CONFERENCE OF ENGLAND LMC REPRESENTATIVES
FRIDAY 10 NOVEMBER 2017

SHEFFIELD LMC ATTENDANCE: Alastair Bradley Duncan Couch

ANNUAL REPORT

Richard Vautrey, Chair of the General Practitioners Committee (GPC) UK and GPC England, reiterated many of the points he presented at our citywide meeting in October:

- Funding for primary care had dropped to a low of 7.4% of NHS funding in 2014.
- General Practice Forward View (GPFV) funding stops in 2020/21.
- General Practice needs a further £3.4b pa to return to 2006 levels of funding.

He discussed:

- New services such as those provided by Babylon as selective, and so should not be supported by NHS England (NHSE).
- The Capped Expenditure Programme (CEP) resulted in Clinical Commissioning Groups (CCGs) being underfunded and so having to make swingeing cuts to easy targets such as Locally Commissioned Services (LCSs).
- The 1% pay cap had led to loss of workforce that could only be rectified by increase in recurrent funding to practices, premises development and rent re-imbursement.
- CCGs need to be supported to hold Trusts to account, particularly on their new contractual obligations.
- The GPC is continuing to pressure NHSE to hold Capita to account for payments, pensions and notes debacles.
- Indemnity was another key barrier to doctors taking up General Practice as a career. The state-backed scheme would include all practice staff in and out of hours, but would take time to be finalised.

Richard again warned that GPs should strive to retain a nationally negotiated General Medical Services (GMS) contract and warned of risk sharing and one-way ticket of joining an Accountable Care Organisation (ACO) / Multi-speciality Community Provider (MCP) type contract. He did recognise the need to work more closely with Primary Care colleagues, Social Services and 3rd sector organisations, but this did not need to be imposed or contractual.

MOTIONS

The meeting moved onto the motions for GPC to take forward on behalf of LMCs.

New Models of Care: This promoted General Practice to be viewed with parity by the rest of the system with equitable distribution of savings and ensure the new models are GP led. The GPC was asked to formulate a blueprint for the future of General Practice that included all contractual models, but ensure locums are protected from large locum banks. Conference did not support a structured locum model on a rotational basis with practices.

Online Consulting: Conference recognised this was a development here to stay but practices should not be pressured into adopting these techniques against their wishes.

Capita: GPC will press NHSE to return the delivery of primary care support functions to the public domain and seek recompense for practices that have suffered due to Capita's failings, and will ask NHSE to prioritise service improvement so practices can inform their business planning.

Capped Expenditure Process (CEP): The motion was passed to ask the GPC to negotiate with NHSE and NHS Improvement (NHSI) to abandon this process as funding cuts will disproportionately affect General Practice, pass more workload to GPs and has the potential to destabilise even more practices.

Clinical and Prescribing: There were concerns that CCGs were imposing local restrictions on prescribing and the GPC were asked to discuss with the Department of Health a review of prescribing regulations and entitlements nationally, whilst asking CCGs not to limit "clinically relevant" prescribing.

Regulation: The GPC will press NHSE to abolish NHS Choices patient reporting as it is unrepresentative, abolish the Friends and Family test and allow trivial complaints to be managed by simplified and rapid resolution. The appraisal system was criticised for differential implementation across the country that needs standardising and the GPC will look at how they can influence the system.

List Closures: Following the high-profile practice closure in Folkestone the GPC were asked to strengthen the hand of neighbouring practices to decline new registrations if patients had not changed address, and to ensure more rapid access to funds to support the new influx of patients, rather than at quarter's end. Conference also requested commissioners to confer and agree proposals of list dispersal with LMCs.

Private General Practice: This motion had received much press coverage and was hotly debated. The essence of the motion was essentially to ask the GPC to support GPs who worked in all delivery of Primary Care services, including private practice. It was noted that the British Medical Association (BMA) had a private practice committee for consultants. The concern was the message that the press would take from this motion and concerns raised about the new GP at HAND service that would cherry pick patients and leave more vulnerable patients to the NHS. The motion was ultimately defeated.

Workload Limits: This debate considered the increasing workload on GPs in practice and out of hours (OOH) care. The effect on the GP had to be considered and GPs should be supported in declining extra work or hours. However the motion to suggest a maximum 12 hour working day was defeated as this could restrict some GPs who wanted to work longer some days.

Indemnity: The rising cost of indemnity was recognised as a barrier to recruitment and retention of the workforce. Conference agreed that inflationary reimbursements from NHSE should be recurrent and paid to the GP or practice paying the fees, and a system comparable to Trusts should be available to all Primary Care staff. Conference rejected a call to survey GPs on withdrawing OOH commitment if this did not happen.

Primary/Secondary Care Interface: The debate focused on the right of GPs to refer into Secondary Care and how referral management systems affected GP autonomy. There was also a motion passed to seek legal confirmation that clinical responsibility rests with the individual making the decision to proceed or not with the referral. Conference agreed that this was poor use of GP workforce. Concern was also raised about the use of "advice and guidance" in the Electronic Referral System. This was thought to increase clinical risk held in primary care and it should be funded appropriately. The new hospital contract changes were welcomed but thought not to go far enough. NHSE should be involved in holding CCGs and Secondary Care Trusts to account. Secondary Care Trusts should establish an email address to be informed directly of breaches, and Trusts should have a formal induction education program (although this is beyond the remit of GPC to negotiate). It was passed by 1 vote that the GPC should negotiate a tariff system for this work.

Urgent Care: There was concern that the new Integrated Urgent Care plans would result in extra workload in general practice and the profession had been inadequately consulted. The motion was passed unanimously that impact assessment and adequate consultation be sought.

Care Quality Commission (CQC): An easy target for GPs and a motion to simplify the procedure for becoming a Registered Manager. GMC registration and placement on the performers list were considered adequate.

GP Trainees: These motions related to 2 areas - Trainee supervision in OOH settings and working with the Royal College of General Practitioners (RCGP) on a GP curriculum on practice management that is suitable for independent business management. Conference will seek consistency of hours worked in OOH across the country and aim to ensure that trainees are supervised by appropriate GPs as there has been concern trainees are being supervised by Physician Associates who are themselves supervised.

Premises: One motion focused particularly on the problems associated with NHS Property Services (NHSPS) and Conference asked GPC to look at "last man standing" clauses to protect practices that might close, as well as seeking equivalent investment in partner owned premises as in NHSPS premises. The motion to consider transfer of NHSPS to CCGs was lost as there was concern about CCG ability to manage such large and complex estates leases. The motion was passed that asked GPC to look urgently at the Estates and Technology Transformation Fund (ETTF) as money was not reaching sufficient numbers of practices.

Information Management and Technology: Data governance was considered an important area where practices are asked to take on significant responsibility with little or no training. There were several strands to a motion passed to improve regional support and expert guidance for practices and LMCs. The motion asking NHSE to be recognised as the data controller was lost because this is legally not possible; the responsibility for data handling rests with the practices. Artificial intelligence in health systems is a rapidly expanding area but there is little evidence of benefit to the patient or reduction in workload for practices. GPC was requested to seek evidence from piloting before more systems are implemented.

General Practitioners Defence Fund (GPDF): A contentious area for LMCs as there has been considered far too much influence from GPC England members, particularly as they are still active in GPDF despite moves towards recommendations in the Meldrum Report. The motion to ask GPC members to abstain from voting on GPDF issues was lost, mainly because there is confusion as to how GPC members can be removed (51% or 75% vote). Clearly, if GPC members are forced to abstain then these thresholds will never be met. The final issue was the reserves held by GPDF and how these could either be used up whilst suspending the voluntary levy or the levy could be used locally, but this would require complex negotiations with practices. Ultimately no motions were passed in relation to GPDF.

SAVING GENERAL PRACTICE

This document was launched at the Conference. As noted in the November LMC newsletter, the report focuses on the:

- need for urgent action to address the funding deficit impacting general practice;
- requirement for a sustainable expansion of the workforce;
- importance of a strategy for reducing workload pressures;
- need to remove the burden of the current indemnity system;
- requirement to deliver IT and premises solutions fit for modern healthcare;
- need to build on the foundation of the national General Medical Services (GMS) contract.

A copy of the report and additional information can be found at:
https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/saving-general-practice.

DR A BRADLEY
Vice Chair