



# Conference News

Conference of England Local Medical  
Committees Representatives  
22 November 2019

Part I: Resolutions

Part II: Election results

Part III: Remainder of the agenda

## PART I

### ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2019

#### RESOLUTIONS

##### STANDING ORDERS

- (4) That conference agrees to amend standing order 46 to read: If it is proposed and seconded or proposed by the chair that the conference adjourns, or that the debate be adjourned, or 'that the question be put now', such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion, 'that the question be put now'. If a motion, 'that the question be put now', is carried by a two thirds majority, the chair of GPC England or their representative and the mover of the original motion shall have the right to reply to the debate before the question is put. The chair of GPC England or their representative shall limit their reply to the content of the debate, relevant policy work and the feasibility of enacting the motion under debate. They shall not express any personal opinions.

**(Proposed by the Agenda Committee)**

**Carried**

##### NHS ENGLAND

- (6) That conference with reference to the recent NHS England strategy document on bribery and fraud:
- i. condemns deliberate fraud but similarly condemns NHS England for producing a report implying widespread fraud exists in general practice
  - ii. considers NHS England to have knowingly brought general practice into disrepute and demands a public apology
  - iii. insists GPC England must raise a formal complaint with NHS England and the Secretary of State for Health and Social Care when such destructive narratives occur
  - iv. mandates GPC England to work with NHS England to address the offensive culture in NHS England which has allowed general practice to be referred to in this way.

**(Proposed by Agenda Committee to be Proposed by Leicester, Leicestershire And Rutland)**

**Carried unanimously**

##### MEDICATION SHORTAGES

- (7) That conference demands urgent action with regard to medication shortages to mitigate the impact:
- amended to motion (310)
- i. by recognising the adverse impact on patients
  - ii. on GP workload
  - iii. by pursuing additional resources to support practices having to do this work
  - iv. by exploring changes, including legislation, to make pharmacists responsible for identifying appropriate and available alternatives
  - v. by GPC England urgently entering into discussions with relevant bodies to enable

pharmacists, when medications are not available, to dispense an equivalent preparation or dosing regime without the need to return the prescription to the GP for amendment.

**(Proposed by Agenda Committee to be Proposed by Shropshire)**

**Parts (i), (ii) and (iii) carried unanimously**

**Parts (iv) and (v) carried**

#### **HOME VISITS**

- (9) That conference believes that GPs no longer have the capacity to offer home visits and instructs the GPC England to:
- i. remove the anachronism of home visits from core contract work
  - ii. negotiate a separate acute service for urgent visits
  - iii. demand any change in service is widely advertised to patients.

**(Proposed by Kent)**

**Parts (i), (ii) and (iii) carried**

#### **GMS CONTRACT**

- (10) That conference is disgusted with the lack of timely information provided in relation to the 2019 / 2020 GMS contract negotiation, and insists that in future years:
- i. final contracts must be provided at least 6 weeks prior to the commencement of that contract
  - ii. any further annual changes to the PCN DES contract must also have associated adequate and timely legal and accounting advice prepared and released alongside the changes
  - iii. QOF changes are only implemented once the QOF business rules have been updated on clinical IT systems to reflect the changes.

**(Proposed by Agenda Committee to be Proposed by Cleveland)**

**Carried unanimously**

- (401) Rider to motion 10
- iv. QOF changes are only implemented once applicable clinical IT updates have been tested to ensure there are no negative patient safety consequences.

**(Proposed by Agenda Committee to be Proposed by Cleveland)**

**Carried unanimously**

#### **PARENTAL LEAVE**

- (12) That conference values the option of shared parental leave for all doctors, and therefore mandates GPC England to negotiate appropriately funded parental leave for:
- i. salaried GPs
  - ii. contractor GPs
  - iii. locum GPs
  - iv. non-clinical NHS roles.

**(Proposed by Agenda Committee to be Proposed by Sessional GPs Committee)**

**Carried**

## **PENSIONS**

- (13) That conference deplores the failures to find workable solutions to the NHS pension crisis and:
- i. demands immediate action by GPC England to provide high quality GP-specific pension guidance, including information on withdrawal from the NHS Pension Scheme entirely
  - ii. demands that NHS pension contribution rules are changed to place the onus on the NHS Pension Scheme to limit collection of employer and employee contributions to the pension annual tax allowance in any given year
  - iii. is appalled at the proposed increase in employer pension contributions from April 2020 and instructs GPC England to negotiate either central payment or an increase in global sum payment in perpetuity to account for this increased liability, including all on-costs
  - iv. calls on GPC England to address the delays in PCSE replying to complaints and enquiries and to hold them to account for their role in the mismanagement of NHS pensions
  - v. demands that PCSE pay fair financial compensation to all members adversely affected by their mismanagement of NHS pensions.

**(Proposed by Agenda Committee to be Proposed by Liverpool)**

**Parts (i) and (iii) carried**

**Part (ii) carried as a reference**

**Parts (iv) and (v) carried unanimously**

## **PRIMARY CARE NETWORKS (PCNs)**

- (16) That conference wishes to give GPDF the mandate on behalf of England LMCs to use its reserves to provide ring-fenced funding to LMCs for the significant but vital extra work that they are being required to do, supporting the establishment and work of PCNs.

**(Proposed by Hertfordshire)**

**Carried**

- (17) That conference, with regard to the Additional Roles Reimbursement Scheme:
- i. believes that it disproportionately disadvantages innovative practices who hired workforce ahead of the scheme
  - ii. believes it is unrealistic to expect PCNs to be able to appoint to the designated additional roles from day 1 of each DES Year and calls for the protection of the inevitable underspends for each PCN
  - iii. demands that there is allowance for alternative appropriate roles
  - iv. requires that PCNs who are unable to recruit into additional roles are allowed to retain the funding for other projects or staff
  - v. asks the GPC England to negotiate a per capita sum that a network can allocate to the workforce needed and available as it sees fit.

**(Proposed by Agenda Committee to be Proposed by Warwickshire)**

**Parts (i), (ii), (iv) and (v) carried**

**Part (iii) carried unanimously**

- (18) That conference recognises the workload of the clinical director of the new PCNs and:
- i. they must be empowered and supported to resist the unrealistic expectation of all organisations that seem to believe PCNs will solve the problem within NHS primary care
  - ii. rejects any attempt by commissioners to use clinical directors for the performance management of PCNs and constituent practices
  - iii. instructs GPC England to negotiate for clinical directors to be paid for the role they undertake independent of network size
  - iv. calls upon GPC England to negotiate with NHS England in ensuring parental and sickness leave reimbursements, in line with practice reimbursements, are available for PCN clinical directors

**(Proposed by Agenda Committee to be Proposed by City and Hackney)**

**Parts (i), (ii) and (iv) carried unanimously**

**Part (iii) carried**

- (19) That conference, with regard to PCNs:
- i. has no faith that they will result in a reduction in GP workload
  - ii. is concerned that they do not actually address the issue of the dwindling GP workforce
  - iii. has not seen any evidence that they will assist practices in supporting increasing numbers of patients with increasingly complex health need

**(Proposed by Hillingdon)**

**Parts (i),(ii) and (iii) carried**

#### **CLINICAL GUIDELINES**

- (21) That conference believes that the proliferation of clinical guidelines is having a negative impact on the ability of GPs to deliver patient care and that:
- i. they should be recognised as guidelines not mandatory protocols or minimal standards of practice
  - ii. GPs performance shouldn't be judged against them
  - iii. the BMA should have a role in accrediting guidelines for use in general practice
  - iv. there needs to be careful consideration about the practicality and workload implication of clinical guidelines produced relating to clinical care in general practice before they are accredited
  - v. NICE needs to recognise the difference between what can reasonably be expected to be delivered in primary care compared to secondary care. (Supported by DORSET)

**(Proposed by Bath & North East Somerset, Swindon & Wiltshire)**

**Parts (i), (ii), (iii), (iv) and (v) carried**

## **NHS ENGLAND PERFORMER INVESTIGATES**

- (22) That conference, noting the possibility of a career ending and/or bankruptcy generating outcome for a general medical practitioner who is the subject of an adverse PLDP meeting outcome, insists that at every PLDP meeting in England:
- i. the discipline-specific practitioner should be drawn from LMC nominees trained for such work
  - ii. that an LMC nominee presence in some capacity must be mandatory and not discretionary.

**(Proposed by Derbyshire)**

**Part (i) carried unanimously**

**Part (ii) carried nem con**

## **GPs WITH REGISTRATION CONDITIONS**

- (23) That conference is appalled that there are no national schemes supporting GPs who have either NHSE or GMC conditions to help them find appropriate placements in order to support them to return to the work and:
- i. requires each area team to report on the number of GPs within their area who have conditions on registration
  - ii. requires each area team to report on the number of GPs with their area who have conditions on registration but are being supported in a placement
  - iii. demands a review of the Induction and Refresher scheme criteria to enable doctors with conditions to apply and be accepted onto this scheme.

**(Proposed by Waltham Forest)**

**Part (i) carried unanimously**

**Parts (ii) and (iii) carried**

## **CCG SPENDING**

- (24) That conference asks the GPC England to negotiate a standard framework which allows practices and LMCs to easily check that funding is being made available to practices as promised and as NHS England intended.

**(Proposed by NORTH STAFFORDSHIRE)**

**Carried unanimously**

## **PRIMARY/SECONDARY CARE INTERFACE**

- (25) That conference is deeply concerned at the flagrant continued contravention of the standard hospital contract and asks GPC England to develop proposals to counter this including:
- i. a formal audit of unresourced work that should be done elsewhere
  - ii. transfer of appropriate funding to general practice with each identifiable breach
  - iii. financial penalties when standard hospital contracts are breached
  - iv. full enforcement by NHS England as a red line in the 2020/2021 contract negotiations.

**(Proposed by Agenda Committee to be Proposed by North Yorkshire)**

**Part (i) carried unanimously**  
**Parts (ii) and (iv) carried**  
**Part (iii) carried nem con**

**CHOSEN MOTIONS**

- (207) That conference calls for the Improved Access Scheme to be immediately withdrawn as:
- i. there is no evidence that this scheme is producing any significant benefits
  - ii. in many areas the scheme is having deleterious effects on staffing emergency out of hours care
  - iii. incorporating it in the future primary care network DES is likely to lead to many GP Practices not signing up for the DES
  - iv. GPs providing routine appointments seven days a week is a political wish rather than a clinical need and in the light of the crisis facing general practice it is our professional responsibility to explain this to our patients

**(Proposed by Devon)**  
**Carried**

- (316) That conference accepts the independent report by Daphne Romney QC on sexism in the BMA and demands the publication of a formal action plan from GPC, with timescales, before the UK conference of LMCs in May 2020.

**(Proposed by Sessional GPs Committee)**  
**Carried Unanimously**

- (290) That conference is very concerned regarding proposed CCG mergers to align with STPs, as this is a disaster for general practice whose voice and influence will be lost within the STP. Conference asks GPC to:
- i. oppose these mergers due to their detrimental effect on general practice
  - ii. ensure an LMC representative is mandated to be a voting member of the STP
  - iii. provide ongoing leadership training to PCN clinical directors ensuring they have the skills to adequately represent their network within the STP.

**(Proposed by Hertfordshire)**  
**Parts (i) and (ii) carried**  
**Part (iii) carried nem con**

**AND FINALLY .....**

- (26) That conference believes that, as all human being creatures 'require improvement', CQC inspectors should therefore be required to wear a Hi-Visibility jacket at work at all times emblazoned on the back with the legend: 'How's my inspecting?', together with a prominently displayed Freephone number to facilitate feedback.

**(Proposed by Somerset)**  
**Carried Unanimously**

ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES  
NOVEMBER 2019

ELECTION AND CO-OPTION RESULTS

**Chair of England Conference**

Rachel McMahon

**Deputy Chair of England Conference**

Shaba Nabi

**Five members of England Conference Agenda Committee**

Elliott Singer

Zoe Norris

Deborah White

Matt Mayer

Roger Scott



**PART III**  
**REMAINDER OF THE AGENDA**

**LIST CLOSURE**

- (8) That conference believes Commissioner approval should not be required for a GP contractor to close their list [as is the case under the current Regulations] for a cumulative maximum period of twelve months in any two years.

**(Proposed by Surrey)**

**Lost**

**DEATH CERTIFICATION**

- (14) That conference requires the GPC England to negotiate a change in law allowing allied health professionals to certify the cause of death.

**(Proposed by Kent)**

**Lost**

**SALE OF GOODWILL**

- (15) That conference supports that medical general practices be allowed to include goodwill in their sale valuation. This would bring us into line with the many other private providers carrying out NHS contract work and who are traded freely incorporating goodwill into their market worth.

**(Proposed by GLOUCESTERSHIRE)**

**Lost**

**PRIMARY CARE NETWORKS (PCNs)**

- (19) That conference, with regard to PCNs:
- iv. believes they are the building blocks towards integrated care systems which will be to the detriment of local personal patient care
  - v. requires GPC England to reject this model in favour of developing a new GP contract that actually positively supports the current model of English general practice.

**(Proposed by Hillingdon)**

**Lost**