

M10 2010-2011



General Practitioners Committee

Conference News

Conference of Representatives of Local
Medical Committees
9 - 10 June 2011

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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2011

RESOLUTIONS

Standing orders

- (4) 1. That standing order 8 be amended so that the term of office for representatives to the conference shall be from 15 January for 12 months.
(Proposed by Mike Ingram on behalf of the Agenda Committee)
Carried
- (6) 2. That standing order 49 be amended to read:
If there be a call by acclamation to move to next business it shall be the chairman's discretion whether the call is heard. If it is heard then the proposer of the original motion can choose to:
(i) accept the call to move to next business for the whole motion
(ii) accept the call to move to next business for one or more subsections of the motion
(iii) have one minute to oppose the call to move to next business.
Conference will then vote on the motion to move to next business and a 2/3 majority is required for it to succeed.
(Proposed by Mike Ingram on behalf of the Agenda Committee)
Carried
- (7) 3. That standing order 77 be amended to read:
Three trustees of the Claire Wand Fund
77.1 Nominations may be made only by representatives, and a representative may make not more than one nomination. Any registered medical practitioner who is, or has been, actively engaged in practice as a general medical practitioner under the National Health Service Acts, whether a member of the conference or not, is eligible for nomination.
77.2 Nominations must be handed in on the prescribed form before 1.00pm on the first day of the conference. Elections, if any, will take place on the second day of conference and be completed by 10.00am. Only representatives in attendance at the conference may vote. Nominees may enter on the form an election statement of no more than 50 words, excluding numbers and dates in numerical format; to be reproduced on the voting papers.
77.3 Trustees will be elected on a triennial basis for a period of three years, to run from the termination of the next ARM.
(Proposed by Mike Ingram on behalf of the Agenda Committee)
Carried

The NHS in economic crisis

- (10*) 4. That conference insists that with the current financial realities:
(i) there will be an inevitable detrimental effect on patient care
(ii) there must be an open and honest debate about rationing in the NHS
(iii) all rationing must be done at a national level so as to avoid a postcode lottery and any compromise of the doctor / patient relationship
(iv) government-led expectations will be disappointed.
(Proposed by Frances Cranfield on behalf of Hertfordshire LMC)
Carried

- (28) 5. That conference still aspires to support world class NHS primary care in a worldwide financial crisis.

(Proposed by Mohammed Jiva, Rochdale & Bury LMC)

Carried

NHS reforms / Health and Social Care Bill

- (29*) 6. That conference in respect of the Health and Social Care Bill:
- (i) believes it poses the greatest threat to the NHS since its inception
 - (ii) believes the current proposals will compromise the health of the nation and endanger patients due to the scale and pace of change
 - (iii) believes it will fragment the NHS.

(Proposed by Simon Hodson, Shropshire LMC)

Carried

- (41*) 7. That conference believes that the proposed changes in the Health and Social Care Bill:
- (i) are a fundamental threat to the overriding duty of doctors to put the needs of their patients first
 - (ii) pose a grave risk of GPs losing the trust of their patients and the public
 - (iii) must be clarified, particularly to determine whether a GP's primary responsibility will be to the patient in front of him/her or to the commissioning consortia
 - (iv) must be amended to remove any mechanism that appears to offer inducements to doctors to make financially motivated decisions about an individual patient's care.

(Proposed by Andy Sapsford, Buckinghamshire LMC)

All parts Carried

- (52*) 8. That conference believes that the impending reorganisation of the NHS:
- (i) at last gives GPs the opportunity to bring clinical input to bear on health policy
 - (ii) needs amendment to avoid the risk of damage to healthcare from unfettered market influences.

(Proposed by Duncan Walling, Wiltshire LMC)

Carried

- (62) 9. That conference believes that radical change within the NHS, should be delayed until after the current round of funding cuts.

(Proposed by Stewart Kay, Southwark LMC)

Carried

Commissioning of care

- (63*) 10. That conference asserts that in order to commission effectively GPCCs (GP commissioning consortia) need:
- (i) the active involvement of all primary care doctors, whether salaried, locums, sessional or partners who must be suitably remunerated and their remuneration superannuable
 - (ii) a healthy collaboration with secondary care colleagues
 - (iii) the involvement of public health doctors
 - (iv) to engage with local authorities
 - (v) guidance from the GPC on how to involve and work with all stakeholders.

(Proposed by Dominique Thompson on behalf of Sessional GPs)

All parts Carried

- (84*) 11. That conference insists that the constitution of GP commissioning consortia must ensure that:
- (i) there is a working majority of GPs on the board
 - (ii) all members of the board are democratically elected , with all doctors working as GPs in the consortium locality having an equal vote
 - (iii) the electorate of a consortium can genuinely hold the board to account via an annual experience survey facilitated by the LMC
 - (iv) performance management of GPs, dispute resolution and electoral procedures are agreed with the LMC
 - (v) directors of bodies corporate qualified to undertake NHS work other than primary medical services are not members of the board.

(Proposed by Brian Balmer, South Essex LMC)

All parts Carried

- (97*) 12. That conference:
- (i) insists that GP commissioning consortia will require financial and HR support, real time data, effective IT systems and good quality management to be able to undertake their future statutory responsibilities
 - (ii) believes that consortia should be large enough or work with other consortia to be able to fulfil their statutory functions without becoming dependent on an external organisation
 - (iii) insists that GPs involved in commissioning must have protected time to undertake the work, access to ongoing support and training and be properly remunerated , including payments for audit and preparation time, and backfill for their ongoing clinical commitments
 - (iv) expects GPs adopting management roles in GPCCs to be legally protected against complaints
 - (v) requests specific clarification from the GMC on their expectations of clinicians undertaking management roles in a GPCC.

(Proposed by Mohammed Jiva, Rochdale & Bury LMC)

All parts Carried

- (119*) 13. That conference expects the government to enshrine in the Health and Social Care Bill, the statutory role of LMCs to represent general practitioners and:
- (i) clearly state the requirement for GP consortia and the National Commissioning Board to consult with LMCs on all matters relating to the regulation, resourcing and delivery of general practice
 - (ii) expects concerns regarding the performance of individual GPs to be managed locally in the first instance with LMC involvement
 - (iii) urges emerging GPCCs to work with local LMCs to ensure they are well informed regarding contractual and statutory responsibilities
 - (iv) requests GPC to negotiate so that LMCs have statutory functions in relation to the membership, constitution and governance of NHS commissioning organisations.

(Proposed by Jamie MacPherson, Coventry LMC)

All parts Carried

- (132*) 14. That conference:
- (i) insists that GP consortia should not have to inherit the historical overspends of PCTs
 - (ii) expects GP consortia budgets to be funded by a fair and transparent formula which includes both a deprivation and rurality factor
 - (iii) believes budgets should not be held at practice level, other than indicatively, as the variability of the practice's patient needs is too great for safe practice
 - (iv) deplores any action by outgoing PCTs to sign up to long term contracts that could tie GP consortia into expensive and inappropriate agreements
 - (v) insists that GPCCs must not be burdened with the cost of managing staff inappropriately transferred from PCTs.

(Proposed by Fiona Armstrong, Kent LMC)

All parts Carried

- (146*) 15. That conference is concerned about the excessive powers given to the NHS Commissioning Board in the Health and Social Care Bill and requests the GPC urgently to campaign for the necessary checks and balances in respect of:
- (i) powers to command and control commissioning consortia
 - (ii) powers over GPs' GMS and PMS contracts
 - (iii) mechanisms for dealing with doctors whose performance gives rise to concern
 - (iv) powers to remove practices from consortia, which at a stroke will remove their GMS/PMS contracts and incomes.

(Proposed by Helena McKeown, Wiltshire LMC)

All parts Carried

- (152) 16. That conference believes commissioning support units should be part of the NHS and not social enterprise or privately run organisations.

(Proposed by Raj Menon, Leeds LMC)

Carried

The Market and any willing provider

- (153*) 17. That conference reaffirms its opposition to the privatisation of the NHS and:
- (i) insists that the government enshrines in the Act the requirement that the NHS shall remain as a public, not for profit service, free to all at the point of use
 - (ii) insists that the Health and Social Care Bill would lead to the inevitable privatisation of the NHS
 - (iii) believes the insistence of enforced competition (any willing provider (AWP) / any qualified provider (AQP)) will undermine local clinical co-operation, increase fragmentation of patient care pathways, inflate the cost of contracting and compromise quality of health care
 - (iv) believes the introduction of AWP / AQP for less complex interventions could lead to the destabilisation of traditional providers
 - (v) instructs GPC to campaign against the implementation of AWP as it will allow 'cherry picking' of profitable services and result in the disintegration of NHS provided services.

(Proposed by Andrew Taylor, Liverpool LMC)

Part (i) Carried unanimously

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

- (185*) 18. That conference believes that the proposed role of monitor needs to change away from promoting competition to promoting co-operation with commissioners in seeking more cost and clinically effective services.

(Proposed by Barbara Schmidt, Liverpool LMC)

Carried

GPC Scotland

- (192) 19. That conference regrets that there is no form of GP commissioning in Scotland, but insists that any form of commissioning be on a collaborative model, unlike the inefficient market driven model in England.

(Proposed by David Bell, Grampian LMC)

Carried

- (193) 20. That conference believes that spending £64 million on a nurse triage service that refers 80% of calls in Scotland to other providers for management is not the best use of £64 million per annum.

(Proposed by John Ip, Glasgow LMC)

Carried

The reach of general practice

- (196*) 21. That conference:
- (i) deplores that the prevalence of health problems remains higher amongst the most deprived populations
 - (ii) believes that it is imperative that the forthcoming healthcare reforms address existing inequalities in levels of core practice funding
 - (iii) deplores any re-organisation which will increase healthcare inequality
 - (iv) commends the 2010 Marmot Review to the medical profession.

(Proposed by Georgina Brown, Glasgow LMC)

Carried

- (208*) 22. That conference believes that the abolition of practice boundaries:
- (i) poses a threat to locality based, personalised holistic general practice
 - (ii) will have serious consequences for the organisation, provision and funding of NHS services and for integration of health and social services
 - (iii) will damage continuity of care, threaten home visits, education of doctors in training and potentially increase risks for children in need of protection
 - (iv) will undermine the ability of GP consortia to commission
 - (v) should be staunchly resisted by GPC.

(Proposed by Julian Bradley, Buckinghamshire LMC)

All parts Carried

GP education and training

- (228*) 23. That conference believes that the future of GP training is at risk with the proposed NHS reforms and:
- (i) insists that education and training must be provided by central funding
 - (ii) insists that education and training must be subject to central oversight and monitoring
 - (iii) condemns the proposals to abolish the deaneries
 - (iv) asks that the GPC works to maintain the current deanery model
 - (v) urges that local deaneries should be independent from local GP commissioning consortia and teaching hospital foundation trusts.

(Proposed by Andrew Taylor, Ealing, Hammersmith & Hounslow LMC)

All parts Carried

- (241*) 24. That conference insists that the use of IT in GP training and assessment should be to facilitate the training process and:
- (i) believes that the e-portfolio is too complex and too time consuming
 - (ii) believes that the demands of the e-portfolio are having a detrimental effect on GP training
 - (iii) demands that the RCGP replaces the e-portfolio with a system more responsive to the needs of GP trainees.

(Proposed by George Mackie, Lothian LMC)

All parts Carried

- (246*) 25. That conference:
- (i) is concerned about the rising disparity in the quality of GP training schemes
 - (ii) is concerned about the quality of training received by some GP trainees in their hospital training posts
 - (iii) expects deaneries to intervene where necessary to ensure that high standards of GP training are maintained
 - (iv) expects deaneries to rectify any deficiencies in GP training wherever these are highlighted
 - (v) demands that GPs in training are properly equipped with the skills and understanding to be effective commissioners.

(Proposed by Mohammed Anwar, on behalf of GP trainees)

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

Parts (iii), (iv) and (v) Carried.

Sessional GPs

- (255) 26. That conference recognises the detrimental effects of professional isolation on locum GPs and calls on the GPC to:
- (i) facilitate networking between local and regional sessional GP groups
 - (ii) facilitate the sharing of good practice around the creation and running of local sessional GP groups
 - (iii) develop a toolkit for the creation of local sessional GP groups.

(Proposed by Jessica Harris, on behalf of Sessional GPs)

All parts Carried

- (256) 27. That conference calls for the re-introduction of a nationally funded scheme that allows GPs who have taken a career break to re-enter general practice and provides supervision, support and a salary for those GPs.

(Proposed by Mark Selman, on behalf of Sessional GPs)

Carried

Primary care workforce

- (257*) 28. That conference, with respect to the GP workforce:
- (i) agrees with the conclusion in the King's Fund Report 'Quality of General Practice' that the increasing workload and responsibilities of general practitioners has not been matched by a commensurate increase in the GP workforce
 - (ii) notes with concern the twin medium-term challenges of increasing length of GP registrar training and the threat of changes to pension regulation
 - (iii) urges the government to acknowledge imminent problems when a large number of GPs across the country retire
 - (iv) instructs the GPC to push for an increase in the recruitment and retention of GPs.

(Proposed by Barry Moyse, Somerset LMC)

Part (i) Carried

Parts (ii), (iii) Carried unanimously

Part (iv) Carried as a reference

Care Pathways

- (263*) 29. That conference, with respect to GP referrals:
- (i) states that decisions must be based on a patient's clinical need and uninfluenced by personal financial inducements
 - (ii) condemns the increasing number of referral pathways and 'procedure threshold' policies which prevent GPs from referring patients to secondary care
 - (iii) agrees the principle that no border within the UK should create a barrier to patients receiving the most appropriate and accessible care
 - (iv) believes their appropriateness cannot be judged solely from a secondary care perspective and any audit of referrals should include GP views, preferably supported by LMCs.

(Proposed by Kaushal Kansagra, Croydon LMC)

Parts (i), (iii) and (iv) Carried unanimously

Part (ii) Carried as a reference

Primary and secondary care interface

- (273*) 30. That conference condemns the ongoing shift of responsibilities onto GPs without a corresponding shift of the resources necessary to allow them to adequately undertake those responsibilities.

(Proposed by William McAlpine, Ayrshire & Arran LMC)

Carried

Other motions

- (347*) 31. That conference is concerned at recent shortages of commonly used generic medication and urges the GPC to discuss with the Department of Health how, in order to prevent this, manufacturers and wholesalers can be made to maintain supplies to the UK market before they are permitted to export their products to other countries.

(Proposed by Greg Place, Nottinghamshire LMC)

Carried

- (350*) 32. That conference deplores any attempt to outsource general practice support services particularly relating to:

- (i) external organisations having access to GP appointment systems
- (ii) primary care registration
- (iii) pension arrangements.

(Proposed by Lawrence Logan, Kent LMC)

All parts Carried

- (352) 33. That conference views paediatrics as an essential part of core general practice and would oppose any attempt to create a specialist 'children's GP'.

(Proposed by Rosie Hamlin, Doncaster LMC)

Carried

- (754) 34. That conference believes:

- (i) the gun licensing process needs to be primarily focused on public safety and the need to have an agreed purpose for firearm use
- (ii) the GP role in any application by a patient for a gun licence should be solely limited to commenting on any health factors the GP considers may be relevant
- (iii) there should be no formal data links between GP and police services – ie 'flagging notes' to indicate gun ownership

(Proposed by C Patterson, Cumbria LMC)

Part (i) Carried unanimously

Part (ii) Carried as a reference

Part (iii) Carried

Care Quality Commission (CQC)

- (289*) 35. That conference with respect to the Care Quality Commission (CQC)
- (i) demands that any decisions made by the organisation are evidence-based
 - (ii) insists that standards set for general practice are proportionate to the potential risk to patients in a primary care setting not transposed from secondary care
 - (iii) insists that individual GP practices must not be penalised by the CQC for failing to meet standards outside the control of the practice
 - (iv) deplores the proposal to apply a registration fee to each GP provider location and insists that all costs relating to these measures are met by the government.

(Proposed by Russell Brown, Kingston & Richmond LMC)

Carried

- (788) 36. That conference believes that in the light of the recent BBC Panorama programme (Tuesday May 31 Undercover Care: The Abuse Exposed), the CQC has shown itself to be a thoroughly ineffective organisation and it should be abolished without day.

(Proposed by Mark Corcoran, Avon LMC)

Carried

Quality and Outcomes Framework (QOF)

- (313*) 37. That conference congratulates the negotiating team for the loss of PE7/PE8 indicators and encourages them to ensure that the principles of QOF are followed to ensure an evidence base for all indicators, remembering that political whim is not evidential.

(Proposed by Peter Swinyard, Wiltshire LMC)

Carried unanimously

- (317*) 38. That conference believes that QOF targets:
- (i) cause iatrogenic illness, such as falls, due to postural hypotension, as a result of aggressive blood pressure targets in eg chronic kidney disease
 - (ii) should not be used for wider public health aims that are outside the scope of general practice to deliver.

(Proposed by Gillian Arbuckle, Borders LMC)

Part (i) Carried as a reference

Part (ii) Carried

- (324*) 39. That, in respect of QOF, conference:
- (i) believes that increased list turnover should be recognised as a barrier to achieving public health and QOF targets
 - (ii) is concerned about the increasing demands by primary care organisations (PCOs) for patient identifiable information for post-payment verification in QOF and in respect of significant event analyses
 - (iii) welcomes the changes in QOF with respect to prevalence
 - (iv) believes that two letters to call patients for QOF assessments is sufficient.

(Proposed by Jackie Applebee, City & East London LMC)

Carried

Quality, innovation, productivity and prevention (QIPP)

- (329*) 40. That conference believes that changes attributed to Quality, Innovation, Productivity and Prevention (QIPP):
- (i) will simply attack the already excellent, cost effective and efficient service provided by GPs which risks making it unsustainable
 - (ii) are merely a front for introducing rationing
 - (iii) fail to address the real issue of the over-consumption of resources in the NHS which takes place in secondary care.

(Proposed by Mark Corcoran, Avon LMC)

All parts Carried

Clinical and prescribing

- (334*) 41. That conference believes that health policy is inconsistent when doctors are:
- (i) asked to screen and treat more patients yet refer less
 - (ii) given quality of care guidelines yet are told to reduce the cost of the drugs they prescribe when following them
 - (iii) unfairly criticised for using high cost efficacious medications when the NHS price has previously been agreed between the Department of Health and the pharmaceutical manufacturer.

(Proposed by Nev Bradley, Wirral LMC)

All parts Carried

- (339*) 42. That conference believes decisions about whether the NHS can afford high cost drugs or treatments should continue to be made by a national body.

(Proposed by Raj Menon, Leeds LMC)

Carried

- (343*) 43. That conference believes that patient reported outcome measures (PROMS) in primary care are:
- (i) of unproven validity
 - (ii) unjustifiably expensive in the current financial climate
 - (iii) unsuitable for performance management
 - (iv) unsuitable for using to allocate resources.

(Proposed by Alan Francis, Hull & East Yorkshire LMC)

All parts Carried

Other motions

- (353) 44. That conference recalls the lessons of 'Animal Farm', in which the animals are made to work harder for less reward by their animal colleagues than by their human master and:
- (i) warns any potential Napoleon that this time Boxer will not go meekly to the glue factory
 - (ii) although some animals are accountable they are not more accountable than any others.

(Proposed by Laurence Logan, Kent LMC)

All parts Carried

- (354) 45. That conference believes that:
- (i) persons detained in police custody who have urgent medical problems should be able to be seen by a qualified general practitioner
 - (ii) to ensure provision of primary care to persons detained in police custody is appropriate and of the highest quality it should be commissioned by the NHS rather than the Ministry of Justice.

(Proposed by Marcus Bicknell, Nottinghamshire LMC)

Part (i) Carried

Part (ii) Carried unanimously

- (355) 46. That conference affirms the value which can be brought to the NHS by small general medical practices, and recognises that commissioning arrangements within the Health and Social Care Bill in England offer perverse incentives in favour of larger practices. We call on the GPC to actively oppose proposals which would force smaller practices to become part of larger units.

(Proposed by Neal Parkes, Lincolnshire LMC)

Carried

- (357) 47. That conference welcomes the investment by the government in the Choose Well campaign to help patients choose the right NHS service and calls on the GPC to encourage the organisers of the campaign to go further by helping patients understand the difference between urgent care, unscheduled care, emergency care and out-of-hours care.

(Proposed by Alan Mills, Cambridgeshire LMC)

Carried

Out-of-hours

- (781) 48. That conference:
- (i) notes with alarm the underfunding of OOH contracts by commissioners and believes that this has degraded the OOH service nationally
 - (ii) demands that the government sets a realistic minimum OOH contract price per head of population to which commissioners must adhere
 - (iii) demands that the OOH contract price reflects rural costs and burdens generated by extra bank holidays,.
 - (iv) is concerned that the accounting of contingency reserves in the OOH tendering process places GP collectives at a disadvantage compared with large corporations who can cross-subsidise
 - (v) calls upon the government to level the playing field by making it a requirement of all OOH tenders to account for contingencies within the tendered budget.

(Proposed by Bruce Hughes, Devon LMC)

Parts (i) and (iv) Carried unanimously

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

Regulation, monitoring and performance management

- (362*) 49. That conference rejects the increasing tendency for general practitioners' work to be broken up into component parts with separate qualifications and
- (i) believes inclusion in a performers' list and the inclusion on the GMC's GP register with a Licence to Practice is sufficient
 - (ii) believes standards required of GPs should be set by GPs
 - (iii) believes it is the function of appraisal to assess the activities performed by individual GPs
 - (iv) condemns the faculty of sexual and reproductive healthcare for their attempts to monopolise and profit from the provision of letters of competence for the fitting of long acting reversible contraceptives.

(Proposed by Andrew Green, Hull & East Yorkshire LMC)

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

Part (iii) Carried as a reference

- (371*) 50. That conference believes that organisations managing performance of individuals and contractors on behalf of the NCB must:
- (i) work in a consistent and structured manner
 - (ii) be independent of the GPCC concerned
 - (iii) be properly resourced and individuals adequately trained for the work they undertake
 - (iv) be performance managed by the NCB to ensure consistent practice across the country
 - (v) work in collaboration with their local representative committees.

(Proposed by Julie Birch, Cleveland LMC)

Part (i) Carried unanimously

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

Patient registration

- (375*) 51. That conference:
- (i) deplores the current list cleaning initiatives which are designed purely to save money and which puts the most vulnerable sections of society at risk and can lead to the destabilisation of practices and instructs GPC to obtain back payments to practices for those patients erroneously deducted
 - (ii) requests the GPC to negotiate a fair national policy for list validation.
- (Proposed by Tony Grewal, Enfield LMC)**
All parts Carried unanimously

- (381*) 52. That conference with regard to the entitlement of care for overseas visitors ensures that it is made clear to all GPs that it is not their responsibility to be the gatekeepers to NHS care for overseas visitors.
- (Proposed by Rami Eliad, Hertfordshire)**
Carried

Information management and technology

- (386*) 53. That conference, while welcoming the continuation of GP System of Choice (GPSoC) for a further year:
- (i) is concerned the Department of Health has failed to give a guarantee of continued funding of practice IT beyond that date
 - (ii) fears that this may signal an attempt to transfer responsibility for practice IT back to GPs without a commensurate transfer of funding
 - (iii) notes with concern many attempts to pressurise GPs into changing to a particular clinical system not of their choosing
 - (iv) believes that if responsibility and funding for GP IT is transferred to commissioning consortia it may result in a further reduction of choice of systems locally and the stifling of innovation in the GP computer market
 - (v) believes that it is no longer fit for purpose and GP IT systems need to reflect the need for interoperability between practices within GP commissioning consortia.
- (Proposed by Mark Folman, Nottinghamshire LMC)**
Parts (i), (iii) and (iv) Carried
Parts (ii) and (v) Carried as a reference

- (391*) 54. That conference, with respect to NHS IT:
- (i) demands that GPC negotiates national compatibility between GP and both national and local community service electronic records so that immunisations, smears and other essential details are immediately available to all involved in the care of that patient
 - (ii) believes that the increased workload involved in the completion of this year's information governance toolkit is unreasonable
 - (iii) deplores the lack of progress in that the hospital consultant-to-GP communication services have for the most part evolved no further than the copious and expensive use of paper, ink and a delivery van
 - (iv) believes the proposed 200mb limit of NHS mail inboxes renders the system not fit for purpose and is an inadequate data allowance for the average GP
 - (v) believes the current N3 link to practices are inadequate to support the objectives of liberating the NHS, especially for practices with more than one site, and calls for central re-negotiation of the N3 contract.
- (Proposed by Jeremy Cox, Hertfordshire LMC)**
Part (iv) Carried as a reference
Parts (i), (ii), (iii) and (v) Carried

Access

- (398*) 55. That, with regard to services purporting to improve access to primary care, conference:
- (i) believes that these services are often a poor use of resources
 - (ii) believes that using the 'NHS 111' service as the first point of access to GP practices will actually result in poorer access and increased patient dissatisfaction
 - (iii) believes that the introduction of the 'NHS 111' service has the potential to overwhelm GP practices with unnecessary requests for urgent appointments
 - (iv) believes that GP practices must have the freedom to decide whether they wish to be linked to the 'NHS 111' service
 - (v) calls for the GPC to negotiate better uses for the resources directed towards these services.

(Proposed by Reza Choudhury, Bedfordshire LMC)

All parts Carried

General Practitioners Committee

- (409) 56. That conference instructs the GPC to make available to LMCs any documents that appear on the BMA website and which are referenced within GPC guidance sent to LMCs.

(Proposed by Tim Morton, Norfolk & Waveney LMC)

Carried

Contract negotiations

- (410*) 57. That conference believes that any new single contract model for primary medical services must:
- (i) be a UK contract
 - (ii) ensure that the rights of GMS contractors to a permanent contract, without any end date, are enshrined in any agreement
 - (iii) ensure that neither MPIG nor seniority payments be undermined, reduced or lost
 - (iv) consider the rights and needs of PMS and APMS contractors as well as those of GMS contractors
 - (v) be a product of proper and adequate consultation of the profession prior to any agreement.

(Proposed by Alan Mills, Cambridgeshire LMC)

Parts (i), (ii) and (v) Carried unanimously

Parts (iii) and (iv) Carried

Funding for general practice

- (426*) 58. That conference congratulates the GPC on negotiating an inflationary uplift to practice expenses despite the Doctors' and Dentists' Review Board (DDRb) not being asked to report and calls on the GPC to demand that the government recognise the value of the independent expertise of the DDRb in future contract negotiations.

(Proposed by Prima Joshi, Cambridgeshire LMC)

Carried

- (428*) 59. That conference views with great concern the erosion of locum payments for sickness and maternity leave and:
demands that the GPC seeks protection of these funding streams
demands the establishment of a clear national funding package
seeks assurances of robust arrangements with the establishment of the NHS
Commissioning Board
insists that the SFE rules are changed to allow internal cross cover by any GP, to cover for a colleague on maternity/sickness leave or under suspension
is concerned about the consequences for female recruitment to general practice.
(Proposed by David Richardson, Ayrshire & Arran LMC)
All parts Carried unanimously

Seasonal / pandemic flu

- (437*) 60. That conference:
(i) congratulates GP practices across the UK for once again successfully protecting large numbers of patients through the annual influenza immunisation campaign
(ii) deplores the Department of Health inertia in advertising the 2010 flu campaign and demand it funds a public campaign to encourage uptake later this year
(iii) believes that the present system works far more effectively in England and Wales than Professor Salisbury's proposed alternative of central procurement and distribution
(iv) calls upon the GPC to resist any attempt to introduce central procurement of vaccines in England and Wales.
(Proposed by Raj Menon, Leeds LMC)
Parts (i), (ii) and (iii) Carried unanimously
Part (iv) Carried

Essential, additional and enhanced services

- (447*) 61. That conference:
(i) believes that funding direct and local enhanced services is an established, proven and excellent motivator in driving up quality in clinical care
(ii) urges GPC to do all it can to ensure enhanced services funding is maintained.
(Proposed by Nev Bradley, Wirral LMC)
All parts Carried

LMC conference

- (451*) 62. That conference believes that the reduction in the number of seats for observers at this year's LMC conference has been unfortunate and requires that next year's conference venue must be:
(i) large enough to fully accommodate the numbers of people who normally attend our conference
(ii) near to sufficient, realistically priced, hotel accommodation
(iii) in Liverpool.
(Proposed by Simon Parkinson, Worcestershire LMC)
Carried
- (789) 63. That, in the light of the move in 2012 of the May bank holiday to June, and the extra holiday for the Queen's jubilee, standing order 18 shall be suspended for the 2012 conference to change the time limits of when conference can be held to one set by the LMC conference agenda committee.
Proposed by Mike Ingram on behalf of the Agenda Committee)
Carried

Pensions

- (458*) 64. That conference notes that the current NHS pension scheme was renegotiated in 2008 and is in surplus, and furthermore:
- (i) insists that it is fair for members and affordable for the taxpayer
 - (ii) insists that the government honour in full all the accrued rights of current NHS pension scheme members
 - (iii) supports the GPC and BMA pensions department in its campaign to mitigate the adverse impact of changes
 - (iv) believes that any loss of contractually agreed existing benefits will lead to a rush to retirement of senior GPs.

(Proposed by Russell Walshaw, Hull & East Yorkshire LMC)

Part (iii) Carried unanimously

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

- (473*) 65. That conference believes that GPs who have provided NHS services to NHS patients following procurement exercises must have their income considered as pensionable within the NHS scheme.

(Proposed by Danny Donovan, Cleveland LMC)

Carried unanimously

Premises

- (476*) 66. That conference believes that there is a planning blight regarding premises development in general practice and:
- (i) is deeply concerned at the lack of clarity in future responsibility for planning general practice premises
 - (ii) demands an equitable, supportive national primary care premises estate strategy
 - (iii) requests GPC to negotiate a primary care premises development and management strategy with the departments of health
 - (iv) demands GPC secure substantially increased central, appropriate, equitable ring-fenced investment in GP premises.

(Proposed by Peter Madden, Cheshire LMC)

All parts Carried unanimously

- (495*) 67. That conference believes that the Darzi centres do not provide value for money and the funds used to commission them should be redistributed into local primary care services.

(Proposed by Tim Kinloch, Mid Mersey LMC)

Carried

Medical certificates and reports

- (498*) 68. That conference calls upon the Secretary of State to exercise his powers under Section 24(3)(b) of the Coroners Act 1988 to ensure that all local authorities set reasonable rates for coroners to remunerate GPs for the provision of reports regarding deceased patients and requests the GPC to work, where necessary with other interested parties, to develop an approach to the Secretary of State on this matter.

(Proposed by John Grenville, Derby & Derbyshire LMC)

Carried unanimously

PART II
ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
JUNE 2011

ELECTION RESULTS

Chairman of Conference - Mary Church

Deputy Chairman of Conference - 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:

Douglas Colville

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

Mark Sanford-Wood

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

Lionel Kopelowitz
John Rawlinson
Russell Walshaw

PART III

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2011

MOTIONS NOT REACHED

Conference standing orders provide for LMCs to be informed of motions which have not been debated at conference, and invite proposers of such motions to submit to the GPC memoranda of evidence in support. Memoranda of evidence in support, **must be received by the end of September** for the GPC's consideration.

All motions in part II of the agenda were **not** reached, except for those shown in part I of this document.

and finally

- (505) That conference deplores the change in terminology from 'maiden speaker' to 'first time speaker' and believes that this sort of political correctness should be the exclusive domain of nurse managers and social workers.

MOTION DEBATED BUT NOT VOTED ON AS NOT QUORATE

PART IV

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2011

REMAINDER OF THE AGENDA

The NHS in economic crisis

- (5) That standing order 76 be amended so that representatives appointed or elected to represent general practice on the BMA Representative Body must be members of conference, members of the BMA at the time of election and throughout their term of office, and be doctors classified by the BMA as working within the GP branch of practice.
WITHDRAWN by the AGENDA COMMITTEE

- (10*) That conference insists that with the current financial realities the NHS in its current form is unaffordable.
(Proposed by Frances Cranfield, Hertfordshire LMC)
LOST

NHS reforms / Health and Social Care Bill

- (29*) That conference in respect of the Health and Social Care Bill:
(i) believes the proposals are unworkable and GPs should no longer co-operate with introducing the changes
(ii) requests GPC to ballot all GPs in England as to whether they are happy to be in GP commissioning consortia.
(Proposed by Simon Hodson, Shropshire LMC)
LOST

- (52*) That conference believes that the impending reorganisation of the NHS:
(i) is a great opportunity to improve the effectiveness of health care delivery to our patients
(ii) is a great opportunity to reduce the cost of health care delivery
(iii) will safeguard the future of general practice for the foreseeable future.
(Proposed by Duncan Walling, Wiltshire LMC)
LOST

The market and any willing provider

- (189*) That conference believes that 'any willing provider' is a less damaging mechanism for contracting than the process of competitive tendering but:
(i) believes that introducing AWP for less complex interventions risks destabilisation of traditional local providers such as GP practices
(ii) is only acceptable if continuity of patient care is not compromised
(iii) is only acceptable if the local health economy addresses the health needs of the population
(iv) insists that no provider can cherry pick the case mix of patients within a contract.
(Proposed by Gill Beck, Buckinghamshire LMC)
MOVED TO NEXT BUSINESS

The reach of general practice

- (196*) That conference insists the Carr-Hill formula for GP practices must be revised if deep-rooted health inequalities are to be addressed and calls on GPC to support changes to that formula.
(Proposed by Georgina Brown, Glasgow LMC)
LOST
- (227) That conference affirms that general practice is now working at capacity and insists that, for every new requirement laid upon GPs, an equivalent volume of work should be removed.
(Proposed by Christopher Hunt, Somerset LMC)
MOVED TO NEXT BUSINESS

Care pathways

- (263*) That conference, with respect to GP referrals supports the continued development of the Choose and Book Service.
(Proposed by Kaushal Kansagra, Croydon LMC)
LOST

Private fees / NHS work

- (281*) That conference notes the anomaly of some patients being classed as ineligible for NHS services or those required services not being commissioned, and:
- (i) believes that GPs should be allowed to deliver services not provided by the NHS to their own registered patients for a fee
 - (ii) deplores the fact that the GPC has been unable to negotiate to enable GPs to provide services on a private basis where they are unavailable on the NHS
 - (iii) requires the GPC to re address the issue that GPs can not charge their own patients for providing these services when they are not eligible to receive them on the NHS.
- (Proposed by Jag Picknett, Bradford & Airedale LMC)**
MOVED TO NEXT BUSINESS

Other motions

- (754) That conference believes:
- (i) those who wish to hold a gun licence should undergo (at their own expense) the equivalent of a gun 'HGV' medical and a private psychological assessment by specialist staff to indicate suitability to own a gun
 - (ii) those who wish to hold a gun licence should give a written legal undertaking outlining their personal duty to report, and also give explicit permission for others (including family, community representatives, employers and work colleagues and GP) to report, any relevant information to the gun licensing authority.
- (Proposed by C Patterson, Cumbria LMC)**
LOST

- (356) That conference believes that introduction of student fees will compromise the health of our future nation.
MOVED TO NEXT BUSINESS

Care Quality Commission (CQC)

- (289*) That conference with respect to the Care Quality Commission (CQC) calls on GPC to advise a boycott of CQC registration until it can be shown to be appropriately simple and effective.
(Proposed by Russell Brown, Kingston & Richmond LMC)
LOST

Quality and Outcomes Framework (QOF)

- (317*) That conference believes that QOF targets:
- (i) cause increasing polypharmacy, especially in the elderly which increases side effects
 - (ii) may result in some areas of care being less well prioritised.

(Proposed by Gillian Arbuckle, Borders LMC)

LOST

- (324*) That, in respect of QOF, conference calls for further work to develop QOF to better recognise the workload involved looking after patients with multiple morbidities.

(Proposed by Jackie Applebee, City & East London LMC)

LOST

Out-of-hours (OOH)

- (358) That conference feels that there should be a contractual obligation for GPs to be available for out-of-hours service for a significant proportion of their career as a GP.

(Proposed by David Wade, Northamptonshire LMC)

LOST

Revalidation

- (373) That conference believes that revalidation which was always a cumbersome and expensive method of managing performance designed in times of plenty, now requires to be put on hold while the current austerity programme continues to impact on patient services and NHS developments.

(Proposed by Huntly McCallum, Ayrshire & Arran LMC)

LOST

Patient registration

- (381*) That conference with regard to the entitlement of care for overseas visitors:
- (i) deplores the increased risk of confusion and discrimination caused by the recent GPC guidance on this
 - (ii) calls on GPC to insist that the Department of Health draws up unequivocal rules on such entitlement
 - (iii) believes that the current procedures for determining eligibility for NHS treatment are too complicated and place an unfair burden of responsibility on GP practice staff
 - (iv) agrees that, other than for newborn babies, first registration and assessment of eligibility.

(Proposed by Rami Eliad, Hertfordshire LMC)

LOST

Information management and technology

- (390) That conference believes funding for general practice computers and software should be returned to general practitioners.

(Proposed by James Laing, Hull & East Yorkshire LMC)

LOST

LMC Conference

- (451) That conference believes that the reduction in the number of seats for observers at this year's LMC conference has been unfortunate and requires that next year's conference venue must be accessible from the majority of mainline terminals.

(Proposed by Simon Parkinson, Worcestershire LMC)

LOST

Pensions

- (467) That conference directs the GPC, in the light of the Hutton review, to resist by all possible means, including the option of industrial action and resignation, any further attempt to renegotiate the GP pension scheme.

(Proposed by Phil Dommett, Cornwall & Isles of Scilly LMC)

LOST

Medical certificates and reports

- (501*) That conference, with respect to medical certificates:

- (i) believes that the new Med 3 fit notes are less fit for purpose than their predecessor Med 3 sick notes, and appear to be of little benefit to patients, GPs and most employers
- (ii) believes that sickness certification should be limited to a factual description of the illness or injury because most GPs are not qualified as occupational health physicians
- (iii) urges the GPC to negotiate with the DWP so that nurse practitioners and other registered health practitioners working in general practice should be able to issue Med 3s.

(Proposed by B Das, Liverpool LMC)

LOST