M10 2009-2010

General Practitioners Committee

Conference News

Conference of Representatives of Local Medical Committees
10 -11 June 2010

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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2010

RESOLUTIONS

Standing orders

(5) 1. That standing orders 72-5 and 77 covering election be amended to increase the word limit of nomination statements from 30 to 50 words and that the word count should exclude numbers and dates in numerical format.
(Proposed by Guy Watkins on behalf of the Agenda Committee)
Carried

The NHS in the economic crisis

(8*) 2. That conference, due to the current financial crisis, insists that governments:
(i) be truthful about the finite resources available for the NHS
(ii) admit there will be cuts to patient services
(iii) determine cuts nationally and ensure all Primary Care Organisations (PCOs) implement them, to minimise the risk of postcode lottery
(iv) play a high profile role in reducing patient expectations of care.
(Proposed by M Andrews on behalf of Hertfordshire)
All parts carried

(14*) 3. That conference believes that GPs have a vital role to play in addressing the financial challenges ahead and:
(i) calls on PCOs to recognise the overwhelming value of general practitioner involvement in NHS planning and commissioning
(ii) insists LMCs are part of the solution, not part of the problem
(iii) requests the new Government engage in an honest and professional relationship with GPC to facilitate joint working with patients towards a shared strategy for the delivery of primary health care.
(Proposed by G Brown on behalf of Glasgow)
All parts Carried

(22*) 4. That conference believes that general practitioners are second to none in their provision of excellent, cost effective healthcare and, therefore, in the current economic climate:
(i) insists that primary care should not be targeted for further cuts
(ii) demands that efficiency savings do not disadvantage practices nor result in reduction of front line patient services
(iii) reminds government that research confirms investment in primary care produces greater savings in secondary care
(iv) insists there must be real investment in general practice resources, particularly premises and training, to support its expansion which will then allow increased provision of cost effective out-of-hospital care.
(Proposed by M Corcoran on behalf of Avon)
All parts Carried

(43*) 5. That conference believes that in this time of financial hardship there are areas of current NHS spend that could be reduced or ceased without detriment to patient care and asks GPC to:

(i) look at the benefits of closing NHS Direct, abandoning costly IT projects and stopping the use of external management consultants
(ii) review the cost benefits of SHAs, PCOs, the purchaser-provider split and the increasing bureaucracy within the NHS
(iii) review the costs and contracts for all expensive politically motivated and ineffective initiatives such as Darzi centres, walk-in clinics, GP-led health clinics, EAPMS (Equitable Access to Primary Care Medical Services), for value for money and unnecessary duplication of primary care services
(iv) look at Department of Health initiated contracts such as PFI, LIFT leases and CATS block contracts
(v) publish its recommendation for services suitable for closure to realise financial savings.

(Proposed by Nigel Watson on behalf of Hampshire)
All parts Carried

Pandemic flu

(79*) 6. That conference congratulates all GPs on the excellent care they have provided for patients in difficult circumstances throughout the H1N1 influenza pandemic but:

(i) deplores the inadequate funding for the administration of the H1N1 vaccination programme
(ii) urges governments to recognise that adequate resourcing of practices is essential
(iii) demands a review of the management of the H1N1 influenza pandemic
(iv) asks GPC to negotiate appropriate support for future national emergencies.

(Proposed by J Allingham on behalf of Kent)
All parts Carried

(91*) 7. That conference congratulates the GPC negotiators for their endeavours to reach agreement with the Department of Health on Phase II of the H1N1 influenza vaccination campaign but:

(i) believes that the failure of the Department of Health to provide adequate resources demonstrated a disregard for the welfare of children and exploited the goodwill of general practitioners
(ii) deplores the imposition of a solution on PCOs without agreement being reached with the profession
(iii) is concerned about the precedent set by the subsequent local negotiations and the potential implications for future national negotiations
(iv) insists that governments cease publicising public health campaigns before delivery and funding are agreed
(v) requests that GPC establish an understanding with the Department of Health recognising the importance of reaching national agreements on major vaccination and other campaigns.

(Proposed by C Browning on behalf of Suffolk)
Parts (i), (ii), (iv) and (v) Carried
Part (iii) Carried as a reference

Other motions

(98*) 8. That conference believes there is insufficient clinical evidence to justify NHS funding for homeopathy clinics.

(Proposed by I Rummens on behalf of Shropshire)
Carried

(100) 9. That conference insists that patients with mental health difficulties have the same rights with regard to choice as others, and deplores discrimination against them by independent sector treatment centres.
(Proposed by Alan Francis on behalf of Hull and East Yorkshire)
Carried unanimously

(101) 10. That conference is:
(i) concerned about the transfer of PCO 'back office' functions to Shared Business Services (SBS)
(ii) particularly concerned at some of SBS's business practices
(iii) particularly concerned at the transfer of performers list functions to SBS
(iv) particularly concerned about the transfer of pharmaceutical control of entry functions to SBS.
(Proposed by John Grenville on behalf of Derbyshire)
Carried

(102) 11. That conference hopes that, having taken over responsibility for negotiating on behalf of prison doctors, the GPC will seek to ensure that all patients and prisoners detained in secure environments have access to high quality primary care.
(Proposed by G Place on behalf of Nottinghamshire)
Carried as a reference

Polysystems

(107*) 12. That conference, with regard to the polysystems model:
(i) demands evidence to demonstrate it is a better way to deliver health care
(ii) insists any development must not sacrifice holistic, high quality patient-centred care
(iii) believes implementation will destabilise general practice
(iv) believes that it fails to address training needs for GPs, and will cause job losses
(v) believes implementation must not be allowed to affect the funding or function of practice based commissioning.
(Proposed by H Spiteri on behalf of Redbridge)
All parts Carried

Practice boundaries

(117*) 13. That conference believes that the current move towards abandoning practice boundaries is deeply flawed and will:
(i) be extremely costly to the taxpayer at a time when the country can least afford it
(ii) undermine the effectiveness of practice based and PCO commissioning
(iii) destroy the benefits of primary care teams
(iv) destabilise the funding formula for both general practice and PCOs
(v) add risk to the GP home visiting service.
(Proposed by S McCormick on behalf of Cornwall and Isles of Scilly)
Parts (i) and (v) Carried unanimously
Parts (ii), (iii) and (iv) Carried

(135*) 14. That conference believes that moves to deregulate practice boundaries would:
(i) create dangerous fragmentation of care
(ii) discriminate against the elderly, infirm and vulnerable
(iii) hamper general practice input into safe-guarding children and increase the chances of further child abuse going undetected
(iv) lead to greater medication abuse
(v) merit a public information campaign so the untoward consequences are fully explained to, and understood by, the public, politicians and the media.
(Proposed by M Sanford-Wood on behalf of Devon)
All parts Carried

(145*) 15. That conference recognises that if a scheme is put in place to enable patients to be registered away from where they live, there will be instances when the patient needs to be seen where they live and the following will be required:
(i) a visiting service funded by new money from the PCO
(ii) NHS funded item of service fees which differentiate between surgery and domiciliary consultations
(iii) appropriate IT systems to enable GP records to be shared
(iv) clarity regarding funding for community and hospital services.
(Proposed by R Blundell on behalf of Kent)
Carried

Commissioning of care / Care pathways

(152*) 16. That conference believes that practice based commissioning (PBC):
(i) has been an abject failure
(ii) has the potential to improve healthcare efficiency
(iii) needs to be supported by proper funding for any chance of success
(iv) needs to be supported by better validation of secondary care costs
(v) leads to concerns over conflict of interest on which the GPC should consider and report.
(Proposed by G Place on behalf of Nottinghamshire)
Part (i) Carried as a reference
Parts (ii), (iii), (iv) and (v) Carried

(160*) 17. That conference, in considering any move to practices holding commissioning budgets that are more than indicative:
(i) believes this should always be voluntary
(ii) recognises the requirement for management support and resource
(iii) deplores any connection to a GPs income or contractual status
(iv) condemns any arrangement that gives inducements to treat patients less well
(v) condemns any transfer of blame or burden to GPs for other commissioner's failures.
(Proposed by Brian Balmer on behalf of North Essex)
All parts Carried

(168*) 18. That conference believes that it is essential if a GP and their patient at any time feel that referral to a specialist is necessary, then this should be possible and:
(i) deplores the short-sighted blocking of consultant to consultant referrals
(ii) insists that referrals are accepted even if a specific proforma is not used
(iii) insists that referral management procedures are not used to disguise cuts
(iv) insists that referral management procedures should only be introduced with the agreement of GPs.
(Proposed by V Rawal on behalf of Leicestershire)
Part (i) Carried as a reference
Parts (ii), (iii) and (iv) Carried

Primary and secondary care interface

(179*) 19. That conference recognises the cost effectiveness of general practice and therefore the potential benefits of a secondary to primary care shift and believes any such shift:
(i) should be accompanied by a transfer of appropriate resources
(ii) will need premises developments to be supported
(iii) should be accompanied by a commitment of at least five years of system stability and resource
(Proposed by I Jones on behalf of Kent)
Parts (i) and (iii) Carried
Part (ii) Carried unanimously

GPC Scotland

(192) 20. That conference congratulates SGPC on The Way Ahead document and the championing of Scottish general practice.
(Proposed by J Ip on behalf of Glasgow)
Carried

General Practitioners Committee

(194) 21. That conference believes that PMS practices:
(i) have duly paid LMC levies to support the GPC in its negotiations with the government
(ii) deserve the GPC defending and protecting PMS practices as much as GMS practices
(Proposed by G Hear on behalf of Berkshire)
Part (i) Carried as a reference
Part (ii) Carried

GMS contracts

(197) 22. That conference believes that current erosion of MPIG make the need for a clear definition of GMS services essential.
(Proposed by R Dales on behalf of Herefordshire)
Carried

(198*) 23. That conference thanks the Chairman and negotiators of the GPC for their tireless work and congratulates them on their energetic defence of the profession during very difficult times and
(i) believes that GMS practice contracts are a core vehicle for the delivery of general practice
(ii) deplores PCOs only considering APMS contracts as a contractual vehicle
(iii) recognises that time limiting GMS contracts will compromise patient care and destroy the fundamental principle underlying the success of British general practice.
(Proposed by B Moyse on behalf of Somerset)
Part (i) Carried
Parts (ii) and (iii) Carried unanimously

(204) 24. That conference demands that the GPC negotiators do not allow nGMS to become an emboldened version of the John Wayne "a man's got to do what a man's got to do" contract of yester year and:
(i) rejects contractual strings, nooses, hoops, hurdles and whips
(ii) calls for John Steinbeck to at last be properly recognised as the true author
(iii) calls on critics of the new contract to ride off into the sunset
(iv) that blazing saddles belong to those old GPs who speak of the good old days.
(Proposed by Gary Calver behalf of Kent)
Carried

PMS contracts

(205*) 25. That conference deplores the unfair means used by PCOs to replace existing PMS contracts and asks that the GPC take a stand against the bullying tactics used by PCOs in renegotiating these contracts.
(Proposed by N Thakrar on behalf of Ealing, Hammersmith and Hounslow)
Carried

DDRB and funding for general practice

(211*) 26. That conference condemns the governments' failure to implement the Doctors' and Dentists' Review Body (DDRB) award in full, as this was designed to ensure practices could meet increased expenses, and:

(i) believes it was dishonest for the governments to describe this as a GP pay freeze when in reality it means a pay cut

(ii) believes another pay cut for GPs will significantly affect the relationship between GPs and the Departments of Health

(iii) believes it has seriously eroded the confidence of the profession in the DDRB process

(Proposed by G Bryant on behalf of Wiltshire)
Parts (i) and (iii) Carried
Part (ii) Carried unanimously

(811*) 27. That conference

(i) supports the principle that primary care providers should receive the same total payment per weighted patient for equivalent services, and believes the current variation in funding general practice is unacceptable

(ii) believes any future wide variation in funding must have demographic or health inequality justification

(iii) believes a more equitable funding must be via a "levelling up" process with increased investment in the global sum

(iv) insists that there must be mechanisms to enable PMS practices to return to GMS and for MPIG to be phased out without destabilising practices

(v) suggests GPC investigate funding models for primary care being developed by progressive PCOs so as to design a national solution for the current variations in funding.

(Proposed by J Higgie on behalf of Somerset)
All parts Carried

Pensions

(241*) 28. With regard to PCO management of locum GP superannuation, this conference believes that:

(i) payments to locums by practices are sometimes slow

(ii) PCOs should exercise sensible discretion on the maximum timescale for locums to submit the forms locum A and locum B

(iii) locums should be allowed to pay superannuation contributions by direct debit or standing order, with a reconciliation at the year end.

(Proposed by Paul Roblin on behalf of Oxfordshire)
Parts (i) and (ii) Carried
Part (iii) Carried unanimously

(244*) 29. That conference, in respect of the NHS Pension Scheme:

(i) demands that there will be no further attempts to devalue it

(ii) believes that salaried GPs should have the same pension rights as principal GPs

(iii) deplores the freezing of public sector pensions as this reneges on promises made.

(Proposed by Stewart Kay on behalf of Southwark)
Parts (i) and (ii) Carried unanimously
Part (iii) Carried

Quality and Outcomes Framework (QOF)

(250) 30. That conference, with respect to the removal of the QOF square rooting and low prevalence uplift adjustments:
(i) commends the removal of the QOF square rooting and low prevalence uplift adjustments
(ii) recognises the beneficial effects that this has had in ensuring a better match between available resources and workload
(Proposed by C Danino on behalf of Morgannwg)
All parts Carried

(251*) 31. That, regarding the Quality and Outcomes Framework, conference:
(i) recognises that QOF has improved standards of clinical quality in general practice
(ii) believes QOF payments are a resource for work done and that points allocated to clinical domains should reflect the workload involved in achieving the targets
(iii) believes eliminating essential indicators from QOF and replacing these with indicators requiring new work requires new resources
(iv) welcomes the fact that there will be no QOF changes for 2010-11
(v) demands that no further additions are made to QOF without additional resources.
(Proposed by R humble on behalf of Tayside)
Part (i) Carried unanimously
Parts (ii), (iii) and (iv) Carried
Part (v) Carried as a reference

(260) 32. That conference believes that the QOF clinical domains have become too numerous and complicated, and have started to have a detrimental impact on the GP consultation and the doctor-patient relationship.
(Proposed by M Macpherson on behalf of Glasgow)
Carried

Clinical and prescribing

(261*) 33. That conference demands that GPs must never be:
(i) penalised for prescribing appropriately for the patient in front of them
(ii) penalised for providing clinical care in line with patient needs, or rewarded for failing to do so.
(Proposed by R Parker on behalf of Cambridgeshire)
All parts Carried unanimously

(265*) 34. That conference, whilst recognising the need to control the availability and monitor the use of controlled drugs, believes that the current legislation goes too far and that it is actively harming patient care, rather than aiding it.
(Proposed by Hal Maxwell on behalf of Scottish LMC Conference)
Carried

(267*) 35. That conference believes that:
(i) GPC should negotiate a DES for the insertion and removal of Implanon
(ii) Implanon should be able to be dispensed by practices.
(Proposed by J Ashcroft on behalf of Derbyshire)
All parts Carried

(270) 36. That conference, in respect of patients with so-called minor mental health problems, is:
(i) concerned that many PCOs and many psychiatrists believe that such patients should be dealt with entirely in general practice
(ii) concerned that many psychiatrists will not see such patients when referred by their general practitioner
(iii) distressed that therapy services that are likely to benefit many of these patients are not available to many general practitioners
(iv) angry that GPs are criticised for inappropriate or excessive prescribing of antidepressants, even when therapy services are not available.

(Proposed by E Owoso on behalf of Morgannwg)
Carried

Quality

(271*) 37. That conference remains seriously concerned about the future of general practice and
(i) believes continuity of care is the cornerstone of modern general practice and that 'any doctor' WON'T do
(ii) calls for GPC to defend the 'list based system' and family medicine
(iii) recognises and values the gold standard that is the primary health care team.

(Proposed by R Sykes on behalf of Bexley)
All parts Carried

Essential, additional and enhanced services

(285*) 38. That conference recognises the shift of work from secondary to primary care, and:
(i) believes that the enhanced services have been successful in the delivery of this shift of work
(ii) believes that enhanced services should be encouraged rather than capped as a mechanism of remunerating this work
(iii) deplores the slow progress that some PCOs have made in negotiating the latest round of enhanced services

(Proposed by D Savage on behalf of Sheffield)
All parts Carried

GP education and training

(294*) 39. That conference calls for the GP training curriculum to better equip GP trainees for their future careers and:
(i) believes the majority of training should be based in general practice and the duration extended to cover the extra competencies needed
(ii) believes the hospital based training should be more specific to the trainees' needs as GPs, rather than filling hospital service posts
(iii) believes that management and business skills required of GP partners must be included
(iv) must provide the knowledge and skills needed for the differing types of GP careers following certification
(v) requests GPC to work with RCGP to achieve the necessary changes.

(Proposed by James Parsons on behalf of GPC)
Carried

(301*) 40. That conference:
(i) deplores the lack of understanding within PCOs of the nature of the clinical competence within general practice which results in PCOs seeking to impose inappropriate training requirements on general practitioners
(ii) believes GPs are responsible for assessing their own training needs
(iii) insists that any mandatory training requirements for core services or designated enhanced services should be set nationally in agreement with GPC.

(Proposed by J Robertson on behalf of Lancashire Pennine)
Part (i) Carried unanimously
Parts (ii) and (iii) Carried

(309*) 41. That conference believes that specialist training in general practice is under threat from the proposal to introduce a purchaser provider separation in general practice specialist training, which threatens the ability to train future general practitioners by:
(i) dismantling existing structures which have effectively supported general practice training through deaneries
(ii) enabling diversion of educational resources from general practice to secondary care or private educational providers
(iii) allowing the development of low cost centralised 'mass produced' vocational training for large numbers
(iv) undermining the resource base of local general practices for education and training.

(Proposed by K Boomla on behalf of City and East London)
Carried

Sessional GPs

(820*) 42. That conference welcomes the GPC Sessional GPs Representation Working Group Report and endorses its recommendations in full.

(Proposed by Vicky Weeks, GPC, on behalf of Agenda Committee)
Carried

(311*) 43. That conference:
(i) believes that all employers of salaried GPs should offer salaried GPs terms and conditions that are no less favourable than those in the model salaried GP contract
(ii) calls upon the BMJ Group to explicitly state in advertisements for salaried GP posts whether or not the salaried GP model contract is being offered
(iii) believes that only good can come from greater engagement of sessional GPs with their LMCs
(iv) recognises the increasing role in general practice played by salaried, freelance and part-time doctors and seeks strong representation for them

(Proposed by V Weeks, GPC, on behalf of the Agenda Committee)
Parts (i), (iii) and (iv) Carried
Part (ii) Carried as a reference

(327*) 44. That conference, in respect of sessional GPs:
(i) calls for financial help to be provided to those who require a period of supported learning
(ii) asks the GPC to highlight the current lack of a dependable system for informing peripatetic sessional GPs about important NHS and PCO information
(iii) instructs GPC to pursue maternity, paternity and adoption leave benefits for locum GPs who provide a locum service to the NHS
(iv) is concerned at the lack of support mechanisms for locum GPs
(v) deplores the lack of employment opportunities for sessional GPs.

(Proposed by V Weeks, GPC, on behalf of the Agenda Committee)
Parts (i), (ii), (iii) and (iv) Carried
Part (v) Carried as a reference

GP partnerships

(334*) 45. That conference believes that the partnership model of primary care gives an added value that current government policy fails to recognise and calls upon the GPC to:
(i) do everything in its power to promote partnerships
(ii) negotiate the reintroduction of a basic practice allowance as an encouragement to practices to take on partners
(iii) negotiate incentives to encourage GP partnership and thus prevent wholesale death by salary
(iv) encourage, in the light of forthcoming tax changes, partners to spend more time with their families and thus expand their partnerships.
(Proposed by J Crompton on behalf of North Yorkshire)
All parts Carried

Extended hours and access

(351*) 46. That conference believes that 'extended opening hours':
(i) are a failed political whim
(ii) are overwhelmingly used by those patients who could reasonably attend in normal opening hours, and therefore the policy has conspicuously failed to meet its stated goals
(iii) funding may be misused to address a PCO's financial deficit, which does not improve patient care and brings the needs for the service into question
(iv) must remain optional.
(Proposed by M Jiva on behalf of Rochdale and Bury)
All parts Carried

Out-of-hours

(358*) 47. That conference recognises that out-of-hours (OOH) commitment is no longer the core responsibility of the majority of GPs, and:
(i) believes government must invest to obtain and maintain adequate, quality OOH services
(ii) believes that GPs should have a central role in commissioning out-of-hours services
(iii) calls on the GPC to resist vigorously any attempt to make GPs the providers of last resort of these out-of-hours services.
(Proposed by T Kinloch on behalf of Mid Mersey)
All parts Carried

Regulation, monitoring and performance management

(384*) 48. That conference insists that balanced scorecards should be used for developmental purposes and not for punitive financial penalties and meaningless league tables.
(Proposed by R Sykes on behalf of Bexley)
Carried

(393*) 49. That conference believes practice registration with the Care Quality Commission should not represent:
(i) a financial burden on general practice
(ii) a bureaucratic burden on general practice.
(Proposed by R Brown on behalf of Sussex)
Carried unanimously

(396*) 50. That any doctor who primarily practices overseas, who comes to the UK to practice for short periods:
(i) must have an acceptable command of the English language
(ii) must have acceptable equivalence of breadth and depth of clinical skills, training and knowledge normally associated with UK practice of their specialty
(iii) should have sufficient knowledge of the operation of the NHS
(iv) must be governed by the normal regulatory processes applicable to doctors practising primarily in the UK and instructs the BMA to lobby government and then negotiate accordingly.

(Proposed by S King on behalf of Derbyshire)
Carried unanimously

Patient Surveys

(399*) 51. That conference believes that the patient survey:
(i) gives a very distorted picture of primary care
(ii) financially penalises practices, without allowing opportunity for appeal or redress
(iii) must be reviewed by the UK governments to give meaningful outcomes that will aid, not hinder, delivery of quality patient care
(iv) adversely affects practices' ability to provide services due to the detrimental impact on practice income.

(Proposed by G Hear on behalf of Berkshire)
Part (i), (ii) and (iv) Carried
Part (iii) Carried unanimously

(419*) 52. That conference agrees with the GPC that the current national patient survey is not fit for purpose and should be abandoned forthwith.
(Proposed by A Sapsford on behalf of Buckinghamshire)
Carried

Dispensing

(422*) 53. That conference, with respect to the deregulation of commercial dispensing pharmacies,
(i) is concerned about the impact on the viability and sustainability of small dispensing practices
(ii) is concerned about the potential for erosion of services to local communities
(iii) requests GPC to support dispensing practices who are subject to moves to open pharmacies in dispensing practice areas
(iv) urges governments to remove all restrictions to allow universal doctor dispensing and thus increase access to medicines, improve patient choice and increase competition.

(Proposed by Hal Maxwell on behalf of Dumfries and Galloway)
Carried

(426*) 54. That conference deplores inequitable arrangements for reimbursement of drug costs to pharmacies and dispensing doctors with regard to zero discount drugs.
(Proposed by Paul Abbott on behalf of Cornwall and Isles of Scilly)
Carried unanimously

General Practitioners Defence Fund

(433) 55. That conference expresses concern at the manner in which the change of policy requiring LMCs to arrange their own indemnity insurance cover was promulgated in a newsletter and:

(i) requests that in future such matters are clearly explained at an early stage so that an informed debate can take place prior to final decisions being made

(ii) seeks further information on the costs savings achieved by this transfer of responsibility with a view to reducing the levy on LMC in the future.

(Proposed by C Browning on behalf of Suffolk)
Carried as a reference

(434) 56. That conference:

(i) congratulates the General Practitioners Defence Fund for achieving a significant reduction of the voluntary levy for the second year in a row

(ii) calls on the General Practitioners Defence Fund to increase the rates it reimburses for hotel accommodation as it is becoming increasingly difficult to find a hotel of reasonable quality that offers bed and breakfast at or below the current maximum reimbursed rate.

(Proposed by I Millington behalf of Morgannwg)
Part (i) Carried unanimously
Part (ii) Carried as a reference

Information management and technology / Choose and book

(435*) 57. That conference:

(i) deplores the use of Choose and Book as a tool to meet 18 week targets

(ii) believes that the Choose and Book system for two week cancer referrals does not work and should stop until it is fit for purpose

(iii) demands that provider units should be prevented from managing demand by removing their option from Choose and Book

(iv) requires GPC to ensure that Choose and Book provides real choice for patients free from politically dictated targets

(v) requires GPC to resist pressure for funding for Choose and Book to be embedded into core services.

(Proposed by D Hopkin on behalf of Norfolk and Waveney)
Parts (i), (ii) and (iv) Carried as a reference
Parts (iii) and (v) Carried

(442*) 58. That conference recognises that a safe and effective IT system is essential but:

(i) believes that systematic migration of primary care IT to single systems is unnecessary and that practices using any approved clinical IT system should receive equal treatment

(ii) believes that secure remote access to clinical IT systems should be available to all GPs and should be fully funded

(iii) requests that GPC negotiates set of minimum performance standards for speed of operation of IT systems.

(Proposed by M Beastall on behalf of Doncaster)
All parts Carried

(453) 59. That conference expresses deep concern that multi-agency access to GP computer systems poses a threat to QOF income.

(Proposed by J Kennedy on behalf of North and North East Lincolnshire)
Carried unanimously

Summary Care Records (SCR)

(454*) 60. That conference deplores the accelerated roll-out of the SCR
(i) believes that patients who wish their Summary Care Record to be uploaded centrally should be asked to give explicit consent to this
(ii) demands that general practitioners are appropriately funded to undertake the work generated in their practices by the Summary Care Record programme
(iii) considers that the BMA should formally and publicly abandon its acceptance of an 'opt-out' system
(iv) asks the BMA to explore the withdrawal of all co-operation with a system based on implied consent
(Proposed by Ian Rummens on behalf of Shropshire)
All parts Carried

(480*) 61. That conference believes that the medico-legal consequences of inaccurate data on the Summary Care Record must be explored.
(Proposed by H McKendrick on behalf of Liverpool)
Carried unanimously

Patient confidentiality

(482*) 62. That conference believes medical research is an essential part of any health service but is:
(i) concerned that many researchers are less than clear about the information governance and data protection issues faced by GPs in responding to requests for patient information and requires all requests for data to be accompanied by a statement of consent by the subject or the arrangements under S251 of the NHS Act 2006.
(ii) angry that many researchers involved in projects with significant financial backing expect GPs to carry out the work in providing data and filling in questionnaires at their own expense.
(Proposed by I Millington on behalf of Morgannwg)
Carried unanimously

(483) 63. That conference is seriously concerned that the proposal in the Department of Health consultation document 'Review of access to the NHS by foreign nationals', February 2010, for the NHS Counter Fraud Service to share data with the UK Borders Agency could have significant implications for patient confidentiality.
(Proposed by P Keating on behalf of Enfield)
Carried

Community services

(484*) 64. That conference is seriously concerned at the gadarene rush with which 'transforming community services' has led to vertical integration, and believes that this will:
(i) threaten the delivery of community services
(ii) damage patent care
(iii) fragment primary care in the NHS
(iv) promote the privatisation agenda
(v) marginalise and damage general practice.
(Proposed by S Job on behalf of Merton, Sutton and Wandsworth)
All parts Carried

(503*) 65. That conference views the transfer of community services away from PCOs as an ideal opportunity to emphasise the pivotal role of GPs in coordinating the primary health care team and to place GPs centre stage in managing community services at a locality level.
(Proposed by J Robertson on behalf of Lancashire Pennine)
Carried

Procurement of general practice

(506*) 66. That conference believes that APMS contracts should:
(i) be covered by the provisions of the Freedom of Information Act (FOIA) to ensure equity with GMS and PMS providers
(ii) not be advertised by PCOs to the detriment of other providers
(iii) never be considered the only option for PCOs to use for vacant practices
(iv) be scrutinised for value for money in the same way as GMS and PMS contracts.
(Proposed by J Birch on behalf of Cleveland)
Carried

(511*) 67. That conference insists that an independent body should report upon the cost effectiveness around the equitable access to primary care services (also known as the Darzi procurement programme) and make this report available to the general public.
(Proposed by K Megson on behalf of Gateshead and South Tyneside)
Carried

Medical certificates and reports

(513*) 68. That conference, in respect of the new fit notes:
(i) is disappointed that clearer guidance was not issued in advance of the launch date
(ii) welcomes the flexibilities they offer which were not present with the old certificates
(iii) looks forward to the early roll-out of the electronic version across the UK
(iv) notes that GPs are not occupational physicians and insists that the role of sick certification be removed from the remit of the GP.
(Proposed by C Danino on behalf of Morgannwg)
All parts Carried

(819) 69. That conference insists that
(i) doctors completing Part 1 of the new Medical Certificate of Cause of Death (MCCD) should be properly remunerated from public funds
(ii) the new MCCD should be properly resourced from public funds to include the cost of any additional medical time
(iii) the Ministry of Justice does not seek to delay the introduction of the reformed coronial service as part of its requirement to meet the £325M savings announced on the 24th May.
(Proposed by R McMahon on behalf of Cleveland)
Carried unanimously

Primary care workforce

(519*) 70. That conference, with respect to workforce planning, instructs GPC to:
(i) given the recommendations of the recent three yearly review, use its influence both regionally and at a national level, to start urgently a debate on the future funding of general practice
(ii) develop a policy to correct the current projected funding shortfall
(iii) urge the government to address the lack of resources, both in terms of workforce capacity and funding, to transfer the balance of care from secondary to primary care.
(Proposed by D Ross on behalf of NI Eastern)
Carried unanimously

(524*) 71. That conference deplores the fragmentation of community care and recognises that primary care teams work best when professionals have face to face contact and instructs the GPC to negotiate:
(i) community nursing services to be fully integrated with general practice
(ii) midwives and health visitors to be formally attached to practices
(iii) to reverse current policies of provision of care in the community.
(Proposed by F Armstrong on behalf of Kent)
Part (i) and (ii) Carried unanimously
Part (iii) Carried

Premises

(529*) 72. That conference deplores the continuing lack of funding for GP premises:
(i) and asks the GPC to negotiate the restoration of schemes allowing GPs to invest in new, high quality premises which are flexible, green and fit for the purpose of providing 21st century healthcare
(ii) which prevents the transfer of care from secondary to primary care due to a lack of supporting infrastructure
(iii) and calls for the GPC to negotiate ring-fenced resources to support the maintenance and development of existing as well as new GP premises.
(Proposed by C Locke on behalf of Nottinghamshire)
Carried unanimously

(537*) 73. That conference
(i) condemns the reluctance of PCOs to invest in any premises developments other than Darzi-style health centres, LIFT and PFI
(ii) demands equitable investment in GP-developed premises using borrowing costs reimbursement, notional rent and improvement grants
(iii) believes that PCOs should share premises strategy documents with LMCs
(iv) demands a restoration of GP premises improvement grants to ensure high quality clinical care delivery
(v) demands that where practices fail Care Quality Commission (CQC) assessments due to premises issues PCOs should be required to support them with appropriate resourcing.
(Proposed by M Harris on behalf of Barnet)
Carried unanimously

Revalidation

(545) 74. That conference is gravely concerned that the RCGP is designing a gold standard system of revalidation for GPs without the funding being secured.
(Proposed by R Parker on behalf of Cambridgeshire)
Carried

(546*) 75. That conference:
(i) believes the responsible officer should be a practising GP
(ii) believes the responsible officer should not be accountable to the primary care organisation in any other performance capacity
(iii) demands that GPs have a choice of at least two responsible officers and instructs GPC/BMA to negotiate accordingly.
(Proposed by J Grenville on behalf of Central Lancashire)
All parts Carried

(555) 76. That conference insists that because of the recent events surrounding the potential security breach of the appraisals toolkit, the profession should not be forced to use any web-based software for revalidation purposes.
(Proposed by P Abbott on behalf of Cornwall and Isles of Scilly)
Carried

Public relations

(556*) 77. That conference condemns the continued misplaced media obsession with GP earnings, when all the evidence clearly shows that GPs are a highly cost effective, efficient and professional group delivering the highest quality clinical services, with high patient satisfaction.
(Proposed by S Morgan on behalf of Bro Taf)
Carried unanimously

(562*) 78. That conference supports the BMA's 'Look After Our NHS' campaign and deplores the increasing privatisation of primary care.
(Proposed by I Hume on behalf of Norfolk and Waveney)
Carried

PCO management and governance

(566*) 79. That conference believes that the performance of PCOs will be improved if:
(i) PCOs receive annual feedback on a 'practitioner experience questionnaire' from all local independent practitioners contracted to that organisation
(ii) GP practices can choose the PCO with which they contract
(iii) PCOs are required to publish balanced scorecards on their own performance (including GP feedback) to enable informed choice
(iv) they cease spending on outside management consultants and instead grow their own specialists to share, swap and pool ideas for their mutual benefit.
(Proposed by H Van der Linden on behalf of North Staffordshire)
Parts (i), (iii) and (iv) Carried
Part (ii) Carried as a reference

(573*) 80. That conference believes that PCO bureaucracy is interfering with the delivery of patient care in general practice and:
(i) deplores persistent inaccurate administration of regulations by PCOs and their staff during contractual enquiries and investigations
(ii) notes with concern the excessive demands for data and information placed on practices by PCOs
(iii) deplores the attempt by PCOs to command and control GPs under the guise of trying to engage them in 'strategic partnerships'
(iv) believes that NHS managers should not make frontline service decisions which clinicians believe would be detrimental to the service provided to patients
(v) believes that senior NHS managers should be regulated and licensed so that they are accountable for actions that harm patients.
(Proposed by B Balmer on behalf of North Essex)
Carried unanimously

Chosen motions

(684) 81. That conference condemns the dangerous obsession of some PCOs and SHAs with GP referrals as a cause of financial overspend and highlights the need for focus on other areas such as poor contract monitoring and enforcement.
(Proposed by R Eliad on behalf of Hertfordshire)
Carried unanimously

(777) 82. That conference deplores the decision to remove the need for practices to achieve IM&T accreditation before allowing them to upload patient information to the summary care record.
(Proposed by J Lockley on behalf of Bedfordshire)
Carried

And finally…

(583) 83. That conference suggests that the words ' GPs are ideally placed to....' should be banned.
(Proposed by A Townsley on behalf of Glasgow)
Carried

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2010

ELECTION RESULTS

Chairman of Conference - Mary Church

Deputy Chairman of Conference - Michael Ingram

Six members of GPC (in alphabetical order):

Brian Balmer
Laurence Buckman
Douglas Colville
Andrew Dearden
Beth McCarron-Nash
Chaand Nagpaul

One further representative of a constituency if an elected member of that constituency is the Chairman of GPC:

John Canning

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

Guy Watkins

Elected members to the Claire Ward Fund (in alphabetical order):

Lionel Kopelowitz
John Rawlinson
Russell Walshaw

PART III

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2010

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.

Other motions

(103) SOMERSET: That conference recognises that the ever increasing demands placed upon family doctors are a threat to their health and well-being that should be addressed within both service and employment contracts.

(104) GLASGOW: That conference believes that although primary care can make lifestyle suggestions to patients where appropriate, GPs cannot be held responsible for their uptake or lack thereof.

(106) *HULL AND EAST YORKSHIRE: That conference is concerned that so many unproven complimentary medicines, substances of limited therapeutic worth, and unhelpful tests are sold in establishments bearing the NHS logo, and calls for a clearer separation between the health-care and retail roles of the pharmacist.*

Practice boundaries

(148) LOTHIAN: That conference believes that the choice to register with two general practices would have far-reaching negative consequences, would not be in the best interests of patients in need of GP services, and should be strongly opposed.

Primary and secondary care interface

(*186) TAYSIDE: That conference agrees that doctors from both primary and secondary care need to work together for mutual benefit, rather than backbiting, to avoid 'divide and conquer' techniques by politicians.

DDRB and funding for general practice

(*238) THE GPC: That the GPC seeks the views of conference on the following motion from the sessional GP subcommittee:
That conference notes with dismay the second consecutive year of a second round of recruitment for general practice specialty training, and calls upon NHS employers to increase the supplement or basic salary available to GP specialty registrars, to preserve the quality and increase the quantity of recruitment into the profession.

Essential, additional and enhanced services

(293) GLASGOW: That conference criticises the commissioning of enhanced services solely as a data collection exercise to achieve government targets and seeks to reinforce the role of the GP as a holistic practitioner and not a statistic gathering 'dogs body'.

Extended hours and access

(357) GLASGOW: That conference criticises the commissioning of enhanced services solely as a data collection exercise to achieve government targets and seeks to reinforce the role of the GP as a holistic practitioner and not a statistic gathering 'dogs body'.

Information management and technology / Choose and book

(453) NORTH AND NORTH EAST LINCOLNSHIRE: That conference expresses deep concern that multi-agency access to GP computer systems poses a threat to QOF income.

PART IV

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2010

REMAINDER OF THE AGENDA

Standing Orders

(4) That GPC seeks the views of conference on the following motion from the representation subcommittee: That standing order 76.3 be amended to reflect that candidates standing for election to ARM would need to be:
(i) members of conference
(ii) BMA members, and
(iii) doctors classified by the BMA as being within the GP branch of practice.-
WITHDRAWN BY AGENDA COMMITTEE

Pandemic flu

(*79) That conference congratulates all GPs on the excellent care they have provided for patients in difficult circumstances throughout the H1N1 influenza pandemic but believes that delegating the diagnosis and treatment to non-medical staff resulted in substantial over-diagnosis and over-treatment.
(Proposed by J Allingham on behalf of Kent) - LOST

Other motions

(105) That conference congratulates the Government on its recent election and requests that they break the habit of the previous administrations by declining to reform the NHS during their term of office. – **WITHDRAWN by CORNWALL AND SCILLY**

Primary and secondary care interface

(*179) That conference recognises the cost effectiveness of general practice and therefore the potential benefits of a secondary to primary care shift and believes any such shift must be accompanied by adequate and continuing specialist training.
(Proposed by I Jones on behalf of Kent) - LOST

General Practitioners Committee

(194) That conference believes that PMS practices:
(i) would have preferred the GPC to use funding available to it to defend PMS practices rather than give reimbursements to LMCs - **LOST**
(ii) have lost faith in the GPC to represent their interests**.- WITHDRAWN by BERKSHIRE**
(Proposed by G Hear on behalf of Berkshire)

(196) That conference abhors the fact that the election of some voting members of GPC is dependent on the votes of colleagues from branches of practice not represented by GPC, and calls for the electorate for elections to GPC to be restricted to those whom GPC does seek to represent.
(Proposed by S Blake on behalf of Lothian)- LOST

DDRB and funding for general practice

(*211) That conference condemns the governments' failure to implement the Doctors' and Dentists' Review Body (DDRB) award in full, as this was designed to ensure practices could meet increased expenses, and:

(i) believes there is no role for the DDRB if governments choose to ignore its recommendations

(ii) demands a level playing field with regard to pay issues when comparing pay for clinicians with PCO managers.

(Proposed by G Bryant on behalf of Wiltshire) - LOST

Pensions

(*244) That conference, in respect of the NHS Pension Scheme:

(i) calls for the ability of GPs to be able to retire at age 50 on a decent pension

(ii) calls for the removal of the NHS pensions cap

(Proposed by Stewart Kay on behalf of Southwark) - LOST

Quality and Outcomes Framework (QOF)

(250) That conference, with respect to the removal of the QOF square rooting and low prevalence uplift adjustments, asks that GPC seeks clarification from the appropriate Health Ministers as to why this clearly sensible improvement in the GMS contract does not stretch to the removal of the use of nation-specific prevalence figures as a benchmark for funding distribution.

(Proposed by C Danino on behalf of Morgannwg) - MOVED TO NEXT BUSINESS

Essential, additional and enhanced services

(*285) That conference recognises the shift of work from secondary to primary care, and that in the current financial climate all new enhanced services should be developed and priced nationally with a requirement for implementation by all PCOs.

(Proposed by D Savage on behalf of Sheffield) - LOST

Sessional GPs

(807) That conference

(i) believes the General Practitioners Committee is not fit for purpose in adequately representing the interests of salaried and locum members

(ii) calls upon the BMA to establish a GP trainees subcommittee of the Junior Doctors Committee

(iii) calls upon the BMA to establish a separate branch of practice committee to represent all sessional or employed GPs.

(Proposed by R McMahon, Cleveland, on behalf of Agenda Committee) - LOST

(*311) **T**hat conference believes the growth of a salaried service is turning junior doctors away from general practice.

(Proposed by V Weeks, GPC, on behalf of the Agenda Committee) - LOST

(333) That conference requests GPC to revisit paragraphs 49 and 50 of the model terms and conditions of service for a salaried GP relating to mandatory time for personal development and study leave.

(Proposed by V Weeks, GPC, on behalf of the Agenda Committee) - LOST

GP partnerships

(*334) That conference believes that the partnership model of primary care gives an added value that current government policy fails to recognise and calls upon the GPC to call on all GPs never to employ another GP for more than five years without offering them a partnership

(Proposed by J Crompton on behalf of North Yorkshire) - LOST

Out-of-hours

(*358) That conference recognises that out-of-hours (OOH) commitment is no longer the core responsibility of the majority of GPs, and demands that the GPC urgently agree and publish a minimum set of criteria, independent of the RCGP, that should apply in the event that the profession takes back responsibility for the commissioning of out-of-hours.
(Proposed by T Kinloch on behalf of Mid Mersey) - LOST

(381) That conference opposes the view that GPs should be responsible for commissioning OOH services.
FELL AS 358 (ii) WAS CARRIED

(*382) That conference believes that GPs are not responsible for the quality of services provided by out-of-hours organisations.
(Proposed by B Das on behalf of Liverpool) - MOVED TO NEXT BUSINESS

Patient Surveys

(*399) **T**hat conference believes that the patient survey is flawed in length, timing, sample size and statistical handling of answers.
(Proposed by G Hear on behalf of Berkshire) - MOVED TO NEXT BUSINESS

LMC Conference

(429) That conference believes, as the concept of a truly National Health Service diminishes, issues affecting England only should be voted upon at conference only by representatives of English LMCs.
(Proposed by Peter Swinyard on behalf of Wiltshire) - LOST

(430) That conference adds a standing order under 'Rules of debate' which reads, 'An LMC may invite a registered GP (who is not already recognised as a representative at the conference), with a particular expertise on the topic to be debated, to speak, if called upon, on its behalf on the topic but have no vote and take no further part in the debate.
(Proposed by J Lockley on behalf of Bedfordshire) – LOST

(431) That, to better fit with the timetable for elections to ARM, standing order 8 be deleted and a new paragraph inserted immediately after paragraph 3 which reads:
"4. The members of conference shall hold office from 15 January to 14 January the following year, unless the GPC is notified of any change by the member's nominating body." –
WITHDRAWN by AGENDA COMMITTEE

Information management and technology / Choose and book

(*442) That conference recognises that a safe and effective IT system is essential but:
(i) has no confidence in the ability of the NHS to maintain proper security of IT data
(ii) believes that reliance on NHS IT systems is misplaced
(Proposed by M Beastall on behalf of Doncaster)- LOST

Summary Care Records (SCR)

(*454) That conference deplores the accelerated roll-out of the SCR before evidence from the pilot sites has been evaluated and believes the Summary Care Record should be abandoned.
(Proposed by Ian Rummens on behalf of Shropshire) - LOST

(*475) That conference fully supports the BMA stance regarding the Summary Care Record and:

(i) calls for adequate resolution of the practical, ethical and legal issues prior to further roll out of the scheme

(ii) insists that all letters sent informing patients of the Summary Care Record should include an 'opt-out' form and a return envelope.

FELL AS 454 (iii) WAS CARRIED

Medical certificates and reports

(*513) That conference, in respect of the new fit notes, believes that fit notes are not fit for purpose.
(Proposed by C Danino on behalf of Morgannwg) - LOST

PCO management and governance

(*566) That conference believes that the performance of PCOs will be improved if a proportion of income earned by senior NHS managers should be based on the results of a satisfaction questionnaire.
(Proposed by H Van der Linden on behalf of North Staffordshire) - LOST

Chosen motions

(777) That conference:

(i) believes that this will nullify the usefulness of the SCR because no external clinician will be able to depend upon the quality of any individual summary care record- **WITHDRAWN by BEDFORDSHIRE**

(ii) supports the GPC and BMA in their continuing efforts to persuade government to produce a system that is fit for purpose. - **Fell as 555 passed**