



Welsh conference of representatives of local medical committees 2022

Saturday 5 March, Hilton Cardiff

Agenda

Welsh conference of representatives of local medical committees 2022

AGENDA

Saturday 5 March 9.30am

Hilton Hotel, Kingsway,
Greyfriars Rd, Cardiff

Chair of conference

Dr Sara Bodey

Deputy chair of conference

Dr Tim Davies

Conference agenda committee

Dr Sara Bodey (North Wales)

Dr Tim Davies (North Wales)

Dr Phil White (Chair of GPC Wales)

Dr Gareth Oelmann (Gwent)

Dr Ian Harris (Bro Taf)

Dr Jenny Liddell (North Wales)

Dr David Bailey (Gwent)

Dr Natasha Collins (Gwent)

Dr Paul Emmett (North Wales)

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Schedule of business – Saturday 5 March 2022

	Motions	Time	Allocation
START	–	9.30 – 9.40	10 mins
Receive minutes of Welsh Conference of Local Medical Committees November 2020	–		
Standing orders	–		
Chair of Conference address			
Ministerial address from Eluned Morgan Minister for Health and Social Services	--	9.40 – 10.00	20 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	--	10.00-10.10	10 mins
Update of progress on passed motions – Deputy chair of General Practitioners Committee (GPC) Wales	--	10.10-10.25	15 mins
Primary and Secondary Care Interface	1-13	10.25-11.15	45 mins
COFFEE BREAK	–	11.15-11.30	15 mins
Contract	14-18	11.30-11.55	25 mins
Clusters	19	11.55-12.00	5 mins
Soap Box	--	12.00-12.20	20 mins
Pandemic	20-26	12.20-13.00	40 mins
LUNCH	–	13.00-13.50	50 mins
Prescribing	27-29	13.50-14.00	10 mins
Immunisation/Enhanced services	30	14.00 – 14.10	10 mins
IT	31-34	14.10-14.35	25 mins
Workforce and Sustainability	35-38	14.35-15.00	25 mins
Representation	39	15.00-15.05	5 mins
Climate Change	40-43	15.05-15.20	15 mins
Ask the GPC negotiators	--	15.20-15.45	25 mins
COFFEE BREAK	–	15.45 – 16.00	15 mins
Unscheduled care	44-47	16.00-16.20	20 mins
Education, training and workforce planning	48-52	16.20-16.50	30 mins
Access and remote consultations	53-54	16.50-17.00	10 mins
Premises	55-56	17.00-17.10	10 mins
Other	57-61	17.10-17.35	25 mins
Closing remarks from conference chair	--	17.35-17.45	10 mins
CLOSE	--	17.50	

Welsh LMC conference March 2022

Opening business

9.30 – 9.40

Receive minutes of Welsh conference of local medical committees 2020

Standing orders

Chair of Conference address

Ministerial address

9.40 – 10.00

From Eluned Morgan, Minister for Health and Social Services, Welsh Government

Annual Report

10.00-10.10

Chair of General Practitioners Committee (GPC) Wales

Update of progress on passed motions

10.10-10.25

Deputy chair of General Practitioners Committee (GPC) Wales

Primary and Secondary Care Interface

10.25-11.15

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| 1 | Bro Taf | That this conference is seriously concerned about the increasing hospital waiting list and times. <ol style="list-style-type: none"> i. urges urgent action from the Welsh Government to provide safe and timely patient care. ii. a firm commitment that there will be no inappropriate unresourced transfer of secondary care work to GMS practices. |
| AC 2 | AC | As the Welsh NHS begins the process of recovering from the impact of the pandemic, conference highlights the significant levels of concern felt by patients and GPs about the delays in accessing secondary care and calls for: <ol style="list-style-type: none"> i. Health boards to ensure there is public access to clear and accurate information dashboards for secondary care waiting times. ii. Welsh Government to direct LHBs to communicate directly with patients on waiting lists to clarify realistic waiting times. iii. Welsh Government to ensure that patients are automatically copied in to all outpatient communication letters between secondary and primary care unless there is a clearly documented reason why this would not be appropriate. iv. Health boards to put in place a patient liaison system to handle patients' queries relating to secondary care (including referral waits and delays to care) without involvement of the GP practice. |
| 3 | Morgannwg | That conference asks GPC Wales to demand that Health Board's provide Secondary Care waiting time dashboards for transparent and publicly available information on waiting times for patient and professional awareness. |
| 4 | Bro Taf | Conference calls on WG and LHB secondary care to directly write to patients to inform them with clarity about current and future waiting times for their outstanding and new appointments and procedures. This is causing undue stress to primary care staff and GPs as patients are repeatedly calling GP practices for updates and expediting of their hospital appointments |
| 5 | Gwent | This conference calls for Welsh Government to ensure that patients are automatically copied in to all outpatient communication letters between secondary care and primary care and if they do not, they must specify why this would be inappropriate for the individual. |
| 6 | Gwent | This Conference asks that there is a centralised system put in place to handle questions relating to Secondary Care referral waits, that does not involve the GP, therefore adding to their workload. |
| 7 | Bro Taf | Conference asks that all virtual secondary care clinics ensure they have robust mechanisms for issuing their own prescriptions, sick notes, blood test forms and the ability to see patients face to face if clinically indicated |

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| 8 | Gwent | That conference deplores the fact that the majority of secondary care clinicians are still not giving 'FIT' notes to patients and demands that Welsh Government reminds them of their duty to give 'FIT' notes. |
| 9 | Morgannwg | That conference calls out the ongoing poor provision of mental health service support for patients in general practice and: <ol style="list-style-type: none"> i. Insists that all GP practices have access to improved talking therapies for patients available within a reasonable timeframe. ii. Asks that a mental health practitioner is made available for same day contact by either a GP practice or patient. |
| 10 | Morgannwg | That conference insists that all GP practices have access to improved talking therapies for patients that are available within a reasonable timeframe. |
| 11 | North Wales | Conference believes that recently introduced advice and guidance systems at the interface between primary and secondary care (such as dedicated email accounts or consultant connect): <ol style="list-style-type: none"> i. Can be a mechanism for accessing more timely specialist advice for some patients. ii. Involve a shift of workload and responsibility into Primary Care which must be recognised and resourced. |
| 12 | Morgannwg | That conference calls on Welsh Government to mandate Health Boards to involve LMCs when considering how the hospital backlog is managed, ensuring that LMCs are positioned as key stakeholders and not simply informed of changes. |
| 13 | Morgannwg | That conference calls on Welsh Government to commission and deliver a consistent and nationwide package of social prescribing interventions, which can be accessed directly by patients, with a national database containing their details. |

Coffee Break 11.15-11.30

Contract 11.30-11.55

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| 14 | Dyfed Powys | That conference insists that GPC Wales make it very clear to Welsh Government that any future attempt to tie in a DDRB pay rise with a contractual negotiation will not be accepted. |
| 15 | Gwent | This conference calls for further commitment from Welsh Government to support the contractor model of General Practice in primary care by increasing direct funding with recurrent reliable funding streams which reflect the reality of ever increasing workload demands. |
| 16 | Gwent | That conference asks that Health Boards use people with relevant clinical skills to carry out Post Payment Verification checks to avoid unnecessary time taken by Practices to appeal inappropriate rejections. |
| 17 | Morgannwg | That conference calls on GPC Wales to consider a mechanism to cost for Secondary Care workload transfer. |
| 18 | Morgannwg | That conference demands adequate funding of GMS for practices and not just the funding of Cluster budgets. |

Clusters 11.55-12.00

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| 19 | Gwent | With the advent of Welsh Government's Accelerated Cluster Development plan, this conference demands that no Primary Care Collaborative should be forced to create a Community Interest Company. The CIC's are essentially passing on financial responsibility and organisational responsibility to practices who are already over stretched. Funding of these is already diverting more money to middle management and away from the front line. |
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Soap Box 12.00-12.20

Pandemic 12.20-13.00

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| 20 | North Wales | That conference should take this opportunity to recognise the huge contribution Primary Care has made to the Welsh Health Service over the pandemic and calls on Welsh Government to robustly and genuinely do the same. |
| 21 | North Wales | That conference recognises the overwhelming evidence that covid is an airborne pathogen and that the failure to provide enhanced face mask protection to those on the frontline (including in general practice) has unnecessarily left staff at risk of harm and must be reversed urgently. |
| 22 | Gwent | This conference asks that PPE provided to primary care is supplied on the basis of need. |
| 23 | North Wales | That conference believes the profession should not be finding out important changes to health guidance such as covid vaccination plans or new isolation rules through the media, but instead should rather be informed officially before the media is briefed. |
| 24 | Bro Taf | Conference urges GPC Wales to work with Welsh Government to consider the way forward in the event of annual Covid vaccination, and the part that General Practice might play. |
| 25 | Gwent | This conference demands that COVID recovery funding should be made directly to GMS practices, via both Welsh Government and Health boards, without the burden of caveats demanding extending core services in an already stretched sector. |
| 26 | Bro Taf | Conference demands that Welsh Government agree to reimburse practices for COVID-19 related staff absences. |

Lunch 13.00-13.50

Prescribing 13.50-14.00

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| 27 | Bro Taf | That this conference is concerned about the potential patient safety issues of the parallel prescribing of opioid substitution therapy and calls for: <ol style="list-style-type: none"> i. GPC Wales to highlight urgently to practices the need for accurate recording of externally generated prescriptions. ii. GPC Wales to liaise with Public Health Wales and substance misuse services to consider options to improve the safety of opioid substitution prescribing in Wales. |
| 28 | Gwent | This conference calls on Welsh Government to protect the dispensing fee for dispensing practices to protect the lifeline service of dispensing doctors to patients in remote and rural communities. |
| 29 | Morgannwg | That conference call for GPC Wales to press Welsh Government to amend prescription regulations so that opticians can issue acute and repeat eye lubricant. |

Immunisation/Enhanced services 14.00 – 14.10

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| 30 | Gwent | This conference asks that Welsh Government amend the Diabetes Suite of Enhanced Services to mandate Health boards to offer each component to those practices who wish to provide more intensive Type 2 diabetic care. |
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IT 14.10-14.35

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| 31 | Morgannwg | That conference requests that Health boards in conjunction with Digital Health and Care Wales ensure that the WCCG process: <ol style="list-style-type: none"> i. avoids the excessive use of individual templates. ii. establishes who is responsible for Quality Assurance. iii. is a universally accessible platform across Primary, Secondary and Community care. |
| 32 | North Wales | That conference recognises the usefulness of BOMGAR for practices to allow remote working where appropriate and asks that it be continued, free of charge, for the foreseeable future. |
| 33 | Gwent | This conference calls on Welsh Government to commit to the development and modernisation of the primary care infrastructure through funding mechanisms that are accessible to all practices. |
| 34 | Morgannwg | That conference calls for the ongoing support for IT tools that have helped over Covid to ensure that these are maintained, scaled up and further improved. |

Workforce and Sustainability 14.35-15.00

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| 35 | Morgannwg | That conference calls for GPC Wales to ensure that the BMA/RCGP safe working level guidance is adhered to, and the impact on Primary Care acknowledged, and a working agreement is implemented between Emergency Department, WAST, Secondary and Primary Care. |
| 36 | North Wales | Conference recognises that the administrative workload for GPs is increasing even faster than the clinical workload and calls for formal guidance to ensure that time for this is anticipated and built into job plans and partnership agreements. |
| 37 | Bro Taf | Conference calls on Welsh Government to suspend the QAIF for another year as the pandemic continues and the workload of General Practice has significantly increased beyond normal with the easing of lockdowns. |
| 38 | Dyfed Powys | That Conference insists that Welsh Government and Health Boards address the paucity of GPs engaged by Health and Care Research Wales in their Research Time awards, due to the lack of accessibility for both sessional GPs and inadequate backfill costings to encourage Welsh primary care research activity. |

Representation 15.00-15.05

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| 39 | North Wales | That conference, recognising the need for succession planning, elects a member from Conference to sit on GPCW for a year, that member having been a registered GP for less than 5 years. |
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Climate change 15.05-15.20

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| AC | 40 | AC | That conference declares a climate emergency exists and: <ol style="list-style-type: none"> i. Supports the Welsh government's stated aim of achieving carbon net-zero delivery of public services by 2030. ii. Urges Welsh Government to include primary care in their plan to achieve this. iii. Calls on Welsh government to support environmentally sustainable procurement throughout the NHS in Wales. iv. Calls on NHS Wales to commission a scheme to recycle used inhalers. |
| | 41 | Morgannwg | That conference calls on Welsh Government to support environmentally sustainable procurement by engaging with suppliers on mass on behalf of all public services in Wales and allowing them to opt into such procurement processes. |
| | 42 | Morgannwg | That conference calls on NHS Wales to commission a scheme to recycle used inhalers. |

- 43 Bro Taf That this conference is concerned about the effect of climate change on health and calls for:
- i. urgent action to be taken on the most polluting medications and asks GPC Wales to negotiate with health boards the phasing out of the most polluting metered dose inhalers from formularies in Wales.
 - ii. GPC Wales to negotiate with Welsh Government a subsidy to practices that switch to a green energy tariff.

Ask the GPC negotiators 15.20-15.45

Coffee break 15.45-16.00

Unscheduled care 16.00-16.20

- 44 Gwent Conference demands that no primary care physician should be left to deal with a WAST failure of attendance leading to implications for providing individual patient care and access for other patients. Such significant incidents should be reported and investigated by each responsible Health board.
- 45 Morgannwg Conference calls for GPC Wales to negotiate with Welsh Government a Directed Enhanced Service to better support the provision of an OOH service.
- 46 Morgannwg Conference calls for Welsh Government to commission a comprehensive, independent report into the barriers to working in OOH services in Wales, and to consider what mechanisms would allow staffing for this service to be improved.
- 47 Gwent This conference demands that WAST cease the practice of refusing ambulance requests from GPs for patients who have been clinically assessed to need an ambulance but who are not categorised as a priority. Conference asks that for all patients where there is no practical transportation alternative, WAST accepts the patients details in order for them to remain in the queue until there is capacity for an ambulance to be sent.

Education, training and workforce planning 16.20-16.50

- 48 Morgannwg That conference should ask Welsh Government to implement the proposed method of NWSSP supporting Tier 2 Healthcare visas applications for GPSTs who gain CCT in Wales.
- 49 Morgannwg That conference should lobby Welsh Government to increase payments to Medical Schools to uplift reimbursements for Clinical Placements in General Practice.
- 50 Morgannwg That conference recognises that Allied Health Professionals may not be best placed to manage the complexity of Primary Care consultations and their cost-effectiveness be reviewed.
- 51 North Wales That national bodies (including for example HEIW and the BMA) should set an example and ensure that there is no discrimination against protected characteristics in job adverts and specifications.
- 52 Gwent This conference feels that the RCGP Wales Trainee of the Year award is outdated with regards to the criteria used for judging excellence. It calls upon GPC Wales to lobby RCGP Wales to alter criteria for the award to reflect inclusive standards which are more representative of perceived excellence and ideal attributes for a future GP.

Access and remote consultations

16.50-17.00

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| 53 | Dyfed Powys | That conference gives GPC Wales a very clear mandate to decline any national agreement to allow direct booking into GP appointment systems from other organisations. |
| 54 | Morgannwg | That conference believes the current Access standards are not delivering improved access and that resources are required (equipment, money and staff) to ensure universal and timely care. |

Premises

17.00-17.10

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| 55 | Morgannwg | That conference demands that all Health Boards review their premises strategy as to whether it is still fit for purpose and ensure that LMCs and clusters are involved. |
| 56 | Morgannwg | That conference calls on GPC Wales and Welsh Government to develop and deliver mechanisms to decarbonise the Primary Care Estate. |

Other

17.10-17.35

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| 57 | Gwent | That conference demands that Local Authorities follow the All Wales Safeguarding procedures and inform GP practices of their patients that have been put on the Child Protection register. |
| 58 | Bro Taf | That this conference believes that the term 'family doctor' is no longer suitable to describe general practice in the 21st century and asks GPC Wales to liaise with Coleg Brenhinol Meddygon Teulu Cymru (RCGP Wales) and the Welsh Language Commissioner to phase out the use of 'meddyg teulu' in official communications. |
| 59 | Morgannwg | That conference calls on Welsh Government to mandate that new residential schemes must include plans to provide adequate access to healthcare facilities. |
| 60 | North Wales | Conference views with horror the proposal by the UK government to move from metric to imperial measures and urges the BMA to use its influence to dissuade them. |
| 61 | Gwent | That conference is appalled by the inappropriate use of acronyms and initialisms by healthcare professionals and health board staff and ask: <ol style="list-style-type: none"> i. That Medical directorates ensure that their staff do not use acronyms/initialisms that are not widely known outside that particular speciality. ii. That Health Board staff should list the full term for any acronyms/initialisms on formal documents sent to practices. |

A Motions

A1	Climate change	Morgannwg	That conference requests that Welsh Government need to set their own agenda to deal with Global Warming (decarbonisation) and that LMC and other Primary Care advocates need to be appropriately consulted.	WG does have an agenda on climate change/decarbonisation as 'Net Zero Wales'. BMA has supported this activity in consultation responses eg clean air plan and single use plastics
A2	Clusters	Morgannwg	That conference formalises Cluster procedures to demonstrate their independence from Health Boards, with transparent objectives and project selection procedure, alongside a timely and transparent recruitment process.	8 and 9 from WLMC 2020 (Morgannwg)
A3	Contract	Dyfed Powys	That conference demands Welsh Government provide access to NHS Practitioner Health Services as provided to English and Scottish Colleagues, so that a full range of urgent mental health professional support (including psychiatrists) is provided for Welsh GPs, rather than purely a counselling/CBT service.	AC7 from 2019
A4	Education, training, workforce planning	Morgannwg	That conference calls for NHS Occupational Health provision to be extended to all practice staff rather than just doctors.	This is in place via the 20/21 GMS contract agreement
A5	Other	Gwent	This Conference asks that GPC Wales reminds WAST that GPs are not an emergency service and so should not be used to discuss when it's appropriate or not to transport a patient to hospital, having been called in an emergency.	AC1 from 2019
A6	Secondary care	Morgannwg	That conference demands Health Boards to provide a patient liaison function to enable patients to contact Secondary Care directly about any aspect of their hospital provided care including delayed appointments.	60 from 2020 (North Wales)
A7	Workforce	Morgannwg	That conference believes that workforce shortages are already having an impact on the ability to achieve appropriate access to healthcare in many practices and a Welsh Government recruitment strategy is needed.	There is a recruitment strategy from WG and HEIW in place and BMA engages with both regularly

Welsh LMC conference November 2020

9.30 Minutes

Receive minutes of Welsh Conference of Local Medical Committees November 2019

Standing Orders

Chair of Conference address

9.40 Ministerial address

From Vaughan Gething, Minister for Health and Social Services

9.50 Annual Report – General Practitioners Committee (Wales)

Receive annual report from the Chair of GPC Wales.

10.00 Update of progress on passed motions

Receive report from the Deputy chair of General Practitioners Committee (GPC) Wales

10.15 Conference procedure

Access and remote consultations

10.25–10.45

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| 1 | Gwent | <p>Conference</p> <ul style="list-style-type: none"> i. Congratulates GPs in Wales on their rapid and flexible adoption of technological solutions to continue to offer advice and support to patients throughout the COVID pandemic without putting themselves, their staff and patients at risk through excessive face to face consultations. PASSED ii. Believes that these changes have led to more appropriate and effective consulting, allowing a significant increase in consultation rates. TAKEN AS REFERENCE iii. Deplores those areas of government that have criticised these changes and are pushing to return to old models of care. PASSED iv. Demands that Welsh Government ensures that funding for these technological solutions is adequate and recurrent so that GPs are not out of pocket when offering such flexible support to patients. PASSED |
| 2 | Morgannwg | That conference calls for Welsh Government to recognise the efficiency and safety of remote consultations and encourage this change to consulting method to be embedded as the default. |
| 3 | Morgannwg | That conference calls for GMS contract to recognise the value and benefit of remote consultations and to factor that in reviewing access and post payment verification procedures. |
| 4 | Morgannwg | That conference calls for Welsh Government to commit, invest and support the public trust and usage in remote consultations. |
| 5 | Bro Taf | That conference feels some of Welsh Governments access standards are nearly impossible to achieve with telephone first pandemic systems and that these targets should be removed so that practices are not penalised unnecessarily. PASSED |
| 6 | Morgannwg | That conference asks Welsh Government to ensure that all healthcare professionals have access to enable remote working and or working from home including funding needed for IT provision. PASSED |

Out of Hours 10.45–10.50

- 7 Bro Taf That this conference is dissatisfied with the mismatch between the taxation and employment status of OOH GPs and demands that:
- i. all health boards reassess their OOH GPs' taxation status in a 'joint assessment with the individual GP'.
 - ii. OOH GPs considered 'employed for taxation purposes' should automatically be awarded consequent employment rights. **PASSED**

Clusters 10.50–11.05

- 8 Morgannwg That conference calls on clear direction from Welsh Government regarding increased freedom and agreements on cluster authority, voting and decision rights on community projects and financial allocation. **PASSED**
- 9 Morgannwg That conference calls for clear and transparent instruction from Welsh Government to practices regarding how additional funding (such as cluster funds, transformation funds and additional funds provided by Welsh Government) can be spent. **PASSED**
- 10 Gwent Conference believes that clusters cannot truly be regarded as representative of on the ground community partners and truly independent when the leads are health board employees and thus demand that terms of reference are redrawn and clarified. **PASSED**

COFFEE BREAK 11.05–11.15

Pandemic response 11.15–12.00

- 11 Morgannwg That conference calls on Welsh Government to urgently provide a national mechanism to recycle PPE and medical waste. **TAKEN AS REFERENCE**
- 12 Dyfed Powys That Conference welcomes the reduced HB interference in and micromanagement of general practice during the pandemic consequent to the suspension of 'normal' general medical services and wishes that it could continue long term. **PASSED**
- 13 Dyfed Powys That Conference would like to recognise the hard work and dedication of all those working in the care sector throughout the covid19 pandemic. **PASSED**
- 14 Dyfed Powys **That Conference welcomes Welsh Governments increased funding to the existing HHP service during the Covid19 pandemic however it believes more can still be done to protect the wellbeing of our front line clinicians. Conference therefore endorses the RCGP's manifesto demand for a new practitioner health programme for front line clinical staff that is equivalent to (or exceeds) the current English PHP and asks GPC Wales to work together with the college, Welsh Government and other interested parties to make this finally become a reality. PASSED**
- 15 Morgannwg That conference calls on Welsh Government to ensure priority and support is given for the well-being of all healthcare professionals and that all GPs are risk assessed during this pandemic to ensure their safe-working.
- 16 Gwent Conference notes with dismay that the majority of coronavirus tests in Wales are carried out by the privatised Lighthouse testing services in England and urges Welsh Government to develop this service within the NHS in Wales with all practical haste. **TAKEN AS REFERENCE**

- 17 Gwent Conference deplores the recent data breach in Public Health Wales that left confidential personal information of over 18,000 patients tested for corona virus available to download from the internet for nearly 20 hours and feels that learning lessons is an inadequate response to such a severe breach of data protection regulations. **TAKEN AS REFERENCE**
- 18 Bro Taf That Conference welcomes the funds made available to practice for premises changes so that surgeries are made safer during the pandemic but demands that Welsh Government urgently review the improvement grant process and make further and sufficient grants available to practices as much more necessary refurbishment work needs to be done. **PASSED**
- 19 North Wales 'Back to normal' for General Practice by the start of October is unachievable in the context of the ongoing pandemic. Conference believes that target driven work such as QAIF and enhanced services should be suspended at least for another 6 months, with payments being made on historic achievement'. **PASSED**

Digital 12.00–12.20

- 20 Bro Taf That conference calls on Welsh Government to:
- i. be honest with the Welsh public that it needs their confidential data in order to plan and deliver service more effectively. **PASSED**
 - ii. introduce legislation to allow the NHS to use confidential data with appropriate safeguards. **PASSED**
 - iii. remove the risk for GPs of sharing this data for planning and research purposes. **PASSED**
 - iv. initiate a public debate about use of individual confidential data. **PASSED**
- 21 North Wales The AccuRX platform has been hugely beneficial to practices throughout the pandemic, with benefits far in excess of providing video consultations. AccuRx are planning to introduce charges for their full service from next year and conference calls for this to be funded centrally for all practices. **PASSED**
- 22 Dyfed Powys That Conference looks on in interest at the ideas emerging for 'phone first' in Welsh A&E departments but mindful of past experiences with the roll out of 111 asks NHS Wales and LHBs to involve local GPs in the design of these new pilots from the outset. **PASSED**
- 23 Morgannwg That conference calls for Welsh Government to enable electronic radiology requesting. **PASSED**
- 24 Morgannwg That conference calls for Welsh Government and HBs to accept that all written communication between primary and secondary care should be via WCCG and to implement this immediately. **LOST**
- 25 Gwent It is acknowledged that GP2GP transfer of patient records is not fit for purpose. Conference demands that Welsh Government in conjunction with NWIS seeks a robust and reliable solution to this significant governance concern, by mandating all suppliers to become fully GP2GP compliant. **PASSED**

SOAPBOX 12.20–12.40

Enhanced Services

12.40–13.00

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| 26 | North Wales | Some patients with challenging behaviours fall through the gap between GMS and ATS provision. Conference believes that targeted service needs to be commissioned to enable these patients to have their needs met. TAKEN AS REFERENCE |
| 27 | Dyfed
Powys | That bearing in mind enhanced services are a fundamental and vital income stream for practices and as a result a funding source for employment, recruitment and retention; the conference of Welsh LMC's demands that GPC Wales robustly challenges the national 'review of enhanced services' in terms of its rationale and direction, neither of which are apparent. PASSED |
| 28 | Dyfed
Powys | That Conference demands that GPC Wales push Welsh Government to award increases to enhanced services that mirror GMS payment rises and that LHBs are required to apply these to local enhanced services. PASSED |
| 29 | Morgannwg | That conference calls for clear direction from Welsh Government regarding uniform procedures in decision making, securing HB commitment, time line and inflation related uplifts for all LES negotiations. PASSED |

LUNCH

13.00–13.45

Prescribing and Dispensing

13.45–14.05

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| 30 | Gwent | Conference demands that Welsh Government progress an electronic transfer of prescriptions from general practice to community pharmacies – prioritising primary over secondary care in the implementation of e-prescribing in Wales. PASSED |
| 31 | North Wales | It is 2020 and we have had enough of pieces of paper that get lost. Wales needs to finally join the 21st century and adopt electronic prescribing throughout the whole process from consultation to pharmacy, at least for primary care prescriptions, without further delay. |
| 32 | North Wales | Conference calls for dispensing practices to be allowed to dispense to all patients within their boundary area, regardless of whether they are registered at that practice. WITHDRAWN |
| 33 | Bro Taf | That conference considers the proliferation of off licence prescribing of atypical antipsychotics a significant clinical risk passed to GPs and calls on GPCW to negotiate a DES to ensure safe shared care of these drugs to improve patient safety and empower GPs to more readily return questionable or unmonitored prescribing to Mental Health services. PASSED |
| 34 | Dyfed
Powys | That Conference welcomes Welsh Government facilitating the trial of Buvidal during the recent pandemic and having seen the benefits, requests a relaxation of the budget cap to allow it's more widespread prescription by substance misuse services. PASSED |

Immunisation 14.05–14.25

- 35 North Wales Conference calls for formal sanctions for community pharmacies who flout the intent of the influenza vaccination programme by poaching patients who would otherwise attend their GP practice. **TAKEN AS A REFERENCE**
- 36 North Wales **Conference believes that:**
- i. **Practices do not have the time or financial resources to be involved in delivering large scale vaccination campaigns over and above the standard vaccination programmes. TAKEN AS A REFERENCE**
 - ii. **If Welsh Government wants general practice to be involved in delivery of these vaccination programmes then there must be a recognition that other non- essential work such as QAIF has to pause for the duration. TAKEN AS A REFERENCE**
 - iii. **Financial resourcing must truly reflect the costs and risks associated with delivering such a programme. PASSED**
 - iv. **Ideally such programmes should instead be run by Public Health Wales and delivered outside of GMS. LOST**
- 37 Gwent Conference insists that Welsh Government needs to stop assuming that GP can mop up any urgent vaccination campaigns e.g. extended flu campaigns on top of its day to day work at a highly challenging time. Realistic resourcing must be integral to such requests.

Emergency Motion Pandemic response

- 67 Bro Taf Conference insists GP practices are enabled to be able to provide the COVID vaccine to ensure correct patient coverage as they are the only area of the NHS with a proven track record in safely immunising significant numbers. **PASSED**

Education, training, workforce planning 14.25–14.55

- 38 Bro Taf **That this conference recognises that the law on the verification of death permits any competent adult to verify an expected death and:**
- i. **is concerned about the workload demands that the verification of expected deaths places on GPs and community staff. PASSED**
 - ii. **asks GPC Wales to lobby Healthcare Inspectorate Wales and Care Inspectorate Wales to make the provision of in-house verification of expected deaths a compulsory part of operating a nursing or care home. PASSED**
- 39 Morgannwg That conference calls for Welsh Government and GPC Wales to ensure uniform compulsory training and approval processes in verification of death for all nurses in community to empower nursing team and to facilitate efficient end of life support in community.
- 40 Morgannwg That conference calls on Welsh Medical Schools, Wales Deanery, post-graduate clinical and allied health professional training schemes to increase teaching of remote consulting skills. **PASSED**
- 41 Morgannwg That conference calls for Welsh Government commitment in increased investment in GP training and recognition of training in GMS contract. **PASSED**
- 42 Morgannwg That conference urges GPs to provide more placements for Medical Students in their Surgeries to inspire the next generation of GPs to enter the profession. **PASSED**

- 43 Morgannwg That conference calls for commitment and significant investment from Welsh Government to promote placement of medical students in primary care with sufficient remuneration to practices to ensure that there is a succession plan for the future of care in community. **PASSED**

COFFEE BREAK

14.55–15.05

Ask the UK negotiators

15.05–15.25

Workload Sustainability

15.25–15.50

- 44 Dyfed Powys That the Conference of Welsh LMCs, whilst noting the achievements of this year's contractual round and thanking GPC Wales for this, also notes that there has been no further progress on de-risking or incentivising the risk of last person standing. As this is a fundamental block to recruitment and retention in general practice, conference asks for it to be rapidly reviewed by GPC Wales with Welsh Government and its LHB representatives. **PASSED**
- 45 Morgannwg That conference calls for Welsh Government to implement simple procedures to allow all qualified allied health care professionals to independently refer and prescribe. **TAKEN AS A REFERENCE**
- 46 Morgannwg That conference calls for clear direction on Welsh Government's commitment in protecting whistle blowers. **PASSED**
- 47 Gwent Conference demands that positive elements of pathways developed during the pandemic should be analysed and form part of return to normal working post pandemic with appropriate resource transfer, as required. **PASSED**
- 48 Gwent Conference notes the current 40/60 split between pay and expenses and contrasts this with the 55/45 split that was the accepted norm in the pre-2004 GP contract. It welcomes the setting up of a working party to 'consider methods of future expense analysis' and hopes that this can lead to an amicable move towards restoring historical profit ratios for independent contractors. **PASSED**

COFFEE BREAK

15.50–16.00

Ask the GPCW negotiators

16.00–16.20

Primary and Secondary Care Interface

16.20–16.50

- 49 AC1 That conference:
- i. highlights that unplanned transfers of work from secondary care to primary care following the COVID-19 pandemic poses a significant clinical governance concern and puts safe patient care at risk. **PASSED**
 - ii. calls upon Welsh Government and Health Boards to fund a DES to cover hospital generated work 'dumped' to primary care. **TAKEN AS A REFERENCE**
 - iii. demands that Welsh Government and GPCW take necessary measures to ensure proper implementation of the clinical communications protocol. **PASSED**
- 50 Bro Taf That conference condemns the massive impact of workload shift from secondary care to primary care in the name of COVID and calls on Welsh Government to take urgent action to stop dumping of work into primary care.

- 51 Bro Taf That Conference feels the Welsh Clinical Communication protocol is an excellent document, but that in light of 'Covid opportunism' and the unfettered transfer of work from secondary care we have seen, the time has come for Welsh Government and LHBs to fund a DES for 'hospital generated workload dump in primary care'.
- 52 Dyfed Powys That Conference highlights that the unplanned transfers of work from secondary care to primary care following the Covid 19 pandemic poses a significant clinical governance concerns and are a risk to safe patient care.
- 53 Bro Taf That Conference recognises the COVID crisis has resulted in an inappropriate transfer of non-resourced work from secondary to primary care and demands Welsh Government and GPCW take necessary measures to put a stop to this dumping of work by secondary care by proper implementation of the clinical communications protocol.
- 54 Morgannwg That conference calls for compensation to be provided to Practices which are affected by Secondary Care failure to apply the All Wales Communication Standards between General Medical Practitioners and Secondary Care.
- 55 North Wales Conference believes that:
- i. Phlebotomy is not a core GMS activity. **TAKEN AS A REFERENCE**
 - ii. Phlebotomy provision in the context of the Sars Cov2 pandemic has been shambolic and needs an urgent solution. **PASSED**
 - iii. Passing this work back to practices is unacceptable. **PASSED**
- 56 Gwent Conference believes the return to normal working during a pandemic has widened the chasm between primary and secondary care and does not highlight true integrated working. **PASSED**
- 57 Morgannwg That conference calls for clear procedures from Welsh Government in escalating concerns regarding failure of HBs in their management of primary care and patient safety in community. **PASSED**
- 58 Gwent That conference insists that due to the high turnover of Health Board staff that Health Boards notify Practices at least every 2 months of any changes of staff pertinent to General Practice. **PASSED**
- 59 Morgannwg That conference calls for contractual requirement for secondary care to guarantee completion of all components of a consultation (i.e. History taking, physical examination if necessary, requesting and actioning investigations, titrating and monitoring of new medication). **PASSED**

Secondary Care 16.50–17.15

- 60 North Wales Conference recognises that, in part due to the pandemic, waiting times for secondary care are leading to significant patient distress and anxiety. Conference calls for
- i. effective patient liaison services to be set up in secondary care to deal with patient queries in an honest fashion rather than directing them back to their GP practice. **PASSED**
 - ii. a direct ability of these services to expedite the existing referral if the patient reports a significant change in symptoms, again without referral back to the GP practice. **PASSED**
- 61 Bro Taf That Conference recognises suspension of routine work by hospitals and secondary care has caused increased pressures on GPs, leaving patients distressed and vulnerable and demands that clear and transparent plans are made available as soon as possible about secondary care activities returning to normal or 'new normal'. **PASSED**
- 62 Bro Taf That Conference calls on Health Boards to ensure that services requiring Face-to-Face delivery such as wound clinics need to return to normal face to face delivery as soon as possible so that patients are not left stranded in the community without proper care. **PASSED**
- 63 Bro Taf Conference insists GPC use this extraordinary time when secondary care services are hugely restricted as an opportunity to redesign the health care landscape for the benefit of patients and negotiate sensible transfer of services to primary care with appropriate resources. **PASSED**
- 64 Gwent Conference demands, due to the disproportionately high incidence of mental health problems in type 1 diabetics, that Welsh Government implement and resource a support service in each Health Board area with psychologists who understand the complexities of managing type 1 diabetes. **PASSED**

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| 65 | Gwent | Conference instructs Welsh Government to put in place a robust system for the ongoing management, in secondary care, of patients who have had elective surgery abroad where the complexity of their follow up treatment and monitoring falls outside that which would normally be provided by primary care. PASSED |
| 66 | Gwent | This conference demands assurance from Welsh Government that no patients are removed from Hospital outpatient or treatment waiting lists without clinical assessment from secondary care. PASSED |

Closing remarks from conference chair 17.15–17.30

Close 17.30 A' Motions

Other	Dyfed Powys	That Conference agrees that as ties have no place in silicon valley they also have no place at a virtual conference. Passed 2019
Clusters	North Wales	Clusters must have nationally agreed Terms of Reference as a matter of urgency in order to remove the current lack of clarity around decision making and responsibility. Passed 2019
Clusters	Morgannwg	That conference calls for a uniform direction and commitment from Welsh Government to HB in taking over successful cluster projects, with clear procedures and time line for decision making, evidence required and exit plan. Passed 2019
Education, training, workforce planning	Morgannwg	That conference calls for GPC Wales and RCGP to petition Welsh Government for dedicated training and qualifications for allied health professionals in primary care. Passed 2019
Digital	Dyfed Powys	That Conference demands that health boards implement the WCCG in full and do not undermine its functionality through the introduction of individual department or speciality templates to support referrals. Passed 2019
Digital	Morgannwg	That conference calls for Welsh Government to commit, invest and implement electronic prescribing system as soon as possible. Passed 2019
Prescribing & dispensing	Gwent	That conference demands urgent action by Welsh Government to mitigate the impact of medication shortages and in doing so recognising the adverse impact on patients and GP workload. Including changes in legislation, to make pharmacists responsible for identifying appropriate and available alternatives, when medications are not available, to dispense an equivalent preparation or dosing regimen without the need to return the prescription to the GP for amendment. Passed 2019
Primary & Secondary Care Interface	Morgannwg	That conference calls for the All Wales Communication Standards between General Medical Practitioners and Secondary Care to be embedded in secondary care contracts, with clear specification of disciplinary measures in failure to comply. Passed 2019
Primary & Secondary Care Interface	Morgannwg	That conference calls for Welsh Government to direct Health Boards in facilitating direct patient access to secondary care regarding expedite requests for assessment, treatment and procedures for which they are already on a secondary care waiting list. Passed 2018
Workload & sustainability	Dyfed Powys	That Conference advises that premises issues are a major disincentive to the recruitment of new partners and demands that Welsh Government brings forth measures that addresses the premises needs of general practice, not just window dressing that ignore the financial concerns of GPs. Passed 2018
Workload & sustainability	Morgannwg	That conference calls for Welsh Government to recognise the significance of workload increase that is endangering sustainability of primary care service provision and calls for protected number of consultations per day in primary care with establishment of overspill centres for workload exceeding this. Passed 2019

WLMC Conference 2020

– Progress against motions

No.	Theme	LMC	Motion	Resolution	Progress
1	Access & Remote Consultations	Gwent	<p>Conference</p> <p>i) Congratulates GPs in Wales on their rapid and flexible adoption of technological solutions to continue to offer advice and support to patients throughout the COVID pandemic without putting themselves, their staff and patients at risk through excessive face to face consultations.</p> <p>ii) Believes that these changes have led to more appropriate and effective consulting, allowing a significant increase in consultation rates.</p> <p>iii) Deplores those areas of government that have criticised these changes and are pushing to return to old models of care.</p> <p>iv) Demands that Welsh Government ensures that funding for these technological solutions is adequate and recurrent so that GPs are not out of pocket when offering such flexible support to patients.</p>	<p>i) PASSED</p> <p>ii) TAKEN AS REFERENCE</p> <p>iii) PASSED</p> <p>iv) PASSED</p>	<p>We concur with sentiment of i) and would agree with ii) that remote consultations (via new technologies or phone) has indeed led to increased consultation rates based on data from Health Board areas and comparing with the NHS Digital English data.</p> <p>We concur with iii) which particularly relates to the situation in England rather than Welsh Government who have adopted a more reasonable and supportive stance toward a blended model of access.</p> <p>Regarding iv), as noted under the 'Access Commitment' from the 21-22 contract agreement, Welsh Govt have committed to longer term work to identify a national solution to provision of digital tools; as an interim HBs and DHCW are encouraged to make digital tools available. We have also suggested to WG that digital access tools are added to the national procurement framework.</p>
2	Access & Remote Consultations	Morgannwg	That conference calls for Welsh Government to recognise the efficiency and safety of remote consultations and encourage this change to consulting method to be embedded as the default.		
3	Access & Remote Consultations	Morgannwg	That conference calls for GMS contract to recognise the value and benefit of remote consultations and to factor that in reviewing access and post payment verification procedures.		
4	Access & Remote Consultations	Morgannwg	That conference calls for Welsh Government to commit, invest and support the public trust and usage in remote consultations.		

5	Access & Remote Consultations	Bro Taf	That conference feels some of Welsh Governments access standards are nearly impossible to achieve with telephone first pandemic systems and that these targets should be removed so that practices are not penalised unnecessarily.	PASSED	We agree and the most unachievable standard, particularly Standard 2 (two-minute response to calls) was officially dropped following our lobbying, and will not be measured as at 31 March 2022. Likewise Standard 8 (demand/ capacity and patient satisfaction) will not be measured, recognising the impacts of covid during this cycle.
6	Access & Remote Consultations	Morgannwg	That conference asks Welsh Government to ensure that all healthcare professionals have access to enable remote working and or working from home including funding needed for IT provision.	PASSED	Access is technically possible for all professionals via Bomgar software, however there are a limited number of licenses which can be used concurrently which may limit this usage.
7	OOH	Bro Taf	That this conference is dissatisfied with the mismatch between the taxation and employment status of OOH GPs and demands that: i)all health boards reassess their OOH GPs taxation status in a joint assessment with the individual GP. ii)OOH GPs considered employed for taxation purposes should automatically be awarded consequent employment rights.	i) PASSED ii) PASSED	We agree with this longstanding issue, and there are a number of live cases being supported by BMA Cymru Wales Member Relations. We are unable to go into further details whilst they are in progress but will share once the cases have concluded.
8	Clusters	Morgannwg	That conference calls on clear direction from Welsh Government regarding increased freedom and agreements on cluster authority, voting and decision rights on community projects and financial allocation.	PASSED	The results of the Cluster survey undertaken by the Strategic Programme for Primary Care revealed that the majority of respondents felt they were insufficiently autonomous, overtly bureaucratic and had not realised the original vision. In response, the Accelerated Cluster Development programme was launched which has proposed a reshaping of clusters in structural terms including their relationship with contractor professions. We discussed and agreed expectations upon practices under the 21/22 negotiations, as documented in the contract agreement.
9	Clusters	Morgannwg	That conference calls for clear and transparent instruction from Welsh Government to practices regarding how additional funding (such as cluster funds, transformation funds and additional funds provided by Welsh Government) can be spent.	PASSED	See motion 8 regarding the future of clusters.

10	Clusters	Gwent	Conference believes that clusters cannot truly be regarded as representative of on the ground community partners and truly independent when the leads are health board employees and thus demand that terms of reference are redrawn and clarified.	PASSED	See motion 8 regarding future relationship of clusters with practices.
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Coffee break

No.	Theme	LMC	Motion	Resolution	Progress
11	Pandemic response	Morgannwg	That conference calls on Welsh Government to urgently provide a national mechanism to recycle PPE and medical waste.	TAKEN AS A REF	We agree, given Welsh Government's stated goal to create a 'no-waste Wales' by 2050. There are companies based in Wales who are pioneering new technologies in this area. We have endorsed the zero waste policy as an Association in recent consultation responses, including the consultation on usage of Single Use Plastics.
12	Pandemic response	Dyfed Powys	That Conference welcomes the reduced HB interference in and micromanagement of general practice during the pandemic consequent to the suspension of "normal" general medical services and wishes that it could continue long term.	PASSED	We wholeheartedly agree with the sentiment and would like the high trust low bureaucracy ethos continue. However, it was inevitable that elements such as PPV would return at some point; likewise, some clinical monitoring under QAIF. We have agreed to discuss a wide-scale contractual reform and will make the case for the positive elements of the pandemic response to continue longer-term.
13	Pandemic response	Dyfed Powys	That Conference would like to recognise the hard work and dedication of all those working in the care sector throughout the covid19 pandemic.	PASSED	We agree with this motion and have regularly made calls in media and in briefing papers for investment in the care sector.

14	Pandemic response	Dyfed Powys	That Conference welcomes Welsh Governments increased funding to the existing HHP service during the Covid19 pandemic however it believes more can still be done to protect the wellbeing of our front line clinicians. Conference therefore endorses the RCGP's manifesto demand for a new practitioner health programme for front line clinical staff that is equivalent too (or exceeds) the current English PHP and asks GPC Wales to work together with the college, Welsh Government and other interested parties to make this finally become a reality.	PASSED	We are supportive of the HHP service and have met with the scheme directors over the last year. We agree that more can be done in this area will pick up with the new RCGP Wales leadership and Welsh Government.
15	Pandemic response	Morgannwg	That conference calls on Welsh Government to ensure priority and support is given for the well-being of all healthcare professionals and that all GPs are risk assessed during this pandemic to ensure their safe-working.		
16	Pandemic response	Gwent	Conference notes with dismay that the majority of coronavirus tests in Wales are carried out by the privatised Lighthouse testing services in England and urges Welsh Government to develop this service within the NHS in Wales with all practical haste.	TAKEN AS A REF	Testing capacity across the UK has been used at various points during the pandemic, particularly during the peaks of the various waves. This has at times created periodic delays in receiving test results, but in practical terms this likely cannot be delivered within NHS Wales laboratories.
17	Pandemic response	Gwent	Conference deplores the recent data breach in Public Health Wales that left confidential personal information of over 18,000 patients tested for corona virus available to download from the internet for nearly 20 hours and feels that learning lessons is an inadequate response to such a severe breach of data protection regulations.	TAKEN AS A REF	The data breach was investigated by NHS Wales' Head of Information Governance and DPO, and several recommendations were made regarding PHW's data governance and communications activity.

18	Pandemic response	Bro Taf	That Conference welcomes the funds made available to practice for premises changes so that surgeries are made safer during the pandemic but demands that Welsh Government urgently review the improvement grant process and make further and sufficient grants available to practices as much more necessary refurbishment work needs to be done.	PASSED	We agree and have fed these views into Welsh Government's long-awaited review of premises led by independent consultants. We understand that the finding of said review will now inform WG's wider Health & Care estate work, which is one of the key commitments in the new WG administration's Programme for Government following the 2021 Senedd elections. We will continue to make the case for general practice being a key priority within this work.
19	Pandemic response	North Wales	'Back to normal' for General Practice by the start of October is unachievable in the context of the ongoing pandemic. Conference believes that target driven work such as QAIF and enhanced services should be suspended at least for another 6 months, with payments being made on historic achievement'.	PASSED	Contractual relaxations were re-instituted in late 2020 and in to 2021 with the advent of the vaccination campaign.
20	Digital	Bro Taf	That conference calls on Welsh Government to: i) be honest with the Welsh public that it needs their confidential data in order to plan and deliver service more effectively. ii) introduce legislation to allow the NHS to use confidential data with appropriate safeguards. iii) remove the risk for GPs of sharing this data for planning and research purposes. iv) initiate a public debate about use of individual confidential data.	i) PASSED ii) PASSED iii) PASSED iv) PASSED	This is a continued priority for GPC Wales and informs our representative work on the various workstreams related to Welsh Government's data agenda. This complex work area is ongoing; our warnings about the potential risks and dangers of data sharing without proper safeguards appear to have been heeded.
21	Digital	North Wales	The AccuRX platform has been hugely beneficial to practices throughout the pandemic, with benefits far in excess of providing video consultations. AccuRx are planning to introduce charges for their full service from next year and conference calls for this to funded centrally for all practices.	PASSED	This has been taken into the contractual negotiation process for 21/22: under the Access Commitment we have agreement that HBs and DHCW should make digital tools available and/or support practices to secure them; whilst a wider scoping review is being undertaken about the provision.
22	Digital	Dyfed Powys	That Conference looks on in interest at the ideas emerging for "phone first" in Welsh A&E departments but mindful of past experiences with the roll out of 111 asks NHS Wales and LHBs to involve local GPs in the design of these new pilots from the outset.	PASSED	We would support LMC involvement in these such initiatives, which follow the CAV 24/7 model as introduced in Cardiff & Vale UHB.

23	Digital	Morgannwg	That conference calls for Welsh Government to enable electronic radiology requesting.	PASSED	Digital Health and Care Wales published a tender for a new Radiology Informatics System in December 2021, set to close in early February 22. This system seeks to provide an end-to-end system for all aspects of radiology, including requesting functionality and linkage with the Welsh Clinical Portal.
24	Digital	Morgannwg	That conference calls for Welsh Government and HBs to accept that all written communication between primary and secondary care should be via WCCG and to implement this immediately.	LOST	
25	Digital	Gwent	It is acknowledged that GP2GP transfer of patient records is not fit for purpose. Conference demands that Welsh Government in conjunction with NWIS seeks a robust and reliable solution to this significant governance concern, by mandating all suppliers to become fully GP2GP compliant.	PASSED	We have raised this concern with Welsh Government and with with NWIS' replacement organisation, Digital Health and Care Wales (DHCW), including at the GMS IMT Board. Our concerns have been made clear and will be factored into future procurement processes. Large file transfer within Wales should finally become available by July 2022 but cross border transfer still a way off.

Soapbox

No.	Theme	LMC	Motion	Resolution	Progress
26	Enhanced Services	North Wales	Some patients with challenging behaviours fall through the gap between GMS and ATS provision. Conference believes that targeted service needs to be commissioned to enable these patients to have their needs met.	TAKEN AS A REF	The upcoming 'unified contract reform', which we have agreed with Welsh Government and NHS Wales, will review the fundamental structure of the 2004 GMS contract and what enhanced services/ procedures /SLAs should be common to all GP practices and which should be provided on a more specialist basis. ATS provision will feature within that process.
27	Enhanced Services	Dyfed Powys	That bearing in mind enhanced services are a fundamental and vital income stream for practices and as a result a funding source for employment, recruitment and retention; the conference of Welsh LMC's demands that GPC Wales robustly challenges the national "review of enhanced services" in terms of its rationale and direction, neither of which are apparent.	PASSED	We acknowledge the concern. See above update regarding motion 26 regarding future contractual discussions.

28	Enhanced Services	Dyfed Powys	That Conference demands that GPC Wales push Welsh Government to award increases to enhanced services that mirror GMS payment rises and that LHBs are required to apply these to local enhanced services.	PASSED	It remains the preferred approach of the GPC Wales negotiating team that uplifts stemming from contractual discussions are applied to global sum, as this is the safest and most equitable means of increasing funding to practices. LMCs are free to negotiate with their respective LHBs with regard to uplifts to local enhanced services.
29	Enhanced Services	Morgannwg	That conference calls for clear direction from Welsh Government regarding uniform procedures in decision making, securing HB commitment, time line and inflation related uplifts for all LES negotiations.	PASSED	As per motion 28, negotiations regarding local enhanced services are a matter for LMCs and their Health Boards.

Lunch

No.	Theme	LMC	Motion	Resolution	Progress
30	Prescribing & dispensing	Gwent	Conference demands that Welsh Government progress an electronic transfer of prescriptions from general practice to community pharmacies – prioritising primary over secondary care in the implementation of e-prescribing in Wales.	PASSED	Welsh Government has committed to introduce e-prescribing across NHS Wales, following conclusion of an independent review, to which GPC Wales provided representation. It has been acknowledged that the implementation can proceed stepwise across sectors, and that existing solutions in use elsewhere will be evaluated. In addition to our usual representation regarding IT developments we are working with other partner organisations (e.g. Community Pharmacy Wales, the Royal Pharmaceutical Society in Wales) we will continue to lobby for action on this in immediate future.
31	Prescribing & dispensing	North Wales	It is 2020 and we have had enough of pieces of paper that get lost. Wales needs to finally join the 21st century and adopt electronic prescribing throughout the whole process from consultation to pharmacy, at least for primary care prescriptions, without further delay.		
32	Prescribing & dispensing	North Wales	Conference calls for dispensing practices to be allowed to dispense to all patients within their boundary area, regardless of whether they are registered at that practice.	WITHDRAWN	

33	Prescribing & dispensing	Bro Taf	That conference considers the proliferation of off licence prescribing of atypical antipsychotics a significant clinical risk passed to GPs and calls on GPCW to negotiate a DES to ensure safe shared care of these drugs to improve patient safety and empower GPs to more readily return questionable or unmonitored prescribing to Mental Health services.	PASSED	See above update regarding motion 26 regarding future contractual discussions, to which we can act upon this motion.
34	Prescribing & dispensing	Dyfed Powys	That Conference welcomes Welsh Government facilitating the trial of Buvidal during the recent pandemic and having seen the benefits, requests a relaxation of the budget cap to allow it's more widespread prescription by substance misuse services.	PASSED	We agree with this motion and commend the success of the trial. The Welsh Government invests £55m annually into its substance misuse agenda and in 2020-21 a further £4.8m was also made available to support the response to COVID 19. We would support a wider rollout of this treatment.
35	Immunisation	North Wales	Conference calls for formal sanctions for community pharmacies who flout the intent of the influenza vaccination programme by poaching patients who would otherwise attend their GP practice.	TAKEN AS A REF	Whilst we agree with the sentiment of them motion, bringing about contractual sanctions upon other professional colleagues is beyond our grasp. We have met with Community Pharmacy Wales and have made the views of LMCs clear.

36	Immunisation	North Wales	<p>Conference believes that:</p> <p>i) Practices do not have the time or financial resources to be involved in delivering large scale vaccination campaigns over and above the standard vaccination programmes.</p> <p>ii) If Welsh Government wants general practice to be involved in delivery of these vaccination programmes then there must be a recognition that other non-essential work such as QAIF has to pause for the duration.</p> <p>iii) Financial resourcing must truly reflect the costs and risks associated with delivering such a programme.</p> <p>iv) Ideally such programmes should instead be run by Public Health Wales and delivered outside of GMS.</p>	<p>i) TAKEN AS A REF</p> <p>ii) TAKEN AS A REF</p> <p>iii) PASSED</p> <p>iv) LOST</p>	<p>The Primary Care COVID-19 Immunisation Service (PCCIS) by Welsh Government was not wholly endorsed by GPCW, as it did not reflect what we considered the best means of delivery of the programme. Contact relaxations were in place for the initial vaccination drive, and Welsh General Practice led the way in the rapid rollout of the vaccine in the first phase.</p> <p>We agree that the initial financial resourcing, largely consistent across the UK, did not meet the true costs associated (including for non-attenders); subsequent iterations of the PCCIS have seen this increased particularly for housebound patients.</p> <p>With the recent experience of the booster campaign in face of Omicron, we have formally made clear to Welsh Government that any future involvement of general practice in this work must be discussed and negotiated with GPCW at an early stage.</p>
37	Immunisation	Gwent	<p>Conference insists that Welsh Government needs to stop assuming that GP can mop up any urgent vaccination campaigns e.g., extended flu campaigns on top of its day-to-day work at a highly challenging time. Realistic resourcing must be integral to such requests.</p>		
67	Pandemic response	Bro Taf	<p>Conference insists GP practices are enabled to be able to provide the COVID vaccine to ensure correct patient coverage as they are the only area of the NHS with a proven track record in safely immunising significant numbers.</p>	PASSED	<p>As ever, participation in any enhanced/additional service such as vaccination is an individual practice business decision. In this instance, the vast majority of practices in Wales worked hard into evenings and during weekends to deliver a rapid rollout of COVID-19 jabs in early 2021, and boosters in late 2021.</p>

38	Education, training, workforce planning	Bro Taf	That this conference recognises that the law on the verification of death permits any competent adult to verify an expected death and: (i) is concerned about the workload demands that the verification of expected deaths places on GPs and community staff. (ii) asks GPC Wales to lobby Healthcare Inspectorate Wales and Care Inspectorate Wales to make the provision of in-house verification of expected deaths a compulsory part of operating a nursing or care home.	i) PASSED ii) PASSED	We have raised this with Welsh Government at GP Forum, who agreed that the work done during the pandemic was helpful and will share a policy paper with us in due course outlining their views regarding the future.
39	Education, training, workforce planning	Morgannwg	That conference calls for Welsh Government and GPC Wales to ensure uniform compulsory training and approval processes in verification of death for all nurses in community to empower nursing team and to facilitate efficient end of life support in community.		
40	Education, training, workforce planning	Morgannwg	That conference calls on Welsh Medical Schools, Wales Deanery, post-graduate clinical and allied health professional training schemes to increase teaching of remote consulting skills.	PASSED	We agree that conducting remote consultations well requires different skills to face-to-face. We have raised this with HEIW at our regular meetings.
41	Education, training, workforce planning	Morgannwg	That conference calls for Welsh Government commitment in increased investment in GP training and recognition of training in GMS contract.	PASSED	We support this and have welcomed WG's expansion in training places in the last few years. The pandemic has resulted in increased deferments a lengthier training duration for many trainees, therefore this has limited this year's intake. We have received assurances from HEIW and WG that this is a temporary measure.
42	Education, training, workforce planning	Morgannwg	That conference urges GPs to provide more placements for Medical Students in their Surgeries to inspire the next generation of GPs to enter the profession.	PASSED	This is vital for future proofing the profession, but there are real capacity issues in practices with increasing training demands and continued Covid-19 precautions. This has been fed into premises/ estates discussions with Welsh Government.

43	Education, training, workforce planning	Morgannwg	That conference calls for commitment and significant investment from Welsh Government to promote placement of medical students in primary care with sufficient remuneration to practices to ensure that there is a succession plan for the future of care in community.	PASSED	<p>We agree this is extremely important for the future of community care. Welsh Government have committed to the expansion of Cardiff University's C21 programme to north Wales which will incorporate a full year's placement in general practice. Swansea University's graduate entry programme is also being expanded with a further 25 places.</p> <p>As previously noted, there are real capacity concerns in the estate and trainer network, which need to be addressed as much as increasing the number of students.</p>
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Coffee break

Ask the UK negotiators

No.	Theme	LMC	Motion	Resolution	Progress
44	Workload & sustainability	Dyfed Powys	That the Conference of Welsh LMCs, whilst noting the achievements of this year's contractual round and thanking GPC Wales for this, also notes that there has been no further progress on de-risking or incentivising the risk of last person standing. As this is a fundamental block to recruitment and retention in general practice, conference asks for it to be rapidly reviewed by GPC Wales with Welsh Government and its LHB representatives.	PASSED	We are disappointed that it was not possible from a legal standpoint to issue as watertight legal precautions against last person standing issues as we would have liked. However, the Welsh Health Circular (2020) 018 does provide the strongest possible policy direction to Health Boards. We know this remains a fundamental issue facing general practice and have made this clear to Welsh Government's premises review and will continue to do so to their forthcoming wider health and care estates programme.
45	Workload & sustainability	Morgannwg	That conference calls for Welsh Government to implement simple procedures to allow all qualified allied health care professionals to independently refer and prescribe.	TAKEN AS A REF	We agree that this would provide a degree of workload alleviation. This is featured as one of the short to medium term recommendations within Welsh Government's overall Allied Health Professions Framework for Wales.

46	Workload & sustainability	Morgannwg	That conference calls for clear direction on Welsh Government's commitment in protecting whistle blowers.	PASSED	BMA Cymru Wales is represented on the Wales Freedom to Speak Up group, which has recently reconvened, and is developing proposals for a Welsh equivalent of the Freedom to Speak up Guardian work in England. In addition to the existing legal protection for whistle-blowers, it is hoped that this type of structure, including a national guardian accountable to the Minister, will provide additional layers of protection for those needing to raise concerns.
47	Workload & sustainability	Gwent	Conference demands that positive elements of pathways developed during the pandemic should be analysed and form part of return to normal working post pandemic with appropriate resource transfer, as required.	PASSED	GPC Wales has secured representation on several groups which have been established to oversee the development of pathways in NHS Wales, of which there are many in proliferation. We have also met with the Welsh Consultants Committee to discuss these issues given their cross-sector relevance and have agreed to provide a unified front on this based on clinical need and a clear understanding of resource and responsibility transfer when appropriate.
48	Workload & sustainability	Gwent	Conference notes the current 40/60 split between pay and expenses and contrasts this with the 55/45 split that was the accepted norm in the pre-2004 GP contract. It welcomes the setting up of a working party to "consider methods of future expense analysis" and hopes that this can lead to an amicable move towards restoring historical profit ratios for independent contractors.	PASSED	This will be factored into the unified contract reform programme as mentioned against motion 26. We note that the aforementioned working party was not convened; in part due to pandemic pressures alongside the accounting realities of undertaking detailed analysis.

Coffee break

Ask the GPCW negotiators

No.	Theme	LMC	Motion	Resolution	Progress
49	Primary & Secondary Care Interface	AC1	That conference: i) highlights that unplanned transfers of work from secondary care to primary care following the COVID-19 pandemic poses a significant clinical governance concern and puts safe patient care at risk. ii) calls upon Welsh Government and Health Boards to fund a DES to cover hospital generated work 'dumped' to primary care. iii) demands that Welsh Government and GPCW take necessary measures to ensure proper implementation of the clinical communications protocol.	i) PASSED ii) TAKEN AS REF iii) PASSED	See previous update to motion 47 regarding our representation work on national pathway development and collaboration with WCC. Respondents to our snapshot survey in 2020 demonstrated that 53% of those doctors who had referred to the All Wales Clinical Communication standards felt they had been at least somewhat effective, although there are concerns about awareness levels despite the status as a Welsh Health Circular. We will take this forward as part of relevant contractual guidance which can be cited within the contract reform work.
50	Primary & Secondary Care Interface	Bro Taf	That conference condemns the massive impact of workload shift from secondary care to primary care in the name of COVID and calls on Welsh Government to take urgent action to stop dumping of work into primary care.		
51	Primary & Secondary Care Interface	Bro Taf	That Conference feels the Welsh Clinical Communication protocol is an excellent document, but that in light of 'Covid opportunism' and the unfettered transfer of work from secondary care we have seen, the time has come for Welsh Government and LHBS to fund a DES for 'hospital generated workload dump in primary care'.		
52	Primary & Secondary Care Interface	Dyfed Powys	That Conference highlights that the unplanned transfers of work from secondary care to primary care following the Covid 19 pandemic poses a significant clinical governance concerns and are a risk to safe patient care.		
53	Primary & Secondary Care Interface	Bro Taf	That Conference recognises the COVID crisis has resulted in an inappropriate transfer of non-resourced work from secondary to primary care and demands Welsh Government and GPCW take necessary measures to put a stop to this dumping of work by secondary care by proper implementation of the clinical communications protocol.		

No.	Theme	LMC	Motion	Resolution	Progress
54	Primary & Secondary Care Interface	Morgannwg	That conference calls for compensation to be provided to Practices which are affected by Secondary Care failure to apply the All Wales Communication Standards between General Medical Practitioners and Secondary Care.	i) PASSED ii) TAKEN AS A REF iii) PASSED	See previous update to motion 47 regarding our representation work on national pathway development and collaboration with WCC. Respondents to our snapshot survey in 2020 demonstrated that 53% of those doctors who had referred to the All Wales Clinical Communication standards felt they had been at least somewhat effective, although there are concerns about awareness levels despite the status as a Welsh Health Circular. We will take this forward as part of relevant contractual guidance which can be cited within the contract reform work.
55	Primary & Secondary Care Interface	North Wales	"Conference believes that: i) Phlebotomy is not a core GMS activity. ii) Phlebotomy provision in the context of the Sars Cov2 pandemic has been shambolic and needs an urgent solution. iii) Passing this work back to practices is unacceptable. "	i) TAKEN AS A REF ii) PASSED iii) PASSED	The agreement for a non-SLA/DES payment to practices for phlebotomy work from 2017 did not take into account any significant rise in activity through a global pandemic reducing accessibility to hospital sites. This will be taken into the forthcoming 'unified contract reform' which by its very essence will scope out these issues.
56	Primary & Secondary Care Interface	Gwent	Conference believes the return to normal working during a pandemic has widened the chasm between primary and secondary care and does not highlight true integrated working.	PASSED	We would agree, and as part of the 21/22 contract agreement have agreed to discuss integration in a post-pandemic NHS Wales alongside Welsh Government and HB representatives.
57	Primary & Secondary Care Interface	Morgannwg	That conference calls for clear procedures from Welsh Government in escalating concerns regarding failure of HBs in their management of primary care and patient safety in community.	PASSED	At GP forum, Welsh Government have cited their confidence in the internal NHS Wales governance processes and oversight from their officials. However, specific concerns can be escalated via GPCW and on to Welsh Government, or to the NHS Wales Director General directly.
58	Primary & Secondary Care Interface	Gwent	That conference insists that due to the high turnover of Health Board staff that Health Boards notify Practices at least every 2 months of any changes of staff pertinent to General Practice.	PASSED	We agree this may be a useful means of ensuring that practices have relevant contacts to hand although a periodic mailout may provide difficult to manage. We can take this into the interface work referenced at motion 56.

59	Primary & Secondary Care Interface	Morgannwg	That conference calls for contractual requirement for secondary care to guarantee completion of all components of a consultation (i.e. History taking, physical examination if necessary, requesting and actioning investigations, titrating and monitoring of new medication).	PASSED	As an association, imposing new contractual requirements on fellow members from other branches of practice is a difficult matter. We can however take the sentiment of the motion into the forthcoming interface work.
60	Secondary care	North Wales	Conference recognises that, in part due to the pandemic, waiting times for secondary care are leading to significant patient distress and anxiety. Conference calls for I) effective patient liaison services to be set up in secondary care to deal with patient queries in an honest fashion rather than directing them back to their GP practice. II) a direct ability of these services to expedite the existing referral if the patient reports a significant change in symptoms, again without referral back to the GP practice.	i) PASSED ii) PASSED	According to reports, the waiting list for treatment is 50% above pre-covid levels, which were already amongst the highest in the UK. It is not acceptable that this additional burden is placed upon general practice. As well as factoring this into our contractual/interface discussions, in our lobbying activity with Members of the Senedd, we have pushed our existing policies for a waiting times dashboard and means to expedite referrals.
61	Secondary care	Bro Taf	That Conference recognises suspension of routine work by hospitals and secondary care has cause increased pressures on GPs, leaving patients distressed and vulnerable and demands that clear and transparent plans are made available as soon as possible about secondary care activities returning to normal or 'new normal'.	PASSED	Welsh Government's 'Looking forward' plan was announced in March 2021 alongside a £100m investment. Additionally, a further investment of £893m for NHS Wales was announced in the Dec 2021 budget. However much of the backlog recovery plans were impacted by the emergence of Delta, and Omicron. WG has stated they expect waiting times to rise until Spring 22, whilst action to tackle the backlog continues.
62	Secondary care	Bro Taf	That Conference calls on Health Boards to ensure that services requiring Face-to-Face delivery such as wound clinics need to return to normal face to face delivery as soon as possible so that patients are not left stranded in the community without proper care.	PASSED	We agree, and subject to the continued risk assessments and retention of COVID-19 precautions in place in Wales these vital services should continue.

63	Secondary care	Bro Taf	Conference insists GPC use this extraordinary time when secondary care services are hugely restricted as an opportunity to redesign the health care landscape for the benefit of patients and negotiate sensible transfer of services to primary care with appropriate resources.	PASSED	As noted against other motions, we have begun tripartite discussions with Welsh Government and NHS Wales regarding a fundamental review of the GMS contract. This encompasses considering what the role of general practice is in 2022 and beyond, and what services should be delivered on a more specialist basis. The outcomes of this work, currently being discussed in task and finish groups, would need further negotiating by GPCW and then a full ballot of the profession.
64	Secondary care	Gwent	Conference demands, due to the disproportionately high incidence of mental health problems in type 1 diabetics, that Welsh Government implement and resource a support service in each Health Board area with psychologists who understand the complexities of managing type 1 diabetes.	PASSED	The inequity of access to mental health services across health boards is widely recognised. We will take this into the interface work as previously noted. Welsh Government have recently launched a consultation on reducing inequalities around MH, and we will put forward this view within the BMA response.
65	Secondary care	Gwent	Conference instructs Welsh Government to put in place a robust system for the ongoing management, in secondary care, of patients who have had elective surgery abroad where the complexity of their follow up treatment and monitoring falls outside that which would normally be provided by primary care.	PASSED	This is a necessary service given the rise in individuals seeking treatment outside of NHS settings in light of the backlog, but this may not be a governmental priority.
66	Secondary care	Gwent	This conference demands assurance from Welsh Government that no patients are removed from Hospital outpatient or treatment waiting lists without clinical assessment from secondary care.	PASSED	During 2021 met with WG leads taking forward a review of the treatment waiting lists and emphasised the importance of proper assessment prior to removal. It is unacceptable that patients are released from care back to their GP who will likely need to re-refer for chronic conditions.

Conference of Welsh local medical committees

Standing orders

Conferences

1. Annual conference
The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.
2. Special conference
A special conference of representatives of local medical committees may be convened at any time by the GPC(W). No business shall be dealt with at the special conference other than that for which it has been specifically convened.

Membership

3. The members of conference shall be:
 - a. the chair and deputy chair of the conference.
 - b. each LMC in Wales be allowed to send to conference its:
 - i. Chair or a deputy
 - ii. Secretary or a deputy
 - iii. and up to 5 additional representatives, at least one of which should be a trainee.
4. Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.
5. All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.
6. The ex-officio (non-voting) members of conference shall be:
 - a. the two elected Agenda Committee members
 - b. the members of GPC(W)
 - c. Chair GPC Northern Ireland
 - d. Chair GPC Scotland
 - e. Chair GPC UK
 - f. Chair GPC England
 - g. Chair of BMA Welsh Council
 - h. Chair of RCGP Council (Wales)
 - i. Treasurer of GMS Defence Fund Ltd
 - j. Chair of UK LMC Conference
 - k. BMA National Director, Wales

Observers

7. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.
8. Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.
9. At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.

Interpretations

10.
 - a. 'Members of the conference' means those persons described in SO 3.
 - b. 'The Conference', unless otherwise specified, means either an annual or special conference.
 - c. 'As a reference' means that any motion so accepted does not constitute conference policy, but is referred to the GPC(Wales) to consider how best to procure its sentiments.
 - d. An 'amendment' leaves out words; leaves out words and inserts or adds others; inserts words; or be in such form as the Chair approves (provided that a substantial part of the motion remains, and the original intention of the motion is not enlarged or substantially altered).
 - e. A 'rider' adds words as an extra to a seemingly complete statement, provided that the rider is relevant and appropriate to the motion on which it is moved.

Standing orders

12. Motions to amend
 - a. No motion to amend these standing orders shall be considered at any subsequent conference unless 60 days' notice is given by the GPC(W), the agenda committee, or a local medical committee – or otherwise with the agreement of the chair.
 - b. Motions which are deemed by the agenda committee to be 'housekeeping motions' can be confirmed at the beginning of a Welsh conference (by suspending standing orders) and can be introduced for that conference.
 - c. Any resolution amending standing orders will come into effect at the subsequent conference of Welsh Local Medical Committees, unless otherwise agreed by the chair.
12. Any decision to suspend one or more of the standing orders shall require a two-thirds majority of those representatives present and voting at the conference (SO 3).

Relationship with UK conference

13. Resolutions of conference
 - a. Motions that have no effect outside Wales shall be carried as substantive resolutions.
 - b. Resolutions which may affect other countries in the UK shall be remitted to the UK conference of representatives of local medical committees.
 - c. Any motion that is contrary to the policy of GPC UK shall not be carried unless the chair of GPC UK or his nominated deputy has been invited to speak.
 - d. Any motion that is contrary to the policy of the UK conference shall not be carried unless the chair of the UK conference (or nominated deputy) has been invited to speak.
 - e. The agenda committee will oversee the process of updating WLMC conference policy. On an annual basis, policy that is 10 years old will automatically be lapsed. Policy between 5-10 years old will be considered and a decision taken as to whether individual motions will be lapsed or retained. Following this annual process, an updated policy document will be shared with LMCs.

Allocation of conference time

14.
 - a. The agenda committee shall:
 - i. determine the format and running order of conference
 - ii. oversee the conduct of conference
 - iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block
 - iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference
 - b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.
 - c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.
 - d. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders to them, which cannot conveniently be allocated to any block of motions.
 - e. Priority motions, defined in SO 16.f.i, in each block shall be debated first.
 - f. Motions prefixed with a letter 'A', defined in SO 16.f.vi, shall be formally moved by the chair of the conference as a block to be accepted without debate during the first session of the conference.
 - g. Motions, which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.
15. A period may be reserved for a 'soapbox' session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.

Motions to Conference

16.
 - a. shall include:
 - i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.
 - ii. Motions submitted by the agenda committee in respect of organisational issues only.
 - b. Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
 - c. The right of any local medical committee, or member of the conference under SO 3, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.

- d. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included in the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair's discretion. For the first session, amendments or riders must be handed in before the session begins.
- e. No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chair or by the agenda committee.
- f. Shall be prepared by the Agenda Committee as follows:
 - i. 'Priority motions': an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the Agenda Committee for priority in debate. Such motions shall be prefixed with the letter 'P', and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
 - ii. 'Grouped motions' – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference – the removal of the motion from the group shall be decided by the conference.
 - iii. 'Composite motions': if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
 - iv. 'Motions with subsections':
 - A) motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.
 - B) subsections shall not be mutually contradictory.
 - C) such motions shall not have more than five subsections.
 - v. 'Rescinding motions: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'
 - vi. 'A motions': motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of GPC(W) as being non-controversial, self-evident or already under action or consideration, shall be prefixed with a letter 'A'.
 - vii. 'AR motions': motions which the Chair of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters 'AR'.
 - viii. Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.

Rules of debate

17.

- a. A member of the conference shall address the chair and shall when possible stand when speaking.
- b. Every member of the conference shall be seated except, where possible, the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
- c. A member of the conference shall not address the conference more than once on any motion or amendment, but the mover of the motion or amendment may reply, and when replying, shall strictly confine themselves to answering previous speakers. They shall not introduce any new matter into the debate.
- d. Members of GPC(W) who also attend the conference as LMC representatives, should identify in which capacity they are speaking to motions.
- e. The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
- f. The chair shall take any necessary steps to prevent tedious repetition.
- g. Whenever an amendment or a rider to an original motion has been moved and seconded, no subsequent amendment or rider shall be moved until the first amendment or rider has been disposed of.
- h. Amendments shall be debated and voted upon before returning to the original motion.
- i. Riders shall be debated and voted upon after the original motion has been carried.
- j. If any amendment or rider is rejected, other amendments or riders, may subject to the provisions of SO 17.g, be moved to the original motion. If an amendment or rider is carried, the motion as amended or extended, shall replace the original motion, and shall be the question upon which any further amendment or rider may be moved.
- k. Motions to adjourn
 - i. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or 'that the question be put now', such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion "that the question be put now".
 - ii. If a motion, 'that the question be put now', is carried by a two thirds majority, the chair of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.

- i. If it is proposed and seconded that the conference “move to the next business”, the chair shall have power to decline to put the motion; if the motion is accepted by the chair, the chair of GPC(W) and the proposer of the motion or amendment under debate, shall have the right to reply to the debate, but not to the proposal to move to the next business before the motion is put, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and voting shall be required to carry a proposal ‘that the conference move to the next business.’
- m. Proposers of motions shall be given prior notice if GPC(W) intends to present an expert opinion by a person who is not a member of the conference.
- n. All motions expressed in several parts and designated by the numerals (i), (ii), (iii), etc shall automatically be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.
- o. If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chair shall have the discretion to call for a proposer from the LMC which submitted the motion. The chair shall also have the discretion to rule, without putting it to the vote, that conference move to the next item of business.

Procedure for themed debate:

18. In a major issue debate the following procedures shall apply:
 - a. the agenda committee shall indicate in the agenda the topic for a major debate
 - b. the debate shall be conducted in the manner clearly set out in the published agenda
 - c. the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference
 - d. introductory speakers may produce a briefing paper of no more than one side of A4 paper
 - e. subsequent speakers will be selected by the chair from those who have indicated a wish to speak. Subsequent speeches shall last no longer than one minute.
 - f. the chair of GPC(W) and the chair of conference, or his/her representative, shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)
 - g. at the conclusion of the debate the introductory speakers may speak for no longer than two minutes in reply to matters raised in the debate. No new matters may be introduced at this time.
 - h. the response of members of conference to any major debate shall be measured in a manner determined by the agenda committee and published in the agenda.

Motions not published in the agenda

19. Motions not included in the agenda shall not be considered by the conference except those:
 - a. covered by standing orders relating to time limit of speeches, motions for adjournment or ‘that the question be put now’, motions that conference ‘move to the next business’ or the suspension of standing orders.
 - b. relating to votes of thanks, messages of congratulations or condolences.
 - c. relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
 - d. which replace two or more motions already on the agenda (composite motions), agreed by representatives of the local medical committees concerned, and with the approval of the chair.
 - e. prepared by the agenda committee to correct drafting errors or ambiguities.
 - f. that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions.

Quorum

20. No business shall be transacted at any conference unless at least one-third of the number of representatives appointed to attend, under SO3, are present.

Time limit of speeches

21.
 - a. A member of the conference, including the chair of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speeches to motions shall exceed two minutes. However, the chair may amend these limits.
 - b. The conference may, at any period, reduce the time to be allowed to speakers, whether in moving resolutions or otherwise, and that such a reduction shall be effective if it is agreed by the chair.

Voting

22. Only voting members of the conference may vote, as defined under SO3. The following rules apply:
 - a. Decisions of the conference shall usually be determined by simple majorities of those present and voting (defined in SO 3), except that the following will also require a two-thirds majority of those present and voting:
 - i. any change of conference policy relating to the constitution and/or organisation of the LMC/conference/GPC(W) structure
 - ii. a decision that could materially affect the GPDF Ltd funds
 - iii. a decision to suspend standing orders (as defined in SO12)
 - iv. decisions under SO 17.k and SO 17.l

- b. Voting shall be either by a show of hands/cards or by electronic voting, at the discretion of the chair.
- c. If a recorded vote is demanded by 20 representatives of the conference (SO3), signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
- d. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections

- 23.
- a. The election of Chair, Vice-Chair and Agenda Committee shall be by LMC representatives and GPC(Wales) representatives,
 - b. The election shall be conducted using single transferable vote.
 - c. Those elected will hold office for a period of three years
 - d. Only those described in SO 3 and the current elected Agenda Committee members are eligible for nomination for the posts of chair, deputy chair and agenda committee.

Conference Agenda Committee

- 24.
- a. The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC(W), GPC(W) negotiators, two elected from the body of Conference and the National Director, BMA Cymru Wales (or nominated deputies).
 - b. The chair of conference, or if necessary the deputy chair, shall be chair of the agenda committee.

Returning officer

25. The National Director, BMA Cymru Wales, or a nominated deputy, shall act as returning officer in connection with all elections.

Motions not debated

26. Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

Distribution of papers and announcements

27. In the conference hall, or in the precincts thereof, no papers or literature shall be distributed, or announcements made, or notices displayed, unless approved by the chair.

Mobile phones

28. Mobile phones may only be used to make calls in the precincts of, but not in, the conference hall.

The press

29. Representatives of the press may be admitted to the conference but they shall not report on any matters, which the conference regards as private.

Chair's discretion

30. Any question arising in relation to the conduct of the conference, which is not dealt with in these standing orders, shall be determined at the chair's absolute discretion.

Minutes

31. Minutes shall be taken of the conference proceedings and the chair shall be empowered to approve and confirm them.

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