Annual Conference of UK LMC Representatives

Sheffield LMC

THURSDAY 23 MAY 2024

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

OPENING SPEECH

Conference opened with a joint speech from Alan Stout, Chair of Northern Ireland General Practitioners Committee (NIGPC) and Andrew Buist, Chair of Scottish General Practitioners Committee (SGPC) (and GPC UK Co-Chairs) to remind delegates that our role is to represent GPs, not save the NHS. It is the role of government to listen and make change. The pressures now faced have been known about for years with population growth and demographic changes.

- Wales: 20% of contracts handed back and 25% reduction in GPs since 2013.
- Scotland: 10% of contracts handed back and 5% loss of GPs.
- England: Drop in partner income is estimated at 23.5%.
- Northern Ireland: Contract agreement this year. Most income has moved into core with fewer targets. Indemnity is now centrally funded.

The King's Fund review in February was extensively quoted. Primary Care budget is now <7% of NHS budget.

MOTION 5: WORKLOAD IN GENERAL PRACTICE GLASGOW: 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.

The opening debate concluded GPs need safe working limits, eg 25 contacts a day. However, safer working can lead to patients waiting for appointments. GPs are often blamed for this, but it is a lack of funded capacity.

MOTION 6: AMBULANCE WAIT TIMES KENSINGTON, CHELSEA AND WESTMINSTER: 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
(iii) ambulance services to advise patients and GPs regarding, and take clinical and legal responsibility for determining, the safest mode of conveyance.

This discussed waits for ambulances to attend Primary Care created greater risk for patients and GPs. Access to real-time ambulance waits could help decision-making by the GP, but responsibility and risk for ambulance delays should not be held by the GP.

MOTION 7: NHS DENTISTRY DORSET: 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.

This motion explored the risk that lack of adequate access to dentistry created for GPs. There was the usual discussion about patients attending GPs with dental abscesses and then making complaints because they were not seen. The final part was passed, but not as policy, because it was only valid if there was an adequately funded dental service. It was universally agreed that there was not.

MOTION 8: ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) PRESCRIBING LIVERPOOL: 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.

The call was for the NHS to fund and provide enough services to manage the long waiting lists. There was some debate about whether adequately resourced Shared Care Protocols (SCPs) would help. Some thought that specialists only should prescribe, but most agreed that with adequate funding and access to specialist back up, SCPs were appropriate. Current consultations are on how to restrict GP referrals into services rather than how to see patients. All parts were passed.

MOTION 9: INCLISIRAN GATESHEAD AND SOUTH TYNESIDE: 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.

The vote was near unanimous (1 abstention) condemning the way this drug had been brought to the market and "forced" on general practice to prescribe. All were pushing back on this. Outcome data will not be available until 2026 at the earliest.

MAJOR ISSUE DEBATE: GP WORKFORCE CRISIS ACROSS THE FOUR NATIONS BARNET: Given the continuing attrition of GPs from the workforce, conference believes that there needs to be a wider debate as to the definition and role of a general practitioner and instructs GPC to facilitate that debate so as to reaffirm our values, retain our current GP workforce and attract new GP registrars.

Soapbox debate where representatives have a minute to discuss aspects of the above. The main themes raised including concern regarding the use of Medical Associate Professions (MAPs) and replacement of GPs, mentoring and support for 1st 5 GPs, alongside loss of senior GPs due to current pay/terms and conditions in General Practice.

SESSIONALS REPORT: DR MARK STEGGLES, SESSIONAL GPS CHAIR
The Sessional GPs Committee is currently calling, alongside many others, for Additional Roles and Reimbursement Scheme (ARRS) funding to include GPs, noting the concern around increasing GP unemployment and impending crisis in August as finishing trainees compete for limited roles. They have been encouraging the use of the GP rate card and the new GP diary app for planning and tracking workload. There is significant concern regarding the saturation of the GP job market and increasing reports of GP unemployment.

MOTION 10: SESSIONALS AND PORTFOLIO WAYS OF WORKING SESSIONAL GPS COMMITTEE: 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.

Presented by Mark Coley from the Sessional GPs Committee. It was argued that GPs were paid well already in these settings which many disagreed with. It was further argued that this should be part of job planning as it should for counterparts in other settings. It was voted on in parts and all carried.

MOTION 11: FUNDING AGENDA COMMITTEE TO BE PROPOSED BY AYRSHIRE AND ARRAN: 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.

Presented by Tonia Fernandez from Aryshire and Arran. Self-explanatory. Short term funding does not allow for long term planning of health care, an argument Sheffield LMC has made locally with commissioners. Carried in all parts.

MOTION 12: AGENDA COMMITTEE TO BE PROPOSED BY STOCKPORT: 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.

Another non-controversial motion carried in all parts.

MOTION 13: GRAMPIAN: 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.

This was an engaging debate with many speakers on both sides. It was acknowledged that continuity of care should be an integral part of General Practice with proven benefits on management of long term conditions, morbidity and mortality. Concerns were raised regarding the monitoring of this and turning it in to targets with 'another stick to beat' General Practice with. It was won but with only one vote in it.

MOTION 14: AGENDA COMMITTEE TO BE PROPOSED BY GLOUCESTERSHIRE: 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.

Self-explanatory and uncontroversial carried in all parts.

MANAGING EXPECTATIONS: PLENARY SESSION
As an LMC which specialises in high quality practice level data, Michael Harrison and Dr Parul Karia from Bedfordshire and Hertfordshire LMCs will be giving a plenary talk on how we can push back against the negative media narrative around General Practice and bust some of the political myths surrounding GP access and patient satisfaction.

Fascinating session using data to drive discussion and provide guidance on managing expectations, myth bust and look at system priorities in General Practice.

Myth: Not offering enough appointments to keep patients happy.

Top 3 factors for patient satisfaction - experience booking appointments, helpful reception team, GPs giving enough time in appointments. When the data was interrogated, no correlation was found between number of appointments per head and patient satisfaction.

Between April 2022 and April 2024 184 practices were lost either to closure or a merge.

The data between the group of practices no longer present in 2024 was compared with the control group to look for common themes putting practices at risk of closure.

Factor	Closed	Remain/control
List size	<=7K	10k+
Patient satisfaction	68%	74%
Number of appointments/1000/month	488	530
Funding	130.64	130.86
CQC rating	91%	97%
FTE GPs	0.51	0.58

Number of appointments in closed group: Many offering significantly more or less, if offering significantly more - possibly chasing demand and burning out. Not financially viable to offer considerably more.

In 2023 all practices' average patient satisfaction dropped to 71% and on 1 April 2024 the number of full-time equivalent (FTE) GPs, including trainees, was at 0.56. The data shows this is not an individual practice level problem but a systems level issue which must be addressed centrally.

MOTION 15: AGENDA COMMITTEE TO BE PROPOSED BY NORTH YORKSHIRE: 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.

A number of heart felt speeches by those who have been directly involved in incidents through their own practice or LMC roles. Carried in all parts.

MOTION 16: NORTH ESSEX: 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.

MOTION 17: DIGITAL, TECHNOLOGY AND DATA GLOUCESTERSHIRE: 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.

Carried and now taken forward to British Medical Association (BMA) Annual Representatives Meeting (ARM) later this month.

DR ALASTAIR BRADLEY
Chair

DR DANIELLE MCSEVENEY
Vice Chair