

## **Conference News**

Conference of England Local Medical Committees  
Representatives  
25 and 26 November 2021

Part I: Resolutions  
Part II: Election results  
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## PART I

# ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2021

## RESOLUTIONS

### Interface

- (5) That conference recognises the negative impact that inappropriate transfer of workload from secondary care to primary care is having on GP morale and recruitment and calls on GPC England to negotiate with NHSEI for a nationally funded hospital discharge review system that will:
- (i) prevent contractually inappropriate requests
  - (ii) help develop new discharge pathways appropriate to care in the community
  - (iii) include an educational element for all clinicians
  - (iv) create more clinical dialogue between primary and secondary care.

Proposed by Alistair Bradley, Sheffield

**Carried**

### Advice and guidance

- (6) That conference is concerned about a lack of cohesion between general practice and secondary care and calls on GPC England to ensure that:
- (i) GPs cannot be mandated to use advice and guidance by commissioners or providers
  - (ii) GPs should be free to refer to a secondary care colleague when thought to be clinically necessary, without pre-referral interference
  - (iii) if advice and guidance is used, then it is be the role of secondary care, not general practice, to dispense the advice to patients and prescribe where appropriate.

Proposed by Jen Moss Langfield, Nottinghamshire

**Part (i) carried unanimously**

**Parts (ii) and (iii) carried**

### Consultants in general practice

- (7) That conference sees Integrated Care Systems as having the potential to support the general practice workload crisis so calls on GPC England to explore with NHSEI changes to the performers' list regulations to allow consultant staff to deliver care within general practice.

Proposed by Katie Bramall-Stainer, Cambridgeshire

**Carried as a reference**

### Integrated Care Systems (ICS)

- (8) That conference recognises that GP representation in the new Integrated Care Systems is unclear and variable and demands that GPC England negotiate with NHSEI that:

- (i) all Integrated Care Systems should outline how they will enable LMCs to carry out their statutory role
- (ii) there should be no mandated limit on the number of general practice representatives on both NHS and Place Boards and general practice alone should decide who represents them within an ICS
- (iii) national funding for GPs roles in system and place leadership be made available
- (iv) funding must be ring fenced for enhanced services that are currently commissioned from general practice through locally commissioned services
- (v) where collaboration and streamlining of pathways involves work transferring to general practice from secondary care, funding and resource follows from funding previously aligned to secondary care budgets.

Proposed by David Herold, Worcestershire

**Carried**

## **NHS 111**

- (10) That conference, with respect to NHS 111:
  - (i) believes that general practice is not an emergency service and cannot safely receive one / two hour dispositions from NHS 111 services and demands that these stop
  - (ii) recognises that it has become a conduit for patient flow, causing delays to ambulance services, A&E departments and NHS general practice for non-urgent issues
  - (iii) calls for its wholesale review so that protocols, staffing, and funding are fit for purpose
  - (iv) demands that all direct NHS 111 bookings into NHS general practice are suspended where an OPEL4 / Red alert (or equivalent) has been declared by the practice.

Proposed by Peter Holden, Derbyshire

**Carried**

## **Environment**

- (11) That conference, recognising our responsibilities to achieve carbon neutrality by 2030, calls for:
  - (i) a primary care clinical lead on every ICS sustainability board with a commitment to greater prioritisation of primary care in ICS Green Plans
  - (ii) an evaluation of the environmental impact and clinical suitability of personal protective equipment procurement
  - (iii) a review of the return, reuse and recycling of medicines, medical devices, and equipment to reduce un-necessary waste generation by the NHS including general practice
  - (iv) GPC England to negotiate with NHSEI to provide sustainability funding to ensure all NHS GP surgeries are net carbon neutral by 2030
  - (v) the Department of Health and NHSEI to require a carbon neutral footprint of pharmaceutical products by 2030, preferentially procuring with providers who can demonstrate this to purchasers, prescribers and patients.

Proposed by Phil Trevail, Kernow

**Carried**

## **Online consultations**

- (12) That conference believes that GP practices should decide how they can provide the best service to their patients; the introduction of online consulting was inadequately planned and resourced, and:
  - (i) insists on proper evaluation of the workload, safety, cost and impact on health inequalities of these before any further roll out is implemented

- (ii) directs GPC England to negotiate regulations that enshrine the rights of practices to choose which systems they use for their population
- (iii) believes that online consulting should not be a part of the GMS contract
- (iv) calls for the removal of all mandates and incentives regarding online consultations
- (v) is concerned that the 21 / 22 PCN DES includes a target for number of e-consultations per practice and calls for this target should be scrapped.

Proposed by Abel Adegoke, Wirral

**Carried**

## **Interface (recall and management plans)**

- (93) That conference is concerned by the growing burden of targeted recall and individualised management plans being delegated to primary care, for delivery without adequate resource (for example follow-up imaging and echocardiography, or prostate specific antigen or monoclonal gammopathy monitoring), and:
- (i) rejects any implication that the GP's role is to deliver management plans recommended by specialists, without the GP's explicit agreement to this
  - (ii) believes that individual targeted recall requires a robust national approach, with adequate IT databases which continue to deliver effective call / recall reminders even in the event of a patient moving GP surgery
  - (iii) calls on GPC England to negotiate on GPs behalf to ensure that delivery of these personalised management plans is not delegated to GPs in the absence of robust call/recall systems being in place, and
  - (iv) calls on the BMA to promote collaborative working in this area, respecting the pressures and limitations of general practice, so that GPs and specialists retain clinical responsibility for the management plans they recommend to their patients.

Proposed by Lynette Saunders, Oxfordshire

**Carried**

## **PCN DES and contractual targets**

- (127) That conference believes in light of ongoing patient demand; the unprecedented length of waiting lists for secondary services; and delays to blood testing; the Covid booster programme and the influenza vaccine deliveries; practices cannot realistically deliver their contractual targets for 2021/22 and calls upon GPCE to work with NHSEI to instead provide a guarantee of funding security for practices until 31.03.2022. Conference requires GPC England to produce, by 31 January 2022:
- (i) a practice and PCN facing campaign to outline to practices how they can facilitate their PCN serving their needs as a priority, and not the local Integrated Care System
  - (ii) clear guidance around how to mitigate attempts to subvert GMS/PMS/APMS into vertically aligned systems and ICPs
  - (iii) a reinvigorated review of the outstanding promises from NHSEI at the beginning of the PCN DES and the original partnership review, holding NHSEI's words against their own failed promises.

Proposed by Diana Hunter, Cambridgeshire

**Carried**

## **Contract reform**

- (13) That conference believes that GPC England is at risk of presiding and prevaricating over the slow death throes of GMS, and:
- (i) believes that the current GMS block contract of funding for general practice is outdated and inadequate for the current healthcare environment
  - (ii) believes that the model of unrestricted workload for a fixed fee is a major disadvantage to general practice within the new ICS landscape
  - (iii) calls on GPC England to negotiate a fee for service contract, including item of service payments for core general practice work, rather than the current block contract
  - (iv) tasks GPC England with negotiating a contract that allows practices to offer private services alongside NHS services, where such services are not commissioned by the NHS for delivery in a general practice setting
  - (v) tasks GPC England with exploring alternative contractual models for general practice in a post-NHS world.

Proposed by Russell Brown, East Sussex

**Carried**

## **Covid-19 vaccination programme**

- (14) That conference recognises the efforts made by practices across the nation to deliver a world-leading vaccination programme, saving lives and helping the country recover from the pandemic and:
- (i) applauds the fact that many GPs are prepared to deliver the booster programme in the face of an unprecedented workload burden
  - (ii) questions the preferential terms given for delivery of small batches to pharmacies
  - (iii) is concerned that the PCN model of delivery places an undue burden on practices and limits access for patients
  - (iv) demands that practices be given the freedom to deliver at practice level in order to increase .

Proposed by Shaun Aval and Greg Place, Gateshead and South Tyneside

**Carried**

## **Wellbeing themed debate**

The agenda committee received 34 motions submitted from conference representatives on the issue of GP wellbeing. It was clear that this is single biggest concern for LMCs and by reflection to GPs across England. Morale in general practice has never been so low, and this was reflected in the language used in the motions. This themed debate was an opportunity for conference to share its experiences of working in this climate.

At the end of the themed date, conference was asked to vote on 5 statements, using a 1-6 rating from strongly agree to strongly disagree, or you may abstain by not voting:  
(the full range being: Completely Agree/Somewhat Agree/Agree/Disagree/Somewhat Disagree/Completely Disagree):

That conference supports our patients whose care is being compromised by insufficient resources to meet their needs. (CA 79% / SA 13% / A 7% / D 1% / SD / CD)

That conference believes the abuse of primary care staff directly affects patient care and puts patient safety at risk. (CA 90 % / SA 4% / A 5% / D 1% / SD / CD)

That conference believes when government and NHSEI choose not to support NHS staff, they directly affect patient safety and knowingly put lives at risk. (CA 81% / SA 10% / A 7% / D 1% / SD 1%/ CD)

That conference empowers our representatives to prioritise the safety and wellbeing of general practice doctors in all discussions and negotiations with the government and NHSEI.  
(CA 90% / SA 7% / A 2% / D 1% / SD 1% / CD)

That conference demands healthcare policy is decided based on high quality evidence on population health, and not the whims of a handful of vitriolic media. (CA 94% / SA 3% / A 3% / D / SD / CD)

## **GPC England transparency**

- (15) That conference is concerned about an apparent loss of connection between grassroots GPs and their elected representatives on GPC England and:
- (i) requires that brief minutes be made available to constituents of GPC England meetings
  - (ii) calls for a standing item on the conference agenda where GPC England reports successes and failures of negotiation and seeks conference's views on a way forward
  - (iii) demands that the voting records of GPC England members from this point onwards be made available to constituents to enhance transparency
  - (iv) requires a review of the function of GPC England, with a recommendation that, if needs be, professional negotiators are engaged for future negotiations, paid for by GPDPF.

Proposed by Paul Evans, Gateshead and South Tyneside

**Carried**

## **PCN DES**

- (16) That conference believes that PCNs are a Trojan Horse and a failed project which was mis-sold to the profession and:
- (i) believes PCNs pose an existential threat to the independent contractor model
  - (ii) that the workload, staffing, estate, supervision and HR issues outweigh any benefit derived from ARRS
  - (iii) instructs GPC England to refuse to negotiate new work, funding for PCNs or an extension of the PCN contract beyond its 2023 end date
  - (iv) instructs GPC England to negotiate that PCN funding be moved into the core contract
  - (v) instructs GPC England to ensure practices are able to easily withdraw from the DES in a straightforward way that will not destabilise the practice withdrawing, other local practices or the provision of patient services.

Proposed by Manu Agrawal, South Staffordshire

**Carried**

## **NHSE access plan**

- (243) That conference rejects the NHSE plan for improving access for patients and supporting general practice published on 14th October 2021, will not accept the money and will not comply with the stipulations therein.

Proposed by Jackie Applebee, Tower Hamlets

**Carried**

## **Patient access to online medical records**

- (244) That conference notes plans by NHSE for "accelerated" patient access to online medical records, notes

previous GMS contractual obligations regarding online access to medical records, which ensure such schemes only go ahead if appropriate computerised clinical systems and redaction software allow, and:

- (i) condemns the timing of this move which demonstrates a complete lack of consideration of the workload pressures GPs are currently facing
- (ii) calls on GPC England to produce an estimate of how much practice time (GP/ clinician and administrative) will be required to perform necessary redaction
- (iii) mandates GPC England to negotiate adequate resources (including funding for necessary training and change management in primary care) before any “accelerated access” is rolled out
- (iv) demands “end-to-end” testing of any proposed redaction systems before they are implemented, to ensure software respects any redaction or visibility settings, and that they are fit for purpose
- (v) instructs GPC England to negotiate that data controllers (GP practices) will be indemnified for any data breaches or harm resulting from their patients being granted online access to their medical records by default.

Proposed by James McNally, Oxfordshire

**Carried**

# ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES NOVEMBER 2021

## ELECTION RESULTS

### **Chair of England Conference**

Shaba Nabi

### **Deputy Chair of England Conference**

Elliott Singer

### **Five members of England Conference Agenda Committee**

Paul Evans

Zoe Norris

Matt Mayer

Simon Minkoff

Roger Scott

## PART III

### REMAINDER OF THE AGENDA

#### **Conference format**

- (9) That conference proposes that we should bravely lead the way and update the tired, 1970s styled, binary motion format we follow by empowering the next Agenda Committee to completely rewrite the conference standing orders with the aim of having:
- (i) fewer motions, more debate
  - (ii) motions written by the Agenda Committee responding to subjects proposed by LMCs
  - (iii) motions debated in camera that do not form policy but revisit controversial subjects as these often produce the most informative debate
  - (iv) more experimentation and exploration of the value of break-out discussion groups.

Proposed by Anthony O'Brian, Devon

**Lost – required 2/3 majority**