

# Conference News

Conference of England Local Medical  
Committees Representatives  
23 November 2018

Part I: Resolutions

Part II: Election results

Part III: Remainder of the agenda

## PART I

### ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2018

#### RESOLUTIONS

##### GP AT HAND

- (5) That conference with regard to the Secretary of State for Health and Social Care:
- (i) welcomes NHS England's independent evaluation of GP at Hand service
  - (ii) is shocked and dismayed by his flagrant endorsing of the GP at Hand model within the Babylon headquarters
  - (iii) calls upon him to publicly retract his comments that GP at Hand was "good for NHS patients, clinicians... and relieved pressure on other NHS services" until such a time as the report commissioned by his own ministerial department is completed
  - (iv) cannot have confidence in him if he continues to demonstrate his ignorance of the value, worth and function of general practice by his support for a virtual system incapable of providing holistic care.

**(Proposed by Agenda Committee to be proposed by Yorkshire)**

**Parts (i), (ii), (iii) and (iv) carried nem con**

- (6) That conference believes that the rise of out of area alternate primary care providers:
- (i) has the potential to destabilise the local health economy, threatening the viability of the current model of general practice
  - (ii) urges the government to halt the roll out of these models before it has considered the impact on primary care
  - (iii) requires the government to reassess the benefits of online consulting to the patients
  - (iv) instructs the GPC to insist that all providers must offer and deliver a full range of services, equitably, to all patient groups without any exceptions based on age, sex and morbidity or technological competence
  - (v) calls for the abolition of the out of area registration clause in the GMS contract.

**(Proposed by Agenda Committee to be proposed by Redbridge)**

**Part (i) carried unanimously**

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

**Parts (iv) and (v) carried**

##### CLINICAL

- (7) That conference believes that due to gaps in commissioning GPs are being encouraged to work beyond their competencies in a number of clinical areas and calls on GPC England to:
- (i) ensure that no GP is pressurised by NHS England into prescribing medication outwith their competence due to failures of NHS England specialist commissioning
  - (ii) call on the GMC to amend their guidance on Trans Healthcare as their current guidance is in neither patients nor doctors best interests
  - (iii) negotiate for safe and effective secondary care high risk medical monitoring for patients with eating disorders to be available in all parts of England

- (iv) ensure appropriate services are commissioned for the management of substance misuse.

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

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

**Part (ii) carried**

- (8) That conference remains concerned by the introduction of barriers which block GPs from making clinically appropriate referral to secondary care colleagues, so conference instructs GPC to:
- (i) give guidance on the actions they should take when referrals pathways are created requiring GPs to undertake work or actions outwith of their agreed contracts before being able to refer
  - (ii) tackle the surfeit of referral templates and protocols which are resulting in a subtle transfer of workload from secondary to primary care
  - (iii) publicise that CCG referral management schemes and procedures of low clinical value are only about cost cutting and rationing
  - (iv) negotiate with NHS England and government the need to agree an England wide list rather than have postcode lottery decisions.

**(Proposed by Agenda Committee to be proposed by Sefton)**

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

**Part (ii) carried nem con**

**Part (iii) carried**

- (9) That conference states, general practice is NOT an emergency service and calls upon GPC England to:
- (i) condemn those ambulance services who downgrade calls from GP practices for emergency ambulance, thereby putting seriously unwell patients at risk due to delay in response times
  - (ii) address the mission creep in out of hours general practice in providing stop-gap, unsafe emergency care to plug deficiencies in our under-funded ambulance service
  - (iii) demand an evaluation of 111 in England to ensure value for money and appropriate signposting to other services
  - (iv) declare that the diversion of GPs or practice staff to immediately attend local emergencies in place of ambulance staff is a misuse of primary care resources.

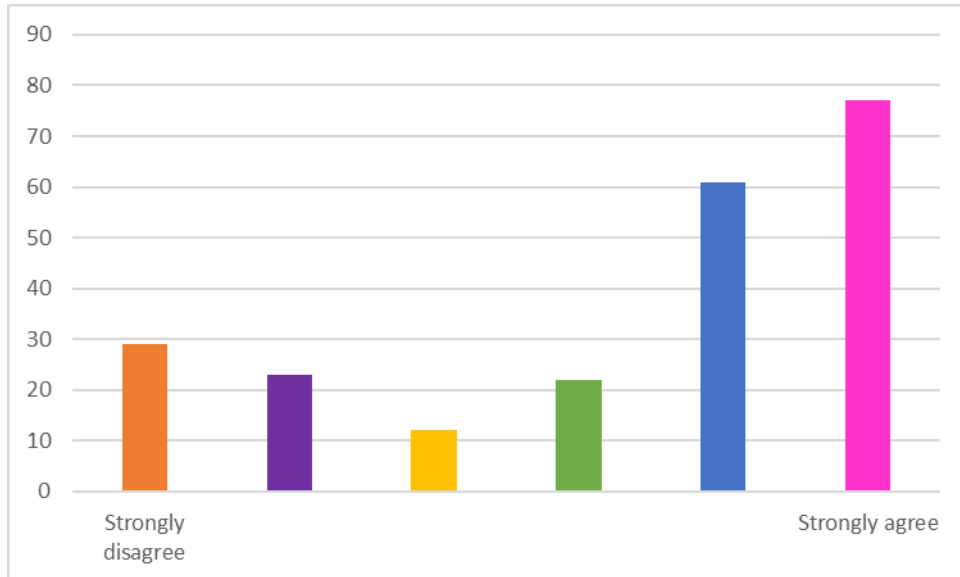
**(Proposed by Agenda Committee to be proposed by Hampshire and Isle of Wight)**

**Parts (i) and (iii) carried**

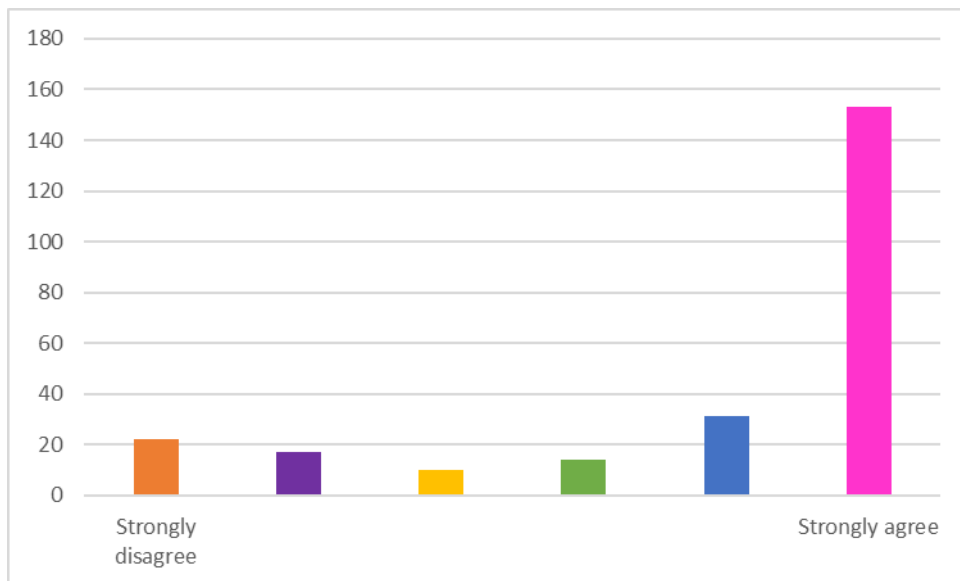
**Part (ii) and (iv) carried unanimously**

## THEMED DEBATE - PARTNERSHIP REVIEW

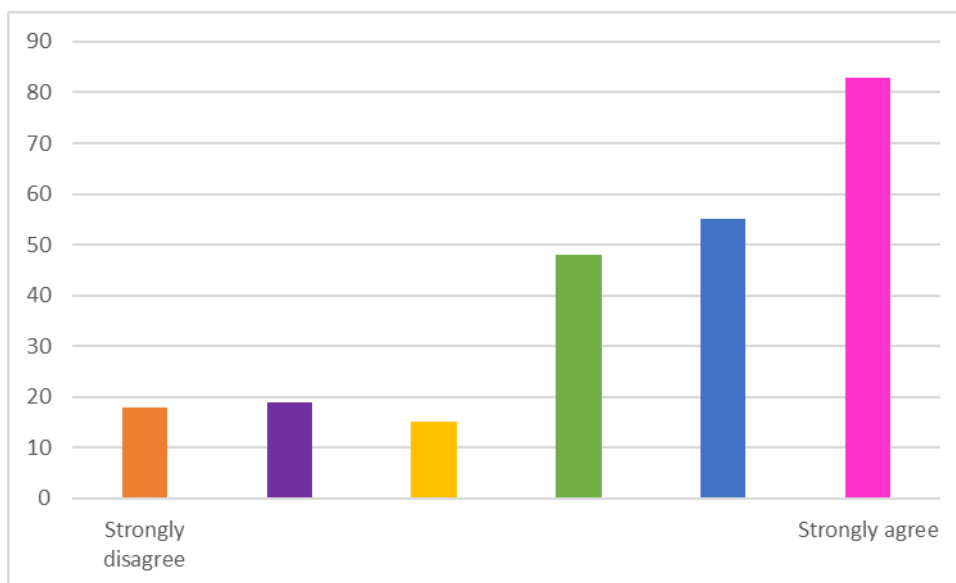
1. The partnership model: small, large or in networks, is the only model of primary care that the profession will support.



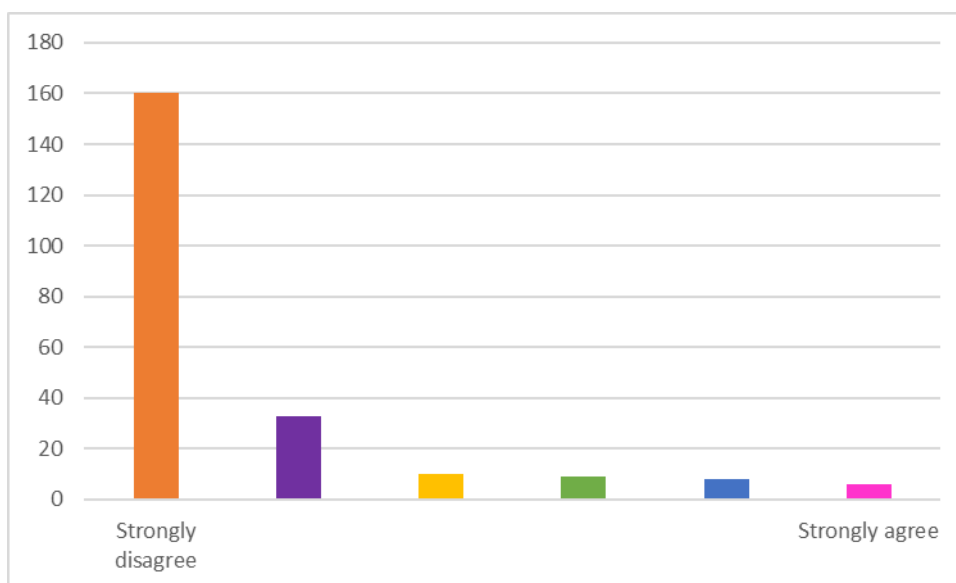
2. There should be financial incentives solely available to partners.



3. A funded training scheme for GPs wishing to become partners is essential.



4. An expanded multi-professional team will support GP partners, reducing the need for an increase in core GMS funding.



## PARTNERSHIP

(10)

That conference calls on GPC England to reduce the inherent risks in the current partnership model that are alienating GPs and pushing experienced GPs into early retirement by negotiating with the government to:

- (i) introduce a form of Limited Liability into the partnership model for contract holders
- (ii) recognise the financial burden of taking on a partnership by seeking full reimbursement of necessary costs incurred in providing NHS premises
- (iii) require NHS England to cover staff redundancy costs in the case of list dispersal.
- (iv) ensure NHS England is obligated to take over the lease of a collapsed practice and

- act as a tenant of last resort
- (v) introduce a statutory cap to the liability which can befall a contractor who finds themselves in the position of being “last partner standing”

**(Proposed by Agenda Committee to be proposed by Cambridgeshire)**

**Carried**

## **WORKING AT SCALE**

- (11) That conference believes that working at scale is just one potential solution for the GP crisis and instructs GPC to:
- (i) robustly defend a practice’s ability to explore other solutions
  - (ii) challenge NHS England when any practice feels coerced into working at scale
  - (iii) negotiate with NHS England to prevent Local improvement Schemes (LiS) being offered on a population basis rather than to individual practices.

**(Proposed by Waltham Forest)**

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

- (12) That conference, with regard to Integrated Care Systems:
- (i) demands LMCs are recognised in all potential “ICS” GP Integration agreements as the legitimate representative organisation for general practice
  - (ii) believes they are yet another national scheme based on little or no evidence of benefit
  - (iii) demands they cannot be established without robust documentary evidence demonstrating a significant level of practice support
  - (iv) demands practices should not be financially disadvantaged by declining a voluntary ICP contract.

**(Proposed by Agenda Committee to be proposed by North Essex)**

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

## **REGULATION**

- (400) That conference believes CQC visits add an unnecessary burden to the GP workload, contributing to the current workforce crisis, and demands:
- (i) a minimum interval of five years between visits for practices achieving ‘good’ or ‘outstanding’, **unless serious safety concerns have been raised**
  - (ii) a minimum 14 day notice period prior to a practice inspection, unless serious safety concerns have been raised
  - (iii) removal of the requirement for DBS checks for every change in practice registration status, instead accepting inclusion on the national performers’ list as adequate proof
  - (iv) GPC England clarify where the responsibility lies in following up patients who choose not to accept invitations to national screening programmes
  - (v) GPC England work with the CQC and Health and Safety Executive in absolving practices being censured for premises safety issues where the Landlord is responsible for rectification.

**(Proposed by Agenda Committee to be proposed by Wakefield)**

**Parts (i) and (iii) carried**

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

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

- (14) That conference directs GPC to work to ensure that there is effective independent oversight and review of NHS England performance management procedures in primary care, including performance investigations and the functions of Performance Advisory Groups and Performers List Decision Panels.

**(Proposed by Mid Mersey)**  
**Carried unanimously**

## **PRACTICE BASED CONTRACTS**

- (15) That conference believes core funding for general practice has been eroded to the point that it is now unsustainable and unsafe, and
- (i) that annually negotiated adjustments to the GMS contract is a method of negotiation which is failing to address the crisis in general practice
  - (ii) mandates GPC England to negotiate a recurrent global sum uplift at least over and above inflation
  - (iii) proposes that payments for enhanced services are index linked.

**(Proposed by Agenda Committee to be proposed by Oxfordshire)**  
**Parts (i), (ii) and (iii) carried**

## **WORKLOAD**

- (16) That conference, mindful of the clinical risks of excessive workload, believes that an assessment of a GP's commitment should be based on total hours worked rather than sessions.

**(Proposed by the Agenda Committee to be proposed by Shropshire)**  
**Part (i) carried as a reference**

## **GP RETENTION**

- (17) That conference agrees with NHS England that it is important to keep experienced GPs working in primary care and:
- (i) urges GPC to negotiate an incentive scheme with NHS England to acknowledge the expertise of senior doctors
  - (ii) that this should be through a new system of seniority payments based on years of service.

**(Proposed by Somerset)**  
**Parts (i) and (ii) carried**

## **EDUCATION AND TRAINING**

- (18) That conference believes that access to protected learning and professional development for GPs, allied health professionals, practice managers and staff are vital to maintain quality care and requests that GPC England:
- (i) negotiates a separate ring-fenced budget to fund these sessions in addition to GMS or CCG provision
  - (ii) applies what influence it can to ensure that appropriate material is included in the core curriculum for allied professionals
  - (iii) negotiates a fully funded GP mentoring programme be set up by Health Education England (HEE).

**(Proposed by the Agenda Committee to be proposed by Shropshire)**

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

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

## **INFORMATION MANAGEMENT AND TECHNOLOGY**

- (19) That conference insists that IT infrastructure must:
- (i) provide proper function for clinical use by practices before introducing political wants such as WiFi for patients
  - (ii) meet basic standards agreed with the GPC for connectivity and speed provide appropriate recompense to practices for failure
  - (iii) include the full reimbursement of practice costs incurred by system and provider changes including the purchase of systems and services for any proposed future working at scale environment
  - (iv) include a penalty clause in all future NHS IT contracts securing funding for any unforeseen workload required of general practice following a system failure.

**(Proposed by the Agenda Committee to be proposed by Cleveland)**

**Carried unanimously**

## **FUNDING**

- (20) That conference, with regard to procedures of limited clinical value:
- (i) calls for proper, evidence-based evaluation of all treatments given this title, taking into account the cost consequences of not providing treatment
  - (ii) calls for an end to acute trusts and CCGs insisting on prior approval being sought before referral for procedures of 'limited clinical value'
  - (iii) welcomes the NHS England consultation on procedures of limited value but demands that the evidence base for its implementation is approved by all stakeholders, including consultants, GPs and the public
  - (iv) believes that many CCGs are inappropriately using the concept of "procedures of limited clinical value" to simply save money.

**(Proposed by the Agenda Committee to be proposed by Avon)**

**Carried**

## **DDRB**

That conference:

- (i) welcomes the DDRB prioritising general practice in its 2018 report



- (ii) condemns the government for failing to implement the 4% award in full
- (iii) condemns the government for failing to provide practices with sufficient funding to pay their staff the equivalent of the Agenda for Change award made to other NHS staff
- (iv) believes the failure of the government to properly invest in general practice will make recruitment and retention of GPs harder
- (v) calls on the government to establish a truly independent pay review body for doctors, which binds them to award the recommendations made, in the same way that applies for MPs' pay.

**(Proposed by Leeds)**

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

**Part (v) carried**

## **PREMISES**

- (23) That conference insists NHS Property Services, a wholly owned subsidiary of the Department of Health and Social Care:
- (i) is destabilising general practice through unilateral increases in service charges
  - (ii) should immediately withdraw the demands for these unsubstantiated and unfair service charges
  - (iii) should pay compensation to the affected GPs for the expense and distress caused by the dispute over service charges
  - (iv) is recognised by NHS England as an NHS body.

**(Proposed by the Agenda Committee to be proposed by Kent)**

**Carried unanimously**

## **PENSIONS**

- (24) That conference believes that following the identification of GP pension earning discrepancies that:
- (i) NHS England's management of GP pensions has been wholly unacceptable
  - (ii) NHS England must rectify any discrepancies as a matter of urgency
  - (iii) NHS England must pay compensation to any GP who has been affected.

**(Proposed by Norfolk And Waveney)**

**Carried unanimously**

## **PRIMARY CARE SUPPORT ENGLAND (PCSE)**

- (25) That conference believes that the way Capita Primary Care Support England has mismanaged the GP pension scheme is unacceptable, falling well below expected professional standards and calls:
- (i) for Capita to be stripped of its PCSE contract immediately
  - (ii) on the GPC to issue a formal complaint regarding Capita PCSE to the Pensions Ombudsman
  - (iii) on GPC to demand that any workload or time commitment required on the part of GPs and practices to correct these errors will be financially compensated for.

**(Proposed by Buckinghamshire)**

**Carried**

## **NEW BUSINESS**

- (410) That conference is outraged and deeply concerned at the statement of 22 November 2018 from the department of health and social care that the new 'state-backed' indemnity scheme may be funded from 'existing resources allocated for general practice' and instructs GPC England to work with the government in ensuring that:
- (i) the scheme is supported by new funding
  - (ii) no GP is financially disadvantaged by a change to a state-backed scheme
  - (iii) all GPs and practices are protected from any future increases in the cost of the state-backed scheme.

**(Proposed by Buckinghamshire)**

**Carried unanimously**

ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES  
NOVEMBER 2018

ELECTION AND CO-OPTION RESULTS

**Chair of England Conference**

Rachel McMahon

**Deputy Chair of England Conference**

Shaba Nabi

**Five members of England Conference Agenda Committee**

Brian McGregor

Elliott Singer

Rakesh Sharma

Roberta King

Zoe Norris

PART III  
REMAINDER OF THE AGENDA

**GP AT HAND**

- (5) That conference with regard to the Secretary of State for Health and Social Care calls upon him to ensure that existing software used by GPs works appropriately first before continuing to promote GP at Hand.

**(Proposed by Agenda Committee to be proposed by Yorkshire)**  
**LOST**

**PRACTICE BASED CONTRACTS**

- (15) That conference believes core funding for general practice has been eroded to the point that it is now unsustainable and unsafe, and
- (i) calls on NHS England to issue multi-year contracts to general practice to ensure funding stability over the medium-term to support practices to invest and develop
  - (ii) mandates GPC England to negotiate a wholesale new GMS contract.

**(Proposed by Agenda Committee to be proposed by Oxfordshire)**  
**LOST**

**WORKLOAD**

- (16) That conference, mindful of the clinical risks of excessive workload, believes that:
- (i) the core contracted hours should be reduced to 08.00 hours – 18.00 hours
  - (ii) a limit of 1500 patients per WTE GP should be set as standard.

**(Proposed by Agenda Committee to be proposed by Shropshire)**  
**LOST**

**FUNDING**

- (21) That conference recognises the dire state of general practice and demands a co-payment model.

**(Proposed by Kent)**  
**LOST**