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LMC conference report 2015



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Mike Ingram
Chair of conference

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The LMC Conference 2015 was held at the Institute of Education, London, on 21 and 22 May 2015. This report outlines the main areas that were debated and resolved, and gives a flavour of the overall mood and some of the key debates.

Dr Chaand Nagpaul, the GPC chair, delivered a rousing speech that received a long standing ovation. In his speech he called on politicians to 'jettison their political pipe dreams' and act now to save general practice. He warned that the government faced a 'catastrophe' in the GP workforce, with one in three GPs set to retire in the next five years, at a time when recruitment to general practice is extremely challenging.



Dr Chaand Nagpaul
GPC chair

Dr Nagpaul referred to years of government neglect and progressive defunding of general practice- plummeting from 11% of NHS spend to now less than 8%, and with the proportion of NHS doctors who are GPs shrinking from 34% to 25%. 'To add insult to injury, many practices are also suffering brutal funding cuts from phasing out MPIG or PMS reviews, and often left hung out to dry. None of us could argue with fair funding between practices, but this crude robbing Peter to pay Paul from an utterly inadequate pot flies in the face of how the rest of the NHS is treated. And this unashamed starvation of general practice has come as GPs have taken on the greatest growth in volume of care compared to any other sector in the NHS, seeing an estimated 40 million more patients annually compared to 5 years ago, whilst A&E by contrast is seeing 600,000 more in the same period.'

He talked about the 'unsustainable, punishing pace and intensity' of working as a GP, managing complex patients with chronic problems in addition to looking after seriously ill patients at home, recording data for performance management, and dealing with a huge volume of phone consultations, letters and test results. Demand had completely outstripped supply and this would only get worse as the population aged and more people had long term or multiple conditions. It was no wonder that GPs were 'voting with their feet' and leaving the profession.

The dire situation was described as 'not just a perfect storm, but an absolute hurricane. And a hurricane that will destroy the whole fabric of the NHS if the government does not act swiftly, since if it's foundation that's general practice collapses, everything above it collapses too'.

Dr Nagpaul called on the government to resource, resuscitate and rebuild general practice, and to halt their surreal obsession with seven day opening when there were not even enough GPs to cope with current demand. The announcement of 5000 additional GPs would come to nothing if twice that number were leaving the service, and there was a real risk of no comprehensive general practice service in some parts of the country.

General practice faced a stark choice: to sink or swim. It would be vital to work with other professionals who could support GPs in their daily work. GPs must also be creative about new ways of working and using technology to ease pressures. Dr Nagpaul called for a national programme of proactive support from the government, with dedicated resources for GPs and practices struggling under current pressures. Only a range of such measures would ensure that practices could continue to provide the high quality care that patients deserve, as the current crisis could risk patient care becoming unsafe.

GPs also needed to take control of their own workload, building on the GPC guidance 'Quality First: Managing workload to deliver safe patient care'. Dr Nagpaul harked back to his own days as a young GP with 24 hour responsibility for patients and at the mercy of his bleep at night and at the weekend. Nevertheless things had been easier then, more rewarding and manageable whereas the current job has an unsustainable, punishing pace and intensity. In fact many GPs according to the recent BMA survey now believed that workload pressures were having an impact on the safety of care for patients.

General practice must no longer be the backstop for every problem in the NHS and beyond and the current open ended service has to change. Dr Nagpaul exhorted GPs to resurrect some empowerment and resilience and to take control of their work to get rid of anything inappropriate or underfunded. LMCs must also play a huge part in supporting practices to do this. However the main impetus must come from government that needs to be honest about the affordability and practicality of any expansion in services, and provide enough time for GPs to spend delivering the sort of care patients need and want.

Dr Nagpaul also highlighted the suffocating effect of overregulation, in particular the CQC, as a key factor causing GPs to leave the profession.

Ultimately politicians had repeatedly stated that general practice and primary care were central to the future of the NHS, and therefore needed to ensure that GPs were given recognition, respect and the resources to do their jobs providing holistic care for patients. While general practice was currently at a low ebb, Dr Nagpaul was confident that the job could be made more manageable, attractive and rewarding so that it would survive the current crisis and once more be a profession that doctors would want to work in.



Guy Watkins



Conference innovations

Though the traditional structure of conference was maintained through most of the two day meeting, the instruction from the 2014 conference for some innovative experimental changes to conference was put into place this year.

On the morning of the second day over 450 members of conference arranged themselves into groups of 8-10 and set about small group discussions of the structures of LMCs, GPC and conference itself. Through predetermined question sheets the contents of these discussions and the views of hundreds of contributors to conference were captured for analysis feedback and for use in further strategic planning for the future structures of the profession's medico-political bodies.

Another innovation was the use of opinion based voting rather than having to pass or fail a motion. Continuing from the morning's work representatives were asked to grade opinion from 1 to 6 on various statements such as 'Conference should remain a single UK Body 'through to 'GPC needs reform to meet the challenges ahead'. Though bereft of categorical instructions through the usual pass/fail vote, this allowed a much better demonstration of the flavour of opinion amongst representatives.

One of the most positively supported questions was that suggesting further innovative working for conference.



Sara Khan

Politics, workload and workforce

The conference called on politicians to stop using the NHS as a 'commodity' to win votes and end political interference in the health service. In proposing the motion, Sara Khan (Hertfordshire) said that services in her region had been running 8am to 8pm seven days a week, but there had been little demand for Sunday appointments. She said the government's pledges on seven day services were a clear example of politicians being more focused on trying to score political points than find credible solutions to the challenges faced by the profession. The government kept putting forward non evidence based policies that fuelled unrealistic expectations of a 'cash-strapped NHS'. This had been particularly the case during the election campaign, with wild promises being made about additional GPs and a huge expansion in services, completely failing to recognize that practices are currently under unprecedented strain from rising demand, falling resources, and GP shortages.

But Grampian GP Neil MacRitchie warned against urging the government to relinquish political control of the health service, which the conference agreed. He explained that such a move could absolve politicians of their accountability in delivering the health service, saying that it was vital that those setting the political targets and strategy were accountable to, and could be removed by voters every few years, if they were seen to have messed up. The conference rejected the concept of routine GP care 8-8 seven days a week, and commended GPs for already providing unscheduled care 24 hours a day, seven days a week. Delegates also agreed that the health secretary should publicly celebrate the amazing everyday work of GPs, and also to support the BMA 'No More Games' campaign.

Michael Haughey from Glasgow then proposed the motion that the increase in GP workload and intensity were unsustainable and were a disincentive to join the profession, and calling for urgent action to limit GP workload to manageable levels. Further speakers emphasized the stark reality of recruitment figures, and said that GPs were burning out in greater numbers than ever before.

The conference unanimously agreed that general practice was experiencing its greatest ever workforce crisis and called on the government to ensure that GP funding, recruitment and retention were a priority for the NHS and that those GPs leaving the profession are supported to remain in practice. Hull GP Anne Jeffrey illustrated the difficulties of attracting doctors into general practice by reeling off a list of poor recruitment figures in her region – culminating in 100 unfilled GP training posts out of a total of 291 places. 'It's a never ending battle to do a good job in ever-diminishing time. This is not the job that I went into, nor the job that I want' she told the conference.

Somerset GP Will Harris told the conference that there was an inadequate number of GPs to keep up with the relentless increase in workload, causing unsustainable pressures and undermining general practice as a positive career choice. He pointed out that the number of consultations had risen by around 25% in the past decade and there was every chance that this would continue to go up. Jackie Applebee (London) summarized the workforce exodus as 'older GPs retiring early and middle-aged GPs heading to the Antipodes' – all pushed out of UK practice by rising workload.

However the conference did not support the creation of an intermediate grade qualification for GPs, similar to the staff grade in hospitals, to avoid the loss of some GP trainees who do not quite reach the standard required for the MRCGP qualification. Michael Griffiths said that this would be a 'dangerous' precedent that would threaten the quality of general practice and the conference agreed.

On a more positive note, the conference unanimously agreed with Paula Wright who proposed the motion congratulating NHS England in its intention to reduce the barriers to accessing the induction and refresher scheme, and asking the GPC to insist that such schemes are not confined to under doctored areas and that GPs and practices should be properly remunerated for participating in them. The conference also agreed that not all returning GPs needed to undergo full induction and refresher training, highlighting how

many highly capable doctors were being held up by bureaucracy. Suffolk GP Tim Morton told how his practice had successfully recruited a GP returning to the UK from New Zealand, only for them to face a three month delay in being put back on to the performers list, at considerable cost both to the GP and the practice.



Gill Beck

Defining Core GP NHS and Private work

Buckinghamshire GP Gill Beck proposed that GPC should urgently define what is/is not included in essential services and what patients and the public could expect from a GP service in crisis. Conference agreed that GPC should work on this urgently.

In the following debate, Gloucestershire GPC Jethro Hubbard, a first time speaker, said that patient care would be improved if practices could offer ‘top up’ private services to NHS patients. He said that this was about choice for patients and that double standards operated where hospitals were able to do private work to complement and support NHS care. In an impassioned debate, London GP Jackie Applebee told the conference that this would usher in a two tier GP service and would only increase the demand from already well-off patients. In the end this motion was lost.



Jethro Hubbard

Kent GP Jim Kelly proposed that the current formula based core contract was unfit for purpose in that it failed to recognise increasing demand, complex care, or to incentivise expansion of primary care as envisaged in the Five Year Forward View. He said that it should be replaced by a payment by activity contract directly linking workload to resource. Some speakers disagreed but following an electronic vote conference supported this by 53% in favour and 43% against.

Salaried GP Model Contract

In a controversial item, Derbyshire GP Denise Glover said that while the model contract for salaried GPs was a professionally beneficial concept, and that terms no less favourable should be offered by all employers of GPs, that contract was no longer fit for purpose, placed unrealistic and unaffordable burdens on practices, and that the GPC should therefore renegotiate it. Conference agreed that the model contract was beneficial and equivalent terms should be offered, but rejected the idea that it was not fit for purpose and should be renegotiated.

CQC

In an impassioned speech, GPC member and West Midlands GP Grant Ingrams deplored the ‘bureaucratic and incompetent nightmare’ of the CQC, and proposed that it should be decommissioned and funding reinvested in frontline services. Leicestershire GP Chris Hewitt agreed and said that CQC does not help patients and should be scrapped. Many other speakers supported this and the motion was passed.



Grant Ingrams

GP trainees

The conference agreed that, overall, more effort was needed to recruit GP trainees and provide them with support to cope with the increasing workload pressure. Birmingham GP Pooja Arora said that it was ‘no secret’ that general practice faced its biggest recruitment crisis yet, and there was a need to improve its perception among medical students. She said that Wessex LMC had found through surveying GP trainees that workload pressures, quality of life and ‘media-bashing’ were the key problems. However she and others felt that general practice still had a lot to offer. London GP Syed Husain said ‘This is an attractive career and we want to keep it that way’. Conference agreed that better funding for trainers was needed, and plans to cut trainees pay should be ‘vigorously opposed’. It was also important to ensure that GP training met education needs.



Pooja Arora

A BMJ Article in November 2014 had suggested that less than one in ten medical students want to become GPs and only one in four want to by the time they graduate. GP trainee vacancy rates were up to 30% according to Richard Wakefield from Cambridge. One

answer was for medical schools to provide more information about general practice, or the government’s targets would look hopelessly unrealistic.

Conference also agreed with Dr Arora that the GP training curriculum should encompass more than just clinical training, and should include areas such as finance, management and IT. A rider was added to include the need for GP trainees to attend suitable courses. Will Ince, a first time speaker from Norfolk, said that as a new GP it was a struggle to cope with all this work as well as the clinical element of the role and that it would have been helpful to have some preparation for this.

Patient Safety

Devon GP Bruce Hughes proposed that practice list size should be limited to no more than 1500 patients per WTE GP. This was disputed by others who felt that such a limit would mean patients may lose their GP service and that now was not the time to implement such a measure. In the end this was passed as a reference, but conference agreed that funding should be increased to offer 15 minute consultation times, and that practice should have the right to declare major incidents along the lines of A&E when capacity and safety were exceeded.



Violaine Carpenter

Out of area registration scheme

The out of area registration scheme for general practices has been ‘a disaster’ and has fragmented patient care, insisted GPs who wanted to negotiated its end. They also condemned NHS England for not providing a comprehensive home visiting service for patients registered as ‘out of area’. Hertfordshire GP Violaine Carpenter said the scheme meant families could register different family members at different practices, and this presented child protection concerns as well as being bad for continuity of care. She believed that the ‘holistic, family oriented model’ of general practice had been compromised since the scheme began, and that it was detrimental to patient care. Thanks to BMA lobbying last year, the extension of the GP boundaries scheme had been delayed after it became clear that patient care was potentially being compromised. However it did go ahead in January 2015 but with many areas not having commissioned home visiting for these patients.



Sue Roberts

NHS 111

Somerset GP Sue Roberts told the conference that NHS 111 had failed, and should be scrapped by the government. She told the conference that the service, which is staffed by non-clinically trained operators, had resulted in a ‘risk-averse triage system’ that piled unnecessary demand on under pressure GPs and hospitals, saying ‘it isn’t fast, it isn’t easy, and there’s a lot of money being spent on a service that should be scrapped’. Birmingham GP Fay Wilson said that the service was at best superfluous and at worst a hindrance to clinicians trying to provide proper care. As an out of hours doctor she said that two thirds of the patients they saw out of hours were forced to use NHS 111, and as much time was spent on sorting queries and checking information as was spent previously in clinicians actually handling the calls. Sian Whyte from Milton Keynes also called for an end to NHS 111, saying that the money saved could be better invested into out of hours and local GP services. GPs were so frustrated with the system that they rejected calls for the service to be recommissioned locally or based on early skilled clinical triage – the system was so broken that it would be better to abolish it altogether.

Integration of health and social care/’Devo Manc’

GPs should be more involved with integration of health and social care decisions in Manchester, the conference agreed, deploring a lack of consultation with the area’s LMCs about the plans, which will see a raft of powers handed form central government to local authorities working with health bodies in the city. Manchester GP Tracey Vell told the conference that doctors had a chance to shape changes in the region, following an agreement to hand the city’s £6bn health and social care budget to ten local councils from next April. Dr Vell, who is now part of the programme board overseeing the region’s devolution process, said that LMCs did now have a part to play but that they needed support. But Coventry GP Jamie Macpherson expressed his frustration at the lack of prior discussion



Tracey Vell

of the plans with the health service. He said ‘My concern is that policy which is going to bring a sea-change to the way healthcare is provided in the country is being presented without due consultation or consideration’.

GPs said they supported integration when it was in patients’ best interests, but wanted assurances that existing NHS providers and contracts would be protected. There were also concerns that devolution in Manchester could lead to an increase in privatization of health services.

Future of the GP contractor model

Liverpool GP James Graham told the conference that the model of self-employed independent practitioner had been so eroded by the current contract and regulatory regime that the GPC should be exploring the establishment of a fully costed salaried GP service. He said that the independent contractor model had been a good one but the contract had made it impossible and the only way to manage workload would be to move to a salaried service. Anu Rao, a first time speaker, said that on the contrary the partnership model would sustain primary care in future and the ethos of this model allows practices to provide bespoke services.

With speakers both in favour and against, many of whom suggested that a new GP contract was needed, in the end this idea was emphatically lost.

Later in the proceedings the conference also agreed that GP partners should not be allowed to access the goodwill in their practices as an effective way to allow general practice to evolve.



Helena McKeown

In many debates, there was great concern about the fate of practices that were no longer financially viable due to factors such as staff shortages or funding withdrawal. Wiltshire GP Helena McKeown said that GPC needed to act urgently to mitigate the financial risk to partners left to pick up the pieces – in particular the ‘last man standing’ where the final partner to leave would face covering all the costs of winding up the practice. Conference agreed and said that this could involve a change in the partnership model to limited liability practices.

On general negotiating issues, Cumbria GP Michael Hadley argued that GPs needed reimbursement of net expenses and a halt to the demise of seniority payments, along with an immediate increase in resources to reflect the increase in consultation rates. Conference agreed but were more cautious about the proposed halt to the demise of MPIG and the concept of a guaranteed average net remuneration. However they were unanimously agreed that the current formula based contract was unfit for purpose as it failed to recognize increasing demand or to incentivize the expansion of primary care envisaged in the Five Year Forward View. More funding should be moved into the core contract, said Devon GP Duncan Badner – things would have to be done differently to ensure safety and financial stability for practices.

General Medical Council

The GMC was creating a ‘climate of fear’ for doctors being investigated under fitness to practice procedures, the conference insisted. They demanded that GPs under investigation for alleged misdemeanours should be presumed innocent until proven otherwise. They also called for the GMC to implement the recommendations of the independent 2014 report Doctors Who Commit Suicide while under GMC fitness to practice investigations. Glasgow GP John Ip said that the strain of investigations left doctors practicing ‘in fear of their GMC registrations’. Hertfordshire GP Katie Bramall-Stainer said the often lengthy investigation periods, sometimes taking two years, were hardly a reasonable time to have the ‘sword of Damocles’ hanging overhead. Emmanuel Owoso, a locum GP from Swansea, told the conference about the experience of a fellow doctor being investigated by the GMC for failing to prescribe diazepam for a patient he thought might be abusing the drug. The patient



John Ip

complained to the GMC who then sent letters to ten local practices in which this doctor might have worked, asking if they had any concerns about him. ‘This is not good enough’ said Dr Owoso ‘we know the GMC has a responsibility to protect patients but at the same time it must support and protect doctors’.

Any doctor who is being investigated by the GMC can access the Doctor Support Service, which the GMC has commissioned the BMA Doctors for Doctors unit to provide. The service provides free confidential emotional support from a specialty trained fellow doctor, accompanying a doctor to a hearing if necessary.



Krishna Kasareneni

Doctors and Dentists Review Body (DDRB)

The conference rejected calls to abandon pay negotiations through the pay review body, but agreed that the government has ‘fatally undermined’ the process. It was ‘unacceptable’ that the government had repeatedly ignored and overridden the findings of the DDRB. However, the conference ruled against a return to direct negotiations over pay, contract and conditions. Buckinghamshire GP Stefan Kuetter said that negotiations through the DDRB were ineffective as the government only took note of findings it supported. He added that in direct negotiations, GPs should be prepared to use strike action as a last resort, pointing out that this was an option for other emergency services. He said that GPs should ‘fight back and stop taking it’. But Sheffield GP Krishna Kasareneni, while agreeing that recent government decisions had been unacceptable, warned against abandoning the DDRB process altogether as it was the best option for improving pay and conditions. ‘The DDRB at least in principle is supposed to be independent...we will get nowhere negotiating directly with the government’.

Occupational health services

Mental health support services for GPs must be restored to tackle the profession’s workforce crisis, the conference decided. A fully funded occupational health service should be introduced for all GPs and practice staff to address the ‘catastrophic’ retention crisis in general practice. Devonshire GP Peter Williams said the stresses and strains brought on by the demands on general practice were leading to many GPs either retiring early or choosing to work abroad. He said ‘Increasing numbers of GPs are depressed, we have one of the highest suicide rates of any profession, and this will only rise as will the exodus from the profession. We demand that NHS England reinstate a fully funded and accessible occupational health service for all GPs’.

Cumbria GP Peter Weeks added his support to the demand saying that a bespoke mental health service was needed to care for doctors so that they could care for patients. GP practices have had to fund occupational health services for their staff since last April, after NHS England cut central funding. This has led to a patchy service across the country with GPs only eligible for support when the situation is desperate.

Five Year Forward View and New Models of Care

Annette Bearpark from Leeds proposed that any new models of care should be founded on a national core GP contract and that health and social care teams should be developed around practices. There was firm agreement that list based general practice was the most effective way to deliver primary healthcare to patients, and that the partnership model of general practice should remain a viable option. There was also support for the idea that larger general practice organisations should not be allowed to destroy continuity of care, and that GPs should not be forced into these larger bodies.

However conference also asked GPC to produce guidance on alternatives to the partnership model and that GPC should actively and practically support the formation of GP federations and provider organisations.



Alan McDevitt



Charlotte Jones



Tom Black

Scotland, Wales and Northern Irish Models of Care

In a break with the usual format, the conference heard three separate presentations from Alan McDevitt (Chair of GPC Scotland), Charlotte Jones (Wales GPC Chair) and Tom Black (Chair of NIGPC) which was integrated into the debate on new models of care. Each Chair of the developed nations explained the models of care that they were working on and trying to develop in their respective countries.

This provided an excellent foil to the English plans and allowed a United Kingdom view to be discussed and debated. This innovation was particularly well received by conference.

Other issues

Other key areas covered in debates at the conference were as follows:

- Mersey GP Ivan Camphor's proposal to have one GP contract across the UK was lost.
- Conference agreed that appraisal had become a burden for GPs and was no longer a formative experience. However this was not necessarily true across the UK as Wales in particular already had a formative appraisal system in line with GMC requirements.
- The proposal that GPC should undertake a study of medical defence cover for GPs, and investigate Crown indemnity, was carried. This followed alarm at the increasingly prohibitive costs of defence cover for GPs that was making it uneconomic for some GPs to practise.
- Clinical issues discussed included the ending of category M (as a reference to GPC) and the maintenance of an annual ceiling price for generic products. Conference also agreed that the expected use of antivirals demanded by Public Health England had weak evidence and was not part of core general medical services. However the concept of free prescription medicines for all patients was lost.
- Conference agreed with Avon GP Lee Salkeld that the unplanned admissions enhanced service lacked evidence and was destined to fail, especially as it was not having an impact as planned on hospital admissions.
- The use of the PM Challenge fund to extend practice opening hours was undermining GP out of hours services, conference agreed.
- Devon GP and GPC member Mark Sanford-Wood said the Health and Social Care Act and the Data Protection Act were conflicting and should be amended in respect of data governance. There must be reform and also indemnity for practices complying with the HSCA. However the proposal that GPs should no longer be data controllers was not supported.
- Conference agreed that meaningful collaboration between primary and secondary care could not happen while secondary care was paid for through payment by results, and primary care on a block contract.



NHS Primary Care

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