Annual Conference of UK LMC Representatives

Sheffield LMC

FRIDAY 24 MAY 2024

SHEFFIELD LMC EXECUTIVE ATTENDANCE: Alastair Bradley, Krishna Kasaraneni, Danielle McSeveney

MOTION 18: PHYSICIAN ASSOCIATES AGENDA COMMITTEE TO BE PROPOSED BY GATESHEAD AND SOUTH TYNESIDE: That conference has increasing concerns about the development and promotion of physician associates in general practice and:

(i) agrees that GPs, as expert medical generalists, cannot and should not be replaced by physician associates
(ii) condemns the use of physician associates in general practice for anything other than administrative or simple procedural duties
(iii) believes that the GMC is complicit in the government's agenda to create a cheaper and inferior delivery model of primary care by using PAs in place of GPs
(iv) insists that patients are made fully aware of the role of any health care professional before any consultation
(v) necessitates that all GPC UK members openly declare any interest, financial or otherwise, in PAs from this point onwards.

The first debate of the second day and probably the most charged so far! There was agreement that the role of Physician Associates needs to be made clear to the public, and that they are not a replacement for GPs. Conference resolved that the General Medical Council (GMC) is complicit in replacing GPs with Physician Associates. The main area of contention was about the section that called for 'condemns the use of Physician Associates in General Practice for anything other than administrative or simple procedural duties' and this was lost.

MOTION 19: WIDER WORKFORCE NORTHERN IRELAND WESTERN: That conference calls on GPC UK to call on the UK government and devolved nation governments via the devolved nation GPCs to ensure that general practitioners are the main provider of primary care and ensure that any plans of replacing this professional workforce with non-medical professional entities be rejected.

Similar motion to the previous one in the sense that it was about rejecting the principle of replacing General Practice workforce with 'non-medical professional entities'. The Celtic nations do not have Additional Roles Reimbursement Scheme (ARRS) as we do in England, but the principle of wider Multidisciplinary Teams (MDTs) is at various stages across the UK. This was passed nem con.

MOTION 20: SUPERVISION OF ALLIED HEALTH PROFESSIONALS (AHPS) AGENDA COMMITTEE TO BE PROPOSED BY CAMBRIDGESHIRE: That conference notes that personnel in new roles coming into general practice require a significant amount of training, supervision, and support from existing general practitioners and calls upon GPC UK ensure that:

(i) any GP in a supervisory role is understood to be offering enhanced clinical expertise to complement and support those that are being supervised
(ii) protected time and appropriate remuneration should be provided to any GP taking on supervisory roles
(iii) all GPCs liaise with MDOs to develop guidance that defines and explicitly describes the role of supervisor to different cohorts of colleagues
(iv) constraints be placed on how many colleagues a single GP can simultaneously supervise to protect the safety of patients
(v) the role of GPs in primary care is protected by ensuring that AHPs supplement rather than substitute, with high quality, cost-effective care provided by services that are GP-led and GP delivered.

This motion was focused on the supervisory challenges posed by the expanding MDTs in General Practice and the potential indemnity issues. There was not much controversy or concern, and the motion was carried in its entirety.

GP REGISTRARS REPORT
The conference then received a report from the chair of the GP Registrars Committee, Dr Malinga Ratwatte. He spoke about the challenges being faced by current trainees - pay erosion, unemployment and many looking to alternate options. There was palpable disappointment about the withdrawal of workforce initiatives such the fellowship and the new to partnership scheme.

MOTION 21: FAILURES OF THE SIMULATED CONSULTATION ASSESSMENT (SCA) AGENDA COMMITTEE TO BE PROPOSED BY WELSH CONFERENCE OF LMCs: That conference believes that the inability of GP registrars to complete the RCGP Simulated Consultation Assessment (SCA) exam in November 2023 due to a "technical fault" had a significant impact on registrars, on top of other wider concerns regarding the assessment. Conference:

(i) calls upon RCGP to provide any candidate who is unable to undertake the SCA, due to a no fault attempt failure, full reimbursement of all costs incurred, a resit opportunity within two weeks of the original examination, and financial compensation for the undue stress caused
(ii) calls upon RCGP to provide easy access wide ranging IT support to candidates prior to the examination, including if required, providing equipment and in-person support within the GP practice prior to the examination
(iii) considers the SCA unfit for purpose and unreflective of general practice
(iv) demands an urgent review of the cost of the SCA by RCGP and other stakeholders, to review funding arrangements and running costs, aiming to mitigate costs to candidates.

Some parts of the motion seeking compensation for the failures of the SCA were already addressed by the Registrars Committee. The motion also called for the SCA to be declared unfit for purpose and unreflective of General Practice - this fell, and the rest of the motion passed.

MOTION 22: PREMISES AND SECTION 106 FUNDING AGENDA COMMITTEE TO BE PROPOSED BY NORFOLK AND WAVENEY: That conference believes that GP premises are in dire need of upgrade and current underfunding is short sighted. We call for the GPCs to lobby governments to:

(i) invest in general practice estate infrastructure to ensure they are fit for purpose in the 21st century
(ii) negotiate grants to enable improvements in premises for the use of teaching and training
(iii) request analysis of areas in the UK where GP recruitment is most difficult and prioritise these areas for financial help with premises
(iv) mandate the transparency of section 106 money (or national equivalent) for healthcare, allowing GP practices and LMCs to influence this spend
(v) allow accessible healthcare by funding estates in primary care, enabling services from secondary care to take place in primary care.

The motion sought more transparency about section 106 funding and the need to invest in GP premises.

MOTION 23: CONFERENCE REFORMS – MAJOR ISSUE DEBATE AGENDA COMMITTEE TO BE PROPOSED BY DEVON: That conference notes with concern the absence of GPC England from the BMA's own articles and bye laws, unremedied for a full eight years since the Meldrum Reforms, alongside the inequitable lack of a national council for England, and:

(i) notes with regret, under the articles and bye-laws, the subsequent requirement to undertake a referendum of BMA divisions in December 2023 in order for GPC England to be able to submit evidence to the DDRB, whilst devolved nation GPCs were able to submit via their devolved national councils
(ii) demands the BMA create a national council for England as a matter of urgency
(iii) believes that if, and when, a national BMA council for England has been created, the BMA UK council be reformed into a smaller executive body with strategic oversight for pan-UK issues
(iv) demands that any change to the membership of GPC UK be dependent on the enshrinement of GPC England within the BMA's articles

This was mainly about internal functional issues within the BMA and GPC. The paradox of having a UK committee that has no mandate from the profession to negotiate, but with all the delegated power from UK Council, and the converse with the England Committee is at the crux of the debate. This is complex owing to trade union legislation, but the support was around more power / autonomy for devolved issues.

GENERAL PRACTITIONERS DEFENCE FUND (GPDF) REPORT
Update from GPDF provided by Dr Phil Cox, Chair, GPDF. This covered mainly how the fund is funding activities of GPC and supporting LMCs. In recent times the GPDF has cut back the levies owing to dissatisfaction with what GPDF was providing, and this has resulted in the reserves being spent to subsidise the loss of income. There now seems to be an indication that the levies will need to increase from 3p to 4p in the not so distant future.

MOTION 24: UK CONFERENCE COSTS AGENDA COMMITTEE TO BE PROPOSED BY GPDF: That conference calls on GPDF to comprehensively illustrate and define the costs of prior conferences with a view to proposing a consistent and transparent total cost envelope for the UK Conference, to be presented to the Annual Conference of 2025 and available to all members thereafter.
This was a slightly strange concept in that the chair of GPDF presented a motion calling on the GPDF to provide more transparency on the costs of the conference. That was passed.

MOTION 25: LMC SUPPORT NETWORK CLEVELAND: That conference values the LMC Support Network and instructs the GPDF to fund the reasonable costs of this in the long-term.

The LMC Support Network was received positively, and the motion instructed GPDF to fund the reasonable costs of this long-term.

MOTION 26: REPRESENTATION OF GPS IN THE BMA AGENDA COMMITTEE TO BE PROPOSED BY LAMBETH: That conference has significant concerns about visible reduction in the representation of GPs within the BMA over the last two years, including changes to procedures for electing representatives to the 2024 BMA Annual Representative Meeting, and:

(i) believes that with the exception of the GPCs, the BMA no longer adequately represents all GPs
(ii) calls upon the GPC UK to consider GP relevant motions passed at ARM, but not to enact them unless they are consistent with UK LMC conference policy
(iii) requires the GPCs to analyse the evolving political movements in other branches of practice so that they may be better understood, learned from and that GPs can be appropriately protected from any conflicts of interest
(iv) calls on GPC UK to explore options regarding improving and safeguarding GP representation within the BMA, to prevent decisions about general practice being made by a body in which GPs are a minority
(v) requires GPC UK, GPDF and NIGPDF to explore and, if viable, enact and fund GP trade union representation independent of the BMA, whilst retaining close links with secondary care colleagues.

A debate ensued about the lack of representation of GP specific issues within the BMA. The principle of securing GP representation was beyond debate. There was concern about caucuses influencing elections which was worrying. The motion also called for a GP trade union representation to be created independent of the BMA, and this part of the motion failed.

CHARITY REPORTS
Reports from the Clare Wand Fund (Charity to support Education and Research for GPs) and the Cameron Fund (charity to support GPs and registrars in financial distress) were received. The Cameron fund is now supporting more GPs and registrars. The charity has now dipped into reserves and is seeking more financial contributions from patrons.

MOTION 27: OPTIONS FOR THE FUTURE BUCKINGHAMSHIRE: That Conference Believes that the NHS needs GPs more than GPs need the NHS

There was a strong debate between GPs starting to offer more services outside the NHS, but this might alienate patients, particularly in more deprived areas of the country. The motion was passed after discussing GP rights as the cornerstone of NHS service provision, but the system had to recognise this.

MOTION 28: OPTIONS FOR THE FUTURE AGENDA COMMITTEE TO BE PROPOSED BY WEST SUSSEX: That conference wishes for our governments to offer GMS contracts that have been agreed by negotiation and:

(i) demands that a GMS contract amendment can only be imposed on general practice at times of national emergency and not when negotiations prove difficult
(ii) believes that UK governments have failed to provide the necessary investment to ensure the survival of GMS
(iii) believes that being prepared to walk away may be more effective than industrial action
(iv) mandates the GPCs to develop viable alternatives to GMS, including actively supporting GP practices to work outside the NHS
(v) empowers the GPCs to use the threat of mass resignation to improve the NHS offer to practices.

This debated the role of the General Medical Services (GMS) contract. Conference particularly supported the fact that the GMS contract has been under resourced in a bid to make it unviable, and that contract imposition should only occur in a national emergency and not because negotiations "prove difficult". There were some reservations about exploring contracts outside the NHS as this could prove costly, eg loss of pension/indemnity cover and ARRS roles. Further action, including dated (or undated) resignations was supported with examples from Northern Ireland and Scotland whereby a critical mass was needed to enforce change, not necessarily action by all.

MOTION 29: OPTIONS FOR THE FUTURE GLOUCESTERSHIRE: That conference regrets that the NHS is underfunding general practice to such an extent that patients are increasingly looking to access care privately and:

(i) insists that GPs should have the ability to treat patients privately in the same way that other appropriately trained clinicians can
(ii) requests that GPCs in the four nations ensure there are no contractual restrictions on practices seeing private patients, subject to appropriate fair systems in place
(iii) that practices are not unfairly penalised financially by seeing private patients in NHS facilities.

This was more about GPs being able to offer private services to their NHS patients (as consultants do). Again, there was greater concern from GPs covering deprived areas about the impact this could have on their income, and a move to more private care could result in greater health inequalities.

MOTION 280: CHOSEN MOTIONS HAMPSHIRE AND ISLE OF WIGHT: That conference believes that in the context of ever-increasing rationing of services in the NHS, where GP referrals are requested for non-funded NHS services in the private sector, practices should retain the legal right to charge the patient for any service they offer pertaining to that referral.

The motion requested conference to consider allowing GPs to charge patients for activities relating to private referrals and requests from private providers. It was carried.

MOTION 281: CHOSEN MOTIONS HERTFORDSHIRE: That conference calls for GPC / BMA to work with UK health ministries to have secondary care contracts:

(i) provide secondary care doctors / nurses / specialists access to EPS to enable adequate prescription for their patients after clinical contacts
(ii) require that secondary care clinicians should not send letters to GPs following clinical contacts asking them to prescribe
(iii) minimise patient risk by requiring the secondary care clinician to initiate any new medication and stabilise the patient before asking the primary care clinician to take over clinical responsibility
(iv) instruct all secondary care clinicians to make any necessary and appropriate onward referrals to other specialities and for imaging directly, without referring back to the GP.

The motion speaks for itself and was carried unanimously.

DR KRISHNA KASARANENI
Executive Officer

DR ALASTAIR BRADLEY
Chair