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LMC Conference Report 2005

Sorry to disappoint, but this report will not be comprehensive, like those of Bob Button. You will read most of the headline political stuff in the freebies, so we thought you'd like a much shorter report, concentrating on the 'feel' of Conference and on what your Wessex Reps did. However it is entirely my personal view!

Overall, I feel that this year marked an important change. Yes, we did look back at the new contract, and of course we complained about some things and asked for the negotiators to take some issues back to the table for more discussions and hopefully improvement. Naturally the Global Sum and flawed Carr-Hill formula was high on the hit list. But Conference also began to look to the future. We were well-aware of the Government's agenda to reform General Practice and of the coming White Paper, and we debated a number of issues, hopefully in a positive way.

Both Hamish Meldrum's keynote speech and the subsequent debates insisted on the need for a dialogue with the new Secretary of State, to shape the reforms in a way which does not sideline or destroy all the good aspects of General Practice. There was a constant theme of trust: we know the public trusts GPs, and it doesn't trust politicians. So it is essential that any proposed reforms continue to value what GPs and their staff do. The statistic that we do 90% of the work of the NHS but use only 10% of the resources was mentioned on several occasions. We must continue to campaign, locally with our PCTs, by lobbying our MPs and seeking appropriate publicity, while the GPC seek to influence the agenda nationally. Patricia Hewitt, so far, is making the right noises and intends to meet the negotiators in due course, and we hope this is positive news.

Your local Reps made a number of good and influential speeches: John Dracass of West Hampshire LMC (WH) managed to get into the national news and the front page of the Guardian with his speech attacking 'supersurgeries'. He pointed out the lack of evidence that large surgeries are better, and defended the good work done in small practices (as evidenced in the QOF). Although Julian Neal of Portsmouth, SE Hants & IOW LMC pointed out that large surgeries can be good too, and that what we are against is not large or small, but Government pressure to be uniformly large, the motion attacking supersurgeries was won with an overwhelming majority.

Richard Edwards (Wilts) passionately defended the primary health care team, and urged that future community matrons, as well as DNs and HVs must always be practice-based. This was also carried overwhelmingly.

Following a themed debate on the future of General Practice (introduced by Prof Chris Ham), there were a number of critical speeches, including Alex Freeman (WH) who strongly opposed using American models such as Kaiser in the UK, on the grounds that they were inappropriate and inefficient.

Peter Swinyard (Wilts), replying to a debate on small practices, gave his firm support, and conference strongly agreed with him. Then Stephen Linton of NE Hampshire (NEH) introduced a motion that insisted that additional work or increased target thresholds in the QOF would only be accepted if fully funded. It was not difficult to get conference to agree unanimously!

Next Nigel Watson (representing WH) spoke about the problems caused by inadequate levels of PCT locum support for sickness, maternity, suspension and other events causing prolonged leave for a partner. The current maximum level is totally inadequate and (worse) PCTs are even refusing to pay this low level because of financial problems. We called for proper levels of help and national guidelines to make the payments non-discretionary.

Stephen Linton (NEH) then carried conference in condemning the Government's cynical changes in childhood vaccination target pay, by moving the goalposts (or actually making the goal smaller!) which would make the targets much harder to achieve. We demanded informed dissent for parents as the only way out of the MMR problem.

Conference then expressed concern about the current poor out-of-hours arrangements in many areas since PCTs took over responsibility. This was widely reported in the press with a front page feature in the Express on 'Flying Docs' from Germany and eastern Europe. Peter Littlejohns (WH) spoke in this debate against any possibility of GPs having to opt-in again as a response to this crisis, but the debate was a reasoned one, taking into account both GPs' legitimate right to opt-out entirely and also the needs of patients for a proper standard of care in the OOH period. Concern was also expressed about the fiasco for GP Registrars trying to get proper OOH training.

The first day ended with Alex Freeman (WH) speaking in support of community hospitals, and Vernon Needham (WH) supporting good communication between primary and secondary care clinicians to ensure good and efficient patient care (and not, as he recounted, to allow a referral for blocked Eustachian tubes to be diverted by admin staff to the infertility clinic!).

After a good dinner at the Savoy (the dinner was better than the speeches, and Bob will be pleased that £4000 was collected for the Cameron Fund) we were in good form for day 2. There was an excellent debate on violent patients, with much concern expressed about the lack of warnings to practices and staff when a patient with a history of violence moves to another practice. Helena McKeown (Wilts) successfully persuaded conference to defeat an amendment which would have watered down the motion. A history of violence in any setting should be notified to practices.

Next Raffi Assadourian (NEH) introduced an interesting debate on what we can and can't charge our patients for. He pointed out that we are currently subsidising private medical care and patients are being denied the choice to receive the care they want from their own GP at the most convenient time for them. As always conference was divided on this issue. Although the sections on charging for routine work done for the patient's convenience in the OOH period were rejected, Raffi succeeded in carrying the clauses requiring the GPC to seek to renegotiate the list of items that can be charged for, to include treatment not available locally on the NHS and making private referrals. We must now wait and see if anything comes of this.

Finally John Dracass (WH) was allowed 3 minutes on his 'soapbox' to point out the problems of poorly performing doctors who are allowed to continue working with conditions of supervision or remedial training. Neither resources nor significant opportunities exist for these doctors, whose chance of rehabilitation and continuing to work seems remote. John at least succeeded in highlighting this problem.

So a relatively low-key conference ended, but the theme of 'Speaking out for General Practice' ran through the 2 days. Our current methods of working are indeed under threat. We know that the work we do, the role of the clinical generalist, providing holistic care to a defined list of patients to whom we offer continuity of care, and who trust us, must be defended. Yes, we will need to adapt, and 'modernise'; yes, we need to see how we can respond to the challenges that the white paper will bring; but we will need to stand up for what we believe is the most cost-effective and the best way of doing primary care. As Hamish told us, Ms Hewitt has promised to listen to the voice of GPs, and it's vital that she does just that.

Stephen Linton