Conference News

Conference of Representatives of Local Medical Committees
18 - 19 May 2017

Part I: Resolutions
Part II: Election results
Part III: Remainder of the agenda

PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2017

RESOLUTIONS

Core Funding and the formula

(6) That conference believed that core GP funding continues to be under resources and the current formula is not fit for purpose on the grounds that it does not adequately reflect that exponential increase in demand and activity in core primary care.
(Proposed by Kent LMC)
Carried

Occupational Health

(7) That conference:
(i) condemns the woeful provision of occupational health services for GPs
(ii) demands a comprehensive funded occupational health service for all GPs on a performers list
(iii) demands a comprehensive funded occupational health service for all GP practice staff.
(Proposed by The Sessional GP Subcommittee of the GPC)
Carried unanimously

Indemnity

(8) That conference is becoming increasingly concerned with a trend of GPs being refused the renewal of their indemnity cover by the medical defence organisations leading to a worsening of the GP workforce crisis. We implore the GPC to:
(i) negotiate with the MDOs to change the rules that they do not have to give reasons for refusals to the GP
(ii) request that an appeals process is put in place to allow a right of reply for the individual GPs involved
(iii) call upon the government to make alternative arrangements possible when the usual firms will not or cannot supply indemnity or provide an overreaching indemnity cover in the form of a 'national indemnity scheme'.
(Proposed by Nottinghamshire LMC)
Parts (i) and (ii) carried
Part (iii) Carried unanimously

(9) That conference, regarding medical indemnity for GPs:

(i) welcomes the contribution towards rising costs recently in England

(ii) believes that the contractual uplift to **some** practices in England has been insufficient to cover the actual rise in indemnity costs

(iii) believes that direct reimbursement of direct costs would be preferable to reimbursement via practices based on list size

(iv) insists on the negotiation of full reimbursement of all indemnity costs.

(v) demands that any future reimbursement schemes are extended to include all 4 nations and non-GMS general practice work.

(Proposed by Cleveland LMC)
Parts (i), (ii), (iii) and (v) carried
Part (iv) carried unanimously

Regulation

(10) That conference is concerned about the complexities of the complaints and regulatory systems faced by GPs and asks the GPC to investigate that impact on the GPs affected and negotiate simplification of the current processes.
(Proposed by Kent LMC)
Carried unanimously

(11) That conference requests threat GPC advises on a realistic action plan to:

(i) provide appropriate value for money mechanisms to give practices constructive feedback

(ii) stop inappropriate anonymous feedback systems which allows for trolling and cyber bulling

(iii) ensure feedback and research reports are promulgated appropriately and used to enhance services.

(Proposed by Lincolnshire LMC)
Carried

Sessional GPs

(12) That conference believes GPs are being lost from the workforce unnecessarily, because there is no systematic approach to keeping in touch with freelance GPs and supporting them and tasks GPC with ensuring that government funds, and supports the setting up of national and local solutions.
(Proposed by Suffolk LMC)
Carried

Pensions

(13) That conference instructs GPC to enter into urgent discussions on NHS pensions to ensure that:

(i) the paperwork for locum GPs is simplified on to a single form

(ii) disincentives to GPs to remain in the scheme are removed

(iii) ll GPs providing NHS services are allowed to be part of NHS pensions schemes

(iv) all GPs may choose to superannuate less than 100% of their NHS earnings

(Proposed by Agenda Committee to be propose by Somerset LMC)
Parts (i), (ii) and (iv) carried
Part (iii) carried unanimously

Forms and Fees

(18) That conference, in relation to non-contractual letters and reports:

(i) believes the workload associated with reports requested by the DWP is disproportionate to the fee received, and demands that this be urgently reviewed

(ii) demands that collaborative arrangements are honoured

(iii) demands a review of the reimbursement associated with the copying of records to reflect the true cost

(iv) asks the GPC to publish advice for GPs on the potential medico-legal dangers of 'fit to participate in…' forms

(v) requires that the public be clearly informed regarding documentation that is not part of the GP contract.

(Proposed by Mid Mersey)
Carried

Other motions (1)

(19) That conference notes with alarm the 2016 revisions to recertifying letters of competence in IUCD fitting and SDI fitting and removal and

(i) believes these changes will have a dramatic effect on doctors able to continue offering this service

(ii) believes that the changes discriminate against locum and freelance GPs

(iii) believes that this will have a detrimental effect on female patient choice and access to LARC provision

(i) calls upon GPCUK urgently to meet with colleagues from the faculty of reproductive and sexual health certification unit to address this.

(Proposed by Hertfordshire LMC)
Carried

(20) That conference requests the criteria for categorisation as a 'violent patient' be expanded to include unacceptable behaviour outside the practice.
(proposed by Devon)
Carried unanimously

(21) That conference insists that as independent contractors, GPs should be permitted to provide and directly charge their registered patients for treatment not available on the NHS.
(Proposed by City and Hackney)
Carried

Interface with A&E

(22) That conference:

(i) celebrates the hard work and professionalism of colleagues working in emergency medicine

(ii) understands that hospitals are under a great deal of pressure at this time

(iii) demands that the government withdraws its assertion that the overcrowding of A&E departments is due to general practice

(iv) does not support the move to redirect A&E patients to general practice.

(Proposed by Norfolk and Waveney LMC)
Parts (i), (ii), (iii) and (iv) carried

Primary Secondary Interface – Transfer of Work

(23) That conference directs the GPC to seek a clear definition of the clinical work being transferred from secondary care into the community and:

(i) formally classify this as intermediate care
(ii) ensure that GPs are properly remunerated for performing this new clinical role
(iii) must robustly resist any further demand on general practice without guaranteed transparent funding
(iv) insists that prior to any shift of service from secondary to primary care, the appropriate community services are put in place to manage the increase in workload
(v) support practices to reject work which is not appropriately commissioned or suitably funded.

(Proposed by Devon LMC)
Parts (i), (iii) and (iv) carried
Part (ii) and (v) carried unanimously

Primary Care Support England (Capita)

(24) That conference believes Capita's management of Primary Care Service England has been shambolic and:

(i) demands that GPs are compensated appropriately for any financial losses and extra work done by primary care, due to its incompetency
(ii) demands that NHSE take urgent action to resolve any outstanding payment issues relating to LMCs
(iii) is dismayed by the inability of PCSE to produce an accurate performers list
(iv) believes the public needs to be fully informed about the financial damage to the tax payer and the risk to the medical profession [and that the head of NHS England be held accountable for the continued failure of the commissioned service].

(Proposed by Leeds)
Parts (i), (ii), (iii) and (iv) carried
Rider carried

Premises

(25) That this conference believes that our national negotiators must urgently address the significant threats many practices currently face in relation to their premises, including:

(i) the issues of 'last person standing'
(ii) lack of investment
(iii) unfair service charges
(iv) unfair rent reviews
(v) coercion of practices in national health service property services buildings into signing unfavourable leases.

(Proposed by Lothian)
Carried unanimously

GP Trainees and Training

(27) That conference, in respect of under and post-graduate medical training and recruitment in general practice:

(i) requires greater investment in medical school placements in general practice
(ii) insists that all foundation programmes starting within the next 12 months must include a dedicated general practice placement
(iii) insists that all GP training schemes starting within the next 12 months must be at least 4 years in length, with a minimum of 24 months spent within general practice
(iv) believes that Broad Based Training should be a mandatory gateway
(v) calls for health education bodies to significantly increase their funding for GP education to ensure training practices are properly incentivised for the essential work of training.

(Proposed by the GP Trainees Subcommittee)
Carried

(28) That conference believes that the future of general practice is contingent on qualitative and fully subscribed vocational training schemes. It therefore requests GPC to work with RCGP and the government to:
(i) Increased investment in training facilities and trainers
(ii) reduction in examination fees
(iii) make training more geared towards preparing trainees to become partners and principals
(iv) incentivise practices to accept and support FY1/FY2 posts.

(Proposed by Norfolk and Waveney LMC)
Parts (i), (ii), (iii) and (iv) carried

Appraisal and Revalidation

(30) That conference welcomes the findings of the Pearson Review into revalidation and looks forward to working with patients on its development.

(Proposed by Wiltshire LMC)
Carried

(31) That conference insists that, in order to preserve the integrity and value of the reflective process, GP trainee portfolios and appraisal toolkits should be confidential and protected from use in litigation

(Proposed by Kent)
Carried unanimously

Report by the nation chairs

(35) That conference believes that the people of Northern Ireland have been seriously let down by the failure to invest in general practice and demands that the top priority of any incoming government for Northern Ireland must be to invest in general practice by at least the equivalent investment that has been made in England, Scotland and Wales.

(Proposed by Northern Ireland Conference of LMCs)
Carried

Sustainability and Transformation Plans

(36) That conference believes that the Sustainability and Transformation Plans are fundamentally flawed, and:
(i) believes that they are undemocratically appointed QUANGOs that do not represent the public or profession

(ii) condemns them as an attempt to dismantle the NHS
(iii) asserts that they will only increase the postcode lottery
(iv) believes they will stimulate further division between organisations despite intending to promote integrity
(v) the only possible outcomes are cuts in services and/or increases in waiting times.

(Proposed by Mid Mersey LMC)
Carried

(37) That conference instructs the GPC to negotiate with the Department of Health that STPs must, without exception, ensure that:
(i) GPs and particularly LMCs are an integral part of any STP Board structures and negotiation committees
(ii) STP programme directors are admonished and removed from office if they fail to consult LMCs
(iii) real investment is made in general practice and primary care to produce the cost savings associated with less reliance on secondary care
(iv) any targets or timescales applied must be clinically appropriate, not financially or politically driven
(v) no further cuts are made to secondary care services without a thorough assessment of local population growth trends and short, medium and long term projections of patient needs.

(Proposed by Avon LMC)
Part (i) carried as a reference
Parts (ii), (iv) and (v) carried
Part (iii) carried unanimously

APMS

(38) That conference mandates the GPDF to seek an expert QC opinion to challenge the notion that only APMS contracts may be awarded when procuring general medical services.

(Proposed by Hertfordshire LMC)
Carried

Clinical Records

(39) That conference asserts the vital importance of efficient clinical records, and so requests that:
(i) all patient's clinical information are held digitally in an approved NHS system
(ii) all clinical information are transferred digitally between practices
(iii) all current paper records should be stored centrally.

(Proposed by Coventry)
Carried

E-referrals

(40) That conference asserts that the notion of exclusive e-referrals is bad for patient safety, and therefore demands all queries from patients concerning e-referrals must be directed to the appropriate hospital, not the GP.

(Proposed by Wirral LMC)
Carried

CQC

(41) That conference has no confidence in CQC and agrees the need to:

(i) develop guidance to support and empower GP practices to challenge the process and inspections

(ii) support GP practices through the appeals process

(iii) ensure CQC processes are open and transparent and reduce bureaucracy

(iv) ensure inspections are evidence based and relate to the contract of the practice and what they are commissioned to provide.

(Proposed by Manchester LMC)
Carried unanimously

EU Nationals

(42) That conference believes that EU nationals working in the NHS should be granted an immediate right of UK residence. The uncertainty which is now being caused by the political hesitancy on this matter is detrimental to the stability now and in the immediate future of the National Health Service. It calls upon the GPC to campaign for an early and positive decision by government on the right of EU nationals working in general practice and the wider NHS, to remain in the UK.
(Proposed by Sefton LMC)
Carried

Other motions (2)

(43) That conference requires the UK Visa Bureau to add general practitioners to the UK shortage occupation list.
(Proposed by Redbridge LMC)
Carried

Themed Debates

(TD-1) **Bridging the gap (rationing)**

The funding allocated to NHS services is insufficient to meet the needs and wants of the population. This impacts on our day to day lives as clinicians, and within our LMCs. How can we manage within these funding constraints?
Members of conference and observers will be asked to consider, but are not restricted to, the following key questions:

- should we use clinical or financial criteria to prioritise services? Which is more important?
- how should we manage local policies that contradict national guidelines?
- is patient education a priority? Do they need education as to how to use services more effectively?
- should we have an open debate with the public about services that are not currently funded? Who should lead this debate – the government, the commissioners, the medical profession, or someone else?
- is it possible for the NHS to survive with insufficient government resources? Should we look at
- alternative funding solutions, or co-payments?

(500) That conference believes NHS rationing is happening, and politicians will not discuss this due to the implications; conference demands that GPC shows some genuine leadership and engages the country in debate on what should be rationed.
(Proposed by North Yorkshire LMC)
Carried

(501) That conference instructs the GPC to produce a discussion paper outlining alternative funding options for general practice, including co-payments.
(Proposed by Agenda Committee)
Carried

(TD-2) **Contractual status / risk / individual survival**

The independent contractor model has long been the norm in General Practice. In recent years however, for a variety of reasons, many GPs are not keen on becoming partners any longer. New GPs are opting to either locum or be salaried; while a considerable number of older GPs are turning their backs on partnerships, resulting in many Practices struggling to recruit partners and some folding up.
The objective of the themed debate will be to consider the inherent issues in this rather complex situation, and come up with some ideas. While we would be looking at the pros and cons of the various models, the main aim is not to affirm that one model is better than the other. Rather, we should perhaps be examining ways that we could work together for the continuing benefit of our patients and the enhancement of our professional satisfaction and fulfilment.
Representatives will be asked to consider but are not restricted to, the following key questions:

- has the independent contractor model reached the 'end of the road'?
- is a full salaried model realistic and or desirable?
- what is the future of the locum model of work?
- is list based practice a gold standard?
- how can we guard against divide and rule?
- how should we work to protect and promote what matters to the profession?

(502) That conference asserts that the independent contractor status must be the basic model for general practice, and instructs the GPC to:

(i) ensure that all employment options are accessible to all GPs
(ii) develop a framework that would limit financial and employment risk for contractors
(iii) ensure that the contractors are incentivized and rewarded for making a commitment to the community
(iv) develop safe guards to prevent exploitation of different profession groups.

(Proposed by Agenda Committee)
Carried

(TD-3) **Working at Scale**

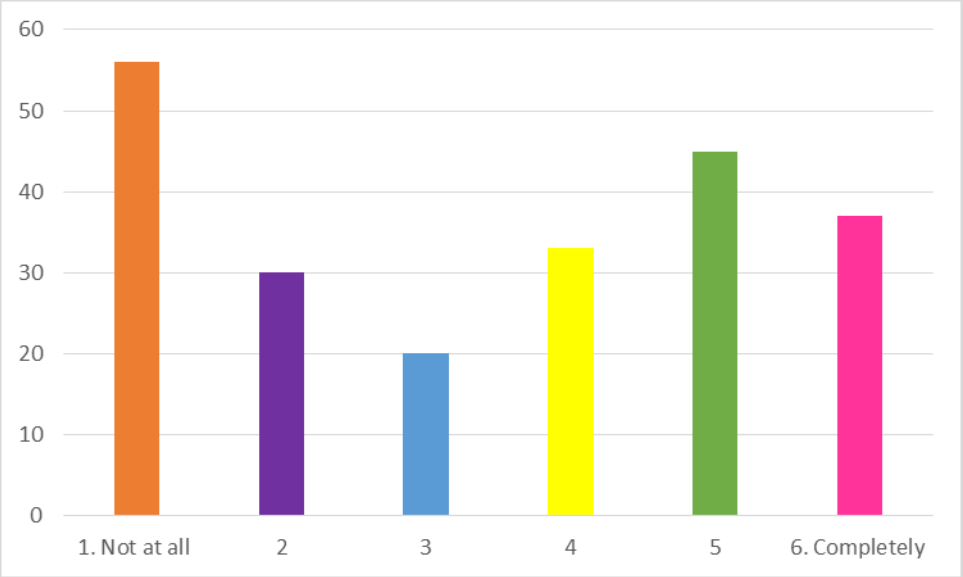
Further to the recent GPC conference of Working together to sustain General Practice, motions submitted have expressed the views that independent general practices have had their day and that a move to being part of integrated providers of primary care is now inevitable. Themes that have been expressed in motions received so far include:

- GPs should remain within the NHS
- necessity of flexibility of working
- the future of general practice is being damaged by the processes around contracting for and working to scale
- new models of care require adequate resource
- need to see evidence base that 'at scale' working provides better outcomes than traditional practice based contracts
- national vs local contracts & contract holding vs working to contract
- issues around multi-speciality community provider (MCP) contracts:
- level of bureaucracy
- lack of protection for individual contract holders to the liability from the implications of pooled budgets
- preservation of the tenure of GMS and PMS contracts
- lack of focus on patient care and standards of service
- need for the GPC to produce a clear, concise practical guide to its implementation of these different contract models.

(503) That conference mandates GPC to develop working at scale blueprints, taking into account, the development of a national contract for sessional GPs, the development of a national contract for core services, local flexibility, organising at scale groupings appropriate to local geography to maintain influences and development of pathways of care with appropriate feedback as to function.

(Proposed by Agenda Committee)

Taken as a reference



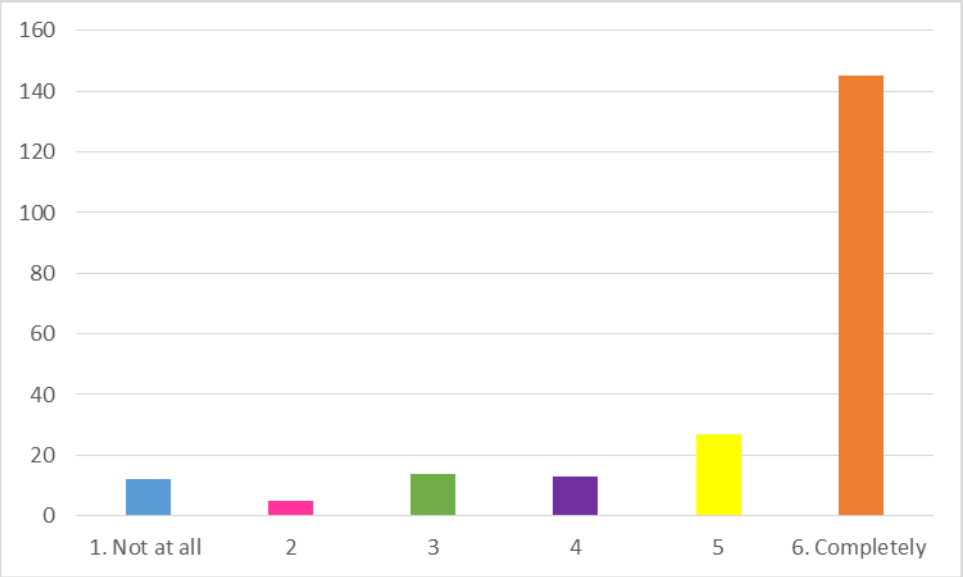
(504) That conference affirms that General Practitioners wish to remain within the NHS ensuring that:

(i) the registered list remains at the core of continuity

(ii) further fragmentation is avoided

(iii) GPs continue to find ways to shape the future of primary care services that meet the needs of their local populations.

(Proposed by Agenda Committee)
Taken as a reference



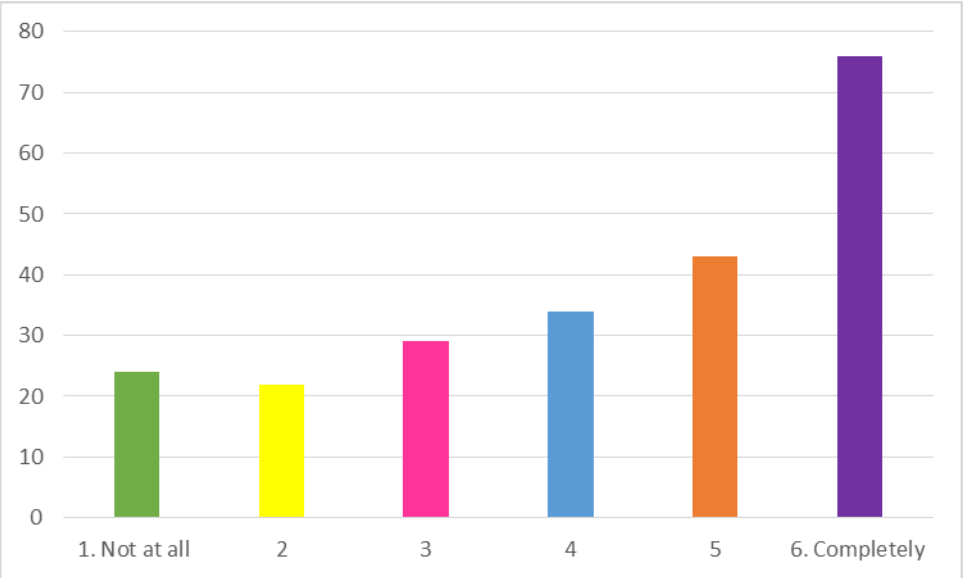
(505) That conference believes that working at scale offers opportunities to:

(i) improve practice resilience and sustainability

(ii) flexible working arrangements for a multidisciplinary workforce

(iii) influence the shape of integrated services

(Proposed by Agenda Committee)
Taken as a reference



(TD-4) **GPFV / Urgent Prescription for General Practice**

In January 2016, the Special LMC Conference instructed GPC to negotiate a rescue package for general practice. GPC identified a number actions required to provide a sustainable future for general practice, and published "Our Urgent Prescription for General Practice". This was followed by the subsequent publication of "General Practice Forward View" by NHS England.

12 months have now passed since these documents were published, but is general practice being rescued? Are sufficient measures being implemented to ensure safe and sustainable care for our patients? Can we be confident for the future of NHS general practice?

The Agenda Committee has received a number of motions expressing views and opinions on what has (or hasn't) happened over the last 12 months, what still needs to be achieved, and what actions require to be taken to deliver the desired results. Given the range of issues to be debated, the Agenda Committee has concluded that the most constructive way to address these issues is to hold an open debate on the first day of Conference, with appropriate feedback to all members of Conference at a plenary session the following day.

The format of the open debate will include an introduction by the Chair of GPC, approximately 60 minutes of debate on the issues, and approximately 30 minutes to collate feedback to be delivered the following day.

Representatives are not restricted in the issues they choose to discuss, but may wish to consider:

- is general practice being allocated sufficient new money?
- is enough new money actually reaching general practice?
- are there issues relating to implementation and what could be do done differently?
- has there been any impact on the onerous workload in general practice?
- will the proposals deliver safe and sustainable levels of workload in future years?
- has the recruitment and retention crisis in general practice been adequately addressed?
- is the "General Practice Forward View" fit for purpose?
- will the "General Practice Forward View" rescue general practice if delivered in full?
- will full delivery of "Our Urgent Prescription for General Practice" provide safe and sustainable patient care?
- what further steps do representatives wish to be taken by government?
- what else should be done by GPC?
- how should individual general practitioners respond?
- is there still a need to consider appropriate forms of action, and would this be effective or counter-productive?

(506) That conference demands that GPFV funding be allocated directly to individual practices so that it will have a tangible effect at the individual practice level. (TD4-24).
(Proposed by Agenda Committee)
Carried

(507) That conference believes that the GP forward view is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.
(Proposed by Agenda Committee)
Carried

Chosen Motion

(508) That conference has no confidence in the general practice forward view as it has:
(TD4-1)
(i) failed to make any impact into the recruitment and retention crisis facing general practice
(ii) failed to make any inroad in to the unmanageable daily workload within general practice.
(Proposed by Hertfordshire LMC)
Carried

(TD-5) ### Workload

Further to the recent GPC conference and other work on managing workload, many motions have been submitted. GPs remain concerned about the safety of patients, the quality of care and the personal impact on GPs themselves faced by ever increasing workload pressures.

The key questions are:

- how far has the BMA quality first agenda reached and helped practices, and how can it be built on?
- how far have recent developments in the standard hospital contracts delivered improvements?
- how far can workload be limited by professional control over the amount of work we are able to do, and if so how?
- does the profession wish to see external mandated limits on safe workload, and how might that work?

(509) That conference recognises that "workload pressures" is not a defence in law for any resulting mistakes and instructs GPC:
(i) to negotiate a maximum safe limit to the number of patient and other contacts a GP undertakes in a day.
(ii) to negotiate clear legal parameters for where a GP's duty of care ceases so that a GP is not responsible for the omissions of other parts of the NHS.
(Proposed by Shropshire LMC)
Carried

(510) Agenda Committee: That conference applauds the achievements that the quality first agenda has made so far and asks GPC:
(i) to develop a warning system to alert the wider NHS when patient safety will be at risk due to excessive workload.
(ii) To support empower and encourage GPs to feel confident to say 'No' when

work is inappropriately transferred to primary care.

(Proposed by Agenda Committee)
Carried

(TD-6) **QOF and GP Funding**

General practice has been chronically under resourced. The current GMS Contract has been in place since 2004 and the economic conditions under which this contract was negotiated have drastically changed. Simon Stevens has suggested that QOF, which was an integral part of the 2004 GMS contract, has reached the end of its useful life.
The themed debate will be to consider how we best utilise QOF funding, whether or not the current GMS contract is still fit for purpose and if a new contract was negotiated what would the key principles be that the profession would want adopted within this.

Representatives will be asked to consider but are not restricted to, the following key questions;

- has QOF reached the end of its useful life?
- should QOF money be reallocated into core funding? If so, would this help to stabilise general practice?
- what are the positive outcomes from QOF? How do we preserve these? Should there continue to be monitoring of these areas?
- do we need a new national contract to replace the current GP contracts? If so, should a new contract:
- be based on activity or capitation?
- only nationally negotiated KPIs? If so, within the financial constraints how do we address local
- issues?
- reintroduce the principle of a Basic Practice Allowance?

(511) That conference believes that to maintain stability in general practice:
(i) a non-capitation based Basic Practice Allowance needs to be negotiated
(ii) the importance of clinical management needs to be recognised and appropriately funded.

(Proposed by Agenda Committee)
Carried

(512) That conference believes:
(i) that disinvestment from QOF is no longer desirable as QOF has shown quality improvements and provides good data
(ii) that evidence based chronic disease management is an important form of general practice funding and needs to be maintained
(iii) that GPC England should develop and agree with government a revised QOF which should be evidence based and clinically relevant
(iv) that indicators should have clinically appropriate timeframes for data collection.

That successful indicators should not be retired, and that new indicators should attract new funding when they are introduced

(Proposed by Agenda Committee)
Carried

Prescriptions

(44) That conference demands that NHS prescriptions are no longer required for the NHS provision of:

(i) over the counter medications

(ii) food products.

(Proposed by Northern Ireland)
Carried

Chosen Motions

(234) That conference notes that the total voluntary levy contribution from English LMCs to the GPDF has fallen significantly in the last year, and calls upon the chair of the GPDF board to expedite and execute in full the outcomes of the Meldrum Report which were accepted a year ago.

(Proposed by Hertfordshire LMC)
Carried

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2017

ELECTION AND CO-OPTION RESULTS

Chair of Conference
Guy Watkins

Deputy Chair of Conference
Mary O'Brien

Seven members of GPC (in alphabetical order):
Pooja Arora
Stephanie De Giorgio
Gaurav Gupta
Michael Ingram
Chandra Kanneganti
Krishna Kasaraneni
Anu Rao

LMC representative within their first five years post-CCT co-opted to GPC
Rachel Ali

Claire Wand Trustees
John Rawlinson
Olunadamildla Adedayo
Girish Chawla

PART III

REMAINDER OF THE AGENDA

Core GP Contract

(14) That conference demands that GPC develops a definitive list of what is included in the core contract to enable practices to focus NHS resources on delivering essential services.
(Proposed by Waltham Forest LMC)
LOST

(22) **Interface with A&E**

That conference instructs GPC to oppose the placing of GPs in A&E departments as this will further destabilize primary care.
(Proposed by Norfolk and Waveney LMC)
LOST

(24) **Primary Care Support England (Capita)**

That conference believes Capita's management of Primary Care Service England has been shambolic and demands that the support services for general practice must be returned to being delivered by an NHS organisation.
(Proposed by Leeds)
LOST

GPC and Representation

(26) That conference calls for changes to the current system of election of GPC members to:
(i) increase the number of regional representatives and reduce the number of members elected from both the conference of representatives of local medical committees and the BMA annual representative meeting
(ii) have regional representatives elected by local medical committees
(iii) limit the number of consecutive terms served by GPC members
(iv) have proportionate representations of GP principals, salaried GPs and locum GPs
(v) have proportionate representation to mirror the genders of the constituent members of the profession.
(Proposed by the Sessional GP Subcommittee of the GPC)
LOST

GP Trainees and Training

(28) That conference believes that the future of general practice is contingent on qualitative and fully subscribed vocational training schemes. It therefore requests GPC to work with RCGP and the government to replace the £20,000 inducement payment for unattractive areas with paying off students debts for all GP registrars.
(Proposed by Norfolk and Waveney LMC)
LOST

(29) That conference believes that the new contract for GP trainees will have the following negative consequences:

(i) practices will drop out of GP training
(ii) trainees will be less well prepared to become career general practitioners
(iii) the increased intake to general practice will become more difficult to realise
(iv) there will be increasing reluctance of trainers to take LTFT trainees.

(Proposed by Coventry LMC)
LOST

(40) **E-referrals**

That conference asserts that the notion of exclusive e-referrals is bad for patient safety, and therefore demands implementation of 100% mandated e-referrals is postponed until the NHS is adequately resourced.
(Proposed by Wirral LMC)
LOST

(42) **EU Nationals**

That conference believes that EU nationals working in the NHS should be granted an immediate right of UK residence. The uncertainty which is now being caused by the political hesitancy on this matter is detrimental to the stability now and in the immediate future of the National Health Service. It calls upon the GPC to undertake and publish a detailed survey of general practice to establish the numbers of staff who are affected by uncertainty of residence in the UK.
(Proposed by Sefton LMC)
LOST

Chosen motion

(143) That conference calls for GPCUK to ensure that local medical committees represent the employment rights for GPs:

(i) irrespective of employment status
(ii) irrespective of whether a GP provides NHS general practice or private general practice.

(**proposed by Hampshire and Isle of Wight)**
LOST

(508) (TD4-1) That conference has no confidence in the general practice forward view as it has failed to deliver any resources necessary to transform and sustain primary care.
(Proposed by Hertfordshire LMC)
LOST