

Conference of England LMC Representatives

Supplementary Agenda

To be held on

Friday 22 November at 09.00

[Friends House, 173-177 Euston Road, London NW1 2BJ](#)

Chair Elliott Singer (Waltham Forest)

Deputy Chair Clare Sieber (Berkshire)

Conference Agenda Committee

Elliott Singer (Chair of Conference)

Clare Sieber (Deputy Chair of Conference)

William Denby (Hampshire and Isle of White)

Paul Evans (Gateshead and South Tyneside)

Simon Minkoff (Manchester)

Roger Scott (Liverpool)

Deborah White (Cleveland)

This supplementary agenda contains all items received up to noon on Wednesday 20 November 2024.

Items are grouped together into the categories of the main agenda. The agenda committee provides details of the proposed handling of these motions under the text of each.

Errata

280. Change in Agenda Committee LMC:

Clare Sieber (Berkshire)

281. Motion 8 (iii) to have ‘, and’ removed:

MANCHESTER: That conference:

- (i) notes the variable provision of special allocation schemes in England
- (ii) notes that some special allocation schemes operate in shared premises exposing practice staff and patients to unnecessary risk of violence
- (iii) instructs GPCE to develop, with suitable stakeholders if necessary, a new fit for purpose set of minimum standards for a special allocation scheme that serves the needs of patients, protects the public and values teams, ~~and~~
- (iv) instructs GPCE to negotiate with NHSE such that new improved standards for the special allocation scheme are agreed and implemented uniformly across England.

Emergency / New business

The following emergency motions will be taken at 16.00 on Friday 22 November.

If you wish to submit a speaker slip to motion 282 [please click here](#)

282. * AGENDA COMMITTEE TO BE PROPOSED BY BERKSHIRE:

That conference believes that NHS general practice in England is no longer sustainable as a business model due to the government's recent change to Employer National Insurance Contributions (NICs), and:

- (i) demands that this be immediately rectified by the health secretary through commensurate funding into the core GP contract
- (ii) believes this has the potential to collapse general practice with widespread redundancies and practice closures highly likely
- (iii) calls on GPCE officers to use any means possible to galvanise the profession around this move by government in order to pull general practice back from the brink
- (iv) that a special conference of LMCs is required to discuss and determine what escalatory steps will be needed to ensure the survival of what still remains of English general practice.

283. BERKSHIRE:

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- (i) demands that this be immediately rectified by the health secretary through commensurate funding into the core GP contract
- (ii) instructs GPCE to collect undated resignations from all practices, to be held by their LMCs until a critical mass is reached
- (iii) instructs GPCE to pursue a Judicial Review to assess whether the restrictions within the GMS contract preventing GPs from providing private services are lawful given the Chief Secretary to the Treasury's assertion that GP practices are "not part of the public sector".

284. NEWCASTLE AND NORTH TYNESIDE:

That conference is appalled by the increase in unfunded NI contributions and believes:

- (i) this has the potential to collapse general practice with widespread redundancies and closures highly likely
- (ii) general practice is part of the NHS and rejects the notion we are private businesses
- (iii) collective action has not yet achieved its aims and therefore consideration of escalation, with a special conference being called is needed to determine the next steps
- (iv) even if funding for increased NI contributions is found, GPCE should continue to lobby for the restoration of the contract to 2015 levels of funding in real terms
- (v) the profession needs to be mindful of taking the public with us and therefore a sustained and high profile media campaign is needed.

285. MORECAMBE BAY:

That conference believes the proposed NIC changes for GP contractors is a catastrophic financial blow to many practices at a time they can least afford it. Conference calls on:

- (i) politicians to publicly state that GPs are a hugely valued part of the NHS
- (ii) politicians to immediately announce that reimbursement of additional NI cost increases will be fully reimbursed
- (iii) GPCE officers to use any means possible to galvanise the profession around this move by government in order to pull general practice back from the brink.

286. GATESHEAD AND SOUTH TYNESIDE:

That conference, in light of the existential threat to practices caused by long-term funding cuts, contractual restrictions, additional costs and a government that has failed to meaningfully negotiate or resource practices, believes that a special conference of LMCs is required to discuss and determine what escalatory steps will be needed to ensure the survival of what still remains of English general practice.

287. GATESHEAD AND SOUTH TYNESIDE:

That conference is simultaneously delighted with the alacrity with which the BMA's NI Calculator was produced and horrified at its results and:

- (i) believes that unfunded rises in NI contributions will lead to redundancies of practice staff, including but not limited to GPs
- (ii) believes that unfunded rises in NI contributions will lead to practice closures
- (iii) believes that unfunded rises in NI contributions will lead to practices having to resort to unsafe working
- (iv) believes that unfunded rises in NI contributions will require practices to take steps beyond the current collective action measures
- (v) call for a special conference of English LMCs to debate and decide upon actions necessary to save English general practice.

288.

KENSINGTON, CHELSEA AND WESTMINSTER:

Conference is dumbfounded by the government's publicly stated view that general practices providing primary medical services under the terms of the NHS Act 2006 (as amended) are not part of the public sector and as such are not exempt from the increase in National Insurance Contributions announced during the autumn budget and:

- (i) questions whether being solely contracted to the NHS to provide such general practice services does not define general practice as a public sector service
- (ii) requires GPDF to fund a senior King's Counsel opinion on whether it is lawful to include restrictive contractual clauses that prevent a GP practice, deemed to be a privately owned partnership and not part of the public sector, from charging their NHS registered patients for services not available on the NHS
- (iii) requires GPDF to fund a senior King's Counsel opinion on whether it is lawful to prevent a general practice, deemed to be a privately owned partnership and not part of the public sector, from using their premises to provide other services not available on the NHS if in receipt of NHS rent reimbursement
- (iv) given that GP practices are deemed to be privately owned partnerships and not part of the public sector, requires GPDF to set aside the funds for a test case to challenge whether it is lawful to impose the current restrictive contractual clauses and premises directions that prevent a GP practice from directly charging patients for services that are not funded through the GMS GP contract, whether the patients be, or not be, registered for NHS services with that practice.

289.

COVENTRY AND WARWICKSHIRE:

The unfair defunding of general practice resulting from the recent changes to National Insurance Contributions will break the front door of the NHS, not fix it. Conference calls for an immediate commitment from the government to protect practices and patient care by reimbursing the cost increases in full.

290.

GPC ENGLAND:

That GPC England notes with anger the position of the UK Government that 'GP surgeries are privately-owned partnerships' which are 'not part of the public sector' ⁽¹⁾ as a justification for refusing to resource NHS general practice for the recent budgetary increases from April 2025 to employer National Insurance Contributions and National Living Wage liabilities, unlike the rest of the NHS and:

- (i) believes that the lack of any assurance whatsoever in the recent budget for any meaningfully quantifiable investment for NHS general practice, is a clear sign that this government has no interest in safeguarding the future of NHS GP services
- (ii) points out the iniquitous position of NHS GP practices being contractually fettered to a monopsony commissioner with no recourse to diversify or increase their income in line with spiralling costs
- (iii) believes that the severe contractual restrictions placed upon NHS GP practices preventing them from carrying out any private work not only contradicts the position of the government but is also possibly unlawful and calls on the BMA to investigate calling for a Judicial Review
- (iv) instructs the GPC England officer team to take all necessary steps to escalate and add to the current menu of collective action
- (v) instructs the Chair of the England Conference of LMCs to convene a special conference as soon as is practicable to allow LMCs to debate escalation of action including the submission of undated NHS GP contract resignations.

⁽¹⁾ *The Rt Hon Darren Jones MP, Chief Secretary to the Treasury, BBC Question Time 31 October 2024*

291.

NORTH ESSEX:

That North Essex LMC notes with anger the position of the UK Government that 'GP surgeries are privately-owned partnerships' which are 'not part of the public sector' ⁽¹⁾ as a justification for refusing to resource NHS general practice for the recent budgetary increases from April 2025 to employer National Insurance Contributions and National Living Wage liabilities, unlike the rest of the NHS and:

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⁽¹⁾ *The Rt Hon Darren Jones MP, Chief Secretary to the Treasury, BBC Question Time 31 October 2024*

292.

CLEVELAND:

That conference, in response to the changes to employers' National Insurance and the National Living Wage announced in the Autumn Budget 2024:

- (i) believes that these changes represent a funding cut to general practice if they are not reimbursed
- (ii) expresses grave concern that these changes will result in poorer services for patients
- (iii) asserts that NHS general practice is an intrinsic part of the public sector
- (iv) demands that the full cost of these changes are reimbursed to GP practices
- (v) demands that the full cost of these changes are reimbursed to PCNs.

293.

BUCKINGHAMSHIRE:

That conference welcomes the government's commitment to investing in public services in the recent budget, but:

- (i) notes that the proposed rises in NICs and the minimum wage will destabilise GP practices and lead to a loss of doctors and nurses for primary care at a time when the public are expecting to see improvements in NHS services
- (ii) notes that NHS general practices have no means of funding staffing costs other than through their NHS contracts and calls on GPCE to urgently seek financial resourcing in full and on an ongoing basis for rises in staffing costs.

294.

OXFORDSHIRE:

That conference notes with horror recent survey data from BBOLMCs that suggests many practices are considering handing back their contracts and closing due to the un-affordable and un-resourced rise in Employer National Insurance Contributions (NICs) and National Minimum Wage, and:

- (i) noting the government's assertion that GP practices are not formally part of the NHS, believes it to be abundantly clear that this government has no interest in saving NHS general practice
- (ii) believes that sadly this government has no interest in the future of the independent contractor model
- (iii) instructs GPCE to begin the collection of undated resignations, in conjunction with preparation of a "Plan B" to safeguard the future and livelihood of practices and GPs
- (iv) requests that a special conference of England LMCs be convened as soon as possible so that LMCs may scrutinise and agree the detail of any and all future escalatory action, in order that the profession may have confidence in the security and unity of any such action.

295.

BUCKINGHAMSHIRE:

That conference notes with interest the government's recent assertion that GP practices are not part of the NHS and therefore demands a Judicial Review be conducted in order to determine:

- (i) the legality of the contractual restrictions imposed upon practices which almost entirely limit the provision of private services to patients, especially when considering the freedom of other parts of "primary care" such as dentists, pharmacists, and optometrists, to provide such services
- (ii) whether practices are in fact accountable to the various pieces of legislation which define them as "public authorities" such as, but not limited to, the Freedom of Information Act
- (iii) whether any historical compensation for financial loss is due to practices, going back as far as 1948 if necessary, for loss of business for any unlawful restrictions on their ability to offer and charge for private services.

296.

BERKSHIRE:

That conference believes that despite the excellent work done by the Agenda Committee in constructing the agenda, it is not possible within the time allocated to adequately debate and resolve the new business of the impact of the recent budget on practices, and therefore calls for a Special Conference of England LMCs to be convened under Standing Order 2 as soon as is practicable so that LMCs may decide what escalation of collection action may be taken by practices, including the collection of undated resignations.

297.

BERKSHIRE:

That conference condemns the government's decision to refuse to contractually fund GP practices in England for the budgetary increase in employer National Insurance and living wage costs, despite GP practices being evidently part of the NHS, and:

- (i) notes with dismay the inequity of the rest of the NHS being protected from such cost liabilities
- (ii) notes the myriad examples in legislation that clearly define GP practices as "public authorities"
- (iii) emphasises that GP practices are in a unique commercially disadvantaged position as businesses restricted to a single customer with no means to adjust their prices to meet increasing costs
- (iv) believes that this cost to practices can only be mitigated by cuts to services, loss of staff, and freezing of staff pay, causing inevitable service cuts to patients
- (v) calls on GPC England to escalate collective action measures across England unless and until these unacceptable costs to practices are resourced by the government.

298.

KENT:

Conference notes that DHSC insists that general practices are classified as private contractors rather than NHS bodies. This classification places GP practices, their staff, and the essential services they provide at significant financial risk, threatening the sustainability of thousands of practices across England. Conference:

- (i) condemns the government for treating practices as private businesses when it comes to costs and obligations, yet failing to grant them corresponding freedoms to operate as such
- (ii) demands the right for GP practices to provide private services directly to their registered patients, reflecting their independent contractor status
- (iii) demands immediate and full reimbursement of additional National Insurance costs to safeguard the viability of practices and prevent the loss of jobs, services, and continuity of patient care
- (iv) insists that this issue must not form part of the 2024/25 GP contract negotiations, as urgent action is needed now to avert irreparable harm to the primary care system.

299.

LIVERPOOL:

That conference notes the budget delivered by the Chancellor of the Exchequer on October 31st, particularly the significant impact that the measures announced regarding National Insurance will have on general practice across England, as well as subsequent government comments implying there will be no mitigation for general practice due to our independent contractor status. We call for a special conference to be convened under Standing Order 2 as soon as practically possible, for LMCs to debate and consider the next steps GPC England may need to undertake following the government's announcements, including escalation of collective action, collection of undated resignations, or any other action as required to preserve general practice.

300.

GATESHEAD AND SOUTH TYNESIDE:

That conference notes its surprise and dismay that the current government did what their predecessors could not, casting English general practice out of the NHS, and hopes that the English electorate understands and forgives it.

301.

GATESHEAD AND SOUTH TYNESIDE:

That conference believes that the government's recent pronouncement on GP practices not being part of the NHS is deeply concerning and necessitates:

- (i) clear public communication from GPC England, the government and NHS England that they have chosen to effectively privatise English general practice
- (ii) the immediate removal of any contractual restrictions that would not be applied to related business (eg pharmacy or dentistry) operating in the private sector
- (ii) a special conference of LMCs to determine what will be required in a world in which practices provide services to the NHS but are no longer deemed to be part of it.

302.

GATESHEAD AND SOUTH TYNESIDE:

That conference notes with confusion the government's recent assertion that GP practices are not part of the NHS and therefore requires that GPC England demand a Judicial Review to determine:

- (i) whether or not practices are indeed considered to be part of the NHS, given that multiple pieces of legislation, including but not limited to GPDR and the Freedom of Information Act, state that they are
- (ii) whether the restrictions previously accepted due to practices' NHS status, particularly those on charging their own patients for additional services, constitute an unfair restriction of trade.

303.

SUNDERLAND:

That conference believes the planned increase in National Insurance Contributions (NIC) will have further unacceptable destabilising effects on GP practices:

- (i) and believes unfunded this change will lead to an increase in practice closures and overall staff redundancies
- (ii) demands the government reimburse practices for these costs at an accurate level which reflects the true cost of the NIC increase to individual practices
- (iii) supports that the reimbursement must cover costs for all AARS staff including those employed by federations.

304.

DEVON:

That conference confirms that the unacceptable and improbable recent characterisation of general practice as both private and public by Treasury and DHSC when convenient can only lead to a worsening in working conditions for general practice's hardworking teams including managers, administrators, receptionists, nurses, and other professionals alongside GPs, when practices are forced to make redundancies to remain financially viable, and calls for:

- (i) a clear decision to be made by DHSC regarding the status of general practice within the NHS with due care given to the historic implications and obligations this may incur
- (ii) an urgent public statement that the DHSC will ensure increased NICs are covered by direct reimbursement or a similar process that provides equity amongst practices and protects the teams working within general practice.

305.

HAMPSHIRE AND ISLE OF WIGHT:

That conference condemns the government's decision not to subsidise general practice as an NHS entity in the proposed budget towards the increased employer's National Insurance Contribution in 2025-26. Conference:

- (i) feels this is a blatant insult towards primary care with general practice being treated as a non-NHS organisation
- (ii) calls on the GPCE for emergency negotiation with government treasury and health department to subsidise the increased cost. Additionally, conference does not rule out advocating for the GPCE to consider collective undated resignations from GMS, PMS, AMS, and PCN DES contracts if the government fails to propose satisfactory remedial measures.

306.

HERTFORDSHIRE:

That conference:

- (i) notes with alarm that the recent actions of the new government seem hellbent on forcing the demise of the partnership model
- (ii) pledges its unwavering support of the Partnership model which is the most cost effective and efficient branch of the NHS, keeping thousands of patients out of hospital every day
- (iii) reminds the government that any enforced salaried service can and will strike
- (iv) asks the government how it plans to resource an estimated £2billion for premises should it force the end of the partnership model
- (v) instructs GPCE to immediately begin the planning of phase 2 of collective action.

307.

BEDFORDSHIRE:

That conference is disgusted that despite its acknowledged position as both bedrock and gatekeeper to a seriously overloaded NHS, general practitioners and their partnerships are being treated so contemptuously and directs GPCE to:

- (i) urge government to accept that as independent contractors whose contract forbids them from providing non-NHS services to their registered patients (or others from their premises) they are clearly part of the NHS family as much as hospital trusts are
- (ii) continue to make the case for a minimum 10.7% uplift to even maintain services at the level they were pre-pandemic
- (iii) remind government that the Fuller report and even Lord Darzi's recent report on the state of the NHS saw the partnership model as being the key to saving the NHS
- (iv) seek the views of the profession on an escalation of action if the continued relative cuts in funding and pressure to plug the GP shortages with other staff are not addressed and resolved in the 25/26 contract negotiations.

308.

HERTFORDSHIRE:

That conference, in response to the recent budget, asks for unanimous support to insist the government reverse the suggested increase in National Insurance Contributions for general practices.

A number of emergency business motions on this topic called for a Judicial Review, the BMA Legal team have produced the following advice:

Judicial review is a means of challenging the lawfulness of decisions of public bodies, or other bodies exercising a public function. An application to court for a judicial review can only be made on a few grounds which include, for example; where the decision is illegal or irrational, where there has been procedural unfairness, or where there has been a breach of a legitimate expectation.

The court will only accept an application for a judicial review if the application has been made promptly and not later than 3 months after the grounds to make the claim first arose. In general, applications made promptly within 3 months will be acceptable (depending on the circumstances), while applications made outside of 3 months will be refused.

309.

DEVON:

That conference feels a debate about the ethical and professional implications of assisted dying is not required within conference at this time, but firmly believes that GPs must be provided the same protections within law that consultants are offered by the bill now being debated in Parliament, so that conscientious objectors may not be compelled to partake in any legalised assisted dying processes in future.

ACCEPTED AS NEW BUSINESS AND ACCEPTED AS A REFERENCE (AR)

The following motions were not accepted by the Agenda Committee as they were not new business in line with standing order 56.6.

310. DEVON:

That conference is deeply disturbed to recently learn that anonymous “poison pen” letters are being sent to LMCs in an attempt to defame and threaten the incumbent Chair of GPC England and:

- (i) reaffirms the condemnation of misogyny in all its forms and expresses ongoing concern at the treatment of female medico political leaders
- (ii) applauds the Metropolitan Police for their ongoing investigation into this incident
- (iii) is alarmed to note that the content of these letters often appears to refer to privileged information pertaining to the Board of GPDF
- (iv) calls on the GPDF and BMA to hand over all relevant information to the police in order that the perpetrator(s) may face the full force of the law
- (v) considering the recent Employment Tribunal decision that the Chair of GPC England is, in fact, an employed role, asks the BMA to provide assurances as to how it is safeguarding the welfare of its employee who is the subject of this harassment

Supported by:

Avon, Bedfordshire, Berkshire, Bolton, Bradford & Airedale, Buckinghamshire, Cambridgeshire, Central Lancashire, Cheshire, Cornwall, Croydon, Cumbria, Derbyshire, East Sussex, Gateshead & South Tyneside, Gloucestershire, Hertfordshire, Kent, Kingston & Richmond, Lancashire Coastal, Lancashire Pennine, Liverpool, Manchester, Mid Mersey, Morecambe Bay, Newcastle & North Tyneside, Northamptonshire, North Essex, North Staffordshire, North Yorkshire, Nottinghamshire, Oxfordshire, Salford, Sefton, Somerset, South Staffordshire, Stockport, Sunderland, Surrey, Trafford, West Sussex, Wigan, Wirral

311. GATESHEAD AND SOUTH TYNESIDE:

That conference, noting that GPDF is funded from LMC levies:

- (i) is perturbed by the abusive and misogynistic poison-pen letters to multiple LMCs relating to the current GPCE Chair and other GPCE members
- (ii) requires GPDF to cooperate fully with the Metropolitan Police in their investigation of poison-pen letters, in light of privileged information being disclosed by the author(s)
- (iii) wishes the perpetrator(s) well in their dealings with the legal system and GMC.

Chosen motions

The following motions are the result of the ballot of chosen motions and will follow the emergency motions on Friday 22 November.

Gender

If you wish to submit a speaker slip to motion 312 [please click here](#)

312. Motion 144 (in main Agenda):

DORSET: That conference notes with dismay the current state of gender identity services in England. Conference calls for:

- (i) more accessible and comprehensive NHS gender identity services
- (ii) an increase to the resources and capacity for assessment and treatment of patients with gender identity issues
- (iii) safe, shared care protocols for these patients when they are transferred back into community care
- (iv) the applications of strict regulations and surveillance for private gender service providers to safeguard patients
- (v) BMA Council to reverse its decision to publicly critique the Cass Review and its call for a pause to the implementation of the Cass Review's recommendations.

Clinical / prescribing / dispensing

If you wish to submit a speaker slip to motion 313 [please click here](#)

313. Motion 177 (in main Agenda):

BATH & NORTH EAST SOMERSET, SWINDON & WILTSHIRE: That conference is deeply concerned at the expectations set by an NHS 111 algorithm advising patients of the need for an urgent GP assessment within 1 hour and urges the GPCE to demand:

- (i) that patients advised to be reviewed in this time frame to be more safely signposted to appropriate emergency services
- (ii) adequate funding and provision of skilled clinicians to triage patients appropriately accessing NHS 111.

GP contract, collective action and regulation

If you wish to submit a speaker slip to motion 314 [please click here](#)

314. Motion 201 (in main Agenda):

BATH & NORTH EAST SOMERSET, SWINDON & WILTSHIRE: That conference is frustrated by the way NHSE quantifies GP partner pay in its recommendation to the DDRB, with the inclusion of employer superannuation and tax, any surplus income from premises and basing it on whole time equivalent pay. Conference believes these figures:

- (i) are misleading given most GP partners now work less than full time under the strain of excessive workloads, and often have high personal loan repayments cancelling out any premises related profits or even resulting in a net loss
- (ii) can be damaging by seeding resentment from colleagues in other roles in primary or secondary care and even from government ministers
- (iii) should be expressed with the removal of this misleading data and calls on GPCE to campaign for this.