

## **Unscheduled Care**

That this conference is concerned about the increasing workload in GP Out of Hours services, and:

- i) believes that NHS24 and the 111 number has increased public expectation on the NHS and also increased workload
- ii) believes that the present structure of NHS 24 and the local hub for OOHs is not working and requires radical reform at local level to maintain the best quality of care for patients
- iii) believes that the current model of OOHs care is both desirable and sustainable only if the triage of patient contacts by NHS 111 becomes less risk averse
- iv) believes the move by NHS 24 to triage patients by non-clinical staff has implications on patient safety and demands immediate action to stop this happening – *all parts carried*

That this conference advises Scottish Government that it is now over 10 years since the responsibility for the provision of GP OOH services passed to Health Boards, and that, with respect to health board employed GPs within the service:

- i) many health board still do not have a set of terms and conditions of service for these GPs
- ii) many work under conditions less favourable than other medical colleagues employed by the same health board
- iii) this conference demands that the Scottish Government instructs health boards to ensure they provide equitable terms and conditions to these GPs as a matter of urgency – *all parts carried unanimously*

## **Public Health**

That this conference deplores the short sightedness of the Scottish Government in launching public health campaigns such as Detecting Cancer Early without adequately resourcing general practice and the wider NHS to cope with the resulting surge in demand and urges that SGPC have significant input to any such proposed campaigns in future - *carried*

That this conference deplores the lack of support the Scottish Governments and Health Boards give to practices with respect to handling infectious diseases such as Ebola, and demands that they provide practices with the same resources , such as PPE, posters, leaflets, cleaning/decontamination, etc as the rest of the NHS without additional cost to practices. – *carried unanimously*

## **Premises**

That this conference recognises that problems with premises are impacting on recruitment, retention, and on service delivery, and calls on SGPC to

- i) work with Scottish Government to develop a national GP premises strategy to ensure that future premises developments are focussed on primary care
- ii) negotiate new dedicated funding for premises development. – *Both parts carries unanimously*

That this conference recognises the significant impact of negative equity in premises and “last man standing” on recruitment and retention of the workforce and calls on SGPC to negotiate protection for GPs face with this situation. – *carried*

## **Primary Health Care Team**

That this conference:

- i) deplores the fragmentation of the primary care team and believes that this decreases efficiency and threatens the quality of service to patients - *carried*
- ii) insists that if GPs are to maximise their potential in providing medical care in the community, the primary care team must be based around the practice – *carried unanimously*
- iii) calls on health boards to support GP practice based teams – *carried unanimously*

That this conference recognises the exponential increase in the number of frail elderly patients living in the community and urges the Scottish Government to invest in home visiting support teams to enable primary care to keep these patients in their own homes – *carried*

## **Maternity, Paternity and Adoption Leave**

That this conference believes the Scottish Government should instruct health boards that payments to practices for maternity, paternity and adoptive leave should:

- i) no longer be discretionary but a right
  - ii) fund internal practice locums where necessary
  - iii) fund alternative service provision, such as nurses, in view of the workforce crisis and difficulty finding locums
  - iv) fully reimburse the cost of locum cover for maternity, paternity and adoptive leave, including internal locum cover.
- *All parts carried unanimously*

## **Sessional GPs**

That this conference condemns the continued lack of consistent NHS occupational health provision for locum/freelance GPs across Scotland and urges SGPC to demand the Scottish Government instruct boards to allow these GPs access to these services. – *carried unanimously*

That this conference is encouraged by the Scottish Government’s willingness to work with health boards to reduce barriers to freelance/locum GPs working throughout Scotland but asks them to also liaise with the other UK health departments to also reduce barriers to cross border working. - *Carried unanimously*