

MOTIONS FOR ANNUAL LMC CONFERENCE 2012

1. That this Conference in connection with new government proposals to grant workers taken ill whilst on leave compensatory extra time off work,
 - (i) Insists that such proposals shall not generate extra sickness certification burdens for doctors
 - (ii) Reminds both employers and employees that doctors can only certify those matters of which they have prima facie confirmatory MEDICAL evidence
 - (iii) Instructs the BMA, PFC and GPC to negotiate accordingly
2. That this Conference notes the current attempts by some deaneries, StHAs, PCTs and other NHS Authorities within the British Isles to introduce enhanced appraisal for General Practitioners by the backdoor and it
 - i. Insists that such attempts have no legal basis
 - ii. Insists that such attempts have no contractual basis
 - iii. Demands that the GMC publicly clarifies the matter
 - iv. Encourages appraisees to report all such attempts to their LMC, LNC, BMA division or regional council for action
 - v. Instructs BMA and its Branch of Practice Committees to negotiate accordingly
3. That this Conference instructs the BMA and Branch of Practice Committees not to agree the start of revalidation UNTIL remediation is available to all doctors on an equal basis.
4. That this Conference notes with concern the growing practice of certain Medical Defence Organisations to raise indemnity premia to unmanageable and uneconomic levels for those doctors who have had certain formal sanctions or investigations by regulatory authorities. The BMA is requested to take this matter up with a view to ensuring that only those who truly are a risk to patients are prevented from practising
5. That this Conference notes with grave concern the reported practice of Medical Defence Organisations collaborating in the maintenance of a "blacklist" of individuals they have agreed mutually not to indemnify.
6. That this Conference believes that 111 must not be rolled out any further until the full pilot studies are complete and meaningful consideration of the findings has taken place.
7. That this Conference has grave doubts as to the validity of the findings of the reports concerning the piloting of the 111 system.
8. That this Conference believes that 111 must not
 - i. operationally or financially de-stabilise in hours general practice
 - ii. operationally or financially de-stabilise existing out of hours general practice providers
 - iii. operationally or financially compromise the ability of incoming CCGs to make appropriate operational, financial, or clinical care pathway commissioning decisions
 - iv. become a means to deny patients access to appropriate healthcare professionals
9. That this Conference notes with alarm the rapid and accelerating shift of workload from secondary to primary care and reminds all concerned that
 - i. GPs are not peripatetic community house officers
 - ii. Any doctor who deems that a patient requires further investigation or treatment must formally make arrangements for such treatment or investigation, follow up the request themselves, follow up the results themselves and not rely upon remarks buried in a "flimsy discharge" in the expectation that the GP will pick up such work
 - iii. Unless a formal arrangement is made to shift resources with the workload, the PCO is effectively paying twice for the work, particularly in terms of opportunity costs in primary care.

10. That this Conference expresses its grave concern that midwives' reluctance to immunise pregnant women against influenza virus is not conducive to integrated care of this patient group and may put them at risk.
11. That this Conference expresses its grave concern that the increasing trend for Health Visitors to concentrate their efforts solely on the very hardest to reach families
 - i. Jeopardises the integrated care by Primary Health Care Team of large numbers of families with only slightly less pressing needs
 - ii. Puts at risk the maintenance and improvement of childhood immunisation uptake across the board.
12. That this Conference deplores the actions of those Clinical Commissioning Groups that have adopted voting mechanisms for their Board members that are other than one GP : one vote, and believes that many Salaried and Locum GPs, in particular, have been disadvantaged and denied a say in the organisation of healthcare in their area.
13. That this Conference expresses grave concern that the Chief Executive of the GMC has stated that the introduction of revalidation is not dependent on having an effective remediation system in place. It is essential that there is a clear process for remediation in place before the start of the revalidation of doctors.
14. That this Conference emphasises that opposition to the health bill by doctors is not related to opposition to proposals for pension reform.
15. That this Conference asserts that LMCs are the only bodies that truly represent the views of GPs as providers of Primary Care at local level and that CCGs, as commissioning bodies, cannot undertake this role.
16. That this Conference believes that the present Contract model
 - i. has given rise to a huge increase in salaried doctors in general practices
 - ii. is bad for the future of the profession, for patients and for the NHS
 - iii. needs to be renegotiated in a way that positively supports partner-based general practice
17. That this Conference believes
 - i. that a more appropriate model than the 'Carr-Hill' formula to distribute resources to general practice is required
 - ii. directs GPC to seek to negotiate a new distribution formula as soon as possible
18. That this conference believes that composite motions often
 - i. remove the intention of the original proposer
 - ii. dilute the strength of expression
 - iii. reduce democracy and
 - iv. should not be the normal way of expressing motions
19. That this conference believes that the difference in budget setting mechanisms between primary care prescribing and commissioning of secondary care via Payment by Results (PbR) is inexplicable, and that PbR should more reflect age rather than deprivation, bringing it in line with prescribing formulae.
20. That this conference believes that the double cost of patients transferred to a community hospital from a foundation trust, incurring a second payment, has the potential to cause the closure of many community hospitals. To stop this happening, there must be a way of splitting the tariff between the organisations providing care in a single episode of illness.

21. This conference is concerned about Practices liability for emails sent to them containing urgent information about individual patients and requests GPC to formulate guidance on the matter.

LATE MOTION

That conference notes that many GPs are employed by SERCO and that the BMA has recently contracted out the management of "Ask BMA" to SERCO, resulting in conflicts of interest, and demands that all BMA members must have equal access to all services provided by the BMA.