2024 Annual Conference of England LMC Representatives

Sheffield LMC

FRIDAY 22 NOVEMBER 2024

SHEFFIELD LMC EXECUTIVE ATTENDANCE: Krishna Kasaraneni, Gareth McCrea, Danielle McSeveney, David Savage

MORNING SESSION

CHAIR OF GENERAL PRACTITIONERS COMMITTEE (GPC) ENGLAND REPORT: KATIE BRAMALL-STAINER

A summary of real terms changes to GP finance and workforce. Katie described the impending challenges of the autumn budget and redundancies and a reduction in services are a real possibility. The government seems to have indicated that the allocations for 2025/26 are going to be reconsidered. There was an expected call for collective action.

COMMISSIONING TRANSPARENCY

MOTION 4:

AGENDA COMMITTEE TO BE PROPOSED BY BUCKINGHAMSHIRE: That conference:

(i) decries the lack of public visibility of Integrated Care Boards (ICBs), which leaves GPs dealing with patient dissatisfaction where commissioning gaps exist

(ii) demands that all ICBs provide a dedicated patient contact line to respond to, and gather information from, patients affected by gaps in commissioned services

(iii) calls on commissioners to be brave and go public when they no longer have the funds to commission services that are safe and dignified.

The debate described the real challenges that we see in Sheffield, and called on the commissioners to be honest and open to the public about the financial pressures and commissioning gaps. LMC representatives described how this is affecting them locally, specifically the most vulnerable patients that we serve. The motion was supported in full.

GP EMPLOYMENT

MOTION 5:

AGENDA COMMITTEE TO BE PROPOSED BY BEDFORDSHIRE: That conference:

(i) believes that practices want to employ more GPs, because GPs have the training and skills to manage the complex demands that patients present with

(ii) deplores the situation where newly qualified GPs are struggling to find any employment on completion of training

(iii) calls for financial support for practices to help them to employ GPs

(iv) condemns all organisations that strip out GPs from their services and replace them with less qualified alternatives.

There was some concern that part 3 may be seen as a request to just ‘employ' more GPs rather than where the focus should be - restoring the core funding in General Practice. Part 4 was seen by some as condemning colleagues who were forced to recruit less qualified alternatives. Despite those reservations, the motion was supported in full.

SESSIONAL GPS IN ADDITIONAL ROLES AND REIMBURSEMENT SCHEME (ARRS)

MOTION 6:
AGENDA COMMITTEE TO BE PROPOSED BY GLOUCESTERSHIRE: That conference notes the recent inclusion of GPs in the Additional Roles Reimbursement Scheme (ARRS) and:
(i) believes this represents an admission that the PCN DES and ARRS have failed to provide meaningful support to general practice and our patients, and have only worsened the GP recruitment and retention crisis
(ii) insists that ARRS relaxations to employ GPs in practices are too little too late and carry unacceptable restrictions
(iii) urges the government to allow recruitment of all GPs to PCNs under the ARRS, and calls for GPCE to negotiate that the funding be opened up to all GPs regardless of qualification date
(iv) requests that GPCE negotiates that all ARRS funding is returned to the core contract
(v) demands that NHSE agrees to inject funds directly into practices to enable them to employ GPs as they wish.

The first debate of the day about Primary Care Networks (PCNs) which was in line with the LMC Conference policy - to end the PCN Directed Enhanced Service (DES) and to shift funding into core. Part 3 was seen as contradictory to the Conference policy by some. The motion was supported in full.

PRIMARY CARE DOCTORS

MOTION 7:
GATESHEAD AND SOUTH TYNESIDE: That conference rejects the concept of primary care doctors as it is a retrograde step in both safety and efficiency in patient care.

This was also in line with existing Conference policy - the focus of debate was around whether doctors who are not qualified in General Practice can work in Primary Care - referred to as Locally Employed Doctors (LEDs) - as described by the General Medical Council (GMC) and NHS England. The motion was passed.

SPECIAL ALLOCATION SCHEMES

MOTION 8:
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.

This was non-controversial and was supported unanimously. Whilst part 3 was seen as core GPC work, part 4 is likely to be not straight forward, in that NHSE is now 'consulting' on contractual changes rather than negotiating.

GP IT

MOTION 9:
AGENDA COMMITTEE TO BE PROPOSED BY CITY AND HACKNEY: That conference condemns the chronic underfunding of GP IT provision which is having a shameful impact on practices and:
(i) notes that there has been no uplift in GP IT capital funding, which includes the funding for SMS messaging and IT support, in over five years
(ii) recognises that limiting text message funding, will transfer financial pressure onto practices, many of whom are already under immense strain
(iii) requires NHSE to explain how they can achieve the objectives outlined in 'modern general practice model' without adequately investing in general practice IT

(iv) requests that GPCE work with NHSE clinical digital leads in developing the business case to convince the DHSC to fully fund all digital tools that enable safe secure direct communication with patients
(v) insists that core GP IT funding be properly prioritised within NHS budgets to support necessary workforce expansion.

This motion was supported in full. Some colleagues expressed concern regarding the impending removal of ring-fenced funding for IT, and that it might be absorbed into the 'systems' funding. The principle of the motion is, however, unambiguous and received unanimous support.

MAJOR ISSUE DEBATE - COLLECTIVE ACTION

MOTION 10:

That conference applauds the GPCE on their approach, professionalism and persistence in running the campaign to save general practice, and commits to supporting them in encouraging practices to follow GPCE leadership and partake in collective action and:
(i) recognising that collective action is a powerful tool, emphasises that collective action is necessary to safeguard general practice and recommends that GPCE further coordinates general practice to implement those collective actions that are most popular
(ii) acknowledging that 'restore the core' is vital for the sustainability and survival of GP practices, urges GPCE to make this a main slogan for campaigns and work starting with the next contract negotiations
(iii) believing that even more needs to be done to improve the public understanding of the value that GPs provide to England's health economy and overall patient care, asks BMA and GPDF to jointly agree and fund a rolling public campaign promoting the successes and value of general practice
(iv) is concerned this is not having enough impact to drive the changes needed to ensure the survival of general practice, calls on GPCE to ballot the profession for more significant industrial action.

Wide ranging debate with members of the Conference and observers speaking about the challenges in General Practice. At the end of the debate, motion 10 was voted on and carried in full.

ADVICE AND GUIDANCE

MOTION 11:

AGENDA COMMITTEE TO BE PROPOSED BY TOWER HAMLETS: That conference recognises that Advice and Guidance and Advice and Referral schemes have reduced secondary care workload and outpatient waiting lists, whilst leading to an unsustainable transfer of workload to general practice and:
(i) insists that practices heed GPCE advice and avoid using Advice and Guidance, insisting instead on face-to-face outpatient appointments, unless A&G is in the best interests of patients
(ii) calls for GPCE to demand an obligation for all trusts to provide separate advice and separate direct referral options per specialty within ERS to replace existing Advice & Refer options so the referring clinician can choose whichever is most appropriate
(iii) calls for GPCE to negotiate a standard time frame across England within which advice responses should be received by the referring clinician should advice be sought
(iv) calls for GPCE to negotiate a standard structure and quality of response to be adhered to including consideration of whether the components of the advice can be fulfilled within contractual services provided by general practice.
(v) recommends that the system wide financial savings generated by these schemes are shared with general practice, to remunerate workload transfer, rather than savings just be absorbed by hospital trusts.

A lively debate with no real dissent about the overwhelming workload involved with Advice & Guidance. The main areas of focus were around GPs having a choice regarding Advice and Guidance, and that that the workload transfer this results in should be supported with appropriate funding.

DR KRISHNA KASARANENI
Executive Officer

AFTERNOON SESSION

CLINICAL

MOTION 13:

That conference believes that obesity is a national emergency, but current service provision is woefully inadequate. Conference:

(i) calls for streamlined referral pathways that allow GPs to promptly recognise eligible and motivated patients without the need to go through a tick boxing exercise to justify a referral

(ii) calls for government to go further with public health measures to tackle the causes of obesity in the first place

(iii) is concerned that the lack of NHS services is resulting in patients obtaining anti-obesity medication via unregulated routes and potentially exposing themselves to clinical harm

(iv) demands that NHSE reaches agreement with the pharmaceutical industry to provide sufficient stock of GLP1 analogues.

Unsurprisingly, this motion was carried overwhelmingly, and served as evidence that the challenges experienced locally are reflected across the nation.

MOTION 14:

Medical Examiner Service. That conference:

(i) believes the unfunded additional work associated with the medical examiner process is placing an unacceptable burden on general practice

(ii) believes that previous funding from cremation forms should be reinvested into general practice to directly support the medical examiner process.

(iii) demands that funding be provided to support a weekend and bank holiday service within the new death certification system.

This motion was carried in all parts. Part (iii) would require commissioning of a service, and the suitability of such a service would be determined by the finer details of the commissioning arrangement. Currently, the service relies upon the goodwill of GPs to assist in expediting death certification out-of-hours.

MOTION 15:

That conference accepts the need for cost-effective prescribing policies and demands that:

(i) NHS England launches a national campaign to promote the expectation for patients to purchase medication available over the counter at pharmacies without seeking a prescription from the GP

(ii) the government establishes an effective method to identify and support low-income individuals and families who cannot afford to pay for over the counter medication

(iii) the government introduces a maximum profit margin cap for pharmaceutical companies that would prevent over-the-counter medicines being unnecessarily expensive

(iv) NHS England acknowledges the additional workload for practices to adhere to system financial saving and / or rationing strategies in relation to prescribing and that demands national funding is provided for such work.

Parts (i), (ii) and (iii) were uncontroversial, and were each carried overwhelmingly. Part (iv) was taken as a reference after concerns were raised that the provision of national funding may, in effect, mandate the use of prescribing software packages, thus increasing workload and negating one of the suggested options for Collective Action.

PCSE DEDUCTIONS

MOTION 16:

That conference notes PCSE's actions of deducting monies from practices unannounced, at seemingly inexplicable intervals and without justification or explanation, and:

(i) believes that such deductions, often for large sums of money, risk the financial destabilisation of practices

(ii) demands that the repayments of monies deducted wrongly by PCSE be repaid to practices within 10 working days

(iii) necessitates that all deductions by PCSE must be preceded by both warning and justification, in order to enable practices to challenge and / or prepare as needed
(iv) instructs GPCE to explore the possibility of legal action against PCSE for the time, stress and expense caused to practices through such deductions.

This motion was carried unanimously, although General Practitioners Committee England (GPCE) did stress that some aspects of this motion would be challenging to enforce.

ONLINE CONSULTATIONS

MOTION 17:

That conference:
(i) believe the current capacity and access requirement for online access to be available throughout core hours is unachievable
(ii) calls upon GPCE to issue guidance around steps practices can take to mitigate the risk of unrestricted online access
(iii) supports practices in switching off online access when workload pressures exceed safe limits.

This motion was passed unanimously and provided GPCE with a clear steer for upcoming contractual negotiations with the Department of Health and Social Care.

CQC RATINGS

MOTION 18:

That conference believes that the use of "single word judgements" for general practice services by CQC is damaging and unhelpful, and calls on GPCE to negotiate:
(i) removal of these ratings altogether
(ii) a change in inspection methodology to move from a judgemental approach to a supportive quality improvement process
(iii) additional support for practices to manage the workload in dealing with a CQC inspection.

Unsurprisingly, this motion was also carried unanimously. It remains to be seen what GPCE can achieve in negotiation with CQC.

EMERGENCY / NEW BUSINESS

MOTION 283:

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.*

This motion was carried unanimously in all parts. Such was the strength of feeling, a Special Conference to debate General Practice action to address this injustice is to be held in March 2025. Subsequent to this motion, Wes Streeting has written to General Practice outlining an offer of a 7% contractual uplift from April. However, the specifics of this offer are yet to be outlined, and the issue of employers National Insurance contributions has yet to be addressed.

CHOSEN MOTIONS

MOTION 312

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

This motion was carried overwhelmingly in all parts, reflecting that the issues experienced in Sheffield are represented nationally. This requires an urgent national solution.

DR GARETH MCREA
Vice Chair