



WESSEX LOCAL MEDICAL COMMITTEES SECRETARIAT

Report on Special Conference held in London on 14th May 2003.

It was difficult at first to see quite what purpose the Conference would fulfil, and I think that was also the view of Conference itself at the start of proceedings.

On the evening before the Conference a meeting had been organised by Fay Wilson from Birmingham in conjunction with Gillian Braunold from London to whip up enthusiasm for delaying any decision on the contract by six months. The majority of the audience were from the London area and they rehearsed the particular problems they had with a lot of the funding streams and how they would adversely affect them and their practices.

I attended this meeting but did not feel that there was anything of particular interest to the Wessex area, which wasn't later covered in the Conference itself.

The Conference began with a speech from John Chisholm who was a trying to re-establish his reputation and standing. [I attach a press release summary of his speech](#) that contains all the essential points. The speech was received reasonably well by Conference but it fell far short of a standing ovation.

Conference then proceeded to conduct itself by considering a series of motions on various topics arising from the proposed new contract. I merely summarise here the list of topics covered and some short notes on the feeling of the Conference concerning them. Further details can be obtained from the representatives of your individual areas who are listed at the end of this report.

Predictably, Conference endorsed the concept of professional unity and stressed the need for a contract that applied across the whole of United Kingdom. Conference felt strongly that with PMS forming such a large proportion of the GP profession at present meant it was important that total clarity was achieved as to the future options for PMS practices before the contract went out to the profession for a decision. In particular, clarity concerning the quality and outcomes framework as well as the detail concerning facilitation of transferring from PMS to the new GMS contract

Conference felt very strongly there should be ring fencing of all money provided by the Government for primary care, with particular reference to that intended for general practice. The GPC was asked to proceed to an interim DDRB award for 2003/4 as a top priority in order to increase those aspects of GP practice income that are linked to the award.

Carr-Hill formula was the subject of the next set of debates. Effectively Conference felt they had no confidence in Carr-Hill at present and that the problems were largely due to the inadequate amount of money allocated to each nominal patient in the notional practice population.

As a result of the inadequate amount of money practices would face an enormously difficult cash flow situation and be grossly under funded for the general day-to-day work of general practice. **The GPC were instructed to ensure an early delivery of a fairer formula based on practice registered populations and thus avoid the deflation associated with using census level populations.** Various refinements to the factors associated with the formulaic approach were discussed but the essential point at this stage was to achieve the above.

One example quoted described two practices that were scarcely two or three miles apart and yet had a discrepancy in Carr-Hill between 0.74 and 1.4. Since the practice with the 1.4 Carr-Hill rating was, at least to initial inspection, the preferable one in which to work it was extremely difficult to see quite how such a discrepancy could have arisen. I expect that examples like this could have been brought forward from any area of the country. In this case it was Buckinghamshire.

MPIG was the next subject, and generated the amount of heat and light that you would expect. There was a strong feeling at Conference that reliance on MPIG would be a backward step since it had the potential for considering such practices second-class compared to a first class practice that had a beneficial Carr-Hill formula funding. This was expected to work against the interests of the MPIG practice when applying for new partners. It was certainly the case that MPIG was a necessary financial support needed to maintain the financial viability of a lot of practices but it was felt that it would not in any way offer a long-term solution. Conference was very unhappy about the concept of a financial penalty of 100 to 150 points being applied to MPIG recipients.

Quality and Outcomes

At first sight it might appear to be heretical to question this, almost like suggesting that there was something wrong with mother love and apple-pie. In fact however there is a point to be made. There is a potential risk of the day-to-day care of the patient being given less importance in practice work than completing arbitrary target assessments to enable quality and out comes framework needs to be met.

After a long debate on this issue Conference felt that there was a possibility for these frameworks to not recognise complexity of caring for patients with multiple disorders and also possibly the potential to generate a perverse incentive to under report selected conditions. The scheme at present was discriminating against practices with a high-recorded prevalence of disease. As a result, Conference felt strongly that the application of Carr-Hill to the quality outcomes framework was inappropriate and that GPs must be paid proportionate to the actual number of patients included in a particular disease register in a particular practice.

Conference felt strongly that in a patient centred health-service informed parental choice must be respected in just the same way as adults are allowed to take exception to a particular government initiative. That they could refuse vaccinations for themselves but were not allowed to do so in respect of their children was illogical and contrary to human rights.

Enhanced services of all types were debated at length and there was doubt about whether the money was presently available to PCOs and if it were that it would indeed find his way to general practice rather than supplement primary care in its wider aspects. Conference called for the GPC to arrange guaranteed ring-fenced new money for directed enhanced services, national enhanced services, and locally enhanced services. They also wished the GPC to try and obtain full reimbursement in this financial year for GPs currently providing services that will be categorised as enhanced, irrespective of PCO's financial position. Unfortunately there seems to be some doubt as to whether in every case GPs would be entitled to be considered as the preferred providers in respect of all the services. I feel this is one that the LMC and the individual practices must be prepared to fight with the PCOs directly.

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A long debate ensued on whether or not there was a danger in the PCO taking over the full responsibility for providing IT systems, particularly in respect of the ownership of the data that might be included. Reassurances were poured out of the Conference that the situation will be no more adverse to the confidentiality of data than it was at present and that it was impossible to swim against the tide of change which was the Government's intention with regard to IT involvement in medical activity.

Communication and presentation, which has been so completely disastrous in respect of all the detail associated with the new contract, was acknowledged to have been a complete shambles by one negotiator after another. The decision to set up a working party to report by the end of the year was welcomed by Conference and this will include members who are not directly connected to the GPC. Thus we have a remit to make sure that such a disastrous set of mistakes never occurs again.

Conference deplored the sometimes very personal attacks which could be made on the website about individual negotiators. However critical people might feel about the achievements of the negotiators it was invidious to select out individuals for personal criticism of a nature that was offensive.

Workforce and recruitment and retention matters were discussed and the general feeling was that the new contract did offer opportunities for incoming doctors to see the prospect of a rewarding career. Conference did fear however that not enough had been done to persuade doctors reaching the end of their careers to remain in the profession. It was noted that the new contract as presently proposed would encourage the engagement of non-UK doctors rather than working for the retention of those who had long experience of NHS work.

Pensions were discussed and Conference sought to remind GPC negotiators of the necessity for an immediate satisfactory improvement in pensions as an essential part of any acceptable new contract, it also reasserted that no satisfactory pension deal would mean no contract deal.

Allocations were felt by Conference to have been unsatisfactorily resolved in the proposals at present and required that the management of allocated patients should become an adequately funded Directed Enhanced Service or be replaced by the PCO providing alternative arrangements for the care of patients who are unable to obtain a voluntary registration. Practices must have the right to close their lists without forced allocation.

Predictably government interference with the new contract and the resultant delays were condemned.

A debate on the proposal to censure the negotiators and require the Chairman of the GPC (John Chisholm) to resign was felt to be inappropriate at this stage of the matter.

The most closely contested of all the motions of the day concerned whether or not there should be a further delay before any ballot took place. The wish of the meeting of the day before for a six-month delay was debated closely and accepted on a card vote by narrow majority with a rider which allowed the GPC to override the six-month delay if necessary. But Conference did feel it was very important that the ballot should not be held until :

all pricing issues have been clarified
all practices have detailed personal costings
and the negotiators feel they could recommend a yes vote.

I felt quite often during this Conference that it had a great deal of similarity with the debate concerning Euro membership. It wasn't only a question of whether it was a good idea or not but whether a referendum should be held sooner rather than later. There is undoubted risk in any long delay since it will give the opportunity for the government to implement another wave of PMS practices in October 2003. Many practices have felt it appropriate to take the insurance policy of applying to join such a wave so that over 50 per cent of the profession might well be in PMS after October. This will inevitably mean that the government would feel they could then implement the new GMS contract in their own interpretation as the new PMS contract. Delay, on the other hand, is a wise idea, to allow proper formulation of the complete contract and for reasonable time to be

allowed for practices to ascertain what it means to them personally both in terms of day-to-day professional activity and equally importantly the income they will receive. I'm quite sure that John Chisholm will recommend that no attempt should be made to ballot the profession in the immediate future and I anticipate a delay of six to eight weeks before the profession are directly approached.

I think it is well overdue for the profession as a whole to have the opportunity to comment directly about this new contract. We are faced with a flood of people giving their opinion of what the profession feels, but I am certain from the emails we see in the office that there is a wide difference of opinion across the GP family. It would be pointless however to try and seek a vote before adequate information was available and I think most reasonable GPs will feel this is the correct course.

I append to this report copies of letters that were tabled at the Conference from John Hutton and the Economic Research Unit of the BMA concerning some of the financial matters.

Conclusion.

This was a conference which was extremely well attended and people found it was so enthralling that it was obviously only with reluctance they even left the hall for a quick cup of coffee. The Chairing of the Conference by Julian Neal was as near perfect as could ever be expected and, equally importantly, he got through all the business. There were virtually no people leaving before the end and the debates were of a very high quality.

On balance I think the Conference was a worthwhile happening and I think the GPC negotiators will now have a very clear idea of what is really important to the profession and of what they have to deliver before they dare ask the GPs to vote on the contract.

Inevitably this report is a very personal feeling about how the Conference went and if you wish detail then I suggest you contact one of the representatives from your area, who are listed below, all of whom were there for the whole Conference.

**Dr R.I. Button
(May 2003)**

List of Representatives to Special LMC Conference on 14th May

Dorset LMC	Dr J Evans, Dr P Blick
Isle of Wight, Portsmouth & South East Hampshire LMC	Dr S McKenning, Dr J Warner, Dr D Melville
North East Hampshire LMC	Dr S Linton, Dr T Cubitt, Dr S Bhanot
West Hampshire LMC	Dr J Dracass, Dr B Trewinnard, Dr P Littlejohns, Dr A D'Arcy
Wiltshire LMC	Dr G Bryant, Dr A Lashford, Dr K McBride