

## Motions Submitted by West Hants LMC

1. That Conference deplores the failure of the government to honour its obligation to fully fund the employers contribution to GPs pensions on all New Contract income and demands that the contractual terms of the NHS pension scheme are met in full.
2. That Conference rejects the Modernisation Agency's plan for a reduction in the number of GP practices and the construction of a three tier primary care service which Conference believes will fundamentally alter the traditional structure of general practice to the detriment of patients and the health service by reducing continuity of care, discriminating against single-handed and small practices, fragmenting services and diverting funds, and opposes any such changes.
3. That Conference deplores the failure of the government to provide adequate funding for the improvement and expansion of general practice premises which will seriously impede the development of primary care and the provision of improved community services and demands urgently increased resources for premises.
4. That Conference regrets the conclusions of Dame Janet Smith's inquiry that the proposed GMC revalidation procedures are unfit for purpose or in need of revision and opposes the introduction of a regular examination for the purposes of revalidation.
5. That, in the light of the recent ICG ruling on the payment of locum fees for general practitioners absent on maternity, paternity, adoptive or sick leave, Conference requests GPC to negotiate changes to the SFE to remove the discretion of PCOs to consider their budgetary targets in setting the proportion of the maximum allowable payment made.
6. That Conference is dismayed at the number of PCOs that have failed to fully commission from GPs the enhanced services available to them under the new contract or to meet their first year enhanced service funding floor and requests GPC to seek a

more rigorous requirement for such commissioning and spending in the future.

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7. That conference believes that the arrangements for reimbursement for GP principals absent on sick, maternity, paternity, adoptive and parental leave are wholly inadequate and calls for a national agreement for reimbursement of 100% of the actual costs of such leave.

8. That conference calls for centrally funded training for all practice managers on their responsibilities with respect to GP and practice staff pensions.

9. That conference regrets that the DDRB has failed to recognise the actual costs of GP Education with respect to GP Educators pay and calls on the GPC to enter into direct negotiation for a realistic uplift in pay for GP Educators.

10. That conference calls on the GPC to resist additional areas under the revised QOF which would further add to GP workload, and instead to concentrate on refining the current framework.

11. That conference believes that Practice Based Commissioning as currently proposed provides too little incentive and too much risk to individual GP practices and calls on the GPC to explore alternative methods of commissioning local services which will fully involve GPs in decision making and does not rely on savings to cover the costs of individual GP's time and expertise.

12. That conference insists that the Departments of Health must fully recognise the workload implications of Practice Based Commissioning and Choose and Book in Primary Care and resource this fully if these initiatives are to have any chance of success.

13. That conference believes that 'Choose and Book'

1. Will divert funding from front line patient care
2. Does not give patients genuine 'choice', given that only units who can fulfil the 13 week wait for appointments will be included on the system
3. Risks destabilising local service provision
4. Is impractical at practice level without substantial additional funding to practices.

14. That conference believes that patients are at risk in the referral process if received referrals are prioritised by non-clinical staff. We demand that the Department of Health issue advice to all forms of referral management centre that prioritisation of referrals must be undertaken by specialist medical staff.

15. That Conference believes that preferential funding for GP Training through Deanery budgets in order to alleviate future recruitment problems in under-doctored areas is an ill-conceived attempt at social engineering which is doomed to failure.

16. That, given that PACT figures indicate large increases in prescribing activity, with commensurate increases in work, practice productivity and professional responsibility, Conference expects the GPC to take account of prescribing activity in any future assessment of GP workload.

17. That conference deplures the lack of detailed information on how the proposed changes under the pensions review will affect GPs and practice staff and believes that the consultation is fundamentally flawed as a result of this.

18. That conference opposes the withdrawal of the GP 'Golden Hello' scheme and believes that this will result in a financial disincentive for new recruits to General Practice.

19. That conference calls upon the GPC to negotiate a national model contract for GPs working in community hospitals and insists that pay must reflect the additional workload and responsibility involved.

## Motions submitted on behalf of West Hants LMC to the ARM

1. That this conference calls upon the BMA to undertake a wholesale review of its membership fee structure and in particular
  1. To align fees more closely to income rather than year of qualification and
  2. To remove the requirement for GP principals to pay the full membership fee regardless of year of qualification, given that a GP principal may work as little as one session per week under the GMS contract
  
2. That conference, whilst welcoming the new childcare voucher scheme for working parents regrets that vouchers are only available to those parents who pay class 1 national insurance contributions. We call on the BMA to lobby to ensure that GPs who are self employed, and other self employed medical practitioners working in the NHS, and who fulfil the income requirements should also be eligible for the scheme.