

2020 Annual Conference of England LMC Representatives (via Live Stream)



FRIDAY 27 NOVEMBER 2020

SHEFFIELD LMC EXECUTIVE ATTENDANCE: Alastair Bradley Mark Durling

Conference was held virtually this year for the first time due to the COVID pandemic.

SPEECH BY RICHARD VAUTREY, CHAIR, GENERAL PRACTITIONERS COMMITTEE (GPC) ENGLAND

Conference opened with Richard Vautrey giving the Chair's Report.

Richard thanked all GPs and primary care staff for their unprecedented work ethos and adaptability during the pandemic, including Returners and those in training. He noted that general practice is, and always has been, open for business and deplored the attacks on general practice, regardless of whether they were in the media or physical.

The GPC had worked hard in the first wave to secure appropriate hardware to work remotely, develop COVID-safe working environments, secure income protection and reduce bureaucracy. After much GPC lobbying there was also recognition of the Care Homes problems. They had eventually secured a COVID funding package for general practice and a further £150m to support the COVID vaccination programme. 99% of practices were signed up to the Primary Care Network (PCN) Directed Enhanced Service (DES) (although discussion in later motions this did not necessarily mean practices approved of the DES).

Although the Additional Roles Reimbursement Scheme (ARRS) roles were now re-imbursed at 100%, Richard noted there was a need to retain and recruit more GPs and GP partners.

Digital progress had transformed the way general practice worked in a matter of weeks, but much more digital funding was required.

MOTIONS

The key take home points from much of the debate was that not enough new funding went into core general practice, and the PCN DES diverted money to "primary care", although badged as general practice money.

Motion 15: Requesting a ballot on the PCN DES by the whole profession was one of the main debating issues. The request was for a ballot "... before negotiating any extension or changes to the PCN DES..." and echoed a previous motion at the emergency Conference in March 2020. PCN Clinical Directors (CDs) argued for both sides of the debate, some noting it was a bureaucratic nightmare with little thought at the outset for premises, IT or management. There was passionate debate about the lack of funding going into core, which prevented practices from employing more GPs, the ARRS covering "primary care" appointments. 62% voted for a ballot of the entire profession.

Motion 295: This was a supplementary motion about the COVID vaccination negotiations. Conference requested a renegotiation of the Enhanced Service (ES) in light of potential new vaccines and delivery at practice level. Tacked on to this motion was a vote of no confidence in the Executive Team of GPC England. This was taken as a reference rather than an outright vote, but failed with 60% voting against. However, there was much anger about the unnecessarily rapid announcements from NHS England and NHS Improvement (NHSE/I) and use of media to announce the contract when no vaccine was currently licensed.

Motion 5: This was mainly supportive of the way general practice had responded to the COVID pandemic, with modernization and adopting a more digital approach being welcomed. However, the motion also instructed the GPC to ensure there was not a return to micromanagement. A final branch of this motion was again the insistence on investment in core contract "... rather than the flawed PCN model." Once more there was much debate about the merits of the DES and practices signing up because the alternative was worse, rather than a ringing endorsement. This motion was passed by a large majority.

OTHER MOTIONS

Many of the other motions reflected how disgruntled GPs were with the way the profession had been portrayed during the pandemic and how rapid implementation of NHSE/I policy had overlooked general practice.

Motion 6: This motion believed there had been insufficient investment into general practice despite the promise "to give the NHS whatever it needs". It called for protection of all income until the pandemic is truly over, and to hold NHSE/I to account on its share of funding given to general practice. Needless to say, it was passed.

Motion 7: This was about the unfunded transfer of workload from secondary care, to ensure work initiated in secondary care was followed up there and financial sanctions should be imposed on Trusts that do not comply. There was some debate about who should be the arbiter – NHSE/I or CCGs and this part was taken as a reference.

Motion 8: This motion found that much of NHSE/I communication with the profession was through the press and public campaigns rather than direct negotiation. It was noted that general practice was the only specialty whereby activity was now greater than before the pandemic.

Motion 9: Referred to the NHSE/I proposal to award extended Alternative Provider Medical Services (APMS) contracts to digital health providers. Conference asked GPC to seek legal advice before challenging the impact of these contracts on GMS services.

Motion 10: This was a specific core funding motion, particularly targeting the unfairness of the Carr-Hill formula, demanding a review and ensuring no practices lost out. Richard Vautrey noted that this had been negotiated twice before with NHSE without success, and there was only finite funding for general practice. Despite this, Conference voted by a majority to demand a renegotiation.

Motion 11: The motion was passed demanding NHS 111 direct booking into practices does not exceed that agreed in the 2019/20 contract. There were many examples, including those from coroners, where the shortcomings of the NHS 111 service were an important risk factor.

Motion 12: Commented on the adverse NHSE/I publicity around GP face-to-face appointments, condemning this action and noting GPs are best placed to judge what type of appointment is needed. The motion passed.

Motion 13: Considered the shift to remote consulting and the need for specific GP training whilst ensuring there was sufficient hardware and IT support. Again this was passed.

Motion 14: Proposed that any contract deal where public sector employees can receive a pay rise with no additional funding for their employer is a failure, and called upon the GPC to negotiate an increase to at least the DDRB recommended raise of 2.8%, for all GPs, backdated to April 2020. There were no speakers against this motion, which was passed by a large majority.

Motion 16: This motion, which acknowledged the economic and professional impact COVID-19 has had on locum GPs had speakers for and against. The calls for NHSEI to enable locums to work safely, ensure locums are equipped and trained for new ways of working, and to ensure locums are included in future discussions over primary care's response and recovery from the crisis were passed. The call for NHSEI to prioritise locums for work over those GPs returning to practice from retirement was passed by a narrow margin (48% for, 45% against, 7 abstentions).

Motion 17: This motion asked the GPC to negotiate adding GPs, Practice Nurses, Advanced Nurse Practitioners (ANPs) and non-clinical staff to the ARRS.

Motion 18: It was noted the £1.50 per head management fee was wholly inadequate and demanded it was renegotiated for 2021/22 with an annual uplift.

Motion 19: This related to the Flu Vaccination Campaign, commenting on the problems created by the late announcement of the 50-64 year olds and, again, demanding an increase in the fee for the flu and COVID programmes.

Overall the Conference covered many aspects of workload and regulation that have impacted general practice since the pandemic. There were clear steers to GPC Executive on what were the important factors to negotiate on. However, there was still a sense that much of the Agenda was not contentious and was already policy or what was currently being negotiated. Other than Motion 15 on the PCN ballot, and the seemingly perennial vote of no confidence in the GPC Executive, there was little true debate. Although previous Conference motions had mandated GPC negotiate extended access out of the PCN DES there was little discussion about impending changes to the DES, more an all-or-nothing debate.

The discussion documents on confirming Integrated Care Systems (ICSs) in legislation and abolishing Clinical Commissioning Groups (CCGs) was only published the day before Conference, but it is notable the whole NHSE/I discussion document fails to mention general practice once! I am sure it will feature in future debates.

DR ALASTAIR BRADLEY
Chair