**2012-2013**
**GPC News 10**

## General Practitioners Committee

# Conference News

Conference of Representatives of Local Medical Committees
23 - 24 May 2013

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# PART I

# ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2013

# RESOLUTIONS

## Standing orders

(4) 1. That standing order 1 be amended to read:
The General Practitioners Committee (GPC) shall convene annually a conference of representatives of local medical committees.
**(Proposed by Guy Watkins on behalf of the Agenda Committee)**
**Carried unanimously**

## The NHS in crisis

(7) 2. That conference feels that general practice provides the taxpayer with superb value for money, but is concerned that as funding falls as a share of total health spending, governments are more interested in a cheap option, rather than a service which, if appropriately invested in, could provide many of the answers to the challenges facing the health service.
**(Proposed by Denise McFarlane, Grampian LMC)**
**Carried unanimously**

## NHS reforms / Health and Social Care Act

(8) 3. That conference believes that NHS organisational reforms and increased administrative burdens for practices resulting from the Health and Social Care Act (HSCA):
(i) are putting services and quality patient care at risk
(ii) will further widen population health inequalities and compromise the health of the nation
(iii) will seriously threaten core general practice and will destroy the viability of practices.
**(Proposed by Beth McCarron-Nash, Cornwall and Isles of Scilly LMC)**
**Carried unanimously**

(9) 4. That conference believes:
(i) that the current NHS Reforms are an exercise in cost cutting and rationing and will serve to undermine the quality of care to patients
(ii) that the lack of investment in primary care is preventing the effective implementation of the NHS reforms
(iii) general practice is the solution to NHS efficiency and productivity and consequently merits increased special investment.
**(Proposed by John Crompton, North Yorkshire LMC)**
**Parts (i) and (iii) Carried unanimously**
**Part (ii) Carried**

(10) 5. That conference believes that the government wishes to privatise the NHS and demands that it is made public knowledge.
**(Proposed by Francesco Scaglioni, Cornwall and Isles of Scilly LMC)**
**Carried**

(11) 6. That conference recognises that commissioning as outlined in the Health and Social Care Act 2012 has little evidence base and has led to an expensive, unnecessary upheaval in the NHS.
**(Proposed by Duncan Bardner, Devon LMC)**
**Carried unanimously**

## Francis report

(12) 7. That conference, given the events in the Mid Staffordshire hospitals and in the light of the Francis report, asks GPC to:
(i) drive a return to patient centred, holistic care and disavow target-driven cultures
(ii) make it very clear to government and to the public that an adequate response to the report in primary care will require significant extra resources
(iii) issue guidance to CCGs on how they should comply with the recommendations in order to avoid placing targets above quality
(iv) ensure the principles of the report are applied across primary care including QOF, revalidation, QIPP and CQC
(v) highlight that, though GPs maintain their concern for patients when they are admitted to hospital, they cannot be held clinically responsible for their care whilst they are inpatients.
**(Proposed by Gaurav Gupta, Kent LMC)**
**Parts (i), (ii) and (v) Carried unanimously**
**Part (iii) Carried**
**Part (iv) Carried as a reference**

(13) 8. That conference supports GPs who 'blow the whistle' about the standard of care their patients receive, and instructs the GPC to:
(i) ensure their concerns are investigated without prejudice
(ii) ensure that CCGs cannot gag member practices
(iii) negotiate the provision of a confidential helpline to which GPs can report concerns.
**(Proposed by Fiona Armstrong, Kent LMC)**
**Parts (i) and (ii) Carried unanimously**
**Part (iii) Carried**

## NHS 111

(14) 9. That conference calls upon the government to commission an independent enquiry into the NHS 111 debacle which must specifically address the whole inappropriate application of triage by the least qualified, contrary to evidence based practice.
**(Proposed by John Hughes and Ash Bakhat (Joint proposers), Manchester LMC)**
**Carried unanimously**

## Revalidation

(15) 10. That conference is dismayed by the inconsistency in appraisal standards in England and calls on the GPC to lobby for
(i) a nationally agreed standard of evidence required for GP appraisal in England
(ii) an over arching national appraisal board to ensure evidence for appraisal is consistent and proportionate.
**(Proposed by Sarah Gray, Cornwall and Isles of Scilly LMC)**
**Carried**

## Primary care workforce

(16) 11. That conference notes the current workforce crisis in general practice is being accelerated by increasing workload and stress, and falling remuneration and morale, and calls upon the government to take urgent measures to:

(i) promote the recruitment of potential GPs
(ii) support the retention of existing GPs
(iii) reduce the barrier to returning GPs.

**(Proposed by Raj Menon, Leeds LMC)**
**Parts (i) and (iii) carried unanimously**
**Part (ii) Carried**

## Contract negotiations

(18) 12. That conference:

(i) agrees that the current open ended 'insurance type' contract is unsustainable with falling real term resources
(ii) believes that the current GMS contract requires too many deadlines to be met at the end of each contract year
(iii) adopts the principle that if disinvestment occurs, such as PMS, then services cease and that this is made clear to the public.

**(Proposed by Mark Durling, Sheffield LMC)**
**Carried**

(19) 13. That conference believes that a UK wide negotiated contract is the only way to ensure equity of health provision across the British Isles and protect recruitment in all areas.
**(Proposed by Sarah Morgan, Bro Taf LMC)**
**Carried**

## GP contract imposition

(21) 14. AGENDA COMMITTEE to be proposed by DONCASTER: That conference:

(i) deplores the unilateral imposition by this government of the general practice contract whilst the profession was holding negotiations with the government in good faith
(ii) demands the withdrawal of all unilateral impositions and a return to bilateral contract negotiations
(iii) believes that in light of the Francis report on Mid Staffs that the government has shown that bullying in the NHS emanates from the top as demonstrated by its imposition of the GP contract for 2013-14
(iv) believes that a unilateral GP contract imposition is likely to compromise patient safety and quality of care delivered and that patients are likely to see unintended and negative consequences from the changes imposed on general practice

**(Proposed by Dean Eggitt, Doncaster LMC)**
**Parts (i), (ii) and (iii) Carried unanimously**
**Part (iv) Carried**

## Commissioning of care

(22) 15. That conference, with respect to commissioning services:
- (i) believes that putting services out to Any Qualified Provider will severely affect and undermine the continuity of GP/patient care
- (ii) believes that Any Qualified Provider is unnecessarily complex and costly to introduce, maintain and regulate
- (iii) believes that Any Qualified Provider will unnecessarily increase primary care workload
- (iv) demands that CCGs must have freedom to commission services in ways that best meet the needs of patients
- (v) demands that newly commissioned providers in the NHS maintain levels and quality of service and are rigorously performance managed to ensure delivery of contractual targets and standards.

**(Proposed by Amer Salim, Merton, Sutton and Wandsworth LMC)**
**Parts (i), (iii) and (v) Carried**
**Parts (ii) and (iv) Carried unanimously**

(23) 16. That conference:
- (i) believes that the government's tendering rules will lead to an overly bureaucratic and time wasting process which will essentially disenfranchise GPs
- (ii) asserts that the standard NHS contract is more complex and burdensome than is necessary for a CCG to commission a service from its member practices
- (iii) calls on the GPC to demand that CCGs are given true autonomy allowing them to bring in new ways of service redesign and delivery.

**(Proposed by Karen Beeby, Mid Mersey LMC)**
**Parts (i) and (ii) Carried unanimously**
**Part (iii) Carried**

(24) 17. That conference:
- (i) calls on the General Medical Council to reaffirm that commissioning GPs primary responsibility is to their patients, not to financial balance
- (ii) believes the quality premium risks our professional independent role as our patients' advocate
- (iii) believes the quality premium risks destroying the trust patients have in their GP to make decisions based on their best interests not as a result of a financial incentive
- (iv) is concerned that current plans for the quality premium have the potential to further engender a target driven culture
- (v) demands that the GPC ensures that colleagues who are keen commissioners are aware that putting financial targets ahead of clinical priorities will lead to more patients feeling 'we have an NHS that just does not care'.

**(Proposed by Jerry Luke, Surrey LMC)**
**Parts (i), (ii), (iii) and (v) Carried**
**Part (iv) Carried unanimously**

(25) 18. That conference demands that performance management of GPs should not be transferred to CCGs.

**(Proposed by Hector Spiteri, Redbridge LMC)**
**Carried**

(26) 19. That conference with respect to compulsory practice membership of CCGs:
- (i) believes it fundamentally changes the role and nature of general practices which will be forced to be agents of state rationing and cost control thus rendering the concept of the 'independent contractor' meaningless, seriously threatening the trust between GPs and their patients and posing a risk to the very integrity of NHS general practice
- (ii) believes it places GP partners in a position of untenable conflict between their professional obligations to their patients and the statutory obligations of their practices as CCG members
- (iii) believes it places significant obstacles in the way of general practices acting in

accordance with the recommendations of the Francis Report as they will be under inevitable pressure to comply with their CCGs' statutory obligations to stay within budgets and to achieve financially and managerially-driven targets which conflict with the needs of their patient.

**(Proposed by Bob Morley, Birmingham LMC)**
**Carried**

## LMCs and the new commissioning structures

(27) 20. That conference:

(i) believes that LMCs have a crucial role to play in the new NHS
(ii) renews its call upon GPC to support LMCs development
(iii) demands that the GPC addresses the issue of conflicts of interest generated by LMC members sitting on both LMC and CCG boards
(iv) calls upon GPC to be absolutely clear on its policies with regards to LMC boundaries.

**(Propsed by Jenny Walton, Salford and Trafford LMC)**
**Parts (i) and (ii) Carried unanimously**
**Parts (iii) and (iv) Carried**

## The future of general practice and the NHS 1

(28) 21. That conference believes that holistic, patient orientated care is the key to improvement in outcomes and urges the government to move from guidelines, targets and protocols to patients.

**(Proposed by Julie Ann Birch, Cleveland LMC)**
**Carried unanimously**

(29) 22. That conference believes that:

(i) the erosion of the GP partnership model is a significant threat to the future of general practice and will remove the incentive for GPs to invest time and money in practice development
(ii) the current government move away from the traditional GP partnership model will result in further erosion of the invaluable goodwill upon which the NHS is so dependent
(iii) the independent contractor status is the best way to preserve the highest quality primary care provision for patients
(iv) a range of working arrangements for GPs should be available and equity partnership should be encouraged over salaried posts, viewing salaried doctors as potential partners
(v) GPC should devise a promotional strategy for the partnership model of general practice, which is becoming less attractive to young doctors addressing the negative aspects of running a practice and promoting the advantages of autonomy and being self employed as a professional.

**(Proposed by Sara Khan, Hertfordshire LMC)**
**Parts (i) and (ii) Carried unanimously**
**Parts (iii) and (v) Carried**
**Part (iv) Carried as a reference**

(30) 23. That conference calls on the GPC to:

(i) discuss with patients and the public as to what they want from the NHS in the future
(ii) discuss with GPs, particularly trainee and recently qualified GPs, as to how they want to deliver services in the future
(iii) publish proposals, after suitable consultation, for the future role of GPs and the development of general practice.

**(Proposed by Gill Beck, Buckinghamshire LMC)**
**Part (i) Carried**
**Parts (ii) and (iii) Carried unanimously**

(31) 24. That conference demands that:
(i) the government has a full and frank discussion with the public on how to fund the NHS if it is to remain free at the point of care
(ii) the NHS must define what services it can provide and what services it cannot provide
(iii) the NHS make an assessment of the cost of all services to ensure they are collectively affordable
**(Proposed by Richard Humble, Tayside LMC)**
**Carried**

(32) 25. That conference believes that longer consultation times are better for GPs and their patients with complex conditions, but that increasing average consultation times is impossible with current patterns of investment, recruitment and retention of GPs.
**(Proposed by James Morrow, Cambridgeshire LMC)**
**Carried**

## GPC Scotland

(34a) 26. That conference recognises the importance of the Dewar Report of 1912 and the subsequent Highlands and Islands Medical Service of 1913 in being the first contract for comprehensive medical services between general practice and the government and recognised as a blueprint for the NHS with lessons from that time that remain highly relevant today.
**(Proposed by Miles Mack, Highland LMC)**
**Carried unanimously**

(35) 27. That conference, while supporting a four nation GMS contract, congratulates SGPC negotiators on the changes agreed in Scotland, and welcomes the Scottish Government's willingness to reach a negotiated position.
**(Proposed by Thomas Philip, Grampian LMC)**
**Carried unanimously**

## GPC Wales

(38a) 28. That conference:
(i) applauds the sterling efforts of GPC Wales in mitigating the enforced contract changes
(ii) congratulates Welsh government for appreciating the vital role of the general practitioner in the day to day running of the NHS.
**(Proposed by Phil White, North Wales LMC)**
**Carried unanimously**

## GP education and training

(39) 29. That conference asks the GPC to work, as a matter of urgency, with all those responsible for GP trainee education to ensure that the proposed extension of GP training to four years:
(i) is used to increase practical experience for trainees and not to supply cheap labour
(ii) is appropriately funded for primary care including a full trainers grant for all time in primary care
(iii) includes business skills in general practice, health policy, leadership and medical politics
(iv) reflects the development needs of the individual trainee.
**(Proposed by Kathy Kestin, Norfolk and Waveney LMC)**
**Carried**

(40) 30. That conference is concerned about the lack of engagement by local education and training boards (LETBs) with general practice and believes LETBs should:
(i) have increased membership from general practice
(ii) consult with LMCs on all issues relating to general practice
(iii) not have open ended powers to request information from practices
(iv) fund a greater investment in general practice training
(v) increase capacity in general practice training.
**(Proposed by Annette Bearpark, Leeds LMC)**
**Carried unanimously**

(41) 31. That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee:
That conference is concerned that the MRCGP examination pass rates for international medical graduates (IMGs) are consistently lower than UK graduates and the discrepancy is getting worse, and:
(i) is worried that this raises concerns about the validity of the MRCGP exam
(ii) calls for a GMC, RCGP and BMA investigation into the reasons for the disparity, which is robust and establishes definitively at which part(s) of the training or examination process any problem lies
(iii) calls on the RCGP to set up a career guidance service for trainees who had to leave GP training as a result of being unsuccessful in obtaining the MRCGP
(iv) demands the feedback from the MRCGP exams to be improved immediately.
**(Proposed by Chris Williams, GPC)**
**Carried**

## Regulation and the care quality commission

(42) 32. That conference:
(i) believes CQC is not fit for purpose
(ii) believes CQC should be held to account and public scrutiny following the Francis Report
(iii) has no confidence in the ability of CQC to regulate health services
(iv) believes that a chief inspector of primary care is unnecessary and should not be appointed.
**(Proposed by Ivan Camphor, Mid Mersey LMC)**
**Carried**

(44) 33. That conference urges GPC to reject the move to establish OFSTED-style quality ratings in general practice on the grounds that it will be expensive, unworkable and detrimental to good patient care.
**(Proposed by Tim Morton, Norfolk and Waveney LMC)**
**Carried**

## Other motions 1

(45) 34. That conference calls upon GPC to campaign for the creation of the post of Assistant Chief Medical Officer to be a practising GP with the remit to support primary care.
**(Proposed by Tim Morton, Norfolk and Waveney LMC)**
**Carried**

(46) 35. That conference believes that vacant GP practices subject to procurement should be preferentially:
(i) contracted through GMS contracts
(ii) offered to existing local practices.
**(Proposed by John Doyle, Surrey LMC)**
**Carried**

(47) 36. That conference deplores the return of the term 'cottage hospital' by NHS management as it demeans the increasingly acute and complex patient care being undertaken in these hospitals.
**(Proposed by Gregor Purdie, Dumfries and Galloway LMC)**
**Carried unanimously**

## Primary and secondary care interface

(52) 37. That conference deplores the constant transfer of secondary care workload into general practice and demands
(i) that appropriate level of resources should accompany it and the GPC will develop a national framework that LMCs can use
(ii) that the GPC support and coordinate LMCs in collating these incidences and publicise to all LMCs examples where LMCs have been successful in their negotiations to resource this workload
(iii) significant, guaranteed, long term investment in general practice
(iv) an increase in the number of whole time equivalent GPs
(v) a proper level of investment in primary care premises, training and medical equipment.
**(Proposed by Bruce Hughes, Devon LMC)**
**Parts (i) and (iv) Carried**
**Parts (ii), (iii) and (v) Carried unanimously**

(53) 38. That conference
(i) encourages hospital trusts to introduce a simple pro-forma for patients in out-patients detailing full management plan and contact details
(ii) insists that cancelled or postponed secondary care appointments must be reviewed by clinicians for clinical urgency before re-booking
(iii) insists the originator of the investigation, not the patient's GP, has responsibility for follow up and to explain the results of the investigation to the patient
(iv) believes that the practice of issuing an outpatient prescription advice sheet should be abolished and 28 day prescriptions for all new drugs issued unless a shorter course is needed.
**(Proposed by Vernon Needham, Hampshire and Isle of Wight LMC)**
**Parts (i), (ii) and (iv) Carried**
**Part (iii) Carried unanimously**

(54) 39. That conference notes that many secondary care providers do not address discharge and out-patient letters to the appropriate GP and
(i) believes that this is detrimental to patient care
(ii) believes that this harms professional relationships, 360 degree feedback, and education
(iii) believes that this can breach confidentiality and data protection law
(iv) calls for patients to determine the recipient of their clinical letters.
**(Proposed by Andrew Green, GPC)**
**Carried**

## Dispensing

(55) 40. That conference calls on GPC to ensure that the Electronic Prescription Service Release 2 is fully implemented for dispensing practices in England, and demands that:
(i) the Change Notice enables patient nomination of their dispensing doctor as their preferred recipient dispensing agency
(ii) GPC negotiates GP Systems of Choice (GPSoC) core funding to include the provision of pharmacy modules for dispensing practices.
**(Proposed by Richard West, Suffolk LMC)**
**Carried**

## Sessional GPs

(56) 41. That conference:

(i) condemns the plans to transfer the responsibility for paying employers superannuation for locums from PCOs to practices and demands the UK government reverse this change to the pension regulations.

(ii) is concerned that changes to the employer's contribution of superannuation payments for locum GPs by the NHS in England threatens the stability of the locum GP pool to the detriment of general practice in general

(iii) demands that funds allocated to GP practices to meet GP employer's contributions for freelance / locum GPs at the required 14% are used for that purpose

(iv) demands that the NHS pension scheme benefits for GP locums be reviewed to bring them in line with all other GP members of the scheme.

**(Proposed by Mary O'Brien, Sessional GPs subcommittee)**
**Parts (i) and (iv) Carried unanimously**
**Parts (ii) and (iii) Carried**

## Pensions

(57) 42. That conference notes that a new single tier state retirement pension is to be introduced, that the 'contracted out rebate' is to be abolished and:

(i) insists that GPC recognises and quantifies the consequential loss to GP profits

(ii) requires that GPC negotiate appropriate additional funding to compensate GP practices for the additional costs

(iii) believes that the preferred way of funding additional employer costs is a commensurate reduction in employer's pension contributions

(iv) insists that there is no increase in employee contribution rates

(v) demands that there is no reduction in the NHS pension entitlement.

**(Proposed by John Canning, GPC)**
**Parts (i), (ii) and (v) Carried unanimously**
**Parts (iii) and (iv) Carried**

## Funding for general practice

(58) 43. That conference deplores the destabilising effect on general practice of the phased withdrawal of the MPIG and regrets the damage to patient services that will result in some areas.

**(Proposed by Steve Jones, Cambridgeshire LMC)**
**Carried**

(59) 44. That conference supports the development of a fairer funding formula for GP practices but:

(i) asks GPC to expedite a fairer funding formula that can be introduced before 2017

(ii) believes that any formula must recognise the needs of the elderly

(iii) believes that any formula must recognise the needs of the rural general practices

(iv) believes that any formula must recognise the needs associated with social deprivation

(v) insists that any resources re-directed from general practices must remain within general practice for use in providing primary medical services.

**(Proposed by Nigel Watson, Wiltshire LMC)**
**Parts (i), (ii), (iii) and (iv) Carried**
**Part (v) Carried unanimously**

(60) 45. That conference recognises that general practice is one of the most cost effective parts of the NHS but:
(i) condemns the failure of the government to implement the recommendation of the Doctors and Dentists Review Body (DDRB) with respect to GP practice remuneration
(ii) is concerned about the destabilisation of GP practices by the lack of investment in general practice
(iii) is concerned that general practice has become an unattractive profession
(iv) fears that NHS general practice will soon no longer be financially viable
(v) demands that the UK governments resource general practice properly to ensure that the high quality service provided by GPs continues into the future.
**(Proposed by Mary O'Brien, Sessional GPs subcommittee)**
**Parts (i), (ii) and (v) Carried unanimously**
**Parts (iii) and (iv) Carried**

## Premises

(61) 46. That conference notes the threats to GP practices from the transfer of PCT owned premises to NHS Property Services Ltd and:
(i) is concerned about proposals for GP tenants in these premises to accept leases without guarantee that the full costs will be reimbursed
(ii) is concerned about increased service charges for GP tenants in these premises
(iii) believes current proposals may destabilise GP practices based in these premises
(iv) believes the effects on GP practices based in these premises may ultimately impact on service provision and patient care
(v) urges GPC to urgently address the concerns of the affected GP practices.
**(Proposed by Jane Lothian, Northumberland LMC)**
**Parts (i), (iii), (iv) and (v) Carried as a reference**
**Part (ii) Carried**

## The future of general practice and the NHS 2

(83) 47. That conference, in the current NHS environment with increasing pressure to push services into primary care, calls upon the GPC to ensure any additional services be evidence based, practical and resourced.
**(Proposed by Christopher Browning, Suffolk LMC)**
**Carried**

(85) 48. That conference believes that routine seven day opening of general practice has no evidence of improvement in patient quality or outcomes and should not happen before:
(i) significant additional investment in general practice
(ii) other local support services are also all available seven days a week.
**(Proposed by Mark Brooke, Bradford and Airedale LMC)**
**Carried**

## Occupational health

(714) 49. That conference is dismayed about the increasing number of GPs suffering from work related illness and:
(i) calls for GPC to investigate the provision of support services and occupational health across the UK
(ii) calls for equitable access to funding for support services for GPs suffering from work stress
(iii) deplores that increasing number of GPs are suffering from work related illness as a result of poor support and access to help
(iv) is saddened that these GPs are often not supported at times of difficulty and are therefore lost to the profession

(v) condemns the recent withdrawal by NHS England of the funding for Occupational health services for GPs and instructs GPC to seek its restitution.

**(Proposed by Francesco Scaglioni, Cornwall and Isles of Scilly LMC)**
**Parts (i), (ii), (iii) and (iv) Carried unanimously**
**Part (v) Carried**

## General Practitioners Committee

(62) 50. That conference demands that as the only representative body for all GPs, the GPC should have its own website.

**(Proposed by Anthony O'Brien, Devon LMC)**
**Carried**

(63) 51. That conference
(i) is concerned that women are underrepresented in both membership and leadership roles on GPC
(ii) calls for an investigation into ways of making GPC fully representative of the profession as a whole.

**(Proposed by Kathy Martins, Derby and Derbyshire LMC)**
**Carried**

(64) 52. That conference directs GPC to invest in leadership training initiatives and support for grassroots and young GPs to equip the profession with the next generation of medical politicians.

**(Proposed by Peter Merrin, Cornwall and Isles of Scilly LMC)**
**Carried**

## Safeguarding

(69) 53. That conference believes that the pivotal role of the GP in vulnerable adult and child safeguarding is being weakened by poor systems and processes that make GPs more vulnerable to criticism and implores the GPC to:
(i) negotiate more resources for GPs to contribute to multi-disciplinary assessments and child protection plans
(ii) ensure respect for the role of the GP in reporting their legitimate concerns
(iii) negotiate robust multi professional mechanisms to deal with cases where front line professional staff disagree and require safeguarding boards have GP membership
(iv) ensure that GPs unable to attend safeguarding conferences are not criticised
(v) ensure safeguarding training is useful rather than a tick box exercise and does not become a formal part of revalidation.

**(Proposed by Andrew Littler, Central Lancashire LMC)**
**Carried**

## Medical certificates and reports

(70) 54. That conference:
(i) deplores the patient stress and additional GP workload that has resulted from the recent changes to the benefits system
(ii) believes that the Tribunal Service, Department of Work and Pensions and other organisations should stop advising patients to ask GPs for letters of support when they are appealing against decisions made by the benefits system, and instead these organisations should seek this information directly from GPs
(iii) calls on the government to fund any medical reports required by a patient for an appeal against a decision made by the Department of Work and Pensions.

**(Proposed by John Ip, SGPC)**
**Parts (i) and (iii) Carried unanimously**
**Part (ii) Carried**

(71) 55. That conference believes that fit notes:
(i) are not fit for purpose as intended
(ii) waste clinical time which can be better used
(iii) are often mistaken as offering occupational advice
(iv) are widely misunderstood by employers
(v) would work better if self certification was for two weeks.
**(Proposed by Thomas Kinloch, Mid Mersey LMC)**
**Carried**

(72) 56. That conference is gravely concerned that additional and unnecessary distress will be caused to relatives of the bereaved unless the new death certification process is further deferred.
**(Proposed by John Canning, GPC)**
**Carried**

## LMC Conference

(73) 57. That conference, in order to improve the Annual Conference of Representatives of Local Medical Committees:
(i) requests a wide-ranging discussion and consultation among LMCs to develop a more suitable format for future years
(ii) recognises that some delegates have potential conflicts of interest that should be declared before speaking and result in abstention from voting on certain issues.
**(Proposed by Tom Yarborough, Gloucestershire LMC)**
**Part (i) Carried**
**Part (ii) Carried as a reference**

## Information management and technology

(75) 58. That conference, with respect to access to patient medical records online:
(i) views with alarm the government's intention to facilitate unrestricted patient access by 2015
(ii) believes this will result in increased workload for GPs
(iii) calls on the GPC to continue to negotiate sensible safeguards to prevent unplanned access
(iv) demands a public awareness campaign regarding the use of any web based software.
**(Proposed by Chris Locke, Nottinghamshire LMC)**
**Parts (i), (ii) and (iv) Carried**
**Part (iii) Carried unanimously**

(76) 59. That conference believes that the recently increased potential for data extraction from GP clinical systems has serious implications for patients and
(i) that the GPC must ensure the data protection principles are applied
(ii) calls for public debate on this topic.
**(Proposed by Iain Bonavia, Cleveland LMC)**
**Carried**

(77) 60. That conference is concerned about the increasing proposals for data sharing agreements which in many cases are being introduced without public consultation and demands:
(i) clarification for GPs on the updated Caldicott guidance
(ii) that GPs as data controllers will be indemnified against any damages resulting from unauthorised or misuse of access by any third party
(iii) that patients are given an opportunity to opt out.
**(Proposed by Martin Lindsay, Haringey LMC)**
**Carried**

## Restricting referrals

(78) 61. That conference rejects the imposition of a scheme that demands systematic, prospective agreement by any third party of all non-two week wait consultant referrals for:
(i) referrals made by GP principals
(ii) referrals made by salaried GPs
(iii) referrals made by GPs working as a locum.
**(Proposed by Helena McKeown on behalf of the Agenda Committee)**
**Carried**

(79) 62. That conference believes that GPs should not co-operate with a referral system unless:
(i) access to the referral letter or patients detailed notes is with the explicit consent of the patient
(ii) it is evidence-based
(iii) it is educational
(iv) it is voluntary
(v) it does not seek to replace proper administrative and clerical support to consultants.
**(Proposed by Julian Bradley, Buckinghamshire LMC)**
**Carried**

## Clinical and prescribing

(80) 63. That conference feels the government should:
(i) ensure that the supply chain for all medicines is secured as a matter of urgency
(ii) create a better system for informing GPs when medicines will be temporarily unavailable.
**(Proposed by Andrew Sykes, Wakefield LMC)**
**Carried**

(81) 64. That conference, with regard to screening:
(i) recognises that the identification of disease in patients without symptoms or complaints can cause harm on both individual and population levels
(ii) calls for all screening activities within the NHS to be conditional on the approval of the UK National Screening Committee
(iii) calls for all screening activities within the NHS to be properly resourced
(iv) for dementia, the resources should instead be used to improve services for those patients with established dementia.
**(Proposed by Anne Jeffreys, Hull and East Yorkshire LMC)**
**Parts (i), (ii) and (iii) Carried unanimously**
**Part (iv) Carried**

(82) 65. That conference calls for national and local support for GP prescribers implementing cost effective prescribing policies including:
(i) that medicines management teams should provide a monthly update on currently used drugs and significant price changes
(ii) that medicines management teams should provide an update on drugs recently out of patent
(iii) the focus being on quality and safety and shift from the culture of short term savings achieved by drug switching
(iv) assistance to practices with the management of any resultant complaints
(v) a public debate on the issues of prescribing budgets and the use of cost effective medicines.
**(Proposed by Brian Balmer, North Essex LMC)**
**Carried**

## Major debate – the Hunt proposals

(801) 66. That conference agrees with the Secretary of State that GPs are the patients' champions; NHS staff are working harder than ever before; and targets and requirements of QOF, QP and enhanced services are getting in the way of dealing with the patient's agenda.
**(Proposed from the Chair)**
**Carried**

## Public health

(87) 67. That conference believes that there is significant risk of Clinical Commissioning Groups (CCGs) not receiving health service public health advice from local authority public health departments and therefore calls for:
(i) each local authority public health department to have dedicated public health consultant staff to provide this support to the local CCGs
(ii) the Chief Medical Officer for England to include quantifiable information on the support received by CCGs in the Annual Report on the State of the Public Health
(iii) any financial resource transferred to local government through public health should continue to be committed to local public health agendas.
**(Proposed by Richard Verity, Rochdale and Bury LMC)**
**Carried**

(88) 68. That conference:
(i) congratulates the UK's general practitioners for organising and delivering an effective pertussis vaccination programme to pregnant women, and notes that this was only possible due to the system of list-based general practice
(ii) demands that the preservation of the ability of general practice to respond to public health emergencies must be a condition for any future NHS change.
**(Proposed by Grace Gibson, Hull and East Yorkshire LMC)**
**Part (i) Carried**
**Part (ii) Carried as a reference**

## Quality and outcomes framework (QOF) and quality indicators

(89) 69. That conference believes that QOF has lost sight of the patient and is now driven by popular press and politics and calls on GPC to:
(i) continue to negotiate with government to ensure NICE re-evaluates QOF indicators so that improved patient outcomes are the sole driver
(ii) ensure future QOF indicators are fully agreed by GPC
(iii) ensure QOF continues to be adequately resourced so that it can be delivered.
**(Proposed by Una Duffy, Bedfordshire LMC)**
**Carried unanimously**

(90) 70. That conference, with respect to the latest QOF changes:
(i) believes the raising of QOF thresholds will damage rather than improve patient care
(ii) deplores the reduction in time allowance for QOF indicator achievement from 15 months to 12 months
(iii) deplores the effects of the abolition of the QOF organisational domain
(iv) notes that exception reporting will rise as GPs put patients first and calls for a GPC campaign to protect patients from any adverse publicity and mischief making in the press that may occur
(v) believes that a good quality general practice may consider it not good for their patients or practice to achieve all QOF points in the future.
**(Proposed by Doug Pollock, Leeds LMC)**
**Carried**

## Other motions 2

(48) 71. That conference calls on GPC to negotiate improved access to NHS managers before 09:00hrs and after 17:00hrs to ensure that queries from GPs can be answered in one call.
**(Proposed by Charlie Danino, Morgannwg LMC)**
**Carried**

## Private fees / NHS work

(91) 72. That conference urges GPC to pursue, vigorously, the existing LMC conference policy to enable GPs to charge patients for services which they are not commissioned to provide.
**(Proposed by Brian Balmer, North Essex LMC)**
**Carried**

## And finally...

(92) 73. That conference is not convinced that a 'one size fits all' approach is any more applicable to health provision than it is to tights or condoms.
**(Proposed by Adam Skinner, Kent LMC)**
**Carried**

# PART II

# ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2013

# ELECTION RESULTS

**Chairman of Conference -** Mike Ingram

**Deputy Chairman of Conference -** Guy Watkins

**Six members of GPC (in alphabetical order):**

Andrew Buist
John Canning
Mary Church
Helena McKeown
Chaand Nagpaul
Fay Wilson

One representative at LMC conference who has never before held membership of the GPC:

Richard Van Mellaerts

# PART III

# ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2013

# MOTIONS NOT REACHED

Conference standing orders provide for LMCs to be informed of motions which have not been debated at conference, and invite proposers of such motions to submit to the GPC memoranda of evidence in support. Memoranda of evidence in support, **must be received by the end of September** for the GPC's consideration.

All motions in part II of the agenda were **not** reached, except for those shown in part I of this document.

## Contract negotiations

(20) That conference acknowledges that the devolved nations were prepared to take the GMS contract changes 2013-14 forward in a different way to England but still supports the principle of a UK GMS contract whilst allowing for devolved nation adjustments.

## Other motions 1

(49) That conference considers that if in the event that all reasonable and proportionate measures have been taken by a GP practice to assist patients during appointments who do not speak English or have hearing difficulties, there is still a need for translation or signing services these should be available to those patients without charge to the patient or the patient's practice.

(50) That conference believes that out of hours GP services should not be expected to provide out of hours care to HM prisons.

(51) That conference, recognising the wisdom of the Celts, wishes to devolve the management of the whole NHS to the Scottish government.

# PART IV

# ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2013

# REMAINDER OF THE AGENDA

## Primary care workforce

(16) That conference notes the current workforce crisis in general practice is being accelerated by increasing workload and stress, and falling remuneration and morale, and calls upon the government to take urgent measures to:
(i) reduce the number of GPs retiring early
(ii) reduce the high number of GPs emigrating overseas.
**(Proposed by Raj Menon, Leeds LMC)**
**LOST**

## Contract negotiations

(17) That conference believes that GPC and its negotiators have lost the faith of the profession as a result of the outcome of the negotiations over NHS pension scheme changes and the 2013 GP contract imposition.
**(Proposed by Richard Van Mellaerts, Kingston and Richmond LMC)**
**LOST**

(18) That conference:
(i) agrees the current GP contract is unfit for purpose
(ii) instructs GPC to ballot GPs on whether they should demand a new contract.
**(Proposed by Mark Durling, Sheffield LMC)**
**LOST**

## GP contract imposition

(21) That conference compels the GPC to investigate the legality of these actions through the European Courts and to take legal action against the Department of Health wherever this is possible.
**(Proposed by Dean Eggitt, Doncaster LMC)**
**LOST**

## Commissioning of care

(26) That conference with respect to compulsory practice membership of CCGs:
(i) believes it will render, in effect, the national GMS contract redundant as CCG constitutions are legally binding upon their members
(ii) instructs the GPC to take whatever measures are necessary to abolish the requirement for all practices to be members of a CCG.
**(Proposed by Bob Morley, Birmingham LMC)**
**LOST**

## The future of general practice and the NHS 1

(31) That conference demands that it is time for conference to face the unpalatable truth that free at the point of contact can no longer be sustained.
**(Proposed by Richard Humble, Tayside LMC)**
**LOST**

## Regulation and the care quality commission

(43) MORGANNWG: That conference is disappointed that the Chairman of GPC supports the decision of CQC to inform a practice at 48hrs notice to undertake an inspection.
**WITHDRAWN**

## The future of general practice and the NHS 2

(83) That conference, in the current NHS environment with increasing pressure to push services into primary care, calls upon the GPC to:

(i) tightly define core services and seek to establish a lasting professional consensus, on which future contract negotiations can take place
(ii) demand that LES monies be ring fenced thus ensuring general practice can maintain a high quality service to patients
(iii) renegotiate the GMS contract to define core work and so produce a list of services that should no longer be provided by primary care
(iv) revisit and review the core contractual requirement for home visits especially to residential and nursing homes where alternative sources for payment are fair and more appropriate.

**(Proposed by Christopher Browning, Suffolk LMC)**
**LOST**

(84) That conference believes that practices should have authority to place sanctions (financial or otherwise) on individuals who repeatedly do not attend appointments.
**(Proposed by Billy Park, Ayrshire and Arran LMC)**
**LOST**

## General Practitioners Committee

(62) That conference:

(i) is dismayed by the lack of clarity and guidance given to the profession by GPC over the contract imposition
(ii) requests that mechanisms be put in place to ensure clear messages between grass roots and GPC leadership occur more regularly and with greater transparency throughout any major negotiating process.
(iii) expresses its exasperation at a large part of the proceedings of GPC being conducted confidentially and asks GPC openly to publish full minutes of all meetings.
(iv) believes that the non-confidential part of GPC meetings should be broadcast live by webcam.

**(Proposed by Anthony O'Brien, Devon LMC)**
**LOST**

(64) That conference:

(i) believes that the Chair of GPC should remain in post for a maximum of three years
(ii) demands that GPC employ professional negotiators in any future contract negotiations
(iii) requests that the GPC is chaired by the Chair of the Conference of LMCs.

**(Proposed by Peter Merrin, Cornwall and Isles of Scilly LMC)**
**LOST**

## LMC Conference

(73) That conference, in order to improve the Annual Conference of Representatives of Local Medical Committees:
(i) insists that all speakers must declare any party political affiliation on their speaker slip
(ii) calls for the allocation of places to be based on the populations of LMC areas rather than on the number of GPs on their performers lists.
**(Proposed by Tom Yarborough, Gloucestershire LMC)**
**LOST**

(74) That conference supports an annual conference of English LMCs in line with our Celtic colleagues.
**(Proposed by David Wilson, Mid Mersey LMC)**
**LOST**

## Information management and technology

(75) That conference, with respect to access to patient medical records online demands the withdrawal of any support to the government on this topic.
**(Proposed by Chris Locke, Nottinghamshire LMC)**
**LOST**

(76) That conference believes that the recently increased potential for data extraction from GP clinical systems has serious implications for patients and urges the GPC to seek firm assurances that patient-identifiable data will only be disclosed with properly informed consent.
**(Proposed by Iain Bonavia, Cleveland LMC)**
**LOST**

## Major debate – the Hunt proposals

(802) That conference accepts that GPs should take back responsibility for Out of Hours provision on the basis that:
(i) GPC negotiators can agree safe minimum funding
(ii) private providers cannot be involved as GPs will be 'responsible' for outcomes
(iii) all funding from NHS 111 is transferred to GP OOH
(iv) OOH should be run and organised locally to best meet the needs of patients.
**LOST**

(803) That given the English Secretary of State for Health's misrepresentation of GPs to the public and press, this conference has no confidence in him.
**LOST**