Scottish Local Medical Committee Conference

Agenda

To be held on 14/15 March 2013
at The Beardmore Conference Hotel, Clydebank, Glasgow

Chairman Dr Bob Mack (Dumfries & Galloway)
Deputy Chairman Dr Hal Maxwell (Ayrshire & Arran)

Conference Agenda Committee
Dr Stuart Blake (Lothian)
Dr William McAlpine (Ayrshire & Arran)
Dr Mary O’Brien (Tayside)

Principal Sponsor for 2013 conference

MPS
Conference format, rules of debate and an explanation of the SLMC conference agenda

A pack of information is posted to you in advance of the conference. This contains a copy of the Conference Agenda, a welcome letter from the Chairman of Conference and information relating to the timing of the conference. Please bring all this information with you to conference.

The Delegate Pack and your name badge are issued at the Conference Registration desk located by the entrance to the conference centre in the foyer of the Beardmore Hotel. This pack contains The Standing Orders, election information, election timetable, your voting papers, if you are eligible to vote, a travel claim form and a conference evaluation form.

The procedures of the SLMC conference are covered by The Standing Orders. These set out the formal rules and there are times when they need to be rigidly applied. That said, the SLMC conference adopts a relatively informal and interactive debating style and it may be helpful to describe in advance, what is proposed.

The Agenda is divided into sections. Each section is allocated a time slot and the Chairman will try to ensure that as many motions as possible are debated in each section. Some motions have been bracketed together with a heavy black line in the left hand margin. One of these motions might have an asterisk. The Chairman will lead Conference to debate the asterisked motion although the debate will cover all motions in the bracket. Some motions will have been re-written or combined by the Agenda Committee prior to issuing the agenda to try and highlight the key points of similar motions. In this case, the LMC whose motion is printed immediately under the Agenda Committee motion, will be invited to open the debate.

There are no speakers’ slips. There are however, Proposer of Motion slips which should be completed and submitted to the Agenda Committee. The Agenda Committee members are located at the back of the Auditorium. The Chairman will ask The Proposer to open the debate from the podium. The debate then continues from the floor, from Representatives who signal to the Chairman that they wish to speak. The Chairman might ask who wants to speak for or against a motion, so that a balanced view is put across. Guests have Observer status and are not permitted to speak at conference. When the Chairman asks Representatives to vote, please hold up the brightly coloured voting card which is in your delegate pack.

Timetable constraints apply to all speeches. Three minutes are allowed for the proposer and two minutes for each speaker from the floor and this is indicated by ‘traffic lights’ located adjacent to the speakers’ podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.
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RETURN OF REPRESENTATIVES

1 The Chairman: That the delegate list be received.

MINUTES

2 The Chairman: Receive the minutes of the conference held on 22 March 2012 as approved by the Chairman of Conference in accordance with Standing Order 26.

STANDING ORDERS

3 The Chairman: That the following amendments be made to the Standing Orders for Conference of Representatives of Scottish Local Medical Committees (GP) 2013:

   Section 5 of the SLMC Standing Orders be amended to include 5 (v.):

   The SLMC agenda committee will oversee the process of updating SLMC conference policy. On an annual basis, policy that is 10 years old will automatically be lapsed. Policy between 5-10 years old will be considered and a decision taken as to whether individual motions will be lapsed or retained. Following this annual process, an updated policy document will be shared with LMCs.

REPORT OF THE AGENDA COMMITTEE

4 The Chairman (on behalf of the Agenda Committee): That the following report of the Agenda Committee be approved: The Agenda Committee is charged under Standing Order 12 (a) with the allocation of time blocks. Having considered the motions submitted for inclusion in the agenda, the committee has recommended a starting time for certain blocks of motions (to follow).

REPORT OF THE CHAIRMAN OF THE SGPC

5 The Chairman: Receive report from the Chairman of the SGPC.

CONTRACTS AND NEGOTIATIONS

* 6 Grampian: That this conference congratulates SGPC negotiators on the negotiated contract changes in Scotland, and welcomes the Scottish Government’s willingness to reach an agreed position.
Ayrshire and Arran: That this conference wishes to congratulate the SGPC negotiating team for managing to reach a negotiated settlement with the Scottish Government for the GMS contract for 2013-14.

Glasgow: That this conference commends SGPC for their hard work in negotiating a ‘Scottish’ agreement to the 2013/14 contract impositions.

Glasgow: That this conference calls upon SGPC to continue to work with the Scottish Government to ensure that the GMS contract delivers for GPs and patients.

* Agenda Committee: That this conference:
  i. believes the GMS contract agreement for 2013-14 between SGPC and the Scottish Government does little to help with the overwhelming workload now faced by general practice
  ii. believes further under-resourced changes to the QOF will increase workload and thereby could put patient safety at risk
  iii. asks SGPC to seek the necessary resources from Government to allow the needs of patients to be met by general practice.

Ayrshire and Arran: That this conference:
  i. congratulates the negotiating team on their success in reducing the damage to Scottish general practice with the 2013-2014 contract agreement
  ii. believes this agreement does little to help with the overwhelming workload now faced by general practitioners and their teams caused by demographic changes and the move of unresourced work into primary care
  iii. asks SGPC to meet with government to seek the necessary resources which will allow primary care to meet the needs of its patients in the future.

Lothian: That this conference:
  i. congratulates SGPC and the Scottish Government on negotiating contract changes which appear less damaging than those imposed in England, but
  ii. believes that further under-resourced changes to the QOF are unsustainable and, far from ‘improving patient care’, will increase workload and thereby put patient safety at risk.

Glasgow: That this conference believes that GP workload has not been controlled with the current GMS contract.

* Ayrshire and Arran: That this conference recognises the growing divergence in health service direction and policy between the London and Edinburgh administrations and welcomes moves towards a Scottish GP contract.
**Ayrshire and Arran:** That this conference believes that, given the success of contract negotiations in Scotland and the failure in the rest of the UK, the time is now right for a wholly separate and independent GP contract in Scotland.

**Glasgow:** That this conference believes that as different models of NHS service delivery evolve amongst the different nations, that maintenance of a united UK contract becomes less and less achievable.

**Dumfries and Galloway:** That this conference believes the GP contract should continue to be negotiated at a UK level but allow variation in the devolved nations.

**Dumfries and Galloway:** That this conference believes that the GMS contract should continue to be negotiated on a UK basis with provision for variation in devolved nations.

**Grampian:** That this conference, while recognising the wisdom of last year's advice that a new contract is seldom the answer to a problem, accepts that a progressively more Scottish contract, within the UK GMS framework, may allow for the protection of Scottish general practice and Scotland's patients from the unwelcome impositions and ideology elsewhere in these isles.

**Ayrshire and Arran:** That this conference believes that given the increasing complexity of the GMS contract:

1. the time has come to look at the merger of section 17c (PMS) and GMS contracts into a common single contract for Scottish general practice, and
2. calls on SGPC to explore mechanisms to move all GP practices to a standard GMS contract.

**Ayrshire and Arran:** That this conference acknowledges that with the variety in models of provision of general practice within Scotland a one size fits all contract may be difficult to achieve.

**Ayrshire and Arran:** That this conference believes most GPs understood that the 2004 contract was negotiated between two equal parties who entered into an agreement which could not be changed unilaterally by one side and now that we discover that this is not the case ask GPC / SGPC to seek urgent talks with Government to negotiate such an agreement.
HEALTH & SOCIAL CARE INTEGRATION

Agenda Committee: That this conference, with regard to health and social care integration, believes that:

i. legislation could potentially deliver significant health gains to the Scottish population
ii. locality planning should be based around clusters of GP practices
iii. local GP practices must be engaged in decision making
iv. there should be defined places on the proposed Health and Social Care Partnership Boards for GP representatives who are elected by and accountable to their local GP colleagues
v. GPs involved should be fully funded for any extra workload and time.

Lanarkshire: That this conference believes that health and social care integration:

i. can potentially deliver significant health gains to the Scottish population
ii. must recognise the importance of strong clinical and professional leadership and engagement with local GP practices in decision making
iii. implements locality planning around small clusters of GP practices.

Lothian: That this conference believes that, as GPs are central to medical care in the community, there should be defined places on Health and Social Care Partnership Boards for GP representatives who have the evidenced support of, and accountability to, their local GP colleagues.

Tayside: That this conference believes that any extra workload and time for GPs' involvement in health and social care integration is fully negotiated and funded.

Grampian: That this conference, while recognising the good intentions behind health and social care integration, implores Scottish Government not to make the mistake found in many CHPs of marginalised clinical leadership, but rather to embrace the possibilities that GPs could bring as advocates for their communities and drivers of health and care improvement.

Borders: That this conference believes that for health and social care integration to work there must be significant investment in IT.

Dumfries and Galloway: That this conference believes that health and social care integration is threatened by over management and bureaucratic burdens, therefore must caution both Government and Health Boards to avoid this and concentrate on freeing front line workers to co-operate for the benefit of patients.
Fife: That this conference believes that health and social care integration will benefit adults with complex care, social, and medical needs but urges:
i. that general practice funding is not part of the integration as we deal across all age groups
ii. secondary medical services such as rheumatology, sexual health, paediatrics, mental health including community and mental health services that were often inappropriately in CHPs are not put inappropriately into a health and social care partnership.

BALANCE OF CARE

Agenda Committee: That this conference insists that there be no further transfer of workload from secondary care to primary care without pre-negotiated resource transfer and:
i. believes that a major increase in resources is required within primary care to cope with the expansion of medical and nursing care in the community
ii. is concerned about a decrease in the quality of patient care and possible harm to patients if adequate resources are not directed to the community
iii. calls for significant guaranteed long term investment in general practice
iv. calls for an increase in the number of whole time equivalent GPs.

Dumfries and Galloway: That this conference insists that there be no further transfer of workload from secondary care to primary care without pre-negotiated resource transfer.

Grampian: That this conference is dismayed by the ongoing unfunded transfer of work into primary care and is concerned about the impact that this continual stretching of the primary care team may have on patient care.

Tayside: That this conference believes that unless significant guaranteed long term investment in general practice to increase the number of whole time equivalent GPs is made further shift of care into the community will result in a decrease in the quality of care and possible patient harm.

Lanarkshire: That this conference believes that general practice cannot absorb the ongoing transfer of work from other parts of the service without the corresponding transfer of resources.

Ayrshire and Arran: That this conference believes that primary care requires a major increase in resources to cope with the expansion of care in the community.

Ayrshire and Arran: That this conference is deeply concerned about the aim to care for increasing numbers of patients in a primary care setting rather than secondary care without adequate resources being directed to the community to achieve this aim, particularly in the context of an ageing population.
Ayrshire and Arran: That this conference believes changes to older people’s care will fail unless supported by a substantial expansion of medical and nursing care in the community.

Forth Valley: This conference believes there should be no more shift of care without a shift of resource and this should happen immediately.

Ayrshire and Arran: That this conference asks that SGPC seeks talks with government to negotiate a “Change Fund for Primary Care” which would top slice Health Board funding to allow general practice to expand to allow it to cope with the pressures brought about by the transfer of work from secondary to primary care.

Agenda Committee: That this conference calls for the provision and resourcing of comprehensive primary care phlebotomy and health care support services.

Lothian: That this conference believes that the Scottish Government, as a minimum, needs to provide comprehensive primary care phlebotomy services, reflecting the transfer of workload from hospitals, and the increasing monitoring needs of patients.

Glasgow: That this conference call for:
   i. a proper debate amongst GPs, secondary care clinicians, and management about the unresourced workload burden being dumped on general practice
   ii. the set-up of community based phlebotomy and health care support clinics funded by secondary care resources to carry out work not included in the GMS Contract.

Glasgow: That this conference deplores GPs being made scapegoats for public anger when they decline to undertake work which has been unilaterally removed by healthcare managers from acute and community services under the guise of ‘service redesign and review’ with the expectation that general practice will carry it out unresourced.

Ayrshire and Arran: That this conference believes that primary care continues to deliver far better value for money than secondary care and therefore resources should be urgently transferred from secondary to primary care.

Ayrshire and Arran: That this conference believes that secondary care spending should be frozen indefinitely to allow money to be used to develop and expand primary care.
Dumfries and Galloway: That this conference believes that health and social care workers are not generic and bring different skills to the benefit of local teams. Clinical governance, professional development and professional autonomy must therefore be preserved for both groups whilst working jointly.

GOVERNMENT HEALTH POLICY

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Tayside: That this conference demands that the Government has a full and frank discussion with the public on how to fund the NHS if it is to remain free at the point of care.

Tayside: That this conference demands that the Scottish Government is honest with the public about the fact that the NHS, including general practice, can only deliver what they need and not necessarily everything they want.

Ayrshire and Arran: That this conference welcomes the Scottish Government’s announcement that Health Boards will cover the cost of registration fees for the Protecting Vulnerable Groups (PVG) scheme for those NHS workers who work with vulnerable groups but asks SGPC to seek an early meeting with Government to ensure that “NHS workers” include general practitioners and their employees.

Grampian: That this conference, while welcoming the Scottish Government’s objective to detect cancer early, urges authorities to put the necessary infrastructure in place in advance of such initiatives, to avoid the potential increase in waiting times that may result.

Ayrshire and Arran: That this conference believes that free prescriptions are a poor use of scarce NHS resources.

Ayrshire and Arran: That this conference believes that free prescriptions should be abolished for items available on an over the counter basis.

Highland: That this conference supports NHS Scotland's audacious aim to have 'harm free' care and demands that general practice is resourced equivalently to secondary care to undertake improvement methodology work.

UNSCHEDULED CARE

Glasgow: That this conference believes that out of hours GP services should not be expected to provide out of hours care to HM prisons.

Ayrshire and Arran: That this conference believes that NHS 24 should only be dealing with urgent medical problems in the out of hours period.
57 **Forth Valley:** That this conference demands that NHS 24 should no longer fax practices with patient confidential information and in line with the rest of the NHS use e-mail or the phone.

58 **Forth Valley:** That this conference is pleased NHS 24 is seeking experienced GPs to work with the organisation, but remains concerned about its performance and structure.

**RECRUITMENT & RETENTION**

59 **Grampian:** That this conference is concerned that general practice is once again becoming a less attractive career option for medical graduates, and urges SGPC to work with Scottish Government, NHS Education for Scotland and the Royal College of GPs to find ways to reverse this, before some of our communities, especially in rural areas, find their services being affected.

60 **Fife:** That this conference recognises that the government does not notice general practice until there is a recruitment crisis and believes that:
   i. difficulty in filling GP trainee posts is a harbinger of things to come
   ii. in some areas GP principal posts have remained unfilled despite adequate advertising in 2012.

61 **Dumfries and Galloway:** That this conference believes that GP recruitment and workforce planning is severely hampered by fiscal stagnation resulting from Government policy.

**PENSIONS & RETIREMENT**

62 **Glasgow:** That this conference:
   i. is concerned that proposed changes to the employers contribution of superannuation payments for locum GPs being discussed by the NHS in England threatens the stability of the locum GP pool to the detriment of general practice in general
   ii. calls on the Scottish Government not to follow England’s lead in this and instead works towards a solution which will protect the stability of the population of locum GPs which practices rely upon.

63 **Tayside:** That this conference urges the Scottish Government not to follow the UK Government in its proposal to move the funds for the employer’s contribution of GP Locums superannuation payments from Health Boards' funds.

64 **Forth Valley:** That this conference demands that GPs must only be asked to pay pension contributions at rates no higher than other public servants who are getting similar pension benefits.
Dumfries and Galloway: That this conference deplores the recently imposed changes to the NHS Superannuation scheme and warns of serious consequences in terms of recruitment and retention of GPs which is likely to lead to grave implications for workforce planning.

Glasgow: That this conference is proud that GPs in Scotland took a principled stand against the unfair, unwarranted and unnecessary attack on NHS pensions and were united in a day of action on 21 June 2012.

Borders: That this conference believes that the Scottish Government has shown leadership by negotiating a Scottish deal for QOF, and urges it to do the same for pensions.

SECONDARY & IMMEDIATE CARE

Lothian: That this conference notes with concern the increasing tendency to create barriers to GP referral to secondary care and:
   i. believes that referral guidelines should be educational and there to assist, rather than enforced protocols to be used as a barrier to referral
   ii. requests that SGPC works to ensure that GPs retain the right to refer whenever they feel it is clinically appropriate
   iii. asks that whenever our secondary care colleagues believe a referral is inappropriate they feed back to the GP, giving clear reasons for that opinion and providing guidance about alternatives.

Glasgow: That this conference deplores the use of ‘Back to Referrer’ by some hospitals as a means to manage their workload.

FITNESS TO WORK

Agenda Committee: That this conference:
   i. deplores the patient stress and additional GP workload that has resulted from the recent changes to the benefits system
   ii. believes that the Appeals Service, Department of Work and Pensions and other organisations should stop advising patients to ask GPs for letters of support when they are appealing against decisions made by the benefits system, and instead these organisations should seek this information directly from GPs
   iii. calls on the Government to fund any medical reports required by a patient for an appeal against a decision made by the Department of Work and Pensions.

Glasgow: That this conference deplores the patient stress and additional GP workload that has resulted from the current benefits’ assessments system run by ATOS Healthcare.
**Lanarkshire:** This conference believes that the Department of Work and Pensions (ATOS) should stop advising patients to ask GPs for letters of support when appealing decisions and instead should seek this information directly from GPs.

**Glasgow:** That this conference is extremely concerned about the changes to the benefits system which are adversely impacting on general practice workload as claimants are advised by a variety of agencies to get ‘supporting evidence’ from their GPs.

**Fife:** That this conference accepts that the Government can alter welfare payments and eligibility if it so wishes but that this should be done using up to date information. This information needs to be gathered in a standardised manner to ensure fairness and:

i. if updated medical reports are requested from general practitioners payment will be required

ii. the assessment procedure should take reports from general practitioners into account.

**Lothian:** That this conference supports the establishment of a new national lottery (preferably televised) to determine the allocation of incapacity benefits which, compared with the current system, would be both fairer to patients and reduce inappropriate GP workload.

**EHEALTH**

**Glasgow:** That this conference calls for a public debate on the issues surrounding extraction of patient information from GP systems.

**Agenda Committee:** That this conference:

i. is committed to improving the quality of the electronic clinical patient record

ii. demands that remote access functionality be considered a core part of general practice information management systems

iii. believes all general practices should adopt the national electronic document management system

iv. believes the electronic document workflow systems used by general practice should be adopted by hospitals and colleagues in secondary care.

**Glasgow:** That this conference is committed to improving the quality of the electronic clinical patient record and believes that it is now time for all practices to adopt the national electronic document management system.

**Glasgow:** That this conference believes that general practices’ electronic document workflow systems should be adopted by hospitals and our secondary care colleagues to improve efficiency and to minimise clinical risk.
Glasgow: That this conference demands that remote access functionality be considered a core part of general practice information management system.

Forth Valley: That this conference demands that IT support should be ready before GP contract changes are implemented.

HEALTHCARE PLANNING AND PROVISION

Glasgow: That this conference believes that 10 minutes is too short for an appointment to address the current health needs of our population and calls for a focus of resources to enable extra time with patients.

Highland: That this conference recognises the importance of the Dewar Report of 1912 and the subsequent Highlands and Islands Medical Service of 1913 in being the first contract for comprehensive medical services between general practice and the government and recognised as a blueprint for the NHS with lessons from that time that remain highly relevant today.

Fife: That this conference agrees that Hospital at Home would benefit many patients who would otherwise be thrown into the shambles that characterises many admission units but insists that:
   i. it is not part of the GMS contract to look after the patients who would have been admitted in the past
   ii. general practices could continue to assist in the care of these patients if an adequate funding stream was established
   iii. where the Hospital at Home team takes full responsibility for all care, that there is no further contractual obligation legally remaining with a GP or practice.

Dumfries and Galloway: That this conference believes that the expansion in primary care to meet increased workforce needs is hampered by the reduction in practice income caused by stagnation in investment in primary care by government and the recent changes in superannuation terms.

Glasgow: That this conference calls for healthcare managers when promoting how change in their service provision will improve the patient journey, to take into account the impact of those changes on other non-acute sector services and allow the necessary funding for ‘improving the journey’ to travel with the patient.

Ayrshire and Arran: That this conference, in this age of financial austerity:  
   i. believes that management of the NHS is too top heavy  
   ii. believes that there are too many special NHS Boards  
   iii. calls on the Scottish Government to rationalise the management and NHS Board structures, thus releasing funds for front line patient care.
MISCELLANEOUS

88 Lanarkshire: This conference believes that GPs should not bear the ecological and economical cost of ‘written advice’ on paper, when we work on computers, receive communications electronically and every official missive asks us to think before printing.

89 Glasgow: That this conference is concerned that GP practices are increasingly being seen as the default printers for NHS and local authority services.

90 Dumfries and Galloway: That this conference deplores the return of the term “cottage hospital” by NHS management as it demeans the increasingly acute and complex patient care being undertaken in these hospitals.

91 Lothian: That this conference believes patients should not be required to use premium rated telephone numbers in order to access NHS services.

92 Highland: That this conference believes that the lack of national guidelines on medical exemption for jury service is causing unnecessary GP workload, and arbitrary clinical decision making which is having an impact on citizen participation in the judicial process.

93 Forth Valley: That this conference recognises that clinical leadership is important and that there should be improved investment in clinical leadership programmes.

94 Fife: That this conference believes that myopia, hypermetropia and astigmatism are medical conditions affecting the eye and agrees that:
   i. all such sufferers should be given the same help with vouchers regardless of means
   ii. the voucher should be enough for a patient to get at least a basic pair of spectacles without further outlay
   iii. presbyopia would not be part of a voucher scheme.

95 Dumfries and Galloway: That this conference believes that too much emphasis is placed on medical confidentiality and that professional penalties paid by practitioners and their families after accidental breaches of confidentiality are completely out of proportion to the harm caused by the breach.

96 Ayrshire and Arran: That this conference believes nuclear weapons have no useful purpose, commends the Scottish Government on its non-nuclear position, and believes that budget savings from scrapping Trident should be transferred to health, social services and housing.
FUNDING

97 **Tayside:** That this conference urges the Scottish Government to acknowledge that general practice is one of the most cost effective parts of the NHS, and demands that it starts to resource it properly so that it can meet the increasing healthcare needs of the Scottish public.

98 **Grampian:** That this conference supports SGPC’s decision to look further at ‘fairer funding’ for practices, but urges caution and insists that any changes to funding arrangements should be fair to all practices rather than potentially pitting one area of need against another.

99 **Lothian:** That this conference believes that, due to the geography and demography in Scotland, a national funding formula is inappropriate, and that any reconsideration of the allocation formula should take more account of morbidity and associated deprivation.

100 **Dumfries and Galloway:** That this conference supports negotiations to reduce the disparity in practice funding to ensure adequate recruitment and retention in remote, rural and deprived practices.

101 **Tayside:** That this conference believes negotiation of the GP contract in Scotland must produce a replacement for the MPIG correction factor that reduces variability in practice funding across Scotland.

102 **Grampian:** That this conference believes that as previous funding priorities have often failed to improve health outcomes in our most deprived communities, any move towards “fairer funding” for practices should redress this balance and recognise the needs of looking after a significantly older population in a rural environment.

103 **Fife:** That this conference accepts that the principle of ‘no new work without new money’ is still valid and urges GPC, SGPC and all GPs and general practices not to accept new work in any way until a funding stream has been developed.

104 **Fife:** That this conference agrees that overall the complexity of patients’ medical conditions is increasing year on year and urges GPC/SGPC to develop a formula that will enable core funding to practices to:

i. increase so that GPs have more time to deal with these complex problems

ii. decrease if the care of certain patients is no longer required.
Fife: That this conference is concerned that Government makes no allowance for general practice when instigating public health schemes without additional resources and feels that a regular adjustment to the core income of all practices is needed to cover the work with:

i. an increase for each scheme, such as Keep Well, that randomly selects patients and directs them to their general practitioner

ii. an increase for all National Screening Programmes that create extra work seeing both the positive results and the worried well

iii. an increase for each advertising campaign advising patients to attend their general practitioner when they would not have in the past

iv. a decrease if any such scheme is stopped.

Borders: That this conference deplores the increasingly onerous, unremunerated workload for GPs, writing letters to support patients in many areas of their lives.

Lothian: That this conference believes that, in light of increasing demand and decreasing resources, there should be a debate on introducing co-payment in Scotland to secure the sustainability of the NHS.

NURSING & CARE HOMES

Glasgow: That this conference is concerned about the huge increase in workload that new care homes generate and calls on SGPC to:

i. negotiate appropriate remuneration for practices looking after care home patients

ii. encourage Scottish Government to regulate that planners must fully consult with local health service providers before approving planning applications for new care homes.

Lanarkshire: That this conference believes nursing homes can be an underused resource and if properly resourced could be part of the solution for care of the elderly and the demographic time bomb.

IMMUNISATION

Agenda Committee: That this conference

i. believes it is incumbent on all Health Board employed staff including community nurses and midwives to actively engage in vaccination programmes

ii. calls upon Scotland’s Chief Nursing Officer and Chief Medical Officer to jointly instruct Health Boards to ensure all relevant Health Board employed staff are obliged to administer influenza and pertussis immunisations in pregnancy.
Lothian: That this conference believes it is incumbent on all community nurses and midwives to actively engage in vaccination programmes relating to the patients for whom they care.

Highland: That this conference is uncomfortable with the resistance by many midwives to administering vaccinations to pregnant women and calls upon Scotland’s Chief Nursing Officer and Chief Medical Officer to jointly instruct health boards to performance manage the administration of influenza and pertussis immunisations in pregnancy.

Agenda Committee: That this conference approves of the recent expansion of the immunisation programme but insists that:

i. each particular programme is matched with appropriate funding

ii. practices should be provided with adequate refrigeration equipment.

Fife: That this conference approves of the recent expansion of the immunisation programme but insists that each particular programme is matched with appropriate funding.

Lothian: That this conference believes that, in light of the increasing number of vaccination schedules, practices should be provided with adequate refrigeration equipment.

Lothian: That this conference believes that the current arrangements for Hepatitis B vaccination are complex and inconsistent. SGPC and the Scottish Government should establish a National Enhanced Service covering all the clinical indications for Hepatitis B vaccination in the Green Book.

Tayside: That this conference believes that all front line healthcare staff, providing NHS services, should be entitled to receive free annual vaccination against influenza virus, regardless of the health board area in which they work and asks that SGHD amend future DESs to reflect this.
**DISPENSING DOCTORS**

* 118 **Agenda Committee:** That this conference:
   i. notes with concern the continued threat to the livelihood of dispensing practices resulting from pharmacy applications in dispensing doctor areas and calls upon the Scottish Government urgently to ensure that rural general medical services are not put at risk from these predatory and marginal pharmacy applications
   ii. deplores the continued refusal of the Scottish Government to recognise the cross subsidy that dispensing provides to marginal rural practices, and thus the continued failure to recognise the true impact upon a practice and the community it serves when the right to dispense is lost
   iii. calls upon the Scottish Government to take into greater account the wishes of local patients
   iv. calls upon SGPC and government to reconsider the current pharmacy regulations and thus to seek to rectify this situation as a matter of urgency.

119 **Ayrshire and Arran:** That this conference:
   i. notes with concern the continued threat to the livelihood of dispensing practices resulting from pharmacy applications in dispensing doctor areas
   ii. deplores the continued refusal of the Scottish Government to recognise the cross subsidy that dispensing provides to marginal rural practices, and thus the continued failure to recognise the true impact upon a practice and the community it serves when the right to dispense is lost
   iii. deplores the continued failure of SGPC to negotiate a dispensing contract which offers some protection to these practices, and
   iv. calls upon SGPC to seek to rectify this situation as a matter of urgency.

120 **Forth Valley:** That this conference calls upon the Scottish Government urgently to:
   i. reconsider the current pharmacy regulations
   ii. ensure that rural general medical services are not put at risk from predatory and marginal pharmacy applications and
   iii. take into greater account the wishes of local patients.

**PRESCRIBING AND PHARMACY SERVICES**

* 121 **Tayside:** That this conference believes concentrated oxygen is an important emergency drug and demands that the Scottish Government instructs boards to ensure supply to all general practices from either board funds or prescribing budgets.

122 **Tayside:** That this conference believes that concentrated oxygen is an important emergency drug and should be provided to every general practice in Scotland and wholly resourced through prescribing budgets.
Fife: That this conference believes that practices are paying for essential supplies at their own expense and that:
i. oxygen is a vital treatment for many urgent episodes and should be provided free to GPs to treat their patients in the same way as other drugs
ii. a national list of supplies needed to support the balance of care shift should be compiled and the items supplied to practices free of charge.

Ayrshire and Arran: That this conference believes there should be a better system for informing GPs when medicines will be temporarily unavailable due to supply issues at source to avoid wasting the time of the clinician and the patient.

Glasgow: That this conference calls for a public debate on the issues of prescribing budgets and the use of cost effective medicines.

Lanarkshire: That this conference believes patients are currently being disadvantaged by pharmacy chains’ use of a single pharmaceutical supplier.

PREMISES

Agenda Committee: That this conference:
i. is concerned that while Health Boards produce strategies to move services nearer to the patient, investment in GP premises lags far behind the rhetoric
ii. is concerned that the lack of premises funding will stifle innovation and development in general practice
iii. insists there can be no more shifting the balance of care without adequate resourcing of general practice premises
iv. asks SGPC to make general practice premises development a priority area in discussions with Scottish Government.

Grampian: That this conference is concerned that while health boards produce strategies to move services nearer to the patient, investment in GP premises lags far behind the rhetoric. The conference asks SGPC to make this a priority area in discussions with Scottish Government.

Forth Valley: This conference believes and insists there can be no more shifting the balance of care without adequate resourcing of general practice premises.

Glasgow: That this conference is concerned at the lack of premises funding in the NHS and concerned that this will stifle innovation and development in general practice for years to come.
GENERAL PRACTICE

*131 Grampian: That this conference feels, despite the ever increasing brickbats thrown at our profession, that it is still a singular privilege to serve a community as a general practitioner, and encourages medical graduates to enter GP training, in part to help with the looming recruitment crisis, but also to share the hope of better times ahead.

132 Glasgow: That this conference believes that Scottish general practice continues to deliver high quality care despite political interference.

133 Glasgow: That this conference deplores any attempt by Health Boards to limit practice boundaries and reduce patient choice of general practice.

134 Ayrshire and Arran: That this conference believes that practices should have authority to place sanctions (financial or otherwise) on individuals who repeatedly do not attend appointments.

135 Lanarkshire: This conference believes that a ‘compact for GPs and community nurses’ is having to be introduced in our board area as corporate case loads have eroded the practice team and the ease of communication which this allowed.

REPRESENTATIVE STRUCTURE

136 Grampian: That this conference, at a time of financial constraint and potential change with the integration of health and social care, recognises the importance of good quality clinical GP advice to Health Boards, and calls on boards to appropriately support and fund the work of GP subcommittees.

137 Dumfries and Galloway: That this conference fully supports those LMC plumbers who are valiantly trying to staunch the tap dripping new unpaid work into general practice.

SCOTTISH LMC CONFERENCE

138 Forth Valley: That this conference believes that the quality of debate and credibility of decisions would be improved by having fewer motions discussed on the conference day.

PUBLIC HEALTH

139 Lanarkshire: This conference urges the Government to extend the free fruit and vegetable initiative to include all primary school children, rather than just P1 and P2 children, and extend the number of days these items are available from 3 to 5 days a week.
Grampian: That this conference requests SGPC works with NHS Scotland to ensure that public health advice in the event of an infectious disease outbreak, particularly when it results in clinicians being removed from their work and affecting patient care, is consistent and evidence based.

Lothian: That this conference asks all Scottish political parties to give their support to a minimum price on a unit of alcohol for the good of the Scottish people.

HEALTH INEQUALITIES

Glasgow: That this conference in tackling health inequalities insists that:
   i. the NHS should be at its best where it is needed most
   ii. general practice must be the hub of the health care provision to deprived areas
   iii. new ways are found to assist GP practices in deprived areas to cope with the complex and multiple health needs of their population.

Lothian: That this conference believes that the Scottish Government and SGPC should urgently consider new mechanisms for additionally resourcing practices serving highly deprived populations; such practices face severe pressures, completely unaddressed by the more Scottish contract.

EDUCATION AND TRAINING

Agenda Committee: That this conference:
   i. recognises that protected learning time (PLT) is now an important part of practice team’s learning
   ii. is dismayed to hear of some board cover for PLT being withdrawn at short notice
   iii. urges SGPC to resist any further attempts by NHS 24 or boards to withdraw cover for PLT.

Forth Valley: That this conference insists that NHS 24 should continue to honour protected learning time and not to unilaterally reduce this commitment.

Lanarkshire: That this conference believes that in recent years there has been significantly less opportunities for GPs and their staff to receive structured education and training and we ask that SGPC strongly resist any attempts towards further invasion of GP protected time for learning by NHS 24 or by the Scottish Health Boards.

Grampian: That this conference recognises that PLT is now an important part of the practice team’s learning, and is dismayed to hear of some board cover for PLT being withdrawn at short notice. Conference urges SGPC to remind NHS Scotland of the boards’ and NHS 24’s previous commitments in this area.
Borders: That this conference believes that if GPStR training is to be for 4 years, 2 of them in general practice, that this must be appropriately funded for primary care, including an adequate trainer's grant for all time in primary care.

Dumfries and Galloway: That this conference supports moves to effectively support training practices to undertake their work in securing the next generation of general practitioners.

APPRAISAL AND REVALIDATION

Agenda Committee: That this conference believes that appraisal and revalidation must be supported and fully funded for all GPs, irrespective of their employment status, as locums and sessional GPs are an indispensable part of the GP workforce and must have equal access to support to fulfil professional regulatory requirements.

Dumfries and Galloway: That this conference believes that appraisal and revalidation must be supported and fully funded for all GPs irrespective of their employment status.

Tayside: That this conference asks the Scottish Government to acknowledge that since boards halted appraisal funding to GP locums, they are the only doctors in the UK working in the NHS who do not receive any funding for appraisal and revalidation and demands they instruct boards to provide this resource in recognition that general practice, out of hours and the NHS in Scotland could not function without them.

Borders: That this conference believes that it is unfair that sessional GPs are not given any financial recompense for the time taken to prepare and do their appraisals. This has become an even more pressing issue with the increased workload that revalidation will bring, especially given that the requirements for some domains eg Multi Source Feedback are more challenging for sessional GPs to do.

Lothian: That this conference supports the concept of revalidation but:
1. believes that the current process is not fit for purpose
2. instructs SGPC to engage with the Scottish Government and others to resolve outstanding issues
3. demands new funding is identified to fund remediation for GPs.

Tayside: That this conference demands that remediation for all GPs is fully funded and comparable to that for hospital doctors.
Grampian: That this conference welcomes revalidation as a way of demonstrating our confidence in the profession, but retains concerns regarding the resourcing of any colleagues who may need time away from the practice for additional support or remediation as a consequence of the process.

Dumfries and Galloway: That this conference believes that revalidation is a waste of valuable NHS resources.

Fife: That this conference believes revalidation is a serious waste of valuable time and resources, has been introduced against the wishes of the profession, and should be abandoned forthwith.

QUALITY AND OUTCOMES FRAMEWORK (QOF)

Agenda Committee: That this conference with respect to QOF changes for 2013:
   i. believes that many are political tools designed to reduce achievement by practices rather than improve clinical quality
   ii. believes that the dogmatic inflexibility and slavish adherence to NICE extrapolation gets in the way of continuity of care and access
   iii. insists that these changes are evidenced based and domains should be rejected where indicators have been introduced as a result of ill-informed media or political opinion
   iv. insists that there should be a moratorium on introducing any new parameters to the Quality and Outcomes Framework, unless there is compelling evidence for change.

Tayside: That this conference believes that many changes to QOF for 2013 are political tools designed to reduce achievement by practices rather than improve clinical quality in an attempt to reduce resource to general practice and provide unfounded ammunition to fuel ‘GP bashing headlines’ in the media which will further undermine morale within general practice and lead to a genuine risk to patient care.

Lanarkshire: That this conference believes QOF has delivered pro-active general practice but has become dogmatically inflexible and gets in the way of continuity of care and access which we believe is what our patients want.

Ayrshire and Arran: That this conference believes considerable harm results from the government’s slavish adherence to QOF changes extrapolated by NICE and GPs must have confidence to manage patients in their best interest despite the desire to achieve targets and avoid exception reporting.
Fife: That this conference insists that QOF is evidenced based and as such should reject domains where indicators have been introduced only:
   i. by the paranoia of Accident & Emergency consultants
   ii. the rampant baying of an ill informed media
   iii. by the ill judged opinion of politicians.

Lothian: That this conference insists that there should be a moratorium on introducing any new parameters to the Quality and Outcomes Framework, unless there is compelling evidence for change.

Forth Valley: That this conference insists that no more changes are made to QOF in its existing format without significant uplift in funding.

Tayside: That this conference deplores the reduction in time allowance for QOF indicator achievement from 15 months to 12 months and feels that this will significantly undermine the ability of general practice to achieve QOF targets and asks NICE and Government Health departments to reconsider this decision.

Grampian: That this conference strongly welcomes the increasing recognition of the public health benefits to the nation of regular exercise, and while encouraging GPs across the land to advocate appropriate exercise, resists the potential QOFing of this advice unless done in an evidence based and minimally bureaucratic way.

Lothian: That this conference asks that, in Scotland, any QOF changes not fully ready for GPs to work with by April of the year of implementation be deferred to the following year.