



Conference News

Conference of Representatives of
Local Medical Committees
9 March 2018

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

PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES

March 2018

RESOLUTIONS

Workforce/Recruitment and Retention

- (7) That conference believes the partnership model to be the most efficient and cost-effective way of delivering general practice and demands that government:
- (i) does everything possible to support and sustain this model
 - (ii) invest in an incentive scheme to encourage GPs into permanent roles
 - (iii) needs to explore all avenues to encourage older GPs to remain in practice.

(Proposed by Agenda Committee to be proposed by Hampshire and Isle of Wight LMC)

Carried

- (8) That conference acknowledges the increased role played by allied health care professionals within the practice team, as a result of the GP workforce crisis, and calls upon the GPC to demand:

- (i) full, recurring and direct reimbursement for their employment costs
- (ii) an extension to the sickness reimbursement scheme for key practice staff
- (iii) that GP practices are funded to provide a formal support structure for them.

(Proposed by Agenda Committee to be proposed by Norfolk and Waveney LMC)

Carried as a reference

Practice Closures

- (9) That conference is concerned about the number of recent practice closures and
- (i) believes that unmanaged dispersals lead to patient safety issues
 - (ii) believes that more needs to be done to make the public aware of the mounting threat to the system of general practice
 - (iii) demands details of the contractual arrangements to provide ongoing primary care after a practice closure, are made public
 - (iv) instructs GPC to take urgent action to ensure the protection of 'last man standing' GPs from any additional costs of resignation or retirement resulting from practice closure.

(Proposed by Agenda Committee to be proposed by Avon LMC)

Carried unanimously

Report by the Chair of Scottish GPC

- (11) That conference believes that there is much to be gained by examining the Scottish Contract Offer and how elements of it could be incorporated into the English contract negotiations.

(Proposed by Cumbria LMC)

Carried

Premises

- (12) This conference demands that GP premises are fully resourced to meet the demands and needs of the population of the UK.
(Proposed by Northamptonshire LMC)
Carried

Online GP Services

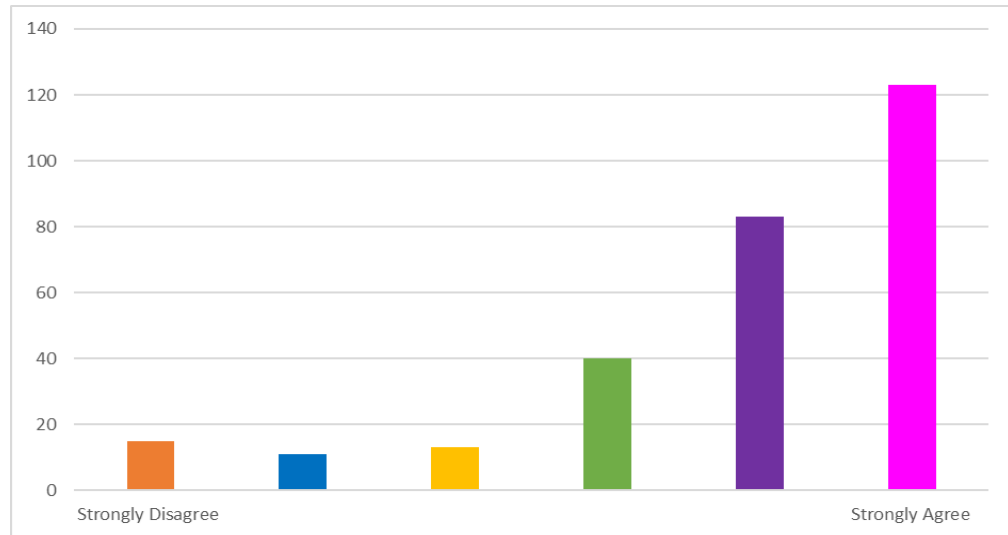
- (15) That conference is concerned that new online GP services are targeting healthy, less complex patients, the funding for whom is partly used to subsidise care for more complex patients on the registered list and calls on GPC to:
- (i) demand a stop to the undermining of general practice by private companies who cherry pick the patients to whom they offer services
 - (ii) demand that online consultation schemes do not become established unless they are prepared to provide a comprehensive package for all patients
 - (iii) support general practice to explore innovative ways of providing health care
 - (iv) demand the allocation of additional funds to NHS general practice to provide training, support and appropriate software and hardware in order to establish on line consultation services.
- (Proposed by Agenda Committee to be proposed by Hertfordshire LMC)**
Parts (i), (ii) and (iv) Carried
Part (iii) Carried unanimously

Information Management and Technology

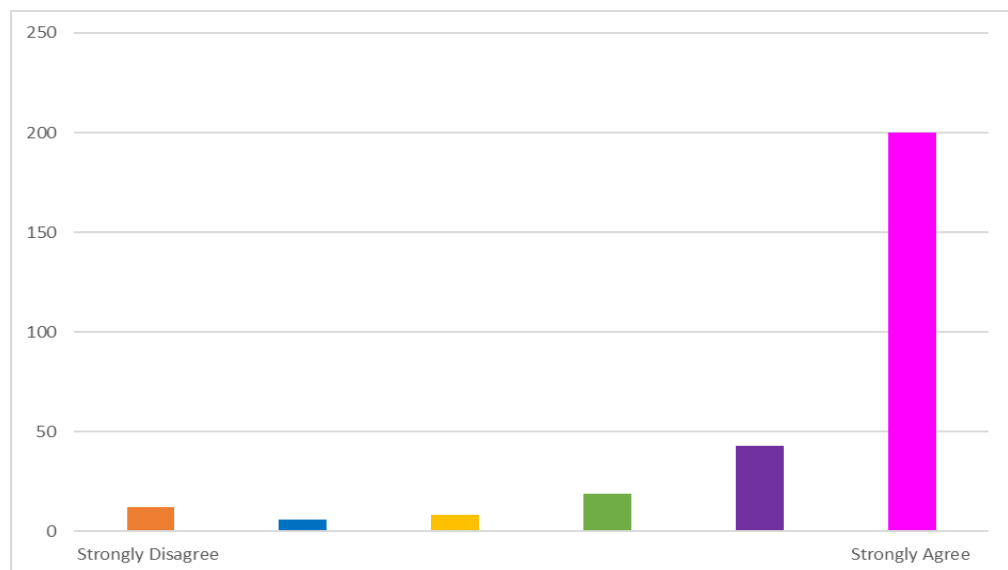
- (16) That conference with respect to the GDPR (General Data Protection Regulation):
- (i) believes that GPs feel highly exposed to the GDPR
 - (ii) believes that it is no longer sustainable for the GP to be the sole data provider
 - (iii) calls on GPC to urgently explore the possibility of commissioning health organisations having one data protection officer for all GP practices in their area
 - (iv) calls on GPC to negotiate with governments a review of the application of GDPR to general practice
 - (v) demands an appropriate uplift in the core contract to reflect the resulting impact of the new regulation.
- (Proposed by Agenda Committee to be proposed by Bedfordshire LMC)**
Parts (i), (ii) and (iv) Carried
Parts (iii) and (v) Carried Unanimously

Themed Debate - Workload

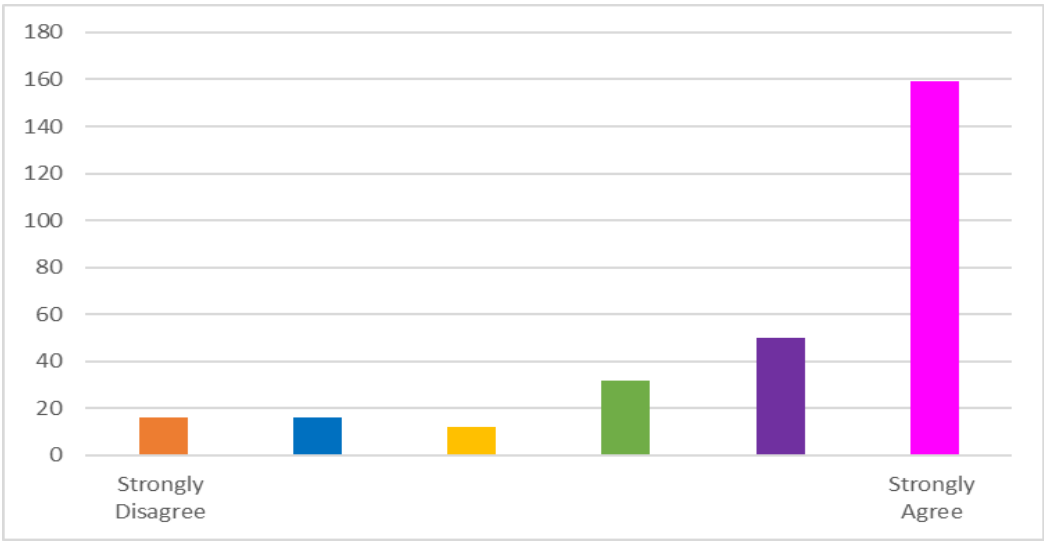
- (1) Agree the principles outlines in the BMA paper 'Workload Control in General Practice' behind safe working and work with other organisations to promote its introduction



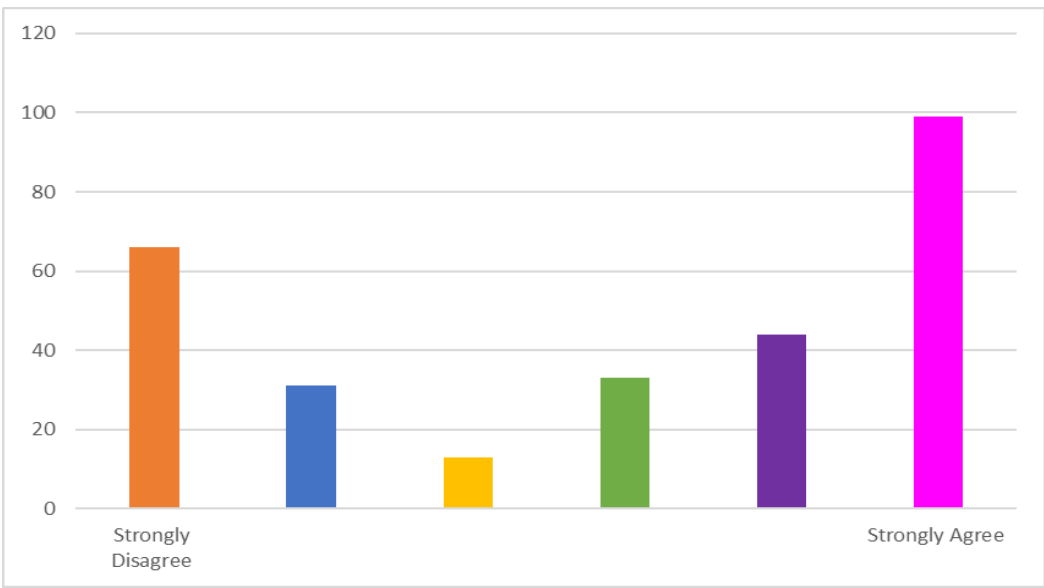
- (2) Undertake further work to specific precise safe limits to workload in practice settings (Expressed in appointment, time or list size)



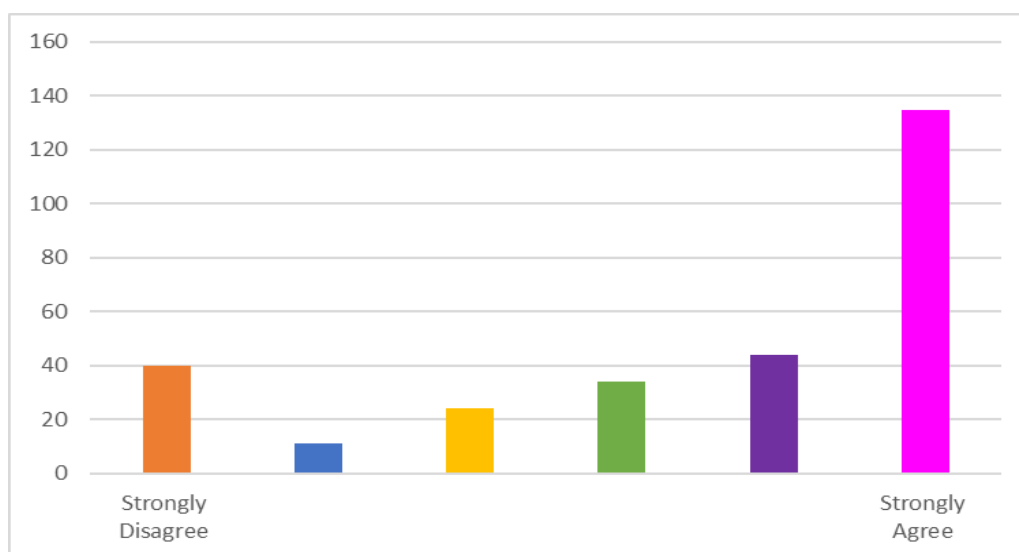
- (3) Produce resources for practices and locality groups with examples of how this model of working can be introduced



- (4) Endorse a locality approach which supports groups of practices, or LMCs in setting their own safe limits



- (5) Collect and publish examples of hub-based working and workload control from around the UK



Education and Training

- (24) That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee:
That conference is concerned by the 3+1 proposal from the Shape of Training report for GP Trainees and calls on GPC and the BMA to:
- (i) oppose mandatory post-CCT jobs
 - (ii) work with relevant bodies to improve current training and make hospital jobs for training and not for service
 - (iii) pressurise programme directors to withdraw GP trainees from units that do not offer trainees regular clinics (if applicable eg A&E), reasonable study leave opportunities and formal teaching.
- (Proposed by the GPC)**
Parts (i) and (ii) Carried unanimously
Part (iii) Carried as a reference
- (25) That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee: That conference finds out of hours training for GP trainees requires stringent guidelines and restructuring so it calls upon GPC to work with relevant bodies to ensure:
- (i) a minimum of 6 weeks' notice is provided for shifts
 - (ii) the supernumerary status of trainees is recognised
 - (iii) direct supervision of trainees is performed by a GP, whilst working in GP out of hours
 - (iv) the trainee can choose the shifts they work
 - (v) trainees can access opportunities to work with other out of hours' services in a shadowing capacity, to achieve their curriculum competencies.
- (Proposed by the GPC)**
Parts (i), (ii) and (iv) Carried
Parts (iii) and (v) Carried as a reference

- (26) That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee:
That conference calls upon GPC to work with RCGP e-portfolio and revalidation portfolios to ensure GP trainees and GPs are made aware their reflections can be used against them in court.
(Proposed by the GPC)

Carried unanimously

- (403) That the GPC seeks the views of conference on the following motion from the Sessional GPs Subcommittee:

That conference, following the recent case of Dr Bawa-Garba;

- (i) has no confidence in the GMC as a regulatory body
- (ii) directs GPC to advise GPs disengage from written reflection in both appraisal and revalidation until adequate safeguards are in place
- (iii) request the Health Select Committee review the GMC's conduct regarding this case
- (iv) mandates GPC to urgently implement a system whereby GPs can make collective statements of concern regarding unsafe care.

(Supported by GP Trainees Subcommittee, North Wales, Tower Hamlets and Sheffield)

(Proposed by The GPC)

Parts (i), (ii) and (iii) Carried

Part (iv) Carried unanimously

Regulation

- (27) That conference is concerned about the number of gross negligence manslaughter trials which involve members of the medical profession and calls on GPC to work with the BMA and other relevant organisations to petition the government for less adversarial approach to adverse events that recognises the importance of system failures and seeks to learn rather than blame.

(Proposed by Avon)

Carried

- (28) That conference is concerned that assessment of GPs' and practices' performance may be based on unreasonably high standards, insists that any such assessments must be based on the typical achievement of peers and must take into account both workload and funding constraints, and asks that GPC takes appropriate steps to help establish 'real world' benchmarks that reflect current normal standards of practice.

(Proposed by Mid Mersey)

Carried unanimously

- (29) That conference is concerned at the very significant impact on practitioners and practices subject to NHS Performance Investigation and at the lack of independent oversight or accountability of NHS Medical Directorates, and asks GPC to undertake or commission research to determine the total number of practitioners and practices investigated per year, the range of reasons for such investigations, the typical timescales for completion of investigations and the range of outcomes, and also to obtain and collate the views of practitioners and practices that have experienced such investigation.

(Proposed by Mid Mersey)

Carried unanimously

Dispensing

- (31) That conference:
- (i) views with alarm moves to further restrict GPs' prescribing of medicines that are available 'over the counter' (OTC) rather than by efficacy
 - (ii) is appalled that no account has been taken of patients in remote and rural areas where there is no counter available over which to buy such OTC medicines
 - (iii) calls on the relevant health bodies throughout the UK to ensure that patients are not disadvantaged by restrictions to provision of medicines either through poverty or simply because of where they live
 - (iv) demands that the GP contracts are amended to permit doctors who dispense to be permitted to provide OTC medicines to their patients' other than by prescription.

(Proposed by Ayrshire and Arran)

Carried

Primary and Secondary Interface

- (32) That conference welcomes the recent hospital contract changes in England and further insists;
- (i) on the implementation throughout all of the four nations
 - (ii) that hospital discharge summaries and clinic letters conform to a national standard and name the responsible hospital clinician, thus improving communication and therefore patient safety
 - (iii) that the commissioners must ensure that the responsible hospital clinician acts upon the results of patient investigations whilst in hospital, outpatients or at accident and emergency departments
 - (iv) that GPC negotiate a tariff system which can be used to assign value and, consequently, payment to work carried out by practices, which should be done by secondary care providers.

(Proposed by Agenda Committee to be Proposed by Conference of Northern Ireland LMCS)

Part (i) Carried as a reference

Parts (ii), (iii) and (iv) Carried

- (33) That conference believes that the survival of the profession should take precedence over the survival of the NHS.

(Proposed by Hertfordshire LMC)

Carried

Chosen Motion

- (310) That conference believes that a one day UK conference is too short to allow adequate debate and networking and requests that the previous time of May is a more appropriate time for the conference avoiding end of year pressures for representatives and being approximately six months from the England conference.

(Proposed by Hampshire and Isle of Wight)

Carried

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MARCH 2018

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
Pooja Arora
Paul Cundy
Diana Hunter
Chandra Kanneganti
Krishna Kasaraneni
Guy Watkins

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

Samira Anane

PART III

REMAINDER OF THE AGENDA

Workforce

- (7) That conference believes the partnership model to be the most efficient and cost-effective way of delivering general practice and demands that government encourage non-GP staff to become partners to further increase the sustainability of the partnership model.
(Proposed by Agenda Committee to be proposed by Hampshire and Isle of Wight LMC)
LOST

Primary and Secondary Interface

- (32) That conference welcomes the recent hospital contract changes in England and further insists on the imposition of sanctions on trusts that are not compliant with the Hospital Standard Contract.
(Proposed by Agenda Committee to be proposed by Conference of Northern Ireland LMCs)
LOST

Chosen Motions

- (310) That conference believes that a one day UK conference is too short to allow adequate debate and networking and requests that:
- (i) the two day UK conference is re-instated
 - (ii) the one day single country conferences continue as before
 - (iii) any increased expenditure created by this change is met from the GPDF reserves without any increase in the voluntary levy.
- (Proposed by Hampshire and Isle of Wight)**
LOST
- (309) That conference calls for the combined and individual nation conferences of LMCs to take place at the same time over two consecutive days on an annual basis and are held in each of the devolved nations on a four year rotation.
(Proposed by Devon)
LOST