Conference of England LMC Representatives

Sheffield LMC

FRIDAY 22 NOVEMBER 2019

SHEFFIELD LMC ATTENDANCE: Alastair Bradley Duncan Couch Mark Durling

SPEECH BY RICHARD VAUTREY, CHAIR, GENERAL PRACTITIONERS COMMITTEE (GPC) ENGLAND

The conference opened with a speech reflecting on the difficult political climate to conclude any negotiations, due to Brexit and parliamentary stalemate. However, GPC had managed to secure £4.5b for primary care.

There was extra funding for Primary Care Networks (PCNs), although the claim for practice certainty and stability does not appear to reflect current experiences. There was recognition that many other NHS bodies viewed PCNs as the "saviour" and another management layer of the NHS, but Richard emphasised the independent contractor contract underpinning their existence. He viewed the process as merely a start to address the workload of GPs, however, later in the conference the LMCs rejected this view.

There was welcoming applause for the new State-backed Indemnity Scheme for partners, salaried doctors and locums. Richard also challenged the values of GP at Hand for cherry-picking the healthiest and wealthiest. He noted the legal case the BMA had launched against NHS Property Services (NHSPS) on behalf of 5 practices, relating to unjustified management cost rises and the need for dispensing practices to be involved in discussions around drug reimbursements.

Richard also noted a reverse in trend of pay rises for GPs at 3% for 2017/18, yet this may only reflect a stable practice income distributed over fewer GPs now practicing. Investment in primary care had been increasing slightly in recent years but has stalled at 8.1% of total NHS budget. He demanded that all political parties pledge to increase investment in primary care to save "the sanity" of GPs.

The full speech can be found here:
https://www.bma.org.uk/news/media-centre/press-releases/2019/november/bma-gp-committee-chair-dr-richard-vautrey-delivers-speech-to-annual-lmc-england-conference

During the conference there was also an announcement from Simon Stevens, NHS Chief Executive that the NHS will agree to pay tapering pension tax allowance for doctors for 2019/20 through the "Scheme Pays" portal and reimburse doctors when they take their pension (apparently including lost growth of that income).

CONFERENCE MOTION HIGHLIGHTS

NHS England (NHSE) Strategy Document on Bribery and Fraud

NHSE were roundly condemned for this document. There was recognition that genuine dishonesty should be identified and punished but the tone of the document suggested widespread fraud in general practice that was unjustified. The conference asked GPC to make a formal complaint to NHSE.

List Closure

A motion to allow GPs to close their list without commissioner approval was rejected although the pressure on practices was recognised. The concern was the pressure created on the wider system that would disadvantage patients.

Home Visits

The next item was the most contentious debate of the conference and had already attracted hostile press coverage; the removal of home visits from core contract. This had been debated on a number of occasions in the past and rejected. The debate focussed on the lack of capacity to deliver this safely by general practice and the clinical advantages of seeing patients in a well-equipped surgery. This was set against the traditional view of providing more holistic and continuous care to practice populations. The motion noted that it was not saying GPs would not visit patients but this would not be a core contract obligation and would still include palliative care visits and genuinely bed-bound. The proposal was for a separately commissioned acute visiting service. The main motion was passed 54% v 46%.

Timely Contract Negotiations

The next motion asked the GPC to ensure that annual General Medical Services (GMS) contract negotiations are published at least 6 weeks in advance of commencement of the contract, that PCN Directed Enhanced Services (DES) contract changes are not released until legal and accountancy advice are available and Quality and Outcomes Framework (QoF) changes are not implemented until IT clinical systems have updated business rules.

The GPC delivered an update on shared-care guidance. This was particularly around gender dysphoria services and there are regular joint meetings between GPC / Royal College of General Practitioners (RCGP) / General Medical Council (GMC) / NHSE. GPC are pushing for a fully commissioned service.

Parental Leave

The GPC is pushing for fully funded parental leave to support recruitment and retention.

Pensions

This was another area where significant problems are affecting retention. Debate noted that other pension schemes, however small, have to provide annual statements to their members. Capita have flouted this for a number of years and doctors can only access their statements by requesting them. Conference demanded that the GPC negotiate permanent funding for the increased employer contributions, which it was thought should be funded centrally rather than through the global sum. There were significant problems with Capita not replying to complaints and the conference demanded compensation from Capita for individual failures.

Death Certification

There was debate around death certification especially around the word “attended” which was thought should be updated to include discussions with team members who had seen the patient; the 14 day rule should be extended to 28 days and that allied professionals should be allowed to complete a Medical Certificate of Cause of Death (MCCD). The vote was ultimately lost.

PCNs

There was then a prolonged debate and series of motions around PCNs. There was expressed anger around the Additional Roles Reimbursement Scheme (ARRS) as it disadvantaged early adopting innovative practices who had employed these roles prior to the DES. It was unrealistic to employ these roles from day 1 of the contract and funding should be retained by original PCNs if they cannot recruit. Conference also asked the GPC to negotiate expanded and more flexible roles in the scheme.

Conference recognised the need to support Clinical Directors (CDs) more and to protect them from demands from other NHS bodies that they become commissioning managers or performance managers for PCNs. There were also demands that CDs are paid independently of PCN size and parental and sickness leave are reimbursed fully.

The debate noted practices may opt out if the future DES obligations are too onerous. This was particularly focussed on the 5 new clinical domains for 2020/21, especially the Care Home element and the improved access scheme. Funding gaps were also noted in relation to the 30% ARRS. If practices had to start funding delivery of services then PCNs would fail.

There were also many positives of working together and re-invigorating primary care teams. Many thought the omission of mental health workers was a mistake, however, Richard pointed out that mental health workers were funded and employed by secondary care and did practices really want to take on extra workforce burden? Time and funding for management needed to be adequately funded to manage PCNs effectively. Questions were also raised about the adequacy of premises for all these primary care developments.

Many of the arguments raised at the Sheffield City-wide meeting in October are reflected across the country.

There was a hotly debated motion about the benefits of PCNs and conference noted:

- It had no faith that PCNs will reduce GP workload;
- They do not address the issue of dwindling GP workforce;
- They will not support GPs in dealing with increasing numbers of patients with complex health needs.

It did, nevertheless, reject the notion of renegotiating the entire PCN DES.

A subsequent motion was passed asking the GPC to negotiate with NHSE for the removal of the improved access scheme from the PCN DES and re-invest it in core hours general practice. It was suggested that the initiative was instigated on an unevaluated desire for politicians to provide patients with 7-day a week access to general practice.

Performance issues

Conference supported clinical guidelines being just that, and not performance indicators, although younger GPs noted their examinations and registration relied entirely on these guidelines. Conference also supported the notion of LMC nominees being mandatory on Performers List Decision Panel (PLDP) meetings. There were also concerns about a lack of support for GPs with registration conditions and a request to look at the Induction and Refresher scheme to be tweaked to include these GPs.

Overall the conference recognised the investment into primary care with PCNs dominating the debate. The draft clinical domains for next year are due to be published shortly, the view of conference was that if these were due to be delivered through the Additional roles only without other significant investment, then many practices may leave the DES.

DR ALASTAIR BRADLEY
Chair