



General Practitioners Committee

Conference News

Conference of Representatives of Local
Medical Committees
12 -13 June 2008

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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2008

RESOLUTIONS

Standing orders

- (4) 1. That conference believes members of the conference have an overriding duty to those they represent. If a speaker has a pecuniary or personal interest, beyond his capacity as a member of the conference, in any question which the conference is to debate, this interest shall be declared at the start of any contribution to the debate and standing orders should be amended to this effect.
(Proposed by Fay Wilson on behalf of the Agenda Committee)
Carried unanimously
- (5) 2. That standing order 60.3 be amended to read, 'Results of the draw shall be announced at least one hour before the soapbox session' removing the words 'at the start of the third session of business'.
(Proposed by Fay Wilson on behalf of the Agenda Committee)
Carried

General Practice

- (*10) 3. That conference believes that the personalised, continuing and holistic care offered to registered patients by permanent, properly trained, GPs is what the vast majority of patients want, need and value and:
- (i) recognises the strength of the UK system of list-based general practice
 - (ii) invites the government to realise how cheaply they are getting world class primary care
 - (iii) does not understand why the government seems least satisfied with GPs and primary care, when the public has demonstrated again and again that this is the sector with which they are MOST satisfied.
 - (iv) is concerned that continued provision of this form of care is being systematically undermined and threatened by the government's policy of encouraging commercial organisations to compete directly with existing family doctors for their patients.
- (Proposed by Gregg Place, Nottinghamshire on behalf of the Agenda Committee)**
Carried, parts (i),(ii), (iv) carried unanimously

- (*32) 4. That conference believes the present political threats posed to general practice are unprecedented, will result in a deterioration of continuing care for patients and:
- (i) believes that the time has come to respond with equally unprecedented action which will demonstrate publicly the profession's united concern
 - (ii) calls upon GPC to make tackling this destructive ambition a key priority
 - (iii) encourages all general practitioners to inform their patients about the importance of NHS general practice and any perceived threats to the future delivery of NHS general practice.
 - (iv) congratulates the GPC, and BMA, in particular the GPC Communications Group, on the "Support your Surgery" campaign
 - (v) urges the GPC to continue its active campaign to promote the essential principles of list based General Practice.

(Proposed by Kailash Chand, West Pennine on behalf of the Agenda Committee)

Carried

Government health policy and the NHS

- (*39) 5. That conference has no confidence in the UK government's stewardship of the NHS,
or in the current Secretary of State for Health.

(Proposed by John Grenville, Derbyshire)

Carried

- (*60) 6. That conference demands that developments in primary care are evidence-based and:
- (i) believes that advisers on reform to primary care should have a sound first-hand knowledge of primary care and of the factors of real importance to patients
 - (ii) believes prior to changes being implemented in the NHS, government should ensure evidence base by piloting before implementation
 - (iii) applauds the Prime Minister's guarantee of 7 January 2008 that 'change will be based on evidence' and looks forward to holding him to it.

(Proposed by Mark Jarvis, Salford and Trafford on behalf of the Agenda Committee)

Carried

Darzi reviews – subject debate

Speakers were invited to speak to any motion within the subject debate. All motions in the subject debate were then voted on in succession.

Proposed by Professor Steve Field, Chairman of Council, Royal College of General Practitioners

- (*66) 7. That conference has no confidence in:
- (i) Lord Darzi as health minister
 - (ii) Lord Darzi's review of general practice
 - (iii) Lord Darzi's ability to carry out a review of the NHS that is independent of political control and free of a predetermined outcome.

Carried, part (iii) unanimously

- (*76) 8. That conference condemns the imposition of a Darzi Centre in each PCT area, urges the government to reconsider, and believes
- (i) there is no evidence that they will improve care or demonstrate value for money
 - (ii) there is evidence that smaller practices on average provide better access, quality and continuity of care
 - (iii) such developments are unwanted by GPs, patients and local commissioning organisations
 - (iv) these plans risk destabilising general practice
 - (v) these plans are designed to destabilise general practice.
- Carried, parts (i) and (iv) unanimously, parts (ii) and (iii) as a reference**
- (*115) 9. That conference is concerned at preliminary reports from the Darzi Children's Next Stage review process and believes very strongly that:
- (i) looking after children is central to general practice and should remain with the general practitioner who can have a holistic view of the whole family
 - (ii) hospital paediatric experience should not be regarded as the only or even the best setting for future GPs to learn about care of the child.
- Carried, part (i) unanimously**
- (*117) 10. That conference opposes the concept of doctors other than accredited GPs performing primary medical services in 'Darzi clinics' and demands that any such proposals be scrapped.
- Carried**
- (*122) 11. That conference opposes the concept of doctors other than accredited GPs performing primary medical services in 'Darzi clinics' and demands that any such proposals be scrapped.
- Carried**
- (724) 12. That conference is asked to:
- (i) formally receive and adopt the academic review of general practice, particularly relating to polyclinics, written by Professor Roger Jones for Londonwide LMCs
 - (ii) confirm there remains no evidence yet to show that polyclinics will improve the delivery of primary care
 - (iii) demand national leadership from the Department of Health through a respected primary care physician and not a tertiary care surgeon without postgraduate or undergraduate experience of British general practice
 - (iv) condemn NHS London for rolling out its polyclinic plans before the end of even its own consultation.
- (Proposed by Ian Harper, Merton, Sutton and Wandsworth)**
Carried unanimously
- Premises**
- (*123) 13. That conference deplores the continuing failure to provide adequate resources for general practice premises development and:
- (i) believes a failure to invest in general practice premises will compromise any attempts to increase locally-provided patient care in a GP setting
 - (ii) calls for proper planning, facilitation and funding to provide modern day general practice premises, addressing not only the capital costs of providing these premises but also the year on year costs of doing so
 - (iii) urges available PCO monies for premises investment and development to be ring-fenced to prevent their misuse in reducing other local health economy deficits
 - (iv) believes that funding of premises should include personal and easily

- accessible general practice premises and rejects any policy that instead encourages funding of premises for polyclinics
- (v) is deeply concerned about the large amount of money for premises being diverted to private developers thus reducing the sums available for GP-owned premises.

(Proposed by John Doyle, Surrey on behalf of the Agenda Committee)
Carried unanimously

Small practices

- (*133) 14. That conference deplores the government's policy to abolish small practices, the majority of which are long established and give a very good service to their patients.

(Proposed by Helen McGovern, Brent)
Carried unanimously

Patient pathways

- (*135) 15. That conference:
- (i) believes that GPs must be able to refer to a named consultant, condemns hospital trusts who have refused to enable this through Choose and Book and requires PCTs to commission this facility
 - (ii) insists that until Choose and Book is fit for purpose its use should not be mandatory
 - (iii) recommends that the government urgently reviews Choose and Book with a view to freeing resources that could be better used elsewhere

(Proposed by Paddy Twomey, Lincolnshire on behalf of the Agenda Committee)
Carried

- (*147) 16. That conference believes that the introduction of referral management systems (eg CAS and CATS) has introduced unnecessary delays and gross inefficiencies and interferes with both patient and physician choice; it calls on the GPC to call for an independent investigation into their true cost-effectiveness.

(Proposed by Rami Eliad, Hertfordshire)
Carried

- (*149) 17. That conference believes creating more opportunities for patients to directly access specialists will:
- (i) undermine the generalist role of GPs
 - (ii) lead to increased healthcare costs
 - (iii) lead to greater risk to patients from unnecessary investigations
 - (iv) ultimately lead to a fragmented and poorer quality system of healthcare.

(Proposed by Amanda Robinson, Leeds)
Carried unanimously

LMC Conference

- (*151) 18. That conference welcomes the increased opportunity to speak resulting from open debates and believes formal debate is the best mechanism for formulating policy.

(Proposed by Andrew Green, East Yorkshire on behalf of the Agenda Committee)
Carried

General Practitioners Defence Fund (GPDF)

- (*159) 19. That conference, with regard to the voluntary levy:
- (i) regrets the recurring late publication of the levy rate and the assumption that LMCs collect the arrears created as a result
 - (ii) seeks assurance that the General Practice Defence Fund is being used for the defence of general practice.

(Proposed by Guy Watkins, Cambridgeshire on behalf of the Agenda Committee)

Carried

Regulation, monitoring and governance

- (*164) 20. That conference notes that the Department of Health is working with the RCGP and other stakeholders to pilot an accreditation process for primary care providers and believes any accreditation process should:

- (i) be agreed rather than imposed and should complement rather than duplicate regulation
- (ii) have development of the practice at its core and enable practices to demonstrate good quality standards of service delivery
- (iii) apply in all practices including GMS, PMS, PCTMS and APMS providers
- (iv) include an element to encourage good employment practice
- (v) not be wholly dependent upon the RCGP.

(Proposed by Richard Withers, Cambridgeshire on behalf of the Agenda Committee)

Carried

- (*168) 21. That conference:

- (i) does not believe that the Healthcare Commission handles complaints against GPs in a fair and balanced manner
- (ii) believes that the Commission seems to prefer to take the easiest route by simply placating the patient and ignoring the evidence presented by the GP
- (iii) has no confidence in the Healthcare Commission in respect of its ability to handle GP complaints.

(Proposed by Peter Gledhill, Bedfordshire)

Carried

- (*169) 22. That conference, considering performance frameworks and 'balanced score cards':

- (i) believes any such framework must clearly distinguish between contractual duties and quality improvement and commends PCTs where this has been achieved
- (ii) seeks a similar scoring system for PCTs, to be administered by LMCs and results to be reported back to SHAs
- (iii) deplores the increasing use of QOF data by PCTs as a performance management tool
- (iv) is particularly concerned by the unscientific use of data to judge practices.

(Proposed by Sella Shanmugadasan, City and East London on behalf of the Agenda Committee)

Carried

- (738) 23. That conference considers that any regulation of general practice must:

- (i) be equitable across all sectors and contractual options
- (ii) recognise that most practices are small businesses and not place them under
 - a further bureaucratic steamroller
- (iii) reflect evidence-based assessments of risk
- (iv) be developed by a joint approach between the CQC and professional

representatives.

(Proposed by John Canning, Cleveland)
Carried unanimously

Workforce

- (*173) 24. That conference recognises the invaluable contribution made by sessional doctors to the delivery of general practice patient care, and:
- (i) recommends that LMCs should continue to represent the interests of all GPs whatever their contractual status
 - (ii) whilst noting the increasing tensions between GP principals, salaried GPs and freelance GPs, urges all GPs to work together to design flexible career pathways that meet everybody's needs
 - (iii) recommends that all salaried GPs should receive terms and conditions of employment which provide security of tenure, reasonable pay to reflect their experience, qualifications and work, fair hours of work, redundancy and leave entitlements as per the model salaried GP contract
 - (iv) calls on GPC to promote the desirability that these doctors be enabled to become practice partners whenever this is feasible for the mutual benefit of both parties.

(Proposed by Mark Selman, Northern Ireland Conference on behalf of the Agenda Committee)
Carried, part (ii) unanimously

- (*185) 25. That conference believes the best model for the viability and sustainability of general practice is one of partnerships of GP principals who have a financial commitment to their practice and their partners, and directs the GPC contract negotiators to use all opportunities within negotiations to secure and develop this model of provision of general practice services but recognises that there are GPs who, for various reasons and at various times, are unable to take on the responsibilities of partnership but whose skills need to be utilised and rewarded.

(Proposed by Jane Irwin, Cumbria)
Carried

- (*199) 26. That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee:
That conference deplores the lack of substantive job opportunities for newly-qualified general practitioners and calls on the GPC to:
- (i) commission immediate workforce planning investigations with regards to GP trainees, GP retirement and substantive GP positions
 - (ii) encourage deaneries to create and support positions for newly-qualified GPs within surgeries with interests in further training of general practitioners
 - (iii) encourage vocational training schemes to develop direct links with 3-12 month, post CCT/CEGPR substantive GP positions for doctors who wish to continue their practice in a more supported environment, supported by deaneries and local PCTs
 - (iv) lobby all out-of-hours providers not to unreasonably deny requests by newly-qualified general practitioners to continue or commence work in the out-of-hours environment
 - (v) pursue a media campaign to highlight the plight of unemployed, fully-qualified general practitioners.

(Proposed by Alex Smallwood, GP trainees subcommittee of GPC)
Carried, parts (i) – (iv) unanimously, part (v) with 2/3 majority

GPC Wales

- (207) 27. That conference supports the Welsh Deanery in its efforts to develop a pilot for revalidation in Wales with the General Medical Council.
(Proposed by Mike Griffiths, Gwent)
Carried

- (208) 28. That conference:
- (i) re-confirms the commitment of Welsh GPs to the NHS
 - (ii) believes that 'private models' of healthcare provision will not improve cost-efficiency in the NHS
 - (iii) feels that the NHS has little to learn from American systems of healthcare provision
 - (iv) supports steps taken by the Welsh Assembly Government to remove 'market forces' from the NHS in Wales
 - (v) expresses grave concern regarding the direction of central government policy which it believes places the NHS at significant risk.
- (Supported by the WELSH CONFERENCE OF LMCs 2008)
(Proposed by Sean Young, Morgannwg)
Carried unanimously

Scottish GPC

- (210) 29. That conference would like to congratulate the Scottish Government in placing the interest of patients foremost in resisting the privatisation of primary care seen elsewhere in the UK.
(Proposed by Simon Willetts, Dumfries and Galloway)
Carried

Other motions

- (*212) 30. That conference considers translation services important, and believes that:
- (i) różnice w dostępie do służby zdrowia są spowodowane brakiem ogólnie przyjętych standardów tłumaczeń
 - (ii) primary care trusts powinny pamiętać, że to do nich należy udostępnienie służby zdrowia wszystkim pacjentom

That conference considers translation services important and believes that:

- (iv) health inequalities are aggravated by the absence of nationally agreed standards for translation services
- (v) PCTs should be reminded that it is their duty to make medical services accessible to all patients.

(Proposed by Simon Poole, Cambridgeshire)
Carried

- (214) 31. That conference considers the prospect that practices might be charged if their patients attend 8-to-8 walk-in centres or accident and emergency units to be grossly unfair and a threat to the viability of general practice.
(Proposed by Anthony Pickering, Northamptonshire)
Carried unanimously

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- (232) 32. That conference feels that the GMS contract should continue to be negotiated at a United Kingdom level.
(Supported by the WELSH CONFERENCE OF LMCs 2008)
(Proposed by Ian Millington, Morgannwg)

Carried

Pensions

- (*235) 33. AGENDA COMMITTEE: That conference welcomes the successful outcome of the Judicial Review of the Department of Health's attempt to renege on the pension dynamising factor, congratulates the BMA Pensions Committee and all the staff who worked to achieve this, and:
- (i) demands that the government now honours its pension commitments to current and retired GPs
 - (ii) requires early back payment of overdue pension
 - (iii) gives its full backing to GPC should further action be needed to protect the value of GP pensions
 - (iv) strongly believes that GPC must use this to strengthen its position in other negotiations.

(Proposed by Gill Beck, Buckinghamshire on behalf of the Agenda Committee)

Carried

Supplementary services

- (*245) 34. That conference believes that in circumstances when procedures and services are not commissioned locally and are therefore unavailable to patients as part of the NHS, and patients request such procedures and services, general practitioners should be entitled to charge their NHS registered patients for the clinically appropriate delivery of such procedures and services.

(Proposed by Diane Ackerley, Surrey on behalf of the Agenda Committee)

Carried

GP education and training

- (*253) 35. That conference deplores the failure to make adequate resources available for the training of GP trainees, F1/F2 doctors and medical students and:
- (i) deplores the continuing reduction in the number of educator posts
 - (ii) deplores the increasing demands on educators and their practice colleagues without commensurate remuneration, and believes that this is a major disincentive to new practices becoming involved in education and training
 - (iii) believes that GPs should be predominantly trained by GPs and opposes the appointment of nurses to associate trainer positions
 - (iv) believes that GP trainers should be properly remunerated for the additional workload since the introduction of MMC, including proper remuneration for the supervisory role of trainees in ST1 and ST2 and its associated workload
 - (v) urges the governments to uplift the GP trainer's grant to reflect the increasing workload and time commitment and demands that an appropriate increase be backdated to 1 April 2007.

(Proposed by Sandy Sutherland, Scottish Conference of LMCs on behalf of the Agenda Committee)

Carried unanimously

- (*264) 36. That conference:
- (i) is concerned about the additional workload involved in the new MRCGP examination and that the number of assessments required detracts from the quality of the training environment
 - (ii) deplores the provision of an inadequate electronic training portfolio for the new MRCGP examination

- (iii) deplores the inadequate resources given to training practices whose workload has been increased by the new MRCGP examination
- (iv) deplores the imposition on trainers of unpaid work as examiners for the RCGP and demands that this situation be reconsidered.

(Proposed by Paul Lockie, Scottish Conference of LMCs)

Carried

- (*268) 37. That conference values the experience gained by trainees in out-of-hours (OOH) general practice, but believes that:
- (i) there should be a specific out-of-hours curriculum devised by the RCGP
 - (ii) training should be provided in the out-of-hours setting to help gain specific competencies
 - (iii) all out-of-hours providers must provide appropriate out-of-hours training for trainees and the deaneries should work with PCOs to ensure that this happens
 - (iv) out-of-hours training should be competency based and not based on the number of hours worked
 - (v) the variation in the interpretation of COGPED out-of-hours guidelines in different parts of the UK is unacceptable.

(Proposed by Rafik Taibjee, GP trainees subcommittee of GPC)

Carried

- (*272) 38. That conference welcomes the Tooke Report's recommendations to increase general practice specialty training length to five years, and calls upon the GPC and its GP trainees subcommittee to campaign to:
- (i) ensure that additional training experience is relevant and focussed towards a career in general practice
 - (ii) protect GP trainees from posts which fulfil service provision requirements at the expense of educational quality
 - (iii) work towards trainees being protected by a five-year contract protecting their employment and pay.

(Proposed by Katie Bramall, Haringay)

Carried

- (762) 39. That conference recommends that the curriculum for GP trainees includes:
- (i) an introduction to medico-political issues and the role of the LMC
 - (ii) a requirement that GP trainees attend at least one LMC meeting in their area as an observer.

(Proposed by Stephen Amiel, Camden and Islington)

Carried

Public health

- (*277) 40. That conference:
- (i) deplores action by government to medicalise behaviour and social problems
 - (ii) believes that obesity is a social problem and should be treated that way
 - (iii) believes that the UK government must take responsibility for dealing with the burgeoning obesity problem.

(Proposed by Phil White, North Wales)

Carried, part (ii) carried as a reference

- (*281) 41. That conference believes the introduction of a national screening programme for over 40s:
- (i) will detract further valuable GP resources from the sick and vulnerable to the 'worried well'
 - (ii) will require considerable time resource to explain to individuals the risk.

(Proposed by P Alford, Merton, Sutton and Wandsworth on behalf of the Agenda Committee)

Carried

Patient confidentiality and the National Care Record

- (*284) 42. That conference, in view of the government's unparalleled reputation for not being able to store records safely, has no confidence in the government's integrity and calls on the GPC to:
- (i) ensure that a halt is put on the development of a centrally-held patient record
 - (ii) promote a national publicity campaign to warn patients of the risks arising from their records being held on a national database
 - (iii) reaffirms existing policy that no patient medical data should be added to the national database without the patient's expressed consent
 - (iv) encourage GPs to support patients should they wish to have their details withheld from the Spine.

(Proposed by Michael Ingram, Hertfordshire on behalf of the Agenda Committee)

Carried, part (i) carried as reference

- (*302) 43. That conference believes that detailed General Practice electronic records should:
- (i) remain with GPs as custodians of the data
 - (ii) have one identifiable guardian
 - (iii) only be editable by the originating organisation
 - (iv) never be accessible in total outside the originating organisation without explicit patient consent and the knowledge of the originating organisation
 - (v) allow explicit blocking of parts of the records from sharing outside the originating organisation.

(Proposed by Grant Ingrams, Coventry on behalf of the Agenda Committee)

Carried, part (iii) carried as a reference

Privatisation and alternative providers

- (*315) 44. That conference deplores the government's policy of creeping privatisation of general practice by encouraging the provision of primary care by large organisations beholden to shareholders:
- (i) which will threaten the standard of care delivered to patients particularly the sickest and least empowered
 - (ii) which poses a threat to the future of the current highly successful model of UK general practice
 - (iii) which will result in disintegration and disruption to students' and doctors' training
 - (iv) which represents politically driven dogma not supported by evidence-based health economic principle
 - (v) and instructs GPC to work with other interested bodies, to campaign vigorously to protect modern general practice.

(Proposed by Andrew Richardson, Devon on behalf of the Agenda Committee)

Carried unanimously

- (*335) 45. That conference demands that when GP services are offered for tender:
- (i) the quality of the services to be provided should be the prime consideration
 - (ii) cherry picking of patient services should not be allowed
 - (iii) the contract terms and monitoring arrangements for any private corporation are on a par with those for local PMS and GMS practices
 - (iv) a private corporation winning a tender should not be allowed to seek a variation in the terms and conditions of their contract once signed
 - (v) PCOs and APMS providers must be covered by an amended Freedom of Information Act so that they cannot hide behind the claim of commercial confidentiality.

(Proposed by Kambiz Boomla, City and East London on behalf of the Agenda Committee)

Carried unanimously

- (*347) 46. That conference:
- (i) believes it is misleading to equate the business of independent contractor general practice with the corporate privatisation of primary care
 - (ii) calls on GPC to equip GPs to compete effectively for APMS practices
 - (iii) urges GPC to develop a credible strategy to counteract the government's wish to privatise the delivery of NHS primary care.

(Proposed by Gavin Ralston, Birmingham on behalf of the Agenda Committee)

Carried

Out-of-hours (OOH)

- (*355) 47. That conference, in respect of out-of-hours primary medical services:
- (i) recognises the end of responsibility of out-of-hours was welcomed by the profession
 - (ii) recognises that they are an important part of overall care for the patient
 - (iii) believes primary care organisations have generally failed to deliver effective services
 - (iv) calls on GPC to consider resumption by GPs of the responsibility to commission out-of-hours services, with the attached resources to do so.

(Proposed by Alan Stout, Northern Ireland Conference of LMCs on behalf of the Agenda Committee)

Carried, part (i) carried unanimously

- (*360) 48. That conference with reference to out-of-hours services:
- (i) condemns providers employing GPs unfamiliar with local protocols and processes
 - (ii) calls upon GPC to insist on the application of relevant minimum standards of care to protect patients
 - (iii) regrets that quality markers are ignored in favour of costs when retendering contracts

(Proposed by Mike Moor, Cambridgeshire on behalf of the Agenda Committee)

Carried unanimously

Quality and Outcomes Framework

- (*363) 49. That conference insists the Quality and Outcomes Framework (QOF) is about quality for patients and not outcomes for politicians and
- (i) calls upon the government to publicly acknowledge and laud the continuing high achievement of UK GPs in the evidence-based QOF
 - (ii) regrets the government's failure to implement the evidence-based work of the expert review group
 - (iii) condemns the government for putting greater priority on access targets instead of improvements in quality care for patients
 - (iv) calls on the Department of Health to reinstate points based on clinical parameters rather than subjective patient opinion for which there is no evidence of health benefit.

(Proposed by Sheila McCormick, Cornwall and Isles of Scilly)
Carried unanimously

- (*376) 50. That conference believes that the Quality and Outcomes Framework and the QOF payments mechanism should be adjusted to accurately reflect the true workload of having a high prevalence population.

(Proposed by Stephen Hardwick, Lancashire Coastal on behalf of the Agenda Committee)
Carried

Clinical and prescribing

- (*381) 51. That conference demands that resources are provided to supply HPV immunisation when it is clinically appropriate.

(Proposed by Sarah Gray, Cornwall and Isles of Scilly)
Carried unanimously

- (*385) 52. That conference deplores the lack of progress on the rationalisation of travel and other immunisations despite the instructions of previous LMC conferences and especially calls for:

- (i) a system for Hepatitis B vaccination that is easily understood and workable
- (ii) an overhaul of the eligibility for travel immunisations
- (iii) coordination of the payments system with the 'Green Book'.

(Proposed by Guaran Gupta, Kent)
Carried unanimously

- (*391) 53. That conference instructs the GPC to engage with the Department of Health so that conflicts in policy and guidance, which occur between NICE and other eminent professional bodies such as the Joint British Societies can be quickly resolved.

(Proposed by Paddy Twomey, Lincolnshire)
Carried as a reference

Dispensing

- (*395) 54. That conference is gravely concerned that implementation of the Pharmacy White Paper, 'Pharmacy in England building on strengths – delivering the future' will, by effectively outlawing dispensing by doctors in the vast majority of the country, deprive patients choice and local access to a much appreciated service, destabilise rural general practice without providing appropriate local alternatives, cause an unnecessary increase in the NHS budget and calls on the GPC to fight the proposals with the utmost vigour.

(Proposed by C Browning, Suffolk)

Carried unanimously

- (*401) 55. That conference believes the new pharmaceutical care services contract in Scotland deliberately ignores the expertise and service provided by dispensing doctors to their patients, fails to distinguish between access to a pharmacy and access to advice from a pharmacist and:
- (i) that its implementation by health boards is likely to reduce service to patients served by dispensing practices
 - (ii) deplores the failure to produce a new contract for dispensing practices
 - (iii) requires a moratorium on further speculative pharmacy applications
 - (iv) requires pharmacies to operate as a MINIMUM for the same hours of availability as the practices which serve their neighbourhood.
- (Proposed by Jean Mary Knowles, Highland on behalf of the Agenda Committee)
Carried, part (iv) carried as a reference

GMS negotiations

- (*408) 56. That conference, remembering recent events:
- (i) believes that our GPC negotiators have acted honourably and negotiated in good faith
 - (ii) deplores the behaviour and tactics used by the government
 - (iii) deplores the way government has undermined the negotiated and agreed contract
 - (iv) believes the government has sacrificed the goodwill of the profession
 - (v) no longer trusts the government.
- (Proposed by John Reid, Grampian on behalf of the Agenda Committee)**
Carried

- (*433) 57. That conference:
- (i) instructs the GPC to seek firm assurances from government that there will be no future unilateral contractual changes
 - (ii) calls upon the Secretary of State to assert the principles of mutuality and reasonableness in the Department of Health's future dealings with the medical profession
 - (iii) instructs GPC to seek legal opinion to clarify the circumstances in which the governments can arbitrarily impose unacceptable changes to the 2003 GMS contract
 - (iv) instructs GPC to seek legal opinion to clarify the circumstances in which the PCOs can threaten to terminate GMS/PMS contracts in the absence of breach of contract
 - (v) instructs GPC to challenge the government's right to change the nGMS contract unilaterally except in situations of 'national emergency'.
- (Proposed by Kevin Lee, Doncaster on behalf of the Agenda Committee)**
Carried as a reference

Public relations

- (*453) 58. That conference:
- (i) condemns the government for its persistent denigratory briefings to the press and the public aimed at undermining the achievements and morale of GPs and the public's confidence in UK general practice
 - (ii) regrets that the national press has reported the current situation in primary care in an inaccurate and ill informed manner
 - (iii) thanks the patients of the UK who have seen through the Government and media attempts to damage the doctor-patient relationship and continue to show their support for UK general practice.

(Proposed by Ron Carter, Buckinghamshire on behalf of the Agenda Committee)

Carried

- (470) 59. That conference:
- (i) insists GPC needs to develop a more effective communication strategy, taking a proactive rather than reactive approach to the media
 - (ii) instructs GPC to institute a high profile PR campaign to increase public and secondary care colleagues appreciation and understanding of current general practice and the true implications of government GP reforms
 - (iii) believes it is vital for GPC to have the funds to invest in high-quality public relation resources, if necessary by raising the voluntary levy
 - (iv) calls on GPC to take advice from external public relation consultants experienced in media management.

(Proposed by Richard Clapp, Cornwall and Isles of Scilly on behalf of the Agenda Committee)

Carried as a reference

DDRB

- (*492) 60. That conference believes the 2008 DDRB award for GPs is a breach of the 2004 GMS contract agreement and
- (i) effectively delivers a pay cut for the third year in a row to the majority of UK practices
 - (ii) will affect the ability of practices to deliver high-quality general practice
 - (iii) asks GPC to consider a legal challenge.

(Proposed by John Canning, Cleveland on behalf of the Agenda Committee)
Carried

- (*508) 61. That conference demands an end to the erosion of GP income and still believes that the DDRB is the best mechanism for recommending GP pay.

(Proposed by Alan Thompson, Lewisham)

Carried

Funding for general practice – subject debate

Speakers were invited to speak to any motion within the subject debate. All motions in the subject debate were then voted on in succession.

Proposed by Eric Rose, Buckinghamshire

- (*509) 62. That conference is extremely concerned about the future viability of general practice in the light of the government's failure to increase the global sum and MPIG in line with inflation and:
- (i) believes uncertainty about future remuneration will have a deleterious effect on recruitment and retention in general practice
 - (ii) demands appropriate funding be made available to GP practices with such

- funding to include inflationary costs for staff and infrastructure
- (iii) believes that there should be a moratorium on any new initiatives until proper funding is allocated

Carried, part (iii) carried as a reference

- (*521) 63. That conference fears that the loss of MPIG without adequate increase in the global sum will destabilise general practice and:
- (i) denounces the denigrating remarks on GP income and productivity in the recent National Audit Office report on new contracts for general practice services in England
 - (ii) urges the government to fund essential services in such a way that redistribution will become possible and inequity will be reduced
 - (iii) calls upon GPC to vehemently resist any attempt to remove MPIG from the national contract.

Carried, part (iii) carried as a reference

- (*552) 64. That conference believes that the current system for calculating seniority pay is inequitable and calls on GPC to ensure that the scheme does not penalise GPs working:
- (i) part time
 - (ii) in general practice education, teaching and appraisal
 - (iii) for PCOs
 - (iv) for LMCs.

Carried as a reference

- (*557) 65. That conference recognises the talents, aspirations and needs of all doctors regardless of their personal circumstances and demands:
- (i) mandatory PCO reimbursement of locum fees for maternity, paternity and adoptive leave
 - (ii) that the reimbursement of locum fees for maternity leave is available for 39 weeks
 - (iii) that childcare be available as promised
 - (iv) that the funding for the returner schemes be reinstated.

Carried

Personal Medical Services/Section 17C

- (*563) 66. That conference believes that the government-backed crackdown on PMS practices:
- (i) is driven by PCTs attempting to balance their books
 - (ii) is detrimental to quality service delivery in general practice
 - (iii) is being deployed as a method of cutting primary care spending
 - (iv) means that the time has come for the profession to negotiate the amalgamation of PMS and GMS into one national contract.

(Proposed by George Rae, Newcastle and North Tyneside on behalf of the Agenda Committee)

Carried

Medical certificates and reports

- (*566) 67. That conference considers it a nonsense that GPs should be asked to police the benefit system with either the current sick notes or the proposed 'fit to work' certificates.

(Proposed by Matthew Stead, Cornwall and Isles of Scilly)

Carried

Extended hours and access

- (*572) 68. That conference believes that enforced extended opening is mere electioneering and not in the best interests of the majority of patients and it:
- (i) is being funded at the expense of planned improvements in clinical care
 - (ii) fails to recognise the multi-disciplinary nature of modern general practice
 - (iii) is not matched by availability of support, diagnostic, referral or management services
 - (iv) undermines continuity and quality of care
 - (v) is without evidence as the majority of patients are completely satisfied with the hours of availability of their general practice.

(Proposed by Mark Sanford-Wood, Devon on behalf of the Agenda Committee)

Carried unanimously

- (*599) 69. That conference believes that government insistence on extended hours:
- (i) gives inadequate consideration to the safety of doctors
 - (ii) gives inadequate consideration to the needs of GPs with families
 - (iii) says more about British working conditions than the inflexibility of general practice
 - (iv) will reinforce the long hours culture we have in Britain, and make access to healthcare harder, not easier.

(Proposed by Georgina Brown, Glasgow on behalf of the Agenda Committee)

Carried, part (iv) carried as a reference

- (*610) 70. That conference deplores the comments of the CBI in the extended hours discussion and believes:
- (i) all employees should have access to occupational health services
 - (ii) employment rights should legally include provision for all employees to take time off to visit their general practitioner
 - (iii) employees should be encouraged to take appropriate absence from work without risk of penalty when acutely unwell.

(Proposed by Bill Beeby, Cleveland on behalf of the Agenda Committee)

Carried

Organisation of general practice

- (*615) 71. That conference reminds GPs that it is hypocritical to promote continuity of care, but not to offer it.

(Proposed by Ifti Lone, Cleveland)

Carried unanimously

- (*616) 72. That conference insists that, providing professional standards and obligations are met, it is up to individual practices how they fulfil their contract to provide general or personal medical services.

(Proposed by Alan Francis, East Yorkshire)

Carried

- (*618) 73. That conference values specialised community nurses and their role in managing patients in the community and:

- (i) believes that the continuation of effective primary healthcare teams is the best way to deliver care in the community
- (ii) deplores the PCO attempts to achieve financial balance by reducing the numbers and training of community nurses and health visitors
- (iii) calls on GPC to liaise with organisations representing these members of the primary healthcare team
- (iv) calls on GPC to work with these organisations to negotiate with government for appropriate funding for the entire primary healthcare team.

(Proposed by Peter Gledhill, Bedfordshire on behalf of the Agenda Committee)
Carried as a reference

- (*627) 74. That conference whilst recognising the inadequacy of some clinical services:
- (i) is concerned that the plans to develop intermediate care are being progressed before the issues of clinical responsibility and resource transfer have been addressed
 - (ii) demands that when services are transferred to general practice the true cost of providing the service must be met
 - (iii) implores the GPC to find a legal definition of the word 'NO' that government understands.

(Proposed by N Statham, Gwent on behalf of the Agenda Committee)
Carried

Practice based commissioning

- (*633) 75. That conference:
- (i) deplores the widespread lack of enthusiasm and support for PBC by PCTs
 - (ii) believes PBC is doomed to be an expensive failure unless GPs are actually allowed to exercise choice in commissioning services on their patients' behalf
 - (iii) believes that practice based commissioning is both ineffective and under resourced
 - (iv) calls on the GPC to ensure that GPs are not blamed for PBC's ultimate and inevitable failure.

(Proposed by Sheila McCormick, Cornwall and Isles of Scilly on behalf of the Agenda Committee)

Parts (i) and (ii) carried, parts (iii) and (iv) carried as a reference

- (*645) 76. That conference believes that the Department of Health should begin pilots giving GPs real PBC budgets.

(Proposed by Jim McMichael, County Durham)
Carried as a reference

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2008

ELECTION RESULTS

Chairman of Conference of LMCs - Dr Fay Wilson,

Deputy Chairman of Conference of LMCs - Dr Mary Church

Six members of GPC in alphabetical order:

David Bell
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:

Brian Balmer

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

Andrew Green

Elected members to the Claire Wand Fund

Charlotte Jones
Lionel Kopelowitz
Russell Walshaw

PART III

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2008

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.

Government Health Policy and the NHS

- (*51) NORTHAMPTONSHIRE: That conference demands honesty about what a cash-limited NHS can afford: it is bizarre to suggest that every patient can have whatever they want, 'anytime, anyplace, anywhere!'

General Practitioners Committee

- (220) KENT: That conference believes that the negotiation process has been ineffective and instructs the GPC to:
- (i) reorganise the GPC into an effective negotiating body consisting of regionally elected members in the UK, renamed the GP Negotiating Council
 - (ii) to rename the current GPC the Council of General Practice, to deal with all matters of general concern to GPs except the negotiation of the GMS, PMS and Sessional GP contracts.

Privatisation and alternative providers

- (*351) AGENDA COMMITTEE: That conference faced with the overt privatisation of NHS general practice:
- (i) believes that APMS whether delivered by multinationals or consortia of GPs is the greatest threat to general practice in the sixty years of the NHS
 - (ii) deplores the ability of PCOs to tender practices to private providers resulting in a lack of meaningful job opportunities and career pathways for young doctors
 - (iii) recommends that as many practices as possible be retained in the traditional NHS primary care family
 - (iv) recommends single-handed GPs nearing retirement be encouraged to work collaboratively with other GMS/PMS practices to prevent the PCO tendering their practice after the GP retires.

Medical certificates and reports

- (*569) AGENDA COMMITTEE: That conference notes that the Mental Capacity Act 2005 has resulted in increasing amounts of time being spent by GPs with patients, carers and IMCAs in order to discuss advance decisions to refuse treatment and in order to assess patients' 'best interests', and:
- (i) deplores the lack of systematic training on the Mental Capacity Act provided by PCTs
 - (ii) regrets that Government has failed to take account of the increased time required from GPs

- (iii) regrets that GPC has failed to take account of the increased time required from GPs
- (iv) asks GPC to examine how GPs can be appropriately recompensed for the workload involved.

PART IV

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2008

REMAINDER OF THE AGENDA

Standing Orders

- (*6) That conference standing order 78.1 is amended so that the Celtic nations (Wales, Scotland and Northern Ireland) have at least one seat each on the Conference Agenda Committee.
(Proposed by W Harris, Bro Taf) LOST

Patient pathways

- (*135) That conference:
(i) calls for the renaming of Choose and Book to 'hide and seek' as it is not fit for purpose in its current format
(ii) believes that Choose and Book should be suspended nationally.
(Proposed by Paddy Twomey, Lincolnshire on behalf of the Agenda Committee) LOST

LMC Conference

- (150) NORTH YORKSHIRE: That conference has no confidence in the agenda committee. (Supported by BRADFORD AND AIRESDALE) **WITHDRAWN**
- (151) That conference welcomes the increased opportunity to speak resulting from open debates and believes:
(i) precedence should not be given to first-time speakers
(ii) selection of motions debated and speakers should favour ordinary representatives and not career medico-politicians
(iii) that Scottish, Welsh and Irish representatives should not be permitted to participate in debates on subjects affecting only English LMCs.
(Proposed by Andrew Green, East Yorkshire on behalf of the Agenda Committee) LOST

General Practitioners Defence Fund (GPDF)

- (*159) That conference, with regard to the voluntary levy believes that it is more equitable to calculate contributions to the Defence Fund by utilising the Carr-Hill weighted list size and requests GPC to move to this funding formula from April 2009
(Proposed by Guy Watkins, Cambridgeshire on behalf of the Agenda Committee) LOST

Workforce

- (*203) That conference thinks that the European Working Time Directive (EWTD), which applies to salaried GPs, should be applied to all GPs.
(Proposed by Joanna Bayley, Gloucestershire) LOST

Scottish GPC

- (211) That conference, given the contempt shown by the government for negotiation on matters of primary healthcare provision, urges the SGPC to investigate alternative contractual relationships with the NHS and patients.
(Proposed by James McMillan, Tayside) LOST

General Practitioners Committee

- (*219) That conference:
- (i) believes that the majority of GPs have no confidence in the GPC ability to defend general practice
 - (ii) instructs the GPC to augment the negotiating team with independent professional negotiators (who possess an equally unprincipled and obdurate attitude as that of No 10 and its advisors)
 - (iii) regrets the GPC has so far failed to convince the profession it has a credible strategy to counteract the government's wish to privatise the delivery of NHS primary care
- (Proposed by Nigel Hyams, Salford and Trafford on behalf of the Agenda Committee) LOST**

- (233) That conference agrees that all four nations should be able to benefit from devolution, and where the GP contracts vary, only the wishes of those GPs affected by any proposed change should be considered.
(Proposed by Guy Watkins, Cambridgeshire) LOST

- (234) That conference should support the development of separate mechanisms for negotiating and delivering the GP contract in Scotland.
(Proposed by Grampian) LOST

Supplementary services

- (*245) That conference believes that in circumstances when procedures and services are not commissioned locally and are therefore unavailable to patients as part of the NHS, and patients request such procedures and services, general practitioners should be entitled to charge their NHS registered patients for the clinically appropriate delivery of such procedures and services, and:
- (i) calls on the GPC to negotiate a change in GMS and PMS Regulations to permit this
 - (ii) requests GPC to consider a test case for restriction of trade in the courts to allow GPs equity with their consultant colleagues in this matter.
- (Proposed by Diane Ackerley, Surrey on behalf of the Agenda Committee) LOST parts (i) and (ii)**

GP education and training

- (*272) That conference welcomes the Tooke Report's recommendations to increase general practice specialty training length to five years, and calls upon the GPC and its GP trainees subcommittee to campaign to implement the recommendation starting with pilots for 2009 entrants into GP specialty training.
(Proposed by Katie Bramall, Haringey) LOST

Patient confidentiality and the National Care Record

- (*284) That conference, in view of the government's unparalleled reputation for not being able to store records safely, has no confidence in the government's integrity and calls on the GPC to desist from working with the government in the development of electronic patient records until comprehensive patient confidentiality guarantees and data security are in place.
(Proposed by Michael Ingram, Hertfordshire on behalf of the Agenda Committee)
LOST

GMS negotiations

- (*442) That conference, in view of the relentless and continuous erosion of the GMS contract by the government:
- (i) believes GPs should have the right to take industrial action on a ballot of GPs and independent of the views of other crafts within the BMA
 - (ii) believes that industrial action needs to be seriously contemplated
 - (iii) instructs the GPC that, if the current threatened changes to the GP contract are imposed, to conduct a survey of GP opinions concerning direct action that they would be willing to undertake
 - (iv) instructs GPC to formulate plans for a ballot on industrial action by GPs
- (Proposed by Tom Yerburch, Gloucestershire on behalf of the Agenda Committee)**
LOST

Public relations

- (*470) That conference regrets that the GPC appears to have lost the current propaganda battle in presenting a case on behalf of UK family doctors.
(Proposed by Richard Clapp, Cornwall and Isles of Scilly on behalf of the Agenda Committee) **LOST**

DDRB

- (*492) That conference believes the 2008 DDRB award for GPs is a breach of the 2004 GMS contract agreement and therefore has no confidence in the Review Body.
(Proposed by John Canning, Cleveland on behalf of the Agenda Committee) **LOST**

Funding for general practice – subject debate

- (*509) That conference is extremely concerned about the future viability of general practice in the light of the government's failure to increase the global sum and MPIG in line with inflation and:
- (iv) believes that the GPC must identify the 10% of work that was carried over to the nGMS contract that GPs should now stop performing
 - (v) calls for the end of the NHS as a monopoly purchaser of GPs' services.
- (Proposed by the Agenda Committee)** **LOST**
- (*541) That conference believes that the formulaic approach to practice funding needs to be renegotiated to reflect:
- (i) the effects of deprivation
 - (ii) the problems of ethnic and national diversity
 - (iii) patient turnover
 - (iv) remoteness and rurality
 - (v) the care for the elderly and the housebound, especially those in nursing homes.
- (Proposed by the Agenda Committee)** **LOST**

