Thursday, 19 May 2016

LMC Conference

Day One

Introduction

- The format of the conference is different this year. The debates have been split into themes in an effort to get away from the difficulties the precise wording of motions sometimes cause.
- It is intended that the themes will get away from the motions format and encourage more wide-ranging debate.
- In the afternoon of the first day of the meeting, the conference is to be split into parallel sessions.
- On the second day there will be “chosen motions” which is intended to allow debate on new areas of policy.

GPC Chair’s Address

- Chaand started by reflecting on the special conference 4 months ago where a crisis in General Practice was declared.
- He went on to describe the success the GPC had had in reducing the demands of QOF and securing funding to address indemnity and CQC costs increases.
- These successes new swamped by the relentless increases in demand & workload.
- The GPC has created an urgent prescription which is intended to support all GPs, irrespective of contract or status.
- At a meeting with Simon Stevens it was pointed out that UK GPs deal with workloads much higher than international colleagues. It was pointed out that if General Practice failed that the NHS would fail with it. Chaand felt that the government was finally starting to get the message.
- He felt that challenges to the 7-day agenda were being heard.
- The urgent prescription refers to support for vulnerable practices without fear of discrimination. A failed practice should be seen as a failure of the NHS.

- Workload is at the root of the current GP crisis. Up to 25% of GP appointments are considered avoidable.
- He went on to talk about the rise of federations, comparing them to the development of OOH co-operatives. He gave examples of federations supporting vulnerable practices.
- He called for longer appointments to help GPs manage increasingly complex conditions.
- He was scornful about the claim of 5,000 more GPs by 2020, pointing out that the job needs to be made doable & rewarding if doctors are to be attracted to it. The current talk of mass resignation is not an empty threat.
- The rise in indemnity costs needs to be addressed.
- He promoted the development of skill-mix, referring to pharmacists, paramedics & nurses. However these professionals need to be embedded in practices.
- He condemned the CQC process and said that the reduction in frequency of inspections missed the point. He referred to the correlation between practice funding & CQC rating. The disruption to practices in preparing for inspection was described as disproportionate.
- An LMC reference group has been proposed as part of the GP forward view.
- Underfunding must be addressed. A consumerist service cannot be delivered on a shoestring.
- The fight for General Practice must go on.

Themed Debates

Funding of General Practice

- Richard Vautrey introduced the theme.
- Hospitals are bailed out regularly, but not General Practice.
- The restriction of NHS funding has been condemned as woeful by Leeds LMC.
- There has been an increase this year, but that must be maintained.
- There were then several speakers, I will bullet-point the themes:
    - Core funding must be increased. The forward view does not provide enough clarity.

- Core funding must be increased to 11 or 12%.
- There was a call for activity based funding, proposing an increase in QOF as part of this.
- GPs make practices work at their own personal costs. Funding must be addressed.
- The profession must stand firm on the principle that new work will not be taken on without funding.
- There has not been an equivalent increase in funding in Scotland.
- There was a call to increase practice funding to account for any costs involved in the “living wage”
- There was a call to go back to a system similar to the old Red Book to simplify the funding structure.
- The mention of indicative locum budgets in the GP forward view was questioned as it was currently a free market.
- The GPC was called on the negotiate funding so that partnership could become attractive again.
- Funding needs to get to practices and needs not to be divertable by CCGs to secondary care.
- The Carr-Hill formula needs revision, but the extra workload of deprivation still needs to be recognised and the changes supported by new funding.
- There was a call to transfer some of the risk covered by indemnity to the general population by an insurance scheme like New Zealand.
- The GP forward view does not adequately meet the needs of General Practice.

- In summary Richard Vautrey said the forward view did give a structure to work with. The funding needs to be front-loaded. Indemnity costs must be covered. The Carr-Hill formula should not create losers, an increase in the proportion of GDP used for health care must increase.
- The conference voted to support GPC policy on funding

Workload

- Brian Balmer introduced the theme referring to words like “unsustainable” & “unmanageable”. Workload is regularly quoted by leavers as a reason for their decision.
- He called for GPs to stop doing work they are not paid for & start working together more.
- Again I will bullet-point the themes:
  - Demand exceeds capacity and that leads to risks to safety. Practices need to be able to close their lists when they feel it is in the best interests of staff & patients.
  - Firearms certification was brought up as an issue which matters.
  - There was a call to reduce un-necessary correspondence.
  - The process for claiming payment is too complicated and the process not reliable enough. The forward view referee to this & practices should use it to challenge overly complex processes.
  - Although the GP forward view was welcomed, but attention was drawn to the workload generated by other government departments (DWP, DVLA etc.)
  - Care home residents have different needs to the rest of the population and is beyond the scope of what can be provided by General Practice. It should be resourced separately.
  - The concept of locality hubs was questioned, the funding should go into practices instead.
  - The was a call for decisions about workload to be measured against some quality standards, particularly with the risk of decision fatigue.
  - The issue of resilience was questioned. The pressures on General Practice make it difficult to be caring.
  - Transgender healthcare is specialist work & should not be transferred to General Practice without resource. It may be the thin end of a wedge.
  - In-hours hubs are not a solution to workload pressures, the funding should go into practices.
  - Charging was proposed as a means of managing demand.

- The CQC correlation between performance and funding should be used as evidence for increased funding
- Austerity kills.
- USA studies suggest that 20 patients a day was about the maximum number of patients who could be safely health with. Australian figures suggest no more than 25.
- The concept of running a system parallel to general practice (hubs) was questioned. There was a fear that their growth might to the the detriment of practices.
- General practice cannot cope with the stress it is currently experiencing.
- Increasing numbers of GPs are being employed by large organisations. The BMA needs to support their needs.
- The GP core contract is open-ended and this needs to be looked at.
- The way in which the BMA has handled issues such as firearms certification was questioned and that they should have been dealt with by the GPC.
- Appraisal has become inappropriate workload. Many appraisers do not seem to have seen recent GPC guidance on appraisal.

- Brian Balmer agreed the GPC has not dealt with workload pressures well. GPs are bad at turning work down. Partners have lost the ability to control their workload and that has made partnership unattractive. LMCs need to hold CCGs to account about monitoring hospital responses to the GP forward view.
- It was argued that hubs are set up to protect general practices. The government is more likely to invest in hubs rather than practices.
- The vote at the end did not endorse current GPC policy very strongly

Workforce

- Beth McCarron told us that the argument about the need for more GPs was won, but that work had to be done to work out how to realise that. GPs will need to embrace skill-mix. Urgent action is needed now.
- The issues raised in the ensuing debate included:

- There are embryonic expanded primary care teams, but they are driven by a lack of doctors. A well funded team can become a new hub.
- Where new partners are appointed, they have usually been trainees in the area. The centralisation of trainee allocation may undermine this.
- A retired GP said he might come back if workload were reasonable, indemnity covered and bureaucracy reduced.
- Indemnity costs and bureaucratic overload were cited as disincentives to entering General Practice repeatedly.
- The collapse of general practice should be considered a contingency risk by the government.
- Skill-mix can be seen as a means of deskilling primary care. The GPC should not collude with moves to replace doctors with less skilled workers.
- Health Education England considers the development of other workers as a done deal. The profession needs to think about whether it will work with these changes.
- The promise of jam tomorrow will not solve the retention problem.
- There are barriers to doctors training overseas working in the UK.
- There are significant barriers to doctors becoming trainers.
- Others workers in primary care must be co-ordinated by GPs
- Whistleblowing may have adverse economic consequences for a practice, particularly if a doctor is suspended.
- Practice nurses are also leaving because of workload pressures as are admin staff.
- The vacancy rate for GP trainee places is as high as 40% in some areas. Fewer of those doctors intend to take up partnership.
- There needs to be more support for doctors wanting to take up portfolio and other forms of working.
- No-one else will take on the level of responsibility in practices that GPs do, there is concern that the government does not yet recognise that.
- The new pension rules are a disincentive to retention of older GPs.

- In summary Beth confirmed that the GPC does see the need for more GPs. In the interim there needs to be support for practices now, particularly as doctors are not entering General Practice.
- There needs to be more support for doctors to enter General Practice, particularly in areas where vacancies are hard to fill.
- GPC strategy was endorsed at the vote.

Professionalism

- Dean Marshall introduced the subject referring to the increase in bureaucracy with enhanced services, CQC, QOF. Indemnity is a significant problem.
- the debated points were;
  - The government needs to be honest about what the NHS can cover.
  - Appraisal is increasingly seen as a waste of time. It is however the only opportunity GPs have to discuss their plans & pressures. Appraisal must remain a peer review process.
  - Indemnity costs are putting GPs off working.
  - There was a call for all practices to refuse CQC inspections.
  - GPs need adequate time to deal with complex patients. Good primary care teams are needed to facilitate this.
  - GP workload & regulation are “not fair & not safe”
  - Workload is estimated to have doubled since 2004. There was a call for benchmarking of GP workload.
  - There was a call for improved communication from secondary care and for hospital doctors not to be seen as community house officers.
  - The previous call to restrict the number of contacts per day was challenged. GPs as professionals should be able to decide their own workloads.
  - There was a call to centralise terms & conditions for “desirable” enhanced services.
  - There was a call for the profession to be united and learn to say “no” together. We should learn form the example of the junior doctors.

  - The stress doctors suffer from regulatory procedures have led to nearly 100 deaths and 28 suicides whilst the process was ongoing.
  - There was a call for centralised General Practice indemnity.

- Dean Marshall talked about the risks MDOs face and questioned whether GPs would want to take on that risk.
- Chaand Nagpaul felt that the GP forward view had missed the point about CQC reviews and the process needed to be abolished. Struggling practices should not be subjected to the additional pressure of CQC inspections.
- Voters endorsed current GPC policy on the area.

Breakout Sessions

Training & Development

- This was a question & answer session so there was no consistent theme.
- There was much talk about exposing trainees to LMCs.
- There was a well received question about whether the trainee curriculum really prepared doctors for General Practice.
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Drivers of Primary Care “at Scale”

- GP networks should be supporting practices.
- A network or hub can provide management support, back-office services and support.
- They can explore new ways of working and quality improvement.
- The rise of MCPs will drive this & it is essential that practices drive this.
- Increasing care in community settings will require greater collaboration.
- Workload is destroying General Practice.
- Hubs can deliver some overspill resilience both in-hours and out.
- They will support skill mix & portfolio GPs as well as AHPs.
- Working together gives primary care a greater voice as well as greater resilience.

- There needs to be guidance on safe working.
- It is very difficult to engage with GPs.
- The GP forward view has promised funds to facilitate develop networks.
- There was a question about how networking could be applied to rural settings.
- A question was asked how federation would solve the GP recruitment crisis. It was thought that in the short-term this could only be achieved by having a mix of professionals.
- There was concern that AHPs might dilute & devalue General Practice.
- It was questioned whether AHPs would be able to deal with the workload. It was acknowledged that this would not save money.
- Lessons from out-of-hours services could be applied to managing hubs.
- There was a call for hubs to be managed from within General Practice.
- Concern was expressed about the contractual implications of developing MCP organisations. Federations could hold MCP contracts.
- Concern was raised about the potential for these schemes to fragment General Practice and undermine continuity.

Helping GPs to work at the top of their game

- This was about being aspirational.
- Current plans risk losing the nature of General Practice.
- There needs to be more investment in General Practice. Hospital often does not improve quality of life, 30% of bed-days involve patients who are within 28 days of dying.
- Well resourced GPs should have improved engagement & status. Autonomy, mastery & purpose should improve too.
- To achieve this doctors need more time.
- The role is becoming more complex and access to appropriate training is needed.

- Primary care requires a doctor-led team to work well. There is a need to understand quality improvement & the systems to achieve that.
- Underpinning all this is a need for information.
- GPs need to be leaders of the wider primary health care team.
- GPs need to focus more on undifferentiated presentations & complex care.
- GPs should be viewed as specialist generalists.
- Not all current GPs can be leaders.

Debate

At this point the conference went back to its traditional format

Information Management & Technology

Agenda Item 8

- This motion called for improved support services and infrastructure. It also called for the scanning & shredding of paper notes.
    - The motion was carried unanimously except for the scanning & shredding section which was carried

Agenda Item 9

- This motion called for the removal of practices as data controllers, and the transfer of paper records to patients with special consideration for vulnerable patients.
- On grounds on confidentiality, both of patients and doctors one speaker challenged the removal of data control and giving paper records to patients. He supported appropriate sharing.
    - The sections about data control & handing over records were rejected. The other sections about supporting sharing and creating a national specification were carried.

Seven Day Services

Agenda Item 10

- This motion asserted that providing a seven day service with current funding and was impossible. Prime Minister Challenge Fund data have shown that there is no demand for seven day services.
    - The motion was carried overwhelmingly

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Urgent Care

Agenda Item 11

- This motion called on conference to support integration on in-hours and out-of-hours (OOH) services. Work coming into practices after 6pm should be sent to OOH services. There was a call for community urgent care centres to be developed to manage demand when practices had no capacity.
    - Part one, calling for a radical redesign of services was rejected
    - Part two, calling for an integrated IT system was carried.
    - Other parts calling for more use of OOH services were rejected.

Junior Doctors Dispute

Agenda Item 12

- This motion condemned the mishandling of the dispute and attempted imposition of a contract. It went on to state the dispute had damaged doctors' morale and lost goodwill. It also called for the GPC to support the junior doctors.
    - The motion was carried in all its parts.

Day Two

Seven motions were chosen from the debates yesterday to be discussed today. They will be discussed later in the day.

Response of the Profession

This debate was on the GP forward view

- Chaand Nagpaul introduced the debate.
- There are two funding streams on the Forward View. There is £2.4bn of recurrent funding to lift GP funding to about 10% of NHS budget. The £500m referred to in the paper is not recurrent.
- There is still an issue of how much of GDP should be spent on health.
- He called for an LMC reference group to check whether the GP FV promises were being delivered and hold NHS England to account.
- The GPC does not see this as a final document, merely a starting point.
- There is still a need to fight for General Practice.
- Zoe Norris pointed out that the money was all very well, but there is still a shortage a staff to invest the money on. She called for a suspension of CQC & QOF.
- Peter Gledhill pointed out that the monies promised in the FV did not really address the issues and wondered if we should still be considering resignation.
- Nigel Watson called for delivery of the promises, warning that failure to do so risked the death of General Practice & the wider NHS.
- Rachel McMahon warned about the arrangements for locums. She was concerned about indicative rate setting referred to in the document and questioned whether it might lead to doctors not choosing to locum.
- Susie Bayley felt that the complication od the document was an attempt at obfuscation. She felt is was phrased to avoid putting money into core funding.
- Helena McKeown called for investment in good practice managers. She condemned STPs as “smoke & mirrors”. She questioned the time & money being spent on setting up federations stating it should be spent on patient care.
- Alex Freeman felt there was little in the FV for practices.

- Penelope Jarrett referred to the scepticism much of the profession towards the FV. She talked about their local hubs which have sucked up all the locum resource in the area, feeling that the money would have been better invested in practices directly.
- Prit Buttar called our attention to the growing mismatch between supply & demand. He contrasted this to the regular bailing out of hospitals.
- David Haines welcomed the FV, but questioned whether the promised funds would ever appear in practices. He used the slow roll out of the infrastructure fund as an example.
- Sarah Morgan lamented the moves to divert patients to AHPs and creating barriers to patients seeing GPs. She said that a world-class service needed proper investment.
- Noushaba Nabi referred to the GP crisis, she resigned as a GP partner a week ago as she could not continue. She felt the FV had done nothing to make her change her mind. Only a significant increase in Global Sum would improve things.
- Richard Vautrey summarised the debate advising us that the GPC was continuing to negotiate; he accepted that there was need for proper increases in core funding. He committed the GPC to focussing on that.

Motions on the GP Forward View

Motion S12

- This motion welcomed the acknowledgement of significant past underfunding, it noted that the funding was dependent on changes in service delivery and called on the GPC to press for further dedicated resources and called for greater urgency.
- Speakers questioned what sort of society we lived in where banks are bailed out, but the health service lives in permanent deficit. The reference to service change was queried, condemning it as a diversion from the need for proper core funding.
- Richard Vautrey summed up stating that the GPC was winning the argument. He agreed there was a need for urgency.

  • The motion was carried

Motion S20

- This motion called on the GPC should ballot the profession about industrial action should the government fail to accept the Urgent Prescription within 3 months.

- Speakers called for a clear message to be sent that General Practice needs substantial investment in core funding. Concern was raised whether GPs would show sufficient unity for this to be effective.The FV was condemned as not being the rescue package demanded in January.
- Bill Beeby spoke against the motion, pointing out the FV was not adequate. He worried that resignations would play into the hands of the government.
- Gerard Reissmann described this as a fight for General Practice.

  • The motion was carried.

Premises

Motion 13

- This motion condemned NHS Property Services as being “not for for purpose” in that has failed in it mandate to provide a quality service to tenants and was not helping the NHS to deliver better care in that its charges were destabilising to practices.

  • The motion was carried.

Overseas Visitors

Motion 14

- This motion called for overseas visitors to be seen on a private fee basis and the monies to be retained within practices.
- Speakers against expressed concern about the need to police the system and problems with EU law.

  • The motion was carried

GP Locums

Motion 15

- This motion called on conference to reject the principle that the government can unilaterally fix a market price for locum services and to reject reporting of locum payments. It called for affirmation that locum rates should be mutually agreed by practices & locums.
- Speakers called for unity in the profession.

- The motion was carried

Medical Certificates

Motion 17

- This motion called for the self-certification limit to be increased to 14 days and that other health professionals such as midwives and practice nurses to be able to issue fit notes.

- The motion was carried

Soapbox

This section allowed delegates to raise issues they considered important. Topics included:

- Call for GPC to conduct survey of current workload on doctor health
- Call to use social media more to engage with GPs
- Concern was expressed about the lack of confidentiality in appraisals
- Call to stop erosion of GP income
- Call to use social media to spread word about GP crisis
- Call to encourage self care by limiting prescription of simple analgesics etc.
- Call to support young GPs to develop leadership skills
- Call for reasonable time off for GP appointments to be extended to all workers
- Call for protection for practices if matters which should be redacted from online notes before granting patient online access
- Call for support for prison GPs who have to deal with deaths in custody
- Call for clarity about roles of general practitioners and removing conflation with wider primary care
- Call for medical claim awards to take into account services from the NHS when assessing claims rather than assuming private provision
- Call for GPC to be more pro-active in public relations
- Call for the post-payment verification process to be improved and targeted more

- Concern was raised about availability of medications
- Call for GPC to take lead in negotiating PMS contracts as they were now national
- Call for limited liability partnerships to be able to take on GMS & PMS contracts
- Call for review of patients' right to demand for items to be erased from online records
- Call for there to be a national standard for data sharing agreements
- Call for flexible approach to GP training schemes to allow trainees to work locally where places are available
- Call for staff grade level for GPs who cannot perform well in exams
- Call for QOF to remain a nationally negotiated scheme
- Call for patients to receive statements of the cost of the healthcare they receive
- Call for monies earmarked for new models of care to be available to all practices

Chosen Motions

These are the motions referred to above

Motion T 3-33

- This motion called for the right for people to have access to a GP removed if the workforce crisis remained unresolved
    - The motion was rejected

Motion T3-1

- This motion proposed that conference calls for the urgent incorporation of contingency planning for large numbers of patients being left without general practice services at very short notice into all NHS emergency preparedness and resilience planning.
    - The motion was carried unanimously

Motion T 1-10

- This motion called for an increase in funding to 12% of the NHS budget immediately. The funds need to go into global sum. MPIG & PMS erosion needs to be stopped.
- A nationally agreed GMS+ contract should be costed & negotiated and develop an activity based contract.

- The motion was carried except for the part about an activity based contract

Motion T 1-25

- This motion asked conference, in the light of the recent findings of research published in the British Journal of General Practice, to call upon GPC negotiators to ensure that the huge difference in premature multi-morbidity across the social spectrum is taken into account in the allocation of funding and resources for general practice.

- The motion was carried

Motion 6-1

- This motion called for conference to believe that ‘New Models of Care’ are no substitute for the lifetime doctor-patient mutual investment company of ‘Old Models of Care’.

- The motion was carried

Motion T 2-1

- This motion asserted that rising demand and falling resources meant that patient safety could not be guaranteed in NHS General Practice and called for the defining of the contents & scope of the core primary care contract, the acknowledgement that additional work will require additional resources and to consider how public health could be better managed.

- Opponents of the motion expressed concern that defining the contents of the contract could expose General Practice to increased scrutiny.

- The motion was carried

Motion T 4-20

- This motion called on the GPC to draw up a list of procedures and services which were not part of essential and additional services which would be published nationally. Such work should attract additional payments and practices not being funded should give notice of termination.

- Jeremy Cox pointed out that work to define core services had already been attempted.

- The motion was carried

Motion S-9

- This motion expressed concern about the nee process for issuing firearms certificates. It called on GPs not to support the process till three issues were addressed:
    1. That certificates are not issued until after GPs have been involved
    2. That there is clarification regarding payment for the work involved
    3. That there is clarification of the medico-legal issues
- Supporters referred to events like the David Bird massacre in Cumbria

• The motion was carried

GPC Taskgroup Report

This was a themed debate about the future of the GPC.

Hamish Meldrum (author of the report) introduced the subject.

The main features are about improving relationships with LMCs, shifting accountability to LMCs and improving support.

The commitment by the GPC to be more open about its function was welcomed. It was challenged to communicate more effectively.

The continued use of e-mail lists was queried as it was thought that more effective mechanisms were now available.

There was a call to make it easier for trainees to be involved with the GPC.

Concern was raised about proposals that members would be elected by LMCs rather than directly. Overall representativeness of the GPC needs to be reviewed.

There is a tension between using resource to support LMCs and to have meetings. The plan is to find resource to support LMCs more.

The GPDF will be reformed to make if more accountable to members.

It is accepted that the GPC will need to continue to adapt and this is a first step.

There have been calls for an english GPC and LMC conference.

Anxieties have been expressed about streamlining sub-committees.

Delegates were asked to express their degree of support for aspects of the reform process.

- The creation of GPC England was strongly supported

- Moves to multi-member constituencies were supported
- The move to make LMC members the electorate to GPC rather than GPs polarised opinion with no overall consensus
- A proposal for executive members to be appointed was supported
- The proposal for GPDF to provide resource for LMC development was strongly supported
- A move to a one day UK LMC conference was supported
- A one day LMC England conference was supported
- A proposal that LMCs should nominate the board of a reformed GPDF was strongly supported
- With the move to a one day conference the proposal to abandon dinner split opinion

The conference closed early at 16:15