UK CONFERENCE OF REPRESENTATIVES OF LMCs
TUESDAY 19 & WEDNESDAY 20 MARCH 2019
INTERNATIONAL CONVENTION CENTRE, BELFAST

SHEFFIELD LMC ATTENDANCE: Mark Durling David Savage

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

The substance of the speech outlined many of the changes negotiators had recently shared with the profession with regards to the new GP contract and indemnity. There was very much a theme throughout Richard's speech that the GPC had listened to LMCs / GPs, acted and delivered. In particular he highlighted the fact that the national General Medical Services (GMS) contract and the Partnership Model had been defended, and that a significant amount of money was being invested in Primary Care over the next 5 years, rather than in small piecemeal amounts. He pointed out the various successes in each part of the UK, and in particular highlighted the Scottish premises loan scheme and the Northern Ireland GP Federation success. He felt that the creation of Primary Care Networks (PCNs) removed the threat of Integrated Care Provider (ICP) Contracts, that these should now be confined to the history books, and that this was a national deal which could not be interfered with by local organisations. He highlighted the funding which had been ring fenced over the next 5 years to have a pharmacist in every practice and to employ wrap around services.

The other big area he covered was the issue of indemnity. He felt that the GPC in England and Wales had removed every NHS GP (Partner, Salaried and Locum) working in hours or out of hours from the burden of unsustainable indemnity payments.

He ended by suggesting that his opinion was that GPs felt that a corner was finally being turned and that there was light at the end of the tunnel after 12 years of austerity.

SPEECH BY ALAN STOUT, CHAIR OF GPC NORTHERN IRELAND

Following years of recruitment crisis and lack of government in Northern Ireland, Alan Stout presented a reasonably positive picture of the creation of federations across the whole of Northern Ireland, including all practices.

WORKFORCE

The first debate highlighted the appalling statistics and circumstances of doctors' suicides, with an impassioned speech by a doctor from Suffolk highlighting the story of Dr Richard Bennett who used to be a GP in Sheffield and who killed himself 6 years ago. This was obviously an emotional speech highlighting a number of named doctors and resulting in a minute's silence. However, the solution appeared to be development of proper coaching, supervision and support services in general practice, and I think asking for a model very much like the Sheffield GP-S Mentoring Scheme. This was passed unanimously.

PUBLIC HEALTH

This motion required private screening companies to follow up their own abnormal results and, if this required action by NHS Primary Care and GPs, then they should fund this work.

INFORMATION GOVERNANCE

This motion highlighted that there was inappropriate pressure on practices to fulfil this role and it caused an unacceptable risk on individual practices who inadvertently breached data controller regulations.

General Data Protection Regulation (GDPR)

This motion, which was carried, expressed the view that many patients and solicitors were inappropriately using Subject Access Requests (SARs) and asked for clear guidance between the GPC, NHS bodies, the Information Commissioners Office (ICO), the Law Society and Association of British Insurers.

Soapbox

There was a soapbox session where a number of GPs expressed their dissatisfaction with the new contract, expressing the view that it was a bad deal and this did not get roundly supported by the general voice of Conference.

GPs working in Sessional Roles

This was a motion supporting the multiplicity of roles in general practice requiring employers to have proper Terms and Conditions for GPs, for example working for Clinical Commissioning Groups (CCGs), health boards and alternative providers of General Medical Services. This was passed unanimously.

Speech by Zoe Norris, Chair of Sessional GPs Subcommittee

Zoe outlined what she perceived as her successes and failures over a period in charge of the Sessional Sub-committee, including the Sessional Doctors handbook. She still had frustration that the NHS did not have an email for every locum doctor in the country.

Partnerships

There was a motion of reaffirming support for the GP Partnership Model.

Presentation by Douglas Moederle-Lumb, Chair of the General Practitioners Defence Fund (GPDF)

This was rather like hanging out of dirty washing in public between the British Medical Association (BMA) Finance Committee and the GPDF discussing reimbursement of GPC work. Conference supported the view that all NHS GPs undertaking work for the GPC and its Committees, regardless of contractual status, should have equitable reimbursement.

General Medical Council (GMC)

There followed a debate as to whether the GMC should recognise that GPs are Specialists in Family Medicine or Consultants in Community Medicine or Primary Care Physicians. There was a strong feeling amongst Conference that GPs should be proud of the role they undertake and support the title of General Practitioner and there is no current need to change the terminology.

Funding

There was a proposal that any payment under the GP Contract should be activity based on the number of patient contacts, as well as list size. This was defeated as it was felt there should not be a uniform number of patients a GP should see in a day.

Collective Working

There then followed pitches from representatives across the UK of how various PCNs were evolving. These included the Devo Manc model, which appears very much like Sheffield's Neighbourhood model, and successes with the Scottish contract and similar initiatives in Wales and Northern Ireland.

Continuity of Care

Conference voted to prioritise improving continuity of care over Extended Access after a number of impassioned debates expressing frustration at Extended Access models.

Integrated Care and Working at Scale

There then followed an interesting debate on whether the development of PCNs would fail to improve general practice and would undermine the autonomy of GPs. This was strongly defended by the GPC who felt, if anything, that PCNs would improve these issues and the motion was lost.

PRIMARY CARE / SECONDARY CARE INTERFACE

As in Sheffield, much of the country is fed up with inappropriate transfers of care from secondary care to primary care:

34 AGENDA COMMITTEE TO BE PROPOSED BY OXFORDSHIRE: That conference:

(i) *is deeply concerned by the lack of consent of the GP by means of a shared care agreement for work transfer* (carried)

(ii) *believes that due to gaps in commissioning GPs are being encouraged to work beyond their competencies in a number of clinical areas* (carried)

(iii) ensure that no GP is pressurised by commissioners into prescribing medication outwith their competence due to failures of specialist commissioning (carried unanimously)

(iv) *urges GPC UK to influence commissioning organisations by promoting guidance which encourage GPs and secondary care colleagues to work together on transfer of work issues, ensuring that if any work is transferred it is done with appropriate discussion and with appropriate funding* (carried)

COMMISSIONING AND SERVICE DEVELOPMENT

This motion basically tried to define the fact that GPs should not provide urgent care services out of hours, but should provide Primary Medical Services. There was a call for a full evaluation of NHS 111 and action on ambulance delays. These were all supported.

DR DAVID SAVAGE
Secretary