

Conference of Representatives of Local Medical Committees (via Live Stream)

Sheffield
LMC



TUESDAY 11 MAY 2021 MORNING SESSION

This session of the Conference was unfortunately plagued by technical issues. The motions discussed were all passed, and few were contentious.

TOPICS INCLUDED:

- Recognition of the efforts undertaken by General Practice, including the vaccination programmes during the pandemic, and a strength of feeling to inform the public of this.
- Recognition of the need to inform the public about the consequences of the pandemic on waiting lists, and the impact on staff health and wellbeing.
- Support for the new style of 'light touch' appraisal, and a desire to resist a return to the 'old style' unless there was demonstrable evidence of harm to patients or doctors posed by the new system that would be mitigated by the old one.
- A need to focus on the workforce - recruitment and retention - with an acknowledgment that the Additional Roles Reimbursement Scheme (ARRS) is not a substitute for the loss of numbers of full-time equivalent (FTE) GPs.

MOTION 11: 15 MINUTE CONSULTATIONS

Part (i) of this motion related to consultation length, with a push to a 'standard' 15 minute appointment in General Practice. This was carried as a reference as there was an understanding that, whilst the complexity in General Practice had increased, not all consultations required 15 minutes, and the underlying issue was one of workload and number of patient 'contacts' in a day rather than the requisite length of appointments. It was noted that as independent contractors, GPs were free to decide how long they wished their appointments to be.

MOTION 12: GDPR AND DIGITAL SERVICES

Part (ii) of this motion requested the Department of Health and Social Care (DHSC) to commission a direct SMS service for patients to communicate with GPs with photos etc. This was carried. It was acknowledged that increased digital communication between patients and GPs had been beneficial during the pandemic, but there were reservations raised about this inadvertently facilitating 24/7 remote access, which could overwhelm many practices.

DR GARETH MCCREA
Executive Officer

TUESDAY 11 MAY 2021 AFTERNOON SESSION

THEMED DEBATE: SOLUTIONS TO STEM THE 'TSUNAMI' OF WORKLOAD

There was a passionate debate on this topic, with many GPs giving examples of dramatically increased workloads. There was much discussion of electronic consulting methods and the increase in workload associated with the uncapped number of contacts this can bring. Many also touched on the large volume of unfunded work transferred from secondary care. There was a recognition of the strain all aspects of NHS are under currently.

There was an agreement that there was an urgent need to capture activity data, and also that there must be realistic expectations as to what can be provided in all areas of primary care. There was more of a spread of voting when it came to increasing methods of accessing primary care. Overall it was felt that, currently, the demand created and associated workload pressures outweighed any benefits with increased access methods.

It was agreed with a majority vote that there should be a more formal definition of the interface points between primary, secondary and intermediate care, and that this should be defined by the General Practitioners Committee (GPC). Unsurprisingly, 79% disagreed that general practice should be accepting more work from secondary care and 73% disagreed with the statement 'Practices have the tools they need to control workload, they just need to learn to say no'.

MOTION 14: THE ROLE OF GPC AND LMCs

This was a composite motion regarding the interface between frontline GPs, LMCs and GPC, proposed by Oxfordshire LMC. Many felt that there was a disconnect between GPC representatives and frontline GPs, alongside a concern regarding accountability. This was a somewhat contentious area, resulting in the motion being taken in parts. Part (i) called for more transparency regarding voting behaviours, with a call for voting behaviours of GPC representatives to be circulated to LMCs. Despite concern that this would potentially lead to bullying behaviour, this section was carried, along with Part (ii), which was calling for a review to be commissioned looking at the current representative structure.

MOTION 15: LMC GOVERNANCE

AGENDA COMMITTEE TO BE PROPOSED BY CAMBRIDGESHIRE: That conference recognises the increasing importance for LMCs to be the unimpeachable voice of the local profession and to facilitate this calls for:

- (i) LMCs to ensure that all GPs, whatever their GP role or protected characteristics such as race and gender, are not excluded from representing their members at LMC board or director level
- (ii) LMCs to agree and adopt a minimum availability and range of service and support for all GPs providing care for registered patients
- (iii) LMCs to agree that asking for additional levy payments from sessional GPs is misguided
- (iv) GPDF to commission and fund a UK Association of LMCs to support LMCs.

This again was a composite motion relating to LMC governance and levy payments, with recognition that LMCs should be ensuring representation and protection of all local GPs. There was some discussion and passionate speakers regarding Part (iii), arguing that to request additional payments from sessional GPs would be short sighted at best.

The vote was as follows: Part (i) carried, Part (ii) carried as a reference, Part (iii) carried, Part (iv) lost.

MOTION 16: GREEN GENERAL PRACTICE

This was a call to support the promotion of addressing climate change. It was a composite motion proposed by Leeds, in which the motion put forward by Dr Honey Smith was 16b. I spoke on behalf of Sheffield in support of this motion calling, as many other speakers did, for the GPC to take the essence of the motion and push further on this issue. This motion was carried.

DR DANIELLE MCSEVENEY

Executive Officer

WEDNESDAY 12 MAY 2021

AFTERNOON SESSION

MOTION 26: BMA COMMUNICATIONS SYSTEMS

It was discussed whether the LMC Listserv was still fit for purpose. Issues raised included the fact that it encouraged antiquated behaviours, was not inclusive and, at its worst, misogynist. It was also felt to be an outdated communication system and a more modern, professional, sensitively moderated and technologically appropriate forum should be commissioned. This was carried by 73%.

MOTION 276 (SUPPLEMENTARY AGENDA)

North Staffordshire LMC: That conference with regards to the RCA portion of the MRCGP exit exam:

- (i) notes the well documented and concerning historical differential CSA pass rates for British ethnic minority and IMG trainees
- (ii) is disappointed that the differential pass rate gap has not only persisted, but substantially widened with the introduction and evolution of the non-standardised RCA
- (iii) recognises the negative impact that this is having on trainees' mental health and well-being and that of their trainers and TPDs

- urges that all pragmatic alternative options for fair assessment need to be considered as a matter of serious urgency, including submissions from trainers/educational supervisors
- (iv) urges the nation GPC Executives to address this as a top time-limited priority with the RCGP and all related stakeholders, including the GMC.

This motion was highly critical of the Royal College of General Practitioners (RCGP) and, in particular, of the Recorded Consultation Assessment (RCA) element of the Membership of the Royal College of General Practitioners (MRCGP), which was felt to be heavily weighted against International Medical Graduates and ethnic minority doctors. 13 out of 17 trainees who had completed 3 years training and were considered fit to practice by their trainers in North Staffordshire failed the assessment. This was having a significant impact on recruitment and trainees' mental health.

The motion was passed unanimously and Krishna Kasaraneni reported ongoing discussions with the RCGP.

MOTION 28: PRACTICE MANAGEMENT

This motion recognised the importance of good managers to successful practices and the impending recruitment crisis. One speaker argued that it was "more difficult to replace a sick manager than a sick doctor". Speakers suggested the creation of a national Practice Managers representative body and qualification. The suggestion of a nationally resourced and updated electronic practice management handbook was passed unanimously, as was the need for less bureaucracy in practice management during 2021. However, the request for closer working with representative bodies of practice management only carried 58% to 32 % against.

MOTION 29: CONTRACT FUNDING

This was a composite motion of several motions all supporting the core contract and all suggesting this should be nationally negotiated. The contract should be with individual practices and ring fenced. Several speakers noted the lack of mention of LMCs and the General Practitioners Committee (GPC) in the new White paper. All stems of the motion were supported at 94% or above.

MOTION 30: THE CARR HILL FORMULA

KIRKLEES: That conference believes that additional funding should be made available to meet the extra needs of deprived communities and that:

- (i) the Carr Hill formula is no longer fit for purpose
- (ii) the impact of the Carr Hill formula on weighted capitation disadvantages practices serving the areas with the highest levels of deprivation
- (iii) seeks additional funding to specifically mitigate against the increased healthcare risks demands and needs of deprived communities.

Greg Place from Nottinghamshire LMC argued that the pandemic had highlighted even further the effects of deprivation on health. He argued that increased funding was required for deprived communities, and was required not just for primary care but a wide range of issues including housing, education etc. Speakers from Lambeth and Kirklees felt that their practices and their patients were financially disadvantaged through the lack of weighting in the Carr Hill Formula. However, Mark Sandford-Wood, Deputy Chair, GPC pointed out that he did not believe that the government would not put any more money into the contract and, therefore, this would equate to a zero funding redistribution, which would result in winners and losers.

The vote was as follows: Part (i) 73% for, Part (ii) 67% for and Part (iii) 90% for.

DR DAVID SAVAGE

Secretary