

LMC Conference May 19th +20th 2016 – North Yorkshire Report

This is the first LMC conference to be held since the special conference in January 2016, and since the publication of the General Practice Forward View in April 2016. At the special conference there was a call for a rescue package for General Practice. Since then the GPC have published the 'Urgent Prescription for General Practice'. Given that various motions were already debated in January forming GPC policy there was less need to have 2 days of full debating and the GPC changed the format of this 2 day conference. There was still some traditional debating and voting on motions, but also debating on 4 key areas, and more opportunity for smaller group discussions. Below is a summary of the conference and key themes discussed on the day. For more information visit the website below:

<https://www.bma.org.uk/-/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioners/news-10-lmc-conference-may-2016%20final.pdf>

Day 1

Chaand Nagpaul's Speech - As usual the conference began with an excellent speech from Chaand Nagpaul the chair of the GPC. His key messages were that there was a growing awareness of the crisis General Practice currently faces, and part of this is potentially addressed in the governments' publication of the GP forward view, but that this document was thus far quite short on detail, and short on immediate measures to assist practices who were struggling now. Issues he discussed, not surprisingly, included excess demand, the need to increase capacity, rising indemnity costs, the need for no strings attached recurrent funding, CQC issues and of course 7 day opening. Interesting statistics he mentioned included the fact that 7 day or 8 til 8 do not get a mention at all in the GP forward view!, that 38% of GPs are planning on retiring in the next 5 years, and that at least 25% of GP appointments do not require the skills of a GP and could be managed by other health professionals. His speech is well worth a listen to and can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/lmc-conference/lmc-conference-speech>

Major Issue Debates – The first new part of the conference was the section on themed debates. The four major issues debated were:

- Funding of General Practice
- Workload in General Practice
- General Practice Workforce
- Empowering Professionalism

Each debate was introduced by a member of the GPC. We had already received information in our packs about current GPC policy in this area and any motions submitted on these topics from LMCs for consideration. Members of the conference were then allowed to speak for 1 minute (2 minutes in previous years) on whatever aspect of the debate they felt relevant. This allowed a bit more freedom for speakers rather than having to be constrained by debating to a specific motion and the 1 minute limit worked really well. This event was popular and the only downsides were that some issues were repeated and it was less engaging for the audience as we weren't voting on anything. Following each of the four

debates we were asked to vote from 1-6 indicating how much we supported current GPC policy in this area.

Parallel Discussion Groups – In the afternoon there were 9 small discussion groups and we could each attend 3. The idea behind these groups was to try and encourage more free flowing debate without having specific motions, and acknowledging that some important topics don't easily lend themselves to forming a motion. The topics included:

- Training and support for a new GP workforce
- Listening to and Learning from our diverse workforce
- Mitigating risk in funding and developing GP premises
- How devolution in Manchester has radically changed thinking
- Experience of creating an extended primary care team in Wessex
- Professionally supported regulation – Preparing for a post CQC world
- Helping GPs to work at the top of their game
- GP networks – promoting sustainable practice through collaboration
- Responding to new contractual initiatives in New Models of care

They all started with an introductory speech from someone who had some experience in the area and they then facilitated questions and debate. The North Yorkshire candidates split up to try and ensure we had representation at each group.

Conventional Motions – Towards the end of the first day we all got back together to debate a few conventional motions. These related to:

- Information management and technology -

Key issues discussed in this section included poor IT provision and support for practices. Right through the conference time and time again the lack of GP engagement with modern technology for communicating with patients and each other was discussed and a very interesting tongue in cheek parallel was drawn with facebook which perfectly highlighted how far behind the NHS really is.

2 specific motions were voted on:

- The first related to GP IT needing to be fully funding for a variety of things. Four of the five suggestions were carried unanimously and the segment relating to scanning and digitalising notes and shredding paper records was carried.
- The second motion related to multiagency working, the need for a national data sharing agreement, the need to address workload IT implications and that special consideration be given to confidentiality for vulnerable adults and adolescents. These were all carried. The stem relating to data controller status transferring from the GP elsewhere, and the idea of patients keeping their own records were both rejected.

- Seven Day GP Service –

One motion was debated relating to the political push for 7 day working being unachievable and that this should be abandoned and the additional resource put into improving emergency OOH services. This motion was carried. Most speakers spoke passionately in favour and key points included the risk of further depletion of staff currently working in OOH as extended hours would be more favourable, and the lack of appropriate funding to run a 5 day service never mind a 7 day one. The pilot schemes

which have already been tried as part of the Prime Ministers' Challenge Fund were discussed, especially the lack of interest in Sundays. One speaker spoke of a successful scheme in Herefordshire, but other examples of success were noticeably absent. The point was made that you cannot have continuity of care and good everyday access, one of these has to give. It was felt that a more honest debate with the public was needed about what the NHS can afford, and that the government needed to stop fuelling the notion that everyone can have everything all of the time!

- Urgent Care –

A motion was discussed regarding the lack of integration between OOH services and routine GP services. The stem calling for an integrated IT system was carried, but the four other stems were lost. These included redesigning OOH services, work arriving at the practice after 6pm automatically going to OOH, and out of practice daytime visiting service and community care urgent care centres where patients would go once GPs had no more capacity for the day.

- Junior Doctor Dispute –

The final motion of day 1 related to the junior doctors dispute. It asked conference whether they were appalled at the government's handling of the dispute, and whether we should strongly condemn the imposition of the new contract, believe the dispute has damaged doctors' morale, lost the good will of hardworking staff, and confirms the support of GPs for junior doctors and calls on the GPC to set out what steps practices can take to demonstrate this. The whole motion was carried. The conference was very much in support of the junior doctors, and felt that we could learn something from the way they have all stood together and supported each other.

Day 2

General Practice Forward View – Day 2 started with a long debating session on the 'response of the profession' to the GP forward view. Chaand spoke again about his view on the document talking of it being quite aspirational but light on immediate help. There were some other very passionate speeches about just how intolerable General Practice is in some parts of the country. This debate led into the further debating of motions with the main motion of the conference being about industrial action.

"That conference does not accept the General Practice Forward View is an adequate response to the GPCs statement of need within the BMA's Urgent Prescription for General Practice, and considering this to be sufficient grounds for a trade dispute, unless the government agrees to accept the urgent Prescription within 3 months of this conference, the GPC should ask the BMA to –

- i) Ballot the profession on their willingness to sign undated resignations
- ii) Ballot the profession on their willingness to take industrial action
- iii) Ballot the profession as to what forms of industrial action they are prepared to take
- iv) Produce a report to practices on the options for taking industrial action that doesn't breach their contracts"

There were several speeches from people who have very recently handed in their resignations due to the pressures of general practice, either to try locuming, to retire early, or to travel abroad. There were also a couple of people who physically went and handed

their resignations to Chaand on the stage. The overall feeling was that whilst the GP forward view did potentially offer some assistance to practices at some stage in the future, there was nothing to help struggling practices on the verge of collapse right now. The phrase 'There is no point offering jam tomorrow if we have no bread today' was used a few times. In North Yorkshire I think we are quite lucky and partly sheltered from the increasing pressures. Some areas of the country are clearly in crisis.

All four parts of the motion were overwhelmingly carried – so watch this space!

Motions – We then went on to debate a few other standard motions

Premises – The motion related to NHS Property Services not being fit for purpose – All four stems to this were carried,

Overseas patients – The motion related to overseas visitors being able to use UK general practice but on a fee paying basis, that fees should be retained by general practice, and that alternatives can be offered free of charge by the government such as walk in centres and A+E if they want. All stems of this motion were carried

GP Locums – The motion related to the inappropriateness of the department of health suggesting fixing a market price for locum services, that practices shouldn't have to report this information back, and that terms should be allowed to be mutually agreed between the practices and locums. There was no appetite to cap locum fees and all aspects of this motion were carried.

Medical Certificates – The option of extending self certification to 14 days, and the idea of other health professionals such as midwives / nurses being able to complete fit notes for patients as well as GPs were both carried.

Chosen Motions – On the first day candidates had the option to vote for motions which had been grouped in the themed debates or parallel discussion groups and those receiving most support were then separately timetabled for individual debate. Several motions were discussed.

Those carried included:

- NHS needs to prepare for large numbers of patients suddenly being left without a GP practice as more practices are forced to close
- Government needs to commit to giving general practice 12% of total NHS spend, suspend PMS redistribution and MPIG erosion, and produce a nationally agreed costed list of 'GMS plus' services
- Allocation of funding must take into account the huge discrepancy in morbidity and mortality across the country
- That new models of care are no substitute for a lifetime 'doctor patient mutual investment company of old models of care'
- That GP safety was at risk due to workload and the government and GPC need to define the core contract and ensure anything above this is adequately resourced, and consider how public demand can be better managed

- GPC need to publish a list of services that are not already funded, and this list should be implemented nationally, with additional payments following the work, and for practices doing this unfunded work to consider giving notice of terminating this service.

Those lost included:

- Patients not having direct access to a GP if the workforce crisis continues, instead having to go via other health professionals first
- That GPC should seek a new national core contract which links payment to activity

In this section there was also a significant debate about the new process for issuing firearms certificates which commenced April 2016. There was significant strength of feeling that this was inappropriate and dangerous and a motion was overwhelmingly passed which instructs GPC to urgently look at ways to revise the scheme, to support GPs in the meantime who refuse to participate, ensure certificates are only issued after GPs are involved not before, that this work is funded, and that they provide clarity around the medicolegal validity of the process. There are some practices who have decided this is unsafe, that they don't have sufficient skills to make these judgements or time to wade through the notes, and are returning them to the police immediately on receipt explaining this.

Soapbox Session – This session was successful last year and was repeated again. It allows members of the conference to make 1 minute presentations on topics that are not on the conference agenda. This was a popular session with a variety of interesting speakers and topics.

GPC Reform Task Group – The final session of the conference involved debating the GPC report which was prepared to look at ways the GPC should change in order to meet the current challenges of general practice. Hamish Meldrum chaired the task group and started the session giving a speech on the gist of the report. He talked about the need for GPC to be able to respond better and communicate more effectively with both LMCs and GP colleagues, and the need to use social media more effectively and the need to update their website. He also talked about the need for some additional funding to go to local LMCs and for them to have increased accountability and responsibility. Following his speech there were various speakers debating the key themes of the report. The conference was then asked to vote on a scale to show their level of support for the different policy areas in the report. The most notable aspects of this included:

- Very strong support for a separate GPC England branch, with a separate one day LMC England conference. This would match the devolved nations and seems to make sense given that policies are more than ever country specific.
- Support for a one day UK LMC conference as well as the specific devolved LMC conferences
- Support for the GPDF to release more funding for support, advice, training and development for LMCs
- One nominee from each LMC should form the reformed GPDF
- There was also a debate about the conference dinner with the conference being split on whether this should continue or not.

Conclusion – The conference was particularly interesting given that general practice is going through such turbulent times. For people fairly new to GP politics and the LMC it provides a really valuable insight into how the BMA / GPC work at a high level, and how their policy is formed. Despite several stories of crisis, overall the conference was quite upbeat, and there was a sense of determination and a fighting spirit to try and save the general practice we and our patients know and love.

Further information and webcasts of the day can be found at
<https://www.bma.org.uk/lmcconference>