Version 3

Derby & Derbyshire LMC

Proposed motions for LMC Conference 2017

Categories for Motions

- Clinical (Prescribing, dispensing and pharmacy)
- Commissioning/ Primary-secondary care interface
- Contracts and regulation
- Education, training and workforce
- GP Forward View / Urgent Prescription for general practice
- GP trainees and sessional GPs
- GPC/ GPDF/ Conference (including reforms)
- Nation Specific (England, Northern Ireland, Scotland, Wales)
- Other
- Premises development
- Provider development/ Working at scale

Proposed Motions

Clinical (prescribing, dispensing and pharmacy)

No motions

Commissioning/ Primary-Secondary care interface

That conference is gravely concerned that the spirit of the cooperation envisioned in Sustainability and Transformation Plans seemed to evaporate when CCGs tried to negotiate the 2017/18 contracts with Acute and Community Trusts.

That conference asserts that many Sustainability and Transformation Plans are unsustainable and unachievable especially in relation to:

I. The potential inability to recruit and train the planned numbers of GPs and other professionals into primary care
II. The potential inability to release funding from secondary care to enable transformation to occur within primary care.

That conference celebrates the hard work and professionalism of colleagues working in Emergency Medicine and roundly condemns and totally refutes any suggestion that the capacity problems in hospital emergency departments are the results of acts errors or omissions by GPs.

That conference instructs Council to sort out and modernize the "Collaborative Fees" structure in respect of work done by doctors on behalf of local authorities.

That conference:

I. Notes with grave concern the deteriorating ambulance service response times for "GP urgents"
II. Deplores attempts to massage ambulance response times by telephoning the GP just before the target is breached to ask for extra time (thus avoiding target failure)
III. Resents the "third degree" to which health care professionals are subjected when ordering an urgent ambulance and insists that the government implements the "Health professionals" protocol which exists in the system
IV. Demands that GPs representatives are meaningfully consulted and involved in forthcoming system redesign.

Contracts and regulation

That conference:

Version 3

I. Welcomes the element of uplift to the global sum in the 2017-18 contract changes which is badged to account for increases in medical indemnity fees.
II. Welcomes the implication that NHS England recognises that the medical indemnity fees are one of the major drivers of the General Practice workforce crisis
III. Asserts that the mechanism whereby hugely variable medical indemnity fee increases are reimbursed to practices by a way of a global sum increase is inherently inequitable.

That conference calls upon the Medical Defence Organisations to be more transparent in how they perceive the level of risk in General Practice and Primary Care to be changing and how this translates into the setting of individual GPs subscription levels.

That conference calls upon the GPC to determine what amount in the GMS Global Sum represents the expense of practices of paying the LMC Levy.

That conference requires the GPC England Executive to engage with NHS England to devise a simple model and mechanism for:

I. General practice or groups of General Practices to declare when demand exceeds capacity
II. Setting out how the NHS and social care services should respond when General Practice of groups of General Practice declare that demand exceeds capacity.

That conference notes the regular declarations of "Black Alert" by hospitals when they are full and can accept no more patients and demands that a similar system of alerting exist for General Practice and conference instructs BMA Council and the GPC to initiate such a system with or without government cooperation.

That conference calls upon the GPC Executives and the Department of Health to implement a campaign to inform organisations and the public about what is appropriate to request from GPs in the light of the current workforce crisis.

That conference:

I. condemns the shoddy arrangements made by the government to outsource back office functions of the NHS to private contractors for the provision of services such as the administration of GP provider and performer lists, the transfer of GP patient records, the administration of sessional doctor pension payments and GP trainee HR functions
II. instructs the BMA and the GPC to pursue both the government and the contractors for full recompense for the financial losses or extra work incurred by doctors as the result of such defective or inadequate arrangements
III. demands that the government in future NHS outsourcing projects not only takes into account the past track record of bidders but also invite stakeholders onto the selection panel.

That conference congratulates the GPC England Executive on achieving various positive changes in the 2017/18 GMS contract changes but agrees with the chairman of GPC England that changes to the contract alone will not solve the crisis facing General Practice.

That conference calls upon the CQC to stand by its previous announcement that practices currently rated good or outstanding will be subject to a much less intensive and burdensome inspection regime going forward.

That conference urges the NHS in the four UK countries to work with their GPCs to develop methodologies to identify funding gaps in Primary Care at practice, locality, regional and national levels.

That conference in the light of recently proposed amendments to the Ogden Rules in respect of personal injury awards coupled with rapidly increasing medical indemnity costs; this conference directs GPC to instruct BMA Council to:

I. Review the BMA policy on no fault compensation
II. Seek public support and education to encourage the government to amend the law to allow for annual payments for care to the injured rather than lump sums in such cases
III. Demand direct linkage of reimbursement to the profession by the government for the costs of medical indemnity premiums

IV. Remind both the public and the government that the rising propensity for litigation transfers NHS resource away from caring for patients

That conference instructs the GPC to instruct the BMA Council to resist all attempts to create a single regulator for the health professions.

That conference insists that when a doctor's livelihood and/or reputation are on the line before the medical professional regulatory body then the doctor should be judged by a majority consisting of his/her medical peers and instructs BMA Council to act and negotiate accordingly.

That conference demands that sexual health and family planning services in England are brought back from the local authority control to the National Health Service.

That conference notes that the current system of medical report procurement for drivers applying for a vocational ("HGV/PSV") licence is riddled with holes, because the applicant with something to hide can see ANY doctor for the report and thus conceal adverse factors and consequently another Glasgow bin lorry accident is not a case of if, but when. BMA Council is instructed to lobby the Department for Transport accordingly.

That this conference:

I. notes for example the increase in NHS Tariff prices for 2017-2018 in respect of patient attendance at A&E ranging from 7% to 41% according to episode
II. is unable to comprehend how General Practice is expected for the 7th consecutive year to manage with only a 1% growth in resource despite a 40% growth in workload
III. insists that the GPC and BMA repeatedly highlight the fact that all General Practice services, premises and staff are provided annually for less than £3 per week per person

That this conference insists that a registrable medical degree plus a CCT in General Practice and ongoing postgraduate education equips GPs to do what GPs do and,

I. Rejects local stipulation and interpretation by NHS managers and Responsible Officers of that which is necessary for GPs to continue practicing, successfully complete appraisal or, achieve recommendation for quinquennial revalidation
II. Rejects attempts by managers to inappropriately require GPs to repeatedly prove basic competencies and knowledge by applying criteria and tests more suited to technicians undertaking technical tasks who do not need to possess the underpinning medical patho-physiological understanding to perform their duties
III. Rejects all attempts to impose multiple diplomatosis
IV. Requires the GPC and BMA to negotiate accordingly

That conference demands that in light of the 9% rise in national insurance for the self-employed that the GPC insist that there is a commensurate rise in GP income, on top of any rise in the global sum.

That conference demands that the individuals, both commissioners and providers, who have been ultimately responsible for the shambles that has been the PCSE procurement be identified and held publicly to account.

That conference urges the ARM of the BMA to show solidarity with GP colleagues and to adopt the LMC Conference policy that the GPs should be allowed to charge their own patients for work that is not commissioned by the NHS in their locality.

That Conference asserts that, following the Chancellor's budget announcement of additional funding to place GPs in A&E departments:

I. this fails to recognise the immediate crisis in general practice.
II. with a diminishing GP workforce this is a misguided use of funding
III. this funding should be directed to supporting the GP workforce in practices

Version 3

Education, training and workforce

No motions

GP Forward View/ Urgent prescription for General Practice

That conference is dismayed at the timing surrounding the implementation of the GP Forward View, noting that nothing happened for many months after the publication of the documents and then CCGs were issued with very detailed guidance on a return to NHS England that, they were required to make within a two week timescale.

That conference regrets the non-recurrent nature of several of the funding streams in the GPFV, given that they are designed to plug workforce gaps, not to generate extra income.

GP trainees and sessional GPs

No motions

GPC/ GPDF/ Conference (including reforms)

That conference:

- Perceives that the GPC England Executive is less representative of, and accountable to grass roots GPs than was the old GPC UK negotiating Team.
- Calls for an urgent review of the effect of the implementation of the Meldrum Review.

That conference instructs GPC England Executive to produce a SWOT analysis of changing to an entirely salaried general practice service.

That conference demands that GPC England Executive attempts to engage with NHS England to identify those areas of work that GPs are incentivised to do that have no or poor evidence bases and to explain to the public that they will no longer be provided as NHS Services.

That conference calls for a change to Standing Order number 5 of this conference such that LMCs are represented according to the number of patients in their area rather than the number of GPs they represent (NOTE TO AGENDA COMMITTEE - under the current system areas with the greatest recruitment difficulties may be under-represented at conference. We recognise that special arrangements may be required for remote and rural areas, such as the Highlands and Islands.)

Information management and technology

That conference reiterates that the introduction of new systems requires investment and that potential savings cannot be obtained until the new systems are embedded and the old system can be safely withdrawn.

That conference notes that the move to a paperless NHS is far from complete and is, in the interim, increasing the amount of paper in the system, leading to an urgent need for a national solution to an increasing record storage problem.

That conference demands that NHS England urgently makes accountable to both primary and secondary care new money to fund adequate resources, both people and technology, to facilitate appropriate clinician to clinician communication between the two sectors.

Nation Specific (England, Northern Ireland, Scotland, Wales)

That conference calls upon the English Department of Health to align its inspection regime of General Practice with that currently employed in Wales.

Other:

That conference exhorts the Department of Health to instigate a national debate on:

I. What the public want from General Practice
II. What patients with diagnosed health problems want from General Practice

That conference welcomes the introduction of practice reimbursement of CQC fees but suggests that significant savings in transaction costs could be achieved if the money was passed directly from the Treasury to the CQC, rather than having to be transferred through multiple layers of administration.

Premises development

This conference notes that the single shareholder of NHS Property Services (NHSPS) is the Secretary of State for Health in England and that NHSPS and agencies acting in its name are:

I. Seriously threatening the financial viability of many NHS GP practices.
II. Causing massive psychological distress and managerial work for GP partners diverting them away from caring for the sick.
III. Behaving very badly as landlords in a manner unbecoming of either a publicly quoted company, or as one of Her Majesty's Secretaries of State.

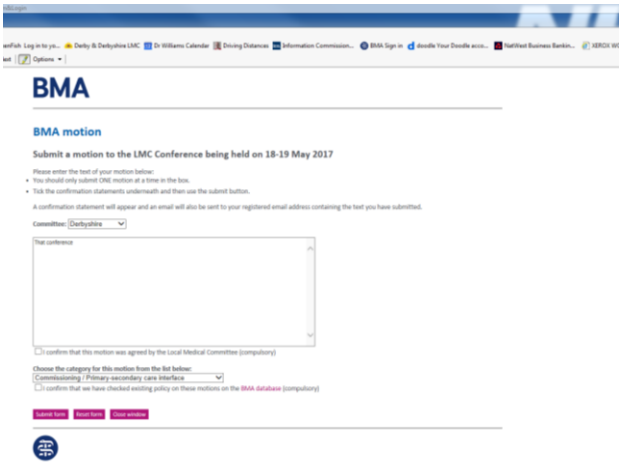
Provider development/ Working at scale

No motions

Annual Representatives Meeting

Version 3

There is no option to add for the Annual Representatives Meeting:



For the ARM:

That conference urges the ARM of the BMA to show solidarity with GP colleagues and to adopt the LMC Conference policy that the GPs should be allowed to charge their own patients for work that is not commissioned by the NHS in their locality.

That meeting and BMA Council seeks authoritative legal opinion on the question of whether the BMA can suggest a fee for Non-NHS medical work which can ONLY be performed by the patients' own GP.

That meeting in the light of recently proposed amendments to the Ogden Rules in respect of personal injury awards coupled with rapidly increasing medical indemnity costs; this meeting directs Council to:

I. Review the BMA policy on no fault compensation
II. Seek public support and education to encourage the government to amend the law to allow for annual payments for care to the injured rather than lump sums in such cases
III. Demand direct linkage of reimbursement to the profession by the government of the costs of medical indemnity premia
IV. Remind both the public and the government that the rising propensity for litigation transfers NHS resource away from caring for patients.