

# LMC Conference Report

## Day 1

### Opening Speech

This is Laurence Buckman's last speech as chair of the GPC.

He talked about the government's position on the A&E crisis and that its own analysis had already demonstrated that. The causes were complex and clearly showed that it had little to do with GP OOH provision. GPs can no longer be the providers of last resort for urgent OOH care. It was clear that the contract changes have not affected A&E services. Better services will require more investment. GPs should not be expected to shore up unsafe A&E units. The 111 service has clearly been shown not to deliver the standards promised and has been a major factor in the A&E crisis.

The government has had a new contract imposed with yet another real terms cut in income.

The last Secretary of State for health stated he wanted to take the politics out of the NHS and free CCGs. After only 54 days it is already interfering and telling CCGs what to do. It is untenable to continue to heap work onto GPs ad infinitum, there needs to be sufficient investment to enable holistic care. The variation through the different nations is not acceptable.

The GPC is preparing support materials to help GPs explain pressures to their patients.

Despite the events of Mid Staffs much of the culture in the NHS remains corrosive.

The new NHS reforms have morphed into a race towards competition and fragmentation.

The GPC will continue to be active in the sphere of conflict of interest.

The training supplement for registrars has been cut and there is anxiety about future recruitment.

The changes in locum pay are worrying and may put small practices at risk.

GPs are already closely supervised, but there is a new chief inspector proposed.

Appraisers seem to be taking a very rigid approach and are taking on a policing role. The organisation domain of QOF which supported appraisal & realisation has been removed.

Locum are now expected to pay for their own appraisals.

24h GP access will require reduced daytime access and/or significant increases in GP numbers. There will be a need to develop larger units and federations to deliver services.

New GPs have different aspirations and need to be supported. Those who wish to work on a sessional basis should not be disadvantaged.

Laurence went on to thank the BMA & GPC staff.

GPs and their teams continue to deliver excellent care and the rise in the fit elderly population is a testament to that.

He received a standing ovation.

The early motions were about housekeeping.

The motions are listed in the order discussed and may not follow a numerical sequence.

### Motion 7

This motion condemned the lack of funding of general practice with respect to the overall increases in healthcare spending. GPs enjoy very high trust ratings and have been shown

to provide cost-effective care. It called for appropriate funding for general practice to meet the new challenges; it was passed unanimously.

### **Motion 8**

This motion condemned the impact of NHS reforms on general practice. The reality is that GPs have no more influence over services than they ever had. The new framework allows the wholesale privatisation of the NHS. Ultimately the impact will be felt most by vulnerable patients. It was carried unanimously.

### **Motion 9**

This motion was about the risk the NHS reforms to general practice. General practice provides excellent returns on investment and should be invested in. The future of the NHS depends on effective general practice. The motion was passed.

### **Motion 10**

This motion was about the government wishing to privatise the NHS and a demand that it be made public knowledge. Private health companies are making substantial donations to the government, many MPs and Lords have positions with these companies. The proposer went on to suggest that this activity may be fraudulent. It was carried.

### **Motion 11**

This motion condemned the evidence base for the new NHS act and the upheaval it has caused. It was carried unanimously.

### **Motion 12**

The motion called on the GPC to support a return to holistic care in the wake of the Francis report. Any changes as a result would need to be adequately resourced. The motion was carried, subsection iv which committed the GPC to implementing the recommendations of the report was carried as a reference which means that it will not be binding policy as the GPC has some reservations about some of the clauses.

### **Motion 13**

This motion calls on the GPC to support whistleblowing and the raising of concerns. It was carried. The GPC has already set up a confidential helpline.

### **Motion 14**

This motion calls on the government to commission an independent enquiry into the NHS 111 debacle. The experience of the service go-live and its failure was described to us. There was a call for a return to a GP led service. It was carried unanimously.

### **Motion 702**

This is a rider to the previous motion. It called for triage not to be given to the least experienced staff in the face of all the evidence to the contrary. It was carried unanimously.

### **Motion 15**

This motion expresses concern about inconsistency in the appraisal standards applied in England & asks for a nationally agreed standard of evidence and a national board to oversee it. It was carried

### **Motion 16**

This motion expresses concern about a crisis in the GP workforce exacerbated by increasing workload and stress. It calls on the government to take urgent measures to address the crisis, putting measures in place to promote recruitment and retention. There were many speakers to the motion which was carried except for sections iii & v which called for measures to reduce early retirement and moving abroad.

### **Motion 17**

This motion criticises the GPC stating the profession had lost faith in their negotiating skills. The GPC negotiators were vehemently defended by Laurence Buckman and it was overwhelmingly rejected.

### **Motion 18**

This motion asks the conference to agree that the current contract is not fit for purpose, subsections refer to balloting GPs about a new contract and the deadlines in contracts. There is a request that our contract be modified to reward activity. The motion was carried except for the sections requesting a new contract as the outcome is likely to be worse.

### **Motion 21**

This motion deplores the imposition of the new contract. It asks that those delivering primary care (GPs) be listened to. There is a section which would compel the GPC to seek an opinion on the legality of the imposition in the European courts. The motion was carried except the court section.

### **Motion 22**

This motion condemning the AQP programme was carried.

### **Motion 23**

This motion condemning the contracting process was carried

### **Motion 24**

This motion affirming that doctors must put their patients before financial considerations and meeting targets was carried.

### **Motion 25**

This motion demands that performance management of GPs not be transferred to CCGs. The motion was carried.

### **Motion 26**

This motion seeks to remove the requirement that practices be part of a CCG. It was thought that the ability to resign might be a powerful political tool. The motion was carried except for a requirement for the GPC to change this as it was not thought to be within the GPC's power.

### **Motion 27**

This motion supporting the role of the LMCs and GPC in the changing NHS was carried.

### **Motion 28**

This motion opposes the move to a tick box culture and encourages a move away from guidelines, targets and protocols. It was carried unanimously.

### **Motion 29**

This is a motion supporting the partnership model in general practice whilst accommodating other forms of commitment such as sessional doctors. The motion was carried.

### **Motion 30**

This motion encourages GPs to consult with patients and the public about their wishes for the future. It was carried unanimously.

### **Motion 31**

This motion calls on the government to have a full and frank discussion with the public about how the NHS should be funded and what service should be provided. There were speakers against this because of worries about the two tier implications of an insurance based system. The motion was carried except for the subsection stating that a service free at the point of delivery was no longer affordable.

### **Motion 32**

This motion promotes longer consultation times to improve patient care, but adds that this is impossible without adequate resources. The motion was carried.

### **Motion 39**

This motion calling for adequate training and funding for registrars was carried

#### **Motion 40**

This motion calls for proper GP representation in Local Education and Training Boards and an increase in GP training. The motion was passed.

#### **Motion 41**

This motion expresses concern that international medical graduates have lower MRCGP pass rates than UK graduates. There is a suggestion that there should be more support for these doctors and better feedback from the examiners. The motion was carried.

#### **Motion 42**

This motion questions the fitness for purpose of CQC and asks whether it should be scrutinised further in the wake of the Francis enquiry. The motion was carried.

#### **Motion 44**

This motion urges the GPC to reject moves towards OFSTED type practice rating systems arguing it is expensive and wasteful. The motion was carried unanimously.

#### **Motion 45**

This motion calls for the GPC to campaign for any assistant chief medical officer to be a practising GP. The motion was carried.

#### **Motion 46**

This motion calls for the GPC to believe that any practices coming up for procurement should be offered under GMS terms and be made available to local practices. It was carried.

#### **Motion 47**

This motion deprecates the reuse of the term "cottage hospital" which does not reflect what goes on in community hospitals. The motion was carried.

## **Day 2**

The running order has been amended to allow for a major debate following Jeremy Hunt's speech about General Practice.

### **Motion 52**

This motion deploring the transfer of work from secondary care to primary care; it opposed any further transfer without adequate funding. There was some debate about whether the transfer should actually be deplored and it was unanimously passed as a reference. A rider was then proposed asking the GPC to develop a tool to help practices work out which work they should take on. The rider was passed.

### **Motion 53**

This motion is about communications from secondary care. It asks for a discharge proforma to cover the main points of follow up care. Clinicians should be responsible for following up their own investigations, not GPs. It asks for out patient clinics to initiate new drugs themselves rather than sending advice sheets. The motion was passed.

### **Motion 54**

This motion calls for hospitals to take greater care to ensure that clinical communications are sent to the correct recipient. It argues that failure to do so may breach the data protection act. The motion was carried.

### **Motion 55**

This motion calls for the electronic prescribing service version 2 to be extended to dispensing practices. The motion was passed.

### **Motion 56**

This motion condemns the transfer of superannuation payments from PCOs to practices. It also condemns the poor death in service benefits for locums. The motion was carried.

### **Motion 57**

This motion condemns the abolition of the contracted out rate of national insurance contributions with the introduction of the single tier pension. It is likely to cost the average practice £8,000 per year. The motion calls for this cost to be accommodated via changes to superannuation payments. The motion was carried.

### **Motion 58**

This motion deplores the destabilising effect of the withdrawal of MPIG and correction factor. The motion was carried.

### **Motion 59**

This motion calls for a fairer funding formula for general practice, taking account of patient age, nursing home patients, rurality and social deprivation. The motion was carried.

### **Motion 60**

This motion expresses concern about general practice funding and asks for changes to support the most cost-effective part of the NHS and to make general practice a more attractive career option. The motion was carried.

### **Motion 19**

This was carried forward from yesterday. This motion calls for the conference to believe that a single UK contract is the only way to ensure equity of health provision. It would still allow for some variation. The motion was carried.

### **Motion 61**

This motion expresses concern about the transfer of health centres to NHS Property Services with the attendant rises in costs for which there is no guaranteed reimbursement. The section demanding reimbursement was carried with sections referring to potential destabilisation carried as references.

### **Motion 83**

This motion calls for a redefinition of core services so that there is a starting point for negotiating additional transfer of services. It mentions home visiting as one of the services which might be renegotiated. The motion was lost except for the part demanding that any new services be resourced and evidence-based.

### **Motion 84**

This motion asks for the GPC to support sanctions for patients who regularly do not attend for appointments. The motion was lost.

### **Motion 85**

This motion states that there is no evidence to support seven day opening and should not go ahead without significant extra investment and adequate support services. The motion was carried.

### **Motion 714**

This motion calls for the GPC to investigate the provision of GP support services across the UK. It calls for equitable funding and deplores that there is an increase in the number of GPs seeking help who are not being supported. The motion was carried and the letter written to contractors in the North-East by the Local Area Team was condemned.

### **Motion 62**

This motion calls for the GPC to be more open with its communications. It proposes a GPC website to improve communication. Laurence Buckman explained the reasons for confidentiality and the different roles of the GPC & BMA. The motion was lost except for the call for a website.

### **Motion 63**

This motion expressed concern about under representation of women on the GPC and calls for measures to address it. The motion was carried.

### **Motion 69**

This motion calls for recognition of the pivotal role GPs play in safeguarding. The work needs to be resourced & GPs unable to attend meetings should not be criticised. The motion was carried.

### **Motion 70**

This motion condemns the benefits assessment service. It demands a stop to the practice of asking patients to seek letters from GPs, a report should be requested instead. These reports should be properly funded. It was pointed out that the service does not officially request information in this way. The motion was carried unanimously.

### **Motion 71**

This motion condemns fit notes as unfit for purpose. It also asks for an extension of the period covered by self certification. The motion was carried.

### **Motion 72**

This motion expresses concern about changes in death certification stating that local authorities are not yet ready to take it on. The motion was carried.

### **Motion 73**

This motion calls for changes to the LMC conference including a requirement for speakers to declare party affiliation or conflict of interest. The parts on looking at the conference and declaring conflicts of interest were carried, the other parts were rejected.

### **Motion 74**

This motion calls for a separate English LMC conference. The motion was rejected.

### **Motion 75**

This motion expresses concern about proposals for unrestricted online access to medical records. It calls for recognition of the workload involved and sensible safeguards be put in place. The motion was carried except for the subsection calling for a withdrawal from any further negotiation.

#### **Motion 76**

This motion expresses concern about data extraction from patient records. NHS England has stated that by seeking NHS treatment, patients are consenting to sharing of their data and that data protection provisions be waived. The motion asks that the GPC works to ensure that patient identifiable information is only shared with properly informed consent. The section about information was rejected on the grounds it could not be legally delivered; the rest of the motion was carried.

#### **Motion 77**

This motion expresses concern about data sharing agreements and asks for indemnity against any third parties who may misuse such information. The motion was carried.

#### **Motion 78**

This motion calls for the rejection of third party scrutiny and rejection of non two-week referrals. The motion was carried.

#### **Motion 79**

This motion states that GPs should not co-operate with referral systems unless they are evidence-based, educational and voluntary and access to any letter is only with the explicit consent of the patient. It was carried.

#### **Motion 80**

This motion calls on the GPC to work towards securing adequate supplies of medicines for patients and better systems for alerting GPs to shortages. The motion was passed.

#### **Motion 81**

This motion expresses concern about the harms caused by screening. It demands that the approval of the UK National Screening Committee and adequate funding be in place before any screening programme is rolled out. The motion was passed.

#### **Motion 82**

This motion calls for proper support of GPs when trying to implement cost-effective prescribing schemes. There should be a move away from prescription switching. The motion was carried.

#### **Motion 64**

This motion proposes that the chair of the GPC should only serve a maximum term of three years, that the GPC employ professional negotiators and that the chair of conference chair the GPC. It also called for training be made available to help develop young GPs. The motion was lost except the section on training.

## **Major Debate**

These motions were put together at short notice by the agenda committee in response to the speech by the Secretary of State for Health yesterday.

### **Motion 801**

The motion states that GPs are the patient's champions; NHS staff are working harder than ever and that targets such as QOF, QP and enhanced services are getting in the way of dealing with the patients' agenda. The motion was carried.

### **Motion 802**

This motion attempts to set out criteria whereby GPs could consider taking back responsibility for OOH services. It was overwhelmingly rejected.

### **Motion 803**

This is a motion expressing no confidence in the Secretary of State for Health. The vote was lost.

Bill Westwood  
24/5/13