



## ANNUAL CONFERENCE OF LMCs 2010

### INTRODUCTION

General Practitioner Committee (GPC) and LMC representatives meet at the Annual Conference of LMCs. Proposals from individual LMCs across the country are debated, alongside those from the GPC. The outcome of the debate determines the framework for the profession's negotiations. National negotiations take place continually between the Secretary of State and his/her team of negotiators and the GPC negotiating team.

The Annual Conference of LMCs 2010 was held in London on Thursday 10 and Friday 11 June. Sheffield LMC Executive all attended this year's conference, with the LMC Manager and Administrator attending part of it. Other Sheffield LMC attendance included Trish Edney, in her capacity as GPC representative for the Yorkshire & Humber region and James Parsons in his capacity as GPC GP Trainee Subcommittee representative for the Yorkshire & Humber region.

### SPEECHES

There was an opening speech from Laurence Buckman, GPC Chair. He was able to underline the usual position of the GPC but always with an eye to negotiating with the new government. The full speech is available on the GPC website at:

[http://www.bma.org.uk/whats\\_on/branch\\_practice\\_conferences/lmcchairmanspeech.jsp](http://www.bma.org.uk/whats_on/branch_practice_conferences/lmcchairmanspeech.jsp)

The guest speaker was Professor Chris Ham, Chief Executive of The King's Fund. He presented his view of "Polysystems and practice boundaries – all change ahead?" which basically outlined his opinion that practice boundaries should be more flexible, particularly for patients living in nearby localities who move addresses. This was followed by an extensive question and answer session which, although not completely turning down the proposal, raised a significant number of concerns.

### SHEFFIELD LMC'S MOTIONS

Sheffield LMC submitted 4 motions for debate, as follows:

- 1. That conference calls on the GPC to illustrate the current variation in funding per patient, and insist on a 'levelling up' process of equitable funding, not a reduction in core funding.*

This was grouped with other similar motions to form a consolidated Agenda Committee motion. Mark Durling, LMC Chair, intended to speak to the motion, but was not called to do so. However, the motion was carried in all parts.

- 2. That conference recognises the shift of work from secondary to primary care but:  
(i) insists that it is appropriately funded despite the difficult economic climate  
(ii) believes that enhanced services should be encouraged rather than capped as a mechanism of remunerating this work.*

This was presented by David Savage, LMC Secretary. All parts were carried.

3. *That conference supports the BMA's statement on the Summary Care Record consent process, and in future calls for properly consented models for patients which are adequately resourced.*

Mark Durling intended to speak to this motion but, in the motion immediately previous to that, conference voted that the BMA should formally and publicly abandon its acceptance of an opt out system. Therefore, Sheffield's motion fell and was not debated.

4. *That conference believes that splitting community services from PCOs is undesirable because it:*
- (i) fragments primary care in the NHS*
  - (ii) is another example of pointless reorganisation with all the costs that entails*
  - (iii) further promotes the undesirable privatisation agenda.*

This was grouped with other similar motions to form a consolidated Agenda Committee motion. Tim Moorhead, LMC Vice Chair, intended to speak to the motion, but was not called to do so. However, the motion was carried in all parts.

## **OTHER MOTIONS AND DEBATES**

Tim Moorhead chose to speak to a motion on Public Relations, especially the relationship with the press and one on extended access.

James Parsons spoke to a motion on GP education and training which was carried.

An important debate was held on the issue of Sessional GPs, which James Parsons spoke to. A GPC survey of Sessional doctors had recognised numerous significant concerns, such as inadequate national and local representation of Sessional GPs, use of contracts less favourable than the model contract and a lack of partnership opportunities. Further information and the availability of the report were noted in the June 2010 LMC newsletter, available on the LMC website at:

[http://www.sheffield-lmc.org.uk/Newsletters\\_10/Jun10.pdf](http://www.sheffield-lmc.org.uk/Newsletters_10/Jun10.pdf)

## **SUMMARY**

Although the conference is seen as a 'shop window' for GP policy to the national and medical press, it was reassuring that much of the 'rubber stamping' of GPC conference policy was in line with the issues that were currently topical in Sheffield. For example, there was unanimous agreement that if a GP and their patient at any time feel that referral to a specialist is necessary, then this should be possible and that referral management procedures should only be introduced with the agreement of GPs.

*GPC News – Conference of LMCs resolutions*, which contains all the resolutions reached at this year's conference, can be downloaded from the GPC website at:

[http://www.bma.org.uk/images/News%2010%20-%20LMC%20conference\\_tcm41-198151.pdf](http://www.bma.org.uk/images/News%2010%20-%20LMC%20conference_tcm41-198151.pdf)

The LMC Executive and Secretariat would be happy to answer questions from GPs or Practice Managers regarding this year's conference resolutions and the formation of GPC policy.