

Report on LMC England Conference 27 November 2020

From Dr Brian McGregor, YORLMC Medical Secretary

This was the first remote digital LMC conference and was therefore very different to previous LMC conferences. The debate was slower and it was more difficult to determine the mood of the profession, it did feel as if conference itself was dominated by a few LMC's with a fairly negative outlook on many aspects of general practice as it is currently being contracted. This was followed later by motion 12 which discussed that GPs should be supported in deciding when face-to-face appointments were appropriate.

We started with a motion congratulating general practice with its response to the Covid pandemic, followed by a complaint that not enough resources being allocated to help us in our endeavours. We then carried a motion relating to the inappropriate transfer of work from secondary to primary care, followed by the so-called chosen motions, which was selected by representatives prior to conference for specific debate. These related to secondary care acceptance of referrals without alteration, and request removed the balancing mechanism from this year's contract agreement.

We then debated the unpleasant, inappropriate and demoralising communications that have been coming from NHSE, demanding improvements and apologies. Conference went on to debate the use of APMS to commission digital platforms in some CCG's, which has been rejected by conference and also voiced concerns with regards to the current funding formula for general practice. This was followed by debate with regards to the inappropriate maintenance of large numbers of appointments for woman one direct access which had been introduced for the wave one Covid response and has been maintained with little evidence of need. Motion 13 then discussed what elements of change within general practice we might wish to maintain and take forward as elements of good practice.

Conference and criticised the current five year deal for not recognising that there was potential for some pay rises to be above 2%, and noted that Partners have lost out in the current year uplifts. There then followed two of the more controversial debates of conference, the first being with regards to whether or not GPC had obtained a robust mandate for the PCN DES. The outcome was a decision to ballot the whole profession with regards to whether or not they supported the PCN DES. The next motions with regards to the use of locums during the Covid pandemic, and called for more support alongside preferential employment in comparison to GP returners, after a long debate this was passed.

Then followed a motion with regards the ARRS which caution expansion into more appropriate clinical roles and was carried. The following motion called for an increase in the management support payment for PCNs. A fairly noncontroversial motion on the flu vaccination programme was then carried, and the final motion was an emergency motion, with perhaps the most dramatic entry of the day. It related to the Covid vaccination programme and the pressure to introduce it quickly, with the final part of the motion being a vote of no confidence and GPC. The elements in relation to the rapid introduction of the Covid vaccination programme were carried but the vote of no confidence in GPC was lost.

The next planned conference is the UK LMC conference in York, set for May 2020, hopefully as a face-to-face conference. The difference when the two is the UK LMC conference discusses business that is appropriate for all four nations, whereas the England conference relates only to the England GMS/PMS contract.

The single day of eight hours of zoom debating didn't leave much opportunity to provide in-depth debates or a wide variety of topics. There is no doubt that this conference was impacted by the different format.

If anyone has any questions with regards to particular aspects of conference please feel free to contact either Dr Brian McGregor or the chair of your respective LMC branch.