



## **General Practitioners Committee**

# **Conference News**

Conference of Representatives of Local  
Medical Committees  
22 - 23 May 2012

Part I: Resolutions  
Part II: Election results  
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Part IV: Remainder of the agenda

## PART I

### ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2012

#### RESOLUTIONS

##### Standing orders

- (4) 1. That standing order 9 be amended to read:  
Local medical committees may nominate personnel from their organisations to attend conference as observers, subject to chairman of conference's discretion. In addition the chairman of conference may invite any person who has a relevant interest in conference business to attend as an observer.  
**(Proposed by Mike Ingram on behalf of the Agenda Committee)**  
**Carried**

##### The future of general practice and the NHS

- (8) 2. That conference believes that patient advocacy and holistic care are under attack; the profession calls on the GPC to defend the vital role of the generalist as the bedrock of the NHS in its negotiations with the government.  
**(Proposed by Hella Cox, Bradford and Airedale LMC)**  
**Carried unanimously**
- (9) 3. That conference notes the Commonwealth Fund review in November 2011 rates the NHS as one of the best healthcare systems in the world and believes that this is substantially attributable to the high and improving quality of evidence based care provided by general practices across the country.  
**(Proposed by Nick Bray, Somerset LMC)**  
**Carried**

##### The NHS in economic crisis

- (50) 4. That conference:
- (i) calls on the government to be honest with the public about NHS resources being limited
  - (ii) asserts that the primary moral, ethical and professional duty of a general practitioner is to the patient whose care they are managing
  - (iii) deplores the fact that the government wastes billions without a political mandate on the unnecessary reorganisation of NHS structures and bureaucracy
  - (iv) deplores the government's waste of public funding on unfounded initiatives and policies that do not deliver a defined outcome that benefits patient care.
- (Proposed by Shaun Millns-Sizer, Bradford and Airedale LMC)**  
**Carried**

## **NHS Reforms / Health and Social Care Act**

- (52) 5. That conference:
- (i) believes the reforms proposed within the Health and Social Care Act will further widen population health inequalities
  - (ii) recognises that the Health and Social Care Act in the current form will compromise the health of the nation
  - (iii) reasserts that the core strength of general practice lies in the relationship between individual doctors and their patients
  - (iv) believes that core general practice is seriously threatened by the scale of the current NHS reforms.

**(Proposed by Gerard Reissman, Newcastle and North Tyneside LMC)**

**Carried**

- (53) 6. That conference deplores the government's attempts to cover up the true consequences of the Health and Social Care Act by refusing to publish the 'risk analysis'.

**(Proposed by Adam Skinner, Kent LMC)**

**Carried**

- (54) 7. That conference, which represents all GPs in the UK, is mindful of recent events over the Health and Social Care Act, and reasserts the position of the conference and the GPC as the only representative bodies for NHS general practitioners in the UK.

**(Proposed by John Canning, Cleveland LMC)**

**Carried**

## **Government**

- (57) 8. That conference believes that the government's changes to the NHS in England are:
- (i) merely a smoke screen for the true intent of parcelling up the NHS in to bite size chunks in preparation for privatisation
  - (ii) designed to make scapegoats of GPs for the rapidly deteriorating state of the health of the NHS.

**(Proposed by Francesco Scaglioni, Cornwall and Isles of Scilly LMC)**

**Carried**

## **Practice boundaries**

- (58) 9. That conference demands that the GP practice of your choice pilot be abolished as it has been proposed without any clear criteria for assessment and threatens the provision of equitable health care, benefitting the fit and mobile to the detriment of the sick.

**(Proposed by Jacqueline Applebee, City and East London LMC)**

**Carried**

## **Patient registration**

- (59) 10. That conference believes that the FP69 procedure for removing patients from practice lists is discriminatory towards vulnerable groups of patients and that asks the GPC to press that:
- (i) practices should be notified of FP69 correspondence before it is sent out
  - (ii) letters to patients should be sent in envelopes that clearly state action is needed by the recipient to keep their NHS GP, and
  - (iii) correspondence should be provided in a range of languages.

**(Proposed by Barry Moyse, Somerset LMC)**

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

**Part (iii) carried**

## **Primary and secondary care interface**

- (60) 11. That conference believes that:
- (i) the current amount of work being moved from secondary to primary care without appropriate movement of resources to support the work is unacceptable and unsustainable
  - (ii) local agreements must be made to define, control and resource shifted hospital work in to the community before it takes place
  - (iii) commissioning bodies must recognise the significant workload pressures in general practice and that expecting practices to do more work without resources puts patients at risk.

**(Proposed by Annette Bearpark, Leeds LMC)  
Carried**

- (61) 12. That conference believes that attempts to drive down costs in secondary care, by unresourced transfer of work to primary care, puts at risk the physical and mental health of already overstretched primary care teams.

**(Proposed by Teresa McDonnell, Shropshire LMC)  
Carried**

- (62) 13. That conference believes the frequency with which patients are discharged from hospital prior to the results of investigations being known is increasing and:
- (i) this represents a significant threat to patient care and safety
  - (ii) reaffirms the accepted principle that the clinician ordering a test is responsible for receiving the result and ensuring proper action is undertaken
  - (iii) calls on all secondary sector providers to urgently review their procedures for dealing with such results and ensuring that all staff are kept aware of their responsibilities.

**(Proposed by Alan Francis, Hull and East Yorkshire LMC)  
Carried unanimously**

- (63) 14. That conference condemns the practice of secondary care hospitals discharging patients from outpatient care after a single 'DNA' attendance or when a patient asks to postpone a follow up appointment. The practice of asking the general practitioner to send a new referral in these circumstances is a waste of time for patients and general practitioners and carries significant increased workload and medico legal risk.

**(Proposed by Adam Jenkins, Ealing, Hammersmith and Hounslow LMC)  
Carried**

## **Commissioning of care**

- (64) 15. That conference applauds the achievements obtained by GPs in reconfiguring local services and reducing secondary care activity when given true delegated commissioning authority from a PCO.

**(Proposed by Peter Weeks, Cumbria LMC)  
Carried**

- (65) 16. That conference welcomes and supports the increased role for GPs in NHS England in service design but is concerned that:
- (i) GPs' initial impressions of clinical commissioning have been changed by the reality the Health and Social Care Act imposes on GPs
  - (ii) new layers of bureaucracy will limit freedom for clinical commissioners
  - (iii) the potential future larger role for private companies will control commissioning in many areas
  - (iv) elements of the Health and Social Care Act have the potential to damage the doctor patient relationship.
- (Proposed by George Rae, Newcastle and North Tyneside LMC)**  
**Parts (i) and (iii) carried**  
**Parts (ii) and (iv) carried unanimously**
- (66) 17. That conference believes that GPs involved in commissioning have an increased potential for conflicts of interest and so calls on the GPC to:
- (i) inform the profession of the likely consequences of not managing conflicts of interest well
  - (ii) explain that having a conflict of interest must not be perceived as bringing into question your integrity
  - (iii) highlight the risks of the same GP working on both the development of a new pathway and also providing the service
  - (iv) consider whether the creation of an external reference group could support GP commissioners.
- (Proposed by Neil Modha, Cambridgeshire LMC)**  
**Carried**
- (67) 18. That conference insists that all CCGs must consult with LMCs on any decision that affects the providers of general practice and that this should be written into legislation.
- (Proposed by Andrew Holden, Hampshire and Isle of Wight LMC)**  
**Carried unanimously**
- (68) 19. That conference believes that CCGs must each be constituted in such a way so that their governing body:
- (i) has GP members who are elected by a democratic process endorsed by the LMC
  - (ii) has GP members who are elected by a process of one GP one vote
  - (iii) has GP members who are elected by a process open to all local GPs whatever their contractual status
  - (iv) may be recalled should a majority of member practices support such action.
- (Proposed by John Grenville, Derby and Derbyshire LMC)**  
**Part (i) carried unanimously**  
**Parts (ii) and (iii) carried**
- (69) 20. That conference believes the proposed quality reward payment to CCGs:
- (i) could undermine the doctor patient/relationship
  - (ii) could widen health inequalities
  - (iii) should be opposed.
- (Proposed by Raj Menon, Leeds LMC)**  
**Carried**
- (70) 21. That conference believes the commissioning outcome framework:
- (i) could, if reduced in size, form the basis of a method of assessing the achievements of CCGs
  - (ii) should be limited to areas directly related to the CCG
  - (iii) could, as with other targets, lead to adverse unintended consequences
  - (iv) should be used for patient and peer information and not for the allocation of the 'quality reward'.
- (Proposed by Raj Menon, Leeds LMC)**  
**Carried**

- (71) 22. That conference believes that commissioning support services should:
- (i) be NHS led
  - (ii) not be sold to the private sector
  - (iii) be managed directly by CCGs working in cooperation with other CCGs
  - (iv) be retained in house by CCGs where possible
  - (v) always be chosen by CCGs and not influenced from above.
- (Proposed by Stephen Hardwick, Lancashire Coastal LMC)**  
**Parts (i), (iii) and (iv) carried unanimously**  
**Parts (ii) and (v) carried**
- (72) 23. That conference believes that in the light of the government's support for 'integration' in the NHS, and the right of clinical commissioning groups (CCGs) to choose to use competition only if it benefits patients:
- (i) CCGs should support local NHS services as preferred provider
  - (ii) CCGs should only consider alternative providers after establishing that local NHS services are unwilling or unable to improve services to requisite standards
  - (iii) the decision to tender for alternative providers must consider an impact analysis on local NHS services, and prohibit cherry picking
  - (iv) CCGs should choose to replace Payment by Results with funding arrangements that support integration.
- (Proposed by Chaand Nagpaul, Edgware and Hendon Division)**  
**Carried**
- (73) 24. That conference believes that clinical commissioning groups should be encouraged to have LMC observers in attendance at CCG governing body meetings.
- (Proposed by Shamim Rose, Liverpool LMC)**  
**Carried**
- (439) 25. That conference is dismayed at the decision to award, without contest, a six year contract to provide the entirety of the NHS commissioning board and CCG finance and accounting functions to Shared Business Services, considers it totally unacceptable that CCG authorisation is dependent on them accepting this fait accompli, and calls on GPC to do all it can to raise awareness of and condemn this appalling decision.
- (Proposed by Bob Morley on behalf of Birmingham LMC)**  
**Carried unanimously**

### **GPC Scotland**

- (75) 26. That conference congratulates the SGPC secretariat and the BMA Scotland public affairs department for their further work on the document 'The Way Ahead' and asks the SGPC to seek an early meeting with the Cabinet Minister for Health and Wellbeing so this can be taken forward as a template for the future development of general practice in Scotland.
- (Proposed by Chris Black, Ayrshire and Arran LMC)**  
**Carried**

### **GPC Wales**

- (77) 27. That conference insists that there are clear cross boundary plans for patients affected by Welsh/English border issues as well as cross local health board boundary issues.
- (Proposed by Debbie Waters, Gwent LMC)**  
**Carried unanimously**

## **Primary care workforce**

- (81) 28. That conference notes with dismay and concern that recruitment in general practice is declining, and calls on the GPC to:
- (i) actively promote general practice as a rewarding and exciting career option
  - (ii) ensure that the Department of Health counts whole time equivalent GPs and not a simple headcount
  - (iii) acknowledge imminent workforce problems due to retirement and the brain drain of experienced doctors to overseas posts
  - (iv) protect the financial position of existing GPs to encourage recruitment and retention
  - (v) ensure that the current excellent standards for entry into the profession are not lowered in order to address this.

**(Proposed by Sara Khan, Hertfordshire LMC)**

**Carried**

- (82) 29. That conference requests GPC to work with the relevant authorities to develop a framework of requirements for those wishing to return to practice, after an absence, that is:
- (i) proportionate and uniform
  - (ii) applicable across all health authorities in the UK
  - (iii) sympathetic to their developmental needs
  - (iv) not onerous, expensive nor discouraging.

**(Proposed by Greg Graham, Gwent LMC)**

**Part (i) carried**

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

## **Care pathways**

- (83) 30. That conference believes the increasing imposition of decision algorithms, protocols and tick box referrals undermines the established role of the British GP as their patients' advocate and threatens the intelligent and compassionate delivery of care tailored to individual needs.

**(Proposed by Ellen Nolan, Shropshire LMC)**

**Carried**

## **Private fees / NHS work**

- (84) 31. That conference urges GPC to negotiate a change to the GMS contract that would allow patients to receive treatment not funded by the NHS from their own GPs on a private basis.

**(Proposed by Nimish Shah, Morgannwg LMC)**

**Carried**

## **Prison GPs**

- (85) 32. That conference recognises the importance of continuity of care for offenders on release from detention and calls on the home office and departments of health to ensure that all prisons have computerised clinical record and information systems to:

- (i) facilitate rapid transfer of information to GPs to ensure that the management of offenders is not compromised
- (ii) assist in reducing reoffending
- (iii) support rehabilitation.

**(Proposed by Ashok Rayani, GPC Wales)**

**Carried**

## Care Quality Commission (CQC)

- (86) 33. That conference with regard to the Care Quality Commission (CQC):
- (i) demands that registration should not incur any expense on practices
  - (ii) demands standards applied by the commission for GP practices should be appropriate to a primary rather than secondary care setting
  - (iii) expects the commission to always use transparent and explicit evidence based criteria when establishing which practices will receive a visit and assessing practices against the standards
  - (iv) believes registration is still a bridge too far.
- (Proposed by Brian McGregor, North Yorkshire)**  
**Carried unanimously**

## GP education and training

- (87) 34. That conference:
- (i) supports the principle of enhanced GP training
  - (ii) insists that any extension of GP training is fully funded as an educational and developmental scheme
  - (iii) demands that GP consortia act on the need for training of doctors when commissioning services away from secondary into primary care
  - (iv) believes that it is not the length of training that makes good GPs but its content and that the programme must be revised and strengthened
  - (v) believes the out-of-hours experience for GP trainees should be enhanced to ensure competency.

**(Proposed by Julie-Anne Birch, Cleveland LMC)**  
**Carried**

- (89) 35. That conference believes that the current remuneration for GP training practices for providing GP training is:
- (i) undervaluing our role in the maintenance and promotion of excellence in practice for the long term future of our profession
  - (ii) demoralising to the extent whereby practices that potentially could become trainers are discouraged from taking up this role
  - (iii) causing practices that have already taken on this key position in the profession to consider withdrawing their expertise and service.

**(Proposed by Alastair Taylor, Glasgow LMC)**  
**Carried**

- (90) 36. That conference believes the new arrangements for education and training introduced in the government's reforms threaten to overlook the needs of the general practice workforce and calls on the GPC to persuade the Department of Health to ensure that:
- (i) adequate funds are ring-fenced for practice staff education and training
  - (ii) healthcare workforce planning incorporates recognised career pathways for practice nurses
  - (iii) the new local education and training boards (LETBs) are constitutionally required to consult with LMCs as representatives of general practice.

**(Proposed by Chris Locke, Nottinghamshire LMC)**  
**Carried unanimously**

- (437) 37. That conference it insists that the funding for undergraduate education in general practice is:
- (i) maintained at least at current real term levels
  - (ii) ring-fenced for use in general practice
  - (iii) increased to reflect increased teaching in general practice.
  - (iv) treated as NHS income and therefore is superannuable.

**(Proposed by Iain Bonavia on behalf of Cleveland LMC)**  
**Carried**



## **LMC conference**

- (93) 38. That conference believes that conference was exceptionally wise in choosing Liverpool for its conference venue, and hopes that Liverpool will become a regular fixture.  
**(Proposed by Shamim Rose, Liverpool LMC)**  
**Carried as a reference**

## **Pensions**

- (96) 39. That conference calls on the government to reconsider its proposed reforms to the NHS superannuation schemes, and return to negotiations, given that:
- (i) the reforms are unnecessary as the schemes are financially healthy following the review in 2008
  - (ii) NHS workers are being asked to make disproportionate superannuation contributions compared with other public sector workers
  - (iii) the schemes may be destabilised due to workers choosing to retire early or choosing to cease making contributions to the schemes
  - (iv) a cohort of workers may be compelled to continue with demanding, high intensity work despite no longer being mentally or physically fit enough to do so
  - (v) there is a danger of workers of all ages leaving the NHS and destabilising healthcare in the UK.
- (Proposed by Mark Sanford-Wood, Dorset LMC)**  
**Parts (i) and (v) carried unanimously**  
**Part (ii) carried**  
**Parts (iii) and (iv) carried as a reference**

- (97) 40. That conference deplores the threat to GP pensions and:
- (i) supports taking industrial action
  - (ii) supports industrial action but only that which has the minimum negative impact on patient care
  - (iii) recommends that disengagement of GPs from clinical commissioning be included in any industrial action.
- (Proposed by Terry John, Waltham Forest LMC)**  
**Carried**

## **Access**

- (98) 41. That conference maintains serious concerns about the design and precipitous introduction of the 111 model and believes that:
- (i) government is ignoring the lessons from evaluations of 111 pilot schemes
  - (ii) preliminary triage of calls by non-clinicians working from algorithms will result in inappropriate triage decisions and increased attendances at GP surgeries, walk-in centres and accident and emergency departments
  - (iii) patient safety will be compromised
  - (iv) costs to both secondary and primary healthcare will increase
  - (v) imposition of 111 will endanger the continuance of existing GP OOH services of proven high quality.
- (Proposed by Stewart Kay on behalf of Southwark LMC)**  
**Carried**

## General Practitioners Committee

- (100) 42. That conference requests that the GPC:
- (i) provide clarity in all four countries on the relationship between the LMCs and the GPC, GPDF and the BMA
  - (ii) consider how greater support could be given to LMCs from the GPC and the BMA.
- (Proposed by Andrew Buist on behalf of Tayside LMC)**  
**Part (i) carried**  
**Part (ii) carried unanimously**

## Contract negotiations

- (101) 43. That conference:
- (i) believes the multitude of different GP contractual arrangements is not conducive to a united profession and impedes eradication of health inequalities
  - (ii) recognises the growing anger among GPs at funding disparities which has led to a proliferation of the 'fairer funding' initiatives around the country aimed at reducing such disparities.
- (Proposed by Greg Place, Nottinghamshire LMC)**  
**Carried**
- (102) 44. That conference instructs the GPC to negotiate changes to the Regulations which make it explicit that primary medical services contractors have no obligation to provide any treatment to hospital in-patients.
- (Proposed by Stephen Strange, Birmingham LMC)**  
**Carried unanimously**

## Medical certificates and reports

- (103) 45. That conference, in respect of work capability assessments (WCA) as performed by ATOS Healthcare, believes that the:
- (i) inadequate computer based assessments that are used have little regard to the nature or complexity of the needs of long term sick and disabled persons
  - (ii) WCA should end with immediate effect and be replaced with a rigorous and safe system that does not cause avoidable harm to some of the weakest and most vulnerable in society.
- (Proposed by Andrew Holden, Hampshire and Isle of Wight LMC)**  
**Carried unanimously**
- (104) 46. That conference believes that the Med 3 certificate is poorly understood and:
- (i) that certification should be limited to a factual description of the illness or injury
  - (ii) urges the Department for Work and Pensions to publicise proper understanding of the Med 3 rules
  - (iii) there should be no requirement upon doctors to issue Med 3s after the Department for Work and Pensions has adjudicated that a person is fit for work and the individual is appealing this adjudication.
- (Proposed by Alun Griffiths, Bradford and Airedale LMC)**  
**Carried**

- (105) 47. That conference believes GPC should renegotiate the national agreement reached on the involvement of GPs in the issuing or renewal of Firearms Certificates, particularly in the light of the widespread view held within the profession that is currently not fit for purpose as it lacks

- (i) a satisfactory audit trail on the patient record
- (ii) a mechanism for practices to be reimbursed for this additional work
- (iii) clear guidance from the GPC.

**(Proposed by Tim Morton, Norfolk and Waveney LMC)**

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

**Part (iii) carried as a reference unanimously**

- (106) 48. That conference is aware of an emerging practice where insurance companies are undertaking subject access requests (SAR) under the Data Protection Act instead of requesting a clinically written report. We ask our negotiators to aim for the following outcomes to:

- (i) increase the fee in the primary legislation of £50 for paper and £10 for computer records to reflect the inflationary pressures in the 13 years since its passage
- (ii) try to get further agreement from the Association of British Insurers (ABI) on the best practice associated with requests of patient data
- (iii) consider a campaign to inform the general public of the potential risks of their confidential data being used for this purpose and that the consequences could include loss of cover or weighted insurance premiums.

**(Proposed by Andrew Sant, Devon LMC)**

**Part (i) carried unanimously**

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

### **Funding for general practice**

- (108) 49. That conference calls on the DDRB to recognise the increasing workload in general practice and greater complexity of consultations being carried out by GPs throughout the UK.

**(Proposed by Raj Menon, Leeds LMC)**

**Carried**

- (109) 50. That conference calls on GPC to ensure that:
- (i) there is equality of funding for the provision of primary care medical services regardless of the type of contract under which it is delivered
  - (ii) PMS reviews do not result in an overall reduction in the funding available for general practice
  - (iii) service delivery is not jeopardised by any aggressive approach to remove funds from PMS practices
  - (iv) any funding removed from PMS practices is re-invested in general practice.

**(Proposed by Jeremy Cox, Hertfordshire LMC)**

**Carried**

### **Revalidation**

- (TD1) 51. That conference notes the current attempts by some deaneries, strategic health authorities, primary care organisations (PCOs) and other NHS authorities within the British Isles to introduce enhanced appraisal for general practitioners by the back door and:

- (i) insists such attempts have no legal or contractual basis
- (ii) deplores making use of the RCGP toolkit mandatory
- (iii) encourages appraisees to report all such attempts to their LMC.

**(Proposed by Rachel Tinker, Derby and Derbyshire LMC)**

**Carried**

- (TD2) 52. That conference insists that the GMC in conjunction with the BMA develops an appraisal system which:
- (i) will be accepted for revalidation by the GMC as an alternative to local appraisal
  - (ii) reduces the necessary paperwork.
- (Proposed by Gary Hamilton, Glasgow LMC)**  
**Carried**
- (TD3) 53. That conference, with regard to revalidation, insists that it must:
- (i) not go ahead without adequate arrangements for remediation which are no more burdensome for GPs than for other doctors
  - (ii) not go ahead without proper arrangements for all types of GPs, including sessional and prison GPs
  - (iii) call doctors on a random basis
  - (iv) be simple, sensible and non-threatening
  - (v) not result in any increase in GMC fees for GPs.
- (Proposed by Andrew Green, on behalf of Hull and East Yorkshire)**  
**Carried unanimously**
- (TD4) 54. That conference, in respect of the stated intention of the NHSCB to vest in one individual the roles of responsible officer and primary care commissioning manager:
- (i) insists that the role of responsible officer must be separated from any performance management role of GPs, contractual or otherwise
  - (ii) considers this will present GPs with a conflict between the interests of their patients and their own interest in revalidation
  - (iii) considers this will present an individual holding both offices with a conflict between implementing commissioning policies and independently making revalidation recommendations
  - (iv) deplores the proposal
  - (v) instructs the GPC to take action to prevent the implementation of the proposal.
- (Proposed by Paddy Glackin, Camden LMC)**  
**Carried unanimously**

## **Premises**

- (114) 55. That conference is dismayed at the woeful neglect of investment in GP premises and demands that the authorities in all four nations prioritise such developments:
- (i) to allow transfer of services to primary care
  - (ii) to reach CQC and other legislative standards
  - (iii) to accommodate comprehensive primary care teams
  - (iv) making premises directions obligatory, particularly including obligations to guarantee leases with third party developers.
- (Proposed by Ian Harper, Surrey LMC)**  
**Parts (i), (ii) and (iv) carried**  
**Part (iii) carried as a reference**
- (115) 56. That conference calls upon the GPC to negotiate fair and reasonable terms with the newly established property company which will take control of NHS estates following the disestablishment of PCOs, particularly focusing on
- (i) assurance that practices currently occupying NHS owned premises may continue to do so if they so wish
  - (ii) equitable terms for the continuation of existing lease arrangements
  - (iii) an option to purchase the freehold.
- (Proposed by Kathy Kestin, Norfolk and Waveney LMC)**  
**Parts (i) and (ii) carried**  
**Part (iii) carried unanimously**

## **Sessional GPs**

- (116) 57. That conference calls upon the government to extend the protection of death in service benefit to sessional GPs by revising the entitlement criteria of pensionable employment so that sessional GPs are protected throughout whilst being hosted on a performers list, rather than intermittently whilst undertaking individual locum sessions.  
**(Proposed by Patricia Moultrie, Glasgow LMC)**  
**Carried**
- (117) 58. That conference deplores the current trend for GP contractors employing large numbers of salaried doctors who have limited opportunity for career development.  
**(Proposed by Stewart Kay on behalf of Southwark LMC)**  
**Carried**
- (118) 59. With regard to the model contract for salaried GPs, this conference believes that:  
(i) it is often ignored by employing practices without consequences  
(ii) the GPC should work to ensure that the rights and responsibilities of both partners and salaried GPs are appropriately balanced.  
**(Proposed by Paul Roblin, Berkshire, Buckinghamshire and Oxfordshire LMC)**  
**Part (i) carried as a reference**  
**Part (ii) carried**

## **Dispensing**

- (119) 60. That conference is greatly concerned that the acquisition cost of an increasing number of dispensed medications exceeds the reimbursement received by GP practices and:  
(i) believes it is not acceptable to expect doctors and their practices to subsidise patient care in this way  
(ii) demands an urgent review of the pricing and reimbursement of medicines supplied in general practice.  
**(Proposed by Richard West, Suffolk LMC)**  
**Carried unanimously**

## **Information management and technology**

- (120) 61. That conference expresses concern at the imminent demise of the GP Systems of Choice (GPSoC) agreement and the apparent lack of a credible replacement and calls on GPC to:  
(i) acknowledge that the current timetable and the imminent demise of the PCOs risks leaving many practices without an adequately modernised IT system  
(ii) establish with the Department of Health a clear strategy for central investment in general practice IT  
(iii) obtain an assurance that investment in general practice IT will continue to be externally provided and will not revert to the responsibility of the practices  
(iv) ensure there is freedom for practices to choose or change a clinical system  
(v) establish a credible network support organisation for IT in the NHS that will ensure compatible development across NHS organisations.  
**(Proposed by Christopher Browning, Suffolk LMC)**  
**Parts (i), (iii), (iv) and (v) carried**  
**Part (ii) carried unanimously**

- (121) 62. That conference, with regard to systems allowing access to a patient's GP held electronic medical record demands that GPC:
- (i) ensure the role of the GP as being the responsible data controller is recognised
  - (ii) establish rules as to the level of access available to third party individuals and the appropriate training required to enable this
  - (iii) ensure that data added by a third party is auditable and can be corrected with no liability on the GP for such inaccuracies and
  - (iv) ensure patient participation is by opt in and their consent for viewing their record is enshrined.
- (Proposed by James Laing, Hull and East Yorkshire LMC)**  
**Carried unanimously**
- (122) 63. That conference is concerned about practices liability for emails sent to them containing urgent information about individual patients and requests GPC to formulate guidance on the matter.
- (Proposed by Mark Bermingham, Derby and Derbyshire LMC)**  
**Carried**
- (123) 64. That conference believes the Information Governance Statement of Compliance (IGSoC) process should be simplified as recurrent annual changes in the process increase GP practice workload.
- (Proposed by Kaushal Kansagra, Croydon LMC)**  
**Carried**

## **Public health**

- (124) 65. That conference believes the transfer of public health to local authorities is one of the greatest flaws in the government's reforms and fears that it will:
- (i) reduce CCGs' access to necessary public health advice
  - (ii) reduce funding available to support necessary public health initiatives
  - (iii) further diminish public health as a medical specialty
  - (iv) potentially undo many of the valuable public health initiatives through which the health of the nation has been improved over the past decade.
- (Proposed by Greg Place, Nottinghamshire LMC)**  
**Carried unanimously**
- (125) 66. That conference, with reference to the annual seasonal flu immunisation campaign:
- (i) urges the government to have a clear and timely policy each year to enable GPs to order their seasonal flu vaccine early enough to ensure adequate supplies for their patients
  - (ii) deplores late changes in policy that could affect GPs' practice based campaigns and may result in GPs being left with large amounts of unused seasonal flu vaccine
  - (iii) believes immunisation of the housebound is a district nursing task
  - (iv) expresses its grave concern at some midwives' reluctance to immunise pregnant women
  - (v) calls for a halt to some PCOs' insistence that GPs and their staff to have to attend training before they can vaccinate against influenza.
- (Proposed by Charlie Danino, Morgannwg LMC)**  
**Parts (i), (ii), (iv) and (v) carried unanimously**  
**Part (iii) carried as a reference**

## **Quality and outcomes framework (QOF) and quality indicators**

- (126) 67. That conference believes that QOF has achieved a rise in standards across UK practices but:
- (i) believes its complexity, especially QP indicators, is interfering with GPs' capacity to deliver traditional primary care tailored to individual needs
  - (ii) believes that the present quality and productivity indicators are not evidence based and undermine the scheme
  - (iii) supports the development of indicators more focused on the needs of the young and the socially disadvantaged
  - (iv) rejects the Department of Health's idea of an increasingly QOF based system for calculating practice income
  - (v) demands no changes are made for the next two years in order to accommodate the changes to commissioning.

**(Proposed by Paula Cowan, Wirral LMC)**

**Parts (i) and (iv) carried**

**Parts (ii) and (iii) carried as a reference**

**Part (v) carried unanimously**

## **Community services**

- (127) 68. That conference believes that in relation to nursing and care homes there needs to be better definition of:
- (i) the range of tasks that should be undertaken by staff
  - (ii) the role of district nurses
  - (iii) the complexity of patients placed therein
  - (iv) expectations of what can be met through GMS resources
  - (v) specialist medical services or interventions requirements that cannot or should not be met by general practice.

**(Proposed by Gill Beck, Buckinghamshire LMC)**

**Carried**

## **Essential, additional and enhanced services**

- (128) 69. That conference insists that when undertaking service redesign clinical commissioning groups must ensure that resulting non essential GMS work is funded via an appropriate mechanism.

**(Proposed by Charles Zuckerman, Birmingham LMC)**

**Carried unanimously**

- (129) 70. That conference urges negotiation of:
- (i) resource to provide enhanced medical care to patients in nursing homes
  - (ii) resource to provide care beyond GMS to patients who are unable to travel out of residential home
  - (iii) transport for patients to attend GP surgeries who are unable to venture out of residential homes when well, for routine and preventative care
  - (iv) resource for care beyond GMS for housebound patients.

**(Proposed by Helena McKeown, Wiltshire LMC)**

**Carried**

- (130) 71. That conference supports the motion that funding be made available for patients to be transported to GPs rather than GPs being expected to visit at home.

**(Proposed by Brian McGregor, North Yorkshire LMC)**

**Carried**

## Clinical and prescribing

- (132) 72. That conference, with regard to pharmacy services:
- (i) deplores the frequent lack of availability of and substitutions to commonly prescribed medicines
  - (ii) believes government needs to clamp down on the extortionate costs charged for specials
  - (iii) has concerns about the conflict between the health care and retail functions of community pharmacies and demands that unproven treatments and screening tests are clearly labelled as such
  - (iv) calls for an urgent review of regulations that prevent the re-use of medication or dressings returned by patients
  - (v) believes GPs are not best placed to issue prescriptions for dressings which instead should be done locally by the nurses or community pharmacists.

**(Proposed by Richard Humble, Tayside LMC)**

**Carried**

- (133) 73. That conference believes that recent difficulties with PIP implants and metal on metal hip replacements:
- (i) resulted in authorities placing unnecessary work on practices
  - (ii) highlighted the need for better testing and regulation of implantable devices
  - (iii) require the GPC to impress on the Department of Health the need for clarity of when secondary care is responsible for managing its own problems.

**(Proposed by Rickman Godlee, Oxfordshire LMC)**

**Carried**

- (134) 74. That conference believes that there should be a unified form in each nation which could be the same across the UK for:
- (i) the expression of the wishes of a patient or where appropriate, their representatives views regarding resuscitation
  - (ii) the expression of advanced wishes regarding care at the end of life that replaces the terms 'do not resuscitate' (DNR) and 'do not attempt resuscitation' (DNAR) with 'allow natural death'.

**(Proposed by Helena McKeown, Wiltshire LMC)**

**Part (i) carried unanimously**

**Part (ii) carried**

- (135) 75. That conference instructs the GPC to clarify where, post April 2013, responsibility for drafting and approving Patient Group Directions (PGDs) will lie.

**(Proposed by Fiona Armstrong, Kent LMC)**

**Carried unanimously**

## Other motions

- (136) 76. That conference recognises there is a small but increasing number of GPs who have been refused indemnity by the traditional providers.

**(Proposed by John Allingham, Kent LMC)**



- (137) 77. That conference deplores the lack of support from PCO clusters to practices during the Olympic Games and National Queen's Jubilee celebrations and:
- (i) condemns cluster intransigence in failing to acknowledge the level of pressure many London practices will face in terms of increased workload and patient access difficulties
  - (ii) condemns clusters' unrealistic expectations that throughout, practices can and will be able to provide all aspects of their contract as normal, without any disruption to services
  - (iii) condemns the lack of guidance, help and additional resources from cluster to support normal service delivery during this time
  - (iv) requests the GPC to urgently engage with the Department of Health, to secure more supportive leadership and adequate resourcing to practices during the forthcoming uniquely challenging months.

**(Proposed by James Heathcote, Greenwich LMC)**

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

**Part (iii) carried unanimously**

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

**PART II**  
**ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES**  
**JUNE 2012**

**ELECTION RESULTS**

**Chairman of Conference** - Mike Ingram

**Deputy Chairman of Conference** - Guy Watkins

**Six members of GPC (in alphabetical order):**

Brian Balmer  
Andrew Buist  
Laurence Buckman  
John Canning  
Beth McCarron-Nash  
Chaand Nagpaul

One further representative of a constituency if an elected member of that constituency is the Chairman of GPC:

Jamie MacPherson

One representative at LMC conference who has never before held membership of the GPC:

Mark Corcoran

## PART III

### ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2012

#### MOTIONS NOT REACHED

Conference standing orders provide for LMCs to be informed of motions which have not been debated at conference, and invite proposers of such motions to submit to the GPC memoranda of evidence in support. Memoranda of evidence in support, **must be received by the end of September** for the GPC's consideration.

All motions in part II of the agenda were **not** reached, except for those shown in part I of this document.

#### **NHS Reforms / Health and Social Care Act**

- 55 That conference commends the health secretaries of Wales, Scotland and Northern Ireland for the way they have focussed on NHS service improvements rather than needless and expensive reorganisation.

#### **GPC Wales**

- 78 That conference reminds the government that for some patients the most appropriate place of treatment will be in England.

#### **Other motions**

- 138 That conference calls upon the GPC to seek a national arrangement with the Association of Chief Police Officers to establish a common policy across all police forces to ensure that GP practices are included in the 'other agencies' with whom the police are required to share information concerning sex offenders.
- 139 That conference believes that a 24 hour supermarket style access to health care fuels excessive patient demand, is not a cost effective way to deliver a quality health service and conference should support a review of the funding of all day health centres, walk-in centres, and out-of-hours services and a rebalance of funding towards in-hours primary care.

#### **And finally....**

- 140 That conference highlights that when a car's performance is improving it is best not to take the engine out.  
**(Proposed by Mark Durling, Sheffield LMC)**

## PART IV

### ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2012

#### REMAINDER OF THE AGENDA

##### Standing orders

- (5) That conference requests that standing orders are amended to invite any member of conference who is a sole voter against an otherwise unanimous vote, to come forward to explain their reasoning.  
**(Proposed by Gary Calver, Kent LMC)**  
**Lost**

##### The NHS in economic crisis

- (49) That conference believes that the present model of free at the point of delivery in general practice is unsustainable.  
**(Proposed by Peter Merrin, Cornwall and Isles of Scilly LMC)**  
**LOST**
- (50) That conference welcomes the panel's decision to define the rules for debating.  
**(Proposed by Shaun Millns-Sizer, Bradford and Airedale LMC)**  
**MOVED TO NEXT BUSINESS**

##### NHS Reforms / Health and Social Care Act

- (51) That conference reprimands the BMA leadership for taking so long to wake up to the malignant effects of the Health and Social Care Act.  
**(Proposed by Paul Hobday, Kent LMC)**  
**LOST**
- (52) That conference calls on every English GP practice to consider withdrawing from involvement in CCGs and other NHS management roles in order to focus on core practice work.  
**(Proposed by Gerard Reissmann, Newcastle and North Tyneside LMC)**  
**LOST**

##### Government

- (56) That conference deplores the political arrogance towards the medical profession illustrated by, and calls for the resignation of:  
(i) the Prime Minister  
(ii) the Secretary of State for Health.  
**(Proposed by Andrew Mimmagh, on behalf of Sefton LMC)**  
**MOVED TO NEXT BUSINESS**

##### GP education and training

- (88) That conference rejects the current proposed ST4 year as lacking in educational merit.  
**WITHDRAWN by Northern Ireland Conference of LMCs**

## **LMC conference**

- (91) That conference calls for increased representation of grass roots GPs on the LMC conference agenda committee so that the agenda chosen reflects the concerns of real grass roots GPs.  
**(Proposed by Pete Merrin, Cornwall and Isles of Scilly LMC)**  
**LOST**
- (92) That conference believes that composite motions:  
(i) often remove the intention of the original proposer  
(ii) often dilute the strength of expression  
(iii) often reduce democracy  
(iv) should not be the normal way of expressing motions.  
**(Proposed by Peter Williams, Derby and Derbyshire LMC)**  
**LOST**

## **General Practitioners Committee**

- (99) That conference believes that it seriously underestimated the strength of opposition to pension reform within the profession last year and that subsequent reaction has proved that the LMC delegates and the GPC need to improve their representation of grassroots general practice in future.  
**(Proposed by Phil Dommett, Cornwall and Isles of Scilly LMC)**  
**LOST**
- (100) That conference requests that the GPC establish its own website to improve communication with LMCs, practices and individual GPs.  
**(Proposed by Andrew Buist on behalf of Tayside LMC)**  
**LOST**

## **Contract negotiations**

- (101) That conference:  
(i) is dismayed by reports suggesting that the GPC believes MPIG may be with us for another 20 years  
(ii) believes the GPC should redouble its efforts to negotiate a new national contract with fair, but realistic, transitional funding relief arrangements.  
**(Proposed by Greg Place, Nottinghamshire LMC)**  
**LOST**

## **Medical certificates and reports**

- (104) That conference believes that the Med 3 certificate is poorly understood and believes it is of paramount importance that GPs retain responsibility for providing sick notes and supporting incapacity.  
**(Proposed by Alun Griffiths, Bradford and Airedale LMC)**  
**LOST**

## **Funding for general practice**

- (110) That conference:
- (i) believes that a more appropriate model than the 'Carr-Hill' formula to distribute resources to general practice is required
  - (ii) directs GPC to seek to negotiate a new distribution formula as soon as possible.
- (Proposed by John Grenville, Derby and Derbyshire LMC)**  
**LOST**

## **Revalidation**

- (TD2) That conference insists that the GMC in conjunction with the BMA develops an appraisal system which may include an open book exam.
- (Proposed by Gary Hamilton, Glasgow LMC)**  
**LOST**

## **Sessional GPs**

- (118) With regard to the model contract for salaried GPs, this conference believes that:
- (i) it is financially onerous for practices
  - (ii) many partners feel its terms are too favourable to employed GPs.
- (Proposed by Paul Roblin, Berkshire, Buckinghamshire and Oxfordshire LMC)**  
**LOST**

## **Essential, additional and enhanced services**

- (131) That conference believes that the time has come now to define core general practice services; and that without this:
- (i) there will be no basis to resist constant unresourced shift of work into primary care
  - (ii) uncertainty of who is delivering a service creates risk where accountability is unclear
  - (iii) primary care is rendered vulnerable to removal of services to any qualified provider.
- (Proposed by Jane Lothian, Northumberland LMC)**  
**LOST**

## **Clinical and prescribing**

- (133) That conference believes that recent difficulties with PIP implants and metal on metal hip replacements necessitate a scheme to provide GPs with detailed information about the medical devices that are used in their patients.
- (Proposed by Rickman Godlee, Oxfordshire LMC)**  
**LOST**

## **Other motions**

- (136) That conference instructs the GPC to negotiate with the government an indemnity scheme that covers all who work in the NHS in primary and secondary care on an equal basis.
- (Proposed by John Alingham, Kent LMC)**  
**LOST**