Conference News

Annual Conference of Local Medical Committees Representatives
23 and 24 May 2024

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

PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2024

RESOLUTIONS

STANDING ORDERS

3 AGENDA COMMITTEE TO BE PROPOSED BY THE DEPUTY CHAIR: That conference accepts the proposed changes to the Standing Orders, as recommended by the Agenda Committee and as outlined in Appendix 3 regarding:

(i) Membership
(ii) Agenda inclusion
(iii) Elections
(iv) Representation at ARM

Parts (i), (ii), (iii) and (iv) carried
Proposed by Alastair Taylor, deputy chair of agenda committee

STATE OF THE NHS AND SAFE WORKLOAD

5 That conference calls on the four governments to publicly acknowledge that with regard to workload in general practice:

(i) there are limits to what GPs can safely undertake
(ii) lack of capacity leads to safe limits being exceeded
(iii) patients may have to wait longer for appointments with their GP practice, just as they do for appointments with secondary care.

Parts (i), (ii), and (iii) carried
Proposed by Patricia Moultrie, Glasgow LMC

6 That conference deplores the current ambulance wait times, offers allyship to paramedics who are working with insufficient staffing levels, and calls for:

(i) acknowledgement that longer ambulance wait times change the risk: benefit ratio for patients and GPs when deciding to wait for ambulance conveyance compared to transferring using their own or public transport
(ii) access to real-time information for patients and GPs for ambulance conveyance so that patients can make an informed decision on whether to transfer to hospital independently

Part (i) carried unanimously
Part (ii) carried
Proposed by Lisa Harrod-Rothwell, Kensington, Chelsea and Westminster LMC

7 That conference deplores the existing state of NHS dentistry, and the consequences of poor access for both patients and primary care. General practitioners are being inappropriately called upon to prescribe for and treat dental conditions. Conference therefore:

(i) recognises that general practitioners are not contracted, funded, qualified or indemnified to treat dental conditions and calls upon GPC UK to reiterate this to the Departments of Health and NHS organisations in all four nations
(ii) calls upon GPC UK to voice support for our dental colleagues and lobby the Departments of Health in all four nations for an appropriately remunerated dental service including full emergency provision
(iii) supports general practitioners in refusing to see or treat dental conditions in line with GMC standards of Good Medical Practice
(iv) calls upon the UK government to adequately fund a media campaign educating the general public on appropriately accessing dental health care.

Parts (i), (ii), (iii) carried
Part (iv) carried as a reference
Proposed by Leanne Eddie, Dorset LMC

CLINICAL, PRESCRIBING AND DISPENSING

8 That conference is appalled at the lack of adequate ADHD and other neurodiversity services across the NHS, with demand for services continuing to rise sharply, impacting on GP workload. We call upon on the GPCs to work with and lobby relevant stakeholders to:

(i) fund and commission comprehensive local NHS ADHD and other neurodiversity services, delivered by appropriately trained and regulated clinicians, with the responsibility for initiating, monitoring, prescribing, and titrating any medications prescribed
(ii) ensure that no GP is expected to take over responsibility of ADHD medication prescribing or monitoring without a shared care agreement and appropriate funding to facilitate any required monitoring
(iii) provide support to GPs who do not feel comfortable facilitating shared care agreements for prescribing ADHD medications following an assessment that they do not feel has been conducted to a suitable standard
(iv) produce clear patient resources to explain NHS ADHD services and the role of GPs in ongoing prescribing, where felt appropriate, under shared care agreements
(v) allow patients to self-refer to NHS ADHD and other neurodiversity services, without the requirement to consult their GP.

Part (i) carried nem con
Parts (ii), (iii), (iv) and (v) carried
Proposed by Annie Farrell, Liverpool LMC

9 That conference has grave concerns about a deal between a national government and a pharmaceutical company to circumvent usual procedure in bringing a drug (inclisiran) to market and:

(i) believes that such an approach risks patient safety
(ii) demands that any future attempt to fast-track drugs to UK patients via GPs be subject to ratification by relevant GPCs
(iii) demands that any new drugs to be prescribed, administered or dispensed in general practice are made available only when a safe pathway and relevant funding has been agreed with the relevant GPCs.

Carried nem con
Proposed by Vicky Theakston, Gateshead and South Tyneside LMC

279 That conference acknowledges that clinical sessions represent only a fraction of the true GP workload and calls for the introduction of:

(i) consultant style sessions with protected time to undertake admin, CPD, service improvement and leadership roles
(ii) workplace planning that acknowledges and addresses this
(iii) media comms to dispel the myth that 'all GPs are working part time'.

Parts (i), (ii) and (iii) carried
Proposed by Nicola Prys-Jones, Dorset LMC

SESSIONALS AND PORTFOLIO WAYS OF WORKING

10 That conference believes general practitioners working in urgent care or out of hours settings should, when adequately funded by commissioners, be engaged on terms which:

(i) include paid time for handling any complaints, significant event analyses, inquests and service-specific mandatory training
(ii) honour the pay awards recommended by the DDRB, with appropriate backdating when needed
(iii) allow income to be superannuated in the NHS pension scheme without reduction in the gross rate of pay
(iv) provide holiday entitlement when engaged as a worker or employee in keeping with other NHS employees rather than the statutory legal minimum.

Parts (i), (ii), (iii) and (iv) carried
Proposed by Mark Coley, Sessional GPs Committee

FUNDING

11 That conference is deeply concerned about the ongoing failure by governments to adequately invest in general practice services, as highlighted by the Kings Fund Report of February 2024, and:

(i) calls for a recognition and public acknowledgement of the impact that this is having on our patients' ability to access GP services
(ii) believes that the current system of adjusted GP capitation payments has failed to account for demand and activity per patient over the years
(iii) condemns the approach of investing into short-term piecemeal schemes, with complex funding systems, which has prevented long-term planning and investment into the general practice workforce
(iv) instructs the GPCs to determine what 'reasonable provision' means in terms of the funding we are given to deliver GMS
(v) demands that GP contracts provide for an automatic uplift in funding to cover inflationary pressures, along similar lines as the state pension "triple lock", including but not limited to pay recommendations issued by DDRB and / or government, changes to the National Living Wage, and increases in practice running costs.

Parts (i), (ii), (iii), (iv) and (v) carried
Proposed by Tonia Fernandez-Ares, Ayrshire and Arran LMC

CONTINUITY OF CARE

12 That conference firmly believes that arranging ongoing specialist care when patients move inside the UK, should not fall to GPs, and demands that:

(i) specialist teams should be responsible for identifying, handing over and arranging patients' specialist care to equivalent specialist providers when a patient moves area
(ii) in this situation the patient joins the care pathway at the same point that they occupied in their former location and should only be placed on a waiting list if they were previously on one
(iii) the ongoing specialist care, including the direct prescribing of shared care drugs, should be the responsibility of the original specialist team until a hand-over to local specialist services has been completed and, where necessary, a local shared care protocol has been agreed with the patient's new GP.

Parts (i), (ii) and (iii) carried
Proposed by Howard Sunderland, Stockport LMC

13 That conference believes in the value of appropriate continuity of care and calls on GPC UK and RCGP to collaborate on tools for measuring continuity and develop possible contractual solutions that provides payments to general practice teams for work that supports continuity of care for each devolved nation to debate and adopt if appropriate.

Carried
Proposed by Samantha Fenwick, Grampian LMC

14 That conference is concerned at the continuing development of relevant healthcare computer systems that do not integrate adequately with general practice clinical systems and calls for:

(i) a review of stand-alone maternity clinical record keeping systems to ensure that patients who are pregnant are not subject to clinical safety risks due to disjointed care, and lack of safeguarding transparency
(ii) maternity clinical records are to be interoperable with GP systems.

Carried
Proposed by Rachel Rutter, Gloucestershire LMC

15 That conference recognises the increasing incidence of aggressive, threatening and violent incidents occurring in general practice and:

(i) demands that the criteria for inclusion in violent patient schemes should be relaxed
(ii) calls on all UK governments to ensure that the funding for violent patient schemes is uplifted to provide appropriate resource
(iii) mandates GPC UK to lobby governments for more severe sanctions for perpetrators.

Part (i) carried
Part (ii) carried unanimously
Part (iii) carried nem con
Proposed by Sally Tyrer, North Yorkshire LMC

16 That conference notes that the vital safeguarding work GPs undertake is complex, demanding, and characterised by a need to share detailed, highly sensitive information with partner agencies in an often short timeframe, and as such:

(i) recognises that this places an enormous burden on clinicians and administrative teams
(ii) recognises that this work is currently either unresourced in many areas, or covered by a variety of different local arrangements, despite the legislation and guidance governing the work being laid out nationally
(iii) calls for a Safeguarding DES in each nation of the UK that meets this resourcing need and recognises the many hours of unfunded work that GPs currently do in this area.

Carried nem con
Proposed by James Booth, North Essex LMC

DIGITAL, TECHNOLOGY AND DATA

17 That conference recognises that artificial intelligence (AI) is likely to impact the provision of care significantly over the next decade and calls for appropriate controls to ensure the safe introduction of systems in primary care, in particular that:

(i) only a doctor with full training and appropriate levels of experience will be able to effectively challenge an AI when it produces questionable results
(ii) AI has the potential to improve consistency and safety of doctor led care, but only when doctors are enabled and indemnified to challenge it
(iii) while AHPs are likely to see similar gains in productivity, consistency and safety the use of AI will not remove the need for doctor oversight of patient care
(iv) that any introduction of AI should take lessons from sectors such as aviation and ensure that doctors are not so far removed from routine cases that they become de-skilled
(v) that GPCs should make it clear that primary care without GPs, especially in a world of data hungry AI, will lead to an unsustainable increase in cost and ultimately a two tier NHS.

Part (i) carried as a reference
Part (ii) carried nem con
Parts (iii), (iv) and (v) carried
Proposed by Jethro Hubbard, Gloucestershire LMC

WIDER WORKFORCE

18 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
(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.

Part (i) carried unanimously
Part (iii), (iv) and (v) carried
Proposed by Paul Evans, Gateshead and South Tyneside LMC

19 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.

Carried nem con
Proposed by Nicola Herron, Northern Ireland Western LMC

20 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.

Parts (i), (ii), (iii), (iv) and (v) carried
Proposed by Jessica Randall-Carrick, Cambridgeshire LMC

GP REGISTRARS AND TRAINING

21 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
(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.

Parts (i) and (iv) carried
Part (ii) carried as a reference
Proposed by Tim Davies, Welsh Conference of LMCs

PREMISES

22 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.

Part (i) carried unanimously
Parts (ii), (iii), (iv) and (v) carried
Proposed by Okechukwu Chukwunwike, Norfolk and Waveney LMC

CONFERENCE AND GPC

CONFERENCE REFORMS - MAJOR ISSUE DEBATE

TD2-1 That conference demands Standing Orders be amended to require that motions which are specific to a single nation may not be prioritised for debate, unless the devolved nation conference chair for that nation has requested it be raised to a UK level.

Carried
Proposed by Agenda Committee

TD2-2 That conference demands Standing Orders be amended to reflect the will of devolved nation conferences to clarify that UK Conference policy is directed to GPCUK and shall neither bind nor direct any devolved nation GPC unless and until the LMC Conference for that devolved nation passes such policy.

Carried unanimously
Proposed by Agenda Committee

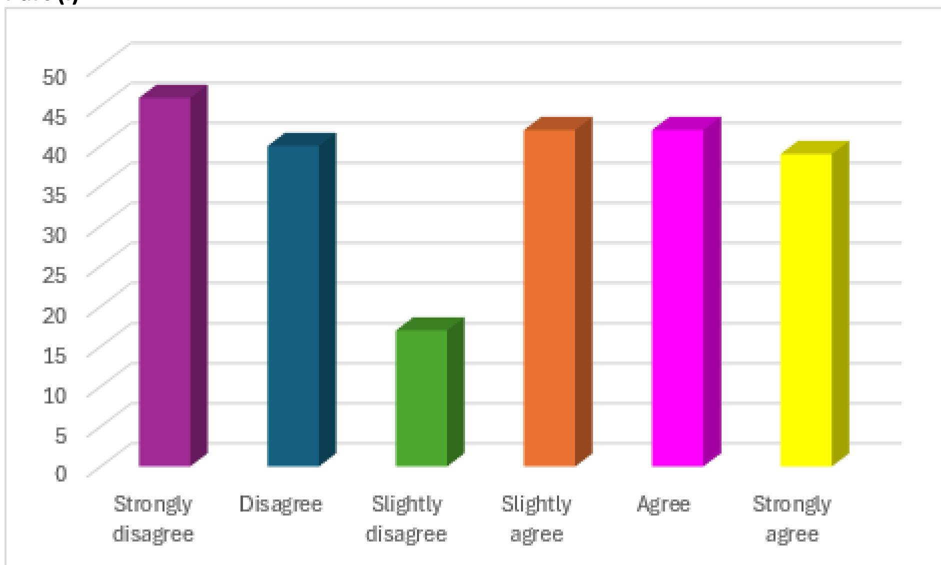
TD2-3 That conference believes that the LMC Secretaries Conference is a valued resource for LMCs, and it calls for it to be combined with the UK Conference on a trial basis in order for its advantages to be more widely available to all members of Conference.

Carried with two-thirds majority.

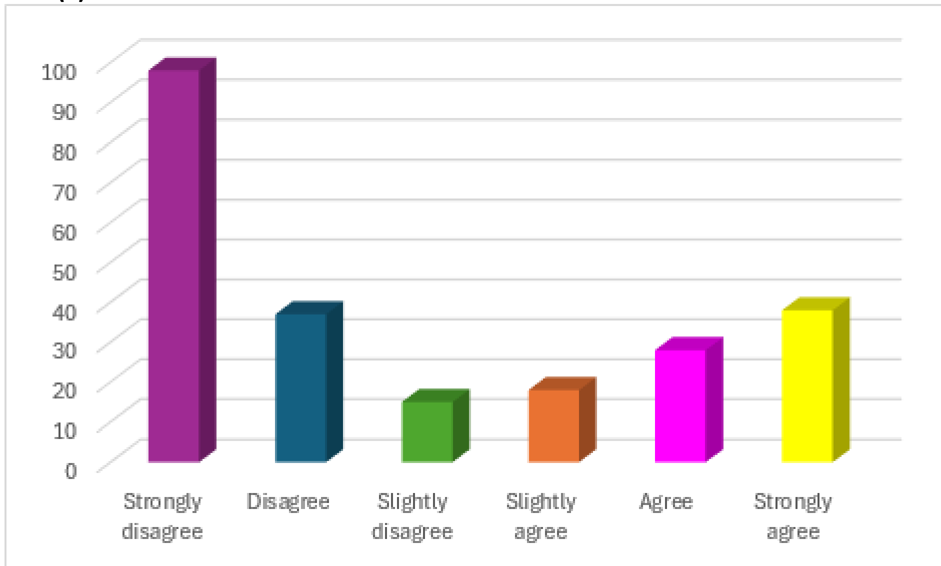
If the above motion is carried, then the following options will be voted on via a 1-6 vote:

(i) Secretaries Conference should be held the day before the UK LMC Conference at the same venue
(ii) Secretaries Conference and the UK LMC Conference should be merged into a single two-day event with consequent loss of debating time and CPD
(iii) Secretaries Conference and the UK LMC Conference should be merged into a single 2.5 day event with some loss of debating time but no loss of CPD.

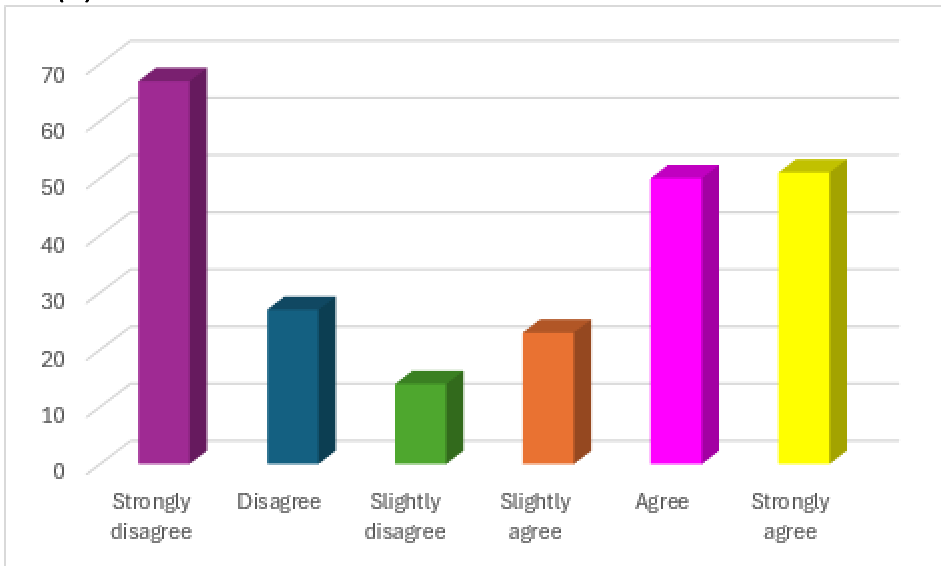
Part (i)



Part (ii)



Part (iii)



TD2-4 That conference mandates GPDF to continue to subsidise and support the delivery of a conference dinner, aside from expenses for alcohol.

Carried
Proposed by Agenda Committee

TD2-5 That conference believes that the venue for the UK LMC Conference should rotate through all four nations. When deciding the venue, the chair shall consult with devolved nation conference and GPC chairs, to ensure a venue which showcases the host nation and is optimal for travel and accommodation.

Carried
Proposed by Agenda Committee

TD2-6 That conference supports the Agenda Committee's recommendation that a fully hybrid conference is not feasible but believes that remote access options for CPD components should be explored and instructs the Agenda Committee to continue work on this area.

Carried
Proposed by Agenda Committee

TD2-7 That conference instructs the Agenda Committee to review the method of seat allocation to the UK Conference, in discussion and collaboration with GPC UK, to ensure a more inclusive Conference, whilst nevertheless ensuring that the four-nation balance of Conference is not in any way diminished, and ensuring Conference is representative of all constituencies.

Carried with two-thirds majority.
Proposed by Agenda Committee

TD2-8 That conference calls for any seats allocated to an LMC which have not been registered by the registration deadline to be made available to other LMCs, from the same nation, in a manner which maximises inclusivity and diversity.

Carried with two-thirds majority.
Proposed by Agenda Committee

23 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 and bye-laws, as a matter of equity with the GPCs of Scotland, Wales and Northern Ireland.

Part (i) carried nem con
Parts (ii), (iii) and (iv) carried
Proposed by Michal Grenville, Devon LMC

GPDF

24 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.

Carried
Proposed by Phil Cox, GPDF

GPs AND THE WIDER BMA

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

Carried with two-thirds majority.
Proposed by Rachel McMahon, Cleveland LMC

26 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

Parts (i), (ii), (iii) and (iv) carried
Proposed by Gerard McHale, Lambeth LMC

OPTIONS FOR THE FUTURE

27 That conference believes that the NHS needs GPs more than GPs need the NHS.

Carried
Proposed by Stefan Kuetter, Buckinghamshire LMC

28 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.

Part (i) carried nem con
Part (ii) carried unanimously
Part (iii), (iv) and (v) carried
Proposed by Michael Lewis, West Sussex LMC

29 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.

Part (i), (ii) and (iii) carried
Proposed by Ben Lees, Gloucestershire LMC

280 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.

Carried
Proposed by William Denby, Hampshire and Isle of Wight LMC

281 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.

Carried unanimously
Proposed by Rajiv Mandalia, Hertfordshire LMC

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2024

ELECTION RESULTS

Chair of UK Conference
Matt Mayer

Deputy Chair of UK Conference
Alastair Taylor

GPC UK
Manu Agrawal
Rachel Ali
Anwar Tufail
Andrew Buist
Gerard McHale
Simon Minkoff
David Wrigley
Early career GP – Caroline Rodgers

Claire Wand Fund
Onyinye Okonkwo

The outcome of the Agenda Committee election won't be announced until after this year's ARM.

PART III

REMAINDER OF THE AGENDA

6 That conference deplores the current ambulance wait times, offers allyship to paramedics who are working with insufficient staffing levels, and calls for:

(iii) ambulance services to advise patients and GPs regarding, and take clinical and legal responsibility for determining, the safest mode of conveyance.

Part (iii) Lost
Proposed by Lisa Harrod-Rothwell, Kensington, Chelsea and Westminster LMC

WIDER WORKFORCE

18 That conference has increasing concerns about the development and promotion of physician associates in general practice and:

(ii) condemns the use of physician associates in general practice for anything other than administrative or simple procedural duties

Part (ii) Lost
Proposed by Paul Evans, Gateshead and South Tyneside LMC

GP REGISTRARS AND TRAINING

21 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:

(iii) considers the SCA unfit for purpose and unreflective of general practice

Part (iii) Lost as a reference
Proposed by Tim Davies, Welsh Conference of LMCs

26 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:

(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.

Parts (v) Lost as a reference
Proposed by Gerard McHale, Lambeth LMC