

Conference News

Special Conference
of Representatives of England
Local Medical Committees
19 March 2025

PREFACE FROM CHAIR OF GPC ENGLAND

Last Summer GPC England published our vision, [our manifesto](#) “Patients First – Why General Practice is Broken and How We Can Fix It”.

On page one, step one, we said our profession needed safety, stability, and hope.

A safe service for patients through a stable contract for 2025/26 to stop the loss of any more practices closing, to turn the tide on colleagues leaving the profession, and find fulfilling roles for all GPs in the NHS - but what was key, was longer term hope for the future. Hope in the Government’s forthcoming 10-Year Plan for the NHS to commit to a new GP contract that would re-ignite patients and the profession’s confidence in the future of the NHS and restore general practice to being the jewel in its crown.

We set out a roadmap for what it would take to truly bring back the family doctor for our patients. That yes, patients want access to a GP, but not just any GP, *their* GP. True general practice - embedded continuity of care, the cradle to grave model led by the patient’s known and trusted expert generalist gatekeeper.

If 1.7m patients use the NHS each day, and 1.5m of those are in our practices - then isn’t it obvious? We as GPs are the key to fixing the NHS. Back in November 2024, LMC Representatives voted for this Special Conference, to examine the possibilities for escalation of collective action and examination of additional leverage. We were in a period of very little clarity around 2025/26 and beyond in the wake of the Spending Review of 30 October 2024. The very fact that the Special Conference had been called was leverage, in and of itself. Whilst now we are out of national dispute, the focus shifts to local collective bargaining with our Mind The Gap campaign to mount pressure on ICBs and Acute Trusts to respond to Government’s objectives to ensure safe locally contracted pathways of care to ensure patients do not fall into commissioning gaps. Individually, our Safe Working Guidance, policy for the best part of a decade does not stop – it cannot stop.

Nationally we fully recognise that the 2025/26 contract is not going to save general practice. Only a new contract can solve some of the intractable problems inherent in 2004’s GMS: the perverse incentives for practices to merge to survive, shrinking partnerships and career opportunities alike in the process. We have seen the loss of MPIG and seniority; Carr-Hill is out of date; dispensers are reeling from costs and NHS Property Services disputes continues to wreak havoc whilst premises capital investment is as rare as hen’s teeth. Bringing a begging bowl to Government each year to squeeze out a few extra £100million is the Liverpool Care Pathway of managing our demise and palliating general practice. It’s the equivalent of dripping subcutaneous saline through a pink butterfly on the dorsum of a grey swollen hand. The profession needs IV inotropes and a 240V shock. We need a new contract.

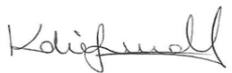
On 18 March, the Secretary of State wrote to confirm his commitment to negotiating a new NHS GP substantive practice contract within this Parliament. Now is the time to shift away from a reactive and expensive hospital-centred crisis care model towards a proactive, preventative, holistic care. Expert-generalist led, in a community-based footing; we can see how this will save money, as well as lives. GPC England is your elected GP committee of the BMA; we are the primary trade union and professional association for GPs in England. We have sole negotiating rights over the new contract. We too are family doctors, elected by other family doctors, and we recognise that we are in a unique position to speak truth to power and tell politicians what our patients tell us, every day. We are speaking to Government – and for now they are listening because we believe they want collaboration not conflict, and solutions not problems - and that’s what we are trying to do. As a profession, we need unity not division. Collective Action has demonstrated the degree to which the contract is

broken, hence Government committing to a new contract was a condition in our manifesto as a means to move beyond dispute, to secure the real transformation of the resource we need.

We must now focus on the road ahead. The sun was shining on Friends House on 19 March, and this Spring has seen unseasonably sunny weather – but storm clouds are on the horizon and will revisit us again. We need to be prepared and understand what, where and how we can secure leverage – with the support of the profession. This was the importance of this Special Conference. I would like to thank Dr Elliott Singer as outgoing Conference Chair and his Agenda Committee for such a useful agenda and helpful advisory strategic output. I would encourage LMCs to debate and discuss the resolutions to this conference with elected members.

The challenge is now before us – work with Government and DHSC nationally in securing a new contract. Engage with Treasury around its imminent comprehensive spending review. Locally – continue to support LMCs in local collective bargaining utilising national guidance across practices and PCNs to commission safely and resource fairly, whilst at an individual level continue to practise safely using our national safe working guidance.

We want to all be able to look back in 2048 if we are lucky enough to get there, and think - we did our bit, we played our small collective part in safeguarding general practice for the next generation and thus with it, the NHS itself.

A handwritten signature in blue ink, appearing to read 'Katie Bramall', with a stylized flourish at the end.

Dr Katie Bramall
Chair, GPC England

RESOLUTIONS

NHS STATUS

5. That conference believes that in light of the Health Secretary's assertion that GPs are "not formally part of the NHS", general practice in England has been operating under a restraint of trade, due to the GMS contract's restrictions on provision of private services and instructs GPCE to demand of the government immediate clarification as to the status of general practices operating under GMS contracts, as either NHS entities or private businesses.

Conference:

- (i) demands that government commit to full reimbursement of any increase to employer's costs (eg employer's national insurance contributions), if it is established that GMS practices are considered to be NHS entities
- (ii) demands that restraints on trade, such as the prohibition of most private services to NHS registered patients, be removed from the GMS contract if it is established that GMS practices are considered to be private businesses
- (iii) demands that GPCE should publish a schedule of minimum private tariffs for services, for immediate implementation if it is established that GMS practices are private businesses and not considered to be NHS entities
- (iv) demands that GPCE should publish an indicative schedule of minimum private tariffs for services, ahead of any agreement between GPCE and government about whether GMS practices in England may offer these private services to their NHS patients
- (v) instructs GPCE (in the event that practices are considered to be private businesses) to seek senior legal opinion as to the viability of legal action against the government in a retrospective claim for losses due to historic restraint of trade on behalf of all GMS contract holders and the estates of deceased contractors.

Proposed by Jeremy Mellins, Berkshire LMC

- (i) **carried overwhelmingly**
- (ii) **carried overwhelmingly**
- (iii) **carried overwhelmingly**
- (iv) **carried overwhelmingly**
- (v) **carried**

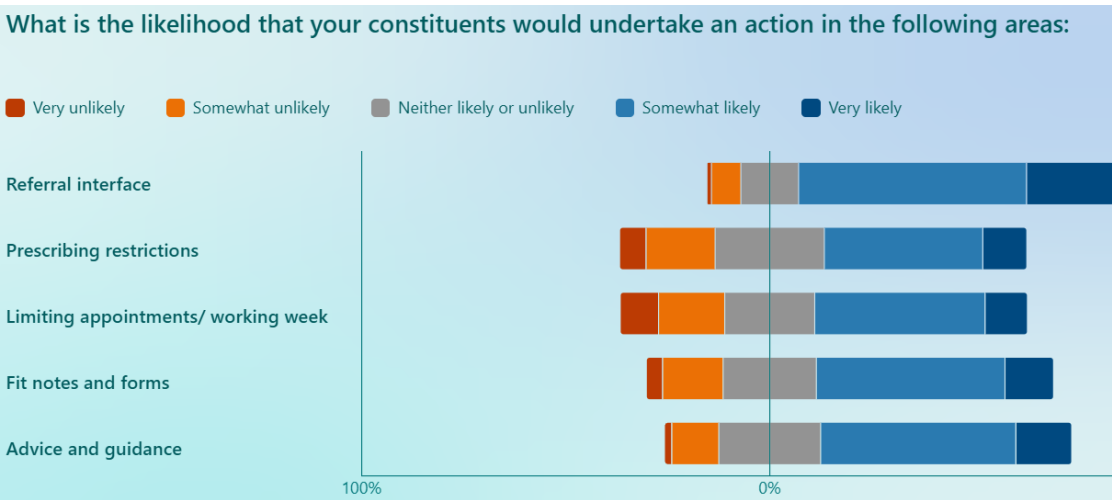
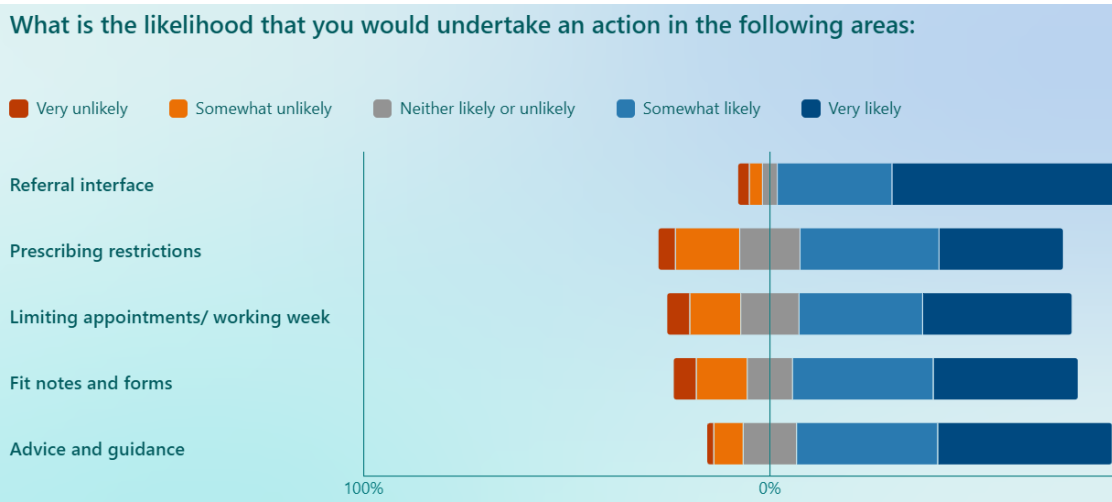
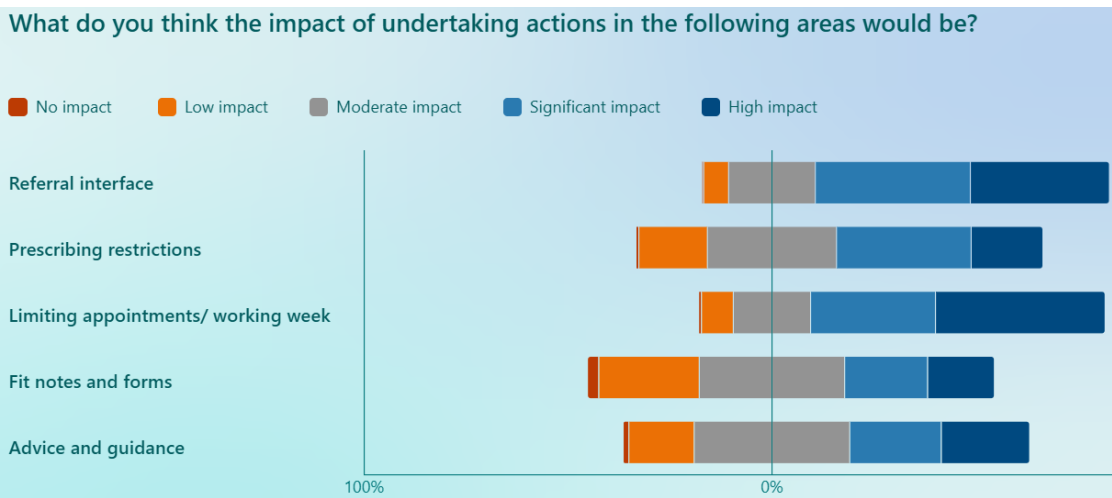
INDEFINITE MED 3s

6. That conference, noting the contractual duty of GPs to provide Med3s / fit notes, the huge number of appointments used purely for this purpose and the fact that general practice lacks the resources to do its own job fully, let alone that of the DWP, suggests that all practices now issue an 'indefinite' Med3 / fit note on the first presentation, passing all further fitness-for-work assessment to the DWP.

Proposed by Paul Evans, Gateshead and South Tyneside LMC

Carried

COLLECTIVE ACTION



7. That conference, having debated further escalatory collective actions, requires GPCE to prioritise as the next steps in collective action (or similar), in addition to any other policy resulting from Special Conference 2025, the outcomes from the themed debate.

Proposed by the chair, Elliott Singer

Carried unanimously

WITHDRAW FROM PCN DES

8. That conference asserts:
- (i) the PCN DES has been used by NHS England as a mechanism to exert direct control over workforce development within GP partnerships, undermining their independent status
 - (ii) the PCN DES has diminished the importance of the GP's role within primary care, shifting focus away from their pivotal position in delivering patient care
 - (iii) that any future industrial action should include targeted efforts to disband PCNs, with a demand to reallocate their resources directly into core funding to strengthen general practice

Proposed by Ken Atkinson, North Yorkshire LMC

- (i) **carried overwhelmingly**
- (ii) **carried overwhelmingly**
- (iii) **carried overwhelmingly**

EMERGENCY MOTIONS & CHOSEN MOTIONS

176. That conference, in light of the 2025/26 GP contract requirement from October 2025, to keep on-line consultations open from 08.00 until 18.30:
- (i) believes that unlimited patient on-line access will increase workload and lead to burnout for all practice staff
 - (ii) has concerns about the inequity created for those patients unable to submit on-line consultations, thereby increasing health inequalities
 - (iii) predicts that this will lead to waiting lists in general practice with the potential for patient safety concerns
 - (iv) foresees the unintended consequences of patients being directed to 111 and emergency departments in order for practices to maintain safe workloads
 - (v) demands that practices boycott this requirement and retain the ability to switch off on-line access once they have reached their safe working capacity.

Proposed by Shaba Nabi, Avon LMC

- (i) **carried overwhelmingly**
- (ii) **carried overwhelmingly**
- (iii) **carried overwhelmingly**
- (iv) **carried overwhelmingly**
- (v) **carried overwhelmingly**

188. That conference is outraged by the paltry amount of funding offered for continuation of the advice and guidance service, confirming the governments continued lack of respect towards our time, expertise and monumental disregard for the costs of processing and workload associated with such a service. Conference demands:

- (i) GPCE to coordinate strategic industrial action to expose the vast amount of hidden and unappreciated work that is managed in primary care
- (ii) GPCE does not accept any short-term negotiations that serve to diminish the primary care work forces faith in, or credibility of collective and industrial action
- (iii) GPCE to negotiate a comprehensive fully costed model that fairly compensates general practitioners for the provision of services, such as advice and guidance.

Proposed by Leanne Eddie, Dorset LMC

- (i) **carried as a reference**
- (ii),(iii) **carried**

189. That conference recognises the growing burden of unfunded work being undertaken by general practices across England, and the lack of clarity surrounding what constitutes core work within the GMS contract and PCN DES, and:

- (ii) insists that any additional work beyond the defined scope of the GMS contract and PCN DES be properly funded and negotiated through enhanced services or alternative contractual mechanisms
- (iii) calls for immediate action to prevent general practice absorbing secondary care workload transfers without appropriate funding, resourcing, or contractual agreement
- (iv) urges the BMA to lead a national campaign to highlight the risks to patient safety and GP sustainability caused by unfunded and uncontracted work.

Proposed by Charlotte Walker, Gloucestershire LMC

- (ii) **carried overwhelmingly**
- (iii) **carried unanimously**
- (iv) **carried overwhelmingly**

ENGAGEMENT

11. That conference accepts the challenge and importance of remaining united as a profession in order to be a powerful force to enable change. It calls on GPCE to help GPs promote their work to the public by:

- (i) coordinating organised marches and peaceful protests to promote general practice, raise awareness of GPs' commitment to patient care and highlight the escalating pressures faced by GPs
- (iii) intensively engaging with local and national media, social media influencers, patient advocacy and charity groups.

Proposed by Bethan Rees, Hertfordshire LMC

- (i) **carried**
- (iii) **carried**