

Conference News

Conference of Local Medical Committees
Representatives
11 and 12 May 2021

Part I: Resolutions
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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2021

RESOLUTIONS

THE COVID-19 PANDEMIC – EXPERIENCES GAINED AND LESSONS LEARNT

- 5 That conference believes that honesty with the UK public is needed about the scale of the backlog in usual NHS care as a result of COVID-19, and the time it will take for this to revert to normal standards, and:
- (i) believes that there will be some changes to what is available from the NHS which may result in rationing of care
 - (ii) requires GPC to enable and empower individual general practices to dictate the pace of return to 'business as usual' for all non-essential services
 - (iii) demands that governments provide clear public communication about which treatments and services are not available on the NHS and where to seek help otherwise
 - (iv) calls on governments to provide additional funding to enable access to, and support from, mental wellbeing services for the general practice workforce
 - (v) calls on GPC to continue to ensure that clinical time can be focused on delivering clinical care, not on meeting burdensome targets or indicators that do not directly promote safe, quality patient care.

Carried

Proposed by Rosalynn Morrin, Ayrshire and Arran

COVID-19 VACCINATIONS

- 6 That conference:
- (i) believes that easy access for all individuals to their complete vaccination and immunisation record would help to improve uptake, provide evidence for employment and travel purposes and reduce the need for patients to request this from their GP
 - (ii) calls on UK governments to develop an electronic vaccination and immunisation record that includes all NHS, school-given, travel, private and employment related vaccinations and provides prompts when boosters are needed without the requirement to contact their GP practice
 - (iii) calls on UK governments to require schools to use a child's electronic vaccination record to promote complete uptake of all vaccinations at the time of school entry.

Carried

Proposed by Lucy Clement, Leeds

- 7 That conference, with regard to the COVID-19 vaccination programme:
- (i) applauds the efforts of GPs and their teams who are the reason why the UK programme has been successful in rapidly vaccinating our population including those who are most vulnerable
 - (ii) believes that we need to start planning for an annual COVID-19 vaccination programme
 - (iii) requires GPC to proactively negotiate with NHS / DHSC a Direct Enhanced Service so that if an annual COVID-19 vaccination programme is required it will be contracted with and delivered by individual general practices.

Parts (i) and (ii) Carried

Part (iii) Carried as a reference

Proposed by Professor Gabriel Ivbijaro, Waltham Forest

GP APPRAISAL AND REVALIDATION

- 8 That conference, in respect of GP appraisal:
- (i) is delighted to have seen no evidence that turning appraisal into a light touch system has resulted in patient harm
 - (ii) recognises that GPs appear satisfied that a more formative system with minimal paperwork has helped them cope with the demands of the job without being overly intrusive
 - (iii) recognises that GPs are still very much on the front-line of fighting the pandemic and that a considerable recovery phase will follow when the virus is better contained, request that appraisals-lite are deferred until April 2023 at the earliest
 - (iv) requests GPC to negotiate that reversion to the former approach should not occur in the absence of demonstrable evidence that the needs of patients and doctors are less well served by the new way
 - (v) calls on GPC to work with NHS colleagues to restore the aim of appraisal as being a "facilitated self-review" with a peer and supporting the well-being of the appraisee.

Parts (i) (ii), (iv) and (v) Carried

Part (iii) Carried as a reference

Proposed by Christopher Browning, Suffolk

CREATING AND MAINTAINING A WORKFORCE FIT FOR THE FUTURE

GP Retention

- 9 That conference is concerned that the global pandemic and the work pressures that GPs have been under will lead to an increase in early retirements, and calls upon GPC UK to negotiate urgent measures to retain GPs which include:
- (i) access to support, psychological and careers advice to allow them to be safely supported in staying in work
 - (ii) an enhanced retention package to prevent early retirement
 - (iii) financial incentives to pursue a more portfolio existence
 - (iv) meaningful commensurate retention incentives for experienced senior GPs
 - (v) priority access to healthcare as is offered for armed services personnel and military veterans.

Carried

Proposed by John Ip, Glasgow

GP training - Fit for purpose

- 10 That conference calls for GPC UK to lobby educational bodies and other stakeholders to recognise the changing landscape of general practice and calls for:
- (i) formal guidance from the RCGP on where remote consulting can be appropriately incorporated into GP training
 - (ii) improved and expanded support schemes such as GP fellowship schemes and mentoring schemes to mitigate against fewer face to face consultations during COVID-19
 - (iii) adequate training in important areas such as business management, accounts and GMS contracts and regulations
 - (iv) inclusion within the curriculum of skills in managing a multi-disciplinary team.

Carried

Proposed by Lucy-Jane Davies, GP Trainees Committee

15 MINUTE CONSULTATIONS

- 11 That conference notes RCGP and BMA policy aiming for 15 minute appointments for standard face-to-face GP consultations, as well as the large disparity in consulting times GP trainees are expected to undertake consultations during their training. We call on BMA to lobby RCGP, HEE and other key stakeholders to:
- (i) develop a clear strategy to implement and achieve a standard 15 minute consultation time for face-to-face consultations in general practice

- (ii) develop guidance for GP trainees and GP trainers to allow trainees to have clear minimum expectations in consultation lengths throughout the different stages of their GP training
- (iii) ensure any change to the standard GP consultation are reflected in the expectations and marking criteria of MRCGP examinations.

Part (i) Carried as a reference

Parts (ii) and (iii) Carried

Proposed by Euan Strachan-Orr, GP Trainees Committee

GDPR AND DIGITAL SERVICES

- 12 That conference welcomes the increased innovation and flexibility afforded by new digital ways of working but notes the ongoing lack of clarity regarding resourcing of these products and services and calls on GPC to:
- (i) ensure that IT system add-ins enabling integrated remote consultations must be fully funded by departments of health as a core part of the NHS IT offer to general practice
 - (ii) insist that departments of health commission nationally a service that allows direct SMS based communication with patients with the ability for them to reply, with attachments such as photos, to ensure that no structural inequalities are created around such a key method of patient engagement
 - (iii) ensure that national minimum standard for locum IT access is established and embedded in the IT procurement process
 - (iv) ensure that the roll out of digital models of access develop in parallel with work to reduce inequity in those not digitally enabled
 - (v) conduct a full impact assessment of the effect of the roll out of uncapped instantly available e-consultations on the availability of more proven consultation models.

Carried

Proposed by Deborah White, Cleveland

ELECTRONIC RECORDS

- 13 LEICESTER, LEICESTERSHIRE AND RUTLAND: That conference is concerned about the transfer of electronic medical records between practices in the four different countries of the UK, and for patient safety and quality of healthcare, requires that:
- (i) GP2GP or similar interoperability is enabled to ensure whole electronic medical records including diagnoses, results, medications, sensitivities and allergies are transferred as coded items
 - (ii) electronic prescribing is available from all general practices in the UK to all pharmacies in the UK
 - (iii) all four countries convert to fully digitalised records by 2030 with no remaining manual records
 - (iv) any hospital in the UK treating a patient under an NHS contract can send coded electronic correspondence directly to all UK GP clinical systems.

Carried

Proposed by Fahreen Dhanji, Leicester, Leicestershire and Rutland

THEMED DEBATE - SOLUTIONS TO STEM THE 'TSUNAMI' OF WORKLOAD

The Agenda Committee has noted the ongoing increase in workload being experienced by GPs and practices across the UK. The majority of motions in this section focused around increased workload related to secondary care but also covered out of hours, unscheduled care and patient expectations. We are mindful that the post-COVID-19 recovery phase provides an opportunity for us all to reflect on how things could be different in the future and propose a major issue debate.

The representatives voted for the following statements:

- A There is an urgent need to capture practice activity data.**
66 % Strongly agree, 27% Agree, 4 % Slightly agree, 1% Slightly disagree, 2% Disagree, 0% Strongly disagree

- B Realistic patient expectations of what can be provided by both in hours and out of hours general practice is essential.**
88% Strongly agree, 8% Agree, 2% Slightly agree, 0% Slightly disagree, 1% Disagree, 1% Strongly disagree
- C The benefit to patients by increasing the ways they can access general practice (online consultations, direct booking by urgent care services, etc) outweighs the increase in demand that this creates and the associated workload pressures.**
13% Strongly agree, 9% Agree, 6% Slightly agree, 7% Slightly disagree, 20% Disagree, 45% Strongly disagree
- D All workload discussions must consider the system as a whole and not the needs of either general practice or secondary care in isolation.**
31% Strongly agree, 30% Agree, 9% Slightly agree, 8% Slightly disagree, 12% Disagree, 10% Strongly disagree
- E The interface points between primary, secondary and intermediate care must be formally defined by GPC, not left to LMCs.**
32% Strongly agree, 27% Agree, 15% Slightly agree, 7% Slightly disagree, 12% Disagree, 7% Strongly disagree
- F Assuming that the work is clinically safe, and appropriately funded, general practice should be accepting more work from secondary care.**
4% Strongly agree, 6% Agree, 8% Slightly agree, 3% Slightly disagree, 19% Disagree, 60% Strongly disagree
- G Practices have all the tools they need to control workload, they just need to learn to say no.**
9% Strongly agree, 2% Agree, 9% Slightly agree, 7% Slightly disagree, 23% Disagree, 50% Strongly disagree

THE ROLE OF GPC AND LMCs

- 14 That conference believes that the recent reforms made to the GPC have distanced it from LMCs and the frontline profession, and:
- (i) demands more transparency and accountability from GPC UK and requests that GPC UK member voting behaviours are circulated within LMC weekly updates
 - (ii) calls on GPDF to commission a thorough review of the current representative structure, particularly seeking the views of LMCs.

Carried

Proposed by Raman Singh Nijjar, Oxfordshire

LMC GOVERNANCE

- 15 That conference recognises the increasing importance for LMCs to be the unimpeachable voice of the local profession and to facilitate this calls for:
- (i) LMCs to ensure that all GPs, whatever their GP role or protected characteristics such as race and gender, are not excluded from representing their members at LMC board or director level
 - (ii) LMCs to agree and adopt a minimum availability and range of service and support for all GPs providing care for registered patients
 - (iii) LMCs to agree that asking for additional levy payments from sessional GPs is misguided.

Parts (i) and (iii) Carried

Part (ii) Carried as a reference

Proposed by Francesca Frame, Cambridgeshire

GREEN GENERAL PRACTICE

- 16 That conference supports the promotion of addressing climate change and the current ecological crisis and:
- (i) approves of active travel to improve health outcomes by increasing exercise
 - (ii) recognises the opportunity to improve recycling within the NHS
 - (iii) calls on the UK Government to commit to invest in GP infrastructure and premises, including installing charging points for electric cars, to make general practice estate carbon neutral by 2030
 - (iv) calls on the UK government to commit to support and resource GP practices to return to re-usable medical equipment to reduce the carbon impact of disposal equipment
 - (v) calls on the UK government to commit to implement a nationwide medication returns and recycling scheme.

Carried

Proposed by Nicola Hambridge, Leeds

GP CONTRACT NEGOTIATIONS

- 17 That conference calls upon GPDF to commission and fund research into the creation of an options paper for GPC UK to review prior to April 2022 that will investigate how the future of a separately negotiated model around NHS and non NHS provision of general medical services could be facilitated.

Carried as a reference

Proposed by Nathalie Rodriguez McCullough, Cambridgeshire

GENERAL PRACTICE PAY AND CONDITIONS

- 18 That conference welcomes the Dacre and Romney reports, and calls for:
- (i) the GPC to produce an annual report to this conference to include up to date data on the gender pay gap, what actions have been implemented and what change in the pay gap has resulted
 - (ii) the GPC to negotiate changes to all general practice contractor contracts to encourage and support part time and flexible working in partnerships
 - (iii) the GPC to provide an annual report to this conference to include the number and type of all relevant complaints and outcomes, and all actions taken that year to ensure and assure appropriate behaviour by members and staff.

Carried

Proposed by Fahreen Dhanji, Leicester, Leicestershire and Rutland

DDRB

- 19 That conference is frustrated that both partners and salaried GPs repeatedly fail to receive real term pay uplifts and:
- (i) believes that 2.8% does not reflect the increase in workload experienced by GPs of all types
 - (ii) demands that any promised uplift is matched by an appropriate increase in total practice income so as not to result in a drop in GP partner pay
 - (iii) believes that the annual DDRB pay review process should be extended to non-practice based salaried GPs
 - (iv) condemns any employer who does not provide the full annual pay uplift to their GPs, in accordance with the government's decision following the recommendation of the DDRB, where this is contractually required.

Carried

Proposed by Karthik Bhat, Sessional GPs Committee

ZERO TOLERANCE TO RACISM

- 20 That conference calls on health ministers across the UK to:
- (i) publicly and repeatedly deliver the message that no patient is entitled to refuse care based on a clinician's ethnicity
 - (ii) identify and publicise the daily examples of racism that NHS colleagues are subjected to
 - (iii) commit to a zero tolerance approach to any patient complaints that arise from challenging racism.

Carried unanimously

Proposed by Luigina Palumbo, Hull and East Yorkshire

INDEMNITY

- 21 That conference, in respect of the All Wales Locum Register/ Locum Hub Wales:
- (i) expresses concern about the data collection changes required for indemnity implemented on 1 February 2021
 - (ii) requires absolute clarity on how data collected through this route is being used
 - (iii) believes that recent changes could have a significant financial impact on locums
 - (iv) mandates that all future changes must be agreed by both the Sessional GPs committee and GPC Wales before implementation.

Carried

Proposed by Nimish Shah, Sessional GPs Committee

- 22 That conference is seeking assurance that an indemnity solution is found for GPs in Northern Ireland and agreed with NI Department of Health in the near future. This is urgent as the upcoming decision on the discount rate could increase indemnity subscriptions to a level where it would not be viable to work as a GP in NI.

Carried

Proposed by Conor Moore, Southern NI

BMA COMMUNICATIONS SYSTEMS

- 26 That conference notes that multiple reviews of GPC functioning have highlighted the BMA listservers as a barrier to inclusion and to a digitally responsive system. Conference believes that GPC UK should immediately terminate its use of archaic email listservers, replacing them with a modern, professional, sensitively moderated and technologically appropriate forum resourced by the GPDF, with subsequent roll out to the four national GPCs as appropriate.

Carried

Proposer by Paul Hynam, Devon

CROSS-BORDER WORKING

- 27 Following the debacle of the commissioning between BCUHB and the Countess of Chester Hospital earlier this year conference calls for Welsh Government to:
- (i) recognise the contribution that care providers on the English side of the border make to the provision of healthcare to the Welsh population
 - (ii) ensure that ideology does not jeopardise this element of capacity within the Welsh healthcare system, and
 - (iii) ensure that there is effective contingency planning in place to ensure continuity of provision in the event that the commissioned service is withdrawn.

Carried

Proposed by Sarah Bodey, North Wales

NEW BUSINESS / EMERGENCY MOTION

- 276 That conference with regards to the recorded consultation assessment (RCA) portion of the membership of the Royal College of General Practitioners (MRCGP) exit exam:
- (i) notes the well documented and concerning historical differential clinical skills assessment (CSA) pass rates for British ethnic minority and international medical graduate (IMG) trainees
 - (ii) is disappointed that the differential pass rate gap has not only persisted, but substantially widened with the introduction and evolution of the non-standardised RCA
 - (iii) recognises the negative impact that this is having on trainees' mental health and well-being and that of their trainers and training programme directors (TPDs)
 - (iv) urges that all pragmatic alternative options for fair assessment need to be considered as a matter of serious urgency, including submissions from trainers/educational supervisors
 - (v) urges the nation GPC Executives to address this as a top time-limited priority with the RCGP and all related stakeholders, including the GMC.

Carried Nem Com

Proposed by Paul Scott, North Staffordshire

PRACTICE MANAGEMENT

- 28 That conference is asked to recognise the continuing workforce crisis facing those undertaking the vital role of general practice management and calls upon GPC UK to facilitate:
- (i) the creation of nationally resourced and updated electronic practice management handbook(s)
 - (ii) less bureaucracy in practice management during 2021
 - (iii) closer working with representative bodies of practice management, especially during contract negotiations.

Carried

Proposed by Will Hynds, Kernow (Cornwall & Isles of Scilly)

CONTRACT FUNDING

- 29 That conference notes legislative proposals in some of our home nations which seek to reform the provision of core GP contracts, including where they are held and how they are funded and mandates the GPC to ensure that:
- (i) GP core contracts in each nation remain nationally negotiated with GPC
 - (ii) the GP practice remains the unit at which core contracts are negotiated ensuring practices are not forced to integrate into corporate entities with other practices or organisations without their specific agreement and consent
 - (iii) GP contracts are funded from ring fenced funds, with specific provision that they are excluded from being redirected to support secondary care or support overspends elsewhere in the system
 - (iv) there is a requirement that all bodies commissioning health services have a legal requirement to consult appropriate local medical committees.

Carried

Proposed by Rachel Ali, Devon

- 30 KIRKLEES: That conference believes that additional funding should be made available to meet the extra needs of deprived communities and that:
- (i) the Carr Hill formula is no longer fit for purpose
 - (ii) the impact of the Carr Hill formula on weighted capitation disadvantages practices serving the areas with the highest levels of deprivation
 - (iii) seeks additional funding to specifically mitigate against the increased healthcare risks demands and needs of deprived communities.

Carried

Proposed by Greg Place, Nottinghamshire / Bert Jindal, Kirklees

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2021

ELECTION RESULTS

Chair of UK Conference

Katie Bramall-Stainer

The following elections are still open and the deadline is 11am on Monday 17 May.

Deputy Chair of UK Conference

UK Agenda Committee

Early career GP

Trustee to Claire Wand Fund

GPC UK

The outcome of the Agenda Committee election won't be announced until after this year's ARM. All the others will be announced as soon as possible.

PART III

REMAINDER OF THE AGENDA

THE ROLE OF GPC AND LMCs

- 14 That conference believes that the recent reforms made to the GPC have distanced it from LMCs and the frontline profession, and:
- (i) believes that as part of the BMA the GPC is naturally conflicted in its ability to truly represent the interests of GPs and lacks accountability to LMCs and to LMC Conference
 - (ii) mandates GPDF to explore alternative options to the current structure, including the formation of a National Council of LMCs
 - (iii) asks GPDF to consider whether general practice would be better served by a body politic independent of the BMA.

LOST

Proposed by Raman Singh Nijjar, Oxfordshire

LMC GOVERNANCE

- 15 That conference recognises the increasing importance for LMCs to be the unimpeachable voice of the local profession and to facilitate this calls for GPDF to commission and fund a UK Association of LMCs to support LMCs.

LOST as needs 2/3 majority

Proposed by Francesca Frame, Cambridgeshire

GP CONTRACT NEGOTIATIONS

- 17 That conference calls upon GPDF to commission and fund research into the creation of an options paper for GPC UK to review prior to April 2022 that will investigate:
- (i) the benefits / risks options and costs associated with the provision of UK general practice outside of the GMS / PMS / APMS contract model
 - (ii) how those independent contractors who wish to become employed GPs may be facilitated to do so with regard to their estates and premises across a number of examples on a local, national or UK basis
 - (iii) modelling around the longer term consequences of risks/benefits to practices of having aligned contracts with staff and / or premises with other NHS providers / trusts.

LOST

Proposed by Nathalie Rodriguez McCullough, Cambridgeshire