



Welsh Conference of Representatives of Local Medical Committees 2023

Agenda

4 February, St George's Hotel

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Welcome



Dr Sara Bodey
Chair of conference

Dear conference,

I am delighted to welcome you all to the 2023 Welsh conference of LMCs in Llandudno.

Conference offers GPs across Wales the opportunity to influence the policies of the General Practitioners Committee of Wales (GPCW) and helps to ensure that the GPCW negotiators understand the priorities and concerns of Welsh LMCs and the GPs that they represent. The motions you submit, and the policy formed, are also communicated to stakeholders including Welsh Government and the Health Boards.

I want everyone to feel welcome at conference, and able to speak if they wish to. For representatives attending for the first time there will be an informal introduction to the process of conference at 8:30am hosted by Dr Tim Davies, deputy chair of conference. This will take place in the main conference room.

Conference will begin at 9.00am on Saturday 4th February, and the formal business of the day will conclude at 5:10pm. In the evening there will be an opportunity to meet and network with delegates from other areas in Wales at the conference dinner, with the pre-dinner drinks receptions starting at 7.15pm.

I hope to see you there.

Best wishes

A handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line.

Dr Sara Bodey
Chair of conference

Agenda committee members



Dr Sara Bodey
Chair of conference



Dr Tim Davies
Deputy chair of conference



Dr Natasha Collins
Committee member



Dr Jenny Liddell
Committee member

BMA GP committee negotiators



Dr Gareth Oelmann
Chair GPC Wales



Dr Ian Harris
Deputy chair GPC Wales



Dr David Bailey
Negotiator GPC Wales



Dr Paul Emmett
Negotiator GPC Wales

Schedule of business – Saturday 4 February 2023

	Motions	Time	Allocation
START – 9:00	–	9:00 – 9:15	15 mins
Receive minutes of Welsh Conference of Local Medical Committees March 2022	–		
Standing Orders – to accept amendment to SO as per appendix 1	–		
Chair of Conference address	–		
Ministerial address from Eluned Morgan Minister for Health and Social Services	–	9:15 – 9:30	15 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	–	9:30 – 9:40	10 mins
Update of progress on passed motions – Deputy chair of General Practitioners Committee (GPC) Wales	–	9:40 – 9:50	10 mins
Representation	1	9:50 – 10:00	10 mins
GPDF	2 – 3	10:00 – 10:10	10 mins
DDRB	4	10:10 – 10:15	5 mins
Sustainability	5 – 11	10:15 – 10:45	30 mins
COFFEE BREAK	–	10:45 – 11:00	15 mins
Workforce	12 – 13	11:00 – 11:10	10 mins
Workload	14 – 17	11:10 – 11:25	15 mins
Access	18	11:25 – 11:30	5 mins
Urgent care	19 – 20	11:30 – 11:40	10 mins
Education and Training	21 – 27	11:40 – 12:10	30 mins
Climate change	28 – 29	12:10 – 12:20	10 mins
GMS contract	30 – 38	12:20 – 13:00	40 mins
LUNCH	–	13:00 – 13:50	50 mins
Ask the GPC Negotiators	–	13:50 – 14:10	20 mins
Collaboratives	39 – 40	14:10 – 14:20	10 mins
Primary – Secondary care interface	41 – 53	14:20 – 15:10	50 mins
Equality	54	15:10 – 15:15	5 mins
Health Boards	55 – 57	15:15 – 15:25	10 mins
Immunisations	58 – 59	15:25 – 15:35	10 mins
COFFEE BREAK		15:35 – 15:50	15 mins
Soap Box	–	15:50 – 16:10	20 mins
Prescribing and dispensing	60 – 61	16:10 – 16:20	10 mins
Media	62 – 65	16:20 – 16:30	10 mins
Mental Health	66	16:30 – 16:35	5 mins
Pensions	67	16:35 – 16:40	5 mins
Premises	68	16:40 – 16:45	5 mins
Private services	69	16:45 – 16:50	5 mins
Public Health	70	16:50 – 16:55	5 mins
Regulation	71	16:55 – 17:00	5 mins
Closing remarks from conference chair	–	17:00 – 17:10	10 mins
CLOSE	–	17:10	

Welsh LMC conference February 2023

Opening business

9.00 – 9.15

Receive minutes of Welsh Conference of Local Medical Committees March 2022
 Standing Orders – to accept amendment to SO as per appendix 1
 Chair of Conference address

Ministerial address

9.15 – 9.30

From Eluned Morgan Minister for Health and Social Services

Annual Report

9.30 – 9.40

Chair of General Practitioners Committee (GPC) Wales

Update of progress on passed motions

9.40 – 9.50

Deputy chair of General Practitioners Committee (GPC) Wales

Representation

9.50 – 10.00

- | | | |
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| 1 | GPCW | <p>Conference, it is time for you to exercise your devolved responsibility in dictating the policy direction of your GPC.</p> <ul style="list-style-type: none"> i. Conference calls on GPCW to disregard any motions passed by UKLMC conference, in which it has been directed to negotiate policy in Wales, until such a motion has been passed by Welsh Conference of LMCs. ii. The Agenda Committee of Welsh LMC conference will consider the inclusion of any motion passed by UKLMC that directs devolved nation GPCs to create new policy. |
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GPDF

10.00 – 10.10

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| 2 | North Wales | <p>Welsh LMCs need stability for their elected GPC Wales members and negotiators. We instruct GPC Wales to undertake a review of the requirements to provide effective representation and to report back to Welsh LMCs as constituent members of GPDF, in order to secure sufficient resource to provide this national representation or to consider other options for funding.</p> |
| 3 | North Wales | <p>Conference affirms that the GPDF is a fund, set up by GPs and trusted by GPs, as our insurance fund to be used to protect General Practice in any time of need.</p> |

DDRB

10.10 – 10.15

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| 4 | Gwent | <p>That this conference believes that Welsh General Practice is still best served by an independent pay review body but that it should not be restrained by government fiscal policy but truly independent and advisory. It should be allowed to consider reward in the round and take account of the impact of tax on pensions which are part of deferred pay.</p> |
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Sustainability

10.15 – 10.45

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| 5 | North Wales | <p>Conference believes that the current sustainability process is not fit for purpose, and that the support from Local Health Boards (LHBs) for practices at risk is at best inadequate and at worst non-existent. We call on GPCW to:</p> <ol style="list-style-type: none"> i. work with Welsh Government and LHBs to reform the process and make it both simpler and more responsive. ii. mandate the provision of a meaningful support package from LHBs if a practice is found to be at high risk of collapse. |
| 6 | North Wales | <p>Rising building costs are putting practices at risk of financial collapse. Conference calls on GPC Wales to task Welsh Government to:</p> <ol style="list-style-type: none"> i. Put sufficient short term financial support (above the current contract agreement) in place to avoid contract hand-backs. ii. Work in the medium term to de-risk the premises element of general practice along the lines of the Scottish model. |
| 7 | Bro Taf | <p>Conference asks that Welsh Government urgently implements support measures for practices as rapid rises in utility bills are an imminent threat to the financial sustainability of primary care.</p> |
| 8 | North Wales | <p>That Conference urges Welsh Government and NHS Wales to review funding formulae for multisite and small rural practices to prevent further practice failures, in the spirit of the original CarrHill formula.</p> |
| 9 | Bro Taf | <p>Conference asks Welsh Government to recognise the increased burden of resourcing and running branch surgeries by providing a monetary uplift to practices with more than one site.</p> |
| 10 | Bro Taf | <p>Conference requests Welsh Government to provide financial support to practices in line with rising inflation for the purpose of sustainability and stability.</p> |
| 11 | Dyfed Powys | <p>Conference urges Welsh Government to take action to address the understandable reluctance of GPs to renew third party premises agreements, which can commit them to many thousands of pounds of ongoing debt, while there is a crisis in the recruitment of GP partners and the sustainability of general practice in Wales.</p> |

Coffee Break

10.45 – 11.00

Workforce

11.00 – 11.10

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| 12 | Morgannwg | <p>That Conference calls on Welsh Government to develop a short, medium and long-term workforce strategy, in conjunction with other relevant partner agencies, and to ensure that contract negotiations acknowledge the reduced capacity, accepting that 'Business as Usual' is no longer an option.</p> |
| 13 | Gwent | <p>In the acknowledgement of an increasing Demand, Capacity Gap conference:</p> <ol style="list-style-type: none"> i. expresses concern with regards to the difficulties in recruitment and retention. ii. deplores the increasing workplace stress and burnout affecting health service staff. iii. calls on Welsh Government to urgently address these issues with credible workforce and wellbeing plans. |

Workload

11.10 – 11.25

14	North Wales	Most GPs in Wales are regularly consulting at levels in excess of the 35 patient contacts a day recognised as the threshold for 'unsafe' workload by the BMA. Conference calls on GPC Wales to ensure that practical and effective steps are taken within the contract negotiations to bring consulting rates within safe limits for the sake of patients, clinicians and the sustainability of General Practice.
15	AC MOTION	With the legislative changes from July 2022 allowing more healthcare professionals to sign FIT notes, conference: <ol style="list-style-type: none"> i. deplores the fact that patients are still being directed to General Practice for these certificates. ii. demands that Welsh Government and Health boards remind those providing care of their responsibility to issue an appropriate FIT note.
16	Gwent	Conference recognises the significance of fostering and adoption medicals but also that GPs often do not have the time to do this non-GMS work and recommends that GPC Wales advises local authorities to employ dedicated medical practitioners to be responsible for such medicals so they can be provided within a reasonable timescale.
17	Morgannwg	Conference requests for a redacting and copying service at Health Board level to prepare records requested by patients and others under GDPR and subject access rights.

Access

11.25 – 11.30

18	Morgannwg	Conference believes that improved continuity of relationship-based care should be encouraged in preference to access targets.
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Urgent care

11.30 – 11.40

19	Gwent	Conference deplores that ambulance handover delays are still a major concern for patients and staff and asks that Welsh Government ensure that Health boards are not delaying ambulance releases or using ambulance staff and vehicles as additional A+E workforce, consulting space or waiting space.
20	Dyfed Powys	Conference demands that Welsh Government and Health Boards take action to ensure the timely provision of Ambulance services for patients, and not expect GPs to provide urgent and emergency care until the ambulance reaches the patient.

Education and Training

11.40 – 12.10

21	North Wales	The support offered to GP trainees who are identified as having additional learning needs is disjointed, slow and frustrating. Conference calls for a coordination hub or individual to be set up within HEIW to ensure that the relevant organisations understand what is needed and work together to ensure it is provided within a short timescale to avoid prolonged disruptions to training.
22	North Wales	Conference believes that all doctors in training in hospital-based specialities should have a compulsory 4 months experience in general practice as part of their speciality training, and calls on GPCW to lobby the relevant organisations to start discussions on how to implement this.

23	North Wales	Applicants to GP training who score under 480 on selection are very likely to need extensions to training after failing elements of the MRCGP. Conference: <ul style="list-style-type: none"> i. acknowledges the avoidable negative effects on the individuals of labelling these doctors as ‘failing’. ii. acknowledges the stress that short notice extensions have on the programme directors when they have to find additional placements. iii. Calls on GPCW to work with the RCGP towards a system that will offer this cohort 4 or 5 year training at the outset rather than waiting for them to ‘fail’.
24	Gwent	Conference is disappointed in Welsh Government’s unilateral removal of the universal training incentive scheme and calls on them to reinstate the payment of the first Applied Knowledge Test (AKT) and Clinical Skills Assessment fee for all trainees in Wales.
25	Morgannwg	Conference demand that Welsh Government rapidly extend the ability of allied health professionals to prescribe/treat/refer within the scope of their training and responsibility without sending patients to GPs.
26	Dyfed Powys	Conference advises Welsh Government that the incentives to encourage GP registrars to choose GP vocational training schemes in Mid, West and North Wales have had a positive effect, and request that it is continued to build a sustainable GP workforce in these areas.
27	Morgannwg	Conference calls on Welsh Government to develop programmes which allow students to stay close to their family homes while studying medicine.

Climate change

12.10 – 12.20

28	Morgannwg	Conference asks NHS Wales to measure the carbon footprint of a sample of Welsh GP Practices in order to better understand the steps needed to deliver net-zero carbon Healthcare.
29	Morgannwg	Conference calls for the identification of measures to mitigate against the effects of climate change, both in regards to premises and service delivery.

GMS Contract

12.20 – 13.00

30	North Wales	The half day and lunch time closing changes within the 2022-23 contract put a disproportionate strain on small practices. Conference asks GPC Wales to ensure that reciprocal cover arrangements are recognised in subsequent contractual agreements.
31	North Wales	Conference calls for GPC Wales to ensure that the administrative work done by GPs is properly recognised within the contract and associated documentation (including the partnership premium), not only the clinical sessions.
32	North Wales	Conference recognises that LHBs were guilty of a contractual breach by not providing cover to facilitate practice protected learning time in the previous contractual year. We call on GPCW to ensure that in the future full cover will be mandated from LHBs for all protected learning sessions.
33	North Wales	The FPPS (Family Practitioner Payment System) introduced by SSP to process payment claims is unfit for purpose and causing significant stress to our practice manager colleagues. Conference calls on GPCW to ensure that the system is urgently replaced by a more user-friendly and less onerous alternative.

34	Bro Taf	Conference despairs at the thought of continuing to flog the dead horse that is our capitation-based GMS contract, and we rejuvenate our call for GPC Wales to negotiate an activity-based model.
35	Morgannwg	Conference urges GPC Wales to negotiate an IOS fee based unified GMS contract similar to that in place in Australia.
36	Bro Taf	Conference requests Welsh Government formally ensure appropriate support in situations of allocation of large numbers of patients following the closure of a practice.
37	Morgannwg	Conference calls for maternity benefits for AHPs such as PAs to be aligned with colleagues with equivalent responsibilities or banding.
38	Morgannwg	Conference calls for an independent and dedicated primary care occupational health and well-being service.

Lunch 13.00 – 13.50

Ask the GPC Negotiators 13.50 – 14.10

Collaboratives

14.10 – 14.20

39	Morgannwg	Conference observes that despite political desires, Clusters are not delivering improved services, Accelerated Clusters are not deemed fit for purpose and these should be scrapped, and resources transferred to core General Practice.
40	Dyfed Powys	Conference urges the Welsh Government to require the HBs to allocate funding to collaboratives to facilitate the development schemes for consideration by the clusters.

Primary-Secondary Care Interface

14.20 – 15.10

41	AC	In light of the drive to deliver care closer to home, pathway development and the resultant workload shift from secondary care into primary care, conference calls: <ul style="list-style-type: none"> i. for Health boards to identify and assess the impact of any movement of service delivery. ii. for Welsh Government and Health boards to fully resource and ensure the workforce to deliver this care without compromising a practices ability to deliver existing contracts.
42	Morgannwg	Conference calls for WG to fund end to end costs and assess any movement of service delivery from secondary to primary care and provide primary care with the resources to deliver without compromising a practices ability to deliver existing contracts.
43	Morgannwg	Conference recognises that demand for care from general practice is increasing in scope with the drive to deliver close to home care and calls for funding to recruit to be able to support this.
44	North Wales	The use of two-way communication between secondary care and primary care on the WCCG/WPRS has led to unfunded and uncontrolled work transfer. Conference calls for GPCW to urgently work with secondary care and IT colleagues to put in place clear guidance to avoid unrealistic and sometimes unsafe expectations.
45	Dyfed Powys	That conference reminds community, secondary and tertiary services, that WCCG/WPRS is the communication system for GP referrals, demands that they should not develop specific individual referral forms for their services and requests that HB management support GPs on this issue.
46	North Wales	That Conference is disappointed that many hospitals are still to provide a waiting time hotline and continue to refer patients back to the GP for an expedite letter.

47	North Wales	That Conference urges GPCW to define intermediate care and to clarify the roles and responsibilities within its provision, so that when patients with complex needs are transferred to care homes the ongoing care is adequately funded from outside the GMS budget.
48	Gwent	This conference instructs a review by GPC Wales of the impact of increased requests from secondary care colleagues on practice phlebotomy services with the aim of increased funding or development of increased community provision.
49	Gwent	Conference is dismayed that Secondary Care are knowingly sending correspondence addressed to GPs who have resigned, retired or died and to GP surgeries that are closed. Conference demands that Health Boards instruct secondary care to stop this unsafe practice and ensure that letters are addressed correctly.
50	Morgannwg	Conference calls for the transference of inappropriate and unfunded work to GPs to stop and for a dashboard of All Wales Communication Standard Breaches to drive up standards across the complete health care system.
51	Morgannwg	To reduce the clinical risk of data being overlooked or buried, conference calls for: <ul style="list-style-type: none"> i. a concise standard format discharge summary relevant to primary care to become compulsory. ii. compulsory inclusion of amended medications and changes to the management plan.
52	Morgannwg	Conference calls for an amendment to be made to the All Wales Communications Standard to reflect that any secondary care consultation that is undertaken 'remotely' must include the responsibility to organise face to face examinations within secondary care if necessary.
53	Morgannwg	Conference calls for the development of a nationally agreed process for Physician Associates to be able to request radiographic imaging which does not involve ionising radiation.

Equality

15.10 – 15.15

54	Gwent	That conference: <ul style="list-style-type: none"> i. recognises the passing of the British Sign Language Act in June 2022 and acknowledges the barriers facing many of the Deaf Community in accessing Health Services. ii. asks HEIW to start breaking down the barriers by providing resources and training support for all practice staff to engage in Deaf Awareness training.
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Health Boards

15.15 – 15.25

55	North Wales	Conference directs GPC Wales to instruct the Welsh Audit Office to examine the value for money obtained when managed practices are run by LHBs within Wales.
56	Gwent	Conference is concerned at the lack of communication and delay in investigating complaints against GPs by health boards and demands that health boards keep doctors regularly informed of proceedings.
57	Morgannwg	Conference calls for urgent action from Welsh Government to address shortages in District Nursing team.

Immunisations

15.25 – 15.35

58	Dyfed Powys	Conference requests GPC Wales to resist any attempt to require GP practices to use the current WIS for the flu vaccination campaign.
59	Morgannwg	Conference calls for GPCW to negotiate out of all vaccine programmes and design new SLAs.

Coffee Break

15.35 – 15.50

Soap Box

15.50 – 16.10

Prescribing & Dispensing

16.10 – 16.20

60	North Wales	Conference believes that interpreting the 'mile from a community pharmacy' rule in terms of 'as the crow flies' has unexpected consequences for patients access to dispensing services and calls on GPCW to press for a change in the Dispensing Regulations.
61	Gwent	Due to the advice to change to 56-day prescribing and the reduction in dispensing fees, conference instructs GPC Wales to work with Welsh Government to provide additional funding mechanisms for dispensing practices.

Media

16.20 – 16.30

62	AC	Conference deplores the vile and unhelpful comments about GPs and their practices in the mainstream media and on social media and recommends that: <ul style="list-style-type: none"> i. Health boards are instructed to not allow the public to comment on their social media posts. ii. Health boards and Welsh Government promote the positive achievements of primary care to the media instead of just reacting to negative news stories. iii. Welsh Government fund a campaign to educate the public on reasonable expectations of access to general practice.
63	Gwent	Conference deplores the vile and unhelpful comments about GPs and their practices on social media and recommends that Health boards are instructed to not allow the public to comment on their social media posts.
64	Gwent	This conference requests that health boards promote the positive achievements of primary care to the media instead of just reacting to negative news stories.
65	Morgannwg	Conference calls for Welsh Government to fund a campaign to educate the public on reasonable access and counter the negative attitudes to general practice portrayed in the media.

Mental Health

16.30 – 16.35

66	Gwent	Conference calls for: <ul style="list-style-type: none"> i. Welsh Government to improve mental health services for young adults and adolescents caught between paediatric and adult services. ii. Welsh Government to increase funding of children's mental health services to increase capacity so that mental health problems can be dealt with earlier rather than accepting referrals only when children have reached the point of crisis.
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Pensions

16.35 – 16.40

67	Gwent	Conference calls for Locum GPs who are a member of the NHS Pension Scheme to receive the same death in-service benefit as other types of GPs should they die on a day when they are not due to be in work.
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Premises

16.40 – 16.45

68	Gwent	That conference acknowledges that large areas of the General Practice estate are not fit for purpose and that LHBs urgently commit to support practices to address this by enhanced improvement grants.
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Private services

16.45 – 16.50

69	Bro Taf	Conference calls on Welsh Government to clearly define for the public and health boards what follow up is and is not available within NHS Wales for patients following private health care.
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Public health

16.50 – 16.55

70	Gwent	This conference calls on Welsh Government to accept that non communicable diseases are the leading cause of mortality in Wales and to make enough up-front funding available to provide a world-class service incorporating lifestyle medicine with accredited health coaching as an innovative way to reduce medication burden, waiting lists, long term sickness benefits and prevalence of chronic disease.
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Regulation

16.55 – 17.00

71	North Wales	Conference directs GPC Wales to: <ul style="list-style-type: none">i. send a strong message of concern to the GMC regarding both direct and indirect discrimination in fitness to practice procedures.ii. urge the organisation to institute changes to their organisational culture and processes to eliminate the risk of discrimination in these procedures in the future.
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A Motions

Primary-Secondary Care Interface

A1	North Wales	That Conference believes in equity for all practices in Wales for access to phlebotomy services, and where they are not provided by a Health Board, the affected practices should be appropriately recompensed.
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Private services

A2	North Wales	That Conference urges Welsh Government and NHS Wales to resolve the problem of patients who have opted for treatment abroad that needs ongoing care, and establish a funded process for continuing care, be it within primary or secondary care.
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Regulation

A3	Gwent	I call on conference to agree that given the focus on quality improvement embedded in contract reforms and evidence of no harm done through the covid pandemic, yearly appraisal puts an unnecessary strain on an already over-worked GP and asks HEIW to either align appraisal with the revalidation date or at least reduce to a 2 yearly cycle.
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Regulation

A4	Gwent	Conference calls for the replacement of the term “General Practitioner” by “Consultant in Primary Care” to reflect the way in which general practice now works and to create parity of esteem without secondary care colleagues.
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Climate change

A5	Morgannwg	Conference declares a climate emergency.
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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.

Emergency Motions

63 – Emergency Motion That the Welsh conference of local medical committee’s standing orders be amended to enable elected agenda committee members to be voting members of conference unless their LMC exceed their allocated voting quota. **PASSED**

62 – Emergency Motion Conference is appalled by the unwarranted aggression shown by president Putin against Ukraine, and on behalf of all general practitioners in Wales we express our support for the Ukrainian nation. We request GPC Wales work with Welsh Government to devise ways we can support our Ukrainian medical colleagues. **PASSED**

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.
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. PASSED |
| 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:
i. Health boards to ensure there is public access to clear and accurate information dashboards for secondary care waiting times. PASSED
ii. Welsh Government to direct LHBs to communicate directly with patients on waiting lists to clarify realistic waiting times. PASSED
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. REFERENCE
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. PASSED |
| | 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. PASSED |

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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. PASSED |
| 9 | Morgannwg | That conference calls out the ongoing poor provision of mental health service support for patients in general practice and: <ul style="list-style-type: none"> i. Insists that all GP practices have access to improved talking therapies for patients available within a reasonable timeframe. PASSED ii. Asks that a mental health practitioner is made available for same day contact by either a GP practice or patient. PASSED |
| 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): <ul 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. REFERENCE |
| 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. PASSED |
| 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. PASSED |

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. PASSED |
| 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. PASSED |
| 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. PASSED |
| 17 | Morgannwg | That conference calls on GPC Wales to consider a mechanism to cost for Secondary Care workload transfer. REFERENCE |
| 18 | Morgannwg | That conference demands adequate funding of GMS for practices and not just the funding of Cluster budgets. PASSED |

Clusters

11.55-12.00

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. REFERENCE
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Soap Box

12.00-12.20

Pandemic

12.20-13.00

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. PASSED
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. PASSED
22	Gwent	This conference asks that PPE provided to primary care is supplied on the basis of need. PASSED
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. PASSED
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. PASSED
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. PASSED
26	Bro Taf	Conference demands that Welsh Government agree to reimburse practices for COVID-19 related staff absences. PASSED

Lunch

13.00-13.50

Prescribing

13.50-14.00

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. REFERENCE
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| 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. PASSED |
| 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. PASSED |

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. PASSED |
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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: <ul style="list-style-type: none"> i. avoids the excessive use of individual templates. PASSED ii. establishes who is responsible for Quality Assurance. PASSED iii. is a universally accessible platform across Primary, Secondary and Community care. REFERENCE |
| 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. PASSED |
| 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. PASSED |
| 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. PASSED |

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. PASSED |
| 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. REFERENCE |
| 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. LOST |
| 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. WITHDRAWN |

Representation

15.00-15.05

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. PASSED
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Climate change

15.05-15.20

AC	40 AC	That conference declares a climate emergency exists and: <ol style="list-style-type: none"> Supports the Welsh government's stated aim of achieving carbon net-zero delivery of public services by 2030. PASSED Urges Welsh Government to include primary care in their plan to achieve this. PASSED Calls on Welsh government to support environmentally sustainable procurement throughout the NHS in Wales. PASSED Calls on NHS Wales to commission a scheme to recycle used inhalers. REFERENCE
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: <ol style="list-style-type: none"> 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. GPC Wales to negotiate with Welsh Government a subsidy to practices that switch to a green energy tariff. PASSED

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. REFERENCE
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. LOST
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. PASSED

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. PASSED
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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. REFERENCE
49	Morgannwg	That conference should lobby Welsh Government to increase payments to Medical Schools to uplift reimbursements for Clinical Placements in General Practice. PASSED
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. WITHDRAWN
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. PASSED
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. MOVED TO NEXT BUSINESS

Access and remote consultations

16.50-17.00

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. PASSED
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. PASSED

Premises

17.00-17.10

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. PASSED
56	Morgannwg	That conference calls on GPC Wales and Welsh Government to develop and deliver mechanisms to decarbonise the Primary Care Estate. REFERENCE

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. PASSED |
| 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. LOST |
| 59 | Morgannwg | That conference calls on Welsh Government to mandate that new residential schemes must include plans to provide adequate access to healthcare facilities. PASSED |
| 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. PASSED |
| 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 specialty. ii. That Health Board staff should list the full term for any acronyms/initialisms on formal documents sent to practices. PASSED |

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.

WLMC Conference March 2022

Progress vs motions

	Theme	LMC	Motions	Progress against motions
63	Emergency Motion	AC	That the Welsh conference of local medical committee's standing orders be amended to enable elected agenda committee members to be voting members of conference unless their LMC exceed their allocated voting quota. PASSED	Amendment made to standing orders to reflect motion passed.
62	Emergency Motion	Bro Taf	Conference is appalled by the unwarranted aggression shown by president Putin against Ukraine, and on behalf of all general practitioners in Wales we express our support for the Ukrainian nation. We request GPC Wales work with Welsh Government to devise ways we can support our Ukrainian medical colleagues. PASSED	<p>A NES for care of persons fleeing Ukraine has been published and circulated.</p> <p>BMA has entered into discussions with GMC regarding employment of medically qualified staff so that they can work in the UK.</p>
1	Primary & Secondary Care Interface/ Communication	Bro Taf	<p>That this conference is seriously concerned about the increasing hospital waiting list and times.</p> <p>a) urges urgent action from the Welsh Government to provide safe and timely patient care.</p> <p>b) a firm commitment that there will be no inappropriate unresourced transfer of secondary care work to GMS practices. PASSED</p>	<p>We worked closely with WG to develop a Outpatient Waiting List Enhanced Service (eventually a OWL Primary Care Contractor Service) which enables GP practices to be paid for undertaking a review of waiting lists/referrals. Feedback suggests that HBs have not commissioned this to a great degree, if at all.</p> <p>Within the 22/23 contract agreement we have agreed on a Heads of Terms basis to discuss pathways, waiting times and backlogs.</p>

2	Primary & Secondary Care Interface/ Communication	AC	<p>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:</p> <ul 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. PASSED ii. Welsh Government to direct LHBs to communicate directly with patients on waiting lists to clarify realistic waiting times. PASSED 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. TAKEN AS A REFERENCE 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. PASSED 	<p>We have engaged in the development of WG's high level planned care recovery plan and provided written evidence to the Senedd Health & Social Care Committee noting our continued concerns around the importance of patient communication and establishment of liaison hubs in achieving the overall waiting time reduction goals.</p> <p>We continue to raise awareness of this with Senedd members and Welsh Government, and via representations to the Planned Care Board and Outpatient Transformation Group.</p> <p>As mentioned above, we agreed an OWL enhanced service which is designed to allow practices to review certain categories of outpatient referrals and be remunerated for this activity.</p>
3	Primary & Secondary Care Interface/ Communication	Morgannwg	<p>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.</p>	
4	Primary & Secondary Care Interface/ Communication	Bro Taf	<p>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</p>	

5	Primary & Secondary Care Interface/ Communication	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	Primary & Secondary Care Interface/ Communication	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	Primary & Secondary Care Interface/ Communication	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. PASSED	We agree – in line with the All-Wales Communication Standards – and we have made representations to the groups mentioned in against motion 2.
8	Primary & Secondary Care Interface/ Communication	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. PASSED	We agree – and wrote to WG and NHS Employers around fit notes in Dec 2022 to highlight legislation in wake of their guidance around self-certification not being accepted by NHS bodies during sickness absence during strike periods.
9	Primary & Secondary Care Interface/ Communication	Morgannwg	That conference calls out the ongoing poor provision of mental health service Support for patients in general practice and: i. Insists that all GP practices have access to improved talking therapies for patients available within a reasonable timeframe. PASSED ii. Asks that a mental health practitioner is made available for same day contact by either a GP practice or patient. PASSED	We took this to the GP Forum meeting in December, asking for WG to map delivery of Tier 0 mental health services across Wales and bring about change where coverage is patchy. A report has been commissioned by the Strategic Programme of Primary Care, revealing a variety of delivery models and provision across Wales with more direction on funding for high demand areas. We will discuss the recommendation of the report and next steps with WG and Strategic Programme for PC.
10	Primary & Secondary Care Interface/ Communication	Morgannwg	That conference insists that all GP practices have access to improved talking therapies for patients that are available within a reasonable timeframe.	

11	Primary & Secondary Care Interface/ Communication	North Wales	<p>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):</p> <ul 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. TAKEN AS A REFERENCE 	We agree and have made the case for LMC representation regarding local pathways and interface with secondary care in our official letters to WG/NHS leads. It was also agreed on a Heads of Terms basis within the contract agreement, and we remain engaged nationally in this work.
12	Primary & Secondary Care Interface/ Communication	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. PASSED	See Previous response.
13	Primary & Secondary Care Interface/ Communication	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. PASSED	We have responded to the Welsh Government consultation on a national social prescribing framework – directly quoting previous LMC conference policy on the matter.
14	Contract	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. PASSED	<p>This is our long-standing position and was reaffirmed in the initial GPCW mandate letter.</p> <p>The Minister for Health & Social Services reserves the right to disagree, and it is ultimately their prerogative to do so.</p>
15	Contract	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. PASSED	In line with the will of conference, we agreed a significant consolidation of funding from QAIF into Global Sum for the 22-23 financial year, therefore minimising box ticking, target chasing and bureaucracy in favour of a more secure funding stream.

16	Contract	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. PASSED	<p>We have agreed significant changes to the Assurance system in line with the direction of travel toward the unified contract, with the elimination of Quality Assurance from the now Quality Improvement Framework.</p> <p>We also maintain a regular dialogue with SSP regarding their role in PPV activity.</p>
17	Contract	Morgannwg	That conference calls on GPC Wales to consider a mechanism to cost for Secondary Care workload transfer. TAKEN AS A REFERENCE	<p>We agree with the sentiment for resource following any workload transfer and have secured agreement on those principles at a national level with regards to pathways.</p> <p>However, a tariff-based system would be beyond the capacity of GPC Wales to bring about given the model of the NHS in Wales.</p>
18	Contract	Morgannwg	That conference demands adequate funding of GMS for practices and not just the funding of Cluster budgets. PASSED	See Motion 15.
19	Clusters	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. TAKEN AS A REFERENCE	We agree, and this will be a matter for us to take into the Unified contract reform discussions where the future of ACD and at-scale delivery of more specialist/complex services will be discussed.
20	Pandemic	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. PASSED	We agree but would note that the Minister has been more supportive of the profession than their counterpart in Westminster, and has put her thanks on public record.

21	Pandemic	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. PASSED	<p>We have consistently pushed this issue with WG and their officials including the CMO and wrote jointly with the RCN Wales to call for change.</p> <p>They have chosen not to alter their position and continue to adhere to the four nation IPC guidance.</p>
22	Pandemic	Gwent	This conference asks that PPE provided to primary care is supplied on the basis of need. PASSED	<p>We raised the issue of unnecessary PPE (e.g. aprons) being sent to practices at GP Forum.</p> <p>WG acknowledged the concern, and said that the PPE provision was being reviewed internally and discussed ahead of the next financial year. In the meantime, SSP have said they will look at the content of packs.</p>
23	Pandemic	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. PASSED	<p>We agree but certain elements regarding this type of communications are beyond our control. We have raised this with officials, and they have said this is often the preferred mode of announcement by Government. We endeavour to issue our communications to members as soon as is possible ahead of or in time with the announcement.</p>
24	Pandemic	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. PASSED	<p>We regularly discuss GP participation in any future COVID booster campaign, including the potential for co-administration with flu. Unfortunately, in line with the WG vaccination strategy, HBs have the autonomy around delivery, and some have chosen to not involve general practice at an early stage if at all. This has made co-administration difficult.</p> <p>WG published the national immunisation framework in November, with no prior consultation, however we are engaged in discussions around implications and mitigations.</p>

25	Pandemic	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. PASSED	We support the principle of direct funding to practices.
26	Pandemic	Bro Taf	Conference demands that Welsh Government agree to reimburse practices for COVID-19 related staff absences. PASSED	We asked Welsh Government to directly reimburse practices, but they did not feel it appropriate to introduce at this stage of the pandemic.
27	Prescribing	Bro Taf	That this conference is concerned about the potential patient safety issues of the parallel prescribing of opioid substitution therapy and calls for: 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. TAKEN AS A REFERENCE	We will take this into the Task and Finish Group on prescribing and quality as part of the Heads of Terms agreement.
28	Prescribing	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. PASSED	We have engaged with WG, the DDA and NHS Digital on the dispensing envelope for Wales. Discussions continue, particularly in relation to prescribing intervals.
29	Prescribing	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. PASSED	Welsh Government have raised this with their Optometry team. Any optometrist can write a 'signed order' for certain pharmacy to dispense but no mechanism for payment. Optometrists are now able to train as independent prescribers and those with that accreditation would be able to issue prescriptions.

30	Immunisation/ Enhanced services	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. PASSED	It has been agreed that Diabetes Gateway module will become core under the Unified Contract reforms, and we will discuss the future of the other modules of the Enhanced Service as part of further discussions.
31	IT	Morgannwg	That conference requests that Health boards in conjunction with Digital Health and Care Wales ensure that the WCCG process: <ul style="list-style-type: none"> i. avoids the excessive use of individual templates. PASSED ii. establishes who is responsible for Quality Assurance. PASSED iii. is a universally accessible platform across Primary, Secondary and Community care. TAKEN AS A REFERENCE 	<p>i) As part of the ongoing work in the task and finish groups we will continue to emphasize the importance of WCCG and the elimination of unnecessary templates.</p> <p>ii) DHCW have oversight of the overall WCCG system, and on a wider basis the Digital Programme board. Local referral management is ultimately the responsibility of the medical director.</p> <p>iii) We support an integrated and interoperable system from an user perspective but this does not necessarily need to be one monolithic system across sectors.</p>
32	IT	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. PASSED	We agree regarding usefulness of BOMGAR and support its continuation.
33	IT	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. PASSED	There is an ongoing IT refresh programme underway being led by DHCW including printers and hardware.
34	IT	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. PASSED	We agree and have secured agreement for consideration of a national solution for provision of digital tools on a Heads of terms basis.
35	Workforce & Sustainability	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. PASSED	As part of the contract agreement, we have agreed on a heads of terms basis to discuss safe working within the Recovery and Transformation Task and Finish Groups.

36	Workforce & sustainability	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 TAKEN AS A REFERENCE	We have agreed to consider the clinical expectations and salaried GP job role modelling under the workforce task and finish group.
37	Workforce & sustainability	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 LOST	
38	Workforce & Sustainability	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. WITHDRAWN	
39	Representation	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. PASSED	We have amended Conference standing orders to enable an election (which may be to one of the co-opted seats upon GPC Wales.) and this will be voted upon in the agenda.
40	Climate change	AC	That conference declares a climate emergency exists and : i. Supports the Welsh government's stated aim of achieving carbon net-zero delivery of public services by 2030. PASSED ii. Urges Welsh Government to include primary care in their plan to achieve this. PASSED iii. Calls on Welsh government to Support environmentally sustainable procurement throughout the NHS in Wales. PASSED iv. Calls on NHS Wales to commission a scheme to recycle used inhalers. TAKEN AS A REFERENCE	i. ii. In May 2022, GPC Wales agreed to endorse Welsh Government's climate declaration which commits us to work with WG on this agenda. iii. In addition to the formal consultation response, we have also aided WG officials in gathering evidence to support sustainable and environmentally friendly procurement such as cleaning wipes and banning single use plastic. Legislative proposals will be introduced to the Senedd. iv. There will be a mandatory phase 2 green inhaler project as part of the QI basket for 22-23.

41	Climate change	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	Climate change	Morgannwg	That conference calls on NHS Wales to commission a scheme to recycle used inhalers.	
43	Climate change	Bro Taf	That this conference is concerned about the effect of climate change on health and calls for: <ul style="list-style-type: none"> 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. PASSED 	See motion 40.
44	Unscheduled care	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. TAKEN AS A REFERENCE	We recognise the immense and unacceptable pressures being placed upon GPs to deliver emergency and urgent care. We are part of the AMD group looking at the issues of Ambulance Delays in the Community, and what can be put into place.
45	Unscheduled care	Morgannwg	Conference calls for GPC Wales to negotiate with Welsh Government a Directed Enhanced Service to better support the provision of an OOH service. LOST	
46	Unscheduled care	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. PASSED	We have engaged with the National Lead for OOH Workforce to discuss the pending review of the OOH workforce and we have been invited to provide representation.

47	Unscheduled care	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. PASSED	We are part of the AMD group looking at the issues of Ambulance Delays in the Community, and continue to meet with WAST on a regular basis to relay concerns.
48	Education, training, workforce planning	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. TAKEN AS A REFERENCE	We support NWSSP's support process but ultimately reform is needed at Home Office level. The wider BMA is continuing to lobby Westminster for progress in this area..
49	Education, training, workforce planning	Morgannwg	That conference should lobby Welsh Government to increase payments to Medical Schools to uplift reimbursements for Clinical Placements in General Practice. PASSED	This was taken to GP forum in April 2022. Welsh Government confirmed that the funding per placement had been increased to £75 from Sept 2021 on a recurrent basis.
50	Education, training, workforce planning	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. WITHDRAWN	
51	Education, training, workforce planning	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. PASSED	As a union we support best practice in recruitment, and compliance with employment law.
52	Education, training, workforce planning	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. MOVED TO NEXT BUSINESS	We agree and have relayed concerns to the College.

53	Access & Remote Consultations	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. PASSED	We have maintained this line but will continue to discuss the in and out of hours interface with Welsh Government and relevant parties including 111.
54	Access & Remote Consultations	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. PASSED	We have now moved to Phase 2 of the Access standards, underpinning the Access Commitment. As they remain in QIF for 22/23 they are voluntary. Phase 1 standards will become core from April 2023 and funding will be mainstreamed, in line with other QAIF associated funding.
55	Premises	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. PASSED	We agree, Health Boards should have undertaken this work. We have agreed to engage in a Task and Finish Group on premises from the 22-23 agreement. WG have established a primary care premises-focused policy team and we have engaged with their work.
56	Premises	Morgannwg	That conference calls on GPC Wales and Welsh Government to develop and deliver mechanisms to decarbonise the Primary Care Estate. TAKEN AS A REFERENCE	We agree, see response to motion 40.
57	Other	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. PASSED	We agree that LAs should adhere to relevant legislation.
58	Other	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. LOST	

59	Other	Morgannwg	That conference calls on Welsh Government to mandate that new residential schemes must include plans to provide adequate access to healthcare facilities. PASSED	We support the principle of this motion, and the BMA has called for Health Impact Assessments to be mandated by regulations, which would bring forward consideration of wider health issues in development. We have written to the Minister on this issue and met with officials; we understand that draft HIA legislation is to be laid in front of the Senedd during 2023.
60	Other	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. PASSED	We support the principle.
61	AND FINALLY	Gwent	<p>That conference is appalled by the inappropriate use of acronyms and initialisms by healthcare professionals and health board staff and ask:</p> <ul 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. PASSED	We agree with the sentiment of this motion. As per the 22-23 contract agreement, we have reduced the four letter acronym QAIF to become QIF, hence we are making progress one letter at a time.

	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.	
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.	
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.	
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.	
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.	
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.	
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.	

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. the two elected Agenda Committee members.
 - c. 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 members of GPC(W).
 - b. Chair GPC Northern Ireland.
 - c. Chair GPC Scotland.
 - d. Chair GPC UK.
 - e. Chair GPC England.
 - f. Chair of BMA Welsh Council.
 - g. Chair of RCGP Council (Wales).
 - h. Treasurer of GMS Defence Fund Ltd.
 - i. Chair of UK LMC Conference.
 - j. 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

11. 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.
 - d. 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.
 - l. 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.

JOINT BMA and GPDF DEFAMATION STATEMENT

Members of the LMC Conference are asked to read the following statement and to act accordingly.

An individual making a public statement on behalf of the BMA, its GP Committee (including subcommittees) and/or GPDF needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which

“tends to lower an individual’s reputation in the eyes of right-thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.”

There are two forms of defamation – libel and slander. Libel is the publication in permanent form of a defamatory statement. Slander is its publication in transitory form. So, to give examples, typically slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, for instance in video form, or even in a voice recording such as potentially on a voicemail. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

There are a number of defences to a claim of defamation these include:- (a) justification – being able to show that what was said is true; (b) fair comment on a matter of public interest – the honest expression of opinion; and (c) privilege – a statement fairly made in the discharge of a public or private duty.

An action for defamation can only be brought in the High Court. Legal aid is not available and proceedings are notoriously expensive.

Where it is necessary to mention individuals or organisations, great care should be taken to ensure that no gratuitous or unsustainable comment is made, this being so whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual or organisation is the subject of rumour, it is not given weight or authority by being publicised by the BMA or GPDF to the detriment of that individual or organisation’s reputation. Similarly, unsubstantiated comment should not be made about individuals and organisations.

Internet Postings

There is a common misconception that because of the informal and accessible nature of the Internet, different rules apply. The position is, quite simply, that the author of material posted over the Internet is every bit as liable in defamation as the author of off-line material.

Publication of defamatory material takes place once it has been posted on the Internet. It is not necessary for an aggrieved person to prove that anyone has actually read the material. There is the added danger that the material can be accessed anywhere in the world enabling anybody who is aggrieved to sue in that country as well as here.

Website hosts may also be liable, along with the author, for publishing defamatory material if they have been made aware of its presence on a website and have failed to remove it within a reasonable period of time. People who hide behind anonymous postings will find that the website hosts can be required to disclose the identity of the author.

Electronic Communications

Under the Data Protection Act (DPA) data subjects are entitled to request the disclosure of information held on them by the BMA or GPDF. The DPA extends not only to electronic files (including external and internal email correspondence and including activity tracking) but to some manual files as well. The BMA and GPDF are legally obliged to provide the information requested. To avoid the risk of a claim for defamation, it is extremely important that all recorded information relating to individuals is accurately and properly expressed. Anything which could be regarded as offensive, insulting and defamatory must be avoided unless approved by the BMA’s Legal Department or other professional lawyers.

The best practical advice is that any reference to an individual or an organisation should be made in measured terms after a careful appraisal of the evidence available with legal advice being sought where appropriate. If this advice is followed there should be no difficulties with respect to defamation.

J T Canning

Director of Operations
GPDF Ltd
22 September 2022

Gareth Williams

Director of Legal Services
British Medical Association
22 September 2022

The Cameron Fund is the GPs' own charity.

It is the only medical benevolent fund that solely supports general practitioners and their dependants. They provide support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment. They help those who are already suffering from financial hardship and those who are facing it.

The Cameron Fund is a membership organisation with full membership open to GPs and former GPs and associate membership open to GP Trainees and those working in the GP profession. Members can stand for and vote in elections for local Trustees.

Applications are welcome from, GPs or former GPs, GP Trainees, their families, and dependants. They also welcome referrals from Local Medical Committees and other organisations or individuals who know of someone who needs our help. Applicants do not need to be members of the Cameron Fund.



**If you wish to donate to the Cameron Fund
you can do so via this QR code.**

Appendix 1

Conference of Welsh Local Medical Committees

Standing Orders

AGENDA COMMITTEE (TO BE PROPOSED BY DEPUTY CHAIR): That conference accepts the proposed changes to the Standing Orders, as recommended by the Agenda Committee and outlined in Appendix 1:

Standing order 6 to read:

Membership

The ex-officio (non-voting) members of conference shall be:

- a. the members of GPC(W).
- b. Chair GPC Northern Ireland.
- c. Chair GPC Scotland.
- d. Chair GPC UK.
- e. Chair GPC England.
- f. Chair of GP Sessional committee.
- 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.

Standing order 17 be amended to read:

Rules of debate

- a. **A member of the conference shall address the chair and shall, unless prevented by physical infirmity or attending virtually, 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.
- l. 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.

Standing order 23 be amended to read:

Elections

- a. The election of Chair, Vice-Chair and Agenda Committee shall be by LMC representatives and GPC(Wales) representatives,
- b. **The election of one member of conference, having been a registered GP for less than five years, to a co-opted seat on GPCW for one year.**
- c. The election shall be conducted using single transferable vote.
- d. Those elected will hold office for a period of three years
- e. 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.

Standing order 27 be amended to read:

Distribution of papers and announcements

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

Standing order 28 be amended to read:

Mobile phones

In the conference hall and immediately outside mobile phones should be in silent mode and only used for viewing documents and information relevant to conference or to contribute to online elections. No phone calls should be made in the conference hall or anywhere that would distract the business of conference.

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