

Conference News

Conference of England Local Medical Committees
Representatives
23 and 24 November 2023

Part I: Resolutions
Part II: Election results
Part III: Remainder of the agenda

PART I

ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2023

RESOLUTIONS

COVID VACCINATION PROGRAMME

4. That conference is dismayed by the inconsistent and chaotic approach of NHS England towards delivery of Covid vaccines, particularly the significant reduction in the IOS payment and the changes to vaccination programme timelines, and asks that GPC England:
- (i) negotiates with NHSE to ensure that IOS payments for Covid for future years are increased to at least 2022-2023 levels
 - (ii) negotiates annual inflationary rises for all vaccination IOS payments
 - (iii) negotiates that general practice is offered terms no less favourable than pharmacies
 - (iv) demands that, in the future, general practice is given at least six weeks' notice in advance of any changes in the timeline of the Covid vaccination programme, or additional funding should this lead time not be met
 - (v) rejects any future vaccinations programmes that have an IOS payment less than previously agreed and will strongly advise the profession to decline signing up.

Proposed by Gillian Farmer, Worcestershire

Carried

ADHD

5. That conference, in recognition of the increased awareness and identification of ADHD, expected prevalence rates, significant secondary complications and impact on an individual, the NHS, the wider system, and society as a whole; we demand:
- (i) an England-wide self-referral mechanism to a single-point-of-access offering screening and triage to deem "clinical appropriateness" and care-navigation to inform and enable patient choice
 - (ii) that urgent measures are taken by NHS England to remedy the fact that NHS ADHD Services across all ages in have been chronically underfunded for years
 - (iii) a direct enhanced service to cover the implementation of an ADHD annual health check, that would also properly fund the workload for ADHD medication shared-care agreements
 - (iv) accredited career pathways in ADHD for interested GPs and other primary-care HCPs, with nationally funded mechanisms to enable the training and subsequent skills to be utilised.

Proposed by Lucy Clement, Leeds

Carried

SHARED CARE OF MEDICATIONS

6. That conference demands that GPC England negotiates an agreed national voluntary shared care drug scheme that:
- (i) ensures universal availability for patients
 - (ii) is equitable and fully funded for participating practices
 - (iii) is added to only with the agreement of elected representatives of general practice
 - (iv) also applies to private specialist providers.

Proposed by Richard Van Mellaerts, Kingston and Richmond

Carried

GP TO PATIENT NUMBERS

7. That conference asks GPC England to seek to establish the absolute minimum number of GPs (by WTE) that are required to meet the basic needs of a standard population size, and collate these statistics, in order to:
- (i) provide a dataset that complements and gives context to the new OPEL type GP alert systems being established
 - (ii) assist the GPC England executive to hold NHS England and the Secretary of State to account when they fail to meet their obligation to ensure the provision of primary care services
 - (iii) clearly demonstrate the superior quality and value created by traditional general practice compared with corporate and private sector alternatives reliant on 'GP lite' models.
243. rider to motion
- (iv) protect practices from inappropriate adverse CQC criticism about perceived lack of 'access' caused by inadequate resourcing to meet demand.

7. **Proposed by Ben Lees, Gloucestershire**

Carried

WORKLOAD CAPPING

8. That conference asserts that NHS England's use of the term "arbitrary" when referring to the workload limit is disgraceful and reasserts that the demand pressure on general practice has long since exceeded the threshold of safety, and:
- (i) argues that simple quantification of appointments is disingenuous and needs more nuanced classification to reflect clinical complexity and value of time spent
 - (ii) supports the BMA Safe Working Guidance and calls for safe working limits to be considered a "red line" in contract negotiations, and for wider system overflow support to be mandated where OPEL reporting systems are indicating high levels of demand on practices
 - (iii) demands that NHS England make suitable provision for all practices across England to divert urgent workload when their daily safe working limits have been reached
 - (iv) supports a new above-practice triaging service to manage excessive demand on general practice, which must not include the option to refer back to general practice
 - (v) encourages the establishment of waiting lists for routine GP appointments in order to reveal, and to go some way toward quantifying, this demand and hidden workload.

Proposed by Rachel Ali, Devon

Parts (i), (ii), (iii) and (v) carried

Part (iv) carried as a reference

GP CONTRACTS

9. That conference notes the recent announcements regarding private providers of NHS general practices withdrawing from their contracts and:
- (i) calls for an end to APMS as a contractual option for general practice
 - (ii) demands that, any new or re-tendered GP core contract is offered as a GMS contract when the successful applicant is able to hold such a contract
 - (iii) demands that no funding over and above standard GMS should be provided to commercial organisations wishing to run NHS general practice contracts in England.

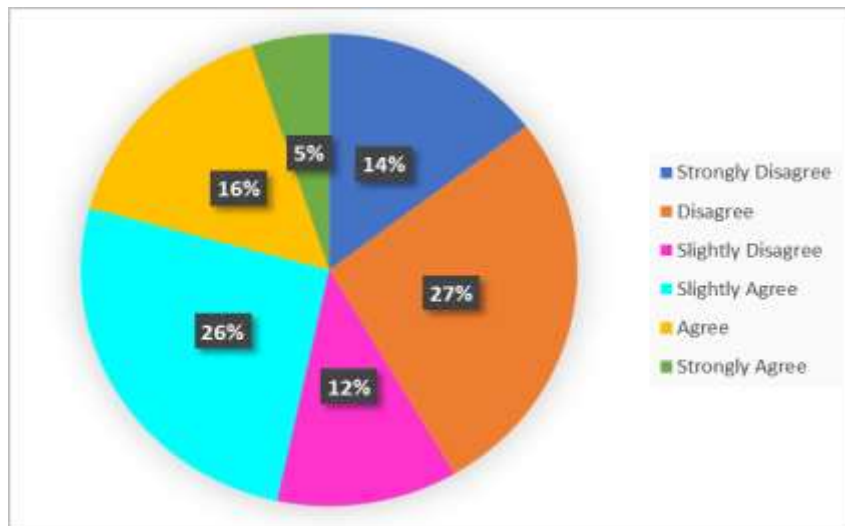
Proposed by Jackie Applebee, Tower Hamlets

Carried

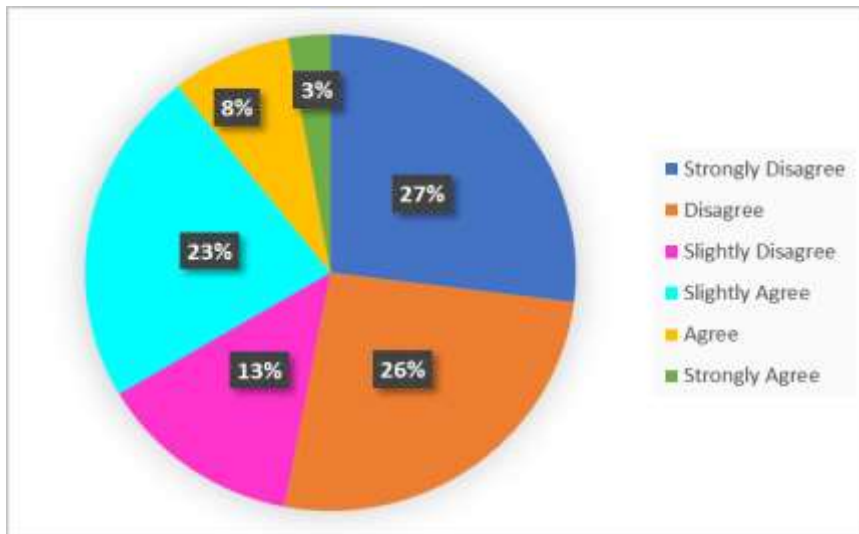
THEMED DEBATE: THE FUTURE OF WORKING AT SCALE

Following the debate, voting members of conference were asked to vote on a scale of one to six on the following statements.

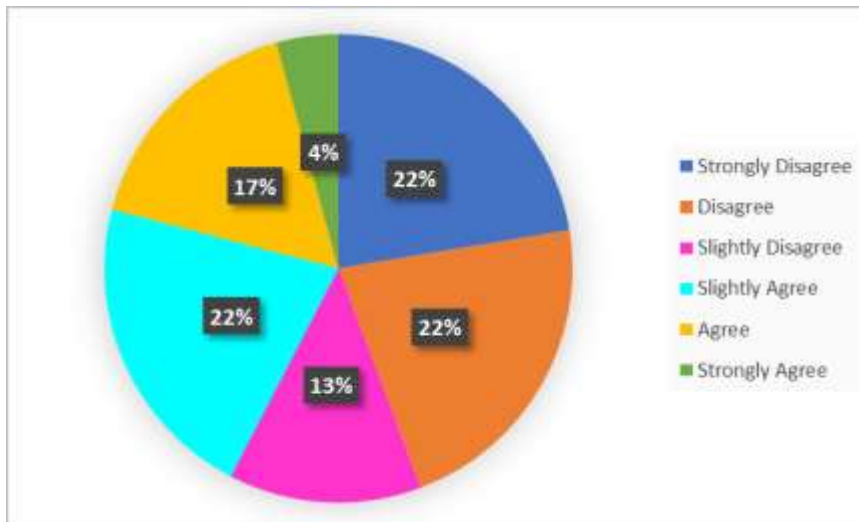
1. My constituents have an appetite for working at scale in the future.



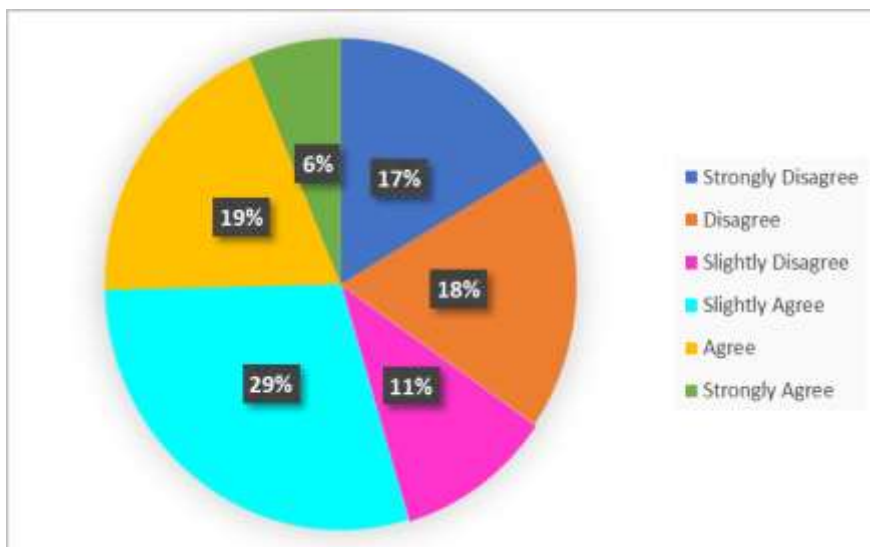
2. My constituents wish to share clinical staff with other practices.



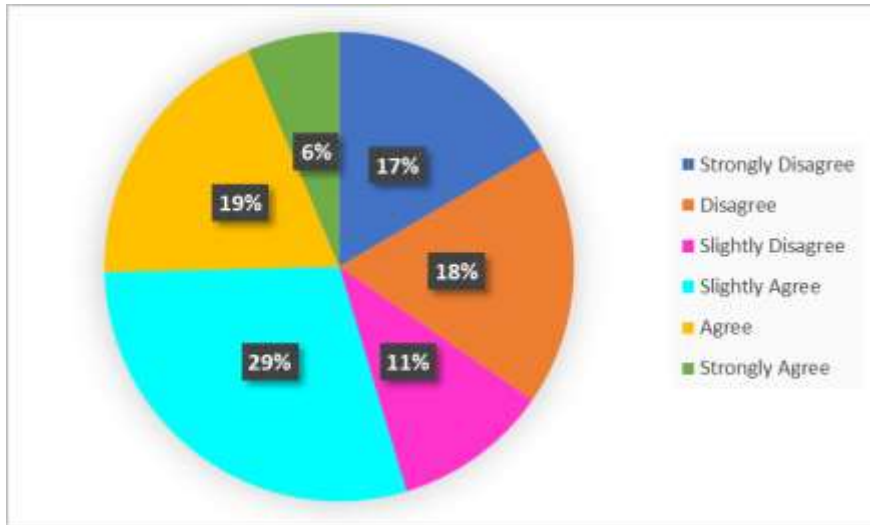
3. My constituents wish to share non-clinical staff with other practices.



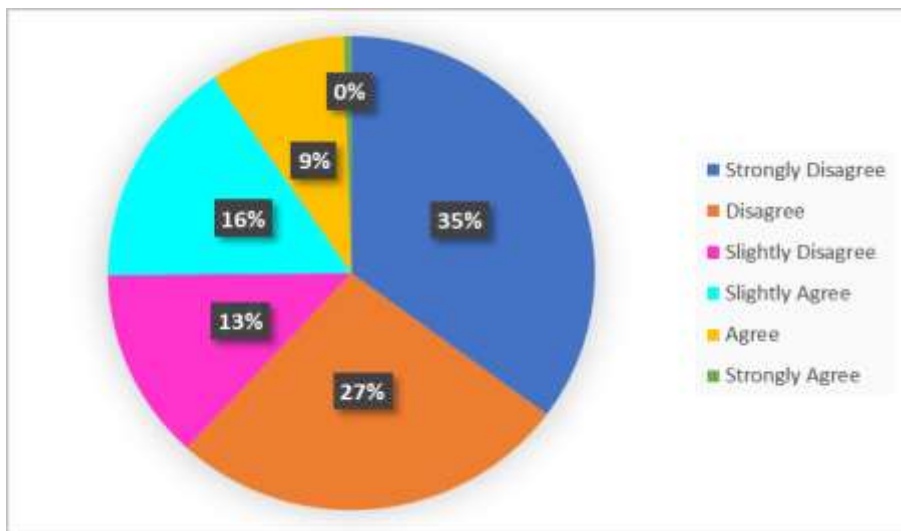
4. My constituents wish to share back-office functions with other practices.



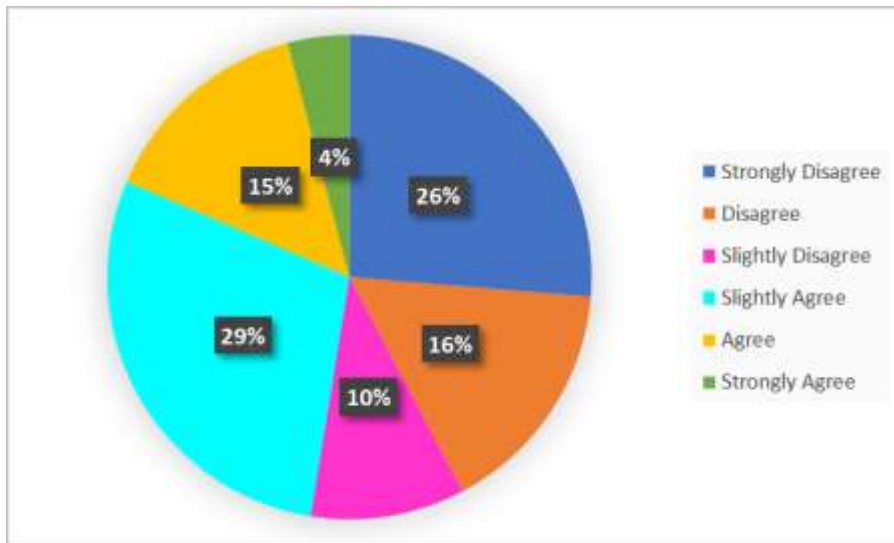
5. My constituents wish to share estates with other practices.



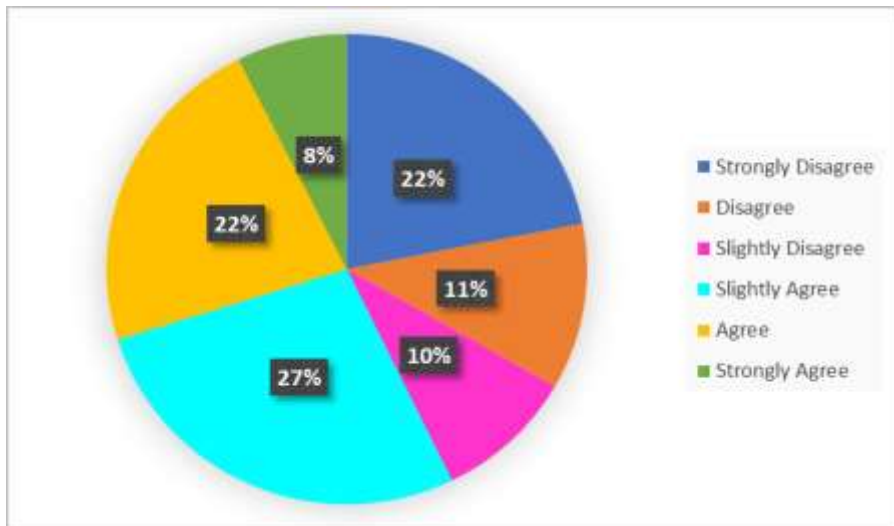
6. My constituents wish to provide private services through working at scale.



7. My constituents wish to tender for NHS services through working at scale.



1. My constituents have an appetite for working at scale in the future. (re-vote)



RAAC

10. That conference is appalled to learn of the emerging scandal surrounding the use of reinforced autoclaved aerated concrete (RAAC) in many buildings necessary for public life, and calls on GPC England to demand:

- (i) urgent government funded surveys of all primary care estates, to identify any facilities constructed from RAAC
- (ii) prompt provision of state funded support for any practice found to have RAAC in order to make it safe either through repair or rebuild
- (iii) a public enquiry to investigate why the known dangers of RAAC have been ignored by government for so long.

Proposed by James Murphy, Buckinghamshire

Carried

GP PERFORMER LIST SUSPENSIONS

12. That conference is appalled that GP performers lists suspensions payments are both punitive and inequitable and as a matter of urgency, calls on government to amend these regulations to:
- (i) establish the principle that suspended GPs are entitled to 100% of normal earnings not 90% as per the current regulations
 - (ii) increase the weekly ceiling on locum payments, so that these are annually set at a realistic level that will fully reimburse the locum payments for the suspended GP
 - (iii) entitle all GPs to receive suspension payment, including partners who have been expelled from their partnership due to the suspension.

Proposed by Richard Stacey, Lewisham

Carried

ARRS SUPERVISION

13. That conference believes that Additional Roles Reimbursement Scheme (ARRS) staff have not been nationally supported to develop adequate competence within primary care and:
- (i) all ARRS staff should be supervised similarly to GP registrars for three years from commencing their role
 - (ii) GPC England needs to insist that, as per GMC guidance, levels of supervision should be guided by the needs of the individual rather than a blanket approach
 - (iii) all ARRS roles and associated supervisors need to have funded and protected time for supervision and learning
 - (iv) no further push for advanced access whilst the inefficiencies of this model are restructured.

Proposed by Elizabeth Toberty

Parts (i), (ii) carried as a reference

Parts (iii) and (iv) carried

THEMED DEBATE: INTERFACE SOLUTIONS

That conference instructs GPC England to:

- (i) produce an up-to-date suite of guidance and tools for practices on the interface between private providers and general practice
- (ii) clearly define what work is and is not core GMS, and produce a suite of resources to empower practices to reject this work if they so choose
- (iii) carry out research to quantify the cost impact of unfunded secondary care work undertaken by general practice
- (iv) produce and promote legally and contractually enforceable levers for practices to use to financially penalise other providers for unfunded work inappropriately shifted into general practice
- (v) work with the BMA's Consultants Committee, Junior Doctors Committee, and Specialist, Associate Specialist and Specialty Doctors Committee and the Dispensing Doctors Association, to negotiate with NHS England the rapid implementation of electronic prescribing for secondary care, including the ability to connect with community pharmacy.

Proposed by the Chair

Carried

GP RETENTION

15. That conference is disheartened to note that recruitment and retention of general practice is at its lowest level currently, believes the NHS England Long Term Workforce Plan is a missed opportunity to support retention of GPs and calls for:

- (i) removal of the five-year maximum eligibility limit to the NHS England GP Retention Scheme
- (ii) levelling up of ICB investment in the NHS England GP Retention Scheme across the country
- (iii) increased government investment in the NHS England GP Retention Scheme
- (iv) consideration of ways to retain and support GPs further down the line in their careers, so that GPs enjoy their work for longer and avoid burnout and early retirement
- (v) all GP retention or fellowship programmes to be open to all GPs on an equitable basis.

Proposed by Deborah White, Cleveland

Carried

Chosen Motion 1

249. That conference believes that the current system for management of NHS pensions delivered by PCSE is not fit for purpose and calls for urgent radical reform and re-procurement of the provider in line with motions passed in previous years.

Proposed by Sarah Kay, Dorset

Carried

Chosen Motion 2

250. That conference applauds the aspiration for clinical excellence across the NHS but believes:

- (i) that NICE guidance is often out of touch with the reality of working in general practice
- (ii) in the current climate practitioners should be judged against 'good enough' rather than unrealistic 'gold standards'
- (iii) that the GMC and NHS Performance teams should not be judging practitioner performance against NICE guidelines
- (iv) that GPC England should lobby for professional and clinical standards to be aligned to current workforce and workload capacity.

Proposed by Simon Wright, Dorset

Carried

DIGITAL / IT

16. That conference believes that if it takes 20 minutes to switch on your computer in the morning then Steve Barclay should not be investing in robotic penguins.

Proposed by Merryl Watkins, Derbyshire

Carried

SEPARATION PLANNED / UNPLANNED CARE

17. That conference believes that the current workload for general practice is unsustainable, and requests that GPC England negotiates a new GMS contract which focuses on continuity of care, care of long-term conditions, preventative healthcare and end of life care.

Proposed by Elliott Singer, Waltham Forest

Carried

APPRAISAL

18. That conference believes that GPs should not have to bear costs associated with mandatory annual appraisal and implores GPC England to insist that these costs are reimbursed in full.

Proposed by Mandeep Singh Ahluwalia, West Sussex

Carried

RE-AFFIRMING CONTRACT POLICY

19. That conference calls on GPC England to:
- (i) include in its negotiations with NHSEI / DHSC that existing conference policy of an activity-based contract is part of the new contract
 - (ii) include in its negotiations with NHSEI / DHSC that existing conference policy of PCN into core is part of the new contract
 - (iii) include in its negotiations with NHSEI / DHSC that existing conference policy of more flexibility for private services the NHS cannot provide is part of the new contract
 - (iv) formally ballot members once the outcome of negotiations for the new contract with NHSEI / DHSC are known.

Proposed by Zishan Syed, Kent

Carried

PART II
ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES
NOVEMBER 2023

ELECTION RESULTS

Chair of England Conference
Elliott Singer

Deputy Chair of England Conference
Clare Sieber

Five members of England Conference Agenda Committee
William Denby
Paul Evans
Simon Minkoff
Roger Scott
Deborah White

PART III

REMAINDER OF THE AGENDA

ADHD

5. That conference, in recognition of the increased awareness and identification of ADHD, expected prevalence rates, significant secondary complications and impact on an individual, the NHS, the wider system, and society as a whole; we demand the prompt establishment of an NHS England Any Qualified Provider (AQP) list of neurodevelopmental services, including private providers available through NHS Right-to Choose

Proposed by Lucy Clements, Leeds

LOST

SALARIED JOB PLAN

11. CAMBRIDGESHIRE: That conference is dismayed that despite salaried GPs being offered model contracts, practices are not held accountable for the job plans they create leading to unmanageable workloads, increased risk of burnout and lack of retention and calls on the GPC England to publish gold standard job plans including a certification symbol for adopting practices to:
- (i) ensure that true workload of salaried GPs is realistic, fair and follows previously published BMA safe working guidance
 - (ii) create parity in salaried roles across different practices thus reducing inequalities in areas
 - (iii) support workload conversations between salaried GPs and partners in a manner which maintains good relationships.

Proposed by Caroline Rodgers, Cambridgeshire

LOST

ENHANCED SERVICES

14. That conference demands that general practice funding is consolidated into the GMS payment and calls for:
- (i) the cessation of all locally enhanced services in England
 - (ii) the removal of QOF from GP workload
 - (iii) additional funding in the core contract for services such as phlebotomy, spirometry and ECGs.

Proposed by Lee Salkeld, Avon

LOST

SEPARATION PLANNED / UNPLANNED CARE

17. That conference believes that the current workload for general practice is unsustainable, and:
- (i) believes that the time has come to separate acute on-the-day care from planned general practice care
 - (ii) insists that the separation of care be an essential component of a new GMS Contract
 - (iii) requests that GPC England negotiates a separate service for the provision of on-the-day acute care for patients currently seen by GPs
 - (iv) requests that GPC England stipulates that a new GMS contract clearly indicates the situations when a patient would benefit from moving between acute care services and planned care services and the mechanism to enable this.

Proposed by Elliott Singer, Waltham Forest

LOST

RE-AFFIRMING CONTRACT POLICY

19. That conference calls on GPC England to include in its negotiations with NHSEI / DHSC that existing conference policy of the removal of home visits from core contract work is part of the new contract.

Proposed by Zishan Syed, Kent

LOST