Paper E

Dr Reid Baker
Lincolnshire LMC Medical Director

LMC UK Conference May 18th & 19Th 2023

Lincs LMC attended the UK conference in London. Two days of rich debate about many of the large issues that affect general practice across the UK. Motions are debated and then voted on. Those passed become GPC UK Policy.

This conference does not discuss things such as PCNs or GMS contract imposition as these are not issues that affect all UK nations.

Sometimes seemingly sensible and important motions can fail due to single words or missed detail that would render the motion unactionable for GPC to undertake.

Day One

Motion 4. Survival of general practice:

That conference requests that the BMA supports GPC UK by undertaking a series of FOI requests to: (i) determine the number of practices which have been dispersed; merged; novated; or reprocured via APMS across the UK

(ii) determine the total cost of NHS-funded management consultancies across the UK since the contracts were devolved to single nations

(iii) extrapolate how many patients are now 'without' a GP assuming recommended ratio of 1 whole-time equivalence to registered list size

(iv) then publicise the real crisis around a depletion of patient choice, and fractured continuity of care by the destruction of general practice.

Passed

Motion 5: GMC

That conference thanks the GMC for confirming they will not act against junior doctors taking industrial action and demands that the same pledge be extended to GPs, should they also invoke their legal right to take industrial / coordinated action.

Good medical practice protects all doctors, including GPs if followed even if taking IA

Passed

Motion 6: Cost of Living crisis

That conference notes with dismay the destabilising effect of rapidly increasing expenses and energy costs which are being absorbed by GP practices and instructs GPC UK to negotiate an urgent package of support measures for all practices.

Principle agreed but as this would need each GPC to negotiate individually in their country was not taken to straight vote.

Note GMS increased 12% in 5 years. Inflation 21%. Real terms 56% reduction in GP pay since 2007.

Passed as reference

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Motion 7: Collapse of the NHS

That conference acknowledges patients are increasingly seeking healthcare privately, including travelling abroad for surgery. We call on the GPCs to work with appropriate authorities and stakeholders to:

- *(i) ensure patients are not required to seek approval from their NHS GP prior to accessing private healthcare*
- ***(ii)*** *obligate private providers to inform patients of the total cost of recommended investigations, treatments and follow-up, highlighting these may not be provided by their NHS GP*
- ***(iii)*** *obligate private providers to act upon investigations undertaken, and not simply pass results or further management suggestions onto NHS GPs to action*
- ***(iv)*** *ensure that those who cannot access required follow up are not left without adequate specialist care*
- ***(v)*** *ensure any involvement in a patient's care by an NHS GP as requested by a private healthcare or insurance provider is remunerated appropriately.*

Passed except i)

Motion 8: GP working schedules

That conference:

- *(i) believes referring to GPs as "full time", "part time", or "full time equivalent" in terms of numbers of "sessions" worked fails to capture the real hours worked by many GPs*
- ***(ii)*** *demands that any new BMA model contract or new GMS contracts define GP working schedules in terms of hours rather than sessions*
- ***(iii)*** *demands that any workforce data collection (eg for NHS workforce planning) be done on the basis of hours worked, not contracted sessions.*

Much discussion regarding pros and cons of hours vs sessions. May truly represent what we do but may also help government manifestos re 6000 extra GPs if unpaid hours become apparent etc.

Passed parts i) and iii)

Motion 9: UK Salaried Model Contract

That conference believes that the model contract for salaried GPs must be strengthened, with improved advised rates of pay, and calls on GPC UK and the Sessional GP Committee to:

- *(i) rapidly arrange mechanisms to renegotiate the model contract, with ongoing review reinstated*
- ***(ii)*** *ensure that salary rates are increased to reflect pay restoration, with a view to protecting the profession in a time of crisis*
- ***(iii)*** *amend the model salaried GP contract to be consistent, by including the BMA safe working limits of 25 patient contacts per day.*

Much discussion re risks of pay restoration if not reflected by increased funding to core to fund as otherwise destabilises GMS and partnerships. 25 contacts should be overarching GMS or practice principle rather than in salaried contract?

Passed only i)

Motion 10: The expert generalist

That conference recognises that GPs have a key role in primary care with providing continuity, dealing with complex physical and psychosocial presentations whilst leading the MDT team and:

- *(i) agrees that GPs are expert medical generalists whose training allows them to deal with complexities in patient presentations that no other members of the primary care team can*
- ***(ii)*** *recognises the importance of RCGP exam and CCT to ensure GPs have been trained to a high standard to enable them to deal with the complexities involved in being a GP in 2023*
- ***(iii)*** *demands the GMC immediately merge the specialist register with the GP register and recognise the profession as specialists in primary care*
- ***(iv)*** *calls on UK government to appreciate this key role GPs play by rebranding GPs as consultants in family medicine*
- ***(v)*** *calls on governments to include leadership of MDT as a contractual requirement with appropriate funding and time for this role.*

Much discussion but agreement GPs can do things that others cannot. GMC merging registers from ?2025 already.

Passed except v)

Motion 11: Primary Care

That conference believes that the terms primary care and general practice are neither synonymous nor interchangeable and believes that:

- *(i) general practice is part of primary care*
- ***(ii)*** *primary care funding is being used to obfuscate a lack of funding in general practice*
- ***(iii)*** *appropriate recognition be given to the specialism of general practice in all arenas.*

Passed in all parts

Motion 12: Primary Care Doctors.

There was a "Major Debate" before this motion to discuss the possible deployment of SAS doctors into general practice.

That conference asks GPC to reject the GMC's proposed changes to the Performers' List to enable non-CCT holders to work within general practice as primary care doctors.

Much discussion regarding pros and cons. Bolster workforce but is this a sticking plaster and we need more GPs? Do we devalue both GPs and SAS doctors by doing this? Where is the time and

resource to supervise? Will it confuse patients? Will it destabilise hospitals? Should they working in community clinics but under secondary care?

Passed

Motion 13 and 14 not discussed as 12 was passed.

Motion 15: Future of GP training

That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is spent in a primary care setting.

Much discussion as many felt hospital placements made more rounded training but quality of hospital placements varies and must be improved. Helps NHS naive colleagues to understand secondary care.

Failed as reference

Motion 16: GP Recruitment and Retention Part 1

That conference believes that more strident efforts should be taken to induce medical students and newly qualified doctors to choose general practice as their medical career path, and calls upon governments to provide financial incentives:

- *(i) that provide an MOD-style sponsorship for GP VTS*
- ***(ii)*** *that include a medical student debt cancellation scheme*
- ***(iii)*** *with eligibility based on a prescribed number of years' service as a salaried or principal GP.*

Discussion that doesn't address retention.

Passed in all parts

Motion 17: GP Recruitment and Retention Part 2

That conference is aware that in some areas 86% of GP trainees are NHS naïve at the point of entry to training. These require much more assistance than those with NHS knowledge. A fully funded NHS induction course is needed for this group of trainees as is extra reimbursement, to recognise the extra workload for their trainers.

Passed

Motion 18: MRCGP

That conference, in respect of the MRCGP examination:

- *(i) asks GPC UK and its component committees to lobby and work with RCGP and other stakeholders to ensure no GP trainee is forced to extend their training due to lack of availability of examination sittings*

(ii) *calls on all GPCs to work with the RCGP towards a system that will offer GP trainees who score under 480 on selection four- or five-year training at the outset rather than waiting for them to "fail" their examinations*

(iii) *believes that single sitting, "big bang" RCGP exams such as AKT are no longer an appropriate assessment and calls for them to be replaced by an educationally evidencebased assessment*

(iv) *notes the significant financial impact MRCGP examination and mandatory RCGP membership fees have on GP trainees and calls upon GPC UK and its component committees to lobby governments and education bodies to fund the first attempt at MRCGP examinations.*

Passed other than part ii)

Motion 19: GP trainees conference

That conference notes the significant value GP trainees derive from attending LMC conferences across the UK. We call on:

(i) *GP trainees committee to organise an annual UK GP trainees conference*

(ii) *GPDF to fund an annual UK GP trainees conference.*

Discussed wanting trainees to be at LMC conferences so each aware of challenges and needs. A trainees' conference does not preclude them attending LMC conferences.

Passed

<u>Day 2:</u>

Motion 20: GPC

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.*

Structure and membership discussed. ?do we need this and does it need to be streamlined. To rep pan-uk issues not be dominated by England issues.

Passed

GPDF update re reforms. Deed of grants negotiations. Financial savings.

Motion 21: LMC governance

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.

Concerns this may be seen as regulatory and may impede individual needs or LMCs and their constituents.

Not passed

Motion 22: Professional standards

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.*

Passed

Motion 23: Public Health

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.*

Passed

Motion 24: Death certification

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.

Discussion regarding laws do not reflect the modern MDT of general practice. Comments that we have earned the right to do DC so we disempower ourselves if we vote for others to be able to

complete. Concerns that wording doesn't just say general practice clinical staff so ?who else would wording qualify?

Failed

Motion 25: Format of future conferences

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:

- *(i) relevance to all four UK nations and subject matter for debate*
- *(ii) timing and length of conference*
- *(iii) cost of conference including costs for individual LMCs*
- *(iv) method of attendance including virtual and hybrid options*
- *(v) recommendations for future formats.*

Passed

Motion 26: The Independent Contractor

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.*

Passed

Motion 27: Firearms

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 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.*

Passed with exception of v)

Motion 28: Private practice

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 paidfor 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.*

Much discussion and has hit the headlines. Other providers do it e.g. dentists but are they in a better position? consultants do it etc. Risks of worsening health inequalities as those who can pay will and may have less need?

Passed

Motion 29: Pay restoration

That conference fully supports the junior doctors in their strike action and drive for pay restoration, demands a similar approach to be taken by the four nations to drive for full pay restoration for general practice, and believes GPs must consider industrial action if required to achieve this.

Partner income decreased 5K between 2014-2018 without taking inflation into account.

Passed