



General Practitioners Committee

Conference News

Conference of Representatives of Local
Medical Committees
11 -12 June 2009

Part I: Resolutions
Part II: Election results
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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2009

RESOLUTIONS

Standing orders

- (4) 1. That standing orders covering subject debates, topical issue debates and themed debates be amalgamated to enable the agenda committee to determine the most appropriate method to conduct a major issue debate.

The parameters to be determined shall include the timings of all aspects of the debate, including that of any invited speakers, and those participating in the debate, the ability to invite speakers not from conference, and the identification of the method of voting on motions.

(Proposed by Mary Church on behalf of the Agenda Committee)

Carried unanimously

- (5) 2. That standing order 60 be amended to read:
60.1 A period shall be reserved for a soapbox session in which representatives shall be given up to one minute to present to conference an issue which is not covered in Part 1 of the agenda.
60.2 Other representatives shall be able to respond to the issues raised during the soapbox session, or afterwards via means to be determined by the agenda committee.
60.3 Representatives wishing to present an issue in the soapbox should complete the form provided and hand to a member of the agenda committee at the time of the debate.
60.4 GPC (UK) members shall not be permitted to speak in the soapbox session.

(Proposed by Mary Church on behalf of the Agenda Committee)

Carried unanimously

General practice

- (*9) 3. That conference affirms, and insists government should acknowledge, general practice's popularity with patients and its ability to offer:
(i) excellent value for money
(ii) the list-based continuity of care that patients want, with named doctors they trust
(iii) quality-driven, rather than target-driven, patient care
(iv) generalist skills
(v) unique skills in risk management.

(Proposed by Deborah Walters, Gwent on behalf of the Agenda Committee)

All parts carried unanimously

- (*22) 4. That conference notes that the Secretary of State for Health does not care which doctor he sees but would like to remind him that many patients with chronic or recurring illness value continuity of care highly and asks him to ensure that institutional barriers to continuing personal care are not created.

(Proposed by Paul Roblin on behalf of Berkshire)

Carried unanimously

Government health policy and the NHS

- (*25) 5. That conference believes that the current Department of Health policy for general practice as epitomised by the World Class Commissioning, 'High quality for all, improving GP services' document:
(i) will result in depersonalised general practice
(ii) will result in a target-driven micro-managed general practice with potential adverse 'unforeseen' consequences similar to those seen in the Mid-Staffordshire Acute Trust

- (iii) will result in speed of access and convenience given priority over quality of care
- (iv) will result in poorer quality patient services
- (v) must be resisted by all general practitioners and the GPC.

(Proposed by M MacKinnon on behalf of South Staffordshire)

All parts carried unanimously

- (28) 6. That conference calls for a change in atmosphere between politicians and general practitioners, to move away from a 'them and us' mentality and to work together to achieve the best possible outcomes and services for our patients.

(Proposed by Georgina Brown on behalf of Glasgow)

Carried

- (29) 7. That conference
- (i) deplores the constant undermining of general practice by the Department of Health and the petty taking of revenge on GPs for so successfully delivering the new contract
 - (ii) believes the NHS should be removed from direct political control
 - (iii) calls on the government to nationalise the health service.

(Proposed by Phil Donnett on behalf of Cornwall and Isles of Scilly)

Parts (i) and (ii) Carried Part (iii) Carried as a reference

Patient confidentiality

- (*41) 8. That conference strongly supports the principles of clinical confidentiality and :
- (i) believes the GP role as the data holder of their registered patients' clinical records is fundamental to maintaining confidentiality
 - (ii) believes an opt-in approach by the patient (or their appropriate representative) empowers patients to understand the implications of any transfer of patient identifiable clinical information from their record to a third party
 - (iii) believes that when releasing information on named patients it is not sufficient to assume implied consent
 - (iv) believes patients should be able to ask for a list of the occasions that their Summary Care Record (SCR) has been accessed, and by whom
 - (v) deplores attempts to place obstacles in the path of patients wishing to restrict the distribution of their medical records.

(Proposed by J Doyle on behalf of Surrey)

Parts (i), (ii), (iv) and (v) Carried Part (iii) Carried unanimously

Revalidation

- (*56) 9. That conference welcomes the professional lead taken in developing a system of revalidation but:
- (i) insists that proposals do not detract from patient care by reducing the time available for patient care
 - (ii) insists that proposals are realistic, relevant and able to be achieved in a reasonable time frame
 - (iii) demands that any programme be fully funded and resourced by central government with proper funding for appraisers and responsible officers, and appropriate funding for remediation
 - (iv) insists that adequate protected time is available for preparation with any costs borne by GPs and employing practices being reimbursed in full
 - (v) insists that the process does not result in a disproportionate increase in GMC fees.

(Proposed by I Hulme, Norfolk on behalf of the Agenda Committee)

Carried

- (*72) 10. That conference calls for revalidation to be properly matched to appraisal and to be equitable for all GPs but:
- (i) insists that this reflects the needs and working patterns of doctors and does not disadvantage sessional GPs
 - (ii) believes that the RCGP proposals for revalidation discriminate against a significant number of sessional GPs
 - (iii) insists that GPC ensures that the process of revalidation is not disproportionately difficult for sessional GPs
 - (iv) recognises that solidly funded support mechanisms need to be in place for the successful revalidation of sessional GPs

(Proposed by Joanne Bailey, Hertfordshire, on behalf of the Agenda Committee)
Carried

- (*T3) 11. That conference in response to the proposals for enhanced appraisal and revalidation believes:
- (i) there should be a quality assurance process for appraisees and appraisers with individual feedback
 - (ii) that 360 degree appraisal must not become part of revalidation until a validation method is agreed with the GPC
 - (iii) the RCGP plan for 250 learning credits in five years will be too complex and time consuming
 - (iv) the proposed RCGP system of learning credits will place an unfair burden on the appraiser to judge whether the number of credits claimed is appropriate
 - (v) the proposed RCGP system of learning credits should be replaced with a more reasonable system.

(Proposed by S O'Connell, North Yorkshire, on behalf of the Agenda Committee)
Carried

- (93) 12. That conference asserts that the cost of revalidation must be reasonable and the same for all GPs whether or not members of the RCGP.

(Proposed by Rachel McMahon on behalf of Cleveland)
Carried

GPC Wales

- (*99) 13. That conference congratulates the Welsh Deanery for:
- (i) the appraisal system in Wales
 - (ii) its efforts to develop a pilot for revalidation
 - (iii) its aim to ensure that GPs and LHBs are prepared for the introduction of relicensing and recertification for doctors in Wales.

(Proposed by David Grant on behalf of Gwent)
Carried

GP Education and Training

- (*103) 14. That conference recognises the increasing workload of GP trainers in training and supporting GP registrars and:
- (i) believes that many trainers feel undervalued by government
 - (ii) calls for an uplift to the trainer's grant
 - (iii) believes an uplift in the trainer's grant would attract new trainers to take on this work
 - (iv) calls for an increase in the numbers of GP trainers

(Proposed by Dr Rayani on behalf of Morgannwg)
All parts Carried

- (*113) 15. That conference notes the importance of recognising a GP trainee's educational needs and calls on the Committee of General Practice Education Directors to encourage programme directors, when agreeing a training programme, to:
- (i) maximise learning opportunities
 - (ii) reduce inflexibilities
 - (iii) reduce duplication of experience
 - (iv) base the programme on educational value rather than service needs
 - (v) allow trainees access to their individual study budgets.

(Proposed by Katie Bramall, Haringey, on behalf of the Agenda Committee)
Carried unanimously

- (*119) 16. That conference believes that five years of post-foundation training in general practice:
- (i) is essential to train generalist doctors to manage the increasingly complex problems and decision-making in modern primary care
 - (ii) should be properly resourced
 - (iii) should at least consist of two and a half years training in a primary care setting.

(Proposed by Richard Williams on behalf of Lothian)

Part (i) Carried as a reference

Parts (ii) and (iii) Carried

DDRB and Funding for general practice

- (*125) 17. That conference believes that the MPIG correction factor was provided to GMS practices for legitimate reasons and practices will be destabilised if it is removed without an equivalent increase in the global sum.

(Proposed by Andrew Taylor on behalf of Liverpool)

Carried

- (*134) 18. That conference:
- (i) deplores the 2009 DDRB pay award for GP specialty registrars and calls on the GPC to prioritise GP specialty registrars in the 2010 DDRB evidence and submission round
 - (ii) is outraged that the 2009 DDRB report is its 20th consecutive report to dodge the question of a national baseline pay framework for GPs working in community hospitals
 - (iii) deplores the derisory increase in practice resources for 2009/10 which will be offset by losses for many practices from QOF prevalence changes.

(Proposed by Rickman Godlee, Oxfordshire, on behalf of the Agenda Committee)

Parts (i) and (iii) Carried

Part (ii) Carried as a reference

- (*142) 19. That conference believes that the allocation formula for health care: must enable practice funding to be increased realistically and quickly, to reflect increases in population

(Proposed by Cornelia McCarthy, Greenwich, on behalf of the Agenda Committee)

Carried

- (*155) 20. That conference has considered the recent changes to the QOF and:
- (i) regrets LMCs being asked to find a local solution to a national problem
 - (ii) is critical of PCOs who have not been cooperative with practices who are losing significant sums
 - (iii) calls on the GPC to negotiate an adjusted QOF that would better reflect workload and have more relevance to older and younger populations
 - (iv) demands that the money lost to practices as a result be reinvested in general practices.

(Proposed by R Parker, Cambridge, on behalf of the Agenda Committee)

(Part (i) and (ii) Carried

Part (iii) Carried as a reference

- (*172) 21. That conference with regard to seniority payments:
- (i) congratulates the GPC in not negotiating them away
 - (ii) believes they are important in retaining experienced GPs
 - (iii) notes that the 'pot' is decreasing, as it is only currently available to GP principals.

(Proposed by Dr Payton on behalf of Devon)

Carried

Other motions

- 180 22. That conference is seriously concerned about the cross border issues faced by London practices in relation to the provision of community health and social care services.
(Proposed by Helen Clark, Brent, on behalf of Southwark)
Carried
- 181 23. That conference, although recommending that doctors register with an independent GP:
(i) does not believe that GPs who choose to register with their own practice place their patients at risk
(ii) believes that GPs have the same rights regarding their choice of personal doctor as all other patients
(iii) demands that the requirement for independent registration be removed from the revalidation proposals.
(Proposed by A Green on behalf of East Yorkshire)
Part (i) Carried
Parts (ii) and (iii) Carried as a reference
- 182 24. That conference highlights the inadequate communication between primary care and Her Majesty's prisons and, in the interest of patient safety, calls on the GPC to negotiate effective communication systems for prisoner health.
(Proposed by Gill Beck, Agenda Committee, on behalf of Sheffield)
Carried
- 183 25. That conference believes:
(i) considered feedback from patients can lead to improved primary medical services
(ii) ill-thought consumer-style feedback websites may seriously damage general practice.
(Proposed by Jerry Luke on behalf of West Sussex)
Carried

GMS negotiations

- (*184) 26. That conference believes that the new GMS contract is under threat of being systematically dismantled and calls on the GPC to:
(i) resist this in the interests of the improvements in patients care, public health and staff morale that have been achieved under the new contract
(ii) ensure proper remuneration for current workload and end any further unresourced contract creep
(iii) not agree any contractual changes which will result in any practices losing baseline income without reference to an LMC conference
(iv) lead a more robust response including considering all options of alternative methods of primary care provision
(Proposed by J Cox, Hertfordshire, on behalf of the Agenda Committee)
Parts (i), (ii), (iii) Carried
Part (iv) Carried as a reference
- (*197) 27. That conference calls upon the current government to call off their cynical media assault on GPs and:
(i) is gratified with the efforts made by the GPC to highlight the good work of current general practice and counter the inaccurate and ill informed reports in the national press
(ii) is pleased that the focus of the press has moved onto the banking world and its financial excesses
(iii) urges the GPC to continue its media campaign underlining the fantastic value for money of GPs and their teams
(iv) calls on general practitioners not to solely rely on the BMA or GPC for positive publicity but to actively engage and petition the press themselves to put clear messages and examples of good news stories in the public domain.
(Proposed by Joanne Bailey, Gloucestershire, on behalf of the Agenda Committee)
Carried

- (*209) 28. That conference believes local medical committees and the GPC should review their processes for the involvement of sessional GPs to ensure that this increasing group of general practitioners is adequately represented and supported
(Proposed by Dr Huges, Manchester, on behalf of the Agenda Committee)
Carried

Primary care workforce

- (*215) 29. That conference calls upon the Departments of Health to:
(i) recognise that patients of PMS and APMS practices may be disadvantaged if salaried doctors working in these environments are recruited on terms less advantageous than those of salaried doctors working in GMS and PCTMS practices
(ii) introduce legislation to ensure that all salaried doctors providing primary medical services to NHS patients are employed on terms no less favourable than the BMA/NHSE model contract for salaried GPs.

(Proposed by John Grenville on behalf of Derbyshire)
Carried

- (*221) 30. That conference:
(i) deplores the demise of primary care teams
(ii) believes the safeguarding of children has been put at risk by the reorganisation of health visitor services from practice based to area based teams
(iii) demands a move back to practice based primary care teams
(iv) believes primary care teams should include at least community nurses, health visitors, and community psychiatric nurses
(v) believes that the number of health visitors should be increased.

(Proposed by Rob Saddler, Kent, on behalf of the Agenda Committee)

Parts (i), (ii) and (iv) Carried
Part (iii) Carried unanimously
Part (v) Carried as a reference

- (230) 31. That conference supports that quality of patient care is best delivered by fully vocational trained general practitioners and calls for a halt in the dilution of the medical service by replacing GPs with less-qualified healthcare workers.

(Proposed by Penny Ackland on behalf of Southwark)
Carried

Pensions

- (231) 32. That conference:
(i) views with grave concern the current media campaign against public sector pensions as a whole and in particular concerning GPs NHS pensions
(ii) reminds government that the GPs' NHS pension is paid for by general practitioners themselves at up to 22.5% of pay and that pension is deferred pay
(iii) notes that the value of the benefits of the pension has been reviewed by the DDRB and taken into account when making recommendations on GP pay
(iv) regards any unilateral attempt by government to adversely interfere with the NHS pension scheme as potential theft and mandates the GPC to negotiate accordingly.

(Proposed by John Grenville on behalf of Derbyshire)
Carried unanimously

Commissioning of care / Care pathways

- (*232) 33. That conference:
- (i) welcomes the recent plan of the Department of Health to revitalise practice based commissioning (PBC) and believes all GPs should become involved
 - (ii) believes deficiencies in the competence and capacity of PCOs have hampered the development of PBC
 - (iii) believes PCOs should be instructed by the Department of Health to provide greater incentives including training, financial and management support to increase GP involvement in PBC
 - (iv) does not believe that new primary care services will be commissioned unless practices are given control of PBC budgets
 - (v) believes that the constraints on the use of PBC freed up resources must be removed to allow reinvestment in service development.
- (Proposed by Martin Harris, Barnet, on behalf of the Agenda Committee)**
Parts (i), (ii), (iii) and (v) Carried
Part (iv) Carried as a reference
- (*244) 34. That conference regrets that despite the continual rise in hospital consultant numbers there is an increasing amount of work of increasing complexity being transferred from secondary care into primary care and asks that government take urgent action to ensure PCOs provide practices with the necessary resources and additional funding to cope with this new work.
(Proposed by Anne Colquhoun of Ayrshire and Arran)
Carried unanimously
- (*251) 35. That conference supports the development of care pathways by trusts in conjunction with GPs and LMCs but is concerned that the insistence on the use of care pathways by trusts and LHBs:
- (i) can interfere with the normal GP to consultant referral process that has stood the test of time in the NHS
 - (ii) may 'require' GPs to complete specific referral templates for each condition
 - (iii) can result in significant amounts of pre-referral work for the GP that is un-resourced under GMS
 - (iv) can be seen as a tool of management to refuse or restrict referrals from GP
 - (v) must not result in referrals being returned by administration staff without the referral having been seen by a clinician.
- (Proposed by Ian Millington on behalf of Morgannwg)**
Carried
- (254) 36. That conference acknowledges that failure of communication has played an important part in many critical incidents and disasters and instructs GPC to highlight this risk and provide guidelines for commissioners to define, monitor and enforce high standards of timely communications between secondary and primary care as this is critical to patient safety.
(Proposed by F Cranfield on behalf of Hertfordshire)
Carried unanimously

Procurement of general practice

- (*257) 37. That conference believes that the competitive tendering of primary medical services contracts by PCOs:
- (i) is of questionable value to the NHS, particularly due to the resources consumed by the process
 - (ii) results in the awarding of short term contracts which will seriously undermine the ability of general practitioners to provide continuous high quality patient care
 - (iii) needs greater transparency of the process, the costs and in feedback to bidders
- (Proposed by Hilary King, Kensington and Chelsea, on behalf of the Agenda Committee)**
Carried

- (*263) 38. That conference welcomes the report of the Health Select Committee which states that the 'roll-out of GP led health centres has the potential to be a waste of taxpayers money and to be grossly inefficient' and:
- (i) deplores the waste of NHS money and the threats to existing general practice , particularly small practices, resulting from the imposition of equitable access practices in areas where there is no perceived need
 - (ii) deplores the ring fencing of monies for equitable access practices preventing investment in existing general practices which would allow the latter to improve access for patients
 - (iii) believes the procurement process for GP led centres has consumed PCO resources to the detriment of other more important commissioning tasks
 - (iv) calls on GPC to collect data demonstrating the level of damage to existing practices and the cost to the NHS of the imposed GP led health centres
 - (v) instructs GPC to robustly challenge any further waves of, or extension to contracts for existing equitable access practices.

(Proposed by A Withers, Bradford, on behalf of the Agenda Committee)

Parts (i), (ii), (iii) and (iv) Carried Unanimously

Part (v) Carried

Future organisation of general practice

- (*291) 39. That conference welcomes the proposals for Federations of GP Practices, as outlined in the RCGP document 'Primary Care Federations – putting patients first' and
- (i) supports proposals that practices could work together in federations while retaining their individual contract independence
 - (ii) believes that the best possible delivery of primary care services will be achieved by practices working together in a collaborative or networked model
 - (iii) believes that practices should be incentivised to work in a federated way akin to the past when practices were incentivised to take on partners rather than salaried GPs.

(Proposed by P Boffa, Croydon, on behalf of the Agenda Committee)

Part (i) Carried

Parts (ii) and (iii) Carried as a reference

- (*297) 40. That conference believes that partnerships of general practitioners are the gold standard for the delivery of general practice care and the only way of ensuring the future of high quality general practice for our patients and
- (i) calls on the GPC to develop contractual incentives, in partnership with NHSE, which will encourage practices to recruit new GP partners
 - (ii) conference encourages practices to consider locally placed salaried/sessional GPs in their succession planning
 - (iii) the increase in salaried GPs represents a substantial threat to the future security of independent contractor status
 - (iv) calls on the GPC to ensure that any pressure to remove this tried and tested, high quality model is rebuffed.

(Proposed by H King, Kensington & Chelsea, on behalf of the Agenda Committee)

Carried

- (*325) 41. That conference is increasingly worried by all new GP contracts being delivered under APMS and the consequent undermining of GMS and PMS.

(Proposed by P Jarrett, Lewisham, on behalf of the Agenda Committee)

Carried

- (*329) 42. That, with regard to salaried GPs, conference:
- (i) condemns the current attitude of certain employing practices which are offering unfair and unfavourable working conditions for salaried doctors
 - (ii) reminds practices of BMA contractual guidance for salaried doctors including the honouring of the recommended DDRB uplift
 - (iii) calls for robust career structures and development opportunities for salaried doctors
 - (iv) calls for the GPC to initiate a questionnaire of all salaried GPs, to obtain data concerning contracts and work conditions, and once obtained, for the GPC to work on regulations for fairer work conditions and remuneration.

Carried

Information management & technology / Choose and Book

- (*346) 43. That conference reaffirms its support for the principles of 'GP System of Choice' and
- (i) rejects politically motivated pressure to move to 'preferred' systems
 - (ii) believes that secure remote access to clinical systems must be available to all GPs, at no cost, regardless of software systems used
 - (iii) believes that practices with branch surgeries should not be disadvantaged
 - (iv) requires practices who have moved to inadequate hosted systems to be provided a local server alternative until response times and functionality are equivalent
 - (v) calls on the Department of Health to urgently address provision of IT systems to allow practices to comply with section 4 of the IM&T DES.

(Proposed by M Bestall, Doncaster, on behalf of the Agenda Committee)

Carried

- (*351) 44. That conference condemns the continued waste of money on the English national IT project which, in most areas, remains unfit for purpose.

(Proposed by A Sapsford of Buckinghamshire)

Carried

- (*356) 45. That conference condemns comments made by the Minister for Health in England that GPs are to blame for the low use of Choose and Book and:
- (i) reminds him that GPs have a history of using new technology as soon as it is fit for purpose and offers benefits to patients and practices
 - (ii) believes that most patients requiring secondary care intervention would prefer to be treated as close to home as possible and that choose and book software should have a more local default setting
 - (iii) calls on GPC to insist on a reliable and consistent denominator for measuring the use of Choose and Book by GPs
 - (iv) supports the national Choose and Book team, when it says that Choose and Book usage should not be used as a performance management measure at any level and calls on GPC to ensure that this is adhered to.

(Proposed by Amanda Robinson, Leeds, on behalf of the Agenda Committee)

Parts (i), (ii) and (iv) Carried

Part (iii) Carried as a reference

Public health

- (*361) 46. That conference believes that where the Department of Health requires the assistance of general practice in the implementation of national public health campaigns they must:
- (i) work with GPC to ensure a consistent and unified approach to the future implementation of these programmes
 - (ii) first negotiate the workload and funding issues with the GPC
 - (iii) implement a directed enhanced service to cover this work
 - (iv) only publicise the campaign once the training, workload and financial impacts have been considered and agreed.

(Proposed by J Kelly, Kent, on behalf of the Agenda Committee)

Carried Unanimously

- (366) 47. That conference believes that evidence based vascular screening will be best done in general practices and should not be farmed out to third parties.

(Proposed by Nick Bray, Somerset)

Carried

- (701) 48. That conference congratulates general practitioners and their staff on their professional response to the outbreak of swine flu, and commends:
- (i) the Chief Medical Officer for his work in increasing national preparedness
 - (ii) the RCGP/BMA for their published guidance
 - (iii) our patients for their appropriate use of resources
 - (iv) and commends those GP Out-of-Hours organisations which have worked tirelessly to deliver and protect services in areas of H1N1 outbreak.
- (Proposed by M Moor on behalf of Cambridge)**
Parts (i), (ii) and (iii) Carried
Part (iv) Carried unanimously

Clinical and prescribing

- (367) 49. That conference supports GPs who choose to decline to accept prescribing advice from inappropriately qualified professionals.
(Proposed by N Statham on behalf of Gwent)
Carried
- (368) 50. That conference deplores the lack of adequate primary care mental health services and the effect this has on the health of patients and their GPs.
(Proposed by N Hyams on behalf of Salford and Trafford)
Carried unanimously
- (369) 51. That whilst supporting initiatives to ensure that medications likely to be needed by patients dying in the community are made available to them in advance of their need ('just in case' boxes), conference believes
- (i) they are not a substitute for accurate diagnosis and personalised prescribing in the event of a change in the patient's condition
 - (ii) GPs are being pressurised into prescribing without any control over their administration
 - (iii) they should not be used inappropriately in response to inadequate GP staffing of out-of-hours services.
- (Proposed by Alan Francis on behalf of East Yorkshire)**
Carried
- (370) 52. That conference:
- (i) believes that all patients should have access to all clinically appropriate treatments for cancer, irrespective of their ability to pay 'top-up' fees
 - (ii) believes that 'top-up' fees should not be used by the NHS as a mechanism to ration the provision of cancer treatments
 - (iii) demands that the Scottish Government ensure all clinically appropriate treatments for cancer are able to be provided by NHS Scotland.
- (Proposed by PM Donald on behalf of Lothian)**
Parts (i) and (iii) Carried as a reference
Part (ii) Carried

Essential, additional and enhanced services

- (371) 53. That conference believes that unscheduled care is a vital part of in-hours primary care, and removal of it will result in us becoming deskilled and undervalued.
(Proposed by Gillian Arbuckle on behalf of Borders)
Carried

- (*372) 54. That conference, with regard to the clinical DESs for 2008/09:
- (i) regrets the lateness of publication of the relevant Directions
 - (ii) regrets the lack of time available in the financial year to earn any income from these DESs
 - (iii) is beginning to believe that the recurrent delay in finalising new DESs is a government ploy to prevent GPs from earning any intended increase in practice resources in the current year
 - (iv) asks the GPC to demand that all new DESs are ready for implementation from the beginning of the financial year
 - (v) instructs the GPC to ensure that all the monies still owing as a result of the delays are fully accounted for and reinvested in general practice in 2009/10.
- (Proposed by Gill Beck, Buckinghamshire, on behalf of the Agenda Committee)**
Carried unanimously
- (*384) 55. That conference requests GPC to negotiate the following services as DESs a 'well carer' enhanced service to identify and support carers proactively.
(Proposed by J Laing, East Yorkshire, on behalf of the Agenda Committee)
Carried as a reference
- (*388) 56. That conference instructs the GPC to ensure that the provision of extended hours services remain optional and to revise the extended hours DES to ensure that extended hours:
- (i) are not used as quality markers
 - (ii) are not provided without adequate support services
 - (iii) are flexible to reflect local need
 - (iv) are clearly distinguished from out-of-hours services.
- (Proposed by S Alvis, Gloucestershire, on behalf of the Agenda Committee)**
Carried as a reference
- (*403) That conference believes that PCOs should undertake the work of ascertaining a foreign patient's entitlement to NHS treatment rather than delegating this task to individual practices.
(Proposed by Joanne Watt on behalf of Northamptonshire)
Carried

Out-of-hours

- (*405) 57. That conference, in respect of out-of-hours care:
- (i) demands that the GPC agree and publish a minimum set of criteria that should apply in the event that the profession takes back responsibility for the commissioning of out-of-hours cover
 - (ii) insists that PCOs must allocate reasonable funding levels to out-of-hours providers to enable them to provide for good quality care.
- (Proposed by Richard Withers, Cambridgeshire, on behalf of the Agenda Committee)**
Carried

Quality and Outcomes Framework

- (*409) 58. That conference believes that a voluntary UK wide evidence based QOF remains essential to improving public health and
- (i) demands that government adheres to the principles underlying the original QOF
 - (ii) believes that locally negotiated indicators may produce a postcode lottery of health services
 - (iii) strongly opposes the principle that once activity has become embedded in general practice QOF payments should cease, as these payments are needed to maintain improvement in quality
 - (iv) insists any new additions to QOF must be properly resourced
 - (v) insists that all IT changes and business rules for any QOF changes must be in place by the beginning of each financial year.
- (Proposed by Huntley McCallum, Ayrshire and Arran, on behalf of the Agenda Committee)**
Carried

- (*432) 59. That conference has grave concerns regarding the role of NICE in the QOF process and
- (i) has no confidence that NICE has an adequate understanding of primary care of the financial basis underpinning QOF
 - (ii) believes it does not appear to have the ability to evaluate existing primary care therapies nor has any concept of the capacity to manage change in general practice
 - (iii) demands that any changes are long term and evaluated prior to making any future changes
 - (iv) insists that NICE must work with GPC in the management of QOF development and implementation
 - (v) insists that NICE identify the resources needed by general practice to implement its QOF recommendations.

(Proposed by Gill Beck on behalf of Buckinghamshire)

Carried unanimously

- (*439) 60. That conference believes that in delivering clinical care according to protocol such as QOF:
- (i) clinical priorities are distorted
 - (ii) that the best interests of patients would be served by there being more time for consultation and less emphasis on data collection.

(Proposed by T Morehead on behalf of Sheffield)

Part (i) Carried as a reference

Part (ii) Carried

Patient surveys

- (*442) 61. That with regard to patient surveys and feedback, conference believes:
- (i) only the loyal or the malcontents will trouble to fill in these surveys thereby failing to give a fair picture of a practice
 - (ii) patient satisfaction surveys must have statistical validity if they are to be used as a basis for funding practices
 - (iii) GPC must negotiate a reduction in the amount of money dependent on the current patient satisfaction survey outcomes
 - (iv) patient satisfaction surveys are not an acceptable method to determine resources needed to fund basic practice care
 - (v) that patient questionnaires can be positive tools in canvassing opinion and calls on the GPC to ensure that such questionnaires employ statistical rigour and unbiased questions.

(Proposed by Peter Swinyard on behalf of Wiltshire)

(Parts (i) and (iii) Carried as a reference

Parts (ii), (iv) and (v) Carried

Regulation, monitoring and performance management

- (*450) 62. That conference deplores the ever increasing bureaucratic burden to practices as a consequence of performance management by PCOs and:
- (i) believes that increasing the number of performance monitoring routes detracts from GPs' ability to provide clinical care
 - (ii) demands that bureaucracy surrounding excessive monitoring be decreased in order that practices can concentrate on delivering high quality services to patients
 - (iii) asks government to instruct PCOs to reduce the huge volume of paperwork and evidence which they currently demand
 - (iv) instructs GPC to intervene to reverse this trend.

(Proposed by R Cummings on behalf of Newcastle and North Tynside)

Carried unanimously

- (*460) 63. That conference:
- (i) believes that balanced scorecards often misrepresent the performance of practices
 - (ii) deplores the inappropriate use of balanced scorecards by PCOs
 - (iii) deplores any use of balanced scorecards to threaten closure or amalgamation of practices achieving contractual core standards
 - (iv) calls on GPC to ensure that only evidence based quality markers are included on balanced scorecards
 - (v) calls on GPC to ensure that balanced scorecards are not introduced without local agreement with LMCs.
- (Proposed by K Boomla on behalf of City and East London)**
Carried
- (*467) 64. That conference:
- (i) requires that suspension of NHS GPs by the GMC must be mirrored by suspension from the performers list by the PCO pending a determination
 - (ii) recognises that suspension from work is detrimental to finances and professional standing
 - (iii) believes that there should be an entitlement to financial compensation if suspension from the performers list is incurred and the reason for suspension is not substantiated.
- (Proposed by J Grewal, Enfield, on behalf of the Agenda Committee)**
Carried
- (*470) 65. That conference:
- (i) calls on the governments of the UK to recognise the skills and expertise of GPs
 - (ii) believes a disproportionate amount of time is being spent maintaining certification in sub-areas of general practice
 - (iii) reiterates that GPs do not need a certificate to demonstrate their ability to deliver each function in their generalist training
 - (iv) considers that the setting of necessary training standards for particular roles in general practice should be the responsibility of GPs as a body
 - (v) calls for a review of the demands for accreditation of GPs and GP practices in order to qualify for payment for delivery of enhanced services.
- (Proposed by Helena McKeown on behalf of Wiltshire)**
Carried

Premises

- (*476) 66. That conference supports providing services near the patient and therefore:
- (i) demands adequate funding for practice premises to enable GPs to improve services to patients
 - (ii) deplores the postcode lottery resulting from PCOs' inconsistent policies regarding premises development
 - (iii) demands a clear national strategy for GP practice premises development and improvement
 - (iv) demands an end to the failed policy of PFI
- (Proposed by Dr K Ritchie, Bexley, on behalf of the Agenda Committee)**
Parts (i), (ii) and (iii) Carried
Part (iv) Carried as a reference

Chosen motions

- (689) 67. That conference requests the negotiators to seek the publication of an annually updated list in each UK country of those matters where primary care providers' help is necessary for PCOs to meet their statutory obligations to assist local authorities in the discharge of their duties
- (Proposed by John Grenville on behalf of Derbyshire)**
Carried

Concluding business

(487)

That conference believes that PCOs are always surprised that Christmas Day falls on 25 December on an annual basis and suggests that the date of Christmas should be moved further from New Year's day to reduce the annual chaos caused to the NHS by their close proximity.

(Proposed by A Taylor on behalf of Liverpool)

Carried



PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2009

ELECTION RESULTS

Chairman of Conference - Dr Mary Church

Deputy Chairman of Conference - Dr Michael Ingram

Six members of GPC (in alphabetical order):

Brian Balmer
Laurence Buckman
John Canning
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:

Russell Brown

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

Douglas Colville

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

Charlotte Jones
Lionel Kopelowitz
John Rawlinson
Russell Walshaw

PART III

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2009

REMAINDER OF THE AGENDA

Standing Orders

- (*6) That standing order 71 be amended to include 'and that any motion requiring a simple majority carried or lost with a voting margin of less than five percent be taken as a reference'.
(Proposed by Steven Meech on behalf of Kent) LOST

Government Health Policy and the NHS

- (*29) That conference
(i) has no confidence in the Prime Minister Gordon Brown - MOVE TO NEXT BUSINESS
(ii) has no confidence in the Minister of State for Health Ben Bradshaw - WITHDRAWN BY AVON
(Proposed by Phil Donnett, Cornwall, on behalf of the Agenda Committee)

Revalidation

- (*72) That conference calls for revalidation to be properly matched to appraisal and to be equitable for all GPs but recognises that the current structure of appraisal is inappropriate for the needs of sessional GPs and demands that efforts are made to agree modifications to this appraisal process.
(Proposed by Joanne Bailey, Hertfordshire, on behalf of the Agenda Committee) LOST

GP Education and Training

- (*103) That conference recognises the increasing workload of GP trainers in training and supporting GP registrars and believes that one trainee per GP trainer must be the rule.
(Proposed by Dr Rayani, Morgannwg, on behalf of the Agenda Committee) LOST

DDRB and Funding for general practice

- (*134) That conference:
(i) instructs the GPC to ensure that future pay rises must be paid equally to all practices to avoid the creation of further lists of winners and losers
(ii) condemns as unfair and punitive the 0.7% funding uplift 2009/10 which has been recommended by the Department of Health for PMS practices.
(Proposed by Rickman Godlee, Oxfordshire, on behalf of the Agenda Committee) LOST
- (*142) That conference believes that the allocation formula for health care:
(i) gravely disadvantages the population of London with its multiple ethnicity, rapid turnover and substantial deprived communities and should be adjusted to reflect this
(ii) must reflect the cost of meeting the language needs of patients where English is their second language
(iii) must be revised to reflect the additional workload produced by pro-active case-finding as well as reactive case management
(iv) should rebalance the ratio of funding between global sum QOF and enhanced services.
(Proposed by Cornelia McCarthy, Greenwich, on behalf of the Agenda Committee) LOST

- (155) That conference has considered the recent changes to the QOF and regrets moving towards a true prevalence formula because of the unintended negative consequences.
(Proposed by R Parker, Cambridge, on behalf of the Agenda Committee) LOST
- (170) That conference welcomes the changes to the arrangements for adjusting payment for prevalence in the Quality and Outcomes Framework.
WAIVED BY CLEVELAND
- (171) That conference deplores the introduction of QOF prevalence changes which disproportionately disadvantage London practices, and demands that the GPC implements the Conference Motion passed in 2004 "That Conference fully supports the BMA in demanding a weighting for all GPs that work in London (and other high cost areas)" (AR 601)41 forthwith.
(Proposed by Stuart Kay on behalf of Southwark) LOST
- (*172) That conference with regard to seniority payments demands that they should be available to all NHS GPs.
(Proposed by Dr Payton on behalf of Devon) LOST

LMC Conference

- (177) That conference considers the use of electronic voting system for all votes at national conference a fairer way of ensuring a concealed vote, giving actual figures and allowing individuals to vote with their conscience rather than with the herd.
(Proposed by Dr Haddock on behalf of Highland) LOST
- (178) That conference calls upon the conference organisation committee to hold the annual LMC conference 2010 in the best alternative regional location - the City of Liverpool.
(Proposed by Dr Mimmagh on behalf of Sefton) LOST

General Practitioners Committee

- (207) That conference deplores the lack of action by GPC in respect of last year's conference resolution 25 calling for the strengthening of the partnership basis of general practice, as reported in AC1.
(Proposed by A Murray on behalf of Merton, Sutton and Wandsworth) MOVED TO NEXT BUSINESS
- (208) That conference believes that employed GPs must have their own separate branch of practice committee, and asks the Organisation Committee to produce a report to ARM for 2010 detailing how this will be achieved.
(Proposed by S Blake on behalf of Lothian) LOST
- (209) That conference
 (i) believes that the future face of primary care will include increasing numbers of APMS contracts
 (ii) requests the GPC to form a working group to advise LMCs on issues arising from their representation of GPs working under APMS contracts
 (iii) instructs the GPC to set up an inner city subcommittee
(Proposed by Dr Huges, Manchester, on behalf of the Agenda Committee) LOST
- (214) That conference is disappointed by the failure of the negotiators to prevent the many changes to the GP contract that have had the effect of increasing workload with no commensurate increase in income.
(Proposed by M Garsin on behalf of Hillingdon) MOVED TO NEXT BUSINESS

Primary care workforce

- (220) That conference is concerned that some of the provisions in the model contract of employment for salaried doctors are totally unrealistic, and calls for a radical revision.
(Proposed by Cornelia Mcarthy on behalf of Greenwich) LOST

Procedure of general practice

- (*288)** That conference insists that commissioning on the basis of 'any willing provider' does not work and:
- (i) spreads income too thinly across the PCO
 - (ii) undermines enhanced services
 - (iii) provides no incentive for investment by potential providers
 - (iv) asks the GPC to negotiate its abolition.
- (Proposed by G Hear, Berkshire, on behalf of the Agenda Committee) MOVED TO NEXT BUSINESS**

Future organisation of general practice

- (296)** That conference instructs the GPC to withhold its support for the RCGP Primary Care Federations until it has consulted the profession.
LOST AS 291 WAS CARRIED
- (*297)** That conference believes that partnerships of general practitioners are the gold standard for the delivery of general practice care and the only way of ensuring the future of high quality general practice for our patients and asks GPC to orchestrate a national campaign to increase the availability of partnerships, to preserve the health of our profession, in the hope that it will be as successful as the 'Support your Surgery' campaign.
(Proposed by H King, Kensington & Chelsea, on behalf of the Agenda Committee) LOST
- (*329)** That, with regard to salaried GPs, conference deplores the principal/sessional doctor split in the GP medical profession which it sees as detrimental to the future of the profession.
LOST

Public health

- (701)** That conference congratulates general practitioners and their staff on their professional response to the outbreak of swine flu, and commends the Health Protection Agency for their advice, information and guidance
(Proposed by M Moor on behalf of Cambridge) LOST

Essential, additional and enhanced services

- (384)** AGENDA COMMITTEE: That conference requests GPC to negotiate the following services as DESs:
- (i) the provision of Hepatitis B immunisations to those at occupational risk
 - (ii) early and opportunistic testing for HIV in general practice.
- (Proposed by J Laing, East Yorkshire on behalf of the Agenda Committee) LOST**

Regulation, monitoring and performance management

- (*467)** AGENDA COMMITTEE: That conference notes that suspension from work is a legally neutral act
(Proposed by J Grewal, Enfield on behalf of the Agenda Committee) LOST

Premises

- (*476)** AGENDA COMMITTEE: That conference supports providing services near the patient and therefore calls on the NHS to buy out practices in negative equity where necessary.
(Proposed by Dr Ritchie, Bexley, on behalf of the Agenda Committee) LOST

Chosen motions

- (689)** DERBYSHIRE: That conference requests the negotiators to seek a schedule of minimum fees in each country, binding upon PCOs, payable to providers who are prepared to give such help.
(Proposed by John Grenville on behalf of Derbyshire) LOST