

# LMC EXPRESS SPECIAL EDITION: CONFERENCE OF UK LMCS 10-11 MAY 2022



## Annual conference of representatives of LMCs UK - day 1 Morning session—Dr Caroline Rickard, Kent LMC Medical Director

The week after the Health and Social Care Act passed through parliament the UK LMC Conference took place in York, in person for the first time since the pandemic. The joy of seeing old friends was tempered by the reality that we are debating recurrent themes with an even heavier heart as we see our patients facing long waits for hospital treatment and workload transfer increasing exponentially as every part of the system is under strain.

The motions reflect the frustration the profession feels. Dr Philip White, GPC UK Chair opened the conference commending the effort of General Practice during this challenging time.

The mornings motions concentrated on the increasing workforce crisis, morale injury, and a plea for reforms to understand the implication of current government proposals on workforce and retention and the viability of practices. GPC UK have been mandated to review and compare the GMS contracts of the four nations.

GPs worn down by the continual negative tirade of the media voted for the GPC to push for clear and comprehensive messaging to the public, clarity for patients. Locally Kent LMC have been working with the CCG media team to push positive communications regularly and continually to the media to turn perception around, including education to the public around who to see when and what problems to see allied health professionals for. The issue we find again and again is the appetite for good news stories is low. Our LMC representatives are regularly engaging both local and national media at every opportunity.

The following motion, which passed, reflected the consequence of the negative media campaign with the proposer of motion 8 quoting that 85% of GPs feel that patients are not always safe and 70% feel that things are getting worse. 84% of GPs felt unwell because of work. Funding has not kept up with demand, and GPs are reducing their sessions to cope, which then makes the work harder. Health and safety of the workforce is paramount to maintain patient safety.

The Core Hours motion, already picked up by the Daily Mail, proposed that the GMS core hours be negotiated to be 9-5. The proposer, from Avon, argued that the current hours of 8-6.30pm are at odds with family life, not compatible with childcare and consequently reduce working availability and workforce. Kent LMCs Zishan Syed supported the motion, speaking of the desperation of practices signing up to the PCN DES as there are no other options available. We heard speakers against, particularly from Out of Hours Care, stating the additional hours would destabilise an already fragile service. The motion was NOT passed, with 61% of delegates voting against, 35% for and 4% abstaining.



We heard an important motion around sponsorship for International graduates. General Practice is losing graduates as they find it easier to gain sponsorship in Acute Trusts, this motion was passed overwhelmingly.

Dr Jack Jacobs spoke for motion 11 in his maiden speech at Conference, discussing the advantages of the multi professional team for the patient. This motion passed.



## Afternoon Session, Dr Manoj Jha, East Kent LMC Representative

Themed debate on unresourced workload was appropriate for the situation. Primary care is facing a crisis situation and is at the end of its tether due to transfer of workload from secondary care. Several suggestions were made:

- ♦ Secondary care should do their own referrals, blood tests, chase blood tests, seek notes, & prescriptions.
- ♦ Secondary care should stop doing remote consultations.
- ♦ Direct access for the patient to prescriptions and results done by the hospital.
- ♦ To bill secondary care for work outside GP contract.
- ♦ The phrase "GP to chase" should be banned.
- ♦ The Trust should publish waiting times

Motion 13 was very popular and practical, it was about the impact of waiting times for secondary care NHS treatment, both on patients and on GP practices.

- ♦ Delays in secondary care is causing harm and affecting patient safety.
- ♦ Additional funding should be provided to support additional workload created by increased waiting times.

Motion 15 was again a popular motion regarding sessional GP and portfolio practices.



- ♦ It recommended that the BMA salaried GP model contract is urgently reviewed.
- ♦ Elements of salaried GP contract to be incorporated in to the portfolio GP contract.
- ♦ There should be workload sensitive job plans and salaries.

Motion 17 was regarding the Independent Contractor Model. The Motion believed that nationalised general practice is not in the best interest of patients or doctors. The Government has failed to recognise the value of the Independent Contractor Model for delivery of primary care. Call for the GPC to take all necessary action to defend and promote the Partnership Model and Independent Contractor status of general practice in the UK.

## Day Two Morning Session—Dr Andy Parkin, Kent LMC Medical Director

It was good to be back at an in person conference and to see all of my LMC colleagues, without a laptop screen around their heads!

Conference itself felt bad tempered and fractious, possibly a reflection of the pressures we are all currently under in General Practice. The gap between England and the rest of the UK nations was ever more apparent. Scotland, Wales and Northern Ireland were, in general, content with their relationship with their GPC and Government. England was very much not!

Wednesday morning began with a report from the chair of GP trainees, Euan Strachan-Orr. Proposed changes to GP training to make more flexible, appropriate and accessible were discussed. A survey of trainees showed shocking levels of reported bullying, sexism and racism with 30% not planning to work as GP post training, worrying food for thought for our future.

Motion 19 proposed ensuring all speciality training to include 3 months of GP placement to improve knowledge of General Practice in secondary care, proposed by Wendy Outwin from Norfolk LMC. Confidently supported by Reshma Syed of Kent. Worries were raised regarding capacity, costs and implications. Passed as a reference.

Motions 20-22 were all passed with little dissention regarding improving MRCGP access for disabled doctors, continuity of care and reduction in health inequalities.

Motion 23 proposed by Tamara Hibbert from Newham stated that recent digital innovations have



increased health inequalities, for our most vulnerable patients, and called on the GPC to insist in all negotiations that individual practices have the right to determine the most appropriate form of consultation to best serve their patient's needs and calls on the UK government to investigate the impact of recent digital innovations on health inequalities. Passed with an excellent speech from Kent's Raj

We then had talks from the Cameron fund and Claire Wand funds emphasising the important support they can provide to GPs.

Then followed a themed debate on the pros and cons of having a National association of LMCs, some good speeches including Kent's Zishan Syed and others, this was mainly thought to be

English issue by the 3 devolved nations.

The morning finished with motions on dispensing payments, environment and premises and enhanced service, all passed with little dispute.

## Afternoon Session—Dr Jack Jacobs, Kent LMC Medical Director

Despite being the final afternoon session of the conference there was still a palpable sense of engagement in the hall.

**Motion 27** Medico and Legal indemnity following recent 'folic acid' legal case GPC UK should research the benefits of a no-fault medical compensation scheme to replace current tort-based-system. This was an uncontroversial motion proposed by Cambridgeshire LMC and carried with a significant majority. A real recognition of the less than transparent system for talking about errors that currently exists in health care in the UK when compared to more open transparent debate in other safety critical industries such as flying.

**Motion 29** – Social Media that conference believes the GPC show have more of a social media presence to engage with and respond to grass roots GPs. This motion was carried and fed into many discussions about representation of General Practice in all its guises of locums, salaried and contract holders.

**Motion 30** – That conference agrees that non clinicians who are partners in General Practices with a signed partnership agreement and are LMC representatives are fully able to enjoy the same rights of voting and proposing at conference as GPs are. Quite a lively debate reflecting to some extent the challenge faced by practices in how they are run and who runs them. There were some conflicting views on whether allowing others to vote might dilute and destabilise the voice of General Practice. However, the sentiment / majority in the room supported the motion.

**Motion 31** – That conference remind GPC UK that conference exists to formulate policy which GPC UK should endeavour to implement and calls for GPC to publish an annual business plan, bi annual report, and quarterly update report to LMCs. This



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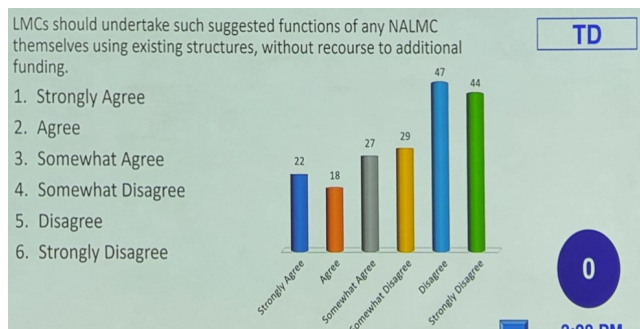
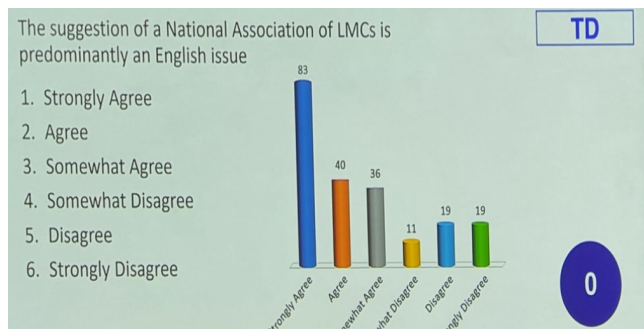
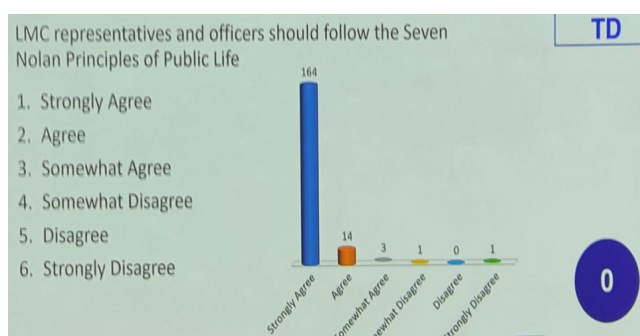
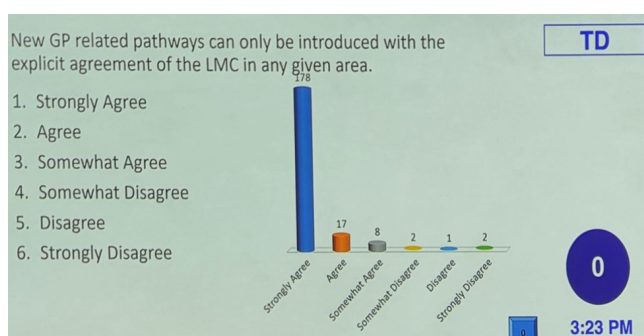


motion reflected a theme throughout the last 2 days reflecting a concern that what was debated and discussed at the conference did not seem to result in change of GPC policy, which is clearly frustrating. Most GPs spoke in favour of this motion suggesting LMCS needed to better understand what BMA thinks of conference, and for conference to understand the blockers to achieving proposed motions. The expert panel Phil White, GPC UK indicated that some of these recommendations had been already happening ( eg. recent GPDF report). Motion was carried

**Motion 32** –That conference with regard to fit notes, observes that most GPs do not have occupational health qualifications and i) it is a huge drain on GP resources. ii) congratulates UK government for extending self-certification for 28 days temporarily in Covid iii) believes 28 days should be the new normal for self-certification iv) General Practice is not the best placed to assess fitness to work v) illness for more than 4 weeks in length should be referred to an independent occupational health assessment. An interesting debate with the different element of the debate gaining support while others did not. A wide recognition of the workload 7 days currently imposes on GPs which seems to be of little value that an extension to 28 days would be supported. However, whether GPs should or should not continue to support fit notes divided opinion somewhat. It was clear that some GPs feel fit notes are a core part of holistic care, that in most cases GPs can get a handle on whether a patient should or should not be working and GPs want to the opportunity to advocate for patients. On the other hand, it is also clear that most GPs do not have occupational health training the process is time consuming and at times challenging. It was noted that realistically there was felt to be little chance of a properly funded occupation health alternative service as suggested by v). Conference voted and carried i),ii) and iii but parts iv and v were only carried as a reference.

### Themed Debates

A new element to conference where the conference committee tried to bring together themes based on motions and debate over the proceeding 1-2 days to give a clearer steer to the GPC. The themes were displayed and then voted on using a graded system from strongly agree to strongly disagree. Here are the outcomes.



## Reflections from Kent LMC Delegates and Observers Kay Acott, Kent LMC Practice Management Executive

As a first time conference attendee, it was great to take in the palpable sense of relief and enjoyment of being together at conference in person. The debates were lively and considered, occasionally contentious and often good humoured. The Kent LMC reps spoke eloquently for and against a number of the motions, reflecting many of the concerns that are being discussed locally.

Throughout the debates, there was definite sense of frustration from GP's speaking about ongoing workforce and workload pressures, with no tangible solutions being offered by the government. Certainly, the majority of motions touched on these areas. Whilst this was a 4 nations conference, the obvious frustration felt by GPs in England, at the perceived lack of appreciation and empathy from government for the pressures GPs are under was evident in many of the debates. The phrase 'be careful what you wish for' was frequently repeated, suggesting a lack of trust in government or the media to take any feedback at face value.

Another common theme was for better centralised communication to patients to explain the challenges being faced by primary care and also a desire for an improved interface and common understanding between primary and secondary care.

The pre-conference, headline grabbing debate, was the Avon motion proposing primary care contract hours be amended to 9am

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to 5pm to manage the mismatch between workload demand and workforce. Although the motion wasn't upheld, it led to a very lively debate in which both Dolly Parton's, '9 to 5' and Aretha Franklin's, 'R.E.S.P.E.C.T.' were referenced!

Considering the impact of covid on primary care over the past 2 years, either through loss of workforce or the incredible efforts of primary care in delivering the covid vaccination programme, there was a surprisingly limited reference to Covid throughout the conference. Maybe everyone was just so relieved to be working normally to want to dwell on the pandemic.

The overriding message was the desire to deliver the best possible care to patients, but that this was a community that felt they were losing control of being able to deliver that due to workload and workforce pressures and that until these two issues are resolved in some way, it will remain a constraint on primary care's ability to move forward.

## Dr Zishan Syed, West Kent LMC Representative

Kent LMC represented itself very well in conference this year. Regretfully despite submitting some amazing motions, the agenda committee once again refused to allow even one of them to be heard. This is deeply disappointing especially when all of us are working so hard for representation.

All speakers have spoken very well in this year's conference. Many of us submitted more than one speaker slip to speak in multiple motions but were denied the opportunity to speak as much as we would have liked. We also felt considerable frustration at debates being shut down on the pretext of them being 'England issues'. For this reason, the UK LMC conference is looking increasingly obsolete and I suspect in time some LMCs may abandon attending it altogether.

We had dinner in the Railway museum which proved to be an interesting experience - Some might call it a bit of a train wreck (apologies for the pun but I could not resist!). GPDF is refunding meal costs as unfortunately dinner did not go to plan, but the pleasant company made up for any disappointment.

Kent LMC is strong and will continue to represent grassroots GPs. Onwards and upwards!

**Dr Jack Jacobs, Kent LMC Medical Director**

I have been working for the LMC for 6 months now and have started to gain an understanding of the many different roles we play in what is the complex architecture of the NHS system.

But fundamentally the LMC is about supporting practices to enable GPs, allied healthcare professionals and the wider practice team to work in partnership to provide holistic care for their local communities. The current independent contractor model funding practices has proved extremely resilient, being in place for over 70 years, but as never before it is now being scrutinised by our masters in NHS England, the Department of Health and indeed politicians. In England this debate has spilled into the mainstream media creating a toxic environment. So, what next, what are the key issues for all of us and how do we address them? I genuinely believe that LMCs rooted in the front-line issues of day-to-day practice make a difference, we support where needed, clarify if required and share learning with innovation to synthesise issues and help provide solutions. We do this regionally day to day in whatever guise the system appears in whether that be Primary Care Trusts, CCGs or soon to be ICSs. But we also need to feed into the national debate, we need to identify and amplify issues share some of our innovation and this is where the conference of LMCs comes plays a role.

So, what happens in the national LMC conference and what is the process for identifying emerging themes for debate and discussion?

**Specific motions and debates** A few months prior to the conference all LMCs across the UK submit ideas / motions for consideration, these might range from broad ranging themes to specific contractual areas. The motions are submitted to the conference committee a few weeks before conference and are themed and prioritising selecting about 15 for debate.

At the conference the prioritised motions are introduced by the nominating LMCs, debated, and then voted on. The proposing LMC has 3 minutes to describe the motion its purpose and why it should be voted for. Following this any of the voting members can submit a request to speak for or against the motion (each has 1 minute to speak). Following this and there can be a number for and against, all voting members vote, if there is a majority for the motion it gets passed.

**Soapbox** Any participant talk on any issue for up to one minute about an issue relating to General Practice, again themes are taken from this to help formulate opinion for ongoing negotiation

**Themed Debate** – A specific area is given a prolonged time for debate there is no proposing motion but an area picked from information received is given over to this area. Any participant can then speak to this theme for up to one minute, there is also a slide option for those not wanting to speak. Again, the themes are used to feed into future negotiations and policy but not voted on.

**Hot topics** I suppose there are always going to be more controversial motions proposed and on day one the motions suggesting GP core hours move from 0830-630 to 09-5 was it. Having received some attention in the national press you could feel the tension in the room rise as the motion was debated. Dr Shaba from Avon LMC proposed the motion, passionate, determined hoping that more sensible working hours might make the profession a more attractive place to be and reduce the well-known



problems with GP recruitment and retention. Dr Zishan WK LMC spoke strongly in support of the proposal suggesting supporting the motion would send a clear message to NHSE to counteract the ever-increasing perceived desire for GP services to be 8-8 seven days a week. Other GPs spoke against the motion suggesting a reduction in hours could reduce funding, do nothing for reducing demand and send a negative message to the public. Following a vote, the motion was not carried forward.

**Speaking up** On Tuesday at 1230 a motion proposing 'an overhaul of processes for modern general practice to account for services provided by the extended general practice team' was proposed by Avon LMC. It was time I aired the views and reality of practices in Kent & Medway so I submitted my slip for permission to support the motion and waited. As a first-time speaker you are almost guaranteed the opportunity, so I was called up. Standing on a stage light glaring with an audience of your peers focusses your mind, not everyone supports the idea of diversifying staff but I know in Kent & Medway that's exactly what practices have done sometimes out of needs sometimes out of innovation. As soon as I started to talk, I realised my prepared notes weren't much use under the glare of the lights I couldn't read them, but actually I didn't need them. I know the issues I was clear in my mind what we needed. I described the multidisciplinary work in Kent & Medway, that it was vital that allied health care professionals, working alongside GPs, should have the ability to refer / request tests based on capabilities not role. That messaging from the government / NHSE must be clear that your GP is now your GP team. I was not the only GP to support the motion and following a vote it was supported.

**Four Nations one conference** It really hadn't occurred to me that there are differences between the four nations contracting. For instance, who knew only England was developing Integrated Care Systems and that none of the other three countries of the UK had asked GPs to form PCNs. The stark difference was in moral, across the UK we are all trying to balance the impossible demand = provision equation, but the Scots representative were less brow beaten. Informing us they have a reasonable working relationship with their counterparts in government, similar in Wales but why? If you look, as I have, there is a clear difference in the government response to the current difficulties. The Scottish Government have not criticised GPs directly and have not encouraged the brutal media attacks experienced by English GPs. So, there we have it, same problems, same demand but with better supportive communication a less distressed workforce. Perhaps the Westminster government might take a more supportive approach? Perhaps we as English GPs should ignore the constant attacks in the press?

It was a real privilege to have the opportunity to listen to all the debates, despite an impending crisis, it gave me faith that there are a lot of committed, articulate professionals with an enormous amount of received wisdom working and supporting General Practice. The government would be foolish not to listen after all, in the words of our esteemed Chairman 'LMCs have been around longer than the NHS and are quite likely to be around in the event of its demise.'

## Dr Theo Bennett, West Kent LMC Representative

Being new to the LMC with only a few meetings under my belt (all of which were remote) and an agenda filled with talk of motions and debate I was unsure what to expect from conference. Fortunately a train journey to York with two good colleagues for company and reassurance I was less anxious by the time I had arrived! It was lovely to meet my fellow LMC rep's in person for the first time.

Day one of the conference was very interesting. Among the motions discussed was GP core hours of 9-5 GP and there was healthy debate around this. As many are aware following the headline news the motion wasn't passed. I braved (with much support from my colleagues) standing on the podium to support a motion for more CPD/SPA time for GPs in accordance with what our hospital colleagues are given and to my relief wasn't heckled!

After an evening at the National Railway Museum with dinner the following morning kicked off early. Again, well thought out motions were debated from safe workload limits, supporting trainees and current wait times within secondary care and the impact on primary care.

The Cameron Fund was well represented at the conference - something I knew very little about but I will be sharing the details with colleagues. If you aren't aware of it but want to know more it's worth a look. <http://doctorshelp.org.uk/charity/the-cameron-fund>.

At the end of the two days with no more motions to debate or reports to hear I collapsed on the train home reflecting on what a great few days at conference I had and hope to repeat in the future.

## Kent LMC Annual Conference 2022



### 'General Practice – the Next 5 years: Tomorrow Starts Today'

will be held on Thursday 29<sup>th</sup> September 2022  
at the Ashford International Hotel, Simone Weil Avenue, Ashford TN24 8UX.

Keynote speakers include Dr Farah Jameel, Chair of the General Practitioners Committee and Cedi Frederick, Chair-Designate, Kent & Medway ICB. To book your place please click [HERE](#)

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