

11th November 2015

All LMC members

GPC SPECIAL CONFERENCE FOR LMCs

BACKGROUND

According to the LMC Conference Standing Orders #2 the GPC has to call a Special Conference of LMC representatives:

'if requested by one sixth ... of the total number of LMCs entitled to appoint a representative to Conference. No business shall be dealt with at the special conference other than that for which it has been specifically convened.'

The GPC can decide to call one anyway. Otherwise at least 21 LMCs would need to agree on the agenda and then demand that GPC call the Special Conference.

Shropshire LMC has started the ball rolling by saying:

... we feel that the situation in the NHS has reached the point that doctors working in general practice should consider taking action because it is clear that, without sanctions or the pressure of public opinion, the policies of this Government are not going to change. Everybody reading this is only too well aware of the issues - workload, recruitment, retirement, income, pensions, failing hospitals, failing CCGs, CQC etc., etc.

At our LMC meeting yesterday it was decided we should write to the GPC requesting a Special Conference of LMCs with the intention of looking at the options for action and the support for them.

We think the use of undated resignations may be the best way of registering the dismay and concern within the profession, without jeopardising patient care. Resignation may not appear an option to many, not least because of tenancy agreements, mortgages etc. - but if a significant proportion of GPs sent undated resignations to the BMA it would send a powerful message to the population and the Government - it really is this bad!

GPs would have to trust the GPC to implement them only as a last resort. We appreciate circumstances are very different from the Sixties but it is difficult to believe the situation General Practice is in could have been any worse then.

The junior doctors' protest is currently attracting a lot of public support and the Government is being forced to listen. This winter looks likely to produce the worst bed crisis for a long time - which will get a lot of media coverage. Most hospital trusts and a lot of CCGs are deeply in the red. Social Services and Public Health don't have enough money to maintain an adequate level of services. And so it goes on.

Now seems to be the time to act. It may be that in rural Shropshire we are not seeing the bigger picture and we know there arguments against taking action but we feel we have reached the point there is little alternative.

This LMC needs to decide:

1. Whether or not we support the idea of calling a Special Conference.
2. What, precisely, we want to see included in the agenda.
3. What outcomes we would wish to see come out of it.

FACTORS TO CONSIDER

Whatever course is chosen it must be supported by the vast majority of GPs so we must be very careful to consider what our constituents might support in the way of action.

Undated letters of mass resignation. This worked in the 1960s, but arguably the situation has changed, since there are other private organisations that might wish to take the place of small general practices, which no longer have an undisputed monopoly. Indeed, many GPs for understandable personal reasons may not wish to go down this route.

Alternatives. Other options short of resignation which would have significant political, media and public impact without putting practices at contractual risk or affecting patient care might include mass applications for:

- List closure,
- Practice area reduction,
- Opt out from additional services

and declining to register all new patients on patient safety grounds whilst these applications are being considered.

Local action. Attached at Annex A are a leaflet to patients and a press release issued by Coventry LMC. We could follow that example.

'Soft' reasons for calling a Special Conference.

- One potential advantage of calling a Special Conference could be to show our constituents that we are responding to their concerns and not just 'collaborating with the enemy'.
- More than just talking, the profession needs a strategy to address the workload and income issues. Practices need the time and incentives to innovate locally to deliver what is best for their patients and those that deliver care to those patients.
- It would allow the GPC to truly take stock of the situation on the ground across all LMCs in England, especially with regards to workforce and work pressures and real patient safety.
- It would provide the chance to discuss the best possible choice of actions and options for maximum influence and effect.

'Hard reasons for calling a Special Conference.

- The current provable situation in general practice which threatens its very existence.
- The perceived impotence of general practice to force change has been upset by the example of the Junior Doctors which has received a generally favourable public opinion and put pressure on the Government accordingly.

What should we be looking for? Doing nothing would be to sleep-walk into a disaster. The implications of the diminishing GP workforce and its effect on patient care must force the GPC to widen its remit beyond simple contract negotiation. Genuine alternative plans are needed. We need:

- Genuine central and rapid change.
- Genuine investment in general practice,
- General practice needs to be permitted, and financially encouraged, to show flexibility and innovation.

Concrete decisions, not just discussions, are needed.

GPC View. The Chairman, Dr Chaand Nagpaul, has cogently argued that a Special Conference should only be called after very careful thought. He says that the GPC is very aware of 'the rock bottom and desperate plight of the profession' and is already

working at high level and on many fronts to address the problem. He also states that 'with or without the requisite LMC numbers, we will be discussing the proposed Special Conference and [the recent related Listserver correspondence] at GPC on the 19th November'.

Possible agenda items for a Special Conference.

- Acceptance of pre-tabled statistics from each LMC area of the parlous state of their practices.
- What the profession wants from Government:
 - Formal increase of the proportion of the NHS budget spent on general practice to 11%, such increase to be to the GMS global sum, or PMS equivalent, not expressed in terms of extra work. Since this would risk destabilising other areas of the NHS this would have to be phased over three years but front-loaded with 50% of the increase coming in 2016/17 and the other 50% equally over the following two financial years.
 - Agreement that for the next three years the drawings by partners would not be greater than a certain percentage of their current drawings – such percentage to be discussed but possibly in the order of 5% to take account of recent falling incomes. The reason is that otherwise the Government will ungraciously assume that the extra funding will go straight into the partners' pockets.
 - A cap placed for the next three years on the fees charged by locum GPs (the level of such a cap to be discussed) with the overall aim of preventing excessive fees from being charged and allowing practices to stabilise themselves.
- The timescale which the profession is going to allow before other action is taken.
- What that other action should be, including:
 - Mass applications for:
 - List closure,
 - Practice area reduction,
 - Opt out from additional services
 - and declining to register all new patients on patient safety grounds whilst these applications are being considered.

OPTIONS

Option 1 – Trust the GPC. The GPC say they are well aware of the problem, that they are already fighting the cause of General Practice (not just in contract negotiations) and anyway will next week be addressing whether to call a Special Conference themselves.

- Advantages of Option 1.
 - Does not drag the GPC away from the valuable work they are now doing.
 - We can still call for one if they decide against it.
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- Disadvantages of Option 1.
 - If they call the Special Conference there is a risk that the agenda they set will not suit the profession.
 - If they do not call it then they (and by inference the LMCs) may be seen as 'toothless' - but see second bullet above under 'advantages'.
 - Potential delay in this very pressing situation.
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Option 2 – Act locally.

- Advantages of Option 2.
 - Can be done in parallel to any call for a Special Conference.
 - It may reduce the pressure on practices' appointment schedules.
 - Will raise the profile of the waiting disaster in the minds of voters, but this is a long-term advantage and may come too late.
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- Disadvantages of Option 2.
 - Individually at county level it is more of a palliative than a cure in that patients will be less stressed but government policy, and in particular its funding provision, is unlikely to be changed at national level.
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Option 3 – Call for a Special Conference.

- Advantages of Option 3.
 - LMC seen to be 'doing something' by our constituents
 - A Special Conference, if it is more than a talking shop, may force the Government to do something concrete about the parlous state of general medical practice in this country.
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- Disadvantages of Option 3.
 - It may prove difficult to agree between 21 or more LMCs what exactly the agenda should contain and what outcomes we are expecting to get from it. This is not insuperable but will take time.
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Preferred Option. Bearing in mind the arguments above, the LMC may well wish to follow Options 1 and 2 in parallel, leaving Option 3 as a fall-back solution.



M J D FORSTER
Lay Secretary