Conference News

Conference of England Local Medical Committees
Representatives
22 November 2024

Part I: Resolutions
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PART I

ANNUAL ENGLAND CONFERENCE OF LOCAL MEDICAL COMMITTEES NOVEMBER 2024

RESOLUTIONS

COMMISSIONING TRANSPARENCY

4. That conference:
   (i) decries the lack of public visibility of Integrated Care Boards (ICBs), which leaves GPs dealing with patient dissatisfaction where commissioning gaps exist
   (ii) demands that all ICBs provide a dedicated patient contact line to respond to, and gather information from, patients affected by gaps in commissioned services
   (iii) calls on commissioners to be brave and go public when they no longer have the funds to commission services that are safe and dignified.

Proposed by Stefan Kuetter, Buckinghamshire LMC

(i) carried unanimously
(ii) carried nem con
(iii) carried overwhelmingly

GP EMPLOYMENT

5. That conference:
   (i) believes that practices want to employ more GPs, because GPs have the training and skills to manage the complex demands that patients present with
   (ii) deplores the situation where newly qualified GPs are struggling to find any employment on completion of training
   (iii) calls for financial support for practices to help them to employ GPs
   (iv) condemns all organisations that strip out GPs from their services and replace them with less qualified alternatives.

Proposed by Ruba Shahid, Bedfordshire LMC

(i) carried overwhelmingly
(ii) carried nem con
(iii) carried overwhelmingly
(iv) carried

SESSIONAL GPs IN ARRS

6. That conference notes the recent inclusion of GPs in the Additional Roles Reimbursement Scheme (ARRS) and:

(i) believes this represents an admission that the PCN DES and ARRS have failed to provide meaningful support to general practice and our patients, and have only worsened the GP recruitment and retention crisis
(ii) insists that ARRS relaxations to employ GPs in practices are too little too late and carry unacceptable restrictions
(iii) requests that GPCE negotiates that all ARRS funding is returned to the core contract
(iv) demands that NHSE agrees to inject funds directly into practices to enable them to employ GPs as they wish.

Proposed by Jethro Hubbard, Gloucestershire LMC

(i) carried nem con
(ii) carried nem con
(iii) carried overwhelmingly
(iv) carried unanimously

PRIMARY CARE DOCTORS

7. That conference rejects the concept of primary care doctors as it is a retrograde step in both safety and efficiency in patient care.

Proposed by Vicky Theakston, Gateshead and South Tyneside LMC

Carried overwhelmingly

SPECIAL ALLOCATION SCHEMES

281. (8) That conference:

(i) notes the variable provision of special allocation schemes in England
(ii) notes that some special allocation schemes operate in shared premises exposing practice staff and patients to unnecessary risk of violence
(iii) instructs GPCE to develop, with suitable stakeholders if necessary, a new fit for purpose set of minimum standards for a special allocation scheme that serves the needs of patients, protects the public and values teams,
(iv) instructs GPCE to negotiate with NHSE such that new improved standards for the special allocation scheme are agreed and implemented uniformly across England.

Proposed by Simon Minkoff, Manchester LMC

Carried unanimously

GP IT

9. That conference condemns the chronic underfunding of GP IT provision which is having a shameful impact on practices and:

(i) notes that there has been no uplift in GP IT capital funding, which includes the funding for SMS messaging and IT support, in over five years
(ii) recognises that limiting text message funding, will transfer financial pressure onto practices, many of whom are already under immense strain
(iii) requires NHSE to explain how they can achieve the objectives outlined in 'modern general practice model' without adequately investing in general practice IT
(iv) requests that GPCE work with NHSE clinical digital leads in developing the business case to convince the DHSC to fully fund all digital tools that enable safe secure direct communication with patients
(v) insists that core GP IT funding be properly prioritised within NHS budgets to support necessary workforce expansion.

Proposed by Kamala Sweta Raj, City and Hackney LMC

Carried nem con

COLLECTIVE ACTION

Collective action was covered as a themed debate. LMCs were given the opportunity to share what has gone well/not well and ideas for how members would like to see it develop. Broadly, the themes identified were:

- Request for more engagement, support and understanding from secondary care colleagues.
- Appreciated the opportunity to hear examples from different areas as it helps to mobilise more GPs.
- Desire for more action/next step/phase 2.
- Collective action done collectively has been very effective.
- Praise for safe working guidance; it has helped GPs to understand what they are contractually required to do and has brought joy back into the role.
- Awareness that the government has no plan B when it comes to commissioning; GPs are the crux of the NHS and this should inspire us to continue collective action.
- Several successful examples of where LMCs have served notice on services (eg bariatric services, gender dysphoria, ADHD). This has led to more leverage and negotiating power.

Dr Katie Bramall-Stainer, Chair of GPCE, was then given the opportunity to summarise the debate and provide some reflections. The Chair acknowledged that it was useful for GPCE to hear feedback about where to focus attention and this has given her more ideas. She welcomed the positive feedback, including the great impact that the safe working guidance is having. She encouraged everybody to be on board with safe working; serving notice, limiting patient consultations etc needs to be a joint effort in order to be successful. She recognised

that colleagues want centrally produced guidance which is rich in detail to support them in actions. She had heard from conference that there is the sense that collective action needs a refresh and reboot including what next actions would look like. She stated that we need to better use patient power and that we need to sell our collective action as enabling GPs to provide better customer service if we have adequate resources. Dr Katie Bramall-Stainer summarised that collective action was always going to be a long process and not without pain and gave the example of the resident doctor strike. We must recognise that newly qualified colleagues cannot get work; as contractors we will be hurting with the NIC rises. We are all in this together. We need to hold on to what it is to be a GP. There is no government plan B for commissioning; they need us.

At the conclusion of the themed debate motion 10 was proposed and voted on.

10. That conference applauds the GPCE on their approach, professionalism and persistence in running the campaign to save general practice, and commits to supporting them in encouraging practices to follow GPCE leadership and partake in collective action and:

(i) recognising that collective action is a powerful tool, emphasises that collective action is necessary to safeguard general practice and recommends that GPCE further coordinates general practice to implement those collective actions that are most popular

(ii) acknowledging that 'restore the core' is vital for the sustainability and survival of GP practices, urges GPCE to make this a main slogan for campaigns and work starting with the next contract negotiations

(iii) believing that even more needs to be done to improve the public understanding of the value that GPs provide to England's health economy and overall patient care, asks BMA and GPDF to jointly agree and fund a rolling public campaign promoting the successes and value of general practice

(iv) is concerned this is not having enough impact to drive the changes needed to ensure the survival of general practice, calls on GPCE to ballot the profession for more significant industrial action.

Proposed by Chair of Conference, Elliott Singer

(i) carried nem con
(ii) carried unanimously
(iii) carried
(iv) carried nem con

ADVICE AND GUIDANCE

11. That conference recognises that Advice and Guidance and Advice and Referral schemes have reduced secondary care workload and outpatient waiting lists, whilst leading to an unsustainable transfer of workload to general practice and:

(i) insists that practices heed GPCE advice and avoid using Advice and Guidance, insisting instead on face-to-face outpatient appointments, unless A&G is in the best interests of patients

(ii) calls for GPCE to demand an obligation for all trusts to provide separate advice and separate direct referral options per specialty within ERS to replace existing Advice & Refer options so the referring clinician can choose whichever is most appropriate

(iii) calls for GPCE to negotiate a standard time frame across England within which advice responses should be received by the referring clinician should advice be sought

(iv) calls for GPCE to negotiate a standard structure and quality of response to be adhered

to including consideration of whether the components of the advice can be fulfilled within contractual services provided by general practice.

(v) recommends that the system wide financial savings generated by these schemes are shared with general practice, to remunerate workload transfer, rather than savings just be absorbed by hospital trusts.

Proposed by Jackie Applebee, Tower Hamlets LMC

(i) carried overwhelmingly
(ii) carried unanimously
(iii) carried overwhelmingly
(iv) carried overwhelmingly
(v) carried unanimously

CLINICAL

13. That conference believes that obesity is a national emergency but current service provision is woefully inadequate. Conference:

(i) calls for streamlined referral pathways that allow GPs to promptly recognise eligible and motivated patients without the need to go through a tick boxing exercise to justify a referral

(ii) calls for government to go further with public health measures to tackle the causes of obesity in the first place

(iii) is concerned that the lack of NHS services is resulting in patients obtaining anti-obesity medication via unregulated routes and potentially exposing themselves to clinical harm

(iv) demands that NHSE reaches agreement with the pharmaceutical industry to provide sufficient stock of GLP1 analogues.

Proposed by Clare Michell, Bath and Northeast Somerset, Swindon and Wiltshire LMC

(i) carried overwhelmingly
(ii) carried overwhelmingly
(iii) carried unanimously
(iv) carried overwhelmingly

14. That conference:

(i) believes the unfunded additional work associated with the medical examiner process is placing an unacceptable burden on general practice

(ii) believes that previous funding from cremation forms should be reinvested into general practice to directly support the medical examiner process.

(iii) demands that funding be provided to support a weekend and bank holiday service within the new death certification system.

Proposed by Sheikh Ellahi, Cleveland LMC

(i) carried nem con
(ii) carried
(iii) carried overwhelmingly

15. That conference accepts the need for cost-effective prescribing policies and demands that:

(i) NHS England launches a national campaign to promote the expectation for patients to purchase medication available over the counter at pharmacies without seeking a

prescription from the GP

(ii) the government establishes an effective method to identify and support low-income individuals and families who cannot afford to pay for over the counter medication

(iii) the government introduces a maximum profit margin cap for pharmaceutical companies that would prevent over-the-counter medicines being unnecessarily expensive

(iv) NHS England acknowledges the additional workload for practices to adhere to system financial saving and / or rationing strategies in relation to prescribing and that demands national funding is provided for such work.

Proposed by Nicola Hambridge, Leeds LMC

(i) carried overwhelmingly
(ii) carried overwhelmingly
(iii) carried overwhelmingly
(iv) carried overwhelming as a reference

PCSE DEDUCTIONS

16. That conference notes PCSE's actions of deducting monies from practices unannounced, at seemingly inexplicable intervals and without justification or explanation, and:

(i) believes that such deductions, often for large sums of money, risk the financial destabilisation of practices

(ii) demands that the repayments of monies deducted wrongly by PCSE be repaid to practices within 10 working days

(iii) necessitates that all deductions by PCSE must be preceded by both warning and justification, in order to enable practices to challenge and / or prepare as needed

(iv) instructs GPCE to explore the possibility of legal action against PCSE for the time, stress and expense caused to practices through such deductions.

Proposed by Shaun Aval, Gateshead and South Tyneside LMC

Carried unanimously

ONLINE CONSULTATIONS

17. That conference:

(i) believe the current capacity and access requirement for online access to be available throughout core hours is unachievable

(ii) calls upon GPCE to issue guidance around steps practices can take to mitigate the risk of unrestricted online access

(iii) supports practices in switching off online access when workload pressures exceed safe limits.

Proposed by Natalie Martin, Hull and East Yorkshire LMC

Carried unanimously

CQC RATINGS

18. That conference believes that the use of "single word judgements" for general practice services by CQC is damaging and unhelpful, and calls on GPCE to negotiate:
(i) removal of these ratings altogether
(ii) a change in inspection methodology to move from a judgemental approach to a supportive quality improvement process
(iii) additional support for practices to manage the workload in dealing with a CQC inspection.

Proposed by Vish Mehra, Manchester LMC

Carried unanimously

SOAPBOX

The Soapbox session enabled representatives to raise issues not on the agenda that they felt are key issues affecting general practice. The conference was asked to rate the discussions through a temperature check on a scale of 1 – 5, 5 being the most supportive of the point being made, with 1 not in support. The list of speakers, the LMCs that they represent, the topic raised, and the conference support is summarised below

Name	**LMC**	**Topic and key Issue**	**Rating**
Jen Moss Langfield	Nottinghamshire	Special Allocation Scheme	5
Peter Edwards	Avon	Research before policy	5
Alisdair Macnair	Cambridgeshire	NHS Property services – hand bank of contract	5
Stuart Roney	Avon	Trainers getting jobs at CCT	5
Hugh Savage	Cornwall	IT Solutions	5
Ben Lees	Gloucestershire	Plan B	5
Joanna Shortland	Bedfordshire	Appraisals	5
Tim Horlock	Somerset	Saying no to shared care records – not being the data controller	5
Adrian Down	Lincolnshire	Asking for representation for practice managers who are partners	3
Maryanna Tavener	Dorset	Registrars' representation at LMCs and conferences	4
Jessica Randall-Carrick	Cambridgeshire	DPIA – do not centralise to NHSE, lack of trust	5
David Tinkler	Kernow	Costs to PCNs currently CQC	5
Simon Wright	Dorset	GP consultants	5
Laurence Heywood	Devon	AI and DPIA	4
Munsif Mufalil	Barnsley	Collective action, LMC ltd company	3
Eimear Byrne	Cambridgeshire	Locum GPs not able to access the death in service and pension scheme benefit	5
Evan Strachan-Orr	Liverpool	New to partnership fellowship	5
Sarah Annetts	Buckinghamshire	Being in the public sector	5
Lizzie Toberty	Newcastle North Tyneside	Interpreting results for private practice	5
Reyad Kabir	Hampshire and Isle of Wight	National insurance	4

EMERGENCY BUSINESS

282. That conference believes that NHS general practice in England is no longer sustainable as a business model due to the government's recent change to Employer National Insurance Contributions (NICs), and:

(i) demands that this be immediately rectified by the health secretary through commensurate funding into the core GP contract
(ii) believes this has the potential to collapse general practice with widespread redundancies and practice closures highly likely
(iii) calls on GPCE officers to use any means possible to galvanise the profession around this move by government in order to pull general practice back from the brink
(iv) that a special conference of LMCs is required to discuss and determine what escalatory steps will be needed to ensure the survival of what still remains of English general practice.

Proposed by Mark Green, Berkshire LMC

(i) carried unanimously
(ii) carried unanimously
(iii) carried unanimously
(iv) carried

CHOSEN MOTIONS

312. That conference notes with dismay the current state of gender identity services in England. Conference calls for:

(i) more accessible and comprehensive NHS gender identity services
(ii) an increase to the resources and capacity for assessment and treatment of patients with gender identity issues
(iii) safe, shared care protocols for these patients when they are transferred back into community care
(iv) the applications of strict regulations and surveillance for private gender service providers to safeguard patients

Proposed by Sharlina Sallehuddin, Dorset LMC

(i) carried overwhelmingly
(ii) carried overwhelmingly
(iii) carried overwhelmingly
(iv) carried overwhelmingly

COMMUNITY PHARMACY

19. That conference recognises the necessity of community pharmacy and demands that:

(i) NHS England funds their core work of dispensing appropriately

(ii) their survival not be made contingent upon doing work traditionally and contractually the remit of general practice

(iii) Pharmacy First schemes follow guidelines on prescribing and ensure appropriate antibiotic stewardship

(iv) the wastefulness of paying a seventh of a practice's GMS fee per patient for a blood pressure check that then generates more work for the practice be terminated with immediate effect and the money put into pharmacy dispensing fees

(v) the increasing tendency of NHS England to pit general practice and community pharmacy against each other in zero-sum games for scant funding be ended.

Proposed by Vikki Taylor-St Ruth, Devon LMC

(i) carried nem con
(ii) carried unanimously
(iii) carried overwhelmingly
(iv) carried overwhelmingly
(v) carried unanimously

GP MODELS OF CARE

20. That conference believes that Integrated Neighbourhood Teams are a laudable concept and:

(i) advises NHSE to keep general practice at the centre of these teams

(ii) recommends that community services including health visitors, midwives and district nurses are based around GP practices, rather than around another organisational structure

(iii) advises that community service managers recognise the value of this collaborative work and provide protected time for their staff to attend MDT meetings at GP practices, which will improve outcomes for vulnerable patients

(iv) calls for community nursing staff and associated resource to be moved into general practice in order to undertake the work required by general practice.

Proposed by Emma Radcliffe, Tower Hamlets LMC

(i) carried overwhelmingly
(ii) carried overwhelmingly
(iii) carried

PART II
ANNUAL CONFERENCE OF ENGLAND LOCAL MEDICAL COMMITTEES
NOVEMBER 2024

ELECTION RESULTS

Chair of England Conference
Elliott Singer

Deputy Chair of England Conference
Clare Sieber

Five members of England Conference Agenda Committee
Roger John Scott
Euan Strachan-Orr
Shamit Kiran Shah
Thilla Jayachandran Rajasekar
Vicky Theakston

PART III

REMAINDER OF THE AGENDA

SESSIONAL GPs IN ARRS

6. That conference notes the recent inclusion of GPs in the Additional Roles Reimbursement Scheme (ARRS) and urges the government to allow recruitment of all GPs to PCNs under the ARRS, and calls for GPCE to negotiate that the funding be opened up to all GPs regardless of qualification date.

Proposed by Jethro Hubbard, Gloucestershire LMC

LOST

SALARIED GP CONTRACT

12. That conference believes that core general practice funding in England will never be restored to the levels required for a thriving partnership, and we need to take steps to protect the salaried GP contract in England in preparation for a fully salaried service.

Proposed by Tanya Beer, Avon LMC

LOST

GP MODELS OF CARE

20. That conference believes that Integrated Neighbourhood Teams are a laudable concept and calls for community nursing staff and associated resource to be moved into general practice in order to undertake the work required by general practice.

Proposed by Emma Radcliffe, Tower Hamlets LMC

LOST AS A REFERENCE

MOTION NOT VOTED ON
Calls for next business was heard.

GENDER

312. DORSET: That conference notes with dismay the current state of gender identity services in England. Conference calls for:

(v) BMA Council to reverse its decision to publicly critique the Cass Review and its call for a pause to the implementation of the Cass Review's recommendations.

MOTIONS NOT DEBATED
Due to lack of time the following motions were not debated.

CLINICAL / PRESCRIBING / DISPENSING

313. BATH & NORTH EAST SOMERSET, SWINDON & WILTSHIRE: That conference is deeply concerned at the expectations set by an NHS 111 algorithm advising patients of the need for an urgent GP assessment within 1 hour and urges the GPCE to demand:
(i) that patients advised to be reviewed in this time frame to be more safely signposted to appropriate emergency services
(ii) adequate funding and provision of skilled clinicians to triage patients appropriately accessing NHS 111.

GP CONTRACT, COLLECTIVE ACTION AND REGULATION

314. BATH & NORTHEAST SOMERSET, SWINDON & WILTSHIRE: That conference is frustrated by the way NHSE quantifies GP partner pay in its recommendation to the DDRB, with the inclusion of employer superannuation and tax, any surplus income from premises and basing it on whole time equivalent pay. Conference believes these figures:
(i) are misleading given most GP partners now work less than full time under the strain of excessive workloads, and often have high personal loan repayments cancelling out any premises related profits or even resulting in a net loss
(ii) can be damaging by seeding resentment from colleagues in other roles in primary or secondary care and even from government ministers
(iii) should be expressed with the removal of this misleading data and calls on GPCE to campaign for this.