Motion No.	Motions	Outcome
	General practice and shift of care into community (Theme three)	
14.	Keynote address by Dr Jennifer Dixon DBE	Received
15.	**Motion** by BIRMINGHAM DIVISION: That this meeting believes the Government's10-Year Health Plan for England threatens the independent contractor status of GPs and:- i) recognises the importance of independent contractor status of GPs for clinical autonomy, continuity of care, patient advocacy, GP recruitment and sustainable primary care; ii) reaffirms the BMA's commitment to the independent contractor model in general practice; iii) calls for the BMA to lead a co-ordinated campaign against any proposals within the 10-Year Plan that would undermine or dismantle the independent contractor status of GPs; iv) believes if the independent contractor status of GPs is not safeguarded, that the 10-Year Plan should be opposed.	Carried.
16.	**Motion** by CONFERENCE OF LMCs AGENDA COMMITTEE: That this meeting, with regard to the commissioning of primary medical services within the Government's Ten Year Health Plan:- i) believes that Trusts are wholly inappropriate organisations to absorb either the commissioning or operational responsibilities for general practice or neighbourhood health, lacking experience, knowledge, and evidence; ii) is greatly concerned that vertical integration risks greater system financial deficit, contract instability, and a loss of continuity of care; iii) notes the responsibility for such commissioning is uncertain, lacking both resource and any seed-funding to set-up necessary structures, risks the diminishing of GP influence whilst creating perverse conflicts of interest by the proposed removal of the independent commissioner; iv) supports investigating the creation of either primary care neighbourhood trusts (emulating former strategic health authorities), or legally constituted primary care collaboratives in holding overarching primary care budgets, as per the GPCE paper in response to the Model ICB Blueprint; v) demands that the accountability, budgetary responsibility, and financial risks of primary care commissioning should sit separately to contracted service provision and providers, ensuring that any new NHS procurement framework is used to support partnership working, where the funding follows the patient and the activity.	Carried.
17.	**Motion** by MANCHESTER AND SALFORD DIVISION: That this meeting notes the The Ten Year Health Plan ambition to deliver online patient consults across the NHS, and in this context, the 2025/26 England GMS contract requirement from 1 October 2025, to keep on-line non-urgent (routine) appointment request functionality open from 08.00 until 18.30 Monday-Friday and:-	Carried

	i) believes that unlimited patient on-line demand will jeopardise and lead to burnout for all medical staff not just GPs; ii) has concerns regarding the digital inequity divide created for those patients unable to navigate digital systems, thereby increasing health inequalities; iii) acknowledges patients present with symptoms, not arbitrary 'routine' or 'urgent' problems, and that any symptom may potentially be determined to be clinically urgent once triaged appropriately; iv) advises that the safest option for GPs is to assume that all online consultation requests are urgent until and unless they are triaged appropriately by a senior responsible clinician, allowing practices to be able to divert patients accordingly, once they have reached their safe working capacity for managing urgent queries on a given day given finite capacity; v) specific requests for predetermined appointment indications as decided by the practice based upon the needs of their registered patient population, may be classified as routine (non-urgent) following the implementation of additional safeguards, such as the use of online questionnaires, or where finite capacity can be potentially managed by creating waiting lists to mitigate patient harm.	
18.	**Motion** by CONFERENCE OF LMCs AGENDA COMMITTEE: That this meeting, with regard to the Government's Ten Year Health Plan for England:- i) notes with regret the lack of any engagement or co-production with the medical profession in its drafting; ii) is greatly concerned that neither an impact assessment nor a plan or budget for restructuring and redundancies has been shared in the public domain; iii) believes the lack of financial resource across new structures will threaten to destabilise effective primary care commissioning due to a lack of subject matter expertise across systems; iv) believes the prospect of Integrated Health Organisations poses an existential threat to not only GMS but also national contracts for other branches of practice; v) demands the BMA campaign to oppose the move to form IHOs.	Carried.
	BREAK	
	Healthcare delivery and prevention (Theme four)	
19.	**Motion** by WELSH COUNCIL: That this meeting notes the proposals for a genomics population health service in the NHS 10-year plan and the potential consequences this could have across the UK. These consequences include data misuse, iatrogenic harm, medicalisation, overdiagnosis and overtreatment. It therefore calls for:-	Carried in parts Carried in parts: i. ii.

	i) any de-facto health screening programmes in the UK to be reviewed by the national screening committee prior to implementation and, specifically, for polygenic risk scoring to be reviewed by that committee; ii) any population health management programmes in the UK to be led by or to involve registered public health specialists; iii) the BMA to explore and produce a member facing report on the ethical and legal implications of a genomics population health service.	Carried as reference: iii.
20.	**Motion** by CONFERENCE OF PUBLIC HEALTH MEDICINE AGENDA COMMITTEE: That this meeting, recognising that the NHS is struggling to cope with increases in preventable conditions and widening health inequalities affirms that the Ten-Year Health Plan for England which does not properly address public health and its roles in healthcare and prevention will inevitably fail. It therefore:- i) endorses the BMA's 'Rebuilding public health' report, the call for the restoration of public health funding, expansion of healthcare public health, and an increase in the number of public health consultants to the recommended level of 30 full-time equivalent per million population; ii) reiterates its call on governments across the UK to mandate a "Health in all Policies" approach that incorporates health into all of their decision-making areas with cross-department mechanisms being established, noting the original vision set out in Labour's health mission; iii) reiterates the links between work, health and wealth and calls for an effective strategy for addressing the occupational and commercial determinants of health, for the NHS to do more in these areas and for NHS organisations to give priority to acting as Anchor institutions across all prevention strategies.	Carried.
21.	**Motion** by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting notes the proposals in the 10 year plan to utilise private providers and private investment for example to improve NHS Estates and to expand NHS provision in disadvantaged areas. It calls on the BMA to:- i) assert at all possible opportunities that the use in the NHS of private providers and private investment is not a cost effective use of public money since it diverts public funding into private profit; ii) to campaign against the use in the NHS of private providers and private investment; iii) to campaign for the 10 year plan to be revised to include a delivery plan for investment of sufficient public funds in NHS estates and disadvantaged areas.	Carried.

22.	**Motion** by CONFERENCE OF LMCs AGENDA COMMITTEE: That this meeting, noting the multiple upheavals to contracting presented by the 10 Year Plan, believes the Plan poses an existential threat to the GP independent contractor model, the GMS contract, and therefore the very concept of the family doctor, and:- i) condemns and opposes the 10 Year Plan as it is currently written; ii) finds abhorrent and requires the removal of the ability to performance-manage and transfer to larger bodies the contracts of GP practices judged to be in the 'bottom 10%'; iii) demands that no General Practice contracts beyond those already owned by Foundation Trusts be permitted to be transferred to Foundation Trusts, with General Practice and secondary care each respecting the contracts and expertise of each other; iv) demands that GMS contracts remain in perpetuity, rather than 'for now' (as stated in the plan), and that new GMS contracts be offered to both existing and new partnerships as the population expands in number and location; v) supports GPC England in re-entering dispute with the Government and enacting all escalatory outcomes of the Special Conference of England LMCs of March 2025 unless and until sufficient legislative safeguards are introduced to protect GMS and the partnership model; vi) demands full resource restoration for GP practices with the necessary accompanying pay restoration for sessional GPs and GP partnerships to levels commensurate in real terms to 2004 GMS.	Carried in parts (All parts carried).
	ADDITIONAL MOTIONS *(The motions below will be taken if there is additional time on the agenda)*	
23.	**Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting welcomes the focus on prevention as set out in the 10 year plan but notes that prevention extends beyond the initiatives as outlined in chapter 4 of the plan and that addressing the social determinants of health require actions by both national government and local authorities as well as the NHS. We therefore request that:- i) prevention of injury must be incorporated into any local or national plan around prevention; ii) local authorities be funded to address their specific local needs as set out in their Joint Strategic Needs Assessment produced by local authority public health specialists, and that they act as commissioner for these services; iii) the Medical Ethics Committee examine the implications of genomic testing including implications for children and young people; iv) the BMA undertakes further work to ensure that the detail on how the prevention strategy and addressing social determinants of health can be implemented using best evidence.	Carried.

24.	**Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that salaried GPs already make up a growing proportion of the primary care workforce, and that the 10-Year Health Plan risks accelerating a shift away from partnerships towards salaried or vertically-integrated employment. This meeting therefore resolves to:- i) mandate that BMA negotiators press NHSE and Government to require by law that all NHS employers of salaried GPs use the BMA model salaried GP contract (or better) as the baseline standard; ii) instruct GPC England to make universal use of the BMA template contract a red-line in negotiations on the future of general practice; iii) support LMCs and individual GPs to challenge any substandard contracts by providing legal, industrial, and campaigning support; iv) affirm that defending partnerships and defending salaried colleagues are complementary strategies, and that BMA policy is to protect the profession in both scenarios.	Carried in parts. (Carried in all parts).