



## **General Practitioners Committee**

# **Conference News**

Conference of Representatives of Local  
Medical Committees  
14 -15 June 2007

Part I: Resolutions  
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**PART I**  
**ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES**  
**JUNE 2007**

**RESOLUTIONS**

**Standing orders**

- (4) 1. That the number of members elected through conference to the GPC is increased from six to seven and that standing orders are amended to read:  
77 Seven members of the General Practitioners Committee  
77.1 Nominations may be made only by representatives, and a representative may make not more than one nomination. For six of the seats any registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week, whether a member of the conference or not, is eligible for nomination providing that such a level of commitment has been maintained for at least the period of the six months immediately prior to the election, allowing for any maternity, sickness or study leave absence. All GPs on the retainer scheme, and medically qualified LMC secretaries, are eligible for nomination regardless of their level of commitment to providing or performing NHS primary medical services. For the seventh seat, only an LMC representative at conference may be nominated, and that LMC representative must never have previously sat on the GPC. This LMC representative must also be a registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week, providing that such a level of commitment has been maintained for at least the period of the six months immediately prior to the election, allowing for any maternity, sickness or study leave absence. The members elected will serve on the GPC from the conclusion of the following ARM until the conclusion of the ARM one year thereafter. Only representatives shall be entitled to vote.  
**(Proposed by Rob Barnett, on behalf of the GPC)**  
**Carried with 2/3 majority**

**General Practice**

- (\*8) 2. This conference believes that general practice is good for your health and that UK GPs have always and continue to put their patients before profit, quality before quantity and trust before targets and further believes that the departments of health could learn much from this approach.  
**(Proposed by Andrew Thomson, on behalf of the GP Registrars Subcommittee)**  
**Carried unanimously**

- (\*11) 3. That conference notes that the range, responsibility and remit of care provided by British general practitioners, together with the first point of contact gate-keeping function, is unparalleled in Europe, and:
- (i) calls on the government to recognise the high standard of care and good services that GPs effectively manage
  - (ii) deplores and rejects any suggestion that the increase in GP income under the new GMS contract has been undeserved or excessive
  - (iii) believes the increased income should be maintained in order to enhance recruitment and retention to general practice as an attractive career option
  - (iv) calls on the GPC to publicise the fact that GPs provide healthcare more cost effectively than any other organisation has yet achieved
  - (v) deplores any changes to contractual arrangements which will destabilise the long term list based nature of that care.

**(Proposed by Chaand Nagpaul, Harrow, on behalf of the Agenda Committee)**  
**Carried unanimously**

- (\*21) 4. That conference values the continued support of general practice by the public and requests that the GPC continues to work closely with the BMA patient liaison group and other representative lay bodies to ensure that the policies developed and services provided remain patient centred.

**(Proposed by Ron Carter, Buckinghamshire)**  
**Carried**

### **Government health policy and the NHS**

- (\*22) 5. AGENDA COMMITTEE: That conference has no confidence in:
- (i) the UK government's handling of the National Health Service
  - (ii) the Secretary of State for Health in England.

**(Proposed by Eric Rose, Buckinghamshire, on behalf of the Agenda Committee)**

**Carried**

- (\*29) 6. That conference strongly believes that a national GMS contract provides essential safeguards not only for all GPs but also for patients, and:
- (i) deplores the fragmentation of the structure of primary care in the UK
  - (ii) regrets the increasing differences within the four nations in a health service that is still called national
  - (iii) believes the national GMS contract must be retained.

**(Proposed by Brian Balmer, South Essex, on behalf of the Agenda Committee)**  
**Carried**

- (\*36) 7. That conference:
- (i) believes that reconfiguration of PCOs, and reorganisation of the NHS in general, have been disruptive, wasteful of resources and have undermined the quality and continuity of care to patients
  - (ii) believes that PCO reconfiguration has failed to deliver the intended management savings or improvements in the NHS
  - (iii) believes that PCO reconfiguration has resulted in demoralisation of managers and clinicians
  - (iv) believes that recent PCO reorganisations have simply given the illusion of change whereas in reality, there has been organisational stagnation and planning blight.

**(Proposed by Andrew Mimmagh, Sefton, on behalf of the Agenda Committee)**  
**Carried**

## **Patient confidentiality and the National Care Record**

- (\*46) 8. That conference deplores the steady erosion of patient confidentiality and requests that the GPC hardens its stance on this issue and promotes a return to the principle of absolute confidentiality that patients have a right to expect from their NHS GP.  
**(Proposed by Simon Parkinson, Worcestershire)**  
**Carried**
- (\*47) 9. That conference is gravely concerned with the implementation of the National Care Records Service (NCRS) and:  
(i) expects the government to highlight the implications to patients to allow them to choose whether to opt in  
(ii) deplores any potential restriction of access to services for patients who refuse permission for their data to be placed on the spine  
(iii) insists that lessons are learned from early NCRS adopter sites and requests GPC to urgently clarify whether accepting implied consent when uploading patient medical data to the National Care Record Service breaches the Data Protection Act, GMC guidance on patient confidentiality or otherwise places a GP in jeopardy.  
**(Proposed by Preston de Mendonca, Devon, on behalf of the Agenda Committee)**  
**Carried**

## **Choose and book**

- (\*64) 10. That conference believes that Choose and Book is currently unfit for purpose and:  
(i) is a politically-driven initiative to give the illusion of meeting targets and reduce NHS deficits  
(ii) is being manipulated by some hospital trusts and PCOs to limit choice for patients and referring clinicians  
(iii) must enable GPs to refer patients to named consultants to maintain true patient choice  
(iv) insists that secondary care providers cannot deny a patient care on the grounds that an appropriate referral has been made on paper rather than electronically.  
**(Proposed by Andrew Mimmagh, Sefton, on behalf of the Agenda Committee)**  
**Carried**

## **Referral management**

- (\*85) 11. That conference:  
(i) believes GPs should have the right to have referrals accepted by a named consultant  
(ii) believes that failure to have this right undermines our responsibilities in ensuring the specific needs of the patient are met and damages the doctor patient relationship (*passed as reference*)  
(iii) believes that since GPs retain clinical responsibility for patient referrals they must have the right to choose whether or not to refer via clinical assessment services and instructs the GPC to ensure that this is the case.  
**(Proposed by David Dickson, South Staffordshire, on behalf of the Agenda Committee)**  
**Parts (i) and (iii) Carried**  
**Part (ii) Carried as a reference**

- (\*93) 12. That conference believes that local referral management systems must:
- (i) fully involve local GPs in their planning
  - (ii) clearly demonstrate benefits for patients
  - (iii) not be used to manage local deficits
  - (iv) not impede other legitimate and appropriate forms of GP referral
  - (v) leave legal responsibility for risk to patients as a result of their implementation with the PCO.

**(Proposed by Amanda Robinson, Leeds, on behalf of the Agenda Committee)**  
**(Carried)**

- (\*102) 13. That conference believes that 'Choice' is to the Department of Health what the Loch Ness Monster is to Scotland because:
- (i) it is a wonderfully romantic idea and creates the possibility of great publicity
  - (ii) there are opportunities to go and look for it and even some who believe they have experienced it first hand
  - (iii) fundamentally, no one in their right mind believes it exists.

**(Proposed by Simon Poole, Cambridgeshire)**  
**Carried**

### **Independent sector treatment centres (ISTCs)**

- (\*106) 14. That conference believes that the government should immediately halt the establishment of ISTCs on the grounds that they:
- (i) have a destabilising effect on local NHS services and staff and undermine established NHS hospital trusts
  - (ii) have poor management structures that choose to ignore GP feedback on the ensuing and ongoing problems
  - (iii) inhibit the ability of GPs in practice-based commissioning groups to commission more cost effective alternative providers
  - (iv) have been constituted on the basis of contracts which are heavily weighted in favour of the ISTC operators and do not, accordingly, offer the NHS genuine value for money
  - (v) effectively asset strip the NHS, which risks making mainstream secondary care unsustainable.

**(Proposed by Marcus Bicknell, Nottinghamshire, on behalf of the Agenda Committee)**  
**Carried**

- (\*111) 15. That conference deplores the introduction of secretly planned ISTCs and requires the government to ensure:
- (i) transparency in the planning and tendering for all ISTCs
  - (ii) that any national specification for ISTCs must include the ancillary or associated service associated with each specialty
  - (iii) staffing for the ISTCs is coordinated with workforce development in local health communities
  - (iv) ISTC provision is developed with regard to wider local capacity planning
  - (v) that such developments do not enjoy more favourable business and service considerations than other providers.

**(Proposed by Mark Corcoran, Avon, on behalf of the Agenda Committee)**  
**Carried**

## Workforce

- (\*115) 16. That conference, in considering GP workforce planning, condemns recent government action, and demands:
- (i) proper workforce planning for general practice
  - (ii) support for the workforce principles agreed in nGMS
  - (iii) the reinstatement of the returner scheme
  - (iv) the reinstatement of a flexible career scheme
  - (v) work to develop an improved career structure for salaried GPs.
- (Proposed by Lee Winter, Lambeth, on behalf of the Agenda Committee)**  
**Carried**

- (\*130) 17. That conference:
- (i) deplores the significant reduction in funding for practice nurse training and calls for urgent negotiation to ensure adequate ring-fenced funds
  - (ii) believes there should be a nationally defined system of training and accreditation for nurse practitioners working in general practice
  - (iii) instructs the GPC to negotiate a defined role and an agreed fee for GP mentoring of non-medical prescribers.
- (Proposed by Rob Sadler, Kent, on behalf of the Agenda Committee)**  
**Carried**

- (\*134) 18. That conference highlights the dangers of the disintegration of the primary healthcare team caused by the reduction in numbers and training of community nurses and health visitors which will disproportionately affect the most vulnerable in society and calls on the GPC to:
- (i) fight to reverse this trend
  - (ii) defend the principle of alignment of community staff to individual practices.
- (Proposed by Peter Gledhill, Bedfordshire)**  
**Carried**

## Out-of-hours (OOH)

- (\*137) 19. That conference expresses great concern for the present and future quality of OOH services and:
- (i) believes that politicians of all parties have failed to grasp that OOH services prior to the new contract were woefully underfunded and sustained only due to the dedication and professionalism of GPs
  - (ii) believes that it is the Department of Health that is responsible for the shambolic OOH plans
  - (iii) deplores the insinuation that GPs are no longer involved in providing OOH services to patients
  - (iv) believes it is the PCOs commissioning of OOH services and their desire to spend less that has led to decreased patient access to experienced doctors and an increased likelihood of high risk patient management
  - (v) demands that OOH be adequately funded and provided by experienced and appropriate health professionals.
- (Proposed by David Gilbert, Stockport, on behalf of the Agenda Committee)**  
**Carried**

## **Small practices**

- (\*147) 20. That conference deplores the explicit policy of certain PCOs to abolish single-handed and smaller practices and demands that patients should retain a choice of type of practice that suits them.  
**(Proposed by Peter Swinyard, Wiltshire)**  
**Carried**
- (\*153) 21. That conference rejects the notion that the nGMS contract has been bad for general practice but is concerned about the effect of the potential abolition of MPIG on small practices.  
**(Proposed by Hal Maxwell, Ayrshire and Arran)**  
**Carried**

## **LMC conference**

- (\*159) 22. That conference ratifies an annual LMC secretaries conference. The conference will be organised by LMC secretaries with GPC secretariat support. The agenda shall be set by LMC secretaries and will take into account the views and needs of LMC secretaries.  
**(Proposed by Brian Balmer, North Essex)**  
**Carried**

## **DDRB and negotiations**

- (\*160) 23. That conference deplores this year's 0% increase in payments to practices and believes it:
- (i) is incompatible with the DDRB's intention of a 0% increase in GPs' pay, and is in fact a pay cut
  - (ii) is incompatible with the agreement that changes in 2006 drew a line under perceived over-delivery of the GMS contract
  - (iii) cannot be surmounted by efficiency savings in small organisations such as general practices
  - (iv) will reduce investment by GPs in their premises and staffing
  - (v) will, when shown to result in reduction in GP pay, require correction in 2008.
- (Proposed by Andrew Green, East Yorkshire, on behalf of the Agenda Committee)**  
**Carried**
- (\*172) 24. That conference, in view of the 2007/08 pay award:
- (i) instructs the GPC to explore what the DDRB meant by 'zero pay increase' when in its report it appeared to accept the Department of Health submission that inflationary pressures on expenses will cost the average GP 5% of income
  - (ii) believes that GPs should be advised to reassess the services they provide which may no longer be adequately funded
  - (iii) requires the GPC together with LMCs to develop a local and/or regional programme of events to empower practices to limit their workload
  - (iv) expects the GPC to negotiate a satisfactory pay increase for all GPs in 2008/09.
- (Proposed by Gill Beck, Buckinghamshire, on behalf of the Agenda Committee)**  
**Carried (part (iii) carried with 2/3 majority)**

(\*183) 25. That conference recognises that this year's pay award is in reality a pay cut for GPs and a major threat to the continuity of British general practice.  
**(Proposed by N Bradley, Wirral, on behalf of the Agenda Committee)**  
**Carried**

(\*188) 26. That conference, with regard to GP negotiations:  
(i) believes the GPC negotiators have acted honourably and negotiated in good faith throughout the process  
(ii) believes that this government can no longer be trusted after repeatedly renegeing on agreements made in the new GMS contract and subsequent negotiations  
(iii) calls for an immediate apology and policy reconsideration by the government  
(iv) instructs the GPC to resist any further attempts to undermine nationally agreed contractual arrangements.  
**(Proposed by Mark Sanford-Wood, Devon, on behalf of the Agenda Committee)**  
**Carried**

(\*200) 27. That conference:  
(i) fully supports the negotiators decision to refuse the NHS Employers' totally unsatisfactory offer  
(ii) believes that it was right to return to the DDRB, despite the zero pay award  
(iii) believes that GP pay must continue to be within the remit of the DDRB  
(iv) requires the BMA to plan a strategy, which should include the option of industrial action, should one or more governments adversely change the remit of the DDRB.  
**(Proposed by David Grant, Gwent, on behalf of the Agenda Committee)**  
**Carried**

(\*204) 28. That conference deplores the action of the Department of Health in attempting to restrict and reduce GP earnings and believes that any proposal to cap GP profits:  
(i) is a fundamental contradiction of the underlying principles of the new GMS contract  
(ii) is a threat to self-employed status  
(iii) would inevitably lead to reduced recruitment and retention of GPs which would ultimately cause a significant reduction in the standard of healthcare received by the public.  
**(Proposed by Hector Spiteri, Redbridge, on behalf of the Agenda Committee)**  
**Carried unanimously**

(\*208) 29. That conference condemns the DDRB recommendation to reduce the remuneration of GP registrars.  
**(Proposed by Gill Beck, Buckinghamshire)**  
**Carried unanimously**

### **Scottish GPC**

(\*212) 30. That conference believes in view of the increase in the population in the country:  
(i) that this should be recognised by a corresponding increase in the global sum  
(ii) SGPC must negotiate on the need to develop a mechanism whereby practices can expand quickly, or be created from scratch  
(iii) that it should be obligatory for council planning departments to liaise with the health authorities to take into account the availability of health provision before approving large building developments.

**(Proposed by David Alexander, on behalf of the Scottish Conference of LMCs)**  
**Part (i) and (iii) Carried**  
**Part (ii) Carried as a reference**

### **General Practitioners Defence Fund (GPDF)**

- (\*218) 31. That conference, with regard to the payment of the voluntary levy reminds the GPDF that the voluntary levy is voluntary.  
**(Proposed by John Doyle, Surrey, on behalf of the Agenda Committee)**  
**Carried**

### **Regulation and revalidation (White Paper) - Subject debate**

Speakers were invited to speak to any motion within the subject debate. All motions in the subject debate were then voted on in succession.

**Proposed by Paul Abbott, Cornwall and the Isles of Scilly and Charlie Daniels, Devon**

- (\*222) 32. That conference deeply regrets the loss of professionally-led regulation.  
**Carried**
- (\*224) 33. That conference expresses great concern at the proposed change to the standard of proof in GMC 'fitness to practise' cases as set out in the government White paper and calls on the GPC to oppose this change vigorously.  
**Carried**
- (\*230) 34. That conference in considering the White Paper proposals for revalidation:  
(i) supports a process that is realistic, not too demanding of a GP's time, and values wisdom before knowledge  
(ii) insists that revalidation is only implemented after full consultation with all interested parties  
(iii) insists that all groups of GPs should be treated equally during the process  
(iv) believes that revalidation should be explicitly linked to a rigorous appraisal system  
(v) believes that any changes brought about by the introduction of revalidation must be fully funded by new monies.  
**Carried**
- (\*239) 35. That conference believes that the GMC should no longer be funded by the profession.  
**Carried as a reference**
- (\*242) 36. That conference recognises current GP appraisal to be a useful formative tool:  
(i) and asks that summative assessment is not tacked on to it  
(ii) and insists that any changes to the system are evidence based and of benefit to patients and the profession  
(iii) but believes any changes must be fully funded from new money.  
**Carried**

## Public health

- (\*246) 37. That conference does not believe that the government, in light of its previous record, is capable of providing a flu vaccination programme in a timely and efficient manner and:
- (i) recognises that the success of the flu campaign relies largely on the goodwill of GPs and practice staff
  - (ii) demands that the current mechanism of direct ordering is continued
  - (ii) requests the GPC to negotiate a variation in flu vaccine target payment calculation in years when the supply is universally delayed.

**(Proposed by Michael Ingram, Hertfordshire, on behalf of the Agenda Committee)**  
**Carried**

- (\*254) 38. That conference is concerned about the high rates of teenage pregnancy and the rising prevalence of sexually transmitted infections and:
- (i) calls on the negotiators to address the neglected area of 'adolescent friendly' sexual health provision within primary care in contract discussions
  - (ii) demands that the government and Department of Health make available adequate funding and support for chlamydia screening.

**(Proposed by Grant McHattie, Ayrshire and Arran, on behalf of the Agenda Committee)**  
**Carried**

- (\*257) 39. That conference:
- (i) believes the national and regional pandemic flu planning structures are woefully inadequate and dangerous
  - (ii) insists on a realistic, intelligent and appropriately resourced plan to cope with a national emergency.

**(Proposed by Simon Bradley, Avon)**  
**Carried**

## Other motions

- (\*258) 40. GLASGOW: That conference calls for comprehensive guidance to be issued to help determine the eligibility of visitors from overseas to access free NHS care.

**(Proposed by Jim O'Neil, Glasgow)**  
**Carried**

### **A rational way forward for the NHS - Subject debate**

Speakers were invited to speak to any motion within the subject debate. All motions in the subject debate were then voted on in succession.

#### **Proposed by Laurence Buckman, GPC and John Canning, Cleveland**

- (788) 41. That with respect to the BMA document 'A rational way forward for the NHS in England', conference:
- (i) believes the failure to recognise the vital part that the general practice registered list currently plays and must continue to play in the provision of high quality health care for the people of the UK, severely diminishes the value of the document
  - (ii) believes it fails to address the serious threat to general practice if the current direction of travel of government market reforms is not stopped
  - (iii) regrets the lost opportunity that patient and public involvement could make to the development to the NHS
  - (iv) regrets that there are few radical options proposed to solve the problems of the NHS, which are clearly identified in the document, and believes this must be reviewed.

**Carried**

- (794) 42. That conference asserts that with respect to 'A rational way forward for the NHS in England':
- (i) the NHS can survive as the long term model of UK health provision
  - (i) the NHS is best funded by general taxation
  - (ii) that resources are better allocated by a national open approach to priority setting rather than an implicit and closed approach to rationing at local or individual level.

**Carried**

- (797) 43. That conference:
- (i) deplores the absence of a coherent statement on the value of education in the BMA's document 'A rational way forward for the NHS in England'; and
  - (ii) demands that the vital role of continuing professional development for all doctors be highlighted within any future document proposing a BMA vision for healthcare.

**Carried**

### **Public relations**

- (\*274) 44. That conference believes there is a government inspired negative propaganda campaign against general practice and:
- (i) believes this has seriously undermined the doctor-government relationship and reduced general morale
  - (ii) deplores that attack on the profession from government and media particularly in relation to GP earnings
  - (iii) rejects the Department of Health spin blaming doctor pay increases due to the new contracts for the current NHS financial difficulties
  - (iv) believes that purpose of this government spin is to pave the way for the provision of GP services by private companies.

**(Proposed by George Rae, Newcastle and North Tyneside, on behalf of the Agenda Committee)**

**Carried unanimously**

- (\*286) 45. That conference proposes that the GPC/BMA should undertake a review of its propaganda machinery to ensure it is fit for purpose and this review should include its website.  
**(Proposed by Stephen Amiel, Camden and Islington, on behalf of the Agenda Committee)**  
**Carried**

### **Alternative providers and private sector provision**

- (\*298) 46. That conference recognises the threat of the encroaching private sector, believes that general practitioners should not be afraid of competition and demands that:
- (i) a transparent and robust national tendering process for practices be established to ensure probity and equity for all those applying
  - (ii) all local practices/practitioners be given adequate opportunity to apply for local primary health care services, when tendered out
  - (iii) there should be no attempt to award the easy parts of primary care to private providers leaving existing practices to deal with the complex and difficult
  - (iv) there should be no additional funding that could not be available to all providers.

**(Proposed by Jim Alcock, Fife, on behalf of the Agenda Committee)**  
**Carried**

- (\*312) 47. That conference believes that:
- (i) APMS poses a major threat to the future of the traditional and highly successful model of general practice, whether delivered under GMS or PMS contractual arrangements
  - (ii) recent statements and actions of the Department of Health demonstrate its desire to dismantle the 2004 GMS contract and replace traditional general practice with APMS providers
  - (iii) the ongoing measures by the present government to sell off NHS primary and secondary care to the private sector through encouraging the development of APMS should be deplored.

**(Proposed by Alan Thompson, Lewisham, on behalf of the Agenda Committee)**  
**Carried**

- (\*318) 48. That conference:
- (i) believes privatisation in the NHS has no proven benefit and threatens the public ethos of the NHS
  - (ii) calls for a halt to the increasing privatisation within the NHS
  - (iii) calls on the GPC and BMA to support both the public funding and the public provision of the NHS.

**(Proposed by Zaheed Ghufoor, Merton, Sutton and Wandsworth, on behalf of the Agenda Committee)**  
**Carried**

## Quality and Outcomes Framework

- (\*326) 49. That conference believes that the results of practice achievements in the present QOF:
- (i) demonstrate the high quality of general practice in the UK
  - (ii) should be celebrated by the government
  - (iii) have led to remarkably good value for money in terms of health benefits
  - (iv) are supported by the appropriate use of the exception reporting system that is essential in underpinning the ethical basis of the QOF.
- (Proposed by Chris Howes, Somerset, on behalf of the Agenda Committee)**  
**Carried unanimously**

- (\*332) 50. That conference believes that the GPC should address injustices in the QOF including the:
- (i) need for a disease prevalence formula that reflects true workload and avoids the inequities in the present system
  - (ii) need for a data extraction tool that is fit for purpose, with agreed Read codes, Business Rules and Data Sets published before changes are implemented
  - (iii) failure to address workload issues of new targets.
- (Proposed by Ashok Rayani, Morgannwg, on behalf of the Agenda Committee)**  
**Carried**

## Essential, additional and enhanced services

- (\*362) 51. That conference:
- (i) acknowledges that PCOs have applied varied and disparate interpretations to services covered by the essential services part of the new GMS contract
  - (ii) acknowledges the pressure being applied to reduce practice earnings.
- (Proposed by Hector Spiteri, Redbridge)**
- (\*364) 52. That conference, in respect of the Patient Experience Survey included in the access DES for England:
- (i) strongly objects to the flawed survey determining a practice's reward element of the access DES
  - (ii) deplores the Department of Health's addition of extra questions
  - (iii) denounces the use of loaded questions designed to raise patient expectation to unrealistic levels
  - (iv) believes that the cost of the survey represents a scandalous example of politicians (the least trusted profession in the public eye) not trusting doctors (the most trusted profession in the public eye)
  - (v) believes that the costs of the survey represent poor value for money for the NHS, for which the government should be held accountable.
- (Proposed by P Wikzynski, Northamptonshire, on behalf of the Agenda Committee)**  
**Carried unanimously**

- (\*371) 53. That conference:
- (i) supports the maintenance of adequately funded contestable enhanced services to promote developing service provision in primary care
  - (ii) will support the GPC negotiators efforts to secure sufficient resources for the funding of enhanced services to cater for the increasing shift of workload from secondary care to general practice
  - (iii) insists that the funding for the enhanced services floor should be fully and solely spent on enhanced services provided in general practice rather than in trying to reduce financial deficits
  - (iv) deplores any attempt to rebadge the 50 QOF points for access for any other purpose than the access DES.

**(Proposed by Tim Moorhead, Sheffield, on behalf of the Agenda Committee)**  
**Carried**

### **Practice based commissioning (PBC)**

- (\*382) 54. That conference believes that PBC is not meeting its potential, and will not unless:
- (i) PBC is appropriately funded including adequate management costs
  - (ii) practices receive adequate incentives
  - (iii) PCOs become less risk averse
  - (iv) PCOs begin to recognise and encourage practice and cluster-based expertise and leadership.

**(Proposed by N Gabriel, Kent, on behalf of the Agenda Committee)**  
**Carried**

### **Clinical and prescribing**

- (\*397) 55. That conference, regarding general practice prescribing:
- (i) believes that some PCOs are misusing annex 8 of the 2006/07 GMS contract to control prescribing that is neither excessive nor inappropriate
  - (ii) believes that some PCOs are demanding actions of GPs that undermine the GP's role as the patient's advocate and that contravene professional standards
  - (iii) condemns threats made to GPs where they prescribe in the best interests of their patients
  - (iv) demands the GPC collect and expose evidence of any local level invisible rationing.

**(Proposed by Andrew Green, East Yorkshire, on behalf of the Agenda Committee)**  
**Carried**

## **Dispensing**

- (799) 56. That conference is concerned by the recent decisions of certain major pharmaceutical companies to cease the supply of drugs to wholesalers in favour of exclusive delivery arrangements and,
- (i) believes these decisions will destabilise the current mechanisms for the supply of drugs
  - (ii) believes these decisions may damage the provision of rural pharmacy and medical services
  - (iii) welcomes the Office of Fair Trading's (OFT) somewhat tardy decision to investigate the distribution of medicines in the UK
  - (iv) calls for urgent negotiations between the GPC and other relevant bodies to ensure that rural practices are not disadvantaged.

**(Proposed by David Baker, Lincolnshire, on behalf of the Agenda Committee)**  
**Carried unanimously**

- (404) 57. That conference requires government recognition of and more support of the important role dispensing practices play in healthcare in rural and remote areas.

**(Proposed by Brian Fitzsimons, Highland)**  
**Carried**

## **Patient charging**

- (\*405) 58. BUCKINGHAMSHIRE: That conference believes that when the NHS will not fund certain services to patients, practices must be allowed to provide those services privately to those registered with them, and asks the GPC to negotiate this with the Department of Health.

**(Proposed by Ron Carter, Buckinghamshire)**  
**Carried**

## **Medical certificates and reports**

- (\*409) 59. That conference believes that the time has come for a revision of the medical certification system, such that patients seen by other healthcare clinicians may be issued medical certificates without recourse to a GP.

**(Proposed by Trish Edney, Sheffield)**  
**Carried**

- (\*412) 60. That conference believes PCOs should be immediately instructed to ensure that commissioning arrangements are in place at local level for the provision of collaborative services.

**(Proposed by Andrew Green, East Yorkshire)**  
**Carried**

## **Premises**

- (\*413) 61. That conference warns the government that insufficient revenue funding for premises will jeopardise the delivery of its objectives to provide more services in primary care settings closer to patients, and implores the GPC to make premises revenue funding a key priority.

**(Proposed by Nick Curt, Bedfordshire)**  
**Carried**

- (\*430) 62. That conference demands negotiation of a national appeals mechanism for

premises funding issues.

**(Proposed by Pamela Roberts, Surrey)**

**Carried unanimously**

- (\*434) 63. That conference believes that the government's contention that its commitment to NHS LIFT has addressed the urgent need for investment in new primary care premises should be challenged on the grounds that:
- (i) LIFT developments are not always targeted at areas with the greatest need for premises' investment
  - (ii) LIFT developments are pre-eminently focused on replacement of existing PCO-owned health centres
  - (iii) the number of practices willing and able to avail themselves of LIFT accommodation is pitifully small, considering the total number requiring urgent premises' improvements.

**(Proposed by Chris Locke, Nottinghamshire)**

**Parts (i) and (iii) Carried**

**Part (ii) Carried as a reference**

### **Funding for general practice**

- (\*436) 64. That conference believes that the global sum:
- (i) must accurately cover the basic cost of providing general medical services
  - (ii) needs to be progressively adjusted upward to reflect the increasing complexity of general practice
  - (iii) should be sufficiently increased to ensure that practices need no longer rely on the MPIG
  - (iv) has not been uplifted yet practices are still expected to continue to meet rising overheads including increases in practice staff pay.

**(Proposed by Alasdair Sneddon, Fife, on behalf of the Agenda Committee)**

**Carried**

- (\*446) 65. That conference believes:
- (i) no practice should be financially disadvantaged by any change to the allocation formula
  - (ii) that any new allocation formula must more accurately reflect the actual differences in workload and be transparent and accountable
  - (iii) that in the absence of a significant increase in the global sum the formula review must be rejected.

**(Proposed by Andrew Sapsford, Buckinghamshire, on behalf of the Agenda Committee)**

**Carried**

- (\*458) 66. That conference considers that the minimum practice income guarantee (MPIG):
- (i) is an integral part of the 2004 GMS contract
  - (ii) should continue for as long as it is needed
  - (iii) if reduced or removed would be a breach of contract
  - (iv) should be made available in an equivalent form to PMS practices wishing to move to a GMS contract.

**(Proposed by Berge Balian, Somerset)**

**Carried Unanimously**

- (\*462) 67. That conference deplores the failure of the new contract to direct resources to areas of greatest need.

**(Proposed by Sean Young, Morgannwg)**

**Carried**

### **PCO administered funds**

- (\*469) 68. That conference demands that it be made mandatory for PCOs to pay at the full rate stated in the SFE or by the determination of the Secretary of State:
- (i) maternity, paternity and adoptive leave payments
  - (ii) locum reimbursement for sick leave
  - (iii) reimbursement of costs for prolonged study leave
  - (iv) income protection for all doctors suspended by PCOs or under an interim order of the GMC.

**(Proposed by David Shoemith, Bradford and Airedale, on behalf of the Agenda Committee)**

**Carried**

- (\*478) 69. That conference instructs the GPC to obtain written confirmation from the Department of Health that PCOs must support and fund a system of annual appraisal for all GPs on their performers' list, and that SHAs will ensure this is not breached.

**(Proposed by Brian Balmer, North Essex)**

**Carried**

- (\*482) 70. That conference deplores the decision not to ring-fence funds for the primary care development scheme at PCO level and the consequent widespread lack of operational replacements to the golden hello scheme.

**(Proposed by Paddy Twomey, Lincolnshire)**

**Carried**

### **Shift of work to general practice**

- (\*485) 71. That conference expresses its strong concerns about problems which continue to arise from the transfer of work and responsibility into general practice and:

- (i) believes such transfer blurs professional liability and threatens patient care (*accept as a reference*)
- (ii) deplores the increasing use of GPs as 'general dogsbodies' especially in the early and often premature discharge of patients from hospital
- (iii) deplores such shift without clear identification of funding
- (iv) calls upon the GPC to issue guidance on how this shift should be funded
- (v) believes unresourced transfer of work should cease.

**(Proposed by Liam Taylor, Gwent, on behalf of the Agenda Committee)**

**Part (i) Carried as a reference**

**Parts (ii)-(v) Carried**

## **Personal medical services/Section 17c**

- (\*499) 72. That conference calls on the GPC to:
- (i) accept 'ownership' of the problems PMS practices face with withdrawal and renegotiation of contracts which are currently under threat but which were originally commenced in good faith and often for very specific reasons
  - (ii) give as much support as possible to GPs and LMCs in the renegotiation of PMS contracts to prevent the destabilisation of primary care services throughout the country
  - (iii) undertake to revisit the concept of global sum and MPIG as they apply to practices who held PMS contracts at the time of inception of nGMS but may now be forced to accept nGMS contracts.

**(Proposed by C Browning, Suffolk)**

**Carried unanimously**

- (\*500) 73. That conference instructs the GPC to negotiate terms of transfer for PMS practices to GMS that include:
- (i) full protection of the practice's historical income
  - (ii) equitable access to enhanced services funding
  - (iii) equitable superannuation arrangements with GMS practices
  - (iv) equitable termination of contract arrangements with GMS practices.

**(Proposed by Martin Harris, Barnet on behalf of Kensington and Chelsea)**

**Carried**

## **Practice configuration**

- (\*507) 74. That conference:
- (i) urges the profession to consider seriously the threat to the future of general practice if salaried GPs are appointed rather than partners
  - (ii) notes the difficulties registrars currently have in finding partnerships
  - (iii) supports single-handed GPs in making plans for their succession by entering into partnership arrangements.

**(Proposed by Malcolm McKinnon, South Staffordshire, on behalf of the Agenda Committee)**

**Carried**

- (\*519) 75. That conference condemns any strategic direction for the NHS that is predicated on super surgeries.

**(Proposed by Ian Harper, Merton, Sutton and Wandsworth)**

**Carried unanimously**

- (\*522) 76. That conference strongly condemns the omission of practices from the consultation document 'Direction of travel for urgent care' and demands the recognition of GPs as being central to the development of urgent care both in and out-of-hours.

**(Proposed by R Cummings, Newcastle and North Tyneside)**

**Carried unanimously**

## **Pensions**

- (\*524) 77. That conference:
- (i) deplores the decision of government to renege on the new contract pension arrangements by capping the dynamising factors for the years 2003-2006
  - (ii) believes that the government in breaking the pension agreement, has destroyed the profession's trust
  - (iii) supports the GPC application for judicial review of the government imposed pension cap
  - (iv) expects the GPC/BMA to support individual GPs who may need to take individual action to recover lost pension should the government remain intransigent regarding pension capping.
- (Proposed by Eric Rose, Buckinghamshire, on behalf of the Agenda Committee)**  
**Parts (i)-(iii) Carried unanimously**  
**Part (iv) Carried with 2/3 majority**
- (\*549) 78. That conference believes that all GPs working under an APMS contract should have access to the NHS pensions scheme.  
**(Proposed by Mike Downes, Birmingham)**  
**Carried**

## **GP education and training**

- (\*550) 79. That conference, whilst pleased that GPs are becoming more involved with the education of doctors in training:
- (i) welcomes the increase in time spent in general practice during GP training to 18 months, but notes that payment for this activity to trainers is unacceptably low
  - (ii) insists that the Department of Health recognises the workload impact on practices of having doctors in training
  - (iii) instructs the GPC to fight for adequate resources for the proper training of GPs
  - (iv) instructs the GPC to lobby the Department of Health to guarantee that future increases are at or above percentage increases in the retail price index, are ring-fenced solely for GP education
  - (v) instructs the GPC to continue to ensure that out of hours work continues as a core part of GP training and should be funded appropriately.
- (Proposed by P Wikzynski, Northamptonshire, on behalf of the Agenda Committee)**  
**Carried**
- (\*570) 80. That conference demands that the government appreciates the crucial role of education in the recruitment and retention of doctors, and hence makes more determined attempts to ensure that continuing professional development has a central position in the agenda of PCOs.  
**(Proposed by Elliott Singer, Waltham Forest)**  
**Carried**

## MMC/MTAS

- (\*572) 81. That conference in respect of the appalling fiasco of the MTAS process:
- (i) believes that it is destroying training doctors' morale and their career prospects
  - (ii) believes that it is forcing many training doctors to consider moving abroad
  - (iii) believes that it is a threat to safe and effective patient care
  - (iv) demands that jobs are allocated by means of a professionally-led application and interview process
  - (v) has no confidence in the Secretary of State for Health's management of workforce planning.

**(Proposed by Stephen Linton, Hampshire, on behalf of the Agenda Committee)**

**Carried unanimously**

- (\*577) 82. That conference insists that there shall be no change to the definition of 'in-hours work' for GPs:
- (i) and insists that proposals for extending GP opening hours must be voluntary, accurately costed and fully resourced with new money
  - (ii) and believes extended opening hours contradicts the government obligation and commitment to promote a 'family friendly workplace'
  - (iii) and instructs the GPC to produce information for patients and government about the implications of extended opening hours.

**(Proposed by Andrew Green, East Yorkshire, on behalf of the Agenda Committee)**

**Carried**

## **PART II**

### **ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2007**

#### **ELECTION RESULTS**

**Chairman of Conference of LMCs** - Dr Fay Wilson,

**Deputy Chairman of Conference of LMCs** - Dr Mary Church

**Six members of GPC in alphabetical order:**

Brian Balmer

Laurence Buckman

John Canning

Andrew Dearden

Hamish Meldrum

Chaand Nagpaul

David Bell (elected by virtue of coming seventh and Hamish Meldrum being GPC chairman)

**Elected members to the Claire Wand Fund**

Lionel Kopelowitz

Charlotte Jones

Russell Walshaw

## PART III

### ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2007

#### MOTIONS NOT REACHED

Conference standing orders provide for LMCs to be informed of motions which have not been debated at conference, and invite proposers of such motions to submit to the GPC memoranda of evidence in support. Memoranda of evidence in support, **must be received by the end of September** for the GPC's consideration.

All motions in part II of the agenda were **not** reached, except for those shown in part I of this document.

#### Choose and Book

- (81) LIVERPOOL: That conference believes that one of the best things to happen for primary care has been the introduction of Choose and Book, both for patient autonomy and choice.
- (\*82) WAKEFIELD: That conference believes Choose and Book should be significantly reformed to provide an electronic booking service only.

#### Out-of-hours (OOH)

- (\*145) HARROW: That in respect of GP out-of-hours services, conference:
- (i) recognises and celebrates that GPs provide most out-of-hours and urgent primary care
  - (ii) agrees that GPs will always be needed for out-of-hours and urgent primary care
  - (iii) opposes any action by medical indemnity organisations to increase fees for doctors providing out-of-hours and urgent primary care
  - (iv) regrets the incompetent commissioning and resource management of PCOs
  - (v) deplores the use of NHS Direct as an out-of-hours triage and advice service.

#### DDRB and negotiations

- (\*209) DERBYSHIRE: That conference notes with dismay the political damage caused by publication of indiscriminately aggregated GP earnings data by accountancy organisations and:
- (i) recommends that GPs specifically instruct their individual practice accountants or their professional bodies or associations not to publicise GP practice financial data individually or in aggregate except to inform client practices where they stand relative to other GP practices
  - (ii) instructs GPC to prepare a model letter for practices to use in instructing their accountants not to engage in such activity
  - (iii) draws attention to the NHS IC comparative analysis paper concerning the AISMA data.

## **Scottish GPC**

- (213) SCOTTISH CONFERENCE OF LMCs: That conference believes that, as GPs are educated and responsible practitioners, the Scottish Executive should encourage all NHS boards to make CT and MRI scanning available to GPs, in order to cut waiting times for patients.

## **GPC Wales**

- (216) GWENT: That conference recognises the value of formative appraisal displayed by the system employed by the Welsh deanery and supports its proposals to pilot recertification and revalidation.

## **Other motions**

- (261) SURREY: That conference deplors suggestions that patients should be financially incentivised to co-operate with treatment.
- (262) NORTHERN IRELAND CONFERENCE OF LMCs: That conference rejects the provision of unproven so called alternative medical therapies within the NHS at a time when many trusts have financial problems and proven systems of care are grossly underfunded.
- (263) HERTFORDSHIRE: That conference believes that if, as the government maintains, GPs are solely motivated by money and greed, then conference should consider whether the hundreds of doctors in this hall, as unpaid representatives of their profession, fighting for the preservation of high quality general practice, really do represent their colleagues!
- (264) WIRRAL: That conference should abhor the reverse evolution of the GP clinician into the GP manager.

## **Quality and Outcomes Framework**

- (\*353) AGENDA COMMITTEE: That conference demands that changes to the QOF:
- (i) are evidenced based
  - (ii) are properly funded
  - (iii) reward established good practice.

## PART IV

### ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES JUNE 2007

#### REMAINDER OF THE AGENDA

##### Government health policy and the NHS

- (\*36) That conference calls upon the government and Department of Health to impose a moratorium on any further reorganisations for the next 10 years.  
**(Proposed by Andrew Mimmagh, Sefton, on behalf of the Agenda Committee)**  
**LOST**

##### Patient confidentiality and the National Care Record

- (\*47) That conference is gravely concerned with the implementation of the National Care Records Service (NCRS) and:  
(i) demands that there is an urgent public enquiry into the cost to the taxpayer to date and whether this is a cost effective use of public funds  
(ii) highlights that the uploading of medical records to the national spine is not part of essential or additional services and therefore should form a new directed enhanced service.  
**(Proposed by Gill Beck, Buckinghamshire, on behalf of the Agenda Committee)**  
**LOST**

##### Choose and Book

- (\*64) That conference believes that Choose and Book is currently unfit for purpose and should be suspended until such time as the system is efficient and effective.  
**(Proposed by Andrew Mimmagh, Sefton, on behalf of the Agenda Committee)**  
**LOST**

##### Referral management

- (\*85) That conference requires the GPC to challenge the legal opinion which denies the right of GPs to have referrals accepted by a named consultant.  
**(Proposed by David Dickson, South Staffordshire, on behalf of the Agenda Committee)**  
**LOST**

##### Cameron Fund

- (157) That conference, although supportive of the aims of the Cameron Fund recommends that the Fund in view of its high level of capitalisation and administrative expenses, should:  
(i) reconsider its remit  
(ii) streamline its administrative function and hence reduce administrative overheads  
(iii) stop actively seeking funds until its income and expenditure are in balance.  
**(Proposed by S Meech, Kent)**  
**LOST**

## **LMC conference**

- (158) That conference is concerned at the low attendance levels for some sections of the agenda in previous years and requires standing orders to be amended so that if the number of representatives present, in the sole opinion of the chairman of conference, falls below half those registered to attend then:
- (i) a warning shall be given in the areas surrounding conference and after 15 minutes a register of those present should be taken if the attendance has not, in the sole opinion of the chairman, reached one half the representatives registered to attend
  - (ii) expenses should not be paid to those who are absent.
- (Proposed by John Canning, Cleveland) WITHDRAWN**

## **DDRB and negotiations**

- (\*172) That conference, in view of the 2007/08 pay award believes that industrial action which does not disadvantage patients should be pursued.  
**(Proposed by Gill Beck, Buckinghamshire, on behalf of the Agenda Committee)**  
**LOST**
- (\*183) That conference recognises that this year's pay award is in reality a pay cut for GPs and a major threat to the continuity of British general practice, and:
- (i) censures the GPC for providing inadequate leadership to deal with it
  - (ii) requests the GPC to report into how this situation has developed, what it will do to rectify it and how such a situation might be prevented in the future.
- (Proposed by N Bradley, Wirral, on behalf of the Agenda Committee)**  
**Parts (i) and (ii) were LOST but the stem was CARRIED.**

## **General Practitioners Defence Fund (GPDF)**

- (\*218) AGENDA COMMITTEE: That conference, with regard to the payment of the voluntary levy:
- (i) believes that collection of the voluntary levy should be the responsibility of the GPDF
  - (ii) believes that the present system is undemocratic, does not allow for conscientious objectors and punishes the practices that pay
  - (iii) believes that the system should be changed to allow LMCs to pass on only the money they receive from practices who wish to contribute.
- (Proposed by John Doyle, Surrey, on behalf of the Agenda Committee) LOST**

## **General Practitioners Committee**

- (\*265) That conference:
- (i) believes there are serious concerns about the effectiveness of the GPC/BMA as a trade union
  - (ii) urges the GPC to provide effective leadership and give clear direction to the profession
  - (iii) insists that full time professional negotiators are employed for future interactions with government
  - (iv) feels it is now time that our frontline negotiating team involves new apprentices who can create a level playing field with the Department of Health.
- (Proposed by Kailash Chand, West Pennine, on behalf of the Agenda Committee)**  
**LOST**

- (\*272) That conference seeks to address the issue of past negotiators talking to the press about their previous role in negotiations by imposing a confidentiality clause that extends beyond the date of their contract.  
**(Proposed by Ravi Mene, Salford and Trafford) LOST**

### **Public relations**

- (\*286) That conference:  
(i) does not believe the GPC has defended GPs adequately against the recent adverse publicity  
(ii) recommends a sustained campaign of publicity about general practice to counteract false and exaggerate claims made in the media.  
**(Proposed by Stephen Amiel, Camden and Islington, on behalf of the Agenda Committee) LOST**

### **Alternative providers and private sector provision**

- (\*312) That conference believes that the BMA and GPC should actively oppose APMS.  
**(Proposed by Alan Thompson, Lewisham, on behalf of the Agenda Committee) LOST**

### **Quality and Outcomes Framework**

- (\*332) That conference believes that the GPC should address injustices in the QOF including the:  
(i) unfair discrimination against small practices and others who have good systems in place but happen to have no patients against which to measure a target  
(ii) distortion of clinical practice caused by focusing work on measurable targets rather than patient need.  
**(Proposed by Ashok Rayani, Morgannwg, on behalf of the Agenda Committee) LOST**

### **Essential, additional and enhanced services**

- (\*362) That conference demands that the GPC publishes a list of essential services comprising core GMS work.  
**(Proposed by Hector Spiteri, Redbridge) LOST**
- (381) That conference believes that with regard to local enhanced services:  
(i) they are an ill-conceived idea  
(ii) the effort of negotiating them is disproportionate to the income generated for practices  
(iii) they should be replaced by a more cost-effective mechanism for recognising the provision of a higher level of service in primary care  
(iv) any future developments should be aimed at pump-priming the transfer of work from secondary to primary care to support the development of PBC.  
**(Proposed by Diane Ackerley, Surrey) LOST**

## **Clinical and prescribing**

- (\*397) That conference, regarding general practice prescribing calls for a rigid national formulary.  
**(Proposed by Andrew Green, on behalf of the Agenda Committee) LOST**

## **Dispensing**

- (402) That conference is concerned about the dispensing quality scheme, and in particular that the training requirement for any new dispenser to have 1,000 hours of supervised dispensing is too rigorous, unnecessary, and likely in the longer term to threaten many small dispensing practices.  
**(Proposed by Tom Yerburch, Gloucestershire) LOST**

## **Medical certificates and reports**

- (412) That conference believes:  
(i) the decision by the DDRB not to set fees for collaborative services has not served the interests of patients or doctors  
(ii) fees for collaborative services ought to be set nationally and priced according to the average cost of providing locum cover for the time involved.  
**(Proposed by Andrew Green, East Yorkshire) LOST**

## **Funding for general practice**

- (\*436) That conference believes that the global sum and PMS baselines should be properly increased to account for inflationary uplifts in practice running costs and GP pay and unless this occurs there should be no further development of QOF or of enhanced services.  
**(Proposed by Alasdair Sneddon, Fife, on behalf of the Agenda Committee) LOST**
- (\*462) That conference believes that most of the available new money should be directed to areas of greatest need to rectify the current inequalities of resources.  
**(Proposed by Sean Young, Morgannwg) LOST**

## **Practice configuration**

- (\*507) That conference requires the GPC and the negotiators to preferentially promote and support the practice-based independent contractor model for general practice over other models.  
**(Proposed by Malcolm McKinnon, South Staffordshire on behalf of the Agenda Committee) LOST**

## **Pensions**

- (548) That conference demands that the legal agreement on pensions in the 2003 contract shall be honoured in full, and if it is not so honoured, that the GPC/BMA shall institute the necessary ballot to institute industrial action.  
**(Proposed by Ian Bye, Gloucestershire) MOVED TO NEXT BUSINESS**

### **GP education and training**

- (\*550) That conference, whilst pleased that GPs are becoming more involved with the education of doctors in training demands that the number of GP MMC training places be matched to any decrease in the availability of funding and the number of places in vocational training schemes.  
**(Proposed by P Wikzynski, Northamptonshire on behalf of the Agenda Committee)**  
**LOST**

### **Extended opening hours**

- (\*577) That conference insists that there shall be no change to the definition of 'in-hours work' for GPs:
- (i) but believes that provision of routine care outside core hours should be resourced through a national enhanced service
  - (ii) but believes that resources for routine care outside core hours should be partially or wholly provided by a fee charged to the patient
- (Proposed by Andrew Green, East Yorkshire on behalf of the Agenda Committee)**  
**LOST**