Day One

Chair's Address
Chaand Nagpaul

Chaand described how the Brexit vote had led to paralysis in NHS funding.

GPC had used the GP forward view to negotiate this year's contract with the removal of the unplanned admission enhanced service and reimbursement of CQC costs. Arrangements for sick leave have been significantly increased.

Despite the improvements General Practice remains in a parlous state. There remain unresourced workload pressures. Ministers must end callous disregard of health needs of British citizens. Resources must be increased. A high proportion of GPs state workload is unsustainable.

Inappropriate workload must be eliminated, could free up 25% more appointments.

New hospital contract is a step in the right direction. He encouraged us of standard letters to push back against breaches. It is not acceptable to use General Practice as a backstop.

Moving GPs into A&E is totally inappropriate and further reduces GP capacity. GPs should work in General Practice. He referred to Quality First webpages.

LMCs have responsibility to ensure funding reaches practices.

CCGs facing hospital deficits need to show leadership and point out to NHS England that restricting GP funding will make things worse.

The argument has been proven that the enhanced access programme does not work. There is now more flexibility including locality hubs.

Practices need to work together to create collaborative resilience. Super-partnerships & federations can support this. GPC examples were bottom-up, preserving exiting contracts. The MCP contract has been amended to allow retention of individual contracts.

Service charges are a major risk to practices and it is not acceptable that one part of the NHS can destabilise another.

Commercial outsourcing such as Capita has proven to be a disaster.

Growth of sessional working must be recognised. Need to support local communities of GPs whatever their contractual status. This is a time for professional unity. However partners are reporting greater levels of stress. The collapse of the partnership model risks the collapse of General Practice. Locums and partners are co-dependent.

Prime Minister's attempt to scapegoat GPs for hospital pressures was unacceptable.

There have been several reforms of the GPC including creation of GPC England. National GPCs remain in close contact. Things are particularly bad in Northern Ireland.
There has been increasing regionalisation.
Communication to LMCs has increased to support them better.

GPs remain adaptable and resilient. The service to 1m patients a day must continue.
General election must deliver government which funds NHS properly.

Motions

Motion 6

That conference believes that core GP funding continues to be under resourced and the current funding formula is

not fit for purpose on the grounds that it does not adequately reflect the exponential increase in demand and activity in core primary care.

- The proposer called for the Carr-Hill formula to be scrapped.
- GMS should be treasured.
    - Other speakers felt that the funding formula did not take into account factors such as deprivation and rurality properly.
    - Frailty is not acknowledged, nor patients in nursing homes.
    - The problem is fundamentally underfunding not the formula.
    - There was a call to take the motion as a reference.

The motion was passed.

Motion 7

That conference:

. (i) condemns the woeful provision of occupational health services for GPs

. (ii) demands a comprehensive funded occupational health service for all GPs on a performers list

. (iii) demands a comprehensive funded occupational health service for all GP practice staff

- The proposer called for a proper service encompassing mental & physical health.
    - Further speakers called for equity of access for those outside London
    - Provision varies significantly
    - GP support services need to go beyond occupational health

The motion was carried

Motion 8

That conference is becoming increasingly concerned with a trend of GPs being refused the renewal of their indemnity cover by the medical defence organisations leading to a worsening of the GP workforce crisis. We implore the GPC to:

. (i) negotiate with the MDOs to change the rules that they do not have to give reasons for refusals to the GP

. (ii) request that an appeals process is put in place to allow a right of reply for the individual GPs involved

. (iii) call upon the government to make alternative arrangements possible when the usual firms will not or cannot supply indemnity or provide an overreaching indemnity cover in the form of a 'national indemnity scheme'.

- The proposer condemned MDOs who declined indemnity without reason
    - Other speakers called for a crown indemnity scheme
    - GPs should not be forced to count work in 4 hour aliquots
    - Something needs to be done to control inexorable rise in premiums

The motion was carried

Motion 9

That conference, regarding medical indemnity for GPs:

. (i) welcomes the contribution towards rising costs recently negotiated in England

. *(ii) believes that the contractual uplift to practices in England has been insufficient to cover the actual rise in indemnity costs*

. *(iii) believes that direct reimbursement of direct costs would be preferable to reimbursement via practices based on list size*

. *(iv) insists on the negotiation of full reimbursements of all indemnity costs incurred in providing NHS services*

. *(v) demands that any future reimbursement schemes are extended to include all 4 nations, and non-GMS general practice work.*

- The proposer described the anxiety incurred in opening the annual indemnity review. Current indemnity reimbursement only covers GMS work and not PMS or OOH work.
    - One speaker suggested that OOH doctors not renew their insurance in August if the situation is not resolved.

The motion was carried

Motion 10

That conference is concerned about the complexities of the complaints and regulatory systems faced by GPs and asks the GPC to investigate the impact on the GPs affected and negotiate simplification of the current processes

- The proposer called for a fairer, simpler system
    - Other speakers criticised the performance system process stating is was not supportive

The motion was carried

Motion 11

That conference requests that GPC advises on a realistic action plan to:

. *(i) provide appropriate value for money mechanisms to give practices constructive feedback*

. *(ii) stop inappropriate anonymous feedback systems which allow for trolling and cyber-bullying*

. *(iii) ensure feedback and research reports are promulgated appropriately and used to enhance services.*

- The speaker challenged the value for money represented by systems such as NHS Choices and called for protection from cyber bullying and trolling.
    - Other speakers called for a mechanism to remove such trolling

The motion was carried

Sessional GPs report
Zoe Norris

Zoe gave a very amusing and thought-provoking report.

Surveyed sessional GPs reported increased stress and reduced job satisfaction. Many sessional GPs are partners who have given up partnership. 70% said they would leave the profession if sessional work were further disincentvised.

Working at scale is not popular. Sessional doctors feel excluded from workforce planning. She criticised Capita's inability to provide accurate and updated pension and performer information.

She is working with BMA to develop new model sessional doctor contracts, balancing needs of locums and

practices.

She called for professional unity. Locum handbooks are available at the sessional GP conference desk.

Motion 12

That conference believes GPs are being lost from the workforce unnecessarily, because there is no systematic approach to keeping in touch with freelance GPs and supporting them and tasks GPC with ensuring that government funds, and supports the setting up of national and local solutions

- The proposer described a locum doctor who found the process to come back into the locum workforce too hard and gave up. He called for better solutions.
    - Another speaker talked about locum working be more attractive than GP partnership
    - There is increasing reliance on locums, but they find it hard to access information. The performers list needs to be robust and up to date and can then serve as a mechanism for communication with sessional GPs.

The motion was carried

Motion 13

That conference instructs GPC to enter into urgent discussions on NHS pensions to ensure that:

. *(i) the paperwork for locum GPs is simplified on to a single form*

. *(ii) disincentives to GPs to remain in the scheme are removed*

. *(iii) all GPs providing NHS services are allowed to be part of NHS pension schemes*

. *(iv) all GPs may choose to superannuate less than 100% of their NHS earnings*

- The proposer talked about some new models of care where there may not be eligibility for NHS pensions. The current pension regulations have a lifetime pension pot where contributors are penalised once the limit is reached, he proposed allowing GPs to superannuate only a portion of their income.
    - Other speakers pointed out that senior doctors are retiring early because of the pension arrangements.

The GPC cautioned against section (iv)

The motion was carried, section (iv) by a very slender majority

Motion 14

That conference demands that GPC develops a definitive list of what is included in the core contract to enable practices to focus NHS resources on delivering essential services.

- The proposer called for a definition of core services to help GPs resist the pressure to accept unfunded services. He called on the GPC to draw up a definitive list.
    - Opponents challenged the motion because it challenged the ethos of putting the patient first and undermined the role of LMCs in negotiating what should be funded. It was thought to undermine the concept of General Practice.
    - Section 15 of the GMS contract allows the practice to determine the manner in which practices deliver services. Practices need to learn to use that flexibility.
    - Such a definition might support increased micromanagement of practices.

The motion was not carried

Motions 15-17

These were annual reports from GPC charities

Working at Scale

This is one of a series of themed break out sessions

Others include: Bridging the gap (rationing)
Contractual status
GP forward view
Workload
QOF & GP funding

The NHS is an increasingly marketed environment. GP practices are currently too small to be marketable items. With that caveat there is a move for practices to work more closely together.

When looking at what the NHS wants to buy, it is clear what direction the provision of service will take.

GPC guidance on virtual MCPs is due out shortly.

Working at scale may provide a degree of security. That may provide the opportunity for innovative thinking.

The NHS clearly envisages general practice working together in larger groupings

Super-partnerships

There are several models in Birmingham.
Here GPs join together in a large partnership, using a single, integrated IT system. Patients can be seen at any site.
In the Our Health Partnership model practices retain considerable autonomy. They have a resilience team to support practices.
Modality is a large group, they have a broad geographical spread. They major on triage. There are different grades of doctor and partner depending on level of commitment.

Federations

This a looser arrangement than a partnership. It may be a stepping stone to super-partnership.
Some federations run hubs which can help with demand management (funding for these may not continue).
Some hubs plan to increase the number of services on offer such as musculoskeletal services & geriatric assessment.

Contract

The MCP contract is hoped to reduce spend.
There are three models. The fully integrated version requires a large change involving losing a GP contract in perpetuity. There is a promise of return to GMS/PMS contracts, but the process will not be straightforward.
There are likely to be new performance metrics.

There were several motions listed in this theme.

Motion TD3-2

That conference believes GPs should remain within the NHS but via 'at scale working' and with the ability to choose to be an independent contractor, salaried GP or have a portfolio career and change this at any stage of their career.

- It was felt GPs had a moral commitment to remain within the NHS, though is was noted that large organisations had a greater voice in the STP process.
    - Leaving the NHS is likely to increase fragmentation of care.
    - There was concern that working at scale is a knee-jerk response to long-term underfunding which has not been properly though through.
    - There is a risk that the move to large scale might jeopardise registered lists.

The consensus is that GPs should remain within the NHS though appropriate funding is essential.

It was questioned whether working at scale delivered any improvement in service. There does not appear to be any evidence to support this, but coming together at larger scale allows groups of GPs to have greater influence.

It was felt that it was important to retain the national contract.

It wasn't a particularly useful or enlightening session

Motion 18

That conference, in relation to non-contractual letters and reports:

. (i) believes the workload associated with reports requested by the DWP is disproportionate to the fee received, and demands that this be urgently reviewed

. (ii) demands that collaborative arrangements are honoured

. (iii) demands a review of the reimbursement associated with the copying of records to reflect the true cost

. (iv) asks the GPC to publish advice for GPs on the potential medico-legal dangers of 'fit to participate in...' forms

. (v) requires that the public be clearly informed regarding documentation that is not part of the GP contract.

- The proposer called for clarity and appropriate funding for reports
    - Another speaker expressed concern about completing fitness to participate notes

The motion was carried

Motion 19

That conference notes with alarm the 2016 revisions to recertifying letters of competence in IUCD fitting and SDI fitting and removal and

. (i) believes these changes will have a dramatic effect on doctors able to continue offering this service

. (ii) believes that the changes discriminate against locum and freelance GPs

. (iii) believes that this will have a detrimental effect on female patient choice and access to LARC provision

. (iv) calls upon GPCUK urgently to meet with colleagues from the faculty of reproductive and sexual health certification unit to address this.

- The proposer called for simplification of the certification process for fitting IUCDs etc which have become more onerous since commissioning was taken over by local authorities.
    - An opposing speaker said that the faculty requirements had not changed recently

The motion was carried

Motion 20

That Conference requests the criteria for categorisation as a 'violent patient' be expanded to include unacceptable behaviour outside the practice.

- The proposer called for episodes of violence in other healthcare settings to be suitable criteria for inclusion into

the violent patient scheme.

The motion was carried

Motion 21

That conference insists that as independent contractors, GPs should be permitted to provide and directly charge their registered patients for treatment not available on the NHS

- The proposer clarified that this was not an attempt to charge for NHS services. He cited examples of patients who were happy to pay for non-commissioned vaccinations.
    - Opponents felt there was a risk that services would lead to increased privatisation

The motion was carried

Motion 22

That conference:

(i) celebrates the hard work and professionalism of colleagues working in emergency medicine

(ii) understands that hospitals are under a great deal of pressure at this time

(iii) demands that the government withdraws its assertion that the overcrowding of A&E departments is due to general practice

(iv) does not support the move to redirect A&E patients to general practice

(v) instructs GPC to oppose the placing of GPs in A&E departments as this will further destabilize primary care

- The proposer cited evidence from the BMJ stating that the evidence to support (iii) was weak.
    - An opponent claimed that putting GPs in A&E might increase GP recruitment

The motion was carried except for (v) which was lost by a narrow margin

Motion 23

That conference directs the GPC to seek a clear definition of the clinical work being transferred from secondary care into the community and:

(i) formally classify this as intermediate care

(ii) ensure that GPs are properly remunerated for performing this new clinical role

(iii) must robustly resist any further demand on general practice without guaranteed transparent funding

(iv) insists that prior to any shift of service from secondary to primary care, the appropriate community services are put in place to manage the increase in workload

(v) support practices to reject work which is not appropriately commissioned or suitably funded.

- The proposer used an analogy of ships on an ocean to illustrate the boundaries of primary & secondary care.
    - An opposing speaker felt that GPs should be in control of any community services which are developed to support these patients.

The motion was carried

Motion 24

That conference believes Capita's management of Primary Care Service England has been shambolic and:

(i) demands that the support services for general practice must be returned to being delivered by an NHS organisation

(ii) demands that GPs are compensated appropriately for any financial losses and extra work done by primary care, due to its incompetency

(iii) demands that NHSE take urgent action to resolve any outstanding payment issues relating to LMCs

(iv) is dismayed by the inability of PCSE to produce an accurate performers list

(v) believes the public needs to be fully informed about the financial damage to the tax payer and The risk to the medical profession and demands that the Head of NHS England be held to account for the continued failure of the commissioned service

- The proposer condemned the performance of Capita, citing several areas of failure
    - Two speakers opposed (I), pointing out that being an NHS provider does not confer competence

(i) was not carried, the rest of the motion was carried

Motion 25

That this conference believes that our national negotiators must urgently address the significant threats many practices currently face in relation to their premises, including:

(i) the issues of 'last person standing'

(ii) lack of investment

(iii) unfair service charges

(iv) unfair rent reviews

(v) coercion of practices in national health service property services buildings into signing unfavourable leases.

- The proposer pointed out the barrier premises issues have formed to partner recruitment. He went on condemn the push towards privatisation of premises provision.

The motion was carried

Day Two

Ask the GPC session

This was an open session where delegates could put questions the the GPC.

Questions included:
- Query about choose & book wording where patients are referred back to the practice where a hospital cannot provide an appointment , GPC agreed it was unacceptable
- Query about support to struggling practices, the national leads said there was some evidence of progress
- GPC was asked how much time would pass before they declared the GP Forward View a failure. There was no clear commitment given.
- A delegate commented that the agenda did not really reflect the potential demise of General Practice.

Motion 26

That conference calls for changes to the current system of election of GPC members to:

(i) increase the number of regional representatives and reduce the number of members elected from both the conference of representatives of local medical committees and the BMA annual representative meeting

(ii) have regional representatives elected by local medical committees

(iii) limit the number of consecutive terms served by GPC members

(iv) have proportionate representations of GP principals, salaried GPs and locum GPs

(v) have proportionate representation to mirror the genders of the constituent members of the profession.

- The proposer called for an increase in the number of regional representatives on the GPC and for more of them to be elected by LMCs to improve representation. She also called for the make up of the GPC to better represent the gender profile of the profession.
    - An opposing speaker rejected the idea of positive discrimination in (v) arguing merit was more important
    - Fay Wilson opposed the proposal to reduce the number of members elected from conferences
    - Other speakers argued for a quota system

The motion was lost

Motion 143

That conference calls for GPCUK to ensure that local medical committees represent the employment rights for GPs:

(i) irrespective of employment status

(ii) irrespective of whether a GP provides NHS general practice or private general practice.

- The proposer called for the GPC to represent all GPs whether in the NHS or private. She cited the example of GPs in the Channel Islands
    - John Canning opposed the term employment rights arguing it would force the GPC to become a trade union
    - Further speakers agreed the wording of the stem was not good & suggested it be taken as a reference

The motion was not carried

Motion 27

That conference, in respect of under and post-graduate medical training and recruitment in general practice:

(i) requires greater investment in medical school placements in general practice

(ii) insists that all foundation programmes starting within the next 12 months must include a dedicated general practice placement

(iii) insists that all GP training schemes starting within the next 12 months must be at least 4 years in length, with a minimum of 24 months spent within general practice

(iv) believes that Broad Based Training should be a mandatory gateway

(v) calls for health education bodies to significantly increase their funding for GP education to ensure training practices are properly incentivised for the essential work of training.

- The proposer pointed out that in some medical schools, students only had 3 weeks exposure to General Practice. As a decision to go into General Practice is directly correlated to exposure as a junior doctor, he argued this should be increased.
    - Zoe Greaves opposed (iii) arguing that the motion would increase hospital placements of limited value also
    - Other speakers supported her stance
    - The concept of exposing junior doctors to more General Practice was supported

The motion was carried, with (iv) taken as a reference because the term mandatory was considered too restrictive

Motion 28

That conference believes that the future of general practice is contingent on qualitative and fully subscribed vocational training schemes. It therefore requests GPC to work with RCGP and the government to:

(i) replace the £20,000 inducement payment for unattractive areas with paying off students debts for all GP registrars

(ii) Increased investment in training facilities and trainers

(iii) reduction in examination fees

(iv) make training more geared towards preparing trainees to become partners and principals

(v) incentivise practices to accept and support FY1/FY2 posts.

- The proposer argued that training did not fully equip trainees for a career in General Practice
    - Part (i) was opposed because it might have unintended consequences and make recruitment into these areas even harder

Part (i) was lost, the rest of the motion was carried

Motion 29

That conference believes that the new contract for GP trainees will have the following negative consequences:

(i) practices will drop out of GP training

(ii) trainees will be less well prepared to become career general practitioners

(iii) the increased intake to general practice will become more difficult to realise

(iv) there will be increasing reluctance of trainers to take LTFT trainees.

- The proposer argued that the current GP trainee contract is too inflexible.
  - An opposing speaker argued it was good to "be kind" to trainees otherwise there would not be any trainees in there future
  - It was also argued that it was inappropriate to expect trainees to work in a manner which the profession is trying to change

The motion was not carried

Motion 30

That conference welcomes the findings of the Pearson Review into revalidation and looks forward to working with patients on its development.

- The proposer pointed out existing guidance which stated that regional variations in revalidation should not be used to impose requirements in excess to national ones and called on the GMC to clarify those requirements.

The motion was carried

Motion 31

That conference insists that, in order to preserve the integrity and value of the reflective process, GP trainee portfolios and appraisal toolkits should be confidential and protected from use in litigation

- The proposer argued that appraisal and similar material should remain confidential and not be made available to be used in litigation

The motion was carried

Motions 32-34

These were reports from the devolved nation chairs

There are new contracts developing in Scotland & Wales. They will both address "last man standing" premises issues. The Scottish contract envisages the development of GMS support staff to manage touring work, freeing GPs up to manage more complex problems. The Welsh contract reinforces a commitment to cluster working.

Northern Irish GPs feel compelled to consider leaving the NHS. A bad situation is worsened by the lack of government. Tom Black received a standing ovation in support.

Motion 35

That conference believes that the people of Northern Ireland have been seriously let down by the failure to invest in general practice and demands that the top priority of any incoming government for Northern Ireland must be to invest in general practice by at least the equivalent investment that has been made in England, Scotland and Wales.

- Alan Stout described the situation in Northern Ireland

He was supported unanimously

Motion 36

That conference believes that the Sustainability and Transformation Plans are fundamentally flawed, and:

(i) believes that they are undemocratically appointed QUANGOs that do not represent the public or profession

(ii) condemns them as an attempt to dismantle the NHS

(iii) asserts that they will only increase the postcode lottery

(iv) believes they will stimulate further division between organisations despite intending to promote integrity

(v) the only possible outcomes are cuts in services and/or increases in waiting times.

- The proposer described the STPs as being doomed to failure with lack of transparency and accountability. He condemned some of the assumptions STPs were founded on.
    - Another speaker pointed out that many STPs based plans to reduce costs on closing acute beds despite there being no evidence that it can be achieved.

The motion was carried

Motion 37

That conference instructs the GPC to negotiate with the Department of Health that STPs must, without exception, ensure that:

(i) GPs and particularly LMCs are an integral part of any STP Board structures and negotiation committees

(ii) STP programme directors are admonished and removed from office if they fail to consult LMCs

(iii) Real investment is made in general practice and primary care to produce the cost savings associated with less reliance on secondary care

(iv) Any targets or timescales applied must be clinically appropriate, not financially or politically driven

(v) No further cuts are made to secondary care services without a thorough assessment of local population growth trends and short, medium and long term projections of patient needs

- The proposer called for LMC reps to be involved at all levels of STP as they are the only representatives of General Practice
    - A second speaker cautioned against GPs being an integral part of of an STP structure because that may led to such reps being gagged by corporate rules
    - It was suggested (i) be taken as a reference

Part (i) was passed as a reference, the other parts were passed (iii) unanimously,

Motion 38

That conference mandates the GPDF to seek an expert QC opinion to challenge the notion that only APMS contracts may be awarded when procuring general medical services.

- The proposer pointed out the risks to continuity posed by APMS contracts and suggested that the government used procurement law inappropriately to insist on using them

The motion was carried

Motion 39

That conference asserts the vital importance of efficient clinical records, and so requests that:

(i) all patient's clinical information are held digitally in an approved NHS system

(ii) all clinical information are transferred digitally between practices

(iii) all current paper records should be stored centrally.

- The proposer used the chaos caused by Capita handling of record transfers to make the case for the move to digital records. He called for full funding to scan all records.
    - An opponent questioned the validity of the motion as it implied all hospital records too and he felt that was not what was intended by the motion.

The motion was carried

Motion 40

That conference asserts that the notion of exclusive e-referrals is bad for patient safety, and therefore demands:

(i) implementation of 100% mandated e-referrals is postponed until the NHS is adequately resourced

(ii) all queries from patients concerning e-referrals must be directed to the appropriate hospital, not the GP.

- The proposer advised us of many of the problems associated with e-referrals. He argued that GPs should not be responsible for the queries arising from problems.
    - A speaker from Wales opposed the motion saying that the system worked well there.
    - A further speaker talked about the weaknesses of the system especially in light of recent NHS IT problems.

Part (i) was lost and part (ii) carried

Motion 41

That conference has no confidence in CQC and agrees the need to:

(i) develop guidance to support and empower GP practices to challenge the process and inspections

(ii) support GP practices through the appeals process

(iii) ensure CQC processes are open and transparent and reduce bureaucracy

(iv) ensure inspections are evidence based and relate to the contract of the practice and what they are commissioned to provide.

- The proposer likened the process to an examination process which lacked proper vigour. He called for the process to be transparent
    - The GPC was congratulated over securing reimbursement of CQC fees

The motion was carried unanimously

Motion 42

That conference believes that EU nationals working in the NHS should be granted an immediate right of UK residence. The uncertainty which is now being caused by the political hesitancy on this matter is detrimental to the stability now and in the immediate future of the National Health Service. It calls upon the GPC to:

(i) undertake and publish a detailed survey of general practice to establish the numbers of staff who are affected by uncertainty of residence in the UK

(ii) campaign for an early and positive decision by government on the right of EU nationals working in General Practice and the wider NHS, to remain in the UK.

- The proposer reminded us of Jeremy Hunt's promise to increase GP numbers. There have been schemes to recruit overseas GPs, but their status is not clear. Jeremy Hunt has not relied to any questions on the matter.
    - An overseas doctor argued that we needed to think about EU citizens rather than cherry-picking NHS staff

- Other speakers rejected (i) stating another study was not necessary

Part (i) was lost, part (ii) was carried

Motion 43

That conference requires the UK Visa Bureau to add general practitioners to the UK shortage occupation list.

- The proposer described the shortage occupation list which includes some hospital specialties as well as dancers & chefs.

The motion was carried

Parallel Session Motions

This is feedback from the parallel sessions held yesterday.
Debate was limited on these motions as they were intended as feedback form the sessions rather than new items. The results of votes are intended to be taken forward as a reference (i.e. to inform GPC policy rather than make it)

Rationing

Motion 500

That conference believes NHS rationing is happening and politicians will not discuss this due to the implications; conference demands that GPC shows some genuine leadership and engages the country in debate on what should be rationed.

- The proposer talked about rationing in Yorkshire where there is a referral system and thresholds to referrals. There is discrimination against overweight patients.

The motion was carried

Motion 501

That conference instructs the GPC to produce a discussion paper outlining alternative funding options for General Practice, including co-payments

- The proposer reminded us that 50% of new entrants to General Practice become locums suggesting that the current contractual options are not fit for purpose.

The motion was carried

Contractual status, risk & individual survival

Motion 502

That conference asserts that the independent contractor status must be the basic model for General Practice and instructs the GPC to;

(i) ensure that all employment options are available to all GPs

(ii) develop a framework that would limit financial and employment risk for contractors

(iii) ensure that the contractors are incentivised and rewarded for making a commitment to a community

(iv) develop safeguards to prevent exploitation of different professional groups

- The proposer summarised the discussion which took place

The motion was carried

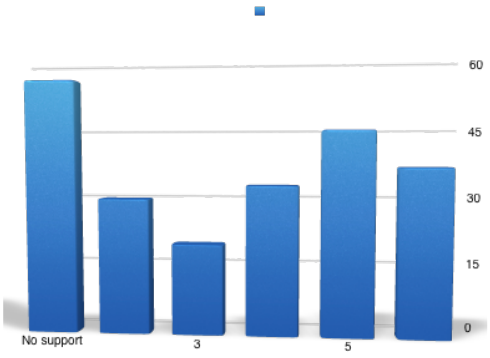
Working at scale

Motion 503

That conference mandates GPC to develop working at scale blueprints, taking into account the development of a national contract for sessional GPs, the development of a national contract for core services, local flexibility, organising at scale groupings appropriate to local geography to maintain influences and development of pathways of care with appropriate feedback as to function.

- This went to a graded vote rather then being debated, there were 6 levels of support delegates could choose

There was some diversity of opinion:



Motion 504

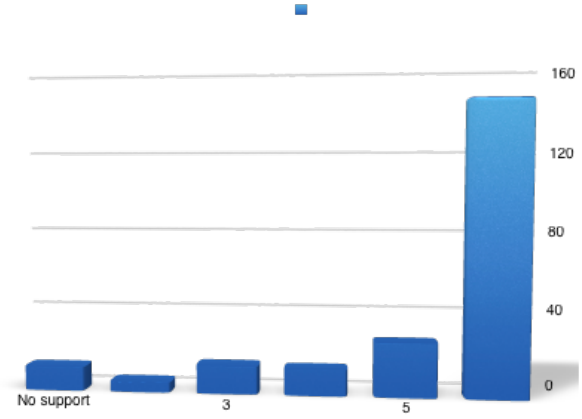
T*hat conference affirms that General Practitioners wish to remain within the NHS ensuring that:*

(i) the registered list remains at the core of continuity

(ii) further fragmentation is avoided

(iii) GPs continue to find ways to shape the future of primary care services that meet the needs of their local populations

Support for this motion was much clearer:



Motion 505

That conference believes that working at scale offers opportunities to:

(i) improve practice resilience and sustainability

(ii) flexible working arrangements for a multidisciplinary workforce

(iii) influence the shape of integrated services

The motion was supported

GP Forward View & Urgent Prescription for General Practice

Motion 506

That conference demands that GPFV funding be allocated directly to individual practices so that it will have a tangible effect at individual practice level

The motion was carried

Motion 507

That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain General Practice and demands that the GPC ballot GPs whether they would be prepared collectively to close their lists in response to this crisis.

The motion was carried

Motion 508

That conference has no confidence in the General Practice Forward View as it has:

(i) failed to make any impact into the recruitment and retention crisis facing General Practice

(ii) failed to deliver any resources necessary to transform and sustain primary care

(iii) failed to make any inroad into the unmanageable daily workload within General Practice

Part (ii) was lost, the other two were carried

Workload

Motion 509

That conference recognises that "workload pressures" is not a defence in law for any resulting mistakes and instructs GPC:

(i) to negotiate a maximum safe limit to the number of patient and other contacts a GP undertakes in a day.

(ii) to negotiate clear legal parameters for where a GP's duty of care ceases so that a GP is not responsible for the omissions of other parts of the NHS.

The motion was carried

Motion 510

That conference applauds the achievements that the quality first agenda has made so far and asks GPC:

(i) to develop a warning system to alert the wider NHS when patient safety will be at risk due to excessive workload.

(ii) to support empower and encourage GPs to feel confident to say 'No' when work is inappropriately transferred to primary care.

The motion was carried

QOF

Motion 511

That conference believes that to maintain stability in general practice:

(i) a non-capitation based basic practice allowance needs to be negotiated

(ii) the importance of clinical management needs to be recognised and appropriately funded

- *It was clarified that the basic practice allowance proposed here was not a suggestion we return to the BPA from a previous GP contract*

The motion was carried

Motion 512

That conference believes:

(i) that disinvestment from QOF is no longer desirable as QOF has shown quality improvements and provides good data

(ii) that evidence-based chronic disease management is an important form of general practice funding and needs to be maintained

(iii) that GPC England should develop and agree with government a revised QOF which should be evidence based and clinically relevant

(iv) that indicators should have clinically appropriate timeframes for data collection

(v) that successful indicators should not be retired, and that new indicators should attract new funding when they are introduced

The motion was carried

Main Agenda

The last motion was back on the main agenda

Motion 44

That conference demands that NHS prescriptions are no longer available for:

(i) over the counter medications

(ii) food products.

The motion was carried