Welsh Conference of Representatives of Local Medical Committees
November 2018
Agenda

Saturday 10 November 2018
The Vale Resort, Hensol
Welsh Conference of Representatives of Local Medical Committees November 2018

AGENDA

to be held on:
Saturday 10 November 2018
at 9.00am

The Vale Resort, Hensol, Vale of Glamorgan, CF72 8JY

Chair of Conference
Dr Nimish Shah

Deputy Chair of Conference
Dr Sara Bodey

Conference Agenda Committee
Dr David Bailey (Gwent)
Dr Sara Bodey (North Wales)
Dr Tim Davies (North Wales)
Dr Mike Griffiths (Gwent)
Dr Peter Horvath-Howard (Dyfed Powys)
Dr Charlotte Jones (Chair of GPC Wales)
Dr Nimish Shah (Morgannwg)
Dr Phil White (North Wales)
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule of Business</td>
<td>3</td>
</tr>
<tr>
<td>Welsh LMC Conference November 2018</td>
<td>4</td>
</tr>
<tr>
<td>Minutes from Welsh LMC Conference January 2018</td>
<td>18</td>
</tr>
<tr>
<td>WLMC January 2018 Resolutions – Progress Report</td>
<td>29</td>
</tr>
<tr>
<td>Standing Orders</td>
<td>41</td>
</tr>
</tbody>
</table>
# Schedule of Business – Saturday 10 November 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Motion</th>
<th>Motions</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 9:05</td>
<td>START – 9:00</td>
<td>–</td>
<td>5 mins</td>
</tr>
<tr>
<td>9:05 – 9:25</td>
<td>Receive minutes of Welsh Conference of Local Medical Committees January 2018</td>
<td>–</td>
<td>20 mins</td>
</tr>
<tr>
<td>9:25 – 10:10</td>
<td>Standing orders</td>
<td>–</td>
<td>45 mins</td>
</tr>
<tr>
<td>10:10 – 10:50</td>
<td>Annual Report – Chair of General Practitioners Committee (GPC Wales)</td>
<td>1 – 9</td>
<td>40 mins</td>
</tr>
<tr>
<td>10:50 – 11:05</td>
<td>Sustainability Part 1</td>
<td>10 – 23</td>
<td>15 mins</td>
</tr>
<tr>
<td>11:05 – 11:15</td>
<td>Rural</td>
<td>24 – 25</td>
<td>10 mins</td>
</tr>
<tr>
<td>11:15 – 11:30</td>
<td>Clusters</td>
<td>26 – 29</td>
<td>15 mins</td>
</tr>
<tr>
<td>11:30 – 11:40</td>
<td>Out of hours</td>
<td>30 – 32</td>
<td>10 mins</td>
</tr>
<tr>
<td>11:40 – 12:00</td>
<td>Soap box</td>
<td>–</td>
<td>20 mins</td>
</tr>
<tr>
<td>12:00 – 12:20</td>
<td>Funding</td>
<td>33 – 37</td>
<td>20 mins</td>
</tr>
<tr>
<td>12:20 – 12:50</td>
<td>Health Boards</td>
<td>38 – 44</td>
<td>30 mins</td>
</tr>
<tr>
<td>12:50 – 13:00</td>
<td>General Data Protection Regulation</td>
<td>45 – 46</td>
<td>10 mins</td>
</tr>
<tr>
<td>13:00 – 13:45</td>
<td>LUNCH</td>
<td>–</td>
<td>45 mins</td>
</tr>
<tr>
<td>13:45 – 14:15</td>
<td>Training</td>
<td>47 – 57</td>
<td>30 mins</td>
</tr>
<tr>
<td>14:15 – 14:35</td>
<td>Multidisciplinary teams</td>
<td>58 – 62</td>
<td>20 mins</td>
</tr>
<tr>
<td>14:35 – 14:50</td>
<td>Core and Enhanced Services</td>
<td>63 – 68</td>
<td>15 mins</td>
</tr>
<tr>
<td>14:50 – 15:05</td>
<td>Public health</td>
<td>69 – 73</td>
<td>15 mins</td>
</tr>
<tr>
<td>15:05 – 15:15</td>
<td>Community health</td>
<td>74 – 75</td>
<td>10 mins</td>
</tr>
<tr>
<td>15:15 – 15:25</td>
<td>AFTERNOON TEA</td>
<td>–</td>
<td>10 mins</td>
</tr>
<tr>
<td>15:25 – 15:40</td>
<td>Ask the negotiators</td>
<td>–</td>
<td>15 mins</td>
</tr>
<tr>
<td>15:40 – 16:00</td>
<td>Workload</td>
<td>76 – 80</td>
<td>20 mins</td>
</tr>
<tr>
<td>16:00 – 16:10</td>
<td>Vulnerable patients</td>
<td>81 – 86</td>
<td>10 mins</td>
</tr>
<tr>
<td>16:10 – 16:25</td>
<td>IT</td>
<td>87 – 94</td>
<td>15 mins</td>
</tr>
<tr>
<td>16:25 – 16:30</td>
<td>Medication</td>
<td>95</td>
<td>5 mins</td>
</tr>
<tr>
<td>16:30 – 16:40</td>
<td>GMC</td>
<td>96 – 98</td>
<td>10 mins</td>
</tr>
<tr>
<td>16:40 – 16:45</td>
<td>Other motions</td>
<td>99 – 100</td>
<td>5 mins</td>
</tr>
<tr>
<td>16:45 – 16:50</td>
<td>And finally...</td>
<td>101 – 102</td>
<td>5 mins</td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Closing remarks from conference chair</td>
<td>–</td>
<td>10 mins</td>
</tr>
<tr>
<td>17:00</td>
<td>CLOSE</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>
Welsh LMC Conference November 2018

9:00 Minutes
Receive minutes of January 2018 Welsh LMC Conference as approved by the Chair of Conference (page 18).

Standing Orders
Receive Standing Orders of the Welsh Conference of Local Medical Committees (page 41).

9:05 Annual Report – General Practitioners Committee (Wales)
Receive annual report from Dr Charlotte Jones, Chair of GPC Wales. (page 29).

Sustainability part 1
9:25 – 10:10

AC1* AC
That conference encourages Welsh Government to make up its mind whether it truly wants to preserve the independent contractor status of General Practice; and:

i. calls for the Welsh Government to develop measures to rebuild confidence in the partnership role in General Practice.

ii. advises that urgent investment is required to allow this model to continue, otherwise GMS will collapse by default.

iii. requests that Welsh Government and Local Health Boards acknowledge and address the situation where a well functioning practice is progressively destabilised when a neighbouring practice fails.

1 Dyfed Powys
That conference encourages the Welsh Government to make up its mind whether it truly wants to preserve the independent contractor status of General Practice; if so urgent investment is required to allow this model to continue, otherwise GMS will collapse by default, as the collapse of GMS practice is already happening in rural / deprived areas of Wales.

2 Dyfed Powys
That conference requests that Welsh Government and HBs acknowledge and address the situation where a well functioning practice is progressively destabilised when a neighbouring practice fails resulting in patients with complex health needs / significant health seeking behaviour to progressively reregister and the workload becomes wholly out of proportion — affecting the sustainability of a hitherto functional practice.

3 Gwent
Conference calls for the Welsh Government to develop measures to rebuild confidence in the partnership role in General Practice.

4 Dyfed Powys
That conference advises the Welsh Government that the independent contractor model of general practice will cease to exist if the partnership premium is not recognised.

5 Gwent
Conference calls for the Welsh Government to clearly support the continuation of good quality small practices.

6 Dyfed Powys
That conference supports general practices who resist the pressure exerted by HBs to increase use of GP hub services and encourages them to take management decisions best suited to their practice, rather than fitting into a one size fits all mentality prompted by Welsh Government and HBs.
That conference considers directing GPC Wales to negotiate for a limited number of planned "practice closure" days over the next contract period to allow for essential, defined purposes (for example: essential practice training, rolling out a new service, building maintenance, or IT systems upgrade), where these would be unsafe or impractical to carry out alongside active surgery or at another time.

Conference believes that being a GP partner or single-handed principal leads to additional responsibilities for staff, premises, practice systems and communication with NHS management that need to be recognised financially and that this could be achieved by:

i) bringing back the basic practice allowance at a level that creates a premium for entering partnership.

ii) introducing differential levels for indemnity cover for partners that recognise that they also take responsibility for decisions made by employed staff.

iii) introducing a differential for sickness, maternity and other benefits paid to independent contractors that recognises that locums often only cover the basic clinical work, leaving partners to pick up additional administration including home visits.

iv) introducing direct payments for network working that recognise that time spent on cluster activities is time taken away from working in the practice.

That conference requires Welsh Government to put measures in place to address the increasing differential between well staffed GP practices (who are able to recruit staff) and less well staffed practices (who struggle to recruit) to avoid the development of a two tiered GP service in Wales and the inevitable progressive failure of struggling GP practices thereafter.

That conference demands that GPC Wales urgently negotiate with Welsh Government as a priority to offer assurance to GPs of mitigating last person standing risks of premises and staff redundancies.

That conference urges Welsh Government to make a definite commitment to ensure Local Health Boards address last person standing issues.

That requests Welsh Government acknowledges the inherent unfairness & inequity of struggling practices who have no option but handing back their GMS contract regarding staff redundancy costs, where large practices generally become HB managed with staff TUPE arrangements, while small practices are dispersed with considerable staff redundancy liabilities for the partners.

That demands Welsh Government address the sustainability of General Practice by funding an insurance policy to protect partners against the risk of bankruptcies.

That Conference demands that GPC Wales urgently negotiate with Welsh Government as a priority to offer assurance to GPs of mitigating last man standing risks of premises and staff redundancies.

That conference urges the Welsh Government to make a definite commitment to ensure HBs address last man standing issues.

That conference requests the Welsh Government acknowledges the inherent unfairness & inequity of struggling practices who have no option but to hand back their GMS contract regarding staff redundancy costs, where large practices generally become HB managed with staff TUPE arrangements, while small practices are dispersed with considerable staff redundancy liabilities to the partners.

Conference demands Welsh Government address the sustainability of general practice by funding an insurance policy to protect partners against the risk of bankruptcies.

That conference recognises the implications of last person standing are that individual GPs face potential personal bankruptcy should their practices fail and abhors the lack of action and foresight by Health Boards to take over head leases and underwrite GPs in practices with sustainability issues.
AC3* AC That conference:
  i. asks that GPC provides guidance for practices on 3rd party premises issues.
  ii. asks GPC Wales to remind GP tenants/signatories in 3rd party premises developments that they are responsible for the tenancy cost until the end of the lease, even if the development ceases to attract notional rent payments, and this may impact on their personal assets.
  iii. advises Welsh Government and GPC Wales that premises issues are a major barrier to recruitment of new GP partners and asks that this is addressed as part of any contract revisions.
  iv. requests that Welsh Government adopts the Scottish model for ownership of GP premises.

15 Dyfed Powys That conference requests that GPC provides guidance for practices on 3rd party premises issues.

16 Dyfed Powys That conference asks GPC Wales to remind GP tenants/signatories in 3rd party premises developments that they are responsible for the tenancy cost until the end of the lease, even if the development ceases to attract notional rent payments, and this may impact on their personal assets.

17 Dyfed Powys That conference advises Welsh Government and GPC Wales that premises issues are a major barrier to recruitment of new GP partners and asks that this is addressed as part of any contract revisions.

18 Dyfed Powys That conference requests that Welsh Government adopts the Scottish model for ownership of GP premises.

19 Gwent Conference demands that Welsh Government scopes and implements, in the interest of sustainability of general practice, buying practices buildings where this is an issue for practices.

20 Gwent Conference asks that GPC Wales negotiates an improved system to allow those GP partners who wish to do so to purchase and own premises.

21 Morgannwg That Conference calls on Welsh Government to admit that cost-rent schemes are a ‘Ponzi Scheme’ which is now maturing leaving GPs facing bankruptcy and urgently review and remediate the issue of premises sustainability in Wales.

AC4* AC That conference:
  i. urges further steps be taken to help those doctors that are nearing retirement.
  ii. requests that GPC Wales negotiate with Welsh Government incentives to retain partners nearing retirement.

22 North Wales That Conference urges further steps be taken to help those doctors that are nearing retirement. This could include:
   – assistance with appraisal and revalidation.
   – develop liaison between LMCs and revalidation managers.

23 Bro Taf That Conference requests that GPC Wales negotiate with Welsh Government incentives to retain senior partners.
MORNING COFFEE BREAK
10:50 – 11:05

Rural
11:05 – 11:15

24 Dyfed Powys
That conference requests that the Welsh Government revisits their Health Policy for Rural Wales which is almost 10 years old, and does not reflect the changing health needs of the population of rural Wales.

25 Dyfed Powys
That conference proposes that the de-registration of any patient who lives outside the practice area is included in any new GMS contract, to support sustainability of rural general practice.

Clusters
11:15 – 11:30

26 Morgannwg
That conference believes that:

i. clusters should control the community services budget in each area and not Local Health Boards.

ii. clusters should have statutory financial independence to avoid LHBs diverting or blocking appropriately commissioned services and calls on GPCW to initiate this discussion with Welsh Assembly Government.

27 North Wales
Conference agrees that clusters should have statutory financial independence to avoid LHBs diverting or blocking of appropriately commissioned services and calls on GPCW to initiate this discussion with Welsh Assembly Government.

28 Morgannwg
That conference calls on Welsh Government to ensure that clusters:

i. be allowed to determine their size and boundary themselves.

ii. be encouraged to contract services via service level agreements from providers and not employ staff themselves with all its on costs and risks.

iii. include LMC membership in its make up.

29 Dyfed Powys
That conference advises the Welsh Government that many very successful cluster initiatives have not been moved into mainstream funding and asks them to instruct the HBs to fund these initiatives so that clusters can continue their innovative work.

Out of hours
11:30 – 11:40

30 Morgannwg
That conference believes clusters should now be in charge of the budget and provision of OOH care within their area.

31 Gwent
Conference notes that there have been increasingly regular shift vacancies in OOH services for patients in Wales and asks that pay for working in OOH services be immediately increased to competitive levels in order to attract and retain good quality clinicians in OOH services.

32 Morgannwg
That conference believes that the absence of GP cover in OOH services across Wales at any time is a national disgrace and that:

i. a basic minimum specification for OOH services available to the public be developed.

ii. 24 hour availability of a GP within the OOH team be mandated and policed by Welsh Government.

iii. LHBs should be held accountable where they fail to deliver basic primary care to their population.

iv. a single national provider of OOH care be considered.
Soap box
11:40 – 12:00

Funding
12:00 – 12:20

33 Dyfed Powys
That conference requests Welsh Government ensures that Regional Partnership Boards have representation from grass roots GPs and community staff, not just HB and LA executives, to ensure informed decision making on the allocation of transformation money.

34 North Wales
That Conference believes that when additional expenditure is incurred by practices as a result of outside influences (such as legislation change), Welsh Government should have mechanisms in place to immediately compensate contractors so that health care provision can continue effectively.

35 Gwent
Conference demands that practices are given financial incentives to offer flexible, supportive posts above and beyond the retainer scheme.

36 Dyfed Powys
That conference advises Welsh Government of the need to invest in general practices, not just cluster / locality / pathfinder / pacesetter schemes, if a strong independent contractor model is to flourish.

37 Gwent
I call on conference to request that the assembly takes steps to mitigate the 23% drop in pre-tax earnings in the last decade of GPs by urgently reviewing the funding structure of general practice to protect the primary care service from collapse.

Health Boards
12:20 – 12:50

AC6*  AC
That conference:

i. condemns the Health Boards that pay a premium for GP locums for managed practices, which distorts the costs of locums for GP practices.

ii. asks Welsh Government to undertake a review of the costs of Health Board managed practices and ensure that investment in independent contractor general practice is not detrimentally impacted as a consequence of Health Board expenditure on managed practices.

38 Dyfed Powys
That conference condemns the HBs that pay a premium for GP locums for managed practices, which distorts the costs of locums for GP practices.

39 Dyfed Powys
That conference asks the Welsh Government to undertake a review of the costs of HB managed practices and ensure that investment in independent contractor general practice is not detrimentally impacted as consequence of HB expenditure on managed practices.

40 Dyfed Powys
That conference advises Welsh Government that some HB’s are using transformation / cluster / pacesetter funds earmarked for primary care to reduce their deficit position, and request that it either allow carryover of such funds or requires HBs to address delays in the commissioning projects, and advertising and recruitment of staff required for these projects to be successful.

41 Bro Taf
That Conference insists that Health Boards cannot refuse to allow an appropriate limited company from holding a GMS contract as it is in the regulations and must be prevented from unilaterally choosing which regulations to follow.

42 Gwent
Conference welcomes the CMO letter of 3rd May 2018 and asks that Health Boards be requested to remind all clinical staff of its contents twice a year in February and August.
That Conference demands that GPC Wales and Welsh Government urgently take up the issue of hospitals becoming ambulance car parks for the Welsh Ambulance Service NHS Trust.

Conference agrees that Betsi Cadwaladr LHB is too big an organisation to effectively deliver the primary care needs of the North Wales population and should be split into smaller LHB’s driven by primary care to effectively provide and deliver the true needs of primary care using a bottom up approach.

General Data Protection Regulation
12:50 – 13:00

AC7* AC
That conference notes the significant workload implications and harm to GMS provision of GDPR in redacting 3rd party references and providing copies of medical records and calls on Welsh Government to:
  i. remunerate GPs for their efforts in GDPR compliance.
  ii. reimburse practices for the outlay of engaging a DPO.
  iii. swiftly facilitate full electronic patient record access so that patients don’t need to request a Subject Access Request to view their records.
  iv. reimburse practices for the financial losses incurred as a result of the introduction of GDPR.

Morgannwg
That conference notes the significant workload implications and harm to GMS provision of GDPR in redacting 3rd party references and providing copies of medical records and calls on Welsh Government to:
  i. Remunerate GPs for their efforts in GDPR compliance.
  ii. Reimburse practices for the outlay of engaging a DPO.
  iii. swiftly facilitate full electronic patient record access so that patients don’t need to request a SAR to view their records.

46 Gwent
Conference demands that practices are reimbursed for the financial losses incurred as a result of the introduction of GDPR.

LUNCH
13:00 – 13:45

Training
13:45 – 14:15

AC8* AC
That conference:
  i. congratulates Welsh Government on the success of the incentive schemes for GP registrars and urges their continuation and further proposes development of incentive schemes to facilitate the trainees joining practices as GP partners.
  ii. demands Welsh Government address the issue of sustainability in staffing by investing in modernising training models within general practice.

Dyfed Powys
That conference congratulates the Welsh Government on the success of the incentive schemes for GP registrars and urges their continuation and proposes development of incentive schemes to facilitate the trainees joining practices as GP partners.

Gwent
Conference demands Welsh Government address the issue of sustainability in staffing; by investing in modernising training models within general practice.

Morgannwg
That conference welcomes the proliferation and increasing skill mix in Primary Care Teams at this time of crisis, but calls on Welsh Government to urgently recognises that the cornerstone of good healthcare in the community is the GP, so training more of them is both effective and efficient for Welsh health.
50 North Wales  Conference calls on GPCW, Welsh Government and the RCGP to clearly delineate what the role of a GP is likely to be in the future and to ensure that training rotations are fit for purpose in ensuring new GPs come out of formal training with the skills they will need.

AC9* AC  That conference is concerned at the lack of easily accessible information regarding applicant numbers to GP training schemes in Wales and calls for:
   i. this information to be available and shared with relevant organisations to facilitate improved workforce planning.
   ii. immediate increases in training numbers in areas where there is evidence that applicants are being turned away from schemes in areas of GP workforce problems.

51 North Wales  Conference is concerned at the lack of easily accessible information regarding applicant numbers to GP training schemes in Wales and calls for this information to be available and shared with relevant organisations to facilitate improved workforce planning.

52 North Wales  Conference calls for immediate increases in training numbers in areas where there is evidence that applicants are being turned away from schemes in areas of GP workforce problems.

AC10* AC  That conference:
   i. urges the Welsh Government to work with the Royal College of Nursing so that primary care placement can be made mandatory during nurses’ training years to improve recruitment of practice nurses.
   ii. instructs Welsh Government to implement a streamlined vocational training scheme for practice nurses.
   iii. calls for Welsh Government to continue to commit and invest in the education of Primary Care Advanced Nurse Practitioners under the full guidance and leadership of General Practitioners.

53 Bro Taf  That conference urges the Welsh Government to work with RCGN so that primary care placement can be made mandatory during nurses training years to improve recruitment of practice nurses.

54 Bro Taf  That conference instructs Welsh Government to implement a streamlined vocational training scheme for practice nurses.

55 Bro Taf  That conference calls for Government to continue to commit and invest in the education of Primary Care Advanced Nurse Practitioners under the full guidance and leadership of General Practitioners.

56 Morgannwg  That conference believes that the move to graduate entry medical degrees is effectively increasing student debt levels by de-facto encouraging students sit ‘pre-medical’ degrees and that this practice should be reversed to reduce the financial pressures on new doctors.

57 Morgannwg  That conference believes the ‘Train, Work, Live’ recruitment campaign has been a qualified success and that:
   i. it should be extended across the whole of Wales.
   ii. should have an increased element of local flexibility to solve local recruitment issues.
   iii. greater focus be placed on retention incentives for GPs exiting specialty training schemes for longer, ensuring they spend their “1st Five” in Wales.
**Multidisciplinary teams**

**14:15 – 14:35**

58 North Wales

Conference notes the inclusion of employed allied health professionals in the recent indemnity agreement in Wales. We call on this recognition of the changing workforce mix in primary care to be extended to parental and sick leave agreements to avoid GP partners being penalised for taking on allied health professionals who subsequently have children or become ill.

59 Morgannwg

That conference laments the increasing remoteness of community nursing adversely affecting relationships with general practice in many parts of Wales and calls on Welsh Government to:

i. ensure that District Nurses are co-located with GPs.

ii. set up comprehensive community phlebotomy services to release District Nurses from this task.

iii. place District Nurse teams under the direct management and control of practices/clusters in order to deliver seamless integrated care.

60* Dyfed Powys

That conference calls on Welsh Government to resource the existing Health for Health Professionals Service to allow for all front line consulting members of the primary care team (e.g Nurse Practitioners) to be able access this valuable resource.

61 Dyfed Powys

That conference calls on Welsh Government & HB’s to recognise a statutory responsibility towards the mental health and wellbeing of all primary care staff working within and on behalf NHS Wales and:

a) perform some work to assess the levels of individual difficulty within primary care at present and how this might impact service provision in future.

b) adequately resource support services for primary care staff.

c) recognise this responsibility in the development of new polices & procedures which may impact on primary care.

d) recognise this responsibility in the design of new services & models of care in primary care.

62 Morgannwg

That conference calls on LHBs to allow selected nurses and other primary care clinicians to refer patients to secondary care via WCCG, given that when they get there many of them are seen by specialist non-doctors.

**Core and Enhanced Services**

**14:35 – 14:50**

AC11* AC

That conference:

i. believes that when Welsh Government commissions an Enhanced Service that reflects Public Health policy, it should be written as a Directed Enhanced Service and not a National Enhanced Service as the latter could give rise to a postcode lottery.

ii. demands GPCW renegotiate the Diabetes Enhanced Service so that all current optional modules are offered to practices by Local Health Boards and not left to discretion of LHBs.

63 North Wales

This conference believes that when Welsh Government commissions an Enhanced Service that reflects Public Health Policy, it should be written as a Directed Enhanced Service and not a National Enhanced Service as the latter could give rise to a postcode lottery.

64 Bro Taf

That Conference demands GPC to renegotiate the Diabetes DES so that all current optional modules are offered to practices by LHBs and not left to discretion of LHBs. This will lead to properly resourced improved and holistic diabetes care in the community.
<table>
<thead>
<tr>
<th>No.</th>
<th>Regional Body</th>
<th>Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>North Wales</td>
<td>Conference agrees it is essential that statutory regulations should be introduced to prevent LHB’s from re-interpretating National Enhanced Services to delay or avoid offering these nationally agreed services.</td>
</tr>
<tr>
<td>66</td>
<td>Morgannwg</td>
<td>That conference believes a simple all-encompassing vaccination DES be developed so that every GP can vaccinate freely on clinical indication without having to check whether an Enhanced Service for that specific vaccination has been agreed.</td>
</tr>
<tr>
<td>67</td>
<td>Dyfed Powys</td>
<td>That conference asks the GPC Wales to renegotiate the fee for the minor surgery Enhanced Service to reflect the change in operational practice from reusable to disposable instruments.</td>
</tr>
</tbody>
</table>
| 68  | Gwent        | This conference:  
  1) believes that ear syringing and microsuction for the removal of ear wax are not part of core general practice.  
  2) calls on Welsh Government to explore funding of services to remove earwax when self care measures have failed. |

**Public health 14:50 – 15:05**

<table>
<thead>
<tr>
<th>No.</th>
<th>Regional Body</th>
<th>Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>Dyfed Powys</td>
<td>That conference advises the Welsh Government that the flu campaign for 2018/19 has become an administrative nightmare for practices, with phased vaccine deliveries and different targeted patient groups, and requests that careful consideration is given to the logistical consequences of future public health advice.</td>
</tr>
<tr>
<td>70</td>
<td>Morgannwg</td>
<td>That conference notes the difficulties in identifying unvaccinated home schooled children and calls on Public Health Wales, Welsh Government and LHBs to ensure with Local Education Authorities that this population is identified and provided with a suitable childhood vaccination service.</td>
</tr>
<tr>
<td>71</td>
<td>Morgannwg</td>
<td>That conference believes rather than have a ‘National Exercise Referral Scheme’ encourage medicalisation of a healthy lifestyle, Welsh Government should trust its citizens and concentrate its efforts and finances on making sport and exercise with support available and affordable for all.</td>
</tr>
<tr>
<td>72</td>
<td>Morgannwg</td>
<td>That conference believes it is a false economy to reduce the availability of FIT testing for bowel cancer diagnosis/screening and calls on Welsh Government to introduce it in full.</td>
</tr>
<tr>
<td>73</td>
<td>Bro Taf</td>
<td>That Conference urges Welsh Government to improve public access to (non-bottled) drinking water, for example by providing a comprehensive coverage of drinking fountains.</td>
</tr>
</tbody>
</table>

**Community health 15:05 – 15:15**

<table>
<thead>
<tr>
<th>No.</th>
<th>Regional Body</th>
<th>Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>Morgannwg</td>
<td>That conference calls on LHBs to ensure that Intermediate and community services such as community resource teams allow self referral for patients and families who need their services.</td>
</tr>
<tr>
<td>75</td>
<td>Morgannwg</td>
<td>That conference believes that every area of Wales should abide by the spirit and detail of the Mental Health Measure and ensure that there is appropriate access to primary, secondary and tertiary mental health services in a timely fashion without ‘gaming’ the measure.</td>
</tr>
</tbody>
</table>
**AFTERNOON TEA**  
15:15 – 15:25

**Ask the negotiators**  
15:25 – 15:40

**Workload**  
15:40 – 16:00

<table>
<thead>
<tr>
<th>AC12* AC</th>
<th>Gwent</th>
<th>Morgannwg</th>
<th>80 Gwent</th>
</tr>
</thead>
</table>
| i. urges a sensible cap is agreed on the workload of a GP which can be expected to be safely delivered in a day for the safety of patients and sanity of GPs.  
ii. asks Welsh Government to put suitable provision in place for the subsequent overspill of patients from surgeries. | That conference urges a sensible cap is agreed on the workload of a GP which can be expected to be safely delivered in a day for the safety of patients and sanity of GPs. | That Conference is frustrated by the increasing demands from the DVLA for medical reports, medical assessments and their increasing transfer of responsibility to GPs regarding the decision of a patient’s fitness to drive and calls on them to  
i. desist from directing patients to GPs for ‘fitness to drive’ advice before applying for licence reinstatement.  
ii. remunerate GPs promptly and commensurately for he work involved. | This conference requests that GPC continues to work with NWIS and Welsh Government to develop and then implement the necessary metrics and software so workload in general practice can be measured and reported on in a meaningful way. |
Vulnerable patients
16:00 – 16:10

AC13* AC

That conference:

i.  believes that prison healthcare should not be practiced in silos of individual establishments and that general practice in prison would be well-served by the formation (and funding) of a specific prison primary care cluster.

ii. believes that sentenced prisoners in Welsh prisons should be subject to the same proposed GMS registration processes as those serving prison sentences in England, ensuring GP2GP transfer of records on reception into prison from the community and improved patient safety.

iii. believes that, in the interests of patient safety, practices should be compelled to remove patients who move out of area due to serving a prison sentence (of over 3 months) to reduce the risk of duplicate prescribing.

iv. is concerned about potential patient safety risks when patients in prison remain registered with their community GPs in addition to receiving care from GPs based in prison, and calls for GPC UK to produce guidance on the community GP’s role and responsibility in providing care to their registered patients who are serving prison sentences.

81 Bro Taf

That conference believes that prison healthcare should not be practiced in silos of individual establishments and that general practice in prison would be well-served by the formation (and funding) of a specific prison primary care cluster.

82 Bro Taf

That conference believes that sentenced prisoners in Welsh prisons should be subject to the same proposed GMS registration processes as those serving prison sentences in England, ensuring GP2GP transfer of records on reception into prison from the community and improved patient safety.

83 Bro Taf

That conference believes that, in the interests of patient safety, practices should be compelled to remove patients who move out of area due to serving a prison sentence (of over 3 months) to reduce the risk of duplicate prescribing.

84 Bro Taf

That conference is concerned about potential patient safety risks when patients in prison remain registered with their community GPs in addition to receiving care from GPs based in prison, and calls for GPC UK to produce guidance on the community GP’s role and responsibility in providing care to their registered patients who are serving prison sentences.

85 Morgannwg

That conference believes home visiting of frail elderly patients is no longer viable given the pressures on GP services and calls on Welsh Government and LHBs to set up specific frail elderly community teams outwith GMS to provide bespoke and targeted preventive services for this population.

86 Gwent

Conference calls for the Welsh Government to support the development of a new model for optimising the care of vulnerable people in primary care through developing cluster wide safeguarding supervision groups of GP safeguarding leads.
**IT**

**16:10 – 16:25**

**AC14**

**AC**

Conference is disappointed that, during the recent round of commissioning of new GP clinical software systems, Vision was allowed to advertise and sell a system that they cannot deliver within the proposed timeframe, and calls for:

i. an external audit of NWIS’ GP IT procurement process.

ii. an aim of ensuring that, when the next refresh process occurs, GPs are presented with actual real functioning systems that exist and not “Visions”!

**87 Gwent**

Conference is disappointed that, during the recent round of commissioning of new GP clinical software systems, Vision was allowed to advertise and sell a system that they cannot deliver within the proposed timeframe.

**88 North Wales**

Conference calls for an external audit of NWIS’ GP IT procurement process to with the aim of ensuring that when the next refresh process occurs GPs are presented with actual real functioning systems that exist and not “Visions”!

**AC15**

**AC**

That conference insists NWIS increase efforts to align technological communication between primary and secondary care urgently, to improve prudent working and support primary care in leading on this, and:

i. urges Local Health Boards, the Welsh Health Specialised Services Committee (WHSSC) and NWIS to progress the implementation of the Welsh Clinical Communication Gateway referral mechanism for all specialties as soon as possible.

ii. addresses the issue of "templatitis" where each speciality and WHSSC wants their own template to be completed for referrals to their speciality, and proposes the universal application of the Welsh Clinical Communication Gateway to prevent the further spread of the disease.

iii. believes the delay in introducing Specialist e-Advice services for GPs is hampering healthcare and calls on NWIS and Local Health Boards to deliver resilient electronic advice lines forthwith.

**89 Bro Taf**

That conference insists NWIS increase efforts to align technological communication between primary and secondary care urgently, to improve prudent working and support primary care in leading on this.

**90 Dyfed Powys**

That conference urges HB, WCSS and NWIS to progress the implementation of the WCCG referral mechanism for all specialties as soon as possible.

**91 Dyfed Powys**

That conference addresses the issue of Templatitis where each speciality and WHSSC, wants their own template to be completed for referrals to their speciality and proposes the universal application of WCCG to prevent the further spread of the disease.

**92 Morgannwg**

That conference believes the delay in introducing Specialist e-Advice services for GPs is hampering healthcare and calls on NWIS and LHBs to deliver resilient electronic advice lines forthwith.

**93 Morgannwg**

That conference wishes to see 'formitis' become a thing of the past in healthcare and that Welsh Government and LHBs agree the concept nationally across Wales that no template/form applies unless agreed by GPCW or LMCs.

**94 North Wales**

That conference urges GPC Wales to closely watch and monitor developments of the use of e-consulting and remote consultations by GPs within the principality.
Medication  
16:25 – 16:30

95 North Wales That Conference believes that NHS Wales should investigate the in-house production of certain medication ("specials") such as liquid preparations of cheap medication that achieve an enormous mark up by the time they reach dispensary shelves.

GMC  
16:30 – 16:40

96 North Wales That conference agrees that the most recent GMC guidance on reflective practice within appraisal and revalidation remains unworkable.

97 North Wales Conference asks that the GMC explains to hard working NHS doctors who do not have the benefit of workplace private health insurance how they can justify spending GMC subscriptions on private healthcare for their own staff.

98 North Wales Conference calls for the GMC to be held to account for the fact that they offer a staff pension scheme offering a 15% employers contribution, presumably paid for by doctors subscriptions, with no requirement for employee contributions when NHS Doctors pay up to 14 ½ %.

Other motions  
16:40 – 16:45

99 Bro Taf That conference requests Welsh Government leads the UK in recognising General Practitioners as specialists equivalent to secondary care consultants.

100 North Wales Conference agrees that a General Practitioner is a consultant in primary care and this should be legally affirmed and recorded on the GMC register.

And finally...  
16:45 – 16:50

101 North Wales That Conference welcomes the movement towards a less formal LMC Welsh Conference where gentlemen's ties reduce and finally disappear.

102 North Wales That Conference welcomes the formal ties seen at Welsh Conference dinner.

Closing remarks from conference chair  
16:50 – 17:00
### 'A' Motions

<table>
<thead>
<tr>
<th>Number</th>
<th>Location</th>
<th>Motion Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>Bro Taf</td>
<td>That conference, in view of recent media publicity about the NHS so-called “heart age test”, urges Welsh Government to implement appropriate fiscal policies to improve the health of the Welsh nation.</td>
<td>Passed as motion 6 in Jan 2018.</td>
</tr>
<tr>
<td>104</td>
<td>North Wales</td>
<td>Conference requests the necessary changes to legislation so that (a) advanced nurse practitioners. (b) nurse practitioners and practice nurses. (c) physiotherapists. (d) all other appropriate professions allied to medicine. Will be able to issue sickness certificates (“fit notes”, eMed3s, Med3s, etcetera).</td>
<td>Passed as motion 98 in 2017.</td>
</tr>
<tr>
<td>105</td>
<td>Dyfed Powys</td>
<td>That conference proposes the establishment of a primary care HB for Wales to ensure primary care designated funds are spent in primary care.</td>
<td>Passed as motion 1 in Jan 2018.</td>
</tr>
<tr>
<td>106</td>
<td>Dyfed Powys</td>
<td>That conference highlights the multi-professional nature of the Primary Care Team and requires Welsh Assembly Government to sort out indemnity issues for pharmacy practitioners / paramedic practitioners / physicians associates, etc, not just the GPs. Work on this is already in progress.</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>Bro Taf</td>
<td>That conference requests WAST give priority to 999 calls made by a clinician when calling after assessing a patient on a face to face basis, having made the decision this is immediately life threatening, over calls from other sources.</td>
<td>Passed as motion 99 in Jan 2018.</td>
</tr>
<tr>
<td>108</td>
<td>Gwent</td>
<td>That the Welsh Ambulance Service stop considering GP practices as places of safety wards and dispatch ambulances according to the response time requested by the GP.</td>
<td>Passed as motion 102 in Jan 2018.</td>
</tr>
<tr>
<td>110</td>
<td>Bro Taf</td>
<td>That Conference calls for Government to ensure that ALL junior foundation year doctors undertake a mandatory four-month placement in general practice.</td>
<td>Passed as motion 61 in 2016.</td>
</tr>
<tr>
<td>111</td>
<td>Morgannwg</td>
<td>That conference calls for every Doctor In Training to complete a minimum 4 month GP placement at F2 level or above.</td>
<td>Passed as motion 61 in 2016.</td>
</tr>
<tr>
<td>112</td>
<td>Gwent</td>
<td>I call on conference to demand that Welsh Government lift the current restrictions on GP provision of private services to their own patients.                                                                                                          Work on this is already in progress.</td>
<td></td>
</tr>
</tbody>
</table>
Welsh LMC Conference January 2018

9:15 Minutes
Receive minutes of 2017 Welsh LMC Conference as approved by the Chair of Conference.

Standing Orders
Receive Standing Orders of the Welsh Conference of Local Medical Committees.
Receive Proposed Standing Orders (Summary of Changes).
Consider the Proposed Standing Orders. PASS

9:30 Keynote Speaker
Video address from Mr Vaughan Gethin AM, Secretary for Health, Well-being and Sport.

9:45 General Practitioners Committee (Wales)
Receive annual report from Dr Charlotte Jones, Chair of GPC Wales.

Welsh Government
10:05 – 10:25

1* Morgannwg
That Conference demands Welsh Government put an end to the needless postcode lottery, euthanise ineffective and unsupportive Health Boards with their needlessly expensive Primary Care management structures and create a Single Primary Care body to administer Primary Care.
PASS

2 Bro Taf
That this conference calls upon Welsh Government to establish an All Wales body directly to look after general practice. This needs to address the systematic failure of LHBs to manage and support the GMS contract.

3 Bro Taf
That conference insists on Welsh Government commissioning a cross-party review of the organisational structure of NHS Wales and calls on GPC Wales to lobby for the abolition of health board control of primary care services.

4 Bro Taf
That this conference welcomes the work done over the last year for transgender management commissioning, but urges Welsh Government to ensure that proposals are implemented speedily at all levels of the pathway.
PASS

5 Morgannwg
That Conference is appalled by the increase in homelessness, the increasing inability of Councils to fund effective emergency housing, the subsequent demands on GP services and calls on Welsh Government to urgently fund a proper Welsh solution for this vulnerable group.
PASS

6* Bro Taf
That this conference calls upon Welsh Government to use appropriate fiscal policies to improve the health of the Welsh nation.
PASS

7 Bro Taf
That this conference calls upon Welsh Government to do more to criticise and mitigate the UK government’s austerity policies, particularly the inhumane benefit policies. Not only are the policies causing great harm and increasing inequalities, they are causing a drain upon the time of GPs as they try to help patients. This help is both medical in treating consequent mental and physical illness and in writing support documents.
That this conference calls upon GPC Wales and Welsh Government, in their negotiations for a new contract, to take note of the work done and lessons learned, in Glasgow by the “GPs at the Deep End” project about working in deprived areas. https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/

PASS

Conference demands that Wales Government instructs Health Boards to develop appropriate communication strategies to inform the public of the difficulties facing Primary Care and of any new models of working.

PASS

That conference asks GPC Wales to support the principle that in an era of supposed austerity where nurses and other healthcare professionals have inflationary increases capped, its utterly unacceptable that managers in certain health boards have been awarded above cap increases in income.

PASS

That Conference:

i) is appalled that Welsh Government allows Health Boards to ignore nationally binding negotiations, PASS

ii) is appalled that Welsh Government delegates solutions to ineffective and morally bankrupt Health Boards to find local solutions for patently national issues, PASS

iii) is appalled that Welsh Government allows Health Boards to squirrel funding away from GMS for secondary care access schemes such as ‘Musculoskeletal screening’ and ‘community cardiology’, PASS

iv) believes that GPCW should set up a working party to explore changing the structure of LMCs in Wales to develop a stronger and more coherent voice to lay bare and correct this behaviour. LOST

Conference asks GPCW to work to close the legislative loopholes that have meant nationally agreed enhanced services have been delayed or not completely implemented in some areas of Wales.

That conference deplores Welsh Government’s and Health Boards’ failures, resulting in a woeful missed opportunity to raise the standard of diabetes care in Wales, in the recent Diabetes Directed Enhanced Service, and calls for a renegotiation to ensure all the modules are given DES status.

That Conference commends Welsh GPs for soldiering on in the face of current pressures and believes that with merely 11% of the Welsh NHS budget, minimal interference from Health Boards and a high degree of trust, hardworking GPs could provide many of the solutions Secondary care-obsessed Health Boards have been unsuccessful in addressing, transforming Welsh Healthcare for the better.

PASS

Conference calls for an entirely new contract keeping the craft of Primary Care as a medical specialism with doctors at the helm.

PASS

That Conference calls on GPC Wales to negotiate a contract that is entirely activity based as this represents the only bar to excessive workload shift into practices by Health boards and ultimately is the only feasible option to maintain the sustainability of Welsh General Practices in the coming years.

LOST
17 Morganwg

That Conference calls on Welsh Government to implement the BMA quality first guidance in full to prevent unnecessary clinical transfer of work to GPs and for GPCW to negotiate a ‘catch all’ DES for unfunded and unnecessary buck passing of clinical work from secondary to primary care as the only language Health Boards understand when addressing workload shift is pounds, shillings and pence.

NOT REACHED

MORNING COFFEE BREAK
10:50 – 11:05

Funding
11:05 – 11:15

18 Bro Taf

The GMS contract and independent contractor status is the foundation stone of the primary health care system in Wales. In order to maintain independent contractor status, Conference requests Welsh Government to ensure that Health Boards provide enhanced investment in independent contractor GMS practices in preference to managed practices and cluster work.

PASS

19 Gwent

That Conference demands transparency around the costs of new models of care which are independently assessed and audited and compared to traditional GMS models.

PASS

20 Morganwg

That Conference calls for the return of fundholding as GPs are better placed to prioritise spend on their patients than wasteful monolithic Health Boards.

LOST (as a reference)

Minimising risk
11:15 – 11:30

21 Gwent

That Conference demands that Welsh Government and Health Boards should go further than “Letters of Comfort” and offer tangible assurance to GPs to confirm that they will not be left as the last person standing with the responsibility of a building and staff redundancies should they struggle to recruit following resignation and retirement of partners.

PASS

22 Gwent

Conference demands that Health Boards provide information on what support is made available to practices who request help via Sustainability applications, to allow direct comparison between areas.

PASS

23 Morganwg

That Conference calls on Welsh Government to direct Health Boards and Health Inspectorate Wales (HIW) to ensure that all nurses in charge of Care Homes and senior district nurses are able to verify natural passing of patients in the community.

PASS

24 Morganwg

That Conference is concerned that changes proposed to the Alternative Primary Healthcare Provision (Violent patient scheme) are not consistent with the zero tolerance policy regarding NHS staff when applied to GPs, and demands that GPC Wales is represented on any working group or committee reviewing the schemes within Wales.

PASS
25 North Wales That Conference recognizes that only when the heat map of Wales includes significant numbers of surgery closures along the M4 corridor will the generality of Welsh Assembly members recognise real constituent fears that it will be their GP surgery to close next.

NOT REACHED

Workload
11:30 – 11:45

AC1* AC That Conference calls on GPC Wales to define and agree with government a manageable and safe workload for GP teams and introduce measures to stop practices being forced to take on more work above this level. This would include:

(i) a sensible cap on the number of patients a GP can be expected to safely see in a day for the safety of patients and sanity of GPs. LOST

(ii) clarity that GPs facing sustainability challenges can decline to treat foreign nationals and signpost to the Health Board for alternative provision. LOST

26 Gwent That Conference calls on GPC Wales to define and agree with government a manageable and safe workload for GPs and introduce measures to stop practices being forced to take on more patients above this level.

27 Gwent That conference urges, a sensible cap is agreed on the number of patients a GP can be expected to safely see in a day for the safety of patients and sanity of GPs.

28 Morgannwg That Conference calls on Welsh Government to recognise that the demands of 21st century GMS cannot be met in a 10 minute GP appointment and either a) levels with the public that waiting longer to see their GP is necessary or b) commits to fund the gap in resource which would allow practices to meet the increased patient wait/demand when moving to fewer, longer routine appointments

29 Morgannwg That Conference calls on GPCW to highlight the impact on practices with sustainability issues of treating foreign nationals and to clarify that GPs can decline to treat such patients in such conditions and signpost them to the Health Board for alternative provision.

30 Bro Taf That conference:

(i) Acknowledges that GP workload continues to increase due to work being delegated to GPs by our secondary care colleagues without remuneration. PASS

(ii) Seeks to more clearly define core GP work. TAKEN AS A REFERENCE

(iii) Demands that work delegated by secondary care that is over and above core GP work is properly funded with money moved from secondary to primary care. TAKEN AS A REFERENCE

31 Morgannwg That Conference is frustrated by the increasing demands from the DVLA for medical reports, medical assessments and their increasing transfer of responsibility to GPs regarding the decision of a patient’s fitness to drive whilst calling on them to remunerate GPs promptly and commensurately for the work involved.

NOT REACHED

32 Dyfed Powys That conference advises the Welsh Government, that despite public announcements on the reorganisation of the application process for Blue Badges, the local authorities continue to involve GPs in the application process.

NOT REACHED
### Cluster development
11:45 – 12:00

| AC2* AC | That Conference calls on Wales Government and the Health Boards to accept that general practice must be at the centre of developing new platforms for delivering cluster working. As such, the conference:  
1. Calls for Clusters to be given adequate funding free from health board interference and full budgetary autonomy. **LOST**  
2. Urges Welsh Government to extend the funding budget for clusters to a three year cycle, as recommended by the Health Committee to rationalise expenditure. **PASS**  
3. Demands that Welsh Government instructs Health Boards that unspent cluster funds in annual allocations may be carried over for a defined length of time. **PASS** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwent</td>
<td>That Conference calls on Wales Government and the Health Boards to accept that Primary Care must be at the centre of developing new platforms for delivering cluster working.</td>
</tr>
<tr>
<td>North Wales</td>
<td>Conference calls for Clusters to be given full budgetary autonomy.</td>
</tr>
<tr>
<td>Morgannwg</td>
<td>That Conference calls for GP Clusters to have their funding allocated directly without Health Board interference and inertia, to finally allow Clusters to improve the range of services and efficiency required to meet the needs of the Welsh population.</td>
</tr>
<tr>
<td>Morgannwg</td>
<td>That Conference believes GP clusters have improved the conversation and local landscape, allowing GPs to work closer together, but that to survive and prosper, they need to be funded properly, allowed to manage their finances free from Health Board finance department oversight and be trusted to deliver better local healthcare.</td>
</tr>
<tr>
<td>North Wales</td>
<td>That Conference urges the Welsh Government to extend the funding budget for clusters to a three year cycle, as recommended by the Health Committee to rationalise expenditure.</td>
</tr>
<tr>
<td>Gwent</td>
<td>That Conference demands that Wales Government instructs Health Boards that unspent NCN funds in annual allocations may be carried over for a defined length of time.</td>
</tr>
<tr>
<td>Morgannwg</td>
<td>That Conference believes that ‘big is better’ and that GPCW negotiates a contract which actively rewards, supports and encourages practices to merge or federate into larger local primary care organisations where necessary. <strong>LOST (as a reference)</strong></td>
</tr>
<tr>
<td>Morgannwg</td>
<td>That Conference feels ‘Waiting list initiative’ funding should be devolved to/managed by clusters and initiatives which reduce the generation of waiting lists are prioritised. <strong>NOT REACHED</strong></td>
</tr>
</tbody>
</table>
**Indemnity**
**12:00 – 12:10**

**AC3* AC**
That Conference believes that Wales has a unique opportunity to design an indemnity solution which could
(i) better the new proposals being implemented in England regarding professional indemnity, and ensure that new regulations are implemented with haste. **TAKEN AS A REFERENCE**
(ii) be for GPs in substantive posts and not locum GPs, and thereby bring GPs back into permanent positions and go some way to ease the recruitment crisis. **LOST**

41 North Wales
That Conference urges Welsh Government to better the new proposals being implemented in England regarding professional indemnity, and ensure that new regulations are implemented with haste.

42 Gwent
That Conference believes that Wales has a unique opportunity to design an indemnity solution that will bring GPs back into permanent positions thus going some way to easing the recruitment crisis.

43 Gwent
That Conference would welcome a state-backed indemnity scheme but feels that it should be for GPs in substantive posts and not locum GPs.

**IM&T**
**12:10 – 12:20**

44 Morgannwg
That Conference believes that the physical act of signing a WP10 is a needless waste of ink/GP time and that an alternative labour saving change which satisfies the legalities of prescribing should be expeditiously sought. **PASS**

45* Bro Taf
That conference asks the Welsh Government to increase funding preferentially to primary care IT services to improve connectivity and communication with regard to patient care. **NOT REACHED**

46 Gwent
That conference demands that given the significant rise in the number of sessional GPs, urgent provision is made for NHS email ID and access to the Welsh Clinical Portal including Clinical Work Station and WCCG to improve the communication and the quality of care to patients.

47 Gwent
That conference demands that centralised IT protocols are developed nationally and released for all existing DES and QOF areas and are available for both clinical systems in Wales. **NOT REACHED**
Workforce
12:20 – 12:45

AC4* AC
That Conference demands that Welsh Government undertake detailed scoping of the shortfall of GPs across Wales to plan the provision of safe and timely care to patients, and to subsequently
(i) develop measures to improve the retention of GPs in primary care to mirror the success of the incentives offered to improve uptake of north and west Wales GP training schemes. PASS
(ii) widen access to incentives to all areas of Wales where practices have had vacancies exceeding a specified period of time. PASS
(iii) match any incentives paid to GPs in England to move to unpopular areas lest the existing funding differential worsens. PASS
(iv) survey and address the aspirations of recently qualified General Practitioners PASS
(v) acknowledge there is insufficient clinical manpower to maintain a “fit for purpose” Primary Care service in much of North Wales. TAKEN AS A REFERENCE

48 North Wales
Conference needs Welsh Government to understand there is insufficient clinical manpower to maintain a “fit for purpose” Primary Care service in much of North Wales.

49 Gwent
That Conference demands urgent detailed scoping of the shortfall of GPs across Wales to highlight the extent of recruitment and retention crisis and to plan the provision of safe and timely care to patients.

50 Dyfed Powys
That conference calls on the Welsh Government to develop measures to improve the retention of GPs in primary care to mirror the success of the incentives offered to improve uptake of north and west Wales GP training schemes.

51 North Wales
That Conference urges Welsh Government to match any incentives paid to GPs in England to move to unpopular areas lest the existing funding differential worsens, aggravating manpower difficulties.

52 North Wales
That Conference agrees that the aspirations of recently qualified General Practitioners should be surveyed, assessed and addressed.

53 Gwent
Conference demands that incentives to recruit GPs are widened to all areas of Wales where practices have had vacancies exceeding a specified period of time.

54* Gwent
That Conference calls on Wales Government to show their appreciation for independent contractors by significantly rewarding them for keeping General Practice alive in the crisis that we are in.

56 Gwent
That Conference calls on the UK Government to hold a single performers list enabling GPs to work without restriction throughout the UK. PASS

57 Gwent
Conference demands that GP Out of Hours providers treating GPs as “employed for taxation purposes” should now allow GPs to accrue annual and sick leave and offer a contract of employment which would compensate them for their loss of self-employed benefits. PASS
58 North Wales
That Conference agrees that the availability of a salaried General Practice service will be necessary in some general practice areas.

NOT REACHED

59 North Wales
Conference does not believe that a mixed economy of GMS and managed practices in a locality is viable long term.

NOT REACHED

Soap Box
12:45 – 13:05

LUNCH
13:05 – 13:50

Pensions
13:50 – 13:55

60 Bro Taf
That Conference feels sessional GPs should not have access to the NHS pension scheme, in order to preserve advantage in the independent contractor status.

LOST

Premises
13:55 – 14:00

61 Morgannwg
That Conference calls on Welsh Government to direct Health Boards to assume heads of leases of GP surgeries and resource centres as this is deterring doctors from entering into trading partnerships resulting in sustainability issues.

PASS

62 Gwent
That Conference expresses concern that the ad hoc use of many thousands of pounds of GMS monies, which are being spent on GP buildings infrastructure to improve infection control, is not based on robust evidence of effectiveness collated from Primary Care. We request that a national policy is developed to advise Health Boards on what work, if any, is needed across all GP estates in Wales, and that this work is then adequately funded by Wales Government.

PASS

Demonstrating quality
14:00 – 14:10

AC5* AC
That Conference believes that access to protected learning and professional development sessions for GPs are vital to maintaining quality care, and:
(i) believes that health boards should be contractually mandated to fund these sessions in addition to existing GMS or Cluster monies.
(ii) agrees that SPAs (supporting professional activities) should be contractually paid for within the GMS contract.

PASS

63 Morgannwg
That Conference believes access to protected learning and professional development sessions for GPs is vital to maintaining quality care and health boards should be contractually mandated to fund this in addition to existing GMS or Cluster monies.

64 North Wales
That Conference agrees that SPA’s supporting professional activities – should be contractually paid for within the GMS contract.

65 North Wales
Conference calls for compulsory annual appraisal to be set aside and a more reasonable expectation of two appraisals in each revalidation cycle to be introduced.

PASS
**Secondary Care**  
**14:10 – 14:30**

66 **Morgannwg**  
That Conference believes GPs are better placed to assess the acuity of USC referrals and that Secondary care colleagues who have not yet assessed our patients should be prevented from downgrading USC referrals.  
**PASS**

67* **Gwent**  
That Conference calls for patients to be able to directly request that their Secondary Care appointment be expedited without the need to involve their GP.  
**[unbracketed]**  
**PASS**

68 **Bro Taf**  
That this conference calls upon Welsh Government to revise the inflexible and patient unfriendly outpatient appointment management system. The current system causes huge workload for GPs and disadvantages and discriminates against the most vulnerable groups in Wales.  
**[unbracketed]**  
**NOT REACHED**

69 **Gwent**  
Conference demands that Secondary Care doctors should make direct inter-departmental referrals for patients they are seeing, removing the current requirement for these patients to wait for their GP to make this referral.  
**NOT REACHED**

70 **Bro Taf**  
That Conference calls on Welsh Government to review referral to treatment waiting times. The current waiting time which is 26 weeks is putting our patients at risk and leaving them vulnerable.  
**NOT REACHED**

71 **Morgannwg**  
That Conference calls for:  
i. all discharges from acute and inpatient secondary care to be accompanied by a discharge letter as the patient leaves the hospital,  
ii. for non-compliance with this basic standard of care to be easily monitored with a dashboard,  
iii. and for Health Boards to take seriously the performance issue of non-compliance once and for all.  
**NOT REACHED**

**Integration**  
**14:30 – 14:40**

72 **Morgannwg**  
That Conference believes every practice requires commensurate and centrally funded access to Primary care Allied staff such as clinical pharmacists and physiotherapists in order to survive the current workforce crisis.  
**PASS**

73 **Dyfed Powys**  
That conference reminds LHBS that shared care protocols can only operate properly where there is a sharing of care between secondary and primary care professionals; the discharge of patients removes the secondary care partners and any possibility of sharing care.  
**PASS**

74 **Morgannwg**  
That Conference believes that GPC Wales should negotiate with WG/HBs a ‘once for Wales’ agreement on referral pathways from primary care for common secondary care referrals.  
**NOT REACHED**
Vaccinations and Immunisations
14:40 – 14:50

**AC6**

The conference asks that Welsh Government should:

(i) insist that Health Boards reconsider their advice of 2017 regarding the preferential use of trivalent influenza vaccines, particularly in light of the influenza outbreak in Australasia. **TAKEN AS A REFERENCE**

(ii) urgently progress the implementation of the agreed “cover all” vaccination enhanced service for Welsh General Practice, which has been thus far severely delayed much to the disappointment of the conference. **PASS**

75 Gwent

In the light of the influenza outbreak in Australasia, Conference should insist that Health Boards across Wales reconsider their advice of 2017 regarding the preferential use of trivalent influenza vaccines.

76 North Wales

The Conference is disappointed at the slow pace of implementing an agreed “cover all” vaccination enhanced service for Welsh General Practice and urges rapid resolution of the situation.

77 Morgannwg

That Conference believes the HPV vaccination should be offered to all school age children of both sexes and should be administered at Primary school to be more effective. **PASS**

Public Health
14:50 – 15:00

78 Morgannwg

That Conference calls on GPC Wales to challenge the BMA to stop spending members’ Fees on public health campaigns as such campaigns should be funded by the Government through public health departments and local authorities. **LOST**

79 Morgannwg

That Conference demands that Welsh patients are screened for bowel cancer with the new more robust FIT test when it is introduced in the other U.K. Countries, rather than persisting with the old screening test. **PASS**

Recruitment and training
15:00 – 15:10

80 North Wales

Conference calls for longitudinal GP practice based F2 posts to be developed in Wales, as are currently being introduced in the North West of England. **PASS**

81 North Wales

Solutions to the workforce crisis need to be wider than a purely Wales based solution. Conference calls on GPCW and Welsh Government to recognise that solutions for North Wales need to recognise the natural links with the North West of England and build on those in addition to the work being done in Cardiff and Swansea. **PASS**

82 North Wales

Conference calls for all graduate entrants to medical degrees to be eligible for student loans from year one regardless of whether they are on a 4 or 5 year course. **PASS**
AFTERNOON TEA
15:10 – 15:20

Themed Discussions
15:20 – 16:00
Theme i: Health Board boundary changes and impact on LMC/GPCW representation
Theme ii: Maintaining engagement with all GPs in the current climate

Ask the negotiators
16:00 – 16:15

Any other business
16:15 – 16:25

A’ Motions

83 North Wales
That Conference believes the maintenance of the independent contractor status is the best model compatible with a thriving primary care.

84 North Wales
With the perilous state of GMS keeping the experienced older workforce is vital; golden handcuffs and other measures to support and retain them should be urgently pursued by WG.

85 Morgannwg
That Conferences demand GPs should be allowed to declare a ‘Black Alert’ when their services are under acute and unavoidable pressure and that Health Boards create Overspill Hubs or allow GPs to redirect patients to ED as many HB managed practices already do.

86 Morgannwg
That Conference believes that it is an inappropriate use of GPs expertise and time to expect them to write prescriptions for food products/supplements/hosiery/dressings etc and that such products should be supplied directly to patients via an order from the requesting nurses dieticians or where necessary prescribed by those requesting clinicians.

87 Bro Taf
That this conference calls on Welsh Government to find a solution to ever increasing indemnity liabilities currently laid upon GPs.

88 Bro Taf
That this conference instructs GPC Wales to negotiate a legal agreement with Welsh Government such that liability lies with LHBs when they issue “position statements” which GPs are urged to follow, despite conflicting with, for example, MHRA advice highlighted in the BNF.

89 Morgannwg
That Conference demands that Primary Care clinicians have appropriate access to diagnostics, commensurate with secondary care colleagues and that in 2018 no investigation should ever be declined just because ‘a GP requested it’.

90 Dyfed Powys
That conference asks the Welsh Government to mandate LHBs to produce their local flu plans, including PGDs, by the 1st August each year, to allow GPs to plan their practice plans.

91 North Wales
Conference calls for GPs to be placed on the UK Home Office “shortage list” of professionals immediately.

92 Gwent
Conference demands that Wales Government lends its support for GPs to be included on the Home Office Shortage Occupation list.

93 Morgannwg
That Conference calls on the deanery/HEW to ensure all foundation doctors complete at least one 4 month placement in primary care and calls on Welsh Government to fully fund these placements.
# WLMC Conference January 2018 – Progress against motions

## Welsh Government

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>That Conference demands Welsh Government put an end to the needless postcode lottery, euthanise ineffective and unsupportive Health Boards with their needlessly expensive Primary Care management structures and create a Single Primary Care body to administer Primary Care.</td>
<td>PASS</td>
<td>GPCW has represented this position to key individuals in Welsh Govt, but such a widescale reorganisation is unlikely to happen in the short-term. However, the Welsh Government response to Parliamentary Review, A Healthier Wales, recommends the creation of a stronger central guiding hand for the NHS Wales Executive, which will hopefully help to minimise our concerns about Health Board behaviour. In addition, the review of the GMS contract in Wales has a tripartite approach which all HBs have signed up too with view to avoid problems of recent years. However, we continue to watch this area very closely.</td>
</tr>
<tr>
<td>4</td>
<td>That this conference welcomes the work done over the last year for transgender management commissioning but urges Welsh Government to ensure that proposals are implemented speedily at all levels of the pathway.</td>
<td>PASS</td>
<td>We continue to pressure Welsh Govt and NHS Wales for progress in this area through the Gender Identity Board. It is very disappointing that Welsh Government could not take forward GPCW’s original specification due to budget concerns, but we continue to engage to deliver a service for transgender individuals. There is a new proposal that GPC Wales has helped design i.e. Welsh Gender Clinic see and assess patient and devise management plan. Then, a network of local GP with special interest and/or sexual health doctors will initiate, prescribe and stabilise patients for the first year. A DES will be offered to all practices to continue treatment after that with rapid referral back and advice as needed. The current DES includes a payment for setting up clinic then, as these patients are stable, a one 30 minute review per year and gonadorelins paid separately in line with current ES costings on top of the annual review payment. This is under active consideration. The DES cannot go live until the rest of the service is in place and it is frustrating to see the ongoing delays.</td>
</tr>
<tr>
<td>5</td>
<td>That Conference is appalled by the increase in homelessness, the increasing inability of Councils to fund effective emergency housing, the subsequent demands on GP services and calls on Welsh Government to urgently fund a proper Welsh solution for this vulnerable group.</td>
<td>PASS</td>
<td>Due to contractual priorities, we have been unable to progress this area as much as we would have liked but will ensure this area remains on our radar for progress. With the formation of Regional Partnership Boards, this may be an ideal avenue for LMCs to make representation on this area to facilitate a local solution and to review local homeless services. GPC Wales will raise at Forum too in October 2018.</td>
</tr>
<tr>
<td>6*</td>
<td>That this conference calls upon Welsh Government to use appropriate fiscal policies to improve the health of the Welsh nation.</td>
<td>PASS</td>
<td>In press statements and position papers we have regularly taken the opportunity to call for a better, pro-active and preventative usage of funding by Welsh Government and Health Boards. Funding of primary care remains a central part of the GMS contract review.</td>
</tr>
<tr>
<td>8</td>
<td>That this conference calls upon GPC Wales and Welsh Government, in their negotiations for a new contract, to take note of the work done and lessons learned, in Glasgow by the “GPs at the Deep End” project about working in deprived areas. <a href="https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/">https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/</a></td>
<td>PASS</td>
<td>As part of the Funding workstream of the GMS review, we have discussed funding formulae and have promoted this example to WG.</td>
</tr>
</tbody>
</table>
### Health Boards
**10:25 – 10:30**

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Conference demands that Wales Government instructs Health Boards to develop appropriate communication strategies to inform the public of the difficulties facing Primary Care and of any new models of working.</td>
<td>PASS</td>
<td>Raising awareness of the pressures within General practice is part of GPCW’s daily business – this is routinely articulated within the GMS contract review and in any external communications or press releases. We are also engaged with wider stakeholders (RCN, Community Pharmacy Wales, BDA) to jointly highlight the pressures. With the move to implementation of the primary care model, the importance of communication of what these means for patients as well as healthcare professionals is critical and GPC Wales have ensured this is minuted and has been agreed by the national primary care board and primary care reference group. GPC Wales has also commented that it is important that the allied health care professionals and other supporting services have capacity to deliver on the promise to patients else nothing will change. We continue to engage in this work.</td>
</tr>
<tr>
<td>10</td>
<td>That conference asks GPC Wales to support the principle that in an era of supposed austerity where nurses and other healthcare professionals have inflationary increases capped, its utterly unacceptable that managers in certain health boards have been awarded above cap increases in income.</td>
<td>PASS</td>
<td>The recent Agenda for Change uplift for other health professionals will help to address this chronic injustice; we have also taken the opportunity to highlight to the Cabinet Secretary the impact of this uplift on independent contractors in terms of funding the much-needed raise. However, any pay award is at the determination of the Govt.</td>
</tr>
</tbody>
</table>

### GMS contract
**10:30 – 10:50**

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 11* | That Conference:  
   i) is appalled that Welsh Government allows Health Boards to ignore nationally binding negotiations,  
   ii) is appalled that Welsh Government delegates solutions to ineffective and morally bankrupt Health Boards to find local solutions for patently national issues,  
   iii) is appalled that Welsh Government allows Health Boards to squirrel funding away from GMS for secondary care access schemes such as ‘Musculoskeletal screening’ and ‘community cardiology’,  
   iv) believes that GPCW should set up a working party to explore changing the structure of LMCs in Wales to develop a stronger and more coherent voice to lay bare and correct this behaviour. | PASS | i-ii) With the tripartite agreement signed up to by all parties that should ensure that any negotiated agreement is binding on all parties to deliver. Separate to the contract agreement, we continue to raise issues at Forum and via letter as appropriate.  
   iii) There is a technical steering committee which reviews outturn of GMS spending annually, we are involved with this and have the detail for both but unfortunately, we only get the detail from individual HBs after they have been audited. Whilst areas are queried for accuracy and appropriateness of inclusion in the relevant expenditure line, we have noted that not all HBs then address this. We have previously advised LMCs to see if they can have this detail at quarterly intervals to scrutinise through year and have also agreed we will meet with Welsh Government in Jan to review accounts, following further protestations from us that it is too late after audited accounts signed off to make changes.  
   iv) The LMCs and GPC Wales have explored ways of working more collaboratively together – it should be noted that there are very close links between the 5 LMCs and GPC Wales and it is important that we continue to work in this way together. GPC Wales and LMCs also have twice yearly meetings to discuss matters of mutual interest. | PASS | PASS | PASS | LOST |
### Agenda

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>That Conference commends Welsh GPs for soldiering on in the face of current pressures and believes that with merely 11% of the Welsh NHS budget, minimal interference from Health Boards and a high degree of trust, hardworking GPs could provide many of the solutions Secondary care-obsessed Health Boards have been unsuccessful in addressing, transforming Welsh Healthcare for the better.</td>
<td>PASS</td>
<td>Achieving an uplift in the GMS budget continues to guide GPCW in all GMS contract review workstreams, alongside the reduction in bureaucracy in a high trust environment (e.g. substantial reduction in QOF tick-box activity).</td>
</tr>
<tr>
<td>15</td>
<td>Conference calls for an entirely new contract keeping the craft of Primary Care as a medical specialism with doctors at the helm.</td>
<td>PASS</td>
<td>Ongoing GMS review represents the main focus of committee for this year; in the face of rhetoric around the ‘transforming model of care’, (now called primary care model) we continue to make the robust case to Welsh Government for the need for resource to stabilise practices to allow them to engage in new ways of working. The GMS contract review is addressing the main problems associated with the current GMS contract with the main area of innovation being around the cluster domain, and we need to be cognisant of the Welsh Government strategy which is predicated around wider cluster working and the primary care model. We need to establish how best to harness resources, and evaluate how the GMS contract can work within this model.</td>
</tr>
<tr>
<td>17</td>
<td>That Conference calls on Welsh Government to implement the BMA quality first guidance in full to prevent unnecessary clinical transfer of work to GPs and for GPCW to negotiate a ‘catch all’ DES for unfunded and unnecessary buck passing of clinical work from secondary to primary care as the only language Health Boards understand when addressing workload shift is pounds, shillings and pence.</td>
<td>NOT REACHED</td>
<td>See response to motion 30.</td>
</tr>
</tbody>
</table>

### Funding

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>The GMS contract and independent contractor status is the foundation stone of the primary health care system in Wales. In order to maintain independent contractor status, Conference requests Welsh Government to ensure that Health Boards provide enhanced investment in independent contractor GMS practices in preference to managed practices and cluster work.</td>
<td>PASS</td>
<td>See motion 14 – one strand of the work of the GMS contract review is to secure sustainable practice funding. The announcements regarding indemnity, pay award and work on last person standing issues are steps in the right direction. All strategies are predicated on the cluster working but there is a recognition of the pivotal role GP practice play in this and greater understanding of the value of independent contractor status both at Welsh Government and HB levels. The reality is though, that the majority of new resources will go into cluster-based solutions so the role of GPC Wales and LMCs is to work together, as we continue to do, to secure those resources for GMS practices where we can and appropriate to do so. GPC Wales believes it is important that the clusters evolve to delineate what is planning of services and the delivery of services utilising the wide skill mix of GPs in this.</td>
</tr>
</tbody>
</table>
19. That Conference demands transparency around the costs of new models of care which are independently assessed and audited and compared to traditional GMS models. **PASS**

GPCW has continued to hold Welsh Government and NHS Wales to account regarding the true total costs of directly managed practices. In addition, the development of the emerging model of care (including at National Primary Care Board, Ministerial Taskforce) needs to fully reference the costs and capacity to deliver on the workforce needed to support the model, and we retain the capacity to influence this direction of travel through our leadership of the Cluster development arm of the GMS Review, engagement in transformation board, primary care reference group and national primary care board. We have also made several FOI requests on the costs of new models of care (specifically managed practices) which have revealed the significant costs associated with a directly managed model. We are happy to share these with LMCs.

### Minimising risk

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>That Conference demands that Welsh Government and Health Boards should go further than “Letters of Comfort” and offer tangible assurance to GPs to confirm that they will not be left as the last person standing with the responsibility of a building and staff redundancies should they struggle to recruit following resignation and retirement of partners.</td>
<td>PASS</td>
<td>GPCW remains unsatisfied with the current limited range of options that HBs utilise (following NHSWSSP review of options currently available) as they are insufficiently radical to address this crisis. We remain fully engaged with this through GP Forum and push for fundamental reform via the GMS review Funding workstream. This issue is being actively addressed through said workstream and at the last meeting there was agreement that 2 options, suggested by Directors of Finance, will be further explored: a) a rental guaranteed agreement and b) a put/call option agreement; both of which are contractually binding. We recommend active intervention by health boards on premises, be that either taking over or guaranteeing the lease.</td>
</tr>
<tr>
<td>22</td>
<td>Conference demands that Health Boards provide information on what support is made available to practices who request help via Sustainability applications, to allow direct comparison between areas.</td>
<td>PASS</td>
<td>We agree and have tried to obtain information from HBs in order to improve our ‘heat map’ of GP services in Wales and in interests of transparency. However, this information has not been forthcoming, and we are reliant on information from LMCs.</td>
</tr>
<tr>
<td>23</td>
<td>That Conference calls on Welsh Government to direct Health Boards and Health Inspectorate Wales (HIW) to ensure that all nurses in charge of Care Homes and senior district nurses are able to verify natural passing of patients in the community.</td>
<td>PASS</td>
<td>Due to contractual priorities, we have been unable to progress this area as much as we would have liked but will ensure that we do so prior to the next conference. We note that in some areas (e.g. ABMU) District Nurses are being trained in recognition of life extinct and that needs to be rolled out across Wales.</td>
</tr>
<tr>
<td>24</td>
<td>That Conference is concerned that changes proposed to the Alternative Primary Healthcare Provision (Violent patient scheme) are not consistent with the zero tolerance policy regarding NHS staff when applied to GPs, and demands that GPC Wales is represented on any working group or committee reviewing the schemes within Wales.</td>
<td>PASS</td>
<td>This remains a priority for GPCW and we have worked through several drafts of the protocol alongside NHS Wales SSP. We are awaiting the final version of the document prior to sign-off and expect to receive this shortly. We shall circulate this when received.</td>
</tr>
</tbody>
</table>
Agenda

25  That Conference recognises that only when the heat map of Wales includes significant numbers of surgery closures along the M4 corridor will the generality of Welsh Assembly members recognise real constituent fears that it will be their GP surgery to close next.  

NOT REACHED  Practice sustainability is certainly an all-Wales issue as attested by surgeries in Cardiff and Gwent becoming directly managed. GPCW regularly meets with AMs and the heat map is an invaluable tool to highlight the scale of the problem. We are happy to receive suggestions on how to develop the heat map.

Workload

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 30  | That conference:  
(i)  Acknowledges that GP workload continues to increase due to work being delegated to GPs by our secondary care colleagues without remuneration.  
(ii)  Seeks to more clearly define core GP work.  
(iii)  Demands that work delegated by secondary care that is over and above core GP work is properly funded with money moved from secondary to primary care. | PASS | Through the efforts of Bro Taf LMC, BMA Welsh Council, and GPCW, the Welsh Government issued the All-Wales Communication Standards between Primary and Secondary Care as a Welsh Health Circular in May 2018. We will continue to track the implementation of this WHC. Direct financial recompense is difficult due to the different commissioner/provider split system in England, however GPCW continues to explore appropriate mechanisms within a Welsh context. GPC Wales also notes that there is now a financial framework signed off by Health Boards and national primary care board that enables the transfer of funds from secondary to primary care and we shall monitor the implementation closely. |
| 31  | That Conference is frustrated by the increasing demands from the DVLA for medical reports, medical assessments and their increasing transfer of responsibility to GPs regarding the decision of a patient’s fitness to drive whilst calling on them to remunerate GPs promptly and commensurately for the work involved. | NOT REACHED | This is known to be a persistent, UK-level issue and is being taken forward by GPC UK. The motion set for further discussion in this subsequent conference. |
| 32  | That conference advises the Welsh Government, that despite public announcements on the reorganisation of the application process for Blue Badges, the local authorities continue to involve GPs in the application process. | NOT REACHED | Welsh Government have issued guidance on the role of GPs in the process, although we are aware that several local authorities seem to be deviating from this. This has been raised at GP Forum on several occasions over the past year, and we continue to raise exceptions with Welsh Government officials. |
### Cluster development

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
</table>
| AC2*| That Conference calls on Wales Government and the Health Boards to accept that general practice must be at the centre of developing new platforms for delivering cluster working. As such, the conference:  
  i) Calls for Clusters to be given adequate funding free from health board interference and full budgetary autonomy.  
  ii) Uges Welsh Government to extend the funding budget for clusters to a three year cycle, as recommended by the Health Committee to rationalise expenditure.  
  iii) Demands that Welsh Government instructs Health Boards that unspent cluster funds in annual allocations may be carried over for a defined length of time. | LOST   | GPCW leads the cluster workstream of the GMS contract review and therefore we are able to influence the development of clusters across Wales within the contract:  
  i) Freedom from bureaucracy is one of our key goals, whether or not clusters are given legal status, which may prove difficult. The cluster governance framework has now been completed which is a step towards autonomy.  
  ii-iii) We continue to hear examples of HBs using cluster money for other objectives despite Welsh Government assurances that they have been instructed to allow projects to continue and be provided. This remains an issue regularly tackled at GP Forum. Welsh Government is aware of the behaviours of certain HBs regarding the use and release of cluster funds and we shall be monitoring actions taken. We are grateful to LMCs for continuing to highlight issues. |
| 40  | That Conference feels ‘Waiting list initiative’ funding should be devolved to/managed by clusters and initiatives which reduce the generation of waiting lists are prioritised. | NOT REACHED | Again, one of our key goals is to ensure the autonomy of clusters and the capacity for them to utilise funding in the means they see fit. Motion set for further debate in this subsequent conference. |

### Indemnity

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
</table>
| AC3*| That Conference believes that Wales has a unique opportunity to design an indemnity solution which could  
(i) better the new proposals being implemented in England regarding professional indemnity, and ensure that new regulations are implemented with haste.  
(ii) be for GPs in substantive posts and not locum GPs, and thereby bring GPs back into permanent positions and go some way to ease the recruitment crisis. | Taken as a reference | With the announcement of a state-backed scheme, the Cabinet Secretary has been keen to ensure that Welsh GPs are not disadvantaged compared to counterparts across the border. The Cabinet Secretary has confirmed that the Welsh scheme will be aligned to the English scheme closely to allow cross-border working. Work on this area continues. Welsh Government have confirmed that the future liabilities scheme will go live from April 2019. Existing liabilities scheme will be taken on by WG, but from April 2019 it will likely be run by existing MDOs until such time as the negotiation regarding transfer of assets from MDOs to state backed provider is complete. Guidance and an easy to understand flowchart will be provided to GPs so that they know how to get advice and support in the event of a claim. Welsh Government have also confirmed that they will be ensuring a system is in place to ensure learning from events is shared with profession. GPC Wales reminds those on claims based policies that Welsh Government has signalled that they will need to purchase run off cover and will advise further on this in due course prior to the state backed solution starting in April 2019. GPC Wales further reminds GPs that any state backed solution does not cover performance investigations (at HB or GMC level), criminal enquiries or attendance at coroners courts and thus “top up” legal insurance is needed. |
|     |                                                                         | LOST   |                                                                                                                                 |
**IM&T**

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>That Conference believes that the physical act of signing a WP10 is a needless waste of ink/GP time and that an alternative labour saving change which satisfies the legalities of prescribing should be expeditiously sought.</td>
<td>PASS</td>
<td>This has been raised with Welsh Government Prescribing leads at GP Forum, and with the Chief Pharmaceutical Officer. The Royal Pharmaceutical Society Wales are also advocating for this change, as is the Wales Audit Office. We will therefore continue to raise in negotiations.</td>
</tr>
<tr>
<td>45</td>
<td>That conference asks the Welsh Government to increase funding preferentially to primary care IT services to improve connectivity and communication with regard to patient care.</td>
<td>NOT REACHED</td>
<td>GPC Wales agrees and continues to make the case through our representation on national-level IT boards.</td>
</tr>
<tr>
<td>47</td>
<td>That conference demands that centralised IT protocols are developed nationally and released for all existing DES and QOF areas and are available for both clinical systems in Wales.</td>
<td>NOT REACHED</td>
<td>We would support this standardisation of coding and have proposed this within the GMS contract review in the context of reviewing enhanced services.</td>
</tr>
</tbody>
</table>

**Workforce**

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC4*</td>
<td>That Conference demands that Welsh Government undertake detailed scoping of the shortfall of GPs across Wales to plan the provision of safe and timely care to patients, and to subsequently (i) develop measures to improve the retention of GPs in primary care to mirror the success of the incentives offered to improve uptake of north and west Wales GP training schemes. (ii) widen access to incentives to all areas of Wales where practices have had vacancies exceeding a specified period of time. (iii) match any incentives paid to GPs in England to move to unpopular areas lest the existing funding differential worsens. (iv) survey and address the aspirations of recently qualified General Practitioners. (v) acknowledge there is insufficient clinical manpower to maintain a “fit for purpose” Primary Care service in much of North Wales.</td>
<td>PASS</td>
<td>As part of the workforce GMS workstream, a Welsh specific electronic workforce tool is in development – we agreed to this provided it does not detract from other measures to actively put in place solutions to workforce problems. (i-iii) The Ministerial taskforce is actively taking this forward at HB and national level, and through representation at the group (and at GMS Review workforce workstream) has requested robust evidence on the success of the incentive scheme. It has been confirmed that the incentive scheme will continue in those specified areas and we hope for an evaluation by year-end. The Deanery have, as part of the 18/19 contract agreement, been taking forward a review of the retainer / returner scheme to improve both the scheme and how to raise awareness of its existence. The review is due to report by end October 2018. In addition, the capacity to flex the scheme according to the needs and wants of GPs at any point in their career (e.g. end of career) will feature within the review and will feed into the GMS workforce contract workstream. (iv) Welsh Government have committed to undertake a survey of GPs at all stages of their career within the Workforce workstream of the GMS contract review.</td>
</tr>
<tr>
<td>55</td>
<td>Conference calls for Wales Government to identify and implement measures to make General Practice partnership more attractive and to ensure the survival of clinical leaders within General Practice. [taken before 54].</td>
<td>PASS</td>
<td>Incentives including restoration of a partnership premium and retention of seniority are key strands of the Workforce workstream of the GMS review. In addition, measures to reduce the risk of partnership are being addressed and the recent pay award did recognise those in substantive GMS roles over and above other sectors of GP.</td>
</tr>
</tbody>
</table>
56 That Conference calls on the UK Government to hold a single performers list enabling GPs to work without restriction throughout the UK. **PASS**

GPCW gave evidence to the Health Committee of the National Assembly and responded to the Welsh Government options paper calling for a streamlined process and UK-wide list. We await an update on how this is being progressed, and will shortly be arranging a meeting with Welsh Government to discuss. In addition, we will be convening a meeting with NHSWSSP to discuss some recent examples of where delays to a performer being put on the MPL have occurred to see whether any further actions can be taken.

57 Conference demands that GP Out of Hours providers treating GPs as “employed for taxation purposes” should now allow GPs to accrue annual and sick leave and offer a contract of employment which would compensate them for their loss of self-employed benefits. **PASS**

GPC Wales have convened a series of meetings of Welsh Government officials and OOH leads from Health Boards across Wales and presented them with results of a survey undertaken in Winter 2017, which shows clear appetite for development of a range of suitable contractual models for doctors working in OOH. There was a consensus to take this forward, and BMA Cymru Wales will be developing a several contractual options alongside HEIW and Welsh Government. In addition, the HBs ongoing insistence that OOH GPs are employed for taxation status but not employed status is being formally challenged.

58 That Conference agrees that the availability of a salaried General Practice service will be necessary in some general practice areas. **NOT REACHED**

GPC Wales recognises the reality of a mixed economy involving salaried GPs. We maintain that the independent contractor status is the most cost effective model of general practice, offering continuity of care and better health outcomes. Health boards are beginning to realise this and in many areas are pursuing the hand-back of contracts to partners.

59 Conference does not believe that a mixed economy of GMS and managed practices in a locality is viable long term. **NOT REACHED**

Premises

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>That Conference calls on Welsh Government to direct Health Boards to assume heads of leases of GP surgeries and resource centres as this is deterring doctors from entering into trading partnerships resulting in sustainability issues.</td>
<td><strong>PASS</strong></td>
<td>See response to motion 21</td>
</tr>
<tr>
<td>62</td>
<td>That Conference expresses concern that the ad hoc use of many thousands of pounds of GMS monies, which are being spent on GP buildings infrastructure to improve infection control, is not based on robust evidence of effectiveness collated from Primary Care. We request that a national policy is developed to advise Health Boards on what work, if any, is needed across all GP estates in Wales, and that this work is then adequately funded by Wales Government.</td>
<td><strong>PASS</strong></td>
<td>See response to motion 21</td>
</tr>
</tbody>
</table>
### Demonstrating quality

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC5*</td>
<td>That Conference believes that access to protected learning and professional development sessions for GPs are vital to maintaining quality care, and: (i) believes that health boards should be contractually mandated to fund these sessions in addition to existing GMS or Cluster monies. (ii) agrees that SPAs (supporting professional activities) should be contractually paid for within the GMS contract.</td>
<td>PASS</td>
<td>Access to CPD and an SPA-equivalent for GPs are part of the incentivisation package under discussion within the GMS review – this could be within a multi-disciplinary context at a cluster level. We have also made these representations to the Ministerial Taskforce for Primary Care, having presented a solutions paper to them in July 2018, and will continue to discuss with the new HEIW organisation from October 2018.</td>
</tr>
<tr>
<td>65</td>
<td>Conference calls for compulsory annual appraisal to be set aside and a more reasonable expectation of two appraisals in each revalidation cycle to be introduced.</td>
<td>PASS</td>
<td>We have made representation on easing the burden of appraisal and revalidation to the Ministerial Taskforce for Primary Care, having presented a solutions paper to them in July 2018. However this is UK-wide policy and there is limited capacity to influence at a Wales-only level.</td>
</tr>
</tbody>
</table>

### Secondary Care

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>That Conference believes GPs are better placed to assess the acuity of USC referrals and that Secondary care colleagues who have not yet assessed our patients should be prevented from downgrading USC referrals.</td>
<td>PASS</td>
<td>This is partly covered by the provisions of the Welsh Health Circular on communication between sectors and we continue to monitor progress. GPC Wales believes that it is only right that where a referral is downgraded that the reasons are communicated to the referring GP so that further information can be provided if appropriate.</td>
</tr>
<tr>
<td>67*</td>
<td>That Conference calls for patients to be able to directly request that their Secondary Care appointment be expedited without the need to involve their GP. [unbracketed].</td>
<td>PASS</td>
<td>See above.</td>
</tr>
<tr>
<td>68</td>
<td>That this conference calls upon Welsh Government to revise the inflexible and patient unfriendly outpatient appointment management system. The current system causes huge workload for GPs and disadvantages and discriminates against the most vulnerable groups in Wales.</td>
<td>NOT REACHED</td>
<td>GPC Wales would support any system improvements which would aid the working lives of GPs and also benefit patients and have recognised this issue in previous strategy documents. We have raised this issue during workload management discussions with Welsh Government and other stakeholders.</td>
</tr>
<tr>
<td>69</td>
<td>Conference demands that Secondary Care doctors should make direct inter-departmental referrals for patients they are seeing, removing the current requirement for these patients to wait for their GP to make this referral.</td>
<td>NOT REACHED</td>
<td>See response to motion 66.</td>
</tr>
<tr>
<td>70</td>
<td>That Conference calls on Welsh Government to review referral to treatment waiting times. The current waiting time which is 26 weeks is putting our patients at risk and leaving them vulnerable.</td>
<td>NOT REACHED</td>
<td>BMA Cymru Wales has criticised Welsh Government for their &quot;short-term fix&quot; approach to waiting times and continue for advocate for a more sensible budgeting approach which can alleviate this in the long term. We are aware of successful schemes involving GP review of lists in North Wales and the Hywel Dda area, which has seen waiting times reduce. Welsh Government and Health Boards should seeks to develop and expand this.</td>
</tr>
</tbody>
</table>
71. That Conference calls for:
   I. all discharges from acute and inpatient secondary care to be accompanied by a discharge letter as the patient leaves the hospital,
   II. for non-compliance with this basic standard of care to be easily monitored with a dashboard
   III. and for Health Boards to take seriously the performance issue of non-compliance once and for all.

   NOT REACHED

   There has been work undertaken in this area within ABMU Health Board, to great effect. We would like to see this initiative mainstreamed to ensure improvement in completion of discharge letters across Wales.

Integration

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>That Conference believes every practice requires commensurate and centrally funded access to Primary Care Allied staff such as clinical pharmacists and physiotherapists in order to survive the current workforce crisis.</td>
<td>PASS</td>
<td>We remain supportive of the involvement of the wider primary care team under “Team GP” and this representation has been made in our contractual priorities document. As previously noted, our leadership of the cluster workstream can help to guide policy in this area. The transformation group has recently developed a document on the role of MDT allied health care professionals in the new model and gives examples of where and how they can positively contribute to the primary care model. We continue to push for fully staffed and resourced clusters with recurrent funding, as the short-term contracts currently in use – and seeming HB reluctance to quickly and actively recruit – remains a very real challenge for all practices and clusters. The state-backed indemnity scheme, currently in development, will cover liabilities arising from activities for the wider practice team.</td>
</tr>
<tr>
<td>73</td>
<td>That Conference reminds LHBS that shared care protocols can only operate properly where there is a sharing of care between secondary and primary care professionals; the discharge of patients removes the secondary care partners and any possibility of sharing care.</td>
<td>PASS</td>
<td>See response to motion 30. This remains our policy.</td>
</tr>
<tr>
<td>74</td>
<td>That Conference believes that GPC Wales should negotiate with WG/HBs a ‘once for Wales’ agreement on referral pathways from primary care for common secondary care referrals.</td>
<td>NOT REACHED</td>
<td>See response to motion 66, which partly covers this motion, of which GPC Wales is fully supportive.</td>
</tr>
</tbody>
</table>
## Vaccinations and Immunisations

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC6*</td>
<td>The conference asks that Welsh Government should:</td>
<td></td>
<td>(i) For the 2018-19 flu season, updated advice has been issued recommending quadrivalent for 6 months – 2 years; from 2–18 years LAIV, from 18-64 years quadrivalent and for 65 years of age and older, aTIV.</td>
</tr>
<tr>
<td></td>
<td>(i) insist that Health Boards reconsider their advice of 2017</td>
<td></td>
<td>(ii) Welsh Government chose to issue this as a NES despite our arguments for a directed service. We will continue to closely monitor HB behaviour in providing the service, as they have provided Welsh Government with assurances that they are signed up to the programme.</td>
</tr>
<tr>
<td></td>
<td>regarding the preferential use of trivalent influenza vaccines,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>particularly in light of the influenza outbreak in Australasia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ii) urgently progress the implementation of the agreed “cover all”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>vaccination enhanced service for Welsh General Practice, which has</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>been thus far severely delayed much to the disappointment of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>conference.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>That Conference believes the HPV vaccination should be offered to all</td>
<td>PASS</td>
<td>This was announced by the Cabinet Secretary for Health in July 2018: BMA Cymru Wales and GPCW has welcomed this development as we have lobbied for this for some time. GPC Wales is awaiting details of how the programme will be implemented.</td>
</tr>
<tr>
<td></td>
<td>school age children of both sexes and should be administered at</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary school to be more effective.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Public Health

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>That Conference demands that Welsh patients are screened for bowel</td>
<td>PASS</td>
<td>Public Health Wales have reported that plans are underway to introduce the new first-line screening test from January 2019. GPC Wales remains concerned that the threshold agreed for use in Wales is higher than that in some other parts of the UK and believes that this is not in the best interests of patients and that public health Wales should review the evidence and advice on the threshold that should be used.</td>
</tr>
<tr>
<td></td>
<td>cancer with the new more robust FIT test when it is introduced in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>other U.K. Countries, rather than persisting with the old screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>test.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Recruitment and training

<table>
<thead>
<tr>
<th>No.</th>
<th>Motion</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>Conference calls for longitudinal GP practice based F2 posts to be</td>
<td>PASS</td>
<td>We have also made these representations to the Ministerial Taskforce for Primary Care, having presented a solutions paper to them in July 2018. We have heard that Chief Executives of Health Boards are supportive of the principle and that HEIW will take forward how this can be done without impacting secondary care. We will further follow up with HEIW from October 2018.</td>
</tr>
<tr>
<td></td>
<td>developed in Wales, as are currently being introduced in the North</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>West of England.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>Solutions to the workforce crisis need to be wider than a purely</td>
<td>PASS</td>
<td>We have also made these representations regarding cross-border links to the Ministerial Taskforce for Primary Care, having presented a solutions paper to them in July 2018. We are hopeful that HEIW will have a more strategic view as the new organisation develops.</td>
</tr>
<tr>
<td></td>
<td>Wales based solution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conference calls on GPCW and Welsh Government to recognise that</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>solutions for North Wales need to recognise the natural links with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the North West of England and build on those in addition to the work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>being done in Cardiff and Swansea.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conference calls for all graduate entrants to medical degrees to be eligible for student loans from year one regardless of whether they are on a 4 or 5 year course.</td>
<td>PASS</td>
<td>Student loans has been discussed within the GMS contract review workforce workstream, although it was not prioritised by Welsh Government leads due to concerns it is a UK wide issue and given links to the recent Diamond Review of Higher Education funding in Wales. However, we will ask HEIW to revisit.</td>
</tr>
</tbody>
</table>
Conference of Welsh Local Medical Committees

Standing Orders

Conferences
1. **Annual Conference**
   The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.

2. **Special Conference**
   A special conference of representatives of local medical committees may be convened at any time by the GPC(W). No business shall be dealt with at the special conference other than that for which it has been specifically convened.

Membership
3. The members of conference shall be:
   a. the chair and deputy chair of the conference.
   b. each LMC in Wales be allowed to send to conference its:
      i. Chair or a deputy.
      ii. Secretary or a deputy.
      iii. and up to 5 additional representatives, at least one of which should be a trainee.

4. Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.

5. All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.

6. The ex-officio (non-voting) members of conference shall be:
   a. the two elected agenda committee members.
   b. the members of GPC(W).
   c. Chair GPC Northern Ireland.
   d. Chair GPC Scotland.
   e. Chair GPC UK.
   f. Chair GPC England.
   g. Chair of BMA Welsh Council.
   h. Chair of RCGP Council (Wales).
   i. Treasurer of GMS Defence Fund Ltd.
   j. Chair of UK LMC Conference.
   k. BMA National Director, Wales.

Observers
7. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.

8. Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.

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

Standing Orders
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.

12. Any decision to suspend one or more of the standing orders shall require a two-thirds majority of those representatives present and voting at the conference (SO 3).

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

Allocation of conference time
14. 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. shall include:
   a. 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.
   b. Motions submitted by the agenda committee in respect of organisational issues only.
   c. 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.
   d. 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.
   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 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 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 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.
   a. 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 17.1
   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. The election of Chair, Vice-Chair and Agenda Committee shall be by LMC representatives and GPC(Wales)
    representatives.
   a. The election shall be conducted using single transferable vote.
   b. Those elected will hold office for a period of three years.
   c. 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. 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).
   a. 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.