can be viewed here.</p>
WORKFORCE/WELLBEING	
<p>(112) That this conference notes with concern the BMA Scotland GP wellbeing survey results and</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area and continues to undertake media activity to promote the workforce specialist service and its importance to doctors, politicians and the public. Scottish Government's response can be viewed here.</p> <p>In negotiations and meeting with politicians, SGPC has repeatedly made the case for general practice to receive a greater proportion of the NHS budget and the dangers of general practice's existing share continuing to decline.</p>

MENTAL HEALTH SERVICES	
<p>(117) That this conference expresses disappointment at the decisions of Scottish Government affecting mental health funding streams and</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area and set out this position directly to the Minister for Social Care, Mental Wellbeing and Sport. Scottish Government's response can be viewed here.</p>
<p>(121) That this conference demands that Scottish Government reviews the rising emergency detention certificate numbers</p> <ul style="list-style-type: none"> 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. 	<p>SGPC raised this issue with the Mental Welfare Commission and with the Minister for Social Care, Mental Wellbeing and Sport.</p>

PUBLIC MESSAGING	
<p>(124) 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:</p> <ul style="list-style-type: none"> 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. 	<p>BMA Scotland have repeatedly called for a national conversation on the future of the NHS and what services the Scottish public is prepared to resource. A key part of that is highlighting the sustainability and workload challenges in the NHS, including in general practice.</p>
<p>(129) 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:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area. Scottish Government's response can be viewed here.</p>

MATERNITY, PATERNITY AND ADOPTION LEAVE	
<p>(131) 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.</p>	<p>SGPC wrote to Scottish Government regarding this in February 2024 and pursued an increase in locum reimbursements in negotiations with Scottish Government. Scottish Government's response can be viewed here. Scottish Government's position was that any increase in locum reimbursements could only come from transferring global sum uplift money from practices to Health Boards which SGPC was unable to accept.</p>
HEALTHCARE PLANNING AND PROVISION	
<p>(132) That this conference welcomes refugees and asylum seekers to Scotland and calls on SGPC to negotiate with Scottish Government:</p> <ol style="list-style-type: none"> 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 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. 	<p>SGPC raised this with Scottish Government in March 2024 setting out SLMCC policy that requires action from Scottish Government – to include this resolution. To date SG have put the responsibility for this on the UK Government</p> <p>SGPC will raise funding to support areas with growing numbers of asylum seekers/ refugees in bilateral negotiations with Scottish Government.</p>
<p>(205) That this conference opposes the Scottish Governments decision to stop the funding of Personal Protective Equipment for practices. Having set the precedent in terms of PPE protection in the primary care setting for assessing patients during Respiratory Viral Outbreaks the Scottish Government should:</p> <ol style="list-style-type: none"> continue to supply practices with PPE to the level the practice requires allowing clinician autonomy in terms of PPE worn when assessing patients commit to future universal supply of PPE if a specific Respiratory Viral Prevalence is reached or new strain of concern emerges in the community so practices don't feel obliged to keep self-funded stocks at partners expense set out clear guidelines around PPE standards to protect practices from any occupational disease claims from staff moving forward recognise the current exponential rises in practice expenses and the critical need not to add to this with a transfer of responsibility for PPE purchasing further contributing to the GP partnership sustainability crisis. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area. Scottish Government's response can be viewed here.</p>

<p>(135) 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:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area. Scottish Government's response can be viewed here.</p>
IMMUNISATION/ENHANCED SERVICES	
<p>(144) That this conference with regard to the (VTP) vaccination transformation programme:</p> <ul style="list-style-type: none"> i. (taken as a reference) 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area and has discussed progress with vaccination delivery in bilateral negotiations on a number of occasions, including the need for any ongoing reliance on general practice for delivery of board delivered vaccination services to cease. Scottish Government's response can be viewed here.</p>
PREMISES	
<p>(152) That this conference acknowledges the financial strain which practices are facing due to increased premises costs and</p> <ul style="list-style-type: none"> 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. 	<p>SGPC is seeking detailed ongoing premises negotiations with Scottish Government and the Central Legal Office as new premises cost directions and third-party lease arrangements must be progressed.</p>

<p>(155) That this conference is grateful for the premises loan scheme that is part of the 2018 GMS contract, but:</p> <ul style="list-style-type: none"> 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. 	<p>In response to the type of funding Scottish Government use for sustainability loans being substantially reduced by the UK Government, Scottish Government has paused the sustainability loan scheme. Assurances have been given that it will resume this year for tranche 1 applications, but no more specific timescale has yet been provided and the future of further tranches is more uncertain.</p> <p>The sustainability loan scheme is a key part of the 2018 GMS Contract and SGPC has repeatedly made clear to Scottish Government how damaging and unacceptable the ongoing delay to applications is.</p>
LMC CONFERENCES	
<p>(159) 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.”</p>	<p>Standing orders have been amended on this basis.</p>
<p>(160) 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:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC will abide by the resolution and disregard any motion passed at UK LMC until it is supported by SLMCC policy.</p>

SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME	
<p>(161) That this conference with regard to superannuation contributions:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC repeatedly pressured Scottish Government to extend employer superannuation contribution reimbursement to cover the increase in employer contributions that took place in April 2024. While it took longer than hoped for, agreement by Scottish Government to reimburse this increase was eventually reached.</p> <p>SGPC has pursued direct reimbursement of superannuation contributions as part of 'phase 2' contract development.</p>
PRIMARY HEALTHCARE TEAM	
<p>(164) That this conference believes that as doctors we are expected to reflect and learn and develop our services in response to complaints and</p> <ul style="list-style-type: none"> 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. 	<p>SGPC takes every opportunity when meeting politicians or representatives of other parts of the health system to emphasise the pressures in general practice, including where appropriate raising the impact of complaints on practices, particularly where they are inappropriately raised.</p>
MISCELLANEOUS	
<p>(168) 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.</p>	<p>SGPC has written to the Crown Office and Procurator Fiscal seeking this change.</p>

<p>(169) 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:</p> <ul style="list-style-type: none"> 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. 	<p>ECO4 flex was not developed by Scottish Government but rather by Ofgem. SGPC has advised LMCs and practices that completion of ECO4 forms are not contractually required.</p>
<p>PRIMARY/SECONDARY CARE INTERFACE</p>	
<p>(172) That this conference recognises the benefits of using remote consultations and specialist allied health professionals in secondary care, however:</p> <ul style="list-style-type: none"> 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. 	<p>SGPC supports the provisions of this resolution, though it does not ask for action from SGPC.</p>

PRIVATE PROVIDERS	
<p>(178) That this conference is concerned with regard to the numbers of patients seeking private sector care from abroad which requires specialist follow up and</p> <ol style="list-style-type: none"> is concerned these patients aren't aware of the fact they are not entitled to NHS follow up when returning 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 expresses disappointment at the communications that have to date come from the Scottish Government on this matter calls on the Scottish Government to provide clear guidance to the public, GPs and health boards on this matter. 	<p>SGPC raised this issue with Scottish Government who indicated that they will seek to produce worked examples of how they believe care following private (and particularly private overseas) treatment should be delivered and what the limits of GP involvement are.</p>
<p>(183) 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:</p> <ol style="list-style-type: none"> 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 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 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. 	<p>SGPC wrote to Scottish Government in February 2024 setting out conference policy in this area. Scottish Government's response can be viewed here.</p>

<p>(186) That this conference with regard the interface between private and NHS healthcare:</p> <ul style="list-style-type: none">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 casesii. 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 GPiii. demands that Scottish Government define and agree the principles and process of moving between private and NHS healthcareiv. (taken as a reference) 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.	<p>SGPC raised this issue with Scottish Government who indicated that they will seek to produce worked examples of how they believe care following private (and particularly private overseas) treatment should be delivered and what the limits of GP involvement are.</p>
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Part 1 of the 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 1 December 2023 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) 2024, to do the following:

- Amendment of references to trainee representative to registrar representative in line with updated name of the BMA's GP Registrar Committee
- Removal of references to SGPC co-negotiator and replacement with plural of Deputy Chairs to reflect updated standing orders of SGPC, with consequential updates to numbering in other sections
- Clarification that LMCs may suggest up to two observers to attend conference
- Clarification of existing practice that the Agenda Committee will invite representatives of appropriate organisations (such as Scottish Government) to attend conference as guests

Amendment of 3 (b) (iii) as follows:

The SGPC registrar GP representative. Where the SGPC registrar GP representative already has a conference place or is unable to attend conference, a deputy who must be a GP registrar working in Scotland, may be nominated by GPC UK registrar committee.

Amendment of 3 (c) as follows:

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

Amendment of 3 (e) as follows:

All members of the conference, except those listed in 3 (c) (iii), (iv), (v), (vi), (vii) and, (viii) shall be registered medical practitioners who are either members or officials of a Scottish local medical committee.

Amendment of 4 as follows:

Observers and Guests

- a) Both lay and medical secretaries of LMCs, who are not members of the conference, may, with the permission of the chair, attend as observers but the cost of such attendance is to be met by the LMC. Each LMC will be able to suggest up to two observers for conference.
- b) The agenda committee will invite representatives from appropriate organisations as guests to Conference.

Amendment of 15 (a) as follows:

A member of the conference, including the chair and deputy chairs of the SGPC, moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chair may extend these limits.

Amendment of 17 (a) (i) as follows:

At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

Amendment of 17 (b) (i) as follows:

At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

Amendment of 17 (c) (iii) as follows:

Only those described in standing orders 3(a), (b), (c) (vii) and 3(d) may self-nominate for the agenda committee and only those described in 3 (a), (b), and (d) may be eligible to vote.

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 SGPC

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

0905

PRIMARY/SECONDARY CARE INTERFACE

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| * | 6 | <p>Agenda Committee to be proposed by Glasgow: That this conference is appalled at the state of the secondary care waiting lists and:</p> <ol style="list-style-type: none"> i. acknowledges the negative impact of long waiting lists on patients' health ii. is concerned about the associated additional workload for general practice as a consequence of this, including patients' conditions deteriorating during this time |
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- iii. calls for the Scottish Government to ensure that secondary care provides a service for the management of patients once they have been referred and are on a waiting list
 - iv. calls for SG to mandate boards to ensure that secondary care clinicians communicate directly with patients without using the GP as the messenger
 - v. calls for general practice to receive funding to support the additional work that long secondary care waiting lists cause in general practice.
 - 6a **Glasgow:** That this conference is appalled at the state of the secondary care waiting lists and:
 - i. acknowledges the negative impact of long waiting lists on patients' health
 - ii. is concerned about the associated additional workload for general practice as a consequence of this, including patients' conditions deteriorating during this time
 - iii. calls for the Scottish Government to ensure that secondary care provides a service for the management of patients once they have been referred and are on a waiting list.
 - 6b **Tayside:** That this conference in relation to burgeoning waiting lists and financial constraints, commissions full health economic impact of long waits versus provision of expedited care through creation of additional secondary care capacity and uses the results to either channel additional support into community care to enable patients to 'wait well' or to fund additional capacity in secondary care with clear and specific directions on its use and intent.
 - 6c **Ayrshire and Arran:** That this conference is concerned about the increasing workload for GP and administrative teams being taken up explaining secondary care communication to patients and:
 - i. demands that secondary care clinicians communicate directly with patients and that this communication is clear and without jargon
 - ii. demands that SG mandates boards to ensure that clinicians communicate directly with patients.
 - 6d **Glasgow:** That this conference acknowledges the impact of long waiting lists in secondary care on patients and on the associated workload for general practice, including patients having to make further appointments with their GP whilst waiting to be seen by secondary care, and calls for general practice to receive funding to support the additional work that long secondary care waiting lists cause in general practice.
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- 7 **Ayrshire and Arran:** That this conference believes that if secondary care services look to implement [Active Clinical Referral Triage \(ACRT\)](#), it should be incumbent upon them to follow the guidance produced by the Centre for Sustainable Development and to:
 - i. ensure primary care clinicians are involved in the design of processes and pathways which must be approved through all governance channels – including primary care
 - ii. ensure pathways are actively shared with referrers in advance of implementation
 - iii. provide the opportunity for patients to respond, and seek further assessment or clarification from specialist services should their referral be rejected
 - iv. move resource from the specialist service into primary care to enable safe and effective management of patients, in accordance with national guidance, and as a result of these changes.

- 7a **Ayrshire and Arran:** That this conference demands that if the Centre for Sustainable Development recommends that conditions that were previously reviewed by secondary care are deemed appropriate instead for Primary Care follow up that this new workload is adequately resourced.

0920

CONTRACTS AND NEGOTIATIONS

- * 8 **Agenda Committee to be proposed by Lothian:** That this conference believes that the 2018 contract has failed to achieve the bulk of its stated aims and requests that SGPC and Scottish Government begin negotiations on a new contract which:
- i. will invest directly in General Practice, encourage the partnership model and reward continuity of care for patients
 - ii. will include in any future contract negotiations legal penalties for Scottish Government if contractual agreements are broken.
- 8a **Lothian:** That this conference believes that the 2018 contract has failed to achieve the bulk of its stated aims and requests that SGPC and Scottish Government begin negotiations on a new contract which will invest directly in General Practice, encourage the partnership model and reward continuity of care for patients.
- 8b **Grampian:** That this conference is outraged that Scottish Government have broken several contractual agreements during the GMS 2018 contract without legal consequences and calls on SGPC to include in any future contract negotiations legal penalties for Scottish Government if contractual agreements are broken.
- * 9 **Agenda Committee to be proposed by Dumfries & Galloway:** That this conference believes that progress in implementing the GMS 2018 contract continues to be inequitable and calls on Scottish Government to engage with the SGPC to:
- i. ensure PCIF underspend should be mandated to be delivered to General Practice as transitional payments
 - ii. develop a funding formula to recognize and compensate practices not receiving full services from the health board
 - iii. create a plan, including funding, to maximise these services to support GPs in performing the expert medical generalist role currently hampered as practices continue to cover work the GMS 2018 contract should have removed
 - iv. negotiate variations of the GMS contract suitable for all of Scotland with flexibility for additional services that are protected and uplifted annually
 - v. work with The National Centre for Remote and Rural Health and Care to identify innovative options including contractual ones to support primary care in remote and rural areas that does not disadvantage urban areas of Scotland.
- 9a **Dumfries & Galloway:** That this conference believes that progress in implementing the GMS 2018 contract continues to be inequitable and calls on Scottish Government to engage with the SGPC to provide a solution.
- i. develop a funding formula to recognize and compensate practices not receiving full services from the health board
 - ii. create a plan, including funding, to maximise these services to support GPs in performing the expert medical generalist role currently hampered as practices continue to cover work the GMS 2018 contract should have removed.

- 9b **Grampian:** That this conference acknowledges the protection from a national contract as well as recognising that one size does not fit all when planning general practice services and calls on SGPC to negotiate variations of the GMS contract suitable for all of Scotland with flexibility for additional services that are protected and uplifted annually.
- 9c **Grampian:** That this conference welcomes The National Centre for Remote and Rural Health and Care NC R&R HC however feels phase one focusing on primary care has been slow to develop and calls on SGPC to work with the centre to identify innovative options including contractual ones to support primary care in remote and rural areas.
- 9d **Grampian:** That this conference believes one size does not fit all when planning GP services and agrees that providing General Practice services in Remote and Rural areas costs more and calls on SGPC to negotiate with Scottish Government a remote and rural payment that comes from outwith current funding streams so not to disadvantage urban areas due to the geography of Scotland.
- 9e **Lothian:** That this conference demands that any PCIF underspend should be mandated to be delivered to General Practice for transitional payments.
- 10 **Grampian:** That this conference is dismayed to watch general practice decline due to the incompetence of Scottish Government to adequately support general practice by years of disinvestment in general practice with financial cuts opposed to uplifts to GP partners pay and calls on SGPC to ballot the profession on industrial action options.

0945

EDUCATION AND TRAINING

- * 11 **Glasgow:** That this conference recognises the vital importance of GP training on the future of the profession, and calls on the Scottish Government to ensure that GP training is adequately resourced, and:
- i. trainers' grants are adequately funded, including backfill for trainer GPs, and that once set at an adequate level, this should be uplifted annually by a minimum of the DDRB uplift
 - ii. there is investment in high quality training events
 - iii. there is provision of investment for premises so that training can be properly delivered.
- 11a **Lothian:** That this conference believes that GP training is of vital importance to our profession and that practices and GP trainers must be adequately resourced (including the Trainers Grant) and supported (including the Trainers Conference) in this important work by government through NES.
- 11b **Forth Valley:** That this conference asks that the Scottish Government acknowledges that the value of the GP trainers grant has not increased in many years and that:
- i. the value of the training grant is uplifted to reflect the workload involved and to current equivalent pay rates
 - ii. that the trainers GP grant is uplifted annually in line in line with the GMS contract.
- 12 **Grampian:** That this conference acknowledges that GP Registrars are paid for their lunch breaks in England but not in Scotland, and calls on SGPC to have discussions with NHS Education for Scotland, and the General Practitioner Registrars' Committee to lobby the Scottish Government to rectify this unfairness, and until such negotiation can occur to highlight to General Practitioners in Scotland that at present GP Registrars are not paid for their lunch breaks.

1000

HEALTHCARE PLANNING AND PROVISION

- 13 **Tayside:** That this conference calls on Scottish Government to acknowledge the impact the Agenda for Change standard working week reduction will have on GP Practices and calls for:
- GMS budget uplift to reflect this additional burden on all GP practices
 - reflecting this change in amendment to the salaried model GP contract – especially for practices
 - reflecting this new accepted working time when considering whole time equivalent workforce statistics for General Practice.
- 14 **Glasgow:** That this conference recognises the urgent need for more preventative health care in Scotland and calls on the Scottish Government to:
- recognise the key role of general practice in the effective delivery of preventative care and early intervention
 - ensure that sufficient resources are invested in core general practice so that GPs can safely undertake this increasing workload.
- * 15 **Agenda committee to be proposed by Lothian:** That this conference maintains that GPs are the most cost-effective solution to our growing demographic challenges and deplores Scottish Government's resistance to matching population growth and need with matching practice premises, infrastructure and GP expansion in the areas with highest population growth and calls for:
- urgent planning and intervention to resolve this imbalance
 - Scottish Government to resource General Practice adequately to address our growing demographic challenges.
- 15a **Lothian:** That this conference deplores Scottish Governments resistance to matching population growth and need with matching practice premises, infrastructure and GP expansion in the areas with highest population growth and calls for urgent planning and intervention to resolve this imbalance.
- 15b **Lothian:** That this conference maintains that GPs are the most cost-effective solution to our growing demographic challenges and that failing to resource General Practice adequately will increase other NHS costs and compromises attempts to save money.
- * 16 **Agenda Committee to be proposed by Grampian:** That this conference believes that developers obligations are welcome however supports that the process is too complex for LMCs to drive to completion when issues arise and:
- calls for SGPC to produce guidance for LMCs and practices on developers obligations with expected timelines for completion
 - calls on SGPC to negotiate with Scottish Government that the process for appeals is reviewed to ensure no practice is inappropriately disadvantaged.
- 16a **Grampian:** That this conference believes that developers obligations are welcome however supports that the process is too complex for LMC's to drive to completion when issues arise given various stakeholders involved including health boards, Health and Social Care Partnerships, Scottish Government and local council involvement and calls for SGPC to produce guidance for LMCs and practices on developers' obligations with expected timelines for completion.
- 16b **Grampian:** That this conference believes that developers obligations are being unspent due to complexities in process involving practices, Health and Social Care Partnerships, Health Boards, Scottish Government and local councils and calls on SGPC to negotiate with Scottish Government that the process for appeals is reviewed to ensure no practice is inappropriately disadvantaged.

- 17 **Lothian:** That this conference maintains that in terms of health inequalities, Scotland's are amongst the worst and contribute to our having the lowest life expectancies in Western Europe, and feels that the Scottish Government has a record of promises but has been short on delivery and requests that:
- i. Scottish Government should recognise that the universal free access to health care via General Practice is key to addressing these and needs to be far better supported
 - ii. as Scotland is now lagging well behind England with its [20 Plus 5](#) scheme for adults and children/young people, a similar scale of intervention needs to be considered
 - iii. as the current GMS contract has not done anything significant to address this, any future contract requires this as a central aim.

1030

EHEALTH

- * 18 **Tayside:** That this conference believes that the current system for Social Security SSD reports via SCI-Gateway is inadequate and asks SGPC to insist that:
- i. SSD requests are for targeted information from the GP and not a blanket request for all medical history and treatments
 - ii. document attachments should be allowed to avoid excessive free text typing from the GP and more detailed information to be supplied
 - iii. SSD electronic report proforma should repopulate appropriate information from the clinical system e.g. list of medication.
- 18a **Tayside:** That this conference, whilst broadly welcoming the introduction of electronic SSD forms to support patient benefit applications, feels these lack essential functionality including the automatic inclusion of data and ability to include attachments as is possible within other SCI Gateway communications and calls on Scottish Government to direct that these improvements are made to improve these forms.
- 19 **Tayside:** That this conference calls upon the Scottish Government to ensure that when procuring or developing any IT system:
- i. it is not rolled out until robust testing has been undertaken, involving those that will be the end users
 - ii. that penalties are in place for those companies that fail to deliver to an agreed, workable, standard including liability for resultant costs for organisations and users that have procured their products.

1045

WELLBEING

- * 20 **Ayrshire and Arran:** That this conference demands that with regard to successive infectious disease guidance, most recently measles, that appropriate PPE is fully funded and supplied to General Practice teams.
- 20a **Lanarkshire:** That this conference believes that FFP2 and FFP3 masks should be provided to GPs who wish to wear these in order to limit GP sickness and its impact on GPs' lives and patient care.

1055

SCOTTISH AMBULANCE SERVICE

- 21 **Tayside:** That this conference advises that the ever-increasing requests by Scottish Ambulance Staff for clinical advice poses a significant burden on already overworked practices and changes need to be made to the GP contract to recognise that if this is to become a core part of GP led Primary Care then it needs to be properly resourced and funded.

1105

PCIF/eMDT

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- 22 **Agenda committee to be proposed by Highland:** That this conference, with regard to Primary Care Improvement Fund (PCIF):
- condemns the failure of the Scottish Government to sufficiently implement the PCIF element of the 2018 GMS Contract
 - expresses concern regarding financial inefficiencies realised under a board delivery compared to direct investment under an independent contractor model of delivery
 - calls on the Scottish Government to acknowledge that General Practitioners, not the Health and Social Care Partnerships or Health Boards, are best placed to determine the care needs of their unique patient population
 - believes that PCIF funding should be moved to General Practice such that individual practices can employ and manage staff to match their own patient population requirements
 - calls on SGPC to negotiate the option for practices to be funded to directly employ MDT staff including for the possibility of funding to be used to employ additional GP sessions.
- 22a **Highland:** That this conference continues to be concerned with the slow progress and implementation of the 2018 GP contract and:
- recognises the failure to achieve the broad aspiration of reducing GP workload in a meaningful way
 - expresses concern regarding financial inefficiencies realised under a board delivery compared to direct investment under an independent contractor model of delivery
 - recognises the destabilising effect felt by general practice during lack or absence of PCIP MDT team members and calls for direct funding to practices to resource any contractual shortfall
 - therefore calls on SGPC to seek a pause on any future investment into PCIP and negotiate a redirection of adequate funding directly into GMS to enable independent contractors to invest in GP recruitment and complimentary Multidisciplinary Teams to deliver the improvements in health outcomes needed by the Scottish population.
- 22b **Grampian:** That this conference calls on the Scottish Government to acknowledge that the 2018 contract has failed, and that PCIP funding would be more efficiently spent through direct investment into General Practice.
- 22c **Grampian:** That this conference calls on the Scottish Government to acknowledge that General Practitioners, not the Health and Social Care Partnerships or Health Boards, are best placed to determine the care needs of their unique patient population and that they must be offered the autonomy and control to use their allocation of funding to deliver the best care possible for their patients.
- 22d **Ayrshire and Arran:** That this conference with regard to Primary Care Improvement Fund:
- urges the Scottish Government to revisit the current arrangements whereby allied health professionals providing direct support to primary care are employed by HSCPs
 - demands that HSCPs take an individualised approach to practice needs, instead of setting blanket rules that are at times incompatible with local requirements and represent poor value for money.

- 22e **Ayrshire and Arran:** That this conference believes that funding from Primary Care Improvement Fund should be moved to General Practice such that individual practices can employ and manage staff to match their own patient population requirements.
- 22f **Lothian:** That this conference believes that, for many practices, the 2018 contract experiment of a widened multi-disciplinary team managed by HSCPs has not delivered significant benefit for patients and practices, and calls on Scottish Government to allow practices access to their population-based share of PCIF which they can either invest in directly employed staff (including additional GP partners) or can give to their HSCP if they feel their current PCIF staffing provides the best value for money for delivering services to their patients.
- 22g **Lothian:** That this conference believes that, for many practices, the 2018 contract experiment of a widened multi-disciplinary team managed by HSCPs has not delivered significant benefit for patients and practices, and calls on Scottish Government to allow practices access to their population-based share of PCIF which they can either invest in directly employed staff (including additional GP partners) or can give to their HSCP if they feel their current PCIF staffing provides the best value for money for delivering services to their patients.
- 22h **Glasgow:** That this conference condemns the failure of the Scottish Government to sufficiently implement the PCIP element of the 2018 GMS Contract (MOU services), and therefore calls on SGPC to negotiate the option for practices to be funded to directly employ MDT staff with the following features:
- i. direct employment model to allow practice autonomy to decide the nature of the workforce they require
 - ii. a direct employment model to allow for the possibility of funding to be used to employ additional GP sessions
 - iii. practices taking up a direct employment model to be able to negotiate gradual withdrawal of HSCP employed MOU services, with support from LMCs, to reduce risk of destabilisation of patient services in the transition period.
- 22i **Grampian:** That this conference calls on the Scottish Government to independently investigate suggestions that since the introduction of the 2018 contract, a disproportionate amount of PCIP funding has been spent on the management of services, rather than on the direct delivery of clinical care.
- 22j **Lothian:** That this conference believes that the extended Multi-Disciplinary Team brought some welcome new resource but is not cost effective and is a poor use of public money.
- * 23 **Agenda committee to be proposed by Grampian:** That conference notes that personnel in new roles coming into general practice require a significant amount of training, supervision, and support from existing general practitioners and calls upon SGPC to ensure that:
- i. any GP in a supervisory role is understood to be offering enhanced clinical expertise to complement and support those that are being supervised
 - ii. protected time and appropriate remuneration should be provided to any GP taking on supervisory roles
 - iii. constraints be placed on how many colleagues a single GP can simultaneously supervise to protect the safety of patients

- iv. the role of GPs in primary care is protected by ensuring that AHPs supplement rather than substitute, with high quality, cost-effective care provided by services that are GP-led and GP-delivered.
- 23a **UK Conference:** That conference notes that personnel in new roles coming into general practice require a significant amount of training, supervision, and support from existing general practitioners and calls upon GPC UK ensure that:
- i. any GP in a supervisory role is understood to be offering enhanced clinical expertise to complement and support those that are being supervised
 - ii. protected time and appropriate remuneration should be provided to any GP taking on supervisory roles
 - iii. constraints be placed on how many colleagues a single GP can simultaneously supervise to protect the safety of patients
 - iv. the role of GPs in primary care is protected by ensuring that AHPs supplement rather than substitute, with high quality, cost-effective care provided by services that are GP-led and GP-delivered.
- 24 **Lothian:** That this conference asserts that Scottish Government's focus on Community Treatment and Care (CTAC) services and pharmacotherapy in both its MOU and Demonstrator Site approaches are misguided and reflect a profound lack of understanding of how General Practice works and its priorities.

1130

MATERNITY, PATERNITY, ADOPTION AND SICK LEAVE

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- 25 **Agenda Committee to be proposed by Glasgow:** That this conference believes that with regards to Maternity/Paternity/Adoption leave and sickness absence reimbursement, GMS funding is insufficient and calls on SGPC to negotiate for the GMS funding pot to be increased to allow for the SFE locum reimbursement to:
- i. be available at the maximum rate from day one
 - ii. provide sufficient reimbursement to fully cover a ten session GP
 - iii. be increased annually in line with uplifts to GMS contract.
- 25a **Glasgow:** That this conference believes that with regards to the Maternity/Paternity/Adoption leave reimbursement, GMS funding is insufficient and calls on SGPC to negotiate for the GMS funding pot to be increased to allow for the SFE locum reimbursement:
- i. it to be available at the maximum rate from day one
 - ii. to provide sufficient reimbursement to fully cover a ten session GP.
- 25b **Tayside:** That this conference believes that the rate of backfill reimbursement for locum cover for e.g. maternity leave, sickness absence, included in the GMS Contract, should be increased annually in line with uplifts to GMS contract.
- 25c **Glasgow:** That this conference is concerned that the current locum reimbursement for sickness detailed in the SFE is insufficient to allow practices to fund backfill for absent GPs and calls on SGPC to negotiate that overall GMS funding be increased so that the SFE rates for locum reimbursement:
- i. begin from day 1 of illness at the full rate
 - ii. should provide sufficient reimbursement to fully cover a ten session GP.

1140

GP FUNDING AND REMUNERATION

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- 26 **Agenda committee to be proposed by Glasgow:** That this conference calls for the Scottish Government to significantly increase investment in core GMS funding:
- i. recognising that this is the only means by which practices can remain financially viable and maintain existing patient services
 - ii. and to recognise that general practice has been disinvested in over 15 years, and that this is the reason for the acute sustainability crisis that general practice is in
 - iii. and instructs SGPC to determine what 'reasonable provision' means in terms of the funding we are given to deliver GMS
 - iv. and demands that GP contracts provide for an automatic uplift in funding to cover inflationary pressures, along similar lines as the state pension "triple lock", including but not limited to pay recommendations issued by DDRB and / or government, changes to the National Living Wage, and increases in practice running costs
 - v. recognising that this is the only means by which the aspiration of the Scottish Government to deliver more care at home and in the community can be met.
- 26a **Glasgow:** That this conference calls on Scottish Government to ensure that GP practices:
- i. are provided with sufficient funding to match the Agenda for Change uplift for their staff
 - ii. receive sufficient funding so that GP partners receive, at a minimum, the DDRB increase.
- 26b **Glasgow:** That this conference calls for the Scottish Government to significantly increase investment in core GMS funding recognising that this is the only means by which:
- i. practices can remain financially viable and maintain existing patient services
 - ii. general practice can thrive and expand to meet the needs of Scotland's rapidly aging population
 - iii. the aspiration of the Scottish Government to deliver more care at home and in the community can be met
 - iv. prevention and early intervention strategies will have the necessary impact on our population.
- 26c **Glasgow:** That this conference calls for the Scottish Government to recognise that:
- i. general practice has been disinvested in over 15 years, and that this is the reason for the acute sustainability crisis that general practice is in
 - ii. to deliver more care at home and in the community, and to deliver the prevention and early intervention strategies the population desperately needs, significant increased investment in core GMS funding to practices is required
 - iii. it needs to take steps to reverse the decreasing proportion of NHS funding being spent on primary care and general practice in particular.
- 26d **Lothian:** That this conference notes that the UK Government has recognised the primacy of the GP role and promised to move billions of pounds towards primary care, and asks that the Scottish Government act on its long-standing rhetoric around care closer to home and commit to an equivalent financial investment.

- 26e **Lothian:** That this conference asks that every major political party in Scotland announces its intentions around increasing the share of NHS funding spent in General Practice to 15%.
- 26f **UK Conference:** That conference is deeply concerned about the ongoing failure by governments to adequately invest in general practice services, as highlighted by the Kings Fund Report of February 2024, and:
- i. calls for a recognition and public acknowledgement of the impact that this is having on our patients' ability to access GP services
 - ii. believes that the current system of adjusted GP capitation payments has failed to account for demand and activity per patient over the years
 - iii. condemns the approach of investing into short-term piecemeal schemes, with complex funding systems, which has prevented long-term planning and investment into the general practice workforce
 - iv. instructs the GPCs to determine what 'reasonable provision' means in terms of the funding we are given to deliver GMS
 - v. demands that GP contracts provide for an automatic uplift in funding to cover inflationary pressures, along similar lines as the state pension "triple lock", including but not limited to pay recommendations issued by DDRB and / or government, changes to the National Living Wage, and increases in practice running costs.
- * 27 **Agenda Committee to be proposed by Ayrshire and Arran:** That this conference supports the outcomes from the Lord Darzi NHS review and in particular demands that Scottish Government:
- i. note that primary and community care spend has a superior return on investment compared to other areas
 - ii. change their approach and directly invest in General Practice
 - iii. produces a Scottish version of the Darzi report.
- 27a **Ayrshire and Arran:** That this conference supports the outcomes from the Lord Darzi NHS review and in particular demands that:
- i. Scottish Government note that primary and community care spend has a superior return on investment compared to other areas
 - ii. Scottish Government change their approach and directly invest in General Practice.
- 27b **Grampian:** That this conference calls for Scottish Government to produce a Scottish version of the Darzi report.

1200 KEYNOTE SPEAKER – MR NEIL GRAY MSP, CABINET SECRETARY FOR HEALTH AND SOCIAL CARE

1230 LUNCH

1330 NEGOTIATORS Q&A SESSION

1350 WORKLOAD

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- 28 **Agenda Committee to be proposed by Lanarkshire:** That this conference wishes to highlight to the profession and wider public that the purpose of the [BMA Scotland Safe Workload Guidance](#) for GPs is to ensure safe clinical decision making for patients, as well as safe working for GPs and calls for the Scottish Government to:
- actively and publicly support GPs and agree to the BMA's safe workload guidance
 - acknowledge the insufficient resource being provided to general practice
 - put in place a public information programme regarding realistic expectations of general practice
 - immediately increase funding to cover the work practices are doing over and above this recommended level.
- 28a **Lanarkshire:** That this conference calls for Scottish Government to actively and publicly support GPs and agree to the BMAs safe workload guidance and immediately increase funding to cover the work practices are doing over and above this recommended level.
- 28b **Glasgow:** That this conference wishes to highlight to the profession and wider public that the purpose of the BMA Scotland Safe Workload Guidance for GPs is to ensure safe clinical decision making for patients, as well as safe working for GPs and calls for the Scottish Government to put in place a public information programme regarding realistic expectations of general practice, which acknowledges the insufficient resource being provided to general practice.
- 28c **Tayside:** That this conference calls on Scottish Government to managing patient expectation to all NHS services by clear, realistic messaging that reflects the actual situation of these services.
- 28d **Lothian:** That this conference calls on Scottish Government to lead a national conversation [MI2] about what can be expected from the NHS.

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- 29 **Agenda Committee to be proposed by Glasgow:** That this conference recognises the significant impact on GP workload in looking after patients who require interpreters and:
- believes this adds to health inequalities, particularly on practices serving deprived populations
 - demands that this additional workload be resourced contractually
 - calls on SGPC to negotiate an enhanced service for practices supporting the growing number of non-English speakers
 - calls for this to be developed with new additional GMS funding.
- 29a **Glasgow:** That this conference recognises the significant impact on GP workload in looking after patients who require interpreters and calls:
- on SGPC to negotiate an enhanced service for practices supporting the growing number of non-English speakers
 - for this to be developed with new additional GMS funding.
- 29b **Lothian:** That this conference is aware of the growing number of our population requiring interpreted appointments and:
- believes this adds to health inequalities, particularly on practices serving deprived populations
 - demands that this additional workload be resourced contractually.

1405

PRIVATE PROVIDERS

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- 30 **Agenda Committee to be proposed by Tayside:** That this conference notes the increasing use of the private health sector both in the UK and abroad, and calls for the Scottish Government to:
- allow private providers to be able to refer a patient into the NHS for ongoing care without having to ask the patient's GP to undertake this on their behalf
 - put in place clear, workable guidance for GPs and patients regarding the interaction between the NHS and private providers, including the expectations around prescribing and monitoring
 - ensure that NHS waiting lists are not short-cut when patients move between private and NHS services
 - ensure that additional GP practice work for such patients is adequately resourced and funded so as not to disadvantage our NHS patients and practice-based services.
- 30a **Tayside:** That this conference, in relation to the Private/NHS interface, believes that the following should be addressed by the Scottish Government in collaboration with SGPC
- a private provider should be able to refer a patient into the NHS for ongoing care without having to ask the patient's GP to undertake this on their behalf
 - clear guidance around private/NHS prescribing after private care that is consistent, fair and does not create unnecessary risk to GPs whilst ensuring no detriment to patients.
- 30b **Tayside:** That this conference calls for national guidance to support GPs and their patients navigate the increasingly common private/NHS care and treatment interface as waiting times for NHS care rise, and ensure that this additional work for such patients is adequately resourced and funded so as not to disadvantage our NHS patients and practice based services.
- 30c **Glasgow:** That this conference notes the increasing use of the private health sector both in the UK and abroad and calls for the Scottish Government to put in place clear, workable guidance for GPs and patients regarding the interaction between the NHS and private providers, including the expectations around prescribing and monitoring.
- 30d **Lothian:** That this conference requests that, given the increasing use of private health services, Scottish Government work with SGPC to provide guidance:
- to practices to help make clear where responsibilities lie
 - to ensure that NHS waiting lists are not short-cut when patients move between private and NHS services.

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- 31 **Agenda Committee to be proposed by Lanarkshire:** That this conference wonders if NHS Scotland is aware that it continues to fund much of the work of private providers as they attempt to shift the burden of responsibility onto NHS GPs. Conference:
- demand that the Scottish Government clarify that a private provider cannot, as part of its business model, default to NHS GPs for prescribing, monitoring or referral
 - demand that Scottish Government make clear to users and providers of private healthcare that they are responsible for the outcomes of treatments and services they provide. These should be evidence based and provide answers, without recourse to NHS GPs to manage uncertainty
 - insists that GPs should have the ability to treat patients privately in the same way that other appropriately trained clinicians can

- iv. requests that SGPC ensure there are no contractual restrictions on practices seeing private patients, subject to appropriate fair systems in place
 - v. demands that practices are not unfairly penalised financially by seeing private patients in NHS facilities
- 31a **Lanarkshire:** That this conference wonders if NHS Scotland is aware that it continues to fund much of the work of private providers as they attempt to shift the burden of responsibility onto NHS GPs. We demand that the government apply clear principles and solutions to resolve tensions between public and private care via:
- i. allowing NHS GPs, where willing and able, to charge their own patients for treatment that is theoretically, but not realistically available in the local NHS area
 - ii. open discussion around what the NHS can reasonably afford to diagnose, monitor and treat, so that the public can easily see whether they will be eligible and able to access an NHS treatment
 - iii. clarifying that a private provider cannot, as part of its business model, default to NHS GPs for prescribing, monitoring or referral
 - iv. making clear to users and providers of private healthcare that they are responsible for the outcomes of treatments and services they provide. These should be evidence based and provide answers, without recourse to NHS GPs to manage uncertainty
 - v. HIS enabling the public to perform due diligence on private providers for example by ensuring logos on websites relate to genuine regulatory, registration and partnership relationships between organisations.
- 31b **UK Conference:** That conference regrets that the NHS is underfunding general practice to such an extent that patients are increasingly looking to access care privately and:
- i. insists that GPs should have the ability to treat patients privately in the same way that other appropriately trained clinicians can
 - ii. requests that GPCs in the four nations ensure there are no contractual restrictions on practices seeing private patients, subject to appropriate fair systems in place
 - iii. that practices are not unfairly penalised financially by seeing private patients in NHS facilities.

1420

IMMUNISATION/ENHANCED SERVICES

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- 32 **Agenda Committee motion to be proposed by Grampian:** That this conference calls for a reform of all Enhanced Service contracts:
- i. through a process of assessment that ensures the funding matches the work required
 - ii. through a commitment that Enhanced Services funding should be subject, as a minimum, to the GMS uplift figure
 - iii. through stability in Enhanced Services to enable practices to engage in longer term planning
 - iv. and calls for a Safeguarding DES that meets the resourcing need and recognises the many hours of unfunded work that GPs currently do in the area of safeguarding
 - v. and calls on SGPC to negotiate an enhanced service for practices supporting the additional time required to effectively care for asylum seeker and refugee patient populations with new additional GMS funding.

- 32a **Grampian:** That this conference calls for all Enhanced Services contracts to be uplifted directly and in line with DDRB recommendations, and to be offered the same protections as the GMS contract, so that practices delivering these additional services are properly reimbursed to cover the costs of delivering these services and incentivised to continue to provide these services in future.
- 32b **Lothian:** That this conference believes that the Enhanced Service system is not fit for purpose and needs reform through:
- i. a process of assessment that ensures the funding matches the work required
 - ii. a commitment that Enhanced Services funding should be subject, as a minimum, to the GMS uplift figure
 - iii. stability in Enhanced Services to enable practices to engage in longer term planning.
- 32c **UK Conference:** That conference notes that the vital safeguarding work GPs undertake is complex, demanding, and characterised by a need to share detailed, highly sensitive information with partner agencies in an often short timeframe, and as such:
- i. recognises that this places an enormous burden on clinicians and administrative teams
 - ii. recognises that this work is currently either unresourced in many areas, or covered by a variety of different local arrangements, despite the legislation and guidance governing the work being laid out nationally
 - iii. calls for a Safeguarding DES in each nation of the UK that meets this resourcing need and recognises the many hours of unfunded work that GPs currently do in this area.
- 32d **Glasgow:** That this conference recognises the significant additional medical and psychological needs of asylum seeker and refugee patient population, and calls:
- i. on SGPC to negotiate an enhanced service for practices supporting the additional time required to effectively care for these patients for this to be developed with new additional GMS funding.
- 32e **Lothian:** That this conference notes that, when compared to previously being delivered by GPs as part of an Enhanced Service, crucial Hepatitis B vaccination rates in those using drugs are falling drastically and asks that an urgent solution to this be found to avert worsening a public health crisis.
- * 33 **Tayside:** That this conference is disappointed that all immunisation data is still not being entered in to or automatically shared with, the patient GP electronic record by those undertaking the immunisation, relying on delayed transcription of information which represents a safety risk for patients and unnecessary burden on administrative teams in practices and calls for:
- i. urgent addition of all nationally supported vaccinations into the vaccine management tool
 - ii. mandatory use of the vaccine management tool at the point of delivery by all NHS immunisation services.
- 33a **Highland:** That this conference recognises the transfer of childhood immunisations to board vaccination teams under the 2018 contract but:
- i. demands immediate solutions to real time and direct recording of activity in the GP clinical record to ensure an accurate and contiguous patient record, mitigating risks posed to patient safety and loss of clinical records
 - ii. deplores the unsatisfactory situation practices find themselves in being asked to continue the manual data entry of vaccinations undertaken by Board vaccination teams

- iii. recognises the goodwill shown by general practice in supporting the recording of vaccinations and implementation of VTP, but now asks SGPC to formally communicate a finite transition of contractual responsibilities to Scottish Government and Health Boards
- iv. calls on Scottish Government to prioritise and resource the digital solutions required to integrate the additional childhood vaccinations within VMT without delay
- v. calls on SGPC to support any LMCs who seek a return of appropriately funded GP delivery of vaccinations due to poorly performing Health Board services

1435

SOAP BOX

1445

PREMISES

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- 34 **Agenda Committee to be proposed by Forth Valley:** That this conference with regard to the Scottish Government's pausing of the Sustainability Loans Scheme and failure to deliver Lease Assignations, key components of the 2018 GMS contract:
- i. believes this to be a betrayal of the profession who voted in favour of the contract
 - ii. calls on the Scottish Government to immediately restore adequate funding to allow the Sustainability Loans Scheme to urgently restart including the tranche 2 applications
 - iii. calls on the Scottish Government to take the steps necessary to enforce government policy and ensure that NHS Boards facilitate the transfer of leases as intended
 - iv. instructs SGPC to regard this as a dispute and to take steps to ballot GPs on industrial action.
- 34a **Forth Valley:** That this conference asks the Scottish Government to urgently restart sustainability loans and start the tranche 2 applications.
- 34b **Glasgow:** That this conference with regard to the Scottish Government's pausing of the Sustainability Loans Scheme and failure to deliver Lease Assignations, key components of the 2018 GMS contract:
- i. believes this to be a betrayal of the profession who voted in favour of the contract
 - ii. instructs SGPC to regard this as a dispute and to take steps to ballot GPs on industrial action.
- 34c **Glasgow:** That this conference condemns the failure of the Scottish Government to deliver on lease assignations and its pausing of the Sustainability Loan Scheme and is deeply concerned about the risk to practice sustainability that premises continues to cause, and calls on the Scottish Government to:
- i. immediately restore adequate funding to allow the Sustainability Loans Scheme to resume
 - ii. take the steps necessary to enforce government policy and ensure that NHS Boards facilitate the transfer of leases as intended.
- 34d **Grampian:** That this conference calls on the Scottish Government to fulfil the promise made in the 2018 contract regarding assignation of leases to Health Boards in order to reduce the fiscal burden on General Practice partners from owning their own premises and to make independent contractors more sustainable.

34e **Fife:** That this conference believes that the current pause on sustainability loans presents an unacceptable risk to premises owning Practices and must be resolved as a matter of urgency.

35 **Lothian:** That this conference believes that the current framework for premises Service Level Agreements between practices and Boards creates a significant risk to practice financial stability which is directly at odds with the expressed aims of the 2018 contract and believes costs should be directly reimbursable as part of the GMS contract.

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36 **Agenda Committee to be proposed by Grampian:** That this conference is appalled that after years of raising General Practice premises as a major issue at SLMC Conference we have yet to see an adequate General Practice premises national plan and calls for:

- i. SGPC to prioritise negotiation of a national plan with the government to ensure they are fit for purpose in the 21st century
- ii. adequate and equitable capital funding and premises development in community settings compared to secondary care spending given the Scottish Government reform agenda around increasing community delivery of care
- iii. Scottish Government to provide ring fenced funding for General Practice premises improvement for both NHS premises and practice owned premises
- iv. SGPC to negotiate grants to enable improvements in premises for the use of teaching and training.

36a **Grampian:** That this conference is appalled that after years of raising General Practice premises as a major issue at SLMC Conference we have yet to see an adequate General Practice premises national plan and calls on SGPC to prioritise negotiation of a national plan with the government.

36b **Tayside:** That this conference calls for adequate and equitable capital funding and premises development in community settings compared to secondary care spending given the Scottish Government reform agenda around increasing community delivery of care.

36c **Forth Valley:** That this conference asks that Scottish Government provide ring fenced funding for General Practice premises improvement for both NHS premises and practice owned premises.

36d **UK Conference:** That conference believes that GP premises are in dire need of upgrade and current underfunding is short sighted. We call for the GPCs to lobby governments to:

- i. invest in general practice estate infrastructure to ensure they are fit for purpose in the 21st century
- ii. negotiate grants to enable improvements in premises for the use of teaching and training
- iii. request analysis of areas in the UK where GP recruitment is most difficult and prioritise these areas for financial help with premises
- iv. mandate the transparency of section 106 money (or national equivalent) for healthcare, allowing GP practices and LMCs to influence this spend
- v. allow accessible healthcare by funding estates in primary care, enabling services from secondary care to take place in primary care.

1505

REPRESENTATION

- 37 **Agenda Committee to be proposed by Agenda Committee:** That this conference agrees to changing Standing Orders to include an amendment to 15. (a) "A member of the conference, including the chair of the SGPC, moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed one minute. However, the chair may extend these limits."
- 38 **Tayside:** That this conference calls on SGPC to make the necessary amendments so the election of the Deputy Chair of SGPC post(s) is/are for a 2-year term, and not yearly as is at present, to ensure the entirety of the SGPC negotiating team does not change within a single year and preserves some continuity and the knowledge bank.
- 39 **Forth Valley:** That this conference believes that Scottish LMCs should decide who their representatives are at SGPC and that this should not be decided by BMA policy.

1525

RECRUITMENT, RETENTION AND WORKFORCE

- * 40 **Agenda Committee to be proposed by Glasgow:** That this conference calls for the critical role of GPs to be protected and made sustainable, with the Scottish Government ensuring that:
- i. funding and arrangements are delivered now which permit practices to begin to engage the additional 800 GPs which the government committed to in 2018, and have confirmed they are on track to deliver
 - ii. work is undertaken to establish how many whole-time equivalent GPs are required to meet the needs of the Scottish population now
 - iii. work is undertaken to establish how many whole time GPs will be required to meet the needs of the Scottish population in 10 and 25 years' time, having regard to changing demographics, any increased role of the GP arising from more care shifting to the community, and an increased preventative medicine approach
 - iv. some contractual funding follows the GP as well as the patient list
 - v. it fast track a new and fit for purpose retention scheme applying to all career stages to help maintain this.
- 40a **Glasgow:** That this conference calls for the critical role of GPs to be protected and made sustainable, with the Scottish Government ensuring that:
- i. funding and arrangements are delivered now which permit practices to begin to engage the additional 800 GPs which the government committed to in 2018, and have confirmed they are on track to deliver
 - ii. work is undertaken to establish how many whole time equivalent GPs are required to meet the needs of the Scottish population now
 - iii. work is undertaken to establish how many whole time GPs will be required to meet the needs of the Scottish population in 10 and 25 years' time, having regard to changing demographics, any increased role of the GP arising from more care shifting to the community, and an increased preventative medicine approach.
- 40b **Grampian:** That this conference believes the Scottish Government are not on target for recruitment of 800 new GPs by 2027 and calls for SGPC to establish how many General Practitioners Scotland needs in terms of WTEs and renegotiate this figure with the government.
- 40c **Lothian:** That this conference asks the Scottish Government to acknowledge the benefits of continuity of care in General Practice, including reducing mortality and overall health service costs, and asks that it fast track a new and fit for purpose retention scheme applying to all career stages to help maintain this.

- 40d **Lothian:** That this conference is saddened to note that one year on from our ask for an urgent retention scheme for older GPs following the abandonment of SIPS, there is still none and asks that if the Scottish Government wants to avoid losing Scotland's most experienced GPs, this requires immediate action.
- 40e **Forth Valley:** That this conference believes there is no possibility that GP WTE numbers in Scotland can increase until some contractual funding follows the GP as well as the patient list.

1535

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 41 **Agenda Committee to be proposed by Lothian:** That this conference is shocked and dismayed that the Scottish Government has failed to deliver a fully electronic prescribing solution, as committed to in its 2021 manifesto and:
- that this is an embarrassing and dismal Scottish Government failure, with the cost being felt by every practice workforce in the country and our patients
 - is livid that prescribing pharmacists in pharmacotherapy hubs are still relying on GPs within practices signing, in ink, prescriptions generated by others
 - calls on the Scottish Government to commit sufficient resource to deliver this project, which will enable joint working across the NHS in Scotland without further delay.
- 41a **Lothian:** That this conference asserts that the failure to deliver electronic prescribing is an embarrassing and dismal Scottish Government failure, with the cost being felt by every practice workforce in the country and our patients, and far more resource and effort needs to be put into implementing it.
- 41b **Glasgow:** That this conference is shocked and dismayed that the Scottish Government has failed to deliver a fully electronic prescribing solution, as committed to in its 2021 manifesto and calls on the Scottish Government to commit sufficient resource to deliver this project, which will enable joint working across the NHS in Scotland without further delay.
- 41c **Lanarkshire:** That this conference is livid that prescribing pharmacists in pharmacotherapy hubs are still relying on GPs within practices signing, in ink, prescriptions generated by others and that the digital prescribing project has not materialised with any form of future proof process, rather that it seeks to replicate a system that is not currently fit for purpose.
- 42 **Lothian:** That this conference demands that all specialist-initiated drugs requiring monitoring in General Practice that are not covered by traditional Quality and Outcomes Framework (QOF) domains should be separately resourced.
- 43 **Lothian:** That this conference is concerned about the lack of evidence for use of antivirals in COVID and is disappointed that, despite this, Scottish Government has advised that these services become business as normal and can be transferred into General Practice, putting further pressure on access.

1555

GENERAL PRACTICE

- * 44 **Glasgow:** That this conference calls on the Scottish Government to protect the family doctor role, and ensure that General Practice remains a GP led and GP delivered service in Scotland.
- 44a **Lanarkshire:** That this conference wonders if anyone outside Scottish General Practice partnerships realises how long waiting lists to see a GP will be if the service were to become salaried and GPs and all their staff were employed by boards.
- 44b **UK Conference:** That conference calls on GPC UK to call on the UK government and devolved nation governments via the devolved nation GPCs to ensure that general practitioners are the main provider of primary care and ensure that any plans of replacing this professional workforce with non-medical professional entities be rejected.

1605

PUBLIC HEALTH

- * 45 **Agenda Committee to be proposed by Lothian:** That this conference with regard to public health applauds:
- i. Scotland for its progressive public health approaches, having led the way with a ban on smoking in enclosed public places, and now asks that it does the same for outdoor eating areas
 - ii. that Scottish Government continues to support a minimum price on a unit of alcohol, including the recent increase, but asks that this be automatically linked to inflationary markers in future.
- 45a **Lothian:** That this conference applauds Scotland for its progressive public health approaches, having led the way with a ban on smoking in enclosed public places, and now asks that it does the same for outdoor eating areas.
- 45b **Lothian:** That this conference applauds that Scottish Government continues to support a minimum price on a unit of alcohol, including the recent increase, but asks that this be automatically linked to inflationary markers in future.

1615

MENTAL HEALTH/NEURODIVERSITY SERVICES

- * 46 **Agenda Committee to be proposed by Fife:** That conference is appalled at the lack of adequate ADHD and other neurodiversity services across the NHS, with demand for services continuing to rise sharply, impacting on GP workload. We call upon SGPC to work with and lobby relevant stakeholders to:
- i. fund and commission comprehensive local NHS ADHD and other neurodiversity services, delivered by appropriately trained and regulated clinicians, with the responsibility for initiating, monitoring, prescribing, and titrating any medications prescribed
 - ii. ensure that no GP is expected to take over responsibility of ADHD medication prescribing or monitoring without a shared care agreement and appropriate funding to facilitate any required monitoring
 - iii. provide support to GPs who do not feel comfortable facilitating shared care agreements for prescribing ADHD medications following an assessment that they do not feel has been conducted to a suitable standard
 - iv. produce clear patient resources to explain NHS ADHD services and the role of GPs in ongoing prescribing, where felt appropriate, under shared care agreements
 - v. allow patients to self-refer to NHS ADHD and other neurodiversity services, without the requirement to consult their GP.

- 46a **UK Conference:** That conference is appalled at the lack of adequate ADHD and other neurodiversity services across the NHS, with demand for services continuing to rise sharply, impacting on GP workload. We call upon on the GPCs to work with and lobby relevant stakeholders to:
- fund and commission comprehensive local NHS ADHD and other neurodiversity services, delivered by appropriately trained and regulated clinicians, with the responsibility for initiating, monitoring, prescribing, and titrating any medications prescribed
 - ensure that no GP is expected to take over responsibility of ADHD medication prescribing or monitoring without a shared care agreement and appropriate funding to facilitate any required monitoring
 - provide support to GPs who do not feel comfortable facilitating shared care agreements for prescribing ADHD medications following an assessment that they do not feel has been conducted to a suitable standard
 - produce clear patient resources to explain NHS ADHD services and the role of GPs in ongoing prescribing, where felt appropriate, under shared care agreements
 - allow patients to self-refer to NHS ADHD and other neurodiversity services, without the requirement to consult their GP.
- 46b **Fife:** That this conference believes, regards current trends in seeking assessment of neurodiversity, the Scottish Government:
- should acknowledge the scale of the problem in terms of the breadth and depth of demographic seeking assessment and the enormous workload challenges created for General Practice
 - should acknowledge and address the lack of funding for appropriate pathways into assessment and treatment
 - should accept responsibility around public education and expectation of what assessment and treatment can reasonably provide and address.
- 46c **Ayrshire and Arran:** That this conference calls for Scottish Government to:
- recognise that adults with autism are 9 times more likely to die by suicide, and children with autism are 28 times more likely to attempt suicide
 - urgently instruct, and fund local mental health services, to review access to and support for neurodiverse individuals
 - ensure all neurodiverse individuals have timely access to person-centred, adaptive and responsive specialist mental health supports whenever required.
- 46d **Lothian:** That this conference deplores the long waiting lists for ADHD assessments and asks that Scottish Government:
- makes clear that the default for diagnosis is not the GP
 - implement new models of care for low risk/low disability groups to enable higher risk patients to be assessed more quickly.

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- 47 **Agenda Committee to be proposed by Lothian:** That this conference believes that Scottish Government has failed in providing adequate mental health services to its population and also, in accordance with Scottish Government's 2017-2027 Mental Health Strategy, demands:
- acknowledgement be made that systems are failing, and that GPs and their patients are left to pick up the pieces
 - consideration be given to reinstating the promise to provide an additional 800 mental health practitioners
 - anti-psychotic medication recommended by specialist services be monitored by them, unless covered by an agreed and resourced Shared Care Agreement
 - action 15 funding is utilised appropriately to provide direct and equitable access to mental health professionals in ALL GP practices

- v. there should be no barrier to access and no exclusion criteria, for patients presenting to primary care, with concerns regarding mental health or distress.
- 47a **Lothian:** That this conference believes that Scottish Government has failed in providing adequate mental health services to its population and demands that:
- i. acknowledgement be made that systems are failing, and that GPs and their patients are left to pick up the pieces
 - ii. consideration be given to reinstating the promise to provide an additional 800 mental health practitioners
 - iii. anti-psychotic medication recommended by specialist services be monitored by them, unless covered by an agreed and resourced Shared Care Agreement.
- 47b **Glasgow:** That this conference condemns the cuts that have been made to general practice based mental health services funded via Action 15 monies and calls on the Scottish Government to properly resource and fund community mental health services.
- 47c **Ayrshire and Arran:** That this conference demands that Health Boards and Mental Health Services ensure that, in accordance with Scottish Government's 2017-2027 mental health strategy:
- i. that action 15 funding is utilised appropriately to provide direct and equitable access to mental health professionals in ALL GP practices
 - ii. there should be no barrier to access and no exclusion criteria, for patients presenting to primary care, with concerns regarding mental health or distress.

1630

CONTINGENCY TIME

1645

CLOSE OF CONFERENCE

Part 2 of the agenda

A and AR motions

CONTRACTS AND NEGOTIATIONS

- | | | |
|----|----|---|
| AR | 48 | <p>Ayrshire and Arran: That this conference believes that the current Temporary Patient Adjustment (TPA) system:</p> <ul style="list-style-type: none"> i. has not been reviewed in over 20 years and is currently not fit for purpose ii. does not ensure GP independent contractors are fairly compensated for seeing temporary patients iii. needs urgently renegotiated and overhauled with a more dynamic, index linked, compensation solution agreed so practices are paid fairly and at market rate for the temporary patients they see. |
|----|----|---|

EDUCATION AND TRAINING

- | | | |
|---|----|---|
| A | 49 | <p>Dumfries & Galloway: That this conference is encouraged that Scottish Government acknowledge that primary care is the backbone of the National Health Service and calls on Scottish Government to support primary care to thrive by recognising the need for, supporting and funding a monthly half day closing for continuous professional development and staff training and development.</p> |
|---|----|---|

EHEALTH

- | | | |
|---|----|---|
| A | 50 | <p>Grampian: That this conference feels frustrated that organisations are inappropriately using Subject Access Requests to obtain information from GP practices rather than requesting a report which a practice can charge for and calls on SGPC to negotiate with the relevant agencies to offer practices protection including the ability for practices to refuse Subject Access Requests when a medical report would be more appropriate.</p> |
|---|----|---|

WELLBEING

- | | | |
|----|----|--|
| AR | 51 | <p>Grampian: That this conference feels the Scottish Workforce Specialist service has contributed to keeping General Practitioners well and calls on SGPC to fiercely protect the service from withdrawal by negotiation of at least five years term for the service.</p> |
|----|----|--|

GP FUNDING AND REMUNERATION

- | | | |
|----|----|--|
| A | 52 | <p>Fife: That this conference believes that, while funding for General Practice remains inadequate, the Scottish Government requires to challenge progressive societal trends of externalised personal responsibility for physical and mental health and hold an honest conversation with the public around sustainability of General Practice (and the wider NHS) if this cannot be addressed by a significant increase in investment in same.</p> |
| AR | 53 | <p>Glasgow: That this conference calls for the impact of health care on climate sustainability to be recognised by the Scottish Government and believes that the only solution is to have a significantly increased investment in prevention and early intervention funding.</p> |

WORKLOAD

- | | | |
|---|----|--|
| A | 54 | <p>Dumfries & Galloway: That this conference recognizes the exponential increase in demand to supply patients' medical records, compelled to be provided free of charge, and calls on Scottish Government to:</p> <ul style="list-style-type: none"> i. recognize the increased unfunded workload this demand places on practices ii. urgently pursue a solution, such as available in NHS England, where patients' have access to their own records on a smartphone app. |
|---|----|--|

QUALITY & CLUSTERS

- | | | |
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| AR | 55 | <p>Tayside: That this conference continues to welcome the commitment to quality improvement and support within the GMS 2018 contract and:</p> <ul style="list-style-type: none"> i. is concerned that the level of support has reduced since inception through failure to uplift backfill payment for practice quality leads ii. calls on Scottish Government to uplift the sessional payment for practice quality lead time to a level commensurate with 1 session of GP time and commit to future uplift in line with annual pay award. |
|----|----|--|

Motions not prioritised for debate

PRIMARY/SECONDARY CARE INTERFACE

- | | |
|----|--|
| 56 | <p>Lothian: That this conference recommends a flat fee, linked to inflation, for every blood test done by a GP for a specialist.</p> |
| 57 | <p>Lanarkshire: That this conference demands a nationally agreed standardised protocol or proforma to support GPs when they are advising allied health professionals and secondary care of inappropriate or unresourced transfer of work.</p> |

CONTRACTS AND NEGOTIATIONS

- | | |
|----|---|
| 58 | <p>UK Conference: That conference wishes for our governments to offer GMS contracts that have been agreed by negotiation and:</p> <ul style="list-style-type: none"> i. demands that a GMS contract amendment can only be imposed on general practice at times of national emergency and not when negotiations prove difficult ii. believes that UK governments have failed to provide the necessary investment to ensure the survival of GMS iii. believes that being prepared to walk away may be more effective than industrial action iv. mandates the GPCs to develop viable alternatives to GMS, including actively supporting GP practices to work outside the NHS v. empowers the GPCs to use the threat of mass resignation to improve the NHS offer to practices. |
| 59 | <p>Lothian: That this conference believes the promised Phase 2 of the GMS contract is not happening in the timescales that the profession believe they were promised and asks the Scottish Government to move forward with a phased approach so that the most urgent aspects of it can be delivered more quickly.</p> |

- 60 **Lanarkshire:** That this conference recognises that there has been a failure to properly implement the GMS 2018 contract. There has been no recognisable improvement in GP workload and no improvement in recruitment and retention. Continuing negotiations with a disinterested government over a contract they have no intention of providing in full seems futile and this conference demands such discussions cease.
- 61 **Lanarkshire:** That this conference is dismayed that the GMS2018 contract has not been fully implemented. There has been no recognisable reduction in content, alongside an increase in complexity of GP workload. It is a further waste of GP leadership time to continue negotiations with a disinterested government and we demand such discussions cease.
- 62 **Lanarkshire:** That this conference appreciates the hard work of the outgoing SGPC negotiating team, while noting that the GMS2018 contract remains undelivered in full. Far from being ready to take on the role of Expert Medical Generalist, GPs are drowning in a deluge of work coming from secondary care, alongside bureaucratic and inefficient Primary Care improvement services. This conference welcomes the new negotiating committee and hopes they have brought boats and tunnelling equipment with them, to lead us to the other side.
- 63 **Lanarkshire:** That this conference is fed up with a contract that leaves GPs struggling with perceived moral and social responsibilities to seemingly absorb every risk and failure of increasingly compartmentalised shrinking services, while also being the face of their customer service departments, without a feedback mechanism. We demand change.

HEALTHCARE PLANNING AND PROVISION

- 64 **Ayrshire and Arran:** That this Conference calls on Scottish Government to radically reconsider the options available to support GPs to encourage individuals to self-monitor and manage their health conditions by:
- i. providing blood pressure monitors to individuals where indicated
 - ii. introducing a health monitoring device voucher scheme.

EHEALTH

- 65 **Lanarkshire:** That this conference is in favour of a patient held or owned health record but not that the GP record should be this single source of truth, maintained and added to by GPs. We demand:
- i. open debate on the role of the GP practice in providing coding services for the rest of the healthcare system based on letters received into the practice
 - ii. professional coding input, as in secondary care, to code into the patient accessed healthcare record at diagnostic source
 - iii. clear plans as to how SNOMED CT will work across the health care system, so that GPs are not responsible for coding every useful piece of information from other parts of the system.
- 66 **Forth Valley:** That this conference asks SGPC to work with IT policy groups so that there is national policy to allow personal devices to access NHS WiFi to allow clinicians to use appropriate clinical apps to do their job efficiently.

- 67 **Lothian:** That this conference requests a progress update from Scottish Government on its previously carried Conference motion for a Scotland-wide electronic solution to secondary care blood test requests performed in primary care, and for the results to be returned to the requesting specialist.
- 68 **Tayside:** That this conference is appalled at the continued failure to deliver a reliable system to transfer full and complete data between GP practices at the point of patient transfer, which is meant to be delivered through the GP2GP software, resulting in unnecessary clinical and administrative burden on practices and systematic denigration of the patient record and calls on SGPC:
- i. to lobby Scottish Government to urgently address current issues and deliver a workable, robust program to safeguard the integrity of the patient record and support safe delivery of care
 - ii. that should this not be delivered to highlight this to the public in an open conversation about Scottish Government acceptance of degradation of their record when moving practice.

SCOTTISH AMBULANCE SERVICE

- 69 **Grampian:** That this conference supports our colleagues in the Scottish Ambulance Service and demands with high priority that SGPC negotiate with the Scottish Government and relevant agencies demands on health boards that allow ambulances to safely transfer patients to hospital without delay to prevent ambulance stacking which is severely impacting the service to operate safely in the community which is impacting on general practice.

PCIF/eMDT

- 70 **Grampian:** That this conference believes that the Scottish Government and Health Boards have unashamedly prioritised the recruitment and the well-being of the Multi-Disciplinary Team over General Practitioners and their teams to the detriment of patient care.
- 71 **Grampian:** That this conference mandates SGPC to have as many meetings as it takes to address the rhetoric from the Scottish Government that the MDT is increasing in general practice and this is positive to supporting GP workload as GPs know despite the MDT having its place and being helpful in some situations the failure of Scottish Government prioritising the recruitment of the MDT over GPs has been damaging to general practice.

WORKLOAD

- 72 **Lanarkshire:** That this conference notes that 'shifting the balance of care' has resulted in increasing volumes of inappropriate or unresourced transfer of work, often unrelated to the actual place of care, and represents a significant risk to GP sustainability. Rather than leaving it to individual boards who focus on new targets and ideas rather than resolving current issues, we demand a national strategy to listen to and address the root causes of such transfer.
- 73 **Lanarkshire:** That this conference is angered that 'Shifting the Balance of Care' has shifted more work and responsibility to GP practices, without a real terms increase in useful, efficient resources or reduction in total practice workload.

- 74 **Lanarkshire:** That this conference is intrigued that GPs are used by others both as menials to do their bidding, such as bloods and prescriptions, but also as ultimate carriers of risk and responsibility for barely accessible clinical services. Leaving aside what GPs themselves may know themselves to be most appropriately tasked with, we demand that the NHS and the public finally decide which it wants, because you can no longer have it all.

PRESCRIBING, PHARMACY SERVICES AND DISPENSING

- 75 **UK Conference:** That conference has grave concerns about a deal between a national government and a pharmaceutical company to circumvent usual procedure in bringing a drug (Inclisiran) to market and:
- believes that such an approach risks patient safety
 - demands that any future attempt to fast-track drugs to UK patients via GPs be subject to ratification by relevant GPCs
 - demands that any new drugs to be prescribed, administered or dispensed in general practice are made available only when a safe pathway and relevant funding has been agreed with the relevant GPCs.

GENERAL PRACTICE

- 76 **Forth Valley:** That this conference asks that SGPC define a whole-time equivalent GP as 6 clinical sessions and use this as the standard going ahead.

APPRAISAL, REVALIDATION AND PROFESSIONAL REGULATION

- 77 **Tayside:** That this conference advises that GP appraisal, in its current form, is more of a burden than a benefit.

MISCELLANEOUS

- 78 **Tayside:** That this conference calls on Scottish & UK governments to ensure that payment for court attendance should cover costs and:
- for those called as jurors or witnesses should, at the minimum, be commensurate with the national living wage
 - for professionals attending as witnesses or jurors fully cover the cost of their backfill.
- 79 **Tayside:** That this conference advises Scottish Government that the current NHS complaints process serves neither patients nor clinicians well and requires urgent review.

PUBLIC MESSAGING

- 80 **Lothian:** That this conference is disappointed that adverts being broadcast in Scotland still advise patients to contact GP practices for vaccinations and calls for Scottish Government to mount a Public Information campaign advising the public not to contact their GP for vaccinations.

Notes page

#SLMC24

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