LMC Special Conference 10th March 2020.
Mermaid Centre, Blackfriars.

There was considerable debate on the list server in the days prior to the conference as to whether the event should go ahead, given the situation with Covid-19. Wessex LMC amongst others decided not to attend. A statement from GPDF and Chand quoting the current PHE advice confirmed that the conference would go ahead as planned, but no coughing or URTIs please.

Rachel Mahon opened proceedings. New deal agreed with employers in early February but they felt necessary to go ahead with Special Conference to give further guidance to GPC.
LMC conference can't overturn GPC acceptance of contract.
Themed debate will be on the ARSS.
Statements within agenda that delegates will be able to vote on later.
Motion 150 emergency to come after motion 13.
Now amended with a part V
No chosen motions for this conference.

5. AGENDA COMMITTEE TO BE PROPOSED BY HULL AND EAST YORKSHIRE: That conference believes:

(i) the contract agreement of 2019/20 was mis-sold as a 'five year deal' when it was actually only a 'one year deal'
(ii) broader engagement with the profession on proposed GP contract changes is to be commended and to be repeated prior to commencing future negotiations
(iii) GPC England should not have agreed the 2020 / 2021 contract update, knowing that this special conference was to be held to debate the proposed agreement
(iv) for the 2021 / 2022 contract, a conference of England LMCs should be held to determine acceptance of the negotiated changes prior to any agreement by GPC England
(v) that only GPC England have the authority to negotiate on behalf of the profession.

Early appearance by Anthony O'Brien and Paul Hynam for Devon arguing against each other in this motion. Responding, RV started that LMCs do not have the same protection under trade union law that the GPC does, so suggests reject (iv). Agreeing contract in February rather than now meant that additional £1bn funding secured before stocks crashed. 5-year security important for practice stability.
1,2,3,5 carried. 4 failed but GPDF had said would need a 2/3 majority as would have significant financial implications.

6. AGENDA COMMITTEE TO BE PROPOSED BY NORTH AND NORTH EAST LINCOLNSHIRE: That conference, regarding pay transparency:

(i) believes that the naming of individual GPs with total NHS earnings above a given threshold would be misleading, risk disincentivising the recruitment of partners, and encourage colleagues to work less
(ii) entirely rejects the naming of individual GPs with total NHS earnings above a given threshold (£150k)
(iii) calls for earnings to be published anonymously by age band, gender, and HEE region, as for consultant colleagues.

Sustained campaign against GPs following 2004 contract. "This is an act of hatred". All speakers in favour of this motion. Even at that rate probably less than £30 per hour. Ridiculous to take the approach in middle of workforce crisis. Word "fraud" appears in official NHS guidance re GP contract, not in any other NHS contract.
MSW reiterated that all points raised here also made forcefully to negotiators. This was the big "give" for GPC. Red line for the NHS Employers. Got significant investment including indemnity as a result. GPC would strongly support (iii) to help in their work on gender pay gap.
Proposer Simon Carruthers responding was upset that this was the red line for the employers.
Passed unanimously

7. AGENDA COMMITTEE TO BE PROPOSED BY BERKSHIRE: That conference welcomes the new partner financial incentive, and calls on GPC England to:

(i) negotiate for it to be made available to all new partners including those who have been in partnership before
(ii) work with relevant stakeholders to ensure that appropriate training options are commissioned to maximise the use of the business training allowance
(iii) negotiate that it only be tied to remaining as a partner for three years
(iv) negotiate that it be tax free.

Partnership now regarded as a poison chalice for the reasons we all know. £20k over 5 years equates to about £1 per hour extra, not adequate for additional hassles of being a partner. Incentive needs to reflect the gravity of the situation. This offer is an insult. Ridiculous to disincentivise people who have been partners before. 1,2,4 carried, 3 lost.

8. GP TRAINEES COMMITTEE: That conference believes fellowships as outlined in the new English GP contract may offer positive opportunities for newly qualified GPs, however these posts must:
(i) not be mandatory or an extension to training
(ii) have safeguards of continued NHS service (including, but not limited to, maternity pay, shared parental leave and pension contributions)
(iii) attract the appropriate salary reflecting expected earnings of a comparable salaried post
(iv) have a clearly defined and agreed job plan that is not solely focussed on service delivery
(v) offer the same contractual safeguards and provisions as the BMA model contract for salaried GPs
All pretty non-contentious stuff. Carried unanimously as a whole.

9. REDBRIDGE: That conference insists that only fully qualified GPs should be counted when reporting the number of GP whole time equivalents and that including doctors in GP training or the term 'doctors working in general practice' is misleading to the public and creates unrealistic expectations.

Contract now counts trainees as part of GP workforce. Raises expectations and disingenuous. Rate of attrition now outstripping recruitment. Passed unanimously.

10. NORTHAMPTONSHIRE: That conference demands that funding for premises be made available urgently to house additional workers in general practice.

Bill Beeby of Cleveland proposed for some reason. Discussed his own practice premises situation. Increasingly cramped- now contains double the doctors and patients that it was designed for. PCDs (directions) to be published soon.

Carried Unanimously

11. DERBYSHIRE: That conference believes that clawing back vaccination payments when 80% targets have not been met is punitive and should be replaced with an additional reward payment for practices that achieve over 90% uptake.

Carried.

12. AGENDA COMMITTEE TO BE PROPOSED BY NORTH ESSEX: That conference instructs GPC England to ensure that the new patient quality access scheme:
(i) places greater value on fewer but better quality consultations
(ii) gives incentives to practices for increasingly offering 15 minute and variably timed appointments.
(iii) values access that improves continuity of care
(iv) should be refused until sufficient new capacity is in post and trained to meet any predicted increase in demand.

Brian Balmer (sniffing!) proposed. Nothing that says meant to have only 10 mins appointments. Increasingly impossible to do all that's needed in 10 mins. Continuity of care is most important factor, reason for Cuba having better outcomes than US. One speaker related Australia where patients can pick the length of consultation and pay appropriately- it seems to work.

Slap at Simon Stevens for his comments this week on care deteriorating due to GPs working part time. Lack of recognition for value of GPs.
RV: Happy with the parts, but not the stem- they're isn't a scheme such as that in existence, but BB responded that there seems to be £30m pilot?
Fay suggested taking as a reference. BB rejected. Motion carried but all felt a bit odd....

13. HULL AND EAST YORKSHIRE: That conference demands that any future proposal to give PCNs responsibility to deliver out of hours care is a red line for GPC England negotiators.

Two speakers and MSW (even though not meant to express opinion for. Carried nem con.

Emergency motion-
150. KENSINGTON, CHELSEA AND WESTMINSTER: That conference is concerned that if the potential pandemic of Covid 19 occurs, practices will be required to suspend normal practice to cope with the increased workload and the potential decrease to the workforce and in such a scenario they require GPCE to urgently negotiate that;
i) all contract payments including DES and QOF payments will be paid in full but utilised to fund essential services only.
ii) no contractual sanctions or remedial/breach notices will be issued to practices as a result of the forced changes to normal practice whilst the national emergency persists.
iii) any additional costs relating to infection control for Covid 19 infections in general practice including personal protection equipment and additional training will be readily available in sufficient quantities and directly reimbursed.
iv) practices are able to prioritise frontline work and suspend other requirements including appraisals and CQC inspections
(Supported by the 26 other Londonwide LMCs)
LEEDS: (v) That conference believes, with the development and spread of Covid-19 viral infection, practices should be able to suspend online booking of appointments without contractual sanction.
Michelle Drage proposed (jet lagged- conference wanted to know where she'd been!). MSW all over it. Including sick pay for Locums, death in service benefit, PPE supply, info for public and professionals. Carried unanimously.

14. AGENDA COMMITTEE TO BE PROPOSED BY CLEVELAND: That conference, in respect of future contract negotiations, mandates that:
(i) there must be a genuine financially viable option to enable practices to decline to sign up to future versions of the PCN DES
(ii) PCN involvement must always remain a DES, not to be moved to core GMS services
(iii) the priority area for investment must be the core contract, not the PCN DES
(iv) there remains a clear demarcation between core GMS services and enhanced services including the PCN DES
(v) any changes to the PCN DES must not impact negatively on core GMS funding.

Proposer worries that focus shifting away from core contract.
RV: this goes with GPC policy
Carried as a block.

15. REDBRIDGE: That conference has significant concerns regarding some of the clauses in the Network Agreement and demands that GPC England:
(i) urgently amends the opt out arrangement clause to ensure there can be no ambiguity in the interpretation that arrangements for the alternative provision of core GMS will automatically apply if a practice opts out of the PCN DES
(ii) negotiates the removal of the clause which would enable a CCG to assign a practice to a PCN.

Proposer specifically referred to 9-5 in contract. As written implies that practice could lose core contract if decide not to take part in PCN DES.
Item 9-7 gives CCGs right to force practice into a particular PCN. Could cause PCNs to become dysfunctional.

RV: DES an entitlement. If practices opt out the CCG is obliged to find an alternative for the population. Nothing to do with core contract- that envelope is maintained.
ii is difficult- ultimately LMCs need to represent practices who might want to participate in the DES.
Red slip from Redbridge- cautioned RV that he is to his interpretation rather than what is written down.
Both parts carried.

16. LIVERPOOL: That conference believes that GPC England must remind NHS England and CCGs that the additional workforce being recruited with PCN resources is expected to assist with GP workload, not manage secondary care's workload problems, nor the shift in care from secondary to primary care.

Our own Steve Edgar spoke against this motion. Declaration of interest as PCN CD but also working as CCG. Pushed that PCN DES should be used to boost primary care as a career.

MSW started to respond to motion 17....! Embarrassed that hadn't been concentrating and happy to take conference's steer.
Carried (not) unanimously- Rachel (chair) announced as such but our own SE had opposed it!

17. AGENDA COMMITTEE TO BE PROPOSED BY DEVON: That conference is concerned that the care home premium of £120 is per bed, not per patient, and therefore does not give any consideration to new patients, which attract higher workload, or high turnover of patients such as respite care, and demands that:
(i) the value of this premium be increased for 2021 / 22
(ii) the requirement for a GP or geriatrician to do home rounds for patients in care homes is removed, and that this work be undertaken by an AHP under the supervision of a GP
(iii) payment should be per patient and not per bed to recognise homes with high turnover
(iv) the funding and specification is extended to include frail patients living in their own home
(v) GPC England Executive should therefore renegotiate this specification once more.

Proposed by Andy Mercer from Devon.
MSW: cautioned that 460k beds, harder to work out pt numbers. ii already delivered so would like a ringing endorsement.
All parts carried.

18. AGENDA COMMITTEE TO BE PROPOSED BY DERBYSHIRE: That conference is concerned that, despite a radical overhaul of the PCN service specifications, there remains a significant funding gap, and demands:
(i) to know as soon as possible whether an impact assessment, including PCN level and practice level modelling, was carried out by the BMA prior to the agreement of the GP contract
(ii) (that there is an urgent costing exercise undertaken which will better inform primary care networks as to the financial viability of signing up to the scheme
(iii) that the deadline for practices to sign up to the 2020 / 21 PCN DES be deferred until 1 October 2020 to allow time for all associated details to be published
(iv) a moratorium of one year on the implementation of all specifications within the DES to allow time for PCNs to begin to develop the required workforce, and to scope the required workload for feasibility and viability in the longer term.

All parts carried

19. CLEVELAND: That conference, in respect of the Investment and Impact Fund:
(i) believes that the 2020 / 21 targets would be better assessed at practice level, rather than at PCN level
(ii) is concerned that the performance management of practices by other practices within a PCN introduces a new layer of regulation
(iii) believes this scheme to be discriminatory to practices who choose not to participate in the PCN DES
(iv) rejects the 2020 / 21 iteration of this fund
(v) mandates that the funding within this scheme is moved into a practice level scheme immediately

8-3 Monies used from fund have to be used for patient care.
Practices discrimated against as practices do the work but money goes to PCNs.

All parts carried

Themed Debate:
Shari chairing this bit. Contributions invited from round the hall, including observers.
1 min each.
Krish responds from GPC then votes on the statements listed in the agenda.
Nobody moves! Don't all rush at once....
London weighting a popular topic
Unnecessary bureaucracy with PCN DES.
Lack of flexibility
Reimbursement now 100% but capped. What about reimbursement for sick leave.
What about training of new staff?
Supervision still a problem for many new staff. Med students and trainees get appropriate funding.
Inequity of reimbursement for previously employed staff.
Indemnity?
Practices trying to fit people to roles being devised.
Micromanagement. Keep money in General Practice, not Primary Care.
Extra staff mustn't be a smokescreen to allow the public to think the GP workforce is in good shape.
Clarity required about indemnity shift onto supervising doctors.
Evidence shows social precscribers make a difference to hospital admissions but not to GP workload.
Paramedics take far longer than GPs to assess patients.
Premises problems. Difficult to get notional rent for rooms.
Gavin Ralston. Back from a stroke -previous member of GPC exec - welcomes ability to hire extra roles.
Others warned of dangers of substituting doctors with non-medics. Pharmacists need specific training to do structured medication reviews, different to MURs.
At the door of the debate all were asked to vote on a number of statements. Presumably the results will be collated and results circulated later. Amongst the most popular themes were lack of funding for training and lack of premises funding.

20. AGENDA COMMITTEE TO BE PROPOSED BY LINCOLNSHIRE: That conference believes that current rules regarding ARRS must be modified to specifically state that:
(i) any underspend cannot be moved into CCG baselines
(ii) all funds allocated to a PCN for workforce should remain for that PCN to use
(iii) London weighting should be applied to ARRS reimbursement.

All parts carried

21. OXFORDSHIRE: That conference believes the support and information available to PCNs and clinical directors regarding tax, VAT and PAYE has been confusing and inadequate, and:
(i) the lack of good advice has placed practices at risk
(ii) it is not acceptable that PCNs are having to fund this advice themselves
(iii) conference demands to know, as soon as possible, what negotiations, consultations and discussions were had with HMRC by the BMA prior to approval of the PCN DES
(iv) calls for fit for purpose tax advice to be provided to PCNs funded by NHSE.

A first-time speaker proposed this in rhyme, but I didn't rate her use of the time. She received loud applause from all parts of the hall, except from your scribe whose attention is small.

All parts carried

22. COUNTY DURHAM AND DARLINGTON: That conference asks that the legal status of primary care networks should be explored and consideration should be given to enabling them to become NHS bodies.
Clearly lost

23. AGENDA COMMITTEE TO BE PROPOSED BY BERKSHIRE: That conference believes the PCN DES is a Trojan horse to transfer work from secondary care to primary care and that:
(i) this strategy poses an existential threat to the independent contractor model

(ii) there should be immediate cessation of LES and DES transfers from practice responsibility to that of PCNs
(iii) GPC England is mandated to urgently survey the profession to get feedback on whether they intend to sign the new PCN DES
(iv) GPC England must urgently negotiate investment directly into the core contract as the only way to resolve the crisis in general practice is by trusting GP partners with realistic investment
(v) the profession should reject the PCN DES as currently written.

Simon Ruffle (first time speaker). To use a supermarket delivery "You asked- we delivered". Asked for organic chicken, we got nuggets washed in chlorine.
More work, more small chunks of money. We can't deliver secondary care. Can't deliver more if we can't deliver the core.
Chandra spoke strongly against the motion imploring LMCs to lead the change.
PCNs doing nothing to improve the recruitment of GPs. Some said this was the death knell for traditional general practice. Anthony O'Brien made a passionate defence of the PCN DES. GPs are there to look after everybody outside hospital. It's a voluntary scheme, a work in progress and needs to be moulded from within, lots of schemes working well in Devon. Michelle very angry about the GPC, referred to the damage done by Simon Fradd on Panorama and how negotiators been on the back foot ever since. One speaker was very critical of the GPC for agreeing to the motion, and suggested they had ignored GP red lines. Katie Bramall-Stainer was critical and thought nothing in the PCN DES was going to save some very vulnerable practices in Cambridgeshire.
RV: Suggested that we should reject (i), aim to survey soon but difficult given situation at the moment with Covid,
At CD conference and roadshows have heard lots of PCNs that are keen to start making the new arrangements work for them so he's uneasy about (v). Simon Ruffle in reply: The future of PCNs depends on a symbiotic relationship with core GP work.

All parts carried- gosh

Overall this felt an odd event and a different flavour to any of the previous conferences that I've attended, certainly until the last motion which was the most vigorously debated of the day. The agenda had fairly flashed by especially in the morning as there were relatively few speakers against motions. The wind was definitely taken out of the sails by the agreement between the GPC and the employers in February, and the looming spectre of Covid-19 was difficult to ignore.
The last vote of the day suggesting the profession reject the PCN DES as written was passed (83/53), which begs the question- what happens now?

The GPC has agreed the DES with the employers, and practices will be asked to sign up from April 1st. I'm sure we'll hear more on this from Mark Sanford-Wood at out contract roadshow on March 17th. Book here (link). The day finished early and we repaired to Paddington to negotiate earlier trains back to Somerset.