

## GPC Special Conference – Feedback and Fightback

Responding to calls for action from across the profession, Saturday's LMC Special Conference provided an opportunity for GPs from across the UK to unite as one profession and agree a course of action in the face of increasing workload, a reducing workforce, over regulation and growing financial and contractual uncertainty.

Billed as the forum to "decide what actions are needed to ensure GPs can deliver a safe and sustainable service", the mood of a conference hall filled with 300+ GPs on a Saturday morning was electric. Following twenty minutes discussing what we might discuss or whether to discuss something different, we began the conference proper.

Many of the speakers were passionate and made moving speeches about their own experiences. There was a clear and loud message of a profession in crisis. There was widespread antipathy toward the CQC and their inspection regime. Along with a repeated message from many speakers that this is not a dash for cash - funding for the core contract is simply inadequate. A helpful analogy of general practice being a foodbank that Government tell patients to treat as an all you can eat diner got wry laughter from across the hall!

Throughout the day there were concerns (criticisms?) expressed that the GPC are too passive and that the agenda for this conference was too light. As we worked through the 20 motions agreed and tabled through the conference committee, the main event was the final motion of the day empowering the GPC to seek willingness from GPs to submit unsigned resignations en masse (the final motion, as amended by London LMCs, is printed below for ease). Other discussions and contributions covered workload, workforce, regulation, premises, funding, indemnity and burnout leading to departure from the profession. A list of the agreed actions resulting from the conference is below.

BUCKINGHAMSHIRE: That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:

- (i) actions that GPs can undertake without breaching their contracts must be identified to the profession
- (ii) a ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients
- (iii) the GPC should canvass GPs on their willingness to submit undated resignations.

*(as amended by London LMCs)*

## Actions from LMCs' Special Conference 2016

- Increase in the duration of routine GP appointments to at least 15 minutes
- Restriction of patient contacts per day to a level comparable to other EU countries
- Separate contractual arrangements are needed for:
  - care for residents of nursing homes, residential care homes and similar institutions;
  - medical certification of illness;
  - travel advice and immunisation.
- In respect of physicians' assistants;
  - is concerned that they will distract attention from the inadequate numbers of GPs and registrars;
  - is concerned that they will not decrease GP workload;
  - is concerned that they will increase referrals, investigations and prescribing;
  - demands that they require their own medical indemnity cover.
- Write off a proportion of new GPs' student loans for each year of service, at five yearly intervals
- More support for newly qualified GPs to take on partnership roles more gradually
- New models of care must be based on:
  - personalised care being delivered to patients by general practices supported by extended primary health care teams;
  - a registered list of patients;
  - adequately resourced, safe and sustainable national core GP contract;
  - cherishing and building on the independent contractor model.
- Over regulation and monitoring of the profession has eroded morale and had an adverse effect on the sustainability of General Practice, and:
  - opposes any increase in the fees demanded of practices by the Care Quality Commission and demands that all fees be fully reimbursed;
  - demands that GPC actively campaigns to abolish the regulation of General Practice by the CQC;
  - demands that GPC produces realistic proposals for an effective peer led quality assurance scheme for General Practice based on criteria that improve patient care and safety;
  - calls on GPC to explore all options by which GP practices could lawfully withdraw from engaging with the Care Quality Commission;
  - recognises that appraisal and revalidation consume time that General Practitioners could use for direct patient care;
  - appraisal and revalidation requirements to be reviewed and simplified;
  - appraisal to return to being a formative process;
  - frequency of appraisals to be reduced.
- A "buyer of last resort" scheme to be established for privately owned or rented GP premises to safeguard practices where the financial risk associated with the premises threatens viability.
- An accelerated programme of update and redevelopment for practices whose premises are inadequate to deliver 21st-century primary care.
- All practices receive at least £200 per patient per year.
- The GPC rejects annual contract renegotiations.
- The GP contract will be subject to genuinely independent financial review only.
- Crown Indemnity for all GP work, both in and out of hours, in all NHS working environments, with immediate effect.
- If negotiations with government for a rescue package for general practice are not concluded successfully by July 2016
  - actions that GPs can undertake without breaching their contracts must be identified to the Profession;
  - ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients;
  - GPC should canvass GPs on their willingness to submit undated resignations.