

## Motions for LMC conference - 2014

To be sent with a note stating that if the Agenda committee thinks fit the motion may be transferred to any other branch of practice agenda committee or to the Annual Representative Meeting

1. That this Conference in the context of austerity rejects the intellectually idle assertions of the ilk that *“we are all in this together”* or *“we have to work smarter”* or *“it is in the patients best interests”* as forms of emotional blackmail to induce GPs to undertake un-resourced work, bearing the expenses of such work from their take home pay, and requires GPC to take actions to educate accordingly.
2. That this Conference demands the full reinstatement and functioning of at least the GP expenses determination functions of the DDRB and requires both the GPC and the BMA to take action as a matter of urgency.
3. That this Conference demands that all legitimate professional expenses incurred by General Practitioners in NHS service delivery be reimbursed in their totality.
4. That this Conference requires GPC to promulgate the concept that other organisations’ operational, organisational, financial or budgetary problems in delivery of patient services do not, as the default position, become the problems of General Practitioners.
5. That this Conference reminds all concerned that General Practitioners are family physicians and not Universal Practitioners!
6. That this conference recognises the inadequacy and variability of financial, legal, medico-legal and business organisational training in the GP training curriculum and calls upon GPC to pressurise the relevant educational authorities to ensure that by the time of a grant of a CCT a newly qualified GP is adequately prepared to keep themselves out of trouble in these matters.
7. That this Conference is appalled at the variation in financial, legal, medico-legal and business organisational education in GP training and calls upon GPC to pressurise the relevant educational authorities to ensure that by the time of grant of a CCT a GP trainee can at least keep themselves out of trouble in these matters.
8. That this Conference demands an urgent revision to the 2013 Premises Costs Directions to address, *inter alia*, the issues of Trade waste, Stamp Duty Land Tax, Rent review processes and premises valuations and requests GPC to act accordingly.

9. That this Conference demands that CQC obtains a sense of perspective and proportion in its dealings with General Practice and ceases its mindless officious box ticking approach, and requests GPC to act accordingly.
10. That this Conference demands that CQC assessments of general practice must be undertaken by those with direct first hand current operational experience of general practice and requests GPC to act accordingly.
11. That this Conference demands the abolition of the CQC as a wasteful duplication of the regulation of General practice.
12. This Conference demands an end to the practice within the appraisal system that requires a GP to undertake on an annual basis a series of courses in particular subjects. Such a policy is incompatible with lifelong self directed learning.
13. That this Conference believes that the annual training demands concerning safeguarding, information governance and other matters are disproportionate and are detracting from patient service delivery and mandates GPC to negotiate a more sensible position on such matters.
14. That this Conference insists that, in respect of Out of Hours providers and their CQC inspections, if a sessional GP has been appraised and revalidated within their daytime practice environment then it is unnecessary to repeat the process for the Out of Hours service.
15. That this Conference advises the government that in the absence of a fair and adequate practice premises policy, shift of care from secondary to primary care will fail.
16. That this Conference reminds the government that the continued overt and covert assault on general practice and neglect of its finances is a serious threat to the survival of the NHS particularly in the light of demographic change within the profession and society as a whole.
17. That this Conference insists that the GPC initiates a campaign against unresourced, uncontracted workload dumping on GPs and to this end develops an educational package for GPs to identify such activity and provides a toolkit to counter such activity.
18. That this Conference castigates the government and its agencies for their tardiness in producing the relevant contractual information, relating to changes introduced on 1<sup>st</sup> April 2014, to enable practices to plan their finances during this period of financial stringency.
19. That this Conference notes that the government(s) are acting incompetently over the question of both dispensing and MPIG reform and in combination this is seriously threatening the viability of a number of rural practices.

20. That this Conference:
- (i) believes that the principle of an NHS that is universal, comprehensive, free at the point of access and funded from general taxation is no longer sustainable in the current political and economic environment
  - (ii) urges the UK governments to design and implement systems of co-payments for all NHS services as a matter of urgency
  - (iii) urges the UK governments to limit the demands upon the NHS by defining, nation by nation, those types of service that can and cannot be accessed on the NHS.
21. That this Conference requests GPC to negotiate an enhancement to Global Sum payments to cover the cost to practices of contacting patients who (a) attain the age of 16 to explain to them their rights in respect of data sharing schemes such as the Summary Care Record, the Spine and care.data, (b) attain the age of 75 to inform them of their named doctor.
22. That this Conference demands that resources be made available up front when the Department of Health, NHS England or other agencies sends to practices electronically information that needs to be produced as hard copy for patients.
23. That this Conference warns the government that the ever increasing problem of access to General Practice is being exacerbated by the ever increasing misuse of the Data Protection Act by commercial organisations, such as insurance companies and solicitors, to acquire at minimal cost information that they need to progress their business objectives.
24. That this Conference demands that resources be made available upfront to enable practices to upgrade their refrigeration capacity when appropriate each time a new national immunisation program is implemented.
25. That this Conference demands that the violent patient scheme regulations be updated to ensure that patients who are assessed as being at high risk of acting violently in a health care setting can be cared for in secure primary care environments without having to wait until they have actually been violent in a primary care setting.
26. That this Conference:-
- (i) Insists that the constitution of and operating procedures of Performers List Decision Panels and Professional Advisory Groups to be set up by NHS England must conform with the principles of natural justice and

- (ii) urges the directors of General Practitioners Defence Fund to consider, whenever appropriate, mounting of a judicial review if the principles in part (i) are breached at any time.
27. That this Conference requests that all drugs started in secondary care should initially be prescribed in secondary care and that in this regard:-
- (i) the responsibility for considering advising on contraindications, side effects and interacting residues with the initiating clinician
  - (ii) the responsibility for patient counselling residues with the initiating clinician
  - (iii) the responsibility for baseline investigations residues with the initiating clinician
  - (iv) the responsibility to provide management plans when starting new medication residues with the initiating clinician
  - (v) the responsibility for on-going monitoring, eg, blood test or ECGs, residues with the initiating clinician until agreed and accepted by the patient's primary care clinician.
28. That this Conference:-
- (i) Recognises that e-cigarettes may be extremely useful in helping smokers to quit
  - (ii) Calls upon interested GPs, and others, to collect data on the use of e-cigarettes among their patients and on outcomes
  - (iii) Calls upon GPC to negotiate the inclusion of code XaaNL "user of electronic cigarettes" in the QOF, to facilitate the collection of data
  - (iv) Calls upon the UK governments to introduce legislation to ensure that e-cigarettes are marketed as quit-smoking aids and not as entry portals to nicotine addition.
29. That this Conference calls for ambulance services to be required to report on missed target times in terms of total times by which targets have been missed as well as by percentage of calls where targets have been missed.
30. That this conference recognises the importance of the huge public health gains from the fall in teenage pregnancies in the last few years and:-
- (i) that one of the principal drivers has been the increased use of LARCs
  - (ii) that the QOF has probably had an important role in fostering this change in practice
  - (iii) that con003 should continue in the QOF and, if necessary, at the loss of con002.