Conference News

Conference of England Local Medical Committees Representatives
24 and 25 November 2022

Part I: Resolutions
Part II: Special Conference Outcomes
Part III: Election results
Part IV: Remainder of the agenda

PART I

ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2022

RESOLUTIONS

SAFETY IN GENERAL PRACTICE

(5) That conference believes general practice in England is unsafe due to a shortage of doctors and a lack of investment; that this problem must be owned by government, and:

(i) believes that focusing on patient safety is more appropriate than trying to meet high patient demand and therefore calls for GPC England to use "safe capacity" and avoid "access" in communications and negotiations
(ii) deems the scapegoating, moral injury and lack of psychological safety faced by GPs, in the context of whole NHS system failure, to be entirely unacceptable
(iii) calls for an effective mechanism for LMCs to escalate issues that impact on patient safety in general practice that are outside the gift of practices to address and have failed to be addressed locally
(iv) believes it is time that a workload sensitive contract for GPs was introduced without further delay which includes a proactive system of monitoring and wellbeing safeguards.

Proposed by Lisa Harrod-Rothwell, Kensington and Chelsea

Carried

MENTAL HEALTH SERVICES

(6) That conference, whilst recognising their staffing crisis, is concerned about the diminishing access to mental health services and:

(i) does not accept the near automatic rejection of GP referrals or insistence on completion of lengthy proforma before acceptance
(ii) does not accept referral responses which simply consist of a list of websites that the patient can consult
(iii) abhors the almost complete absence of CAMHS services for those who need such services but have not (yet) attempted suicide
(iv) calls on GPC England to look at ways of ensuring that the current service inadequacies do not fall to general practice

Proposed by Peter Holden, Derbyshire

Carried

CHILDHOOOD IMMUNISATIONS

(7) That conference recognises the importance of childhood immunisations and applauds the work that general practices have done in the last year despite many knowing that this work would go unrewarded through QOF payments. Conference demands that:

(i) NHSEI and the government recognise that patients can make informed decisions
(ii) NHSEI recognise the difficulties in achieving QOF targets, particularly in areas with high patient turnover and areas with marginalised communities thereby discriminating against practices in inner cities and high levels of deprivation
(iii) GPC England negotiate with NHSEI a QOF target with a lower threshold for payment for childhood immunisations
(iv) GPC England negotiate with NHSEI that exception reporting should be incorporated into all QOF targets.

Proposed by Emma Radcliffe, Tower Hamlets

Carried

GENDER DYSPHORIA

(8) That conference is dismayed by the lack of adequate gender dysphoria services and believes it is imperative that GPC England ensures NHSEI:

(i) formally acknowledge that it is not appropriate for general practice to prescribe medication without specialist initiation and only then when supported by a shared care agreement and if a GP believed they are competent to prescribe
(ii) ensure appropriate services are commissioned at a local level that provide ongoing prescribing and support for patients with gender dysphoria
(iii) ensure that any shared care arrangements are appropriately resourced with mechanisms in place if a GP chooses to decline to accept shared care.

Proposed by Zishan Syed, Kent

Carried

PATIENT ACCESS TO RECORDS

(9) That conference, with regard to the implementation of accelerated patient access to full primary care records:

(i) has serious concerns regarding the implementation of patient access to full primary care notes
(ii) notes the programme is unfunded, lacks safeguards against patient harm or data loss, and thus has the potential to cause patient harm and distress
(iii) laments the lack of relevant training and support that has been given to practices
(iv) believes the programme poses unacceptable risk to general practice in terms of workload, complaints, and liability
(v) tasks GPC England to ensure that the programme is paused until all outstanding issues have been addressed.

Proposed by David Herold, Worcestershire

Carried

ENERGY / INFLATION CRISIS

(10) That conference believes that the rise in energy prices is having a catastrophic impact on the financial viability of English GP practices and calls for in-year intervention to address these inflationary pressures, which were unforeseen at the introduction of the current GP core contract.

Proposed by Simon Hodson, Shropshire

Carried

CQC BIAS

(11) That conference notes, in practices with minority ethnic CQC Registered Managers, the evidence of adverse outcomes arising from CQC inspections and calls for:

(i) publication of CQC inspection outcomes stratified by the protected characteristics of practice CQC leads including ethnicity and gender
(ii) publication of diversity data including protected characteristics of CQC inspectors
(iii) publication of CQC's plan to improve its representation of the population should its data demonstrate a diversity gap
(iv) local intelligence to be used to support CQC inspections where their searches indicate concerns
(v) a practising NHS GP Specialist Advisor to be part of every CQC inspection team inspecting NHS general practice.

Proposed by Anthony O'Brien, Devon

Carried

FEDERATED DATA PLATFORM

(12) That conference notes with concern NHS England's plans to procure a £360m contract for a Federated Data Platform from a single supplier, raising questions over the safety of patient data and the oversight of any company that might potentially seek to exploit that data. In order to maintain the highest level of public trust this conference calls on the BMA to work with NHS England to:

(i) determine if the four existing secure data platforms supported by the BMA / RCGP Profession Advisory Group can provide some or all of the requirements of the proposed platform
(ii) scrutinise organisations submitting tenders to ensure a demonstrable positive track record on security, privacy and ethics
(iii) mitigate from the outset against vendor lock-in and ensure the commitments to modern, open working methods from the 13 June paper Data Saves Lives and 6 September paper on Secure Data Environments, both of which draw on the Goldacre review, are enshrined.

Proposed by Mark Coley, GPC England

Carried

FULLER STOCKTAKE

(13) That conference believes the implementation of the Fuller Stocktake report is failing and calls upon NHSEI and the government to:

(i) mandate LMC involvement for all ICS work streams concerning the report
(ii) provide immediate funding to deliver an emergency primary care estates solution
(iii) acknowledge that isolated, acute presentations make up a tiny percentage of general practice workload and their removal risks fragmentation of continuity of care
(iv) instruct ICSs to publish their progress and evidence of primary care engagement on a quarterly basis.

Proposed by Rolan Schreiber, North and North East Lincolnshire

Carried

INTEGRATED CARE SYSTEMS (ICS)

(14) That conference instructs GPC England to ensure that:

(i) GMS / PMS monies and pre-existing general practice budgets must be ring fenced within all ICSs for exclusive use in general practice
(ii) distribution of funding at place, system and ICB level should be proportional based on the amount of activity delivered by each sector
(iii) representation at place, system and ICB level should be proportional based on the amount of activity delivered by each sector
(iv) all proposals at ICS, system or place level must include a GP practice workload, stability, and clinical risk impact assessment, and address any adverse implications that are identified before agreement
(v) ICSs are held accountable for local system operational failings and for safe GP / patient ratios.

Proposed by Lisa Harrod-Rothwell, Westminster

Carried

GP CONTRACT

(15) That conference views core hours as a relic of history and:

(i) notes that they total 52.5 hours per week, starting earlier and finishing later than most other jobs, including childcare
(ii) believes that they indirectly discriminate against GPs who wish to have families
(iii) is concerned that due to the still-patriarchal nature of English society, this is discrimination that mostly affects female GPs
(iv) requests that any new contract reduce core hours to 0900-1700hrs, but with practices to start earlier/finish later on some days, as per extended hours, in order to meet local need and practice ability to staff this.

Proposed by Paul Evans, Gateshead and South Tyneside

Carried

(16) That conference:

(i) believes referring to GPs as “full time”, “part time”, or “full time equivalent” in terms of numbers of “sessions” worked fails to capture the real hours worked by many GPs

(ii) demands that any new BMA model contracts (such as may be required alongside any new GMS contract) define GP working schedules in terms of hours rather than sessions
(iii) demands that any workforce data collection (eg for NHS workforce planning) be done on the basis of hours worked, not contracted sessions.

Proposed by Raman Nijjar, Oxfordshire

Carried

ENHANCED ACCESS

(17) That conference with regards to the enhanced access requirements of the PCN DES:

(i) believes that extending the times of providing services is not a solution but exacerbates the problems faced in primary care
(ii) has enormous concerns that this will destabilise existing out-of-hours GP services, with harm resulting to patients
(iii) demands that this scheme be repealed from April 2023.

Proposed by Bethan Rees, Hertfordshire

Carried

INTERFACE

(18) That conference notes the increase in attempted shifting of work from secondary to primary care since the introduction of block contracts for trusts and calls for:

(i) all trust-employed staff to request prescriptions, investigations and referrals from within their team, and to promote this by the creation of educational materials for use in their induction of new staff
(ii) LMC approved audits to be conducted to demonstrate that trusts' annual action plans result in improvements
(iii) all trusts to have a standardised 'work-dump' email for use by practices, to be monitored and actioned daily
(iv) all trusts to have a dedicated telephone and online portal to deal with patients who are experiencing delays in secondary care treatment, without recourse to their general practitioner.

Proposed by Lucy Clement, Leeds

Carried

DEFENCE OF GENERAL PRACTICE

(19) That conference believes the relentless denigration of general practice continues to drive a crisis of recruitment and retention and that GPC England:

(i) must respond in a robust and timely manner to news reports which unfairly target general practice
(ii) needs a dedicated PR budget to provide a robust and timely defence of general practice.

Proposed by Annie Farrell, Liverpool

Carried

WORKFORCE

(20) That conference believes that doctors who are not on the NHS England Medical Performers List should be allowed to undertake general practice primary medical services under the clinical supervision of a general practitioner.

Proposed by Richard Brown, Croydon

Carried as a reference

EMERGENCY / NEW BUSINESS

(247) That conference notes that the Junior Doctor Committee of the BMA will be balloting all junior doctors in England, including GP registrars, to undertake industrial action in 2023 due to the lack of progress in negotiations with the English government towards addressing the real-terms pay erosion that has occurred in junior doctor wages since 2008. We ask conference to:

(i) offer our public support to all junior doctors, specifically GP registrars, in pursuing full pay restoration to 2008 levels
(ii) call on GPC England, to work with GP Trainees Committee, to develop guidance for GP practices, LMCs, GP trainees and GP training programme directors on how to inform, empower and support GP registrars around industrial action
(iii) call on the BMA to create a public information campaign to educate the public as to why GP registrars are being balloted for IA and the effects of chronically falling GP Registrar pay on retention rates of GPs post-CCT
(iv) note the deficit in the GP trainee flexible pay premia in England, which was identified during the 2018 Junior Doctor contract negotiations, and call on the BMA to lobby the Department of Health and Social Care to address this in order to achieve pay parity with the pay of junior doctors training in hospital medicine.

Proposed by David Smith, GP Trainee Chair

Carried

(400) That conference registers its deep concern that at this time of great instability in general practice the elected chair of GPCE has been disallowed to undertake her duties by the BMA and:

(i) notes with concern the optics of this action being taken against a colleague in the final stages of pregnancy
(ii) believes this episode to be contradictory to the recommendations of the Romney report into institutional sexism within the BMA
(iii) finds the lack of transparency around the circumstances unacceptable and at odds with the BMA's own values
(iv) has no confidence in the “Resolution Process” for BMA members.

Proposed by Katie Bramall-Stainer, Cambridgeshire

Carried

GPC ENGLAND

(21) That conference believes that general practice will be best represented by a united GPC England, and:

(i) calls on GPC England to review the impact of the Meldrum report
(ii) believes that the interests of principals and non-principals will be best served by subcommittees representing contract holders and non-contract holders
(iii) directs GPC England to meet at least six times a year and that all meetings should have in-person and hybrid options for attendance
(iv) calls upon GPC England to urgently restructure its membership to be composed of LMC officers aligned with the 42 ICS footprints for maximum accountability.

Proposed by Katie Bramall-Stainer, Cambridgeshire

Carried as a reference

PART II
SPECIAL CONFERENCE OUTCOMES

A Special Conference of England LMCs was held according to Standing Order 2, following a motion passed at the England GP Committee on 19 May 2022. It was a closed session, which meant it was only attended by members of conference and not broadcast to the public or media.

The purpose of the special conference was to achieve a collective vision for the profession, with which to negotiate a new GP contract after 2024.

The format of the Special Conference consisted of two parts as follows:

1. Break-out room discussions
2. Voting on a range of polling statements

The topics discussed within break-out rooms were:

- A Future GP Contract
- Working at Scale
- Non-NHS Options
- Alternative Action

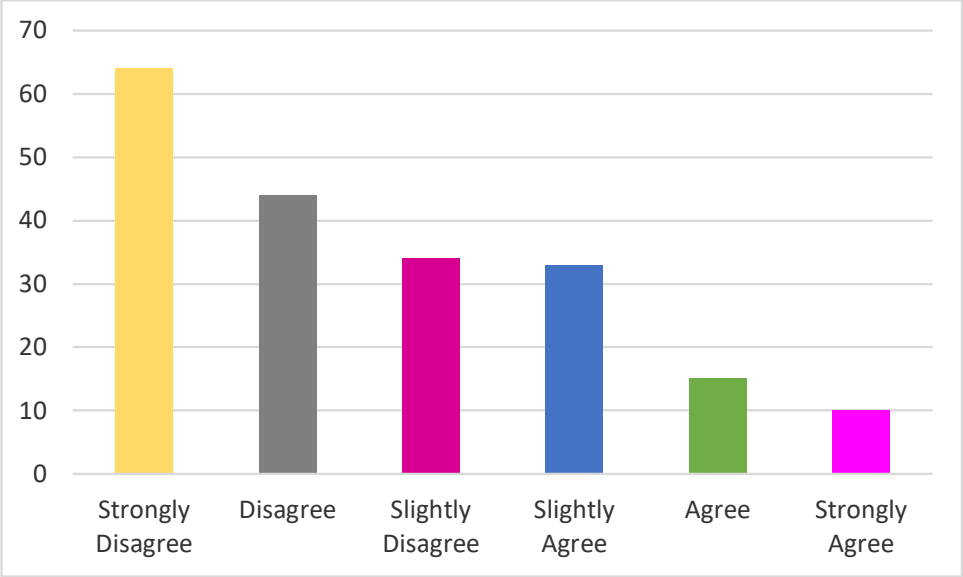
The break-out rooms were facilitated by Agenda Committee members and were introduced with a brief presentation about the topic. The discussions that followed provided a rich conversation for the GPC England Executive Team to guide their upcoming negotiations. The nature of these conversations meant that the data gathered is more qualitative and granular than the statements that followed at the end of conference.

Following the break-out room discussions, a plenary session was held to gauge sentiment arising from these discussions. This was achieved through the use of polling statements, which were not binary, but offered an expression of six levels of support/opposition to a topic area. These statements do not form GPC England policy but augment the nuanced discussions that took place within the break-out rooms.

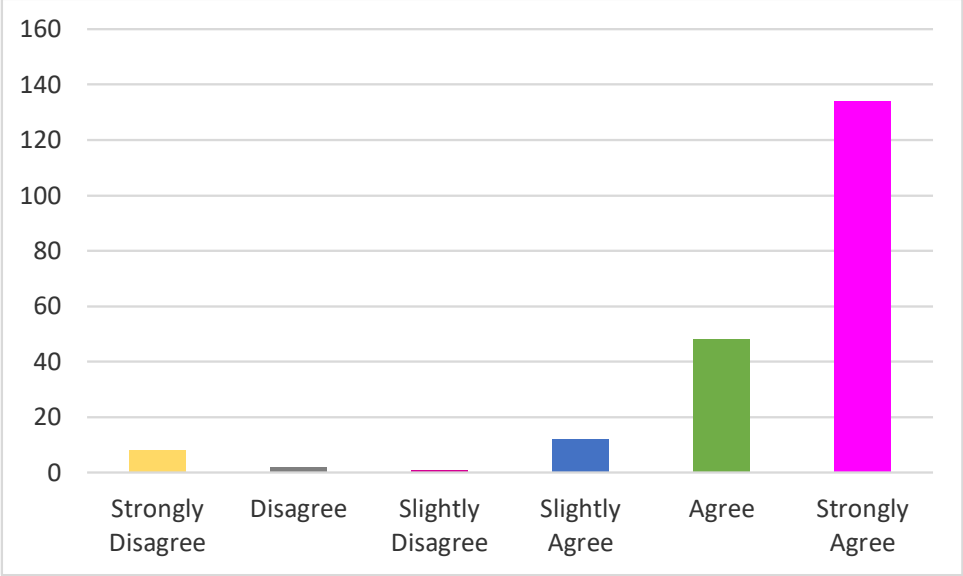
The Special Conference of 2022 was the start of a journey to develop a collective vision for English General Practice and will be followed up with a series of roadshows, drop-in sessions, and the England LMC Conference of 2023.

If you have any further ideas about your vision for the future, please contact info.lmcconference@bma.or.uk to share these.

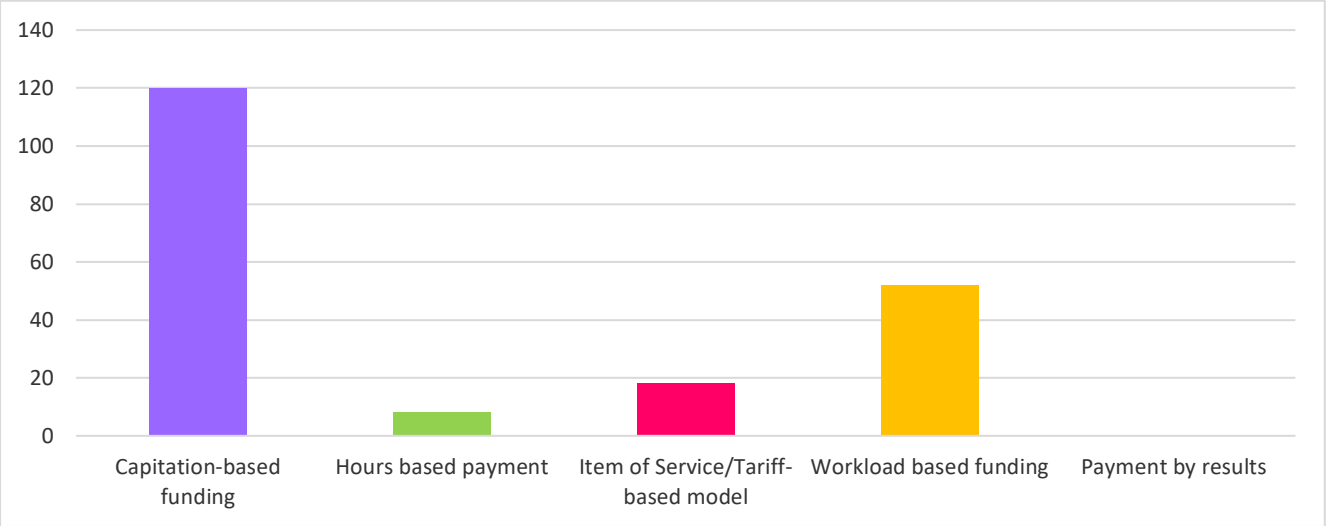
1. **A new GP contract must include a tariff-based model and lose the capitation model (Multiple Choice)**



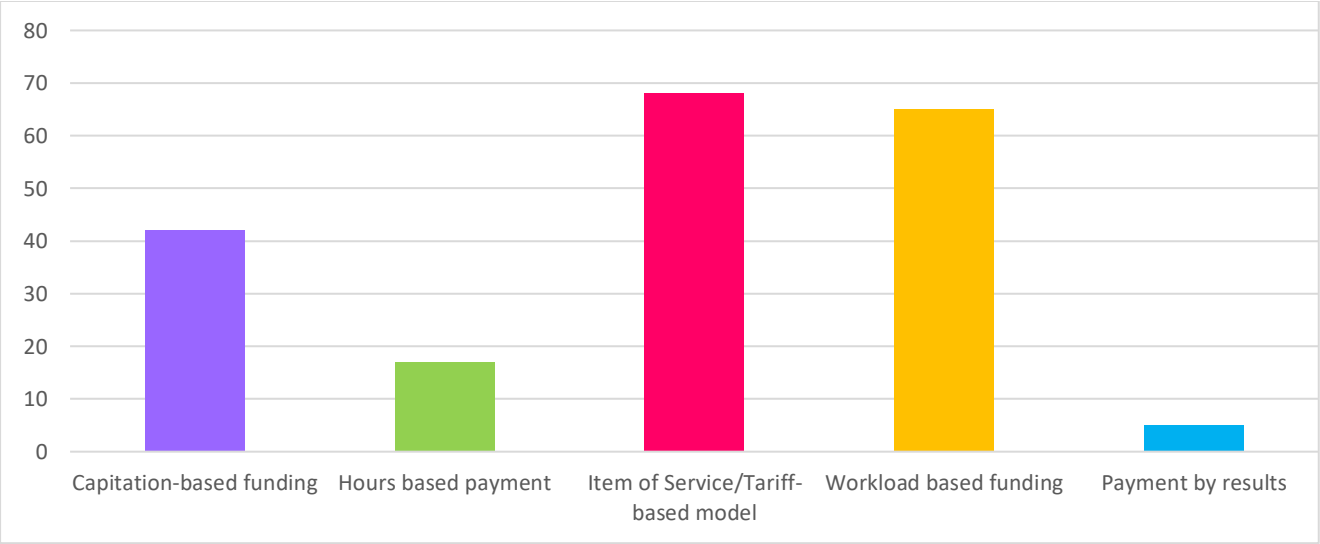
2. **A new GP contract must be based on capping workload with clear options for managing overflow (Multiple Choice)**



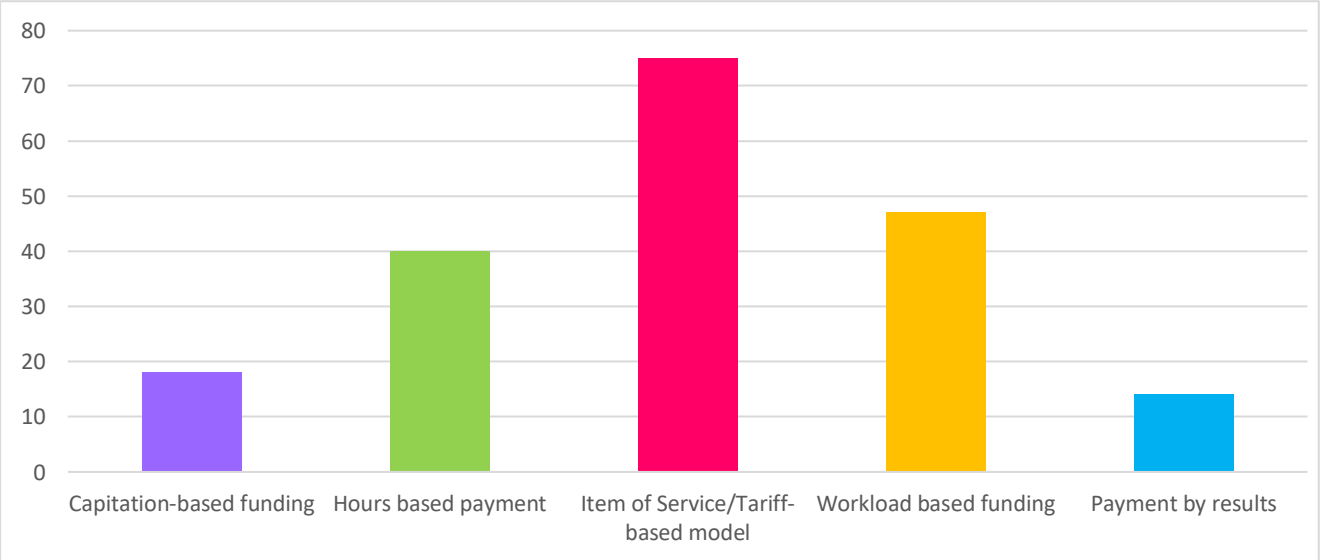
3. What is your first preference for a future contract model



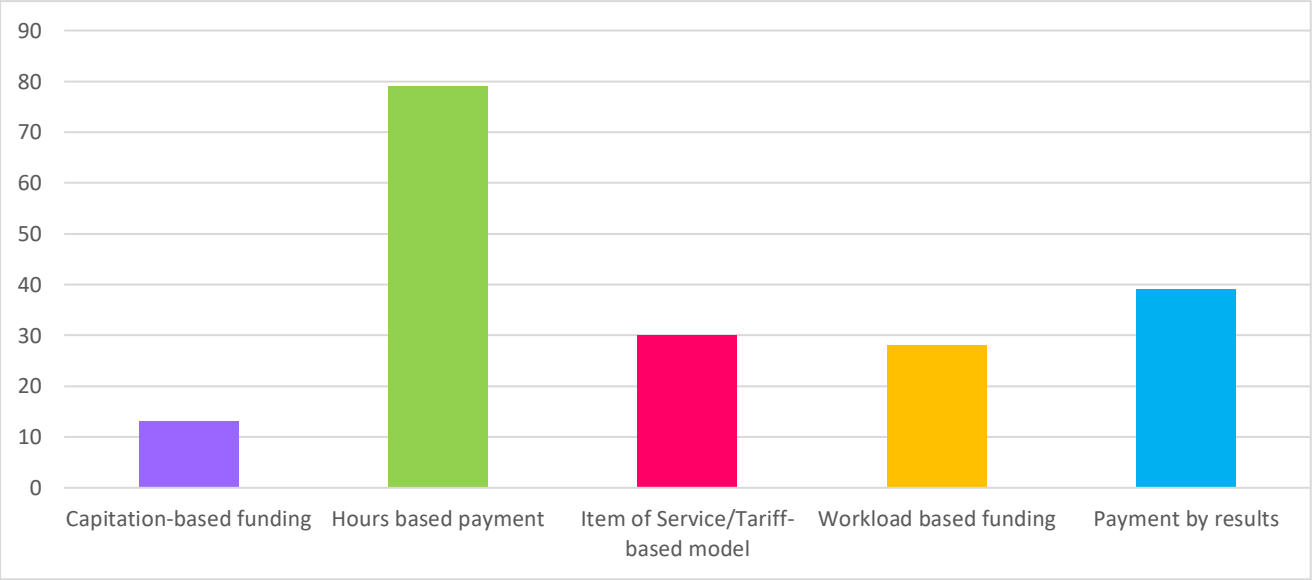
4. What is your second preference for a future contract model



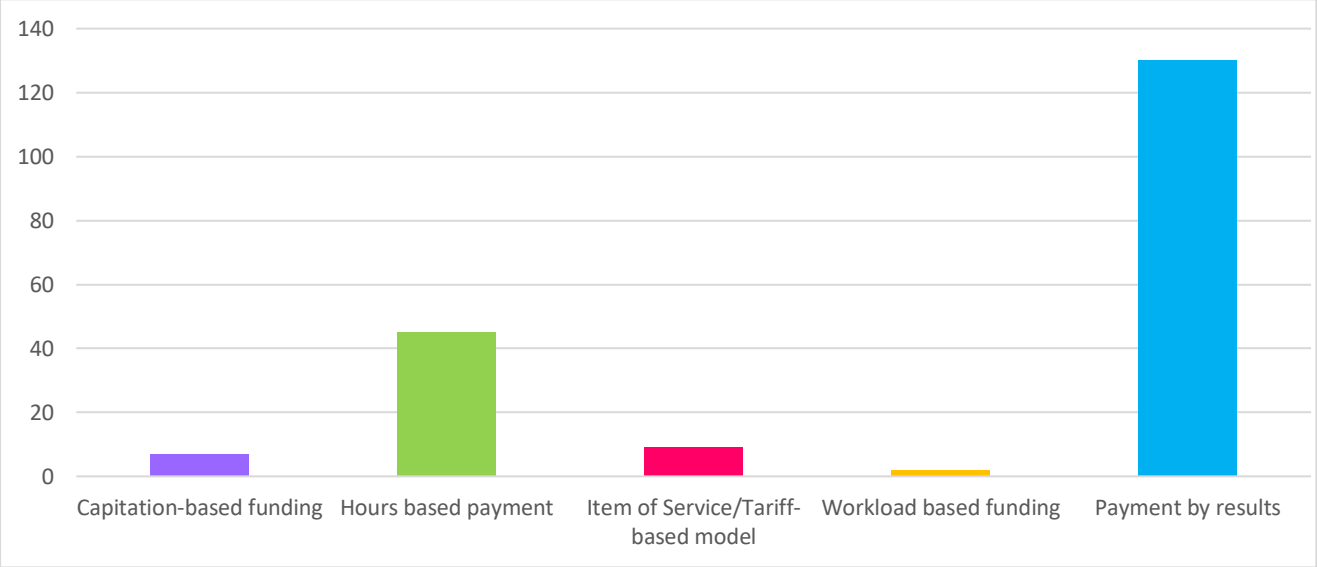
5. What is your third preference for a future contract model



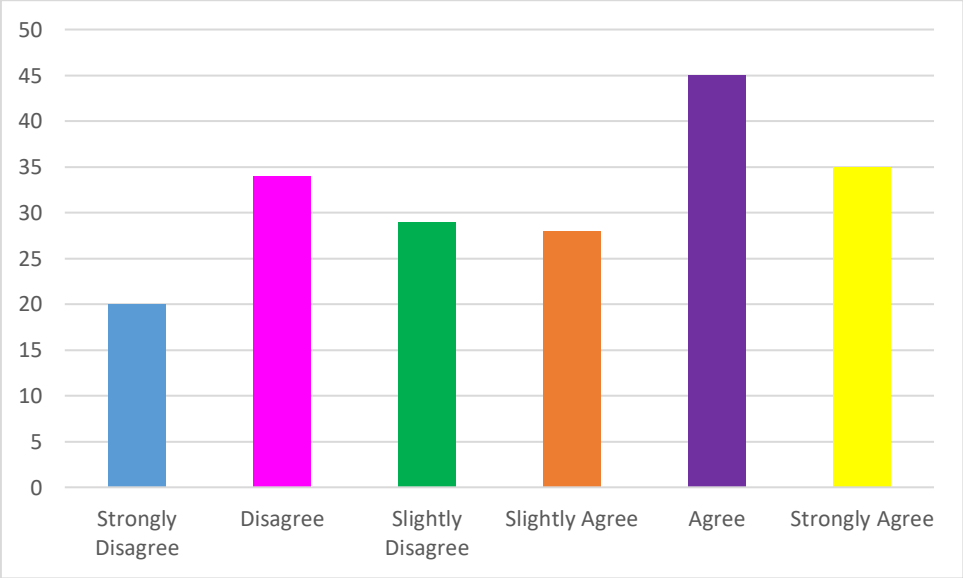
6. What is your fourth preference for a future contract model



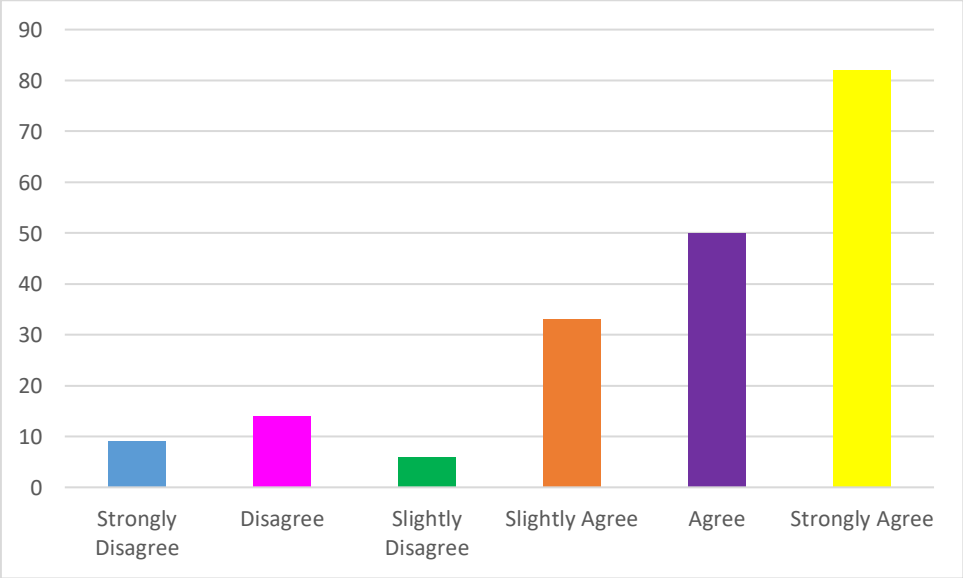
7. What is your fifth preference for a future contract model



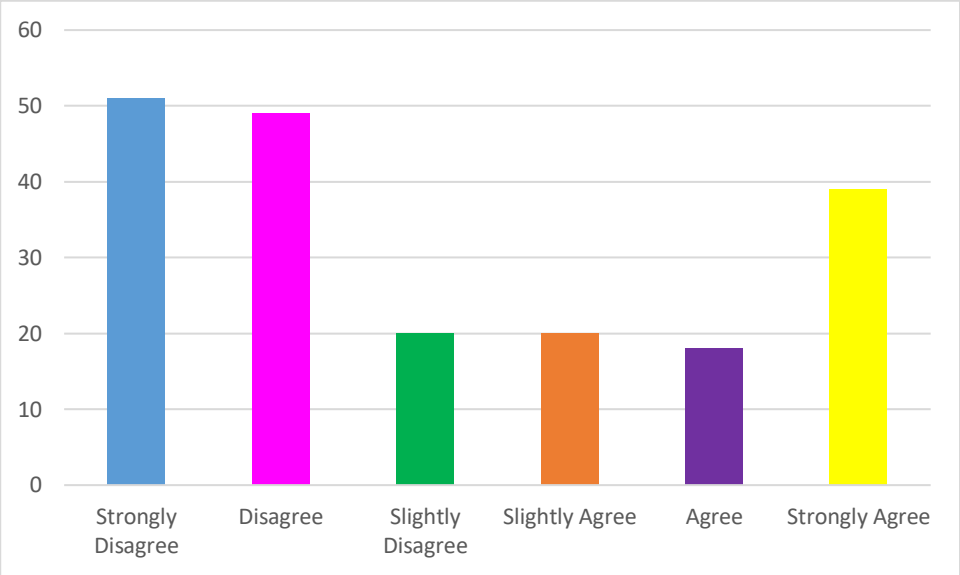
5. Regardless of any contract negotiations, your constituents fundamentally believe in an NHS that is free at the point of access, and would never consider charging their patients for healthcare (Multiple Choice)



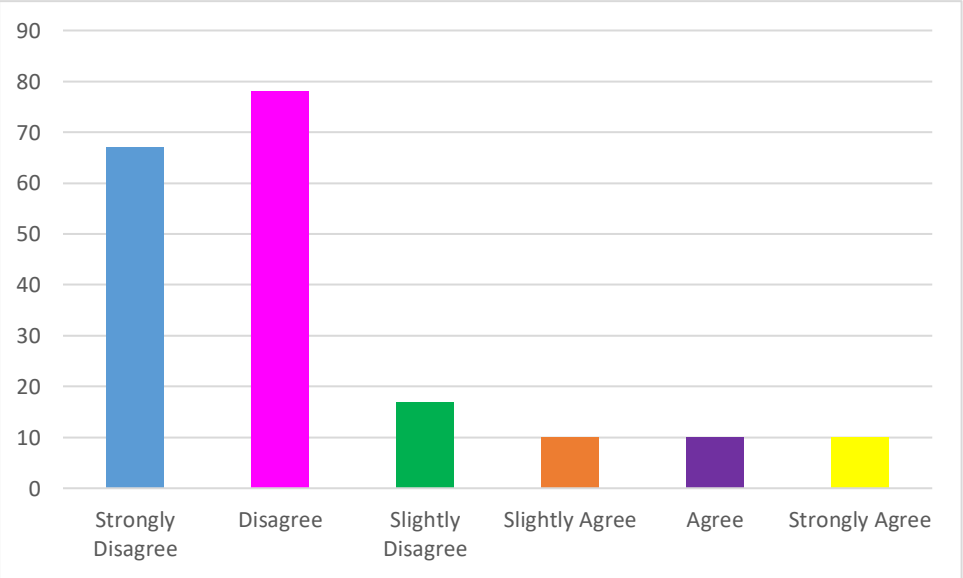
6. GPs should be able to offer a range of private services to the registered list alongside their GMS/PMS contract (Multiple Choice)



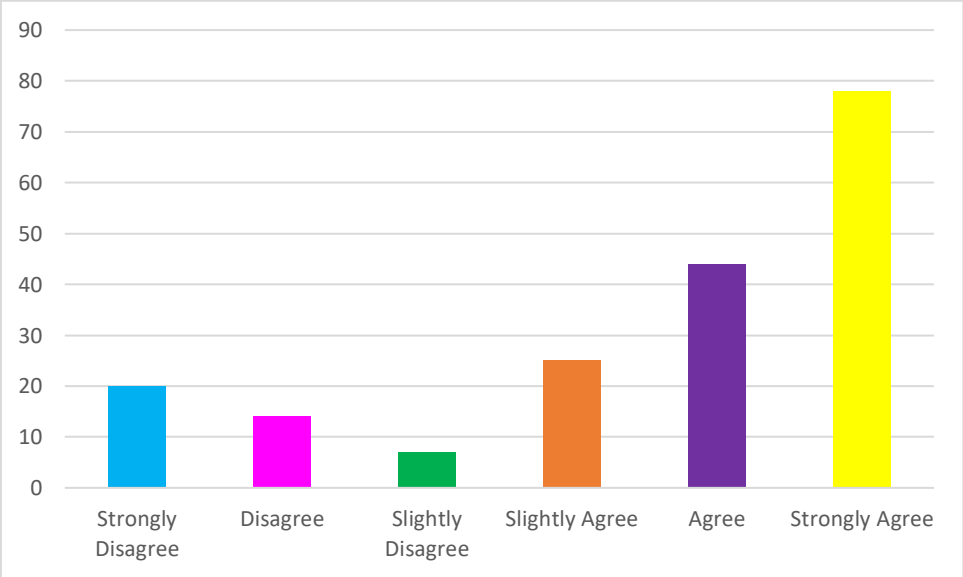
7. GPs should be able to offer private appointments to their registered list alongside their GMS/PMS contract (Multiple Choice)



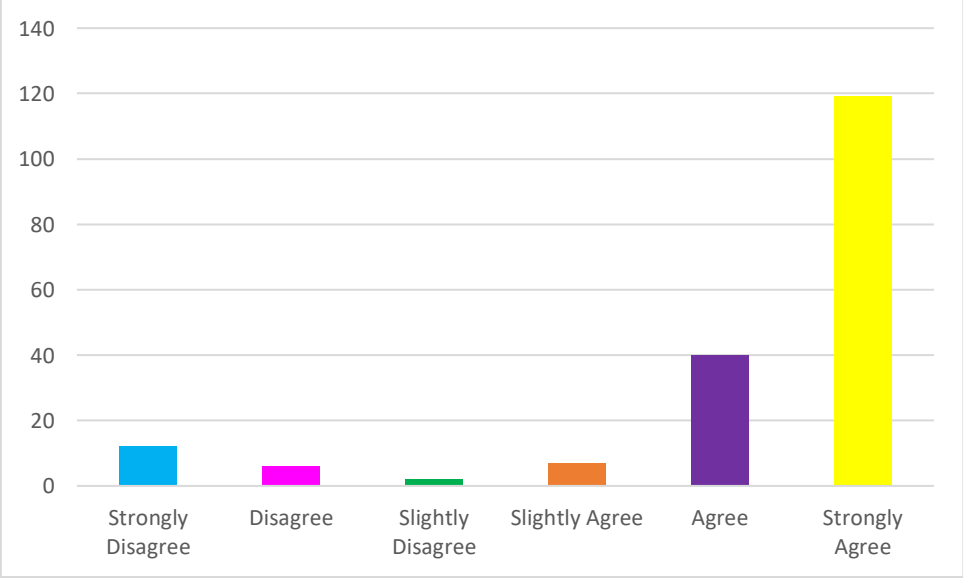
8. If a new GMS contract is not acceptable to your constituents, they would be prepared to resign their NHS contract and provide only private services (Multiple Choice)



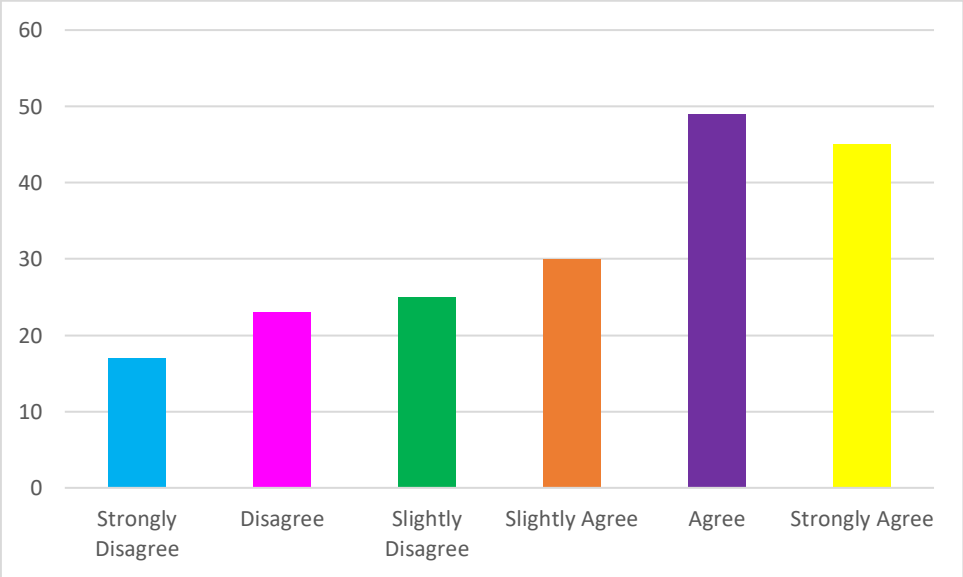
9. If the government does not negotiate meaningfully for 23/24 contract changes, GP BMA members should be balloted on IA/CA (Multiple Choice)



10. If the government does not negotiate meaningfully for 2024 onwards contract, GP BMA members should be balloted on IA/CA (Multiple Choice)



11. If the government does not negotiate meaningfully in the coming 6-12 months your constituents would be prepared to take some form of IA/CA (Multiple Choice)



PART III
ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES NOVEMBER 2022

ELECTION RESULTS

Chair of England Conference
Shaba Nabi

Deputy Chair of England Conference
Elliott Singer

Five members of England Conference Agenda Committee
Paul Evans
Zoe Norris
Matt Mayer
Simon Minkoff
Clare Sieber

PART IV

REMAINDER OF THE AGENDA

SAFETY IN GENERAL PRACTICE

(5) That conference believes general practice in England is unsafe due to a shortage of doctors and a lack of investment; that this problem must be owned by government, and:

(v) believes all practices should declare themselves to CQC as 'requiring improvement,' as they are unable to offer safe and effective care due to widespread system failings outside of primary care.

Proposed by Lisa Harrod-Rothwell, Kensington and Chelsea

LOST

MENTAL HEALTH SERVICES

(6) That conference, whilst recognising their staffing crisis, is concerned about the diminishing access to mental health services and:

(v) calls on GPC England to negotiate investment in children's mental health services.

Proposed by Peter Holden, Derbyshire

LOST

INTERFACE

(18) That conference notes the increase in attempted shifting of work from secondary to primary care since the introduction of block contracts for trusts and calls for:

(v) data to be collected and published, in order to publicly shame Trusts which persist in shifting work onto GPs without agreement or resource.

Proposed by Lucy Clement, Leeds

LOST