BMA

GPDF Listening Supporting Influencing

Conference News

Conference of Representatives of UK
Local Medical Committees
19 – 20 March 2019

Part I: Resolutions
Part II: Election results
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PART I

ANNUAL CONFERENCE OF UK LOCAL MEDICAL COMMITTEES
March 2019

RESOLUTIONS

WORKFORCE

(6) That conference mindful of the appalling statistics and circumstances of doctor suicides, charges GPC with:

(i) raising the issue of GP suicide with all major stakeholders to seek better understanding of any preventable triggers and adverse drivers that lie within stakeholders' influence, in order to seek their removal where possible

(ii) lobbying government to adequately resource proper psychological support systems for all GPs, including GPs who are on parental or sickness leave or who are out of work, in order to prevent occupation related mental distress developing, rather than waiting to treat it once established

(iii) pressing for proper NHS funded coaching and supervision services to be made available to all GPs as standard

(iv) sourcing or developing an appropriate short survey tool to measure and classify work related stress amongst GPs.

(Proposed by Suffolk LMC on behalf of the Agenda Committee)
Part (i) Carried
Parts (ii) and (iii) Carried unanimously
Part (iv) Carried as a reference

PUBLIC HEALTH

(7) That conference believes that health screening:

(i) should not take place within the UK's national health services without the approval of the UK National Screening Committee

(ii) if carried out privately, requires the screening provider to provide follow up appointments with patients to discuss abnormal results, and if GPs end up doing this work for them, they are empowered to directly invoice the company for their time.

(Proposed by North and North East Lincolnshire LMC on behalf of the Agenda Committee)
Parts (i) and (ii) Carried

INFORMATION GOVERNANCE

(8) That conference believes that the role of data controller is no longer compatible with modern general practice because:

(i) the time and financial resources taken up by this activity impede the ability of practices to deliver clinical care

(ii) it causes an unacceptable risk to individual practices who may inadvertently breach regulations

(Supported by the Conference of England LMCs)

(Proposed by Gateshead and South Tyneside LMC)
Parts (i) and (ii) Carried

GENERAL DATA PROTECTION REGULATION (GDPR)

(9) That conference feels the impact of GDPR on practice workload has been significant and calls on:

(i) all UK governments to recognise the extra workforce required to comply with regulations and fund it fully

(ii) the UK government to ensure inappropriate requests for reports masquerading as Subject Access Requests are appropriately penalised

(iii) the UK government to adapt the regulations to reverse the impact on GP practices

(iv) the GPC to take appropriate action, including funding a test case if necessary, to establish case law to prevent the injustice of general practice being a photocopying and postal service for lawyers continuing in perpetuity

(v) GPC, NHS Bodies, the Information Commissioner's Office, Law Society and Association of British Insurers to develop a set of guidelines as to what is a reasonable and proportionate response and what is 'excessive'.

(Proposed by Morgannwg LMC on behalf of the Agenda Committee)
Part (i) Carried unanimously
Parts (ii), (iii), (iv) and (v) Carried

(10) That conference instructs GPC to devise a national assurance process with NHS Bodies that ensures all Data Sharing Agreements are GDPR compliant, have a legal basis and are ethically sound before being circulated to practices.

(Proposed by Hampshire LMC on behalf of the Conference of England LMCs)
Carried

GPs WORKING IN SESSIONAL ROLES

(12) That conference asks the GPC to recognise the plurality of roles taken up by GPs throughout the UK, which may include working regularly for a clinical commissioning group, regional health board or an alternative provider of general medical services, and demands that:

(i) their employment rights are negotiated in a similar way to the model salaried GP contract

(ii) GPs working in non-clinical roles should be represented by the GPC

(iii) GPC negotiates model terms and conditions for this disparate group of GPs.

(Proposed by Avon LMC on behalf of the Agenda Committee)
Parts (i), (ii) and (iii) Carried

EDUCATION AND TRAINING

(14) That conference recognises GP training is outdated and needs radical overhaul. We call upon GPC to work with relevant stakeholders to:

(i) push for GP trainees to be predominantly based in general practice with set time to attend secondary care for learning opportunities

(ii) overhaul the e-portfolio requirements to ensure it is equitable across the UK

(iii) learn skills vital to modern GPs such as leadership, business, and management through funded courses

(iv) ensure all FY2s have fully funded community placement

(Proposed by GPC)
Parts (i), (ii), (iii) and (iv) Carried

(15) That conference recognises that good numbers of GPVTS trainers are critical to assisting with the GP recruitment / retention crisis and instructs GPC to negotiate some national minimum standardisation regarding necessary qualifications for potential trainers so that:

(i) prior experience is transferable when a trainer moves location

(ii) potential new trainers are not put off by additional onerous requirements in certain geographical areas.

(Proposed by North Yorkshire LMC)
Parts (i) and (ii) Carried

PERFORMANCE

(16) That conference calls upon GPC UK to work with the GMC and respective NHS Bodies to overhaul GP appraisal and revalidation by:

(i) returning to a process that is formative rather than summative

(ii) taking opportunities to offer practical support and assistance to colleagues in distress

(iii) shifting emphasis from information gathering meetings to pastoral care and mentorship by appraisers

(Proposed by Nottinghamshire LMC on behalf of the Agenda Committee)
Parts (i), (ii) and (iii) Carried

(17) That conference demands that the performance regulatory processes dealing with patient complaints:

(i) anonymise doctors' details to reduce any bias in the system

(ii) establish reducing risk to doctors as one of their main aims.

(Proposed by Kent LMC)
Parts (i) and (ii) Carried unanimously

BREXIT

(19) That conference recognises the devastating effect that Brexit may have on the delivery of healthcare in the UK and in particular the unique situation in Northern Ireland and calls on the UK Government to take immediate steps to mitigate this.

(Proposed by Northern Ireland Conference of LMCs)
Carried unanimously

PRESCRIBING

(20) That conference is concerned about the impact of short supply of medication on good patient care and GP workload, and demands that health departments across the UK address this ongoing and increasingly problematic issue.
(Supported by Scottish Conference of LMCs)

(Proposed by Glasgow LMC)
Carried unanimously

DISPENSING

(21) That conference recognises the importance of dispensing to rural general practices and demands that GPC UK seek to support greater practice resilience by seeking:

(i) a fair dispensing fee
(ii) reduction or elimination of clawback
(iii) full funding for EPS for dispensing doctors
(v) a change to the regulation which prevents some rural patients in merged practices from receiving dispensing services from their GPs even after they have changed their home address.
(vi) accountability for the appalling lack of planning by NHS bodies for the implementation of the Falsified Medicines Directive in general practice.

(Proposed by Gloucestershire LMC on behalf of the Agenda Committee)
Parts (i), (ii), (iii) and (v) Carried
Part (iv) Carried as a reference

CONTRACT NEGOTIATIONS

(22) That conference notes that it is GPC policy that GPs should not do the work of the home office by checking immigration status of patients and:

(i) opposes the obligation on practices to send a copy of the GMS1 form to NHS Digital of patients who self-declare that they hold either a non-UK issued EHIC card, PRC or S1 form and opposes the obligation to manually record this information in the patient's medical record
(ii) calls on GPC to support practices who wish to cross out the supplementary questions (Patient Declaration for all patients who are not ordinarily resident in the UK) on the GMS1 Form
(iii) instructs GPC to insist that the supplementary questions are removed during the next round of contract negotiations
(iv) instructs GPC to insist that the obligation on practices to send information regarding patient's residency status to NHS Digital is removed during the next round of contract negotiations.

(Proposed by Tower Hamlets LMC)
Parts (i), (ii), (iii) and (iv) Carried

PARTNERSHIPS

(23) That conference reaffirms its support for the GP partnership model, which represents value for money unparalleled anywhere else in the NHS, and calls upon the GPC to:

(i) negotiate a real terms uplift to core funding which is not contingent on targets
(ii) reduce the financial risks associated with partnership by negotiating with UK governments to allow practices to become Limited Liability Partnerships without the risk of the contract being put out to tender
(iii) work with the RCGP so that partnership teaching becomes a fundamental part of the GP training curriculum
(iv) demand that steps are taken to reduce both the amount of regulation and the administrative burden that comes with being a GP principal
(v) ensure that memoranda of understanding (MOUs) or contractual measures are in place to support individual partnerships as organisations such as Primary Care Networks (PCNs) and Integrated Care Systems (ICSs) become functional.

(Proposed by Hertfordshire LMC on behalf of the Agenda Committee)
Part (i) Carried unanimously
Parts (ii), (iii), (iv) and (v) Carried

GPC/GPDF

(25) That conference is concerned about the transfer of funding for GPC work to the BMA from the GPDF and:

(i) is concerned that this has led to a lack of clarity of payment of honoraria for work done
(ii) believes that this is likely to deter representation on committees by grass roots GPs
(iii) demands any future scheme is equitable to all NHS GPs undertaking work for the GPC and its committees regardless of contractual status
(iv) demands any future scheme pays for all approved meetings attended on behalf of the GPC
(v) demands any future scheme pays for approved electronic work undertaken on behalf of the GPC.

(Proposed by Cleveland LMC)
Parts (i), (iii) and (iv) Carried unanimously
Parts (ii) and (v) Carried

LMCs

(26) That conference believes that the very survival of LMCs is under threat by new models of care and requests that the GPC ensure:

(i) new contractual arrangements include a provision for payment and collection of levy payments
(ii) GPs do not lose their only independent, statutory representation
(iii) an improved system for identifying and supporting locum GPs
(iv) private providers are under the same obligation to fund LMC levies as current NHS providers.

(Proposed by Avon LMC)
Carried unanimously

GMC

(27) That conference acknowledges the legal hurdles to creating a single professional register but demands that the GMC now makes a public statement recognising that GPs are Specialists in Family Medicine and starts the process necessary to change the current regulations.

(Proposed by Shropshire LMC)
Carried

FUNDING

(28) That conference demands that payments in any GP contract should ensure that practices receive payment for registered patients who die before the end of a quarter

(Proposed by Mid Mersey LMC on behalf of the Agenda Committee)
Carried

CONTINUITY OF CARE

(32) That conference instructs that policy makers should prioritise improving GP continuity of care over extended access as there is mounting evidence in the past year that this is a more cost-effective way of achieving positive health outcomes including improved mortality, patient satisfaction and reduced A&E admission.

(Proposed by North Yorkshire on behalf of the Conference of England LMCs)
Carried

PRIMARY AND SECONDARY CARE INTERFACE

(34) That conference:

(i) is deeply concerned by the lack of consent of the GP by means of a shared care agreement for work transfer

(ii) believes that due to gaps in commissioning GPs are being encouraged to work beyond their competencies in a number of clinical areas

(iii) calls on GPC UK to ensure that no GP is pressurised by commissioners into prescribing medication outwith their competence due to failures of specialist commissioning

(iv) GPC UK to influence commissioning organisations by promoting guidance which encourage GPs and secondary care colleagues to work together on transfer of work issues, ensuring that if any work is transferred it is done with appropriate discussion and with appropriate funding.

(Proposed by Oxfordshire LMC on behalf of the Agenda Committee)
Parts (i), (ii) and (iv) Carried
Part (iii) Carried unanimously

ONLINE GP SERVICES

(35) That conference is concerned about the emergence of various IT solutions that are non-evidence based, untested and poorly regulated and:

(i) believes that this is having a negative effect on patient care

(ii) believes that IT solutions should be tested and approved at least in line with other medical and surgical interventions

(iii) believes that the IT developers should be held responsible legally and financially if these result in adverse outcomes for patients.

(iv) demands that GPC support general practices in refusing to implement IT-based medical algorithms; unless and until acceptable regulation and liability agreements are in place.

(Proposed by Hull and East Yorkshire LMC on behalf of the Agenda Committee)
Carried

COMMISSIONING AND SERVICE DEVELOPMENT

(36) That conference, with regard to the commissioning of urgent care services:

(i) calls for urgent action by governments to address the problems of ambulance delays which are detrimental to patient care

(ii) believes that GP out of hours services should remain defined as primary medical services and not be separated into a collection of sub-specialist services under the title of 'urgent care'

(iii) calls for a full evaluation of NHS 111 and equivalent services that continues to mis-direct patients and overload already stretched NHS services.

(Proposed by Bedfordshire LMC on behalf of the Agenda Committee)
Parts (i), (ii) and (iii) Carried

PENSIONS

(39) That conference notes the inflexibility of the NHS Pension Scheme and the problems the recent HMRC changes in annual allowance are causing and asks the GPC to:

(i) negotiate for GPs to be able to adjust their percentage contribution to the NHS Pension Scheme on an annual basis

(ii) seek specific changes that will obviate the financial incentive for GPs to stop and start their contributions

(iii) actively seek changes to the Pension Scheme that will help PCSE manage it better

(iv) actively seek changes to the Pension Scheme to help retain older GPs

(v) ensure that sessional doctors should enjoy the same NHS Pension rights as the rest of the workforce and in particular death in service benefits.

(Proposed by Devon LMC on behalf of the Agenda Committee)
Part (i) Carried unanimously as a reference
Parts (ii), (iii), (iv) Carried
Part (iv) Carried unanimously

(375) That conference is seriously concerned about the UK government's proposals when setting an annual rate of pay for GPs pensions purposes and:

(i) believes this will have a major and unfair impact on GP locums' pension contributions
(ii) believes this will reduce the availability of GP locums and therefore impact patient care
(iii) demands that governments do not implement this change
(iv) demands that governments end the unfair annualisation arrangements

(Supported by the Sessional Subcommittee)

(Proposed by Leeds LMC)
Parts (i), (ii), (iii) Carried
Part (iv) Carried unanimously

REGULATION

(40) That conference deplores bullying as an abuse of power that does not belong in our healthcare cultures and:

(i) expresses its heartfelt condemnation of any bullying of doctors and other workers in the NHS
(ii) wishes to expose and nullify the malign tactics used by some people to target, intimidate, marginalise, and scapegoat others
(iii) bemoans the lack of effective whistle-blowing procedures across the NHS
(iv) salutes those individuals who have the courage to whistle-blow, when other processes have failed
(v) demands coordinated actions from our professional associations and governments that will move UK healthcare towards a culture of learning and support.

(Proposed by Highland LMC)
Parts (i), (ii), (iv) and (v) Carried unanimously
Part (ii) Carried

And finally…

(41) That conference would like to ask the new Secretary of State for Health for more precise details for his IT solutions to the GP recruitment crisis and asks him to distribute these via hashtag the missing 5000.

(Proposed by Devon LMC)
Carried

PART II

ANNUAL CONFERENCE OF UK LOCAL MEDICAL COMMITTEES MARCH 2019

ELECTION AND CO-OPTION RESULTS

Chair of Conference
Mark Corcoran

Deputy Chair of Conference
Katie Bramall-Stainer

Seven members of GPC (in alphabetical order):
Rachel Ali
Samira Anane
Paul Cundy
Chandra Kanneganti
Krishna Kasaraneni
Denise McFarlane
Timothy Morton

LMC representative within their first five years post-CCT co-opted to GPC
Sarah Westerbeek

PART III

REMAINDER OF THE AGENDA

INFORMATION GOVERNANCE

(8) That conference believes that the role of data controller is no longer compatible with modern general practice because the role would be better taken over by a dedicated team at NHS England or equivalent allowing practices to concentrate on clinical care. (Supported by the Conference of England LMCs)

(Proposed by Gateshead and South Tyneside LMC)
LOST

PERFORMANCE

(16) That conference calls upon GPC UK to work with the GMC and respective NHS Bodies to overhaul GP appraisal and revalidation by:

(i) streamlining the process to a full appraisal every three years for those GPs who have had five consecutive 'successful' appraisals with annual probity statements continuing

(ii) changing the revalidation cycle from five to six years.

(Proposed by Nottinghamshire LMC on behalf of the Agenda Committee)
LOST

FUNDING

(28) That conference demands that payments in any GP contract should reflect numbers of patient contacts undertaken as well as list size.

(Proposed by Mid Mersey LMC on behalf of the Agenda Committee)
LOST

INTEGRATED CARE AND WORKING AT SCALE

(33) That conference believes that the development of primary care networks:

(i) will not improve general practice

(ii) will undermine the autonomy of general practitioners

(Proposed by Leicester, Leicestershire and Rutland LMC on behalf of the Agenda Committee)
LOST