This year’s conference started off as usual with a speech from the Chairman of the GPC, Chaand Nagpaul. He listed what the GPC had negotiated for GPs over the last year, such as the reimbursement of CQC fees and improved GP sickness cover. However, despite this, general practice is on the edge of collapse. We are paying the price of continuing disinvestment. There is a general feeling that we need to stop the shift of workload from secondary to primary care. The Carr-Hill formula was out of date in 2004 and in my opinion; we need to get rid of it. No practice should have a Carr-Hill index less than 1 and it does not give enough weighting for rurality or deprivation. The GP Forward View will not save us. There is a frequent disconnect between central policy and local implementation.

Furthermore, there is also the threat to practices from huge hikes in charges for premises. There is a folly in handing out NHS services to private firms such as Capita. There are ever shrinking partner numbers who bear the huge increase in workload. GP partners have twice the workload as salaried GPs and 6 times that of locum GPs. 4 in 10 partners intend to retire in the next 5 years. It was a disgrace that Teresa May scapegoated GPs. The next government will have to plug the 10 billion pound shortfall in spending. Chaand got the usual 25 second standing ovation.

The conference went on discuss and vote on many motions. These were divided up into various categories.

**Indemnity:** Some MDOs are refusing to continue to cover certain GPs. They often do not give a
reason. We need to negotiate crown indemnity for all GPs. Until this happens GPs should boycott out-of-hours services.

**Sessional GPs:** Zoe Norris, Chair of the Sessional GPs Subcommittee, gave an inspirational speech. She told us that 40% of salaried and locum GPs used to be partners. The average age of a locum is 51 and 90% only work in a maximum of 3 practices. 80% have not increased their fees since 2016. GP partnership is very unattractive and most newly qualified GPs work as locums. Some locum GPs pension contributions have gone missing due to Capita’s incompetence and the subcommittee have repatriated these payments. IR35 regulations have caused problems and the subcommittee have helped GPs with this. She got the only other standing ovation.

**Core GP contract:** The 2004 contract said: “no new work without new money”. On the contrary there has been a huge increase in workload causing high levels of stress and burnout. However the motion to have a definitive list of what is included in the core contract was defeated.

On the afternoon of the first day “parallel discussions” on various topics including rationing, contract, working at scale, urgent prescription for general practice and workload were discussed in separate rooms. I attended the debate on working at scale. The majority of GPs there were enthusiasts for collectivisation of multiple GP practices. We were told that there are 3 very large groups in the Birmingham area: the biggest at 350,000 patients and two others at 150,000 and 70,000. Federations are more widespread. Multispecialty Community Providers had the disadvantage of limited 10-15 year contracts. There was a consensus that GPs should remain within the NHS, have adequate resources and shouldn't lose continuity of care. The group proposed that the GPC should produce blueprints.

**IUCD and SDI fitting:** There is a continuing increase in requirements to attain recertifying letters of competence which will reduce women’s choice for LARC provision.

**A/E:** Opposition to a drive to have GPs in every A/E department was defeated.

**Transfer Of work:** The conference agreed that we need to resist the transfer of secondary care work to primary care.

**Capita:** This organisation has failed in all respects. If any GP practice had behaved like Capita has it would have lost its contract. A long list of Capita’s sins were discussed and conference voted that the government should take away its contract. This ended the first day.
At the beginning of the second day there was a session where representatives asked the GPC questions. These included questions on GP shortage and lack of funding from the GP Forward View. Most GPs reported that no money had trickled down to practice level. Huge increase in premises charges were discussed. NHS Property Services are making unilateral changes and GPs are not able to pay the huge increases in charges. A GP from a small practice said that his personal practice income was less than £20,000 per year. He said he could only continue to work as he had taken his pension.

**GPC make-up:** A motion for the GPC to reflect its constituency with regard to age, ethnic group, gender etc. was defeated. Dr Peter Weeks, the Chair of Bay LMC, spoke on this motion.

**GP Training:** A proposal to remove the £20,000 inducement grant to unattractive areas and replace it with a fund to pay off GPR's debt was defeated. The £20,000 scheme has been very successful. A motion to reject the new contract for GPRs was also defeated.

There followed presentations from the Chairs of Scotland, Wales and Northern Ireland. The most interesting was that of Alan McDevitt, the Scottish Chairman. A new contract is proposed for next year. The current spend on general practice in Scotland is £760 million. An additional £250 million pounds will be spent. This new money will be used to employ new staff, stabilise practices, develop clusters and improve quality. GPs will be paid for their professional time in education and practice development and independent contractor status will be maintained. QOF income will move into core work.

Despite this extra funding, it is expected that GP numbers will continue to drop over the next five years. To cope with this, a lot of the current work done in general practice will be transferred to other services. There will be services for prescribing, vaccination and acute physiotherapy. GPs will be able to concentrate on essential services such as undifferentiated presentations and complex and long-term care. There will be direct reimbursement of expenses. By reducing the risk to partners, it is hoped to encourage more GPs to become partners. There was a general murmur about moving to Scotland after he had finished.

**STPs:** They are doomed to failure as they are not properly resourced. A vast amount of money is required for them to succeed. Any increased funding since 2015 has all gone to pay off hospital deficits. The 25% reduction in beds over the last 10 years has only caused a bottleneck in A/E and with STPs this will only get worse. Jackie Applebee from City and Hackney was very vociferous about her derision of STPs. She called them Slash, Trash and Privatise projects. They are financially driven. We are a rich country and don't need to do this.
At midday there was a soap box session. One representative said that busy GPs don’t have time to trawl through the rambling NICE guidance and therefore it needs to be more concise. Another representative said that medical advisers to CCGs should not work as appraisers. Another called for true LMC representation on all STPs. The CCG GPs are career politicians who do not represent GPs and cannot be trusted.

**Clinical records**: All patient records should be digitised and be transferred digitally between practices.

**E-Referrals**: The call to resist 100% e-referral was rejected.

**GP Forward View**: No confidence in this initiative was passed. It has given little benefit to practices as it has failed to deliver funds and failed to reduce workload. There are endless hoops to jump through to get tiny amounts of money. Funds have been weighted to providing increased access and it was felt that NHS England should be held to account.

**EU nationals**: Jeremy Hunt said there would be an extra 5000 GPs by 2020. However the number of GPs continues to fall. There is no indication that the government will protect non-UK European GPs working in the NHS. A motion was passed to put pressure on the government to make a positive decision.

At this point we all had to dash to catch the five o clock train. The recurring themes of the conference were unmanageable workload and inadequate funding. There was a general feeling of pessimism.

Last year, a call for a ballot for GPs' resignation was passed. There was no such fighting spirit this year. As one of the other delegates said; the fire in the belly has gone out.