

1. That conference demands that in view of the current critical workforce crisis and extended working days the following measures be enacted immediately:
 - (i) TWO yearly appraisal system with no more than three appraisals in a six year period plus an RO recommendation = revalidation
 - (ii) CQC be abolished
 - (iii) the current extended hours DES be abolished and the money returned to the global sum or the PMS baseline and that any replacement scheme be funded from entirely new money
2. That conference urges NHS England:
 - (i) to undertake any research necessary to determine why so many GPs are leaving the profession in their 50s or early 60s
 - (ii) to liaise with all appropriate agencies, including government departments and the GMC, to develop schemes to stem the exodus of this highly skilled and experienced workforce.
3. That conference demands that any new contract for GP services to the public be comprehensive and simple so that practices do not have to spend time making multiple claims for payments from multiple funders.
4. That conference reminds the government that over the years GPs have, given the right tools and incentives, always been willing to innovate and change but that change and innovation requires resource, investment, time and, a clear long term strategy free of micro management.
5. That conference asserts that the emotional blackmail of general practitioners by politicians, the NHS, journalists and opinion formers, to obtain NHS services from GPs without proper reward or reimbursement of expenses incurred, using the arguments that "patients will suffer / what about your dedication and vocation?" are those of the morally and intellectually bankrupt in the context of a wealthy nation such as the United Kingdom.
6. That conference instructs GPC to produce a series of brief educational leaflets describing the obligations and limits of General Practitioners working the NHS aimed at
 - (i) NHS managers
 - (ii) Social Services
 - (iii) Hospital doctors
 - (iv) MPs
 - (v) others
7. That conference warns the English electorate that the actions of the Government show that:
 - i) it does not understand the effect that current health policy is having on GPs
 - ii) it does not understand that investment in General Practice is the most effective use of NHS money
 - iii) it does not understand that 7/7 8-8 is not the best use of NHS resource and will cause General Practice to become unsustainable.
 - iv) it does not understand that transformation takes time
 - v) it does not understand that pilots need evaluation before national roll out of a scheme
8. That conference does NOT believe that the NHS is safe in this government's hands and warns the general public that their GP service faces extinction within 5 years unless radical changes acceptable to the profession are made.
9. That conference asserts that confidence in the current GP system can be improved by the Treasury agreeing to underwrite the "last person standing" scenario in a practice, subject to suitable safeguards.

10. That conference now warns the public that, in the absence of both a categorical denial and positive remedial action from the government, it appears that the government is hell bent on ending the NHS GP service by means of attrition through policies which have the effect of working GPs to the point of ill health, resignation from the service or bankruptcy caused by financially starving out GP practices.
11. That conference reiterates that medicine is not a free good and provision of medical services must be through just and equitable contracts that reward skill, effort, risk and responsibility.
12. That conference, noting the nature of the practice of medicine in the United Kingdom, where the government controls medical school output, controls post graduate education, controls commissioning of care and where de facto the NHS is ultimately the monopoly employer; demands there MUST be a just and equitable doctors' pay review mechanism the output of which is beyond criticism by either the profession or the government on behalf of the taxpayer.
13. That conference notes the direction of travel in 'Vanguard Sites' and calls for the abandonment of the purchaser/provider split in state funded healthcare in England
14. That conference reasserts its commitment to a national health service that is universal, comprehensive, funded from general taxation, free at the point of contact and based on the needs of the individual and calls upon the electorate to make it clear to politicians whether it supports such an ideal.
15. That conference instructs the GPC to revise and review its scheme of sanctions ready to be enacted in the absence of negotiated contractual funding and policy revisions for general practice which are acceptable to the profession.
16. That conference:
 - i) demands that, if the Care Quality Commission (CQC) is to continue inspecting general practice, any increases to its fees to the sector should not exceed 1% per annum for as long as public sector pay restraint continues at this level
 - ii) demands that the government produces an impact assessment of the transaction costs of cycling money from the Treasury through the Department of Health, NHS commissioners and NHS providers to the CQC as compared to direct funding of the CQC by the Treasury
17. That conference recognises that other safety critical industries budget for their qualified workforce to spend around 25% of their paid time in training but the NHS does not and demands that this situation be remedied.
18. That conference reminds the Chancellor of the Exchequer that the planning of transformational change requires resources over and above those needed to run either the current system or the future system
19. That conference demands that health and social care services in the community are given the resources needed to do the job that the public needs
20. That conference notes with alarm the unprecedented crisis in general practice workforce and workload and
 - i) urges the government to make it clear to the English electorate what services can be provided by general practice under these circumstances, and in what timescales
 - ii) urges the government to make it clear to the English electorate the difference between what general practice could deliver in an ideal world and what it can deliver in the real world
 - iii) warns the government that the current burden of over-regulation and reporting requirements takes up so much of the limited time available to General Practitioners and their staff that patients may not be receiving the clinical care they deserve
21. That conference calls for the urgent incorporation of contingency planning for large numbers of patients being left without general practice services at very short notice into all NHS Emergency Preparedness and Resilience planning
22. That conference demands that
 - i) routine inspections of general practice by the Care Quality Commission (CQC) should be abandoned, at

least until the general practice workforce crisis has been resolved to the satisfaction of the profession

ii) unannounced inspection of general practices by CQC should not be triggered by otherwise un-investigated complaints about the clinical practice of individual clinicians

23. That conference has no confidence in the ability or desire of NHS Property Services or Community Health Partnerships to ensure that every patient will eventually have access to appropriate, fit-for-purpose health care properties for all aspects of their healthcare that cannot be delivered at home
24. That conference reminds the government of the mathematical certainty that an extension of the breadth and depth of general practice services at weekends will mean a diminution on weekdays unless the number of appropriate primary care clinicians is increased by 40%
25. That conference calls upon the government to extend the legislation requiring employers to release pregnant employees for ante-natal care appointments to employees who require routine appointments for the monitoring of other conditions
26. That conference requests our profession to come together to agree a fair and reasonable cap on GP locum fees.
27. That conference instructs GPC to include in any new contract negotiations a right for any qualified GP to work for the NHS in England on a nationally agreed salaried contract held by NHS England or any single not-for-profit successor body.
28. That conference:
 - i) asserts that the 2004 GP contract is no longer fit for purpose
 - ii) instructs GPC to initiate negotiations with NHS England regarding a new contract based on principles acceptable to the profession
29. That conference support the move by Stephen Dorrell, Norman Lamb and Alan Milburn to set up a cross party commission to review the future of the NHS and social care in England.
30. That conference calls for:
 - (i) a rationalisation and reduction of the multiple jeopardies faced by GPs and practices
 - (ii) the abolition of the power of the Health Ombudsman to require a practice to pay financial compensation when a finding of clinical error has been made.
31. That conference calls for the statutory introduction of 'Pharmacy First', or similar, schemes across the United Kingdom to cover all products with an Over The Counter licence and for paragraph 39 of schedule 6 of the National Health Service (General Medical Services) regulations 2004 and corresponding paragraph in the PMS, APMS and Scottish, Welsh and Northern Irish regulations to be amended accordingly.
32. That conference:
 - (i) fully supports the Junior Doctors in their demand for a contract that is safe for both patients and doctors.
 - (ii) deplores the government's handling of its dispute with the Junior Doctors.
33. That conference is very concerned that, in this electronic age, failures of timely communication between secondary care and primary care remain commonplace and
 - (i) asserts that this is a patient safety issue, especially when prescribing issues are involved.
 - (ii) reminds GPC and other branches of practice committees of motion 73 of the annual conference of LMC's 2014.
 - (iii) asserts that improved communication will save the time of patients, general practice and hospital clinical and their support staff.
34. That conference calls for a national standard to be set to require ambulance services to regard as targets the timeframe requested by GPs who have assessed patients needing unplanned admission to hospital.
35. That conference asserts that the 2015/16 GMS contract changes in England barely scratch the surface of the changes that are required to save general practice.

36. That conference requires the GPC Executive, in seeking the introduction of a rescue package or packages for general practice in the United Kingdom to:
- (i) demonstrate to the profession how it has gathered and responded to the opinions of “grassroots” GPs
 - (ii) be open and transparent at all stages to the public and the professional about the progress being made, even if this means relaxation or abandonment of “principled negotiation”.
 - (iii) be resolute in putting to the profession all outcomes achieved or not achieved at the end of the six month period following the 2016 Special Conference of LMCs.