

2023 Annual Conference of UK LMC Representatives



SHEFFIELD LMC EXECUTIVE ATTENDANCE: Alastair Bradley Krishna Kasaraneni Gareth McCrea
Danielle McSeveney

FRIDAY 19 MAY 2023

MOTION 20: GPC UK

LIVERPOOL: That conference, with respect to GPC UK:

- (i) expects the committee to represent the interests of all GPC committees and focus on addressing pan-UK issues affecting all components GPC committees, including sessional and GP trainee committees
- (ii) demands clarity on the composition of GPC UK
- (iii) expects any changes to the composition of GPC UK to allow it to function as intended, focusing on pan-UK issues, without any one component committee dominating the membership of the committee.

This was proposed by Annie Farrell of Liverpool LMC and carried in all parts.

GPDF CHAIR'S REPORT

Zoe Norris gave an update to conference as to current plans and reorganisation taking place in GPDF at present.

PLENARY SESSION – GOVERNANCE OF LMCs

Dr Richard Wood of Oxfordshire LMC and Co-Chief Executive Berkshire, Buckinghamshire and Oxford LMCs gave this session.

MOTION 21: LMC GOVERNANCE

AVON: That conference has concerns about the overarching governance of LMCs and requests that GPDF and NI GPDF investigate how they may support accountability and consistency across LMCs.

This motion was lost, it required a 2 thirds majority to pass and votes were roughly 50/50. Concerns related to a loss of flexibility and potential autonomy for LMCs. It was felt this would be best locally led with a key framework for support outcomes. Some reservations were expressed that it could be used to police LMCs with further paperwork exercises and no perceivable benefits.

MOTION 22: PROFESSIONAL STANDARDS

AGENDA COMMITTEE TO BE PROPOSED BY LOTHIAN: That conference recognises the incredible strain that GPs and other doctors across the UK are working under, and:

- (i) calls on regulators to be cognisant of these pressures when investigating and responding to complaints related to stresses upon the system
- (ii) applauds the move to a light touch, supportive, wellbeing focused appraisal process adopted in Scotland during the pandemic and supports the maintenance of this approach to appraisal going forward in all four nations
- (iii) rejects any assertion that GPs must use commercial packages for the presentation of appraisal evidence, insists that appraisal evidence can always be presented without cost to the appraisee, and instructs GPC UK to negotiate to this end.

This motion was uncontroversial, there were no speakers against. It was taken in parts with i) and ii) being passed unanimously and part iii) with a large majority.

MOTION 23: PUBLIC HEALTH

AGENDA COMMITTEE TO BE PROPOSED BY TOWER HAMLETS: That conference notes how the effects of the Strep A campaign in December 2022 caused widespread panic and unprecedented demand that could not be met by a system under pressure and:

- (i) calls on governments and public health bodies to take into consideration the wider system effects of sending public health messages around single diseases
- (ii) calls on governments and public health bodies to perform a comprehensive significant event analysis of the effects of national communications surrounding the Group A Streptococcal outbreak in December 2022
- (iii) believes that GPs are not responsible for the management of communicable disease outbreaks as this is the role of public health
- (iv) believes that general practice is not responsible for the management of asymptomatic communicable disease contacts, as it is the role of public health protection teams to arrange chemoprophylaxis
- (v) calls on the relevant national agencies to ensure mechanisms are put in place to commission the prescribing of any necessary and timely treatments.

Again, there were no speakers against this motion. A concern was raised that this could be taken as stating GPs have no role in the management of communicable disease, which could be problematic. However, it was recognised that this was not the intention of the motion and overall it was supported. It was taken in parts and all were carried either unanimously or close to.

MOTION 24: DEATH CERTIFICATION

NORTH YORKSHIRE: That conference demands that regulations should be modernised around death certification and expanded to include other qualified health care professionals completing certification if they have been involved in a patients care.

The motion was proposed by Dr Catherine Chapman from North Yorkshire. As expected, there was a reasoned debate about pros and cons and, in the end, members voted against it as the principles around GPs being best trained to deal with this was supported as a principle.

SOAPBOX

This section of the agenda is there for GPs to come and speak to conference about anything not covered by the agenda they feel strongly about. Themes this year included:

- Sections of the Recovery Plan which would have little effect on pressures in general practice. A number spoke about cloud-based telephony in this regard.
- A number spoke passionately around workload, expectations of patients and NHSE feeding the retention and recruitment crisis we are currently seeing.
- We heard some speakers raise concerns regarding drug availability and the impact this is having on workloads, citing the issues seen during the recent streptococcus outbreak.
- There were calls to consider the climate on all our policies, actions and day to day practice as GPs and representatives of General Practice.

MOTION 25: FUTURE FORMATS FOR CONFERENCE

HAMPSHIRE AND THE ISLE OF WIGHT: That conference believes that the current format of the UK conference of LMCs is no longer as relevant compared to nation specific conferences due to the divergence of contracts across the four UK nations (and the consequent limited number of UK issues for debate). Conference therefore requests a wholesale review of the current format of the UK Conference of LMCs, and such a review to report back in advance of the 2024 UK conference of LMCs and to include reflections on:

- (vi) relevance to all four UK nations and subject matter for debate
- (vii) timing and length of conference
- (viii) cost of conference including costs for individual LMCs
- (ix) method of attendance including virtual and hybrid options
- (x) recommendations for future formats.

This motion was debated in break out group discussions that resulted in some saying that they wanted to maintain the current format, and some did not. When it came to voting on the motion, it passed with two thirds majority and it will mean that there will be a review of the current format of the UK conference of LMCs. How that will look and what it means for conference is not clear at this stage.

MOTION 26: THE INDEPENDENT CONTRACTOR

WARWICKSHIRE: That conference supports protection of the independent contractor model of GP Partnership and believes that:

- (i) the GP Partnership model is deliberately portrayed as inefficient and unsustainable in order to facilitate abolishment of the partnership model and a transition to a salaried service
- (ii) the current model has the ability to thrive, if provided with adequate Primary Care funding alongside greater GP involvement and autonomy in key decision making.

The motion was proposed by a GP trainee from Coventry, Dr Karen Somal, who opened with the lines that she wanted to be a GP to be an independent contractor so that she can do what her patients need. There really was not much opposition to the motion as expected, generally the trend for the conference. The speakers that did speak against the motion spoke about a change in approach rather than against the independent contractor model. The motion was carried with significant support.

MOTION 27: FIREARMS

BERKSHIRE: That conference notes the tragic loss of life in Plymouth in August 2021 and the subsequent renewed media attention on firearms licensing. Conference:

- (i) believes that assessment of eligibility to possess firearms is a matter for police forces, not GPs
- (ii) believes that the role of GPs in the licensing process is to provide medical facts, not provide an opinion on eligibility
- (iii) demands that British Medical Association (BMA) work with representatives of police forces and government to agree processes whereby relevant factual information can pass from the GP data controller to the police directly, reducing the possibility of an applicant tampering with the information provided
- (iv) demands that the work involved in delivering firearms licensing be properly resourced, for example through a fee paid by the applicant
- (v) believes that current electronic flagging systems or “firearms markers” on GP medical records are unlikely to improve public safety and should be removed.

The motion was proposed by a first-time speaker, Dr Mark Green from Berkshire. The debate was passionate and mainly centred around the role, and to what extent the GPs should be involved in the process. There was clearly a difference in opinions based on where GPs practice. Dr Anthony O’Brien from Devon made the point that the flag in the GP records is also helpful for GP staff from a personal safety perspective which was received well. Part v) was the contentious aspect, with many speaking against it. In response to the debate, Dr Kieran Sharrock, the acting chair of General Practitioners Committee (GPC) England stated that practices can charge applicants for completing the report and also charge an ongoing fee for monitoring the flags. The motion was lost.

MOTION 28: PRIVATE PRACTICE

AGENDA COMMITTEE TO BE PROPOSED BY BUCKINGHAMSHIRE: That conference notes that unlike dentists and pharmacists, GPs cannot currently offer many private services to their NHS patients, and believes that:

- (i) GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are not routinely offered by the NHS.
- (ii) GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are routinely offered by the NHS but are not accessible in a time frame that the patient deems reasonable.
- (iii) GPs can be trusted to manage potential conflicts of interests arising from offering paid for services to their NHS patients.
- (iv) the BMA should state that the wellbeing of its members is a higher priority than the delivery of NHS services.

Proposed by Dr Stefan Kuetter from Buckinghamshire, outlining the flexibilities that are afforded to other primary care contractors like dentists, opticians, and pharmacists, as well as Secondary Care consultants that do not extend to GPs. The speakers who spoke against the motion put forward well-reasoned arguments about what this could mean for health inequalities; the contentious points being the first two. It was a passionate debate showcasing the spectrum of views held by GPs on this topic. Parts i) and ii) were carried. Part iv) as a reference was carried.

MOTION 270 (29): PAY RESTORATION

AGENDA COMMITTEE TO BE PROPOSED BY BERKSHIRE: That conference applauds the organisation and courage of the Junior Doctors' Committee and:

- (i) fully supports Junior Doctors in England in their strike action and drive for pay restoration
- (ii) demands a similar approach to be taken by GPs for full pay restoration for General Practice
- (iii) believes GPs must consider industrial action to achieve full pay restoration for General Practice.

The motion was proposed by Dr Mark Green from Berkshire. The debate took many turns as General Practice - 'pay restoration' is a difficult concept owing to the independent contractor status - the focus needs to be on resource rather than pay - as pay is in our gift. The unease on what industrial action means for GP contractors was clarified with the acting chair of GPC stating that GP contractors can take industrial action. The vote was taken as a straight vote and was carried in full.

DR DANIELLE MCSEVENEY
Vice Chair

DR KRISHNA KASARANENI
Executive Officer