Welsh Conference of Representatives of Local Medical Committees November 2019
Agenda

Saturday 9 November 2019
St George’s Hotel, Llandudno
Welsh Conference of Representatives of Local Medical Committees November 2019

AGENDA

to be held on:
Saturday 9 November 2019
at 9.30am

St George’s Pl, Llandudno LL30 2LG

Chair of Conference
Dr Nimish Shah

Deputy Chair of Conference
Dr Sara Bodey

Conference Agenda Committee
Dr Nimish Shah (Morgannwg)
Dr Sara Bodey (North Wales)
Dr Phil White (Chair of GPC Wales)
Dr Tim Davies (North Wales)
Dr Ian Harris (Morgannwg)
Dr Peter Horvath-Howard (Dyfed Powys)
Dr David Bailey (Gwent)
Dr Gareth Oelmann (Gwent)
Dr Mike Griffiths (Gwent)
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## Schedule of Business – Saturday 9 November 2019

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<tr>
<td>Receive minutes of Welsh Conference of Local Medical Committees November 2018</td>
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<td>Standing orders</td>
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<td>Annual Report – Chair of General Practitioners Committee (GPC) Wales</td>
<td>9:35 – 9:45</td>
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<td>Update of progress on passed motions – Co-deputy chair of General Practitioners Committee (GPC) Wales</td>
<td>9:45 – 10:00</td>
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<td>Urgent Care</td>
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<td>Clusters</td>
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<td>Core and Enhanced Services</td>
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<td>Future Care Planning</td>
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<td>Indemnity</td>
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<td>IT</td>
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Welsh LMC Conference November 2019

9.30 Minutes
Receive minutes of November 2018 Welsh LMC Conference as approved by the Chair of Conference (page 15).

Standing Orders
Receive Standing Orders of the Welsh Conference of Local Medical Committees (page 43).

9.35 Annual Report – General Practitioners Committee (Wales)
Receive annual report from Dr Phil White, Chair of GPC Wales.

9.45 Update of progress on passed motions
Receive report from Dr Gareth Oelmann, Co-deputy chair of GPC Wales

Urgent Care
10.00–10.20

AC1* AC That conference:
  i. asks GPC Wales to remind service providers, in particular WAST and 111, that GPs are not an emergency response provider.
  ii. believes that WG and HBs must stop the practice of GPs being expected to attend emergencies outside of practices as a replacement for a faltering ambulance service and hospital overcrowding.

1 Dyfed Powys That conference requests that GPC Wales remind other health services providers, in particular WAST and 111 that General Practice is not an emergency response provider.

2 North Wales Conference believes that GP staff being expected to leave their practices to attend medical emergencies elsewhere should be a vanishingly rare occurrence reflecting a major incident and not a replacement for a functioning ambulance service.

3 Morgannwg That conference believes there is frankly no situation where keeping a patient waiting outside an Emergency Department in an ambulance is a rational solution to hospital overcrowding and calls on WG and LHBs to stop the practice immediately

4 Gwent Conference demands urgent action on impacts on patients and primary care efficiency by the delays with ambulance transportation, which includes an All Wales reporting system of incidents with a system to address leading to a solution for ambulance transportation from primary care requests.

5 Gwent This conference demands that WAST include stroke in its RED immediate response list of conditions in view of the potential to prevent the devastating morbidity for patients.

Clusters
10.20–10.45

6* Dyfed Powys That conference urges the WG to require the HBs to mainstream the funding of the cluster initiatives which have been shown to be successful, enabling the clusters to invest cluster funding in new innovative schemes.
Morgannwg

That conference calls on GPCW to insist that LHBs finally mainstream the funding of those cluster initiatives that have been repeatedly and multiply piloted, evaluated and ‘done to death’, preventing any further cluster innovation.

North Wales

Mechanisms should be put in place to compel Local Health Boards to take successful cluster pilots providing value for money and supporting sustainability and meeting community needs into Core funding and so releasing funds to fund new initiatives.

Morgannwg

That conference feels the ‘recurring but annual’ nature of cluster funding means that clusters are forced to spend pots of public money at haste and that a rolling 3-year budget be set for clusters.

AC2* AC

With regard to the function of clusters, the conference requires Welsh Government and Health Boards to give:

i. a firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation show a positive impact on provision of primary care.

ii. a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies.

iii. agreement to a timely evaluation of transformation or pacesetter schemes prior to continuation, including LMC involvement in the decision making process.

Morgannwg

That conference requires Welsh Government and Health Boards to give:

i. a firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation show they have successfully had a positive impact on the provision of primary care.

ii. a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies.

iii. agreement to undertake timely evaluation of the scheme no less than two months before planned end date of scheme to allow adequate time for evaluation and continuation of scheme.

iv. involvement of the LMC in determining the nature and provider of the evaluation of such schemes.

v. involvement of the LMC in decision making process with regard to the future of the scheme.”

Dyfed Powys

That conference advises the WG and HBs that GPs are suffering initiative fatigue, consequently engagement on the pathfinder and similar funding projects will not attract GP support.

AC3* AC

That conference requires our negotiating team to work with Welsh Government and health boards to:

i. develop an all-Wales process for the appointment of cluster leads, with a standardised time-limited contract with consistent terms and conditions and incorporating a mandatory annual performance review process prior to contract extension.

ii. agree an all Wales constitution or terms of reference for cluster working.
12 Morgannwg That conference requires our negotiating team to work with Welsh Government and Health Boards to:
   i. have a standardised all Wales agreement for terms and conditions of cluster leads so that they have adequate time for undertaking duties.
   ii. have a standardised all Wales protocol for appointment of cluster leads which includes annual performance review and time limited “contract” which is renewable subject to support of cluster practices.
   iii. have an all Wales agreement on constitution/terms of reference for cluster working including clarification on voting and non-voting members, attendees required for meeting to be quorate, how decisions will be made and ratified to ensure that all practices participate and engage in cluster working, and what actions will be taken to find solutions issues identified as hindering the potential of a cluster(s) and timescale / levers to be used to ensure same is completed”.

13 Morgannwg That conference feels clusters in their current form can do no more and that they should become some form of separate legal entities in order to employ, pension and deliver care at ‘arms length’ from LHBs.

Core and Enhanced Services
10.45–11.10

14 Morgannwg That conference feels that all LES/DES should be commissioned with an automatic annual uplift in line with DDRB enshrined within them.

15* Dyfed Powys That conference instructs GPC Wales to seek a contractual agreement that requests for urgent home visits after 2pm each working day, if not safe to leave until next day, should be passed either to a commissioned urgent care service or ambulance service for review.

16 Dyfed Powys That conference acknowledges that GPs should be expected to do only one single set of home visits each lunchtime per day.

17 Morgannwg This conference instructs GPC Wales to ensure Welsh Government put a stop to the ‘post-code lottery’ where LHBs commission a local enhanced service for a service that is identically needed across Wales and ensures that such services are nationally delivered by Directed Enhanced services.

18 Dyfed Powys That conference requests GPC and WG reviews minor surgery in general practice and introduces measures to ensure that its provision is sustainable and economically viable for practices.

19 North Wales That conference believes that blue badges are nothing to do with primary care. If councils want information in order to inform their decision they should use the access to medical reports act and pay a proportionate fee. They should not pressure the patient to request information via a SAR.
**Cross Border**  
**11.10–11.15**

20 North Wales  
Following the debacle of the commissioning between BCUHB and the Countess of Chester Hospital earlier this year, conference calls for WG to
i. recognise the contribution that care providers on the English side of the border make to the provision of healthcare to the Welsh population,
ii. ensure that ideology does not jeopardise this element of capacity within the Welsh healthcare system, and
iii. ensure that there is effective contingency planning in place to ensure continuity of provision in the event that the commissioned service is withdrawn.

**Education and training**  
**11.15–11.25**

21 North Wales  
That conference believes that effective medical education is a skilled and specialist role and:
i. Expecting GPs to provide medical education for medical students and allied health professionals for no or derisory recompense risks non-engagement of educators and impoverished experience for learners.
ii. GPC should agree with WG a framework for financial recognition of the time and expertise required to effectively educate the frontline workforce of the future.

22 Dyfed Powys  
That conference advises WG that the incentives to encourage GP registrars to choose training schemes in Mid, West and North Wales have had a positive effect, and requests that they are continued going forward to build a sustainable GP workforce in these areas.

**MORNING COFFEE BREAK**  
**11.25–11.45**

**Future Care Planning**  
**11.45–11.50**

23 North Wales  
That conference believes that End of Life care forms (including DNAR and treatment escalation plans) should be completed and signed off by the clinician most involved with the patient, in partnership with the patient as appropriate. Requiring a senior doctor to countersign such forms is a nonsense in an era of multidisciplinary working and needs to stop.
That conference recognises that GMS practices are entitled to deliver care in a manner determined by the practice in order to respond to the reasonable needs of their patients. Conference notes increasing attempts by other agencies within the NHS to define when and where a GP practice assesses a patient on their list and calls on GPC Wales and WG to ensure that other services do not use GP practices as part of their own service delivery design unless there is a negotiated agreement with resource to accompany it.

AC4* AC

That conference welcomes the all-Wales Communication standards but to ensure their efficacy calls for:

i. an all Wales survey on the implementation of the standards to inform an All Wales strategy for monitoring and audit.

ii. policing of the standards by LHBs and WG including education and if necessary professional sanction of breaches.

iii. the introduction of contractual levers on both primary and secondary care as to ensure consistent delivery and to move resources appropriately.

iv. assurance from the Wales GMPI scheme that GPs will be supported when standards are breached and work dumped on GPs is handed back to secondary care.

v. an annual report from HB on achievement against each standard with thresholds for achievement determined by WG and GPC Wales.

25 Morgannwg

That conference welcomes the All-Wales Communication Standards but to ensure their efficacy calls for:

i. Proper policing of the Standards by LHBs and WG, including education and if necessary professional sanction of breaches.

ii. Introduction of a Fee payable by secondary care for breaches of the standard.

iii. Assurance from the Welsh General Medical Practitioner Indemnity scheme that GPs will be supported when the standards are breached and the work dumped on GPs is handed back unactioned to secondary care.

26 Gwent

Conference demands an All Wales survey on the implementation of the CMO communication standards leading to an All wales strategy for monitoring and solutions to their consistent application across Wales.

27 Morgannwg

That conference requires its GPC Wales negotiatiors, Welsh Government, CMO and HB Primary Care representatives to identify and put in place:

i. contractual levers on both secondary and primary care that will ensure the secondary/primary care communication standards are delivered consistently and regularly across each HB in Wales.

ii. consider utilising the all Wales Primary Care Reference Group approved financial framework to move resources from secondary to primary care as a potential solution to (1) as “money talks”.

iii. an annual report from HB on achievement against each standard with thresholds for achievement determined between WG and GPC Wales.
28 Gwent  That conference demands that Welsh Government stops the policy of some hospitals / Health Boards of discharging patients back to their GP after just one missed appointment.

29 Morgannwg  That conference feels it is high time that with reliable and safe gateway communication that a solution is found to allow radiology requesting electronically in line with Ionising radiation regulations.

30 Morgannwg  That conference calls on WG to ensure live, accurate Outpatient waiting times are available to GPs at the point of referral and to patients awaiting appointments.

31 Morgannwg  That conference calls on LHBs to specify a sensible time period when any patient discharged from hospital, even those limited numbers with appropriate discharge information, are allowed ‘open access’ to directly return or contact secondary care rather than ‘go and see your GP’.

32 Gwent  That Conference demands that Electronic hospital discharge summaries should be received by GP practices at the point of discharge.

Soap Box
12.25–12.45

Health Boards
12.45–13.00

33 Morgannwg  That conference insists Welsh Government undertake an independent review of middle managers employed by each Health Board with a view to reducing their number by at least a 1/3 and reinvesting this saving in directly supporting practices.

34 Morgannwg  That conference calls on WG to develop a mechanism whereby if a 2/3 majority of GPs expresses ‘no confidence’ in their contracting LHB by plebiscite, that WG undertake to investigate the matters of concern, review the functions of that LHB and consider using their discretionary powers to intervene in its running.

35 Dyfed Powys  That conference requests that HBs establish a mechanism for the provision of independent medical advice to the Board from joint GPs and consultants committees.

LUNCH
13.00–13.45

Indemnity
13.45–14.00

36 Bro Taf  That this conference is appalled at WG’s divisive action to wholly fund indemnity from the global sum. Conference demands WG to provide a clear justification of their action as to why only GP partners were penalised to fund the indemnity cost.

37 Morgannwg  That conference requires Welsh Government to revise its complaint procedures for general practice so that all complaints received and investigated include reference to any LHB or organisational issues that are relevant to the complaint are included in the response to avoid scapegoating individual GPs or practices for problems outwith their control.
IT
14.00–14.25

AC5*  AC  That conference insists that:
  i. the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process.
  ii. GPCW ensures in future no GP practice has to choose an IT system which is in development, or even worse, a pipe dream.

38  Morgannwg  That conference insists that GPCW ensures in future no GP practice has to choose an IT system which is in development or even worse, a pipe dream.

39  Gwent  That conference insists that the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process.

40  Dyfed Powys  That conference asks that WG, NWIS and HBs urgently work together to implement the WCCG to make it the gold standard communication system GPs were promised.

41  Gwent  In the current digital age, conference asks Welsh Government to bring Wales to the electronic prescribing party and detail a timeline for doing do.

Multi Disciplinary Teams
14.25–14.40

42  North Wales  That conference asks that District nurses teams should be practice based.

43  Morgannwg  That conference notes the strengthening of the wider MDT in primary care but reminds Welsh government and Health Boards that:
  i. whilst these professionals provide a valuable range of services in community, they DO NOT replace and CANNOT EVER replace the unique skill set of a GP and
  ii. Welsh patients deserve all avenues to recruit, retain and train GPs to be aggressively pursued and a robust accelerated workforce strategy be put in place to deliver a sustainable GP workforce for now and longer term.

AC6*  AC  That conference requests that:
  i. WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/members of the practice team e.g. PAs, paramedics, pharmacy practitioners.
  ii. WG develops a comprehensive plan to enable the training and secondment of these professionals within general practice.
  iii. WG and HBs standardise referral mechanisms within the new model of care to allow these professionals to have the ability to refer on to other services.

44  Dyfed Powys  That conference requests that WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/members of the practice team e.g. PAs, paramedics.
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<tr>
<th>Conference</th>
<th>Issue</th>
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<tr>
<td>Dyfed Powys</td>
<td>That conference requests that the WG develops a comprehensive plan to enable the training and secondment of the nurse practitioners, paramedics, pharmacy practitioners etc which are going to be bolster the general practice workforce in the “Healthier Wales” strategy.</td>
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<tr>
<td>Gwent</td>
<td>That conference asks for referral mechanisms to be standardised so that, within the new model of care, all primary care healthcare professionals have the ability to refer on to other services.</td>
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<tr>
<td>North Wales</td>
<td>That conference believes that all out of hours doctors working for LHB’s should be contractually entitled to, and awarded, annual pay rises as per hospital doctors/salaried GPs.</td>
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<td>Bro Taf</td>
<td>That this conference recognises that there is an unacceptable shortage of medicines in the UK and urges the government to enable community pharmacists to be able to provide an equivalent alternative so as to reduce its impact on the workload in primary care.</td>
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<tr>
<td>Gwent</td>
<td>Conference is concerned of continued medical shortages and its impact on workload at an individual patient, practice and pharmacy level, and calls for an All Wales advice system on shortages and suitable alternatives, readily available as a single resource to primary care.</td>
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<tr>
<td>North Wales</td>
<td>In light of the ongoing shortage of many everyday medications conference calls for WG to look into setting up a self sufficient generic pharmaceutical manufacturing base within Wales.</td>
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<td>Bro Taf</td>
<td>That conference believes that Welsh Government ensures the appropriate delivery of the All Wales Community Pharmacy Common Ailments scheme so that the service can be made fit for purpose nationally and not hinder patient care.</td>
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<tr>
<td>Morgannwg</td>
<td>That conference despairs at the ‘paperworkitis’ afflicting community nursing colleagues and that WG and the CNO should restore some sanity by either commissioning MAR charts from pharmacists or simply eradicating DN requests for completion of bespoke and pointless documentation for medicines already correctly prescribed with accurate dosing and administration instructions.</td>
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<td>Morgannwg</td>
<td>That conference would like to see irritating and clinically useless prescribing support software decommissioned immediately to prevent GPs suffering overuse tendon injuries from repeatedly ignoring them.</td>
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<tr>
<td>Morgannwg</td>
<td>That conference feels men with erectile dysfunction should have access to PDE5 inhibitors freely on the NHS and that GPs should not be limited by the schedule 11 restrictions.</td>
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Public Health  
15.05–15.15

55 Dyfed Powys
That conference believes that Transport for Wales is operating a transport service for the population of Wales and not a mobile pub chain and asks that Welsh Government sets an example in public health by banning the sale of and consumption of alcohol on board all TfW services.

AFTERNOON TEA  
15.15–15.35

Ask the negotiators  
15.35–15.50

Representation  
15.50–16.10

56* Bro Taf
THAT Conference is appalled by the uncertainty caused by the protracted negotiations between the GPDF and the BMA with respect Terms of Service of the GPC Wales Executive and calls on GPC Wales to push for a rapid resolution for the sake of ongoing representation of the profession in Wales.

57 North Wales
That conference agrees, following the GPDF reforms, that each LMC should now reimburse their own LMC conference delegate expenses and deduct such expenses from their normal GPDF levy contributions.

58 North Wales
That conference believes that following the GPDF reforms, the Welsh Conference of Representatives of LMCs is an appropriate forum to discuss the working and business relationships between LMCs and GPDF.

59 Morgannwg
That conference calls on Welsh LMCs to consider federating their structures and organisations in order to better deliver support for Welsh GPs.

60 Morgannwg
That conference does not see the purpose of a separately elected GPC UK in a country with 4 devolved Health services and that pan-UK issues should be discussed and managed by representatives of the 4 national GPCs coming together not a separate and expensive body.

Sustainability  
16.10–16.35

61 Morgannwg
That conference calls on Welsh Government to publicly back General practice as the solution to the NHS crisis by investing a dedicated minimum percentage of NHS budget to GMS as a funding floor.

62 Bro Taf
That this conference requests GPC Wales begin negotiations to underwrite the risks of redundancy payments of staff.

63 Morgannwg
That conference insists Welsh Government to pay more than lip service and empty rhetoric in its claim to supporting the GMS model for General Practice by investing directly into practices without attached bureaucratic ties as one practice being “allowed to fail” through its years of under investment is not acceptable at any time.
That conference acknowledges the measures already taken, however urges WG to take action to address the full range of GP premises issues which is impacting on the recruitment of partners and the sustainability of general practice in Wales.

Conference congratulates WG on its first tentative steps to address last man standing issues but demands further action to address this issue with urgency.

Conference asks Welsh Government to actively support small practices and accept that bigger is not always better when it comes to General Practice.

That conference recognises the deleterious effects of homelessness on physical and mental health and calls for the BMA to lobby Welsh Government to introduce legislation to ensure that no person completing a prison sentence is released to conditions of homelessness.

That conference calls on Welsh Government to extend locum payments to GP principals who have given 5 years of service to take one sabbatical for not more than 6 months in every 10 year period.

That conferences calls on GPCW to insist that all Welsh GPs register on the WG locum list, as if it is to be of any value it must be an exact copy of the Medical Performers List, just in case.

That conference asks Welsh Government what is being done in regard to the health and wellbeing of front line primary care staff in Wales, and:

i. reflects on the practitioner support programmes being offered in Wales in comparison to England.

ii. considers the development of a toolkit for practice staff concerning GP partner health, probity or whistleblowing.

That conference requests that Welsh Government look to the model of practitioner support being delivered in England for primary care workers via the Practitioner Health Programme and

i. reflect on why this level of support isn’t being offered in Wales.

ii. urgently rectify the situation.

That conference asks what work has been done in regards to the health and well being of front line primary care consulting staff in Wales in the past year?

That conference asks whether work has ever been undertaken with practice staff about when they have concerns over issues of GP partner health, probity or whistleblowing and whether there is scope to develop a toolkit for practices to deliver with their staff?
Other
17.00–17.05

Morgannwg

That conference feels in 2019 no GP should wear a tie as they present an infection control risk, a financial burden on fashion conscious GPs and in general are a health and safety menace.

Closing remarks from conference chair
17.05–17.15

'A' Motions

Urgent Care
North Wales

Conference recognises that in hours general practice is not an emergency service, and calls for this to be stated clearly in contract documentation.

Passed as Motion 99 in Mar 2017.

Education and Training
Dyfed Powys

That conference requests that WG develops a plan to increase the number of medical students attending Welsh universities as a first step to addressing the shortage of doctors.

Passed as Motion 50 in Mar 2017.

Multi Disciplinary Teams
North Wales

That conference asks that all practices should have access to LHB funded pharmacists.

Passed as Motion 72 in Jan 2018.

Multi Disciplinary Teams
Gwent

In view of Welsh Governments Healthier Wales policy of increasing the number of Multidisciplinary Healthcare workers onto the Primary care team, conference requests that the terms and reimbursements to practices regarding Parental leave is replicated for all allied healthcare professionals.

Passed as Motion 58 in Nov 2018.

Revalidation
North Wales

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

Passed as Motion 65 in Jan 2018.

Vunerable patients
Morgannwg

That conference demands Welsh Government commits to significantly improve the availability and quality of Mental Health Services, particularly crisis intervention teams, in order to fulfil its promises under the Mental Health Measure and minimise the negative impacts of Mental Illness on patients, GP's and wider society.

Passed as Motion 75 in Nov 2018.

Workforce
Bro Taf

That this conference requests GPC Wales begin negotiations to introduce a retention strategy to encourage more experienced GPs to remain in practice.

Passed as AC4 Nov 2018.
Welsh LMC Conference November 2018

9.00 Minutes
Receive minutes of January 2018 Welsh LMC Conference as approved by the Chair of Conference

Standing Orders
Receive Standing Orders of the Welsh Conference of Local Medical Committees

9.05 Annual Report – General Practitioners Committee (Wales)
Receive annual report from Dr Charlotte Jones, Chair of GPC Wales

Sustainability Part 1
9.25–10.10

1 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.

TAKEN TOGETHER – PASS

1 Dyfed Powys That conference encourages the WG 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.

1 Dyfed Powys That conference requests that WG 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.

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

1 Dyfed Powys That conference advises the WG 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. PASS

6 Dyfed Powys That conference supports general practice who resist the pressure exerted by HBs to increase use of GP hub services and encourage them to take management decisions best suited to their practice, rather than fitting into a one size fits all mentality prompted by WG and HBs. PASS

7 Dyfed Powys 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 where these would be unsafe or impractical to carry out alongside active surgery or at another time.
   1. Essential practice training
   2. Rolling out a new service
   3. Building maintenance
   4. IT systems upgrade. PASS
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.

TAKEN TOGETHER AS A REFERENCE

That conference requires WG 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. PASS

That conference deplores the woeful Welsh Government offer made directly to practices to entice them to provide out of hours cover and calls on GPC Wales to robustly respond on the grounds that it demonstrates little understanding of the sustainability issues facing GMS practices, undervalues contractors and circumvents established national negotiations in the midst of contract reform. PASS

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. PASS

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

That conference requests 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.

TAKEN AS A REFERENCE

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

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 WG to make a definite commitment to ensure HBS address last man standing issues.

That conference requests the WG 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.
2 14 Morgannwg 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.

3 AC3* AC That conference:
   i. asks that GPC provides guidance for practices on 3rd party premises issues.  
      PASS
   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.  
      PASS
   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 this as part of any contract revisions.  
      PASS
   iv. requests that Welsh Government adopts the Scottish model for ownership of GP premises.  
      TAKEN AS A REFERENCE

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

3 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.

3 17 Dyfed Powys That conference advises WG and GPC Wales that premises issues are a major barrier to recruitment of new GP partners and asks that this is addressed this as part of any contract revisions.

3 18 Dyfed Powys That conference requests that WG adopts the Scottish model for ownership of GP premises.

3 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.  
   LOST

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.  
   LOST

4 AC4* AC That conference:
   i. urges further steps be taken to help those doctors that are nearing retirement.  
      This could include assistance with appraisal and revalidation or developing a liaison between LMCs and revalidation managers.  
      PASS
   ii. requests that GPC Wales negotiate with Welsh Government incentives to retain partners nearing retirement.  
      PASS

4 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.

4 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 WG 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. **PASS**

25  Dyfed Powys  That conference proposes that the de-registration any patient who lives outside the practice area is included in any new GMS contract, to support sustainability of rural General Practice. **TAKEN AS A REFERENCE**

**Clusters**  
**11.15–11.30**

5  ACS*  AC  That conference believes that  
   i. clusters should control the community services budget in each area and not Local Health Boards. **TAKEN AS A REFERENCE**  
   ii. 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. **PASS**

5  26  Morgannwg  That conference believes that Clusters should control the Community Services budget in each area and not Health Boards

5  27  North Wales  Conference agrees that Clusters should have statutory financial independence to avoid LHB’S 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. **LOST**  
   ii. be encouraged to contract services via Service Level agreements from Providers and not employ staff themselves with all its on costs and risks. **TAKEN AS A REFERENCE**  
   iii. include LMC membership in its make up. **TAKEN AS A REFERENCE**

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

**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. **LOST**

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. **PASS**

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. **PASS**  
   ii. 24hour availability of a GP within the OOH team be mandated and policed by WG. **TAKEN AS A REFERENCE**  
   iii. LHBs should be held accountable where they fail to deliver basic primary care to their population. **PASS**  
   iv. a single national provider of OOH care be considered. **PASS**
Soap box
11.40–12.00

Funding
12.00–12.20

33 Dyfed Powys That conference Requests WG 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. TAKEN AS A REFERENCE

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. TAKEN AS A REFERENCE

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

36 Dyfed Powys That conference advises WG of the need to invest in General Practices, not just cluster / locality / pathfinder / pacesetter schemes, if a strong independent contractor model is to flourish. PASS

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. NOT REACHED

Health Boards
12.20–12.50

6 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. LOST
   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 consequence of Health Board expenditure on managed practices. PASS

6 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.

6 39 Dyfed Powys That conference asks the WG 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 WG 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. PASS

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. PASS

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. PASS

Emergency Motion
114 GPCW That Conference believes that every organisation providing general practice care should be subject to the same service delivery parameters. PASS

43 Bro Taf That Conference demands that GPC Wales and Welsh Government urgently take up the issue of hospitals becoming ambulance car parks for WAST. PASS
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. **LOST**

**GDPR**
**12.50–13.00**

7 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. **PASS**
ii. reimburse practices for the outlay of engaging a DPO. **PASS**
iii. swiftly facilitate full electronic patient record access so that patients don’t need to request a Subject Access Request to view their records. **LOST**
iv. reimburse practices for the financial losses incurred as a result of the introduction of GDPR. **PASS**

7 45 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

7 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**

8 AC8* AC That conference:
 i. congratulates Welsh Government on the success of the incentive schemes for GP registrars and urge their continuation and 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.
**TAKEN TOGETHER – PASS**

8 47 Dyfed Powys That conference congratulates the WG on the success of the incentive schemes for GP registrars and urge their continuation and proposes development of incentive schemes to facilitate the trainees joining practices as GP partners.

8 48 Gwent Conference demands Welsh Government address the issue of sustainability in staffing; by investing in modernising training models within general practice.

49 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. **PASS**

50 North Wales Conference calls on GPCW, WG 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. **PASS**
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.

TAKEN TOGETHER – PASS

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.

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

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. PASS

ii. instructs Welsh Government to implement a streamlined vocational training scheme for practice nurses. PASS

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. PASS

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.

That Conference instructs Welsh Government to implement a streamlined vocational training scheme for practice nurses.

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.

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. LOST

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. PASS

ii. should have an increased element of local flexibility to solve local recruitment issues. PASS

iii. greater focus be placed on retention incentives for GPs exiting ST schemes for longer, ensuring they spend their “1st Five” in Wales. PASS

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 AHPs who subsequently have children or become ill. PASS
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 DNs from this task.
   iii. Place District Nurse teams under the direct management and control of Practices/Clusters in order to deliver Seamless Integrated Care.

TAKEN TOGETHER — PASS

11 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. PASS

11 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. PASS

Core and enhanced services
14.35–14.50

12 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. PASS
   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. This will lead to properly resourced improved and holistic Diabetes care in the community. PASS

12 63 North Wales This conference believes that when WG 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.

12 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.

65 North Wales Conference agrees it is essential that statutory regulations should be introduced to prevent LHB’s from re-interpreting National Enhanced Services to delay or avoid offering these nationally agreed Services. NOT REACHED

66 Morgannwg 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. PASS

67 Dyfed Powys 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. PASS
68 Gwent This conference:
i. believes that ear syringing and microsuction for the removal of ear wax are not part of core general practice.
ii. calls on Welsh Government to explore funding of services to remove earwax when self care measures have failed.
TAKEN TOGETHER – PASS

Public health
14.50–15.05

69 Dyfed Powys That conference advises the WG 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. PASS

70 Morgannwg That conference notes the difficulties in identifying unvaccinated home-schooled children and calls on PHW, WG and LHBs to ensure with Local Education Authorities that this population is identified and provided with a suitable childhood vaccination service. PASS

71 Morgannwg That conference believes rather than have a ‘National Exercise Referral Scheme’ encourage medicalisation of a healthy lifestyle, WG should trust its citizens and concentrate its efforts and finances on making sport and exercise with support available and affordable for all. PASS

72 Morgannwg 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. PASS

73 Bro Taf That Conference urges Welsh Government to improve public access to (non-bottled) drinking water, for example by providing a comprehensive coverage of drinking fountains. PASS

Community health
15.05–15.15

74 Morgannwg 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. PASS

75 Morgannwg 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. PASS

Emergency Motions

115 GPC Wales That this conference demands that “social prescribing” be re-named urgently in order to de-medicalise the concept. PASS

AFTERNOON TEA
15.15–15.25

Ask the negotiators
15.25–15.40
**Workload**  
15:40–16:00

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<tr>
<th>13</th>
<th>AC12*</th>
<th>AC</th>
<th>That conference:</th>
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<tbody>
<tr>
<td>i.</td>
<td>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. PASS</td>
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<tr>
<td>ii.</td>
<td>asks Welsh Government to put suitable provision in place for the subsequent overspill of patients from surgeries. PASS</td>
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| 13 | 76 | Gwent | 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. |

| 13 | 77 | Gwent | Conference asks Welsh Government to define a safe level of workload per GP session and put suitable provision in place for the subsequent overspill of patients from surgeries. |

| 78 | Gwent | Conference demands open access to current up to date All Wales hospital waiting lists for outpatient and inpatient waits to the public. PASS |

| 79 | Morganwg | 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. PASS |

| 80 | Gwent | 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. PASS |

**Vulnerable patients**  
16:00–16:10

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<th>14</th>
<th>AC13*</th>
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<tr>
<td>i.</td>
<td>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. TAKEN AS A REFERENCE</td>
<td></td>
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<td>ii.</td>
<td>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. PASS</td>
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<td>iii.</td>
<td>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. LOST</td>
<td></td>
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<tr>
<td>iv.</td>
<td>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. PASS</td>
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| 14 | 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. |

| 14 | 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. |
14 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.

14 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 WG and LHBs to set up specific frail elderly community teams outwith GMS to provide bespoke and targeted preventive services for this population. LOST

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. NOT REACHED

IT

16.10–16.25

15 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. PASS

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”! PASS

15 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.

15 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”!

16 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, WCSS and NWIS to progress the implementation of the Welsh Clinical Communication Gateway referral mechanism for all specialities as soon as possible. PASS

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. PASS

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. PASS

16 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.

16 90 Dyfed Powys That conference urges HB, WCSS and NWIS to progress the implementation of the WCCG referral mechanism for all specialities as soon as possible.

16 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.
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<td>16</td>
<td>Morgannwg</td>
<td>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.</td>
</tr>
<tr>
<td>16</td>
<td>Morgannwg</td>
<td>That conference wishes to see ‘formitis’ become a thing of the past in Healthcare and that WG and LHBs agree the concept nationally across Wales that no template/form applies unless agreed by GPCW or LMCs.</td>
</tr>
<tr>
<td>94</td>
<td>North Wales</td>
<td>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. NOT REACHED</td>
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**Medication 16.25–16.30**

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<tr>
<td>95</td>
<td>North Wales</td>
<td>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. PASS</td>
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**GMC 16.30–16.40**

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<tr>
<td>96</td>
<td>North Wales</td>
<td>That conference agrees that the most recent GMC guidance on reflective practice within appraisal and revalidation remains unworkable. PASS</td>
</tr>
<tr>
<td>97</td>
<td>North Wales</td>
<td>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. PASS</td>
</tr>
<tr>
<td>98</td>
<td>North Wales</td>
<td>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 %. NOT REACHED</td>
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**Ungrouped motions 16.40–16.50**

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<tr>
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<tr>
<td>99</td>
<td>Bro Taf</td>
<td>That Conference requests Welsh Government leads the UK in recognising General Practitioners as specialists equivalent to secondary care consultants. LOST</td>
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<tr>
<td>100</td>
<td>North Wales</td>
<td>Conference agrees that a General Practitioner is a Consultant in Primary Care and this should be legally affirmed and recorded on the GMC register. PASS</td>
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<tr>
<td>101</td>
<td>North Wales</td>
<td>That Conference welcomes the movement towards a less formal LMC Welsh Conference where gentlemen’s ties reduce and finally disappear. PASS</td>
</tr>
<tr>
<td>102</td>
<td>North Wales</td>
<td>That Conference welcomes the formal ties seen at Welsh Conference dinner. PASS</td>
</tr>
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**Any Other Business 16.50–17.00**
'A' Motions

103 Bro Taf 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. Passed as motion 6 in Jan 2018.

104 North Wales 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”, eMed3 s, Med3 s, etcetera). Passed as motion 98 in 2017.

105 Dyfed Powys That conference proposes the establishment of a primary care HB for Wales to ensure primary care designated funds are spent in primary care. Passed as motion 1 in Jan 2018.

106 Dyfed Powys That conference highlights the multi-professional nature of the Primary Care Team and requires WAG to sort out indemnity issues for pharmacy practitioners / paramedic practitioners / physicians’ associates, etc, not just the GP’s. Work on this is already in progress.

107 Bro Taf 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. Passed as motion 99 in Jan 2018.

108 Gwent 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. Passed as motion 102 in Jan 2018.

109 Gwent Conference calls on the Welsh government to direct local health boards to assume heads of lease of GP surgeries. Passed as motion 61 in Jan 2018.

110 Bro Taf That Conference calls for Government to ensure that ALL junior foundation year doctors undertake a mandatory four-month placement in General Practice. Passed as motion 61 in 2016.

111 Morgannwg That conference calls for every Doctor in training to complete a minimum 4-month GP placement at F2 level or above Passed as motion 61 in 2016.

112 Gwent 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.
## WLMC Conference November 2018 – Progress against motions

Please note only motions Passed or Taken as a Reference are noted below.

### Sustainability Part 1

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<tr>
<th>No.</th>
<th>Motion</th>
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<tbody>
<tr>
<td>AC1*</td>
<td>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.</td>
<td>PASS</td>
<td>In the last contract round, we have been able to secure over £25m of investment into the GMS contract. The introduction of the new Partnership Premium is one measure to help shore up partnership model. Additionally, progress was achieved around last person standing issues which will help safeguard partners and attract new partners to once at-risk practices.</td>
</tr>
<tr>
<td>5</td>
<td>Conference calls for the Welsh government to clearly support the continuation of good quality small practices.</td>
<td>PASS</td>
<td>We continue to raise with Welsh Government and are committed to further work supporting the independent contractor status and good quality practices regardless of size.</td>
</tr>
<tr>
<td>6</td>
<td>That conference supports general practice who resist the pressure exerted by HBs to increase use of GP hub services and encourage them to take management decisions best suited to their practice, rather than fitting into a one size fits all mentality prompted by WG and HBs.</td>
<td>PASS</td>
<td>We are supportive of this motion – and of the independence at heart of contractor model. This will be taken forward in the coming year as we engage with the strategic programme work.</td>
</tr>
<tr>
<td>7</td>
<td>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 where these would be unsafe or impractical to carry out alongside active surgery or at another time. 1. Essential practice training 2. Rolling out a new service 3. Building maintenance 4. IT systems upgrade</td>
<td>PASS</td>
<td>Practice closure for joint CPD and Quality Improvement activities does already happen at the local level. With the enhanced focus on quality improvement and assurance in the new QAIF system, we commit to taking this forward on a national level and see whether good practice an be adopted on a national basis.</td>
</tr>
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</table>
8 | 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.

   **Taken as a reference**
   i. BPA was considered as part of the funding workstream within the GMS contract review by all parties and not taken forward within this contract round.
   ii. Indemnity cover is at the same level for all staff under GMPI.
   iii. Maternity/sickness leave cover is now available to use of internal locums; it is acknowledged that there is an additional level of work for partners within the SFE.
   iv. Cluster working rewarded within the new QAIF system as previously was the case with QOF.

9 | That conference requires WG 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.

   **PASS**
   We agree and want to increase the standards in all practices. The expansion of the MDT via clusters and in the primary care model offers opportunities for improved staffing, while the introduction of the Partner Premium incentivises new entrants into partnership.

113 | That conference deplores the woeful Welsh Government offer made directly to practices to entice them to provide out of hours cover and calls on GPC Wales to robustly respond on the grounds that it demonstrates little understanding of the sustainability issues facing GMS practices, undervalues contractors and circumvents established national negotiations in the midst of contract reform.

   **PASS**
   We did not support the WG offer at the time, and advised them that it would be seen negatively. Anecdotal results suggest the initiative was not successful.
## Sustainability Part 2

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<tr>
<td>AC2*</td>
<td>That conference:</td>
<td>PASS</td>
<td>i.</td>
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<td>i. 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.</td>
<td></td>
<td>ii. The enhanced Last Person Standing agreement was one of the key agreements in the GMS contract 2019/20. WG have written to HBs outlining the actions they must take (subject to qualifying criteria) regarding leases. This will be formalised in a Welsh Health Circular shortly.</td>
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<td></td>
<td>ii. urges Welsh Government to make a definite commitment to ensure Local Health Boards address last person standing issues.</td>
<td></td>
<td>iii. This largely depends on whether the LHB adopts the practice as a managed setting and retains the staff. LMCs should work with HBs closely on these occasions.</td>
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<td></td>
<td>iii. requests Welsh Government acknowledges the inherent unfairness &amp; 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.</td>
<td></td>
<td>iv. The LPS agreement represent a form of 'Insurance' for practices; it is not possible to insure against bankruptcy in a legal sense. BMA has guidance on this area for practices</td>
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<tr>
<td>AC3*</td>
<td>That conference:</td>
<td>PASS</td>
<td>i.</td>
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<td></td>
<td>i. asks that GPC provides guidance for practices on 3rd party premises issues.</td>
<td></td>
<td>ii. BMA has guidance online regarding third party premises issues which is applicable on a UK-wide basis and can be accessed at: <a href="http://www.bma.org.uk/advice/employment/gp-practices/premises">www.bma.org.uk/advice/employment/gp-practices/premises</a></td>
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<td></td>
<td>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.</td>
<td></td>
<td>iii. Premises issues were rightly treated as a major issue within contract review hence LPS progress. Wider premises issues will be one of the key areas of focus for the 19/20 session.</td>
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<td></td>
<td>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 this as part of any contract revisions.</td>
<td></td>
<td>iv. The Scottish Model was discussed within the finance workstream of the GMS contract review; but not taken forward until further lessons learned from the Scottish experience.</td>
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<td>iv. requests that Welsh Government adopts the Scottish model for ownership of GP premises.</td>
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### AC4* That conference:
1. urges further steps be taken to help those doctors that are nearing retirement. This could include assistance with appraisal and revalidation, or developing a liaison between LMCs and revalidation managers.
2. requests that GPC Wales negotiate with Welsh Government incentives to retain partners nearing retirement.

**PASS**

We agree that there can be more done in this area; however it should be recognised that Wales is the only part of the UK that has retained the Seniority system.

### Rural

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<td>24</td>
<td>That conference requests that the WG 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.</td>
<td>PASS</td>
<td>We support this, as it should be reviewed in context of <em>A Healthier Wales</em>. We will raise at GP forum with Welsh Government.</td>
</tr>
<tr>
<td>25</td>
<td>That conference proposes that the de-registration any patient who lives outside the practice area is included in any new GMS contract, to support sustainability of rural General Practice.</td>
<td>Taken as a reference</td>
<td>Deregistration is possible but difficult. We have committed to review the wider GMS regulations alongside Welsh Government in this coming year and will consider this area.</td>
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### Clusters

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| AC5* | 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 of appropriately commissioned services and calls on GPCW to initiate this discussion with Welsh Assembly Government. | Taken a reference | i. We will consider cluster control of community service budgets over the coming year alongside Welsh Government.  
ii. Setting up clusters as independent statutory bodies was strongly considered within the cluster workstream, but they require a form of federated structure to take this forward in order to employ staff etc (e.g. a community interest company). |
<p>| 28  | 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 | LOST | ii. and iii. See above |</p>
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<td>29</td>
<td>That conference advises the WG that many very successful cluster initiatives have not been moved into mainstream funding and ask them to instruct the HBs to fund these initiatives so that clusters can continue their innovative work.</td>
<td>PASS</td>
<td>We continue to raise this at GP forum and in other areas; the lack of primary care or even NHS representation at the transformation boards or Regional Partnership Boards exacerbate this and is a cross branch of practice concern. There is little evidence that initiatives have succeeded and are being mainstreamed so this is a continued focus in discussions.</td>
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**Out of Hours**

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<tr>
<td>31</td>
<td>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.</td>
<td>PASS</td>
<td>This was recognised in OOH report by Health &amp; Social Care Committee and we made this point in evidence. BMA Cymru Wales is working at local level to improve contracts.</td>
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<td>32</td>
<td>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 WG 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</td>
<td>PASS Taken as a reference PASS</td>
<td>i. We will take this forward via GP forum and in context of WG’s primary care model ii. We support this in theory provided the burden does not sit upon practices. iii. We suggest that LHBs and OOH providers are inspected by HIW and will look to raise this with other agencies via joint communications.</td>
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**Funding**

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<tr>
<td>33</td>
<td>That conference Requests WG 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.</td>
<td>Taken as a reference</td>
<td>Membership of RPBs is a concern for BMA Cymru Wales. The issue is that it is enshrined in legislation (Social Care Act 2014) and we have raised with Welsh Government.</td>
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<td>34</td>
<td>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.</td>
<td>Taken as a reference</td>
<td>We agree and have successfully lobbied for additional funds e.g. Access and SARS as part of expenses uplift. This will be monitored during this year’s contract work.</td>
</tr>
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</table>
35 | Conference demands that practices are given financial incentives to offer flexible, supportive posts above and beyond the retainer scheme. | PASS | The retainer scheme has been revamped, however there are still very small numbers within the scheme on an annual basis. |

36 | That conference advises WG of the need to invest in General Practices, not just cluster / locality / pathfinder / pacesetter schemes, if a strong independent contractor model is to flourish. | PASS | We are committed to general practice as the core model of primary care, hence the introduction of the partnership premium. We believe that cluster/MDT initiatives can only flourish if on the sound foundations of the independent contractor model. This is one of our core principles moving forward. |

### Health Boards

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<td>AC6*</td>
<td>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 consequence of Health Board expenditure on managed practices.</td>
<td>LOST</td>
<td>We have undertaken FOI requests regarding cost of managed practices and held a briefing for AMs on the real cost of this. It was acknowledged during GMS contract review by HB and WG colleagues that this was not the unilateral direction of travel. We will continue to research and raise.</td>
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<td></td>
<td>PASS</td>
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<tr>
<td>40</td>
<td>That conference advises WG 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.</td>
<td>PASS</td>
<td>We continue to hear this but have been told repeatedly by WG officials that such monies are recurring if initiatives are successful, and therefore there should not be overt barriers to recruitment. This is not the case in reality. We will continue to raise this as an issue.</td>
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<tr>
<td>41</td>
<td>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.</td>
<td>PASS</td>
<td>This is the case at present.</td>
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<tr>
<td>42</td>
<td>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.</td>
<td>PASS</td>
<td>We agree, and regularly discuss the implementation of the standards with CMO and other WG officials. We will suggest this regular course of action gets implemented.</td>
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<td>43</td>
<td>That Conference demands that GPC Wales and Welsh Government urgently take up the issue of hospitals becoming ambulance car parks for WAST.</td>
<td>PASS</td>
<td>The ongoing concerns relating to the Ambulance Service is a key priority of GPC Wales and BMA Welsh Council.</td>
</tr>
<tr>
<td>114</td>
<td>That Conference believes that every organisation providing general practice care should be subject to the same service delivery parameters.</td>
<td>PASS</td>
<td>We agree that managed practices and independent contractors should indeed be held to same standards and delivery parameters, including managed practices.</td>
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### GDPR

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<td>AC7*</td>
<td>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.</td>
<td>PASS</td>
<td>i. As part of the overall expenses uplift this year, we managed to secure £7.4m of investment to the expenses element of the GMS contract We agreed to monitor activity levels in the coming year. PASS</td>
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### Training

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<td>AC8*</td>
<td>That conference: i. congratulates Welsh Government on the success of the incentive schemes for GP registrars and urge their continuation and 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.</td>
<td>PASS</td>
<td>i. The trainee incentive scheme worked and will be continued; the new Partnership Premium system likewise attempts to incentivise new partners. PASS</td>
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<tr>
<td>49</td>
<td>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.</td>
<td>PASS</td>
<td>We support appropriate MDT working but remain true to the principle that independent contractor GP is the foundation of primary care. The PP introduced this year is testament to the shared will to get more GPs into partnership in Wales.</td>
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<tr>
<td>AGENDA</td>
<td>PASS</td>
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<tr>
<td>50</td>
<td>Conference calls on GPCW, WG 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.</td>
<td>The GP ST training system is changing to provide trainees with longer sustained exposure in general practice, and this is to be welcomed as it should help to prepare newer doctors for modern means of MDT working.</td>
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<tr>
<td>AC9*</td>
<td>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.</td>
<td>PASS</td>
<td>We continue to lobby HEIW and the previous Deanery for greater transparency around training numbers. i. HEIW are committed to a more robust workforce planning system and BMA Cymru Wales will work in partnership to take this forward. ii. Welsh Government have committed to ‘overfill’ training places should successful applicants exceed the number of places.</td>
</tr>
<tr>
<td>AC10*</td>
<td>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.</td>
<td>PASS</td>
<td>GPC Wales and the wider BMA Cymru Wales team has worked with the RCN in this area, and have jointly agreed that increased primary care placement in future will be beneficial. We have represented this case to HEIW in their workforce strategy consultation.</td>
</tr>
<tr>
<td>57</td>
<td>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 ST schemes for longer, ensuring they spend their “1st Five” in Wales.</td>
<td>PASS</td>
<td>See response to AC8</td>
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<td>58</td>
<td>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 AHPs who subsequently have children or become ill.</td>
<td>PASS</td>
<td>This was not included in the SFE revision for this year, but we will take forward as part of the committee mandate this year.</td>
</tr>
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| 59  | 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 DNs from this task.  
   iii. place District Nurse teams under the direct management and control of Practices/Clusters in order to deliver Seamless Integrated Care. | PASS   | As per the response to AC10, we have met with the RCN around these proposals and they are in agreement. This had been discussed as part of the cluster workstream of the GMS contract review, but progress was not extensively made. We will continue to advocate for this in meetings around the Strategic Programme for Primary Care. |
| 60* | 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. | PASS   | We agree – discussions with the H4HP team suggest that the service is already at capacity and can only offer limited sessions for doctors. We have raised this issue formally with WG, who have previously stated that the health and wellbeing of their workforce is a priority. |
| 62  | 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. | PASS   | This has been discussed at GP Forum; progress around the WCCG is known to be one of WG’s digital priorities for the coming year and it has been put for Ministerial consideration. |
### Core and enhanced services

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| AC11* | 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. This will lead to properly resourced improved and holistic Diabetes care in the community. | PASS | We agree. A wholesale review of the Enhanced Service system is a joint priority for the coming year for GPCW and Welsh Government. |
| 66 | 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 | PASS | The ‘catch-up’ DES is now in place which specifies that the ‘Green Book’ takes primacy in this area. |
| 67 | 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. | PASS | Minor Surgery DES will feature as a part of the agreed Enhanced Service review for this year. |
| 68 | This conference:  
i. believes that ear syringing and micro suction for the removal of ear wax are not part of core general practice.  
ii. calls on Welsh Government to explore funding of services to remove ear wax when self-care measures have failed. | PASS | We have been part of cerumen management task and finish group to ensure this is not treated as core GMS. This work has now concluded. |
## Public Health

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<tr>
<td>69</td>
<td>That conference advises the WG 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>
<td>PASS</td>
<td>This is widely recognised, and we have formally raised this through our membership of the Welsh Immunisation Group, other Flu-specific groups, and to WG immunisation leads.</td>
</tr>
<tr>
<td>70</td>
<td>That conference notes the difficulties in identifying unvaccinated homeschooled children and calls on PHW, WG and LHBs to ensure with Local Education Authorities that this population is identified and provided with a suitable childhood vaccination service.</td>
<td>PASS</td>
<td>Agree, we have written to CMO calling for strengthened ‘flagging’ of individuals in this category as they can skew immunisation targets despite practice best efforts. This is for consideration at WIG.</td>
</tr>
<tr>
<td>71</td>
<td>That conference believes rather than have a ‘National Exercise Referral Scheme’ encourage medicalisation of a healthy lifestyle, WG should trust its citizens and concentrate its efforts and finances on making sport and exercise with support available and affordable for all</td>
<td>PASS</td>
<td>We agree and have discussed this at GP Forum, highlighting the bureaucracy involved and multiplicity of forms needed for referral. We have raised this formally with WG.</td>
</tr>
<tr>
<td>72</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>
<td>PASS</td>
<td>We agree and have met NHS Wales officials to discuss, having also made this point in our response to the Endoscopy services consultation by the Health Committee. The 150μg Hb/g threshold (higher in Wales) has been initially introduced due to resourcing concerns but we have had assurances it will be reduced to 80 μg Hb/g by 2023. We will continue to monitor this commitment.</td>
</tr>
<tr>
<td>73</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>
<td>PASS</td>
<td>We agree and we made case in our response to the Welsh Government Healthy Weight Healthy Wales consultation response. BMA Cymru Wales will consider whether this can be taken forward in our lobbying/campaigning work.</td>
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### Community Health

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<td>74</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>
<td>PASS</td>
<td>We agree regarding the benefits of self-referral for certain services, and this would fit with WG’s primary care model work, so it is likely to be enacted as a policy across Wales.</td>
</tr>
<tr>
<td>75</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>
<td>PASS</td>
<td>We agree that this situation cannot continue. We will raise this formally with Welsh Government as part of regular GP Forum.</td>
</tr>
<tr>
<td>115</td>
<td>That this conference demands that “social prescribing” be re-named urgently in order to de-medicalise the concept.</td>
<td>PASS</td>
<td>We tend to agree, particularly given how widespread the concept has become. We have made this case through our representation on the Strategic Programme for Primary Care.</td>
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### Workload

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| AC12* | That conference:  
   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. | PASS   | This was explored at an early stage of the GMS contract review, as a means of reducing workload and enhancing wellbeing. However it was not taken forward beyond workstream stage, and hence we will revisit if practicable within the next contract round. |
| 78  | Conference demands open access to current up to date All Wales hospital waiting lists for outpatient and inpatient waits to the public | PASS   | We made representations on this to the Health & Social Care Committee’s recent inquiry on follow-up outpatient activity. We continue to lobby about the importance of transparency. |
| 79  | 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 the work involved. | PASS   | We met with senior DVLA medical representatives in summer 2019 to discuss this issue. They took on board our concerns and offered to work collaboratively with us to improve their forms and correspondence. We will follow up to improve this situation in the longer-term. |
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.

We have been frustrated by the lack of progress in this area, mainly due to issues around product suppliers and outstanding data governance issues.

We are aware of other tools in development which will help model demand, activity and capacity, and will be involved in their development.

### Vulnerable Patients

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| AC13* | 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. | Taken as a reference | We made these points to the inquiry by the Health and Social Care Committee, and also at a UK level to a similar inquiry by a House of Commons Committee. We are currently awaiting the formal response to this consultation detailing what the committee will recommend. We have heard there will be progress in the area of IT in the next few years and will update as we can when this is confirmed. |
### IT

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| **AC14*** | 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”! | **PASS** | We concur with the disappointment and great frustration. This situation is being addressed currently and we will make information known when we can.  
  Following GPC Wales’ vote of no confidence in Microtest, we immediately met with NWIS and WG to make this known. This will inform a wider WG review of governance around the procurement process, following on from the previous Audit Office report of NWIS. |
| **AC15*** | 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, WSCSS and NWIS to progress the implementation of the Welsh Clinical Communication Gateway referral mechanism for all specialities 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. | **PASS** | We agree, and have made representation to GP Forum. Welsh Government said mandating the use of the WCCG has been identified as a digital priority and they have advised the Minister of this.  
  LMCs and practices should inform GPC Wales when the All Wales Communication Standards are being consistently breached, as we can take this up with WG officials. |
### GMC

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<tr>
<td>96</td>
<td>That conference agrees that the most recent GMC guidance on reflective practice within appraisal and revalidation remains unworkable.</td>
<td>PASS</td>
<td>BMA had supported this guidance, having fed in comments about the unworkable nature of some elements. It does remain guidance only. We will feed back ongoing concerns as part of our regular meetings with the GMC</td>
</tr>
<tr>
<td>97</td>
<td>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</td>
<td>PASS</td>
<td>We have raised this with the GMC. Their statement is that they offer this benefit as it is aiming to be a competitive employer in the marketplace, and hence offers comparable benefits. It remains an 'option' for staff whether they take this up, and it is done on a salary sacrifice basis.</td>
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### Ungrouped motions

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<tr>
<td>100</td>
<td>Conference agrees that a General Practitioner is a Consultant in Primary Care and this should be legally affirmed and recorded on the GMC register.</td>
<td>PASS</td>
<td>This is already existing BMA policy and we have lobbied for this at a UK level. It is now formally supported by the BMA, RCGP and GMC (to an extent).</td>
</tr>
<tr>
<td>101</td>
<td>That Conference welcomes the movement towards a less formal LMC Welsh Conference where gentlemen’s ties reduce and finally disappear.</td>
<td>PASS</td>
<td>Conference attire is not determined within Standing Orders and delegates are free to choose whether they wish to sport neck ties.</td>
</tr>
<tr>
<td>102</td>
<td>That Conference welcomes the formal ties seen at Welsh Conference dinner.</td>
<td>PASS</td>
<td>We agree: these are the ties that bind us together and they will continue.</td>
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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. 
   a. The agenda committee shall:
      i. determine the format and running order of conference.
      ii. oversee the conduct of conference.
      iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block.
      iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference.
   b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.
   c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.
   d. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders to them, which cannot conveniently be allocated to any block of motions.
   e. Priority motions, defined in SO 16.f.i, in each block shall be debated first.
   f. Motions prefixed with a letter ‘A’, defined in SO 16.f.vi, shall be formally moved by the chair of the conference as a block to be accepted without debate during the first session of the conference.
   g. Motions, which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.
15. A period may be reserved for a ‘soapbox’ session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.

**Motions to Conference**

16.

   a. shall include:
      i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.
      ii. Motions submitted by the agenda committee in respect of organisational issues only.
   b. Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
   c. The right of any local medical committee, or member of the conference under SO 3, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
   d. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included in the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair’s discretion. For the first session, amendments or riders must be handed in before the session begins.
   e. No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chair or by the agenda committee.
   f. Shall be prepared by the Agenda Committee as follows:
      i. ‘Priority motions’: an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the Agenda Committee for priority in debate. Such motions shall be prefixed with the letter ‘P’, and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
      ii. ‘Grouped motions’ — motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference — the removal of the motion from the group shall be decided by the conference.
      iii. ‘Composite motions’: if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
      iv. ‘Motions with subsections’:
         (A) motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.
         (B) subsections shall not be mutually contradictory.
         (C) such motions shall not have more than five subsections.
      v. ‘Rescinding motions’: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters ‘RM’
      vi. ‘A motions’: motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of GPC(W) as being non-controversial, self-evident or already under action or consideration, shall be prefixed with a letter ‘A’
      vii. ‘AR motions’: motions which the Chair of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters ‘AR’.
      viii. Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.
Rules of debate

17. 
   a. A member of the conference shall address the chair and shall when possible stand when speaking.
   b. Every member of the conference shall be seated except, where possible, the one addressing the
      conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is
      resumed.
   c. A member of the conference shall not address the conference more than once on any motion or
      amendment, but the mover of the motion or amendment may reply, and when replying, shall strictly confine
      themselves to answering previous speakers. They shall not introduce any new matter into the debate.
   d. Members of GPC(W) who also attend the conference as LMC representatives, should identify in which
      capacity they are speaking to motions.
   e. The chair shall endeavour to ensure that those called to address the conference are predominantly
      representatives of LMCs.
   f. The chair shall take any necessary steps to prevent tedious repetition.
   g. Whenever an amendment or a rider to an original motion has been moved and seconded, no subsequent
      amendment or rider shall be moved until the first amendment or rider has been disposed of.
   h. Amendments shall be debated and voted upon before returning to the original motion.
   i. Riders shall be debated and voted upon after the original motion has been carried.
   j. If any amendment or rider is rejected, other amendments or riders, may subject to the provisions of SO
      17.g, be moved to the original motion. If an amendment or rider is carried, the motion as amended or
      extended, shall replace the original motion, and shall be the question upon which any further amendment
      or rider may be moved.
   k. Motions to adjourn
      i. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or
         “that the question be put now”, such motion shall be put to the vote immediately, and without
         discussion, except as to the time of adjournment. The chair can decline to put the motion “that
         the question be put now”.
      ii. If a motion, “that the question be put now”, is carried by a two thirds majority, the chair of GPC(W)
          and the mover of the original motion shall have the right to reply to the debated before the
          question is put.
   l. If it is proposed and seconded that the conference “move to the next business”, the chair shall have
      power to decline to put the motion; if the motion is accepted by the chair, the chair of GPC(W) and the
      proposer of the motion or amendment under debate, shall have the right to reply to the debate, but not to
      the proposal to move to the next business before the motion is put, without prejudice to the right to reply
      to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and
      voting shall be required to carry a proposal “that the conference move to the next business.”
   m. Proposers of motions shall be given prior notice if GPC(W) intends to present an expert opinion by a
      person who is not a member of the conference.
   n. All motions expressed in several parts and designated by the numerals (i), (ii), (iii), etc shall automatically
      be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple
      majority) to waive this requirement.
   o. If by the time for a motion to be presented to conference no proposer has been notified to the agenda
      committee the chair shall have the discretion to call for a proposer from the LMC which submitted the
      motion. The chair shall also have the discretion to rule, without putting it to the vote, that conference
      move to the next item of business.

Procedure for themed debate:

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

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

Quorum

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

Time limit of speeches

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

Voting

22. Only voting members of the conference may vote, as defined under SO3. The following rules apply:
   a. Decisions of the conference shall usually be determined by simple majorities of those present and voting (defined in SO 3), except that the following will also require a two-thirds majority of those present and voting:
      i. any change of conference policy relating to the constitution and/or organisation of the LMC/confERENCE/GPC(W) structure.
      ii. a decision that could materially affect the GPDF Ltd funds.
      iii. a decision to suspend standing orders (as defined in SO12).
      iv. decisions under SO 17.k and SO 17.l
   b. Voting shall be either by a show of hands/cards or by electronic voting, at the discretion of the chair.
   c. If a recorded vote is demanded by 20 representatives of the conference (SO3), signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
   d. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections

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

Conference Agenda Committee

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

Returning officer

25. The National Director, BMA Cymru Wales, or a nominated deputy, shall act as returning officer in connection with all elections.
Motions not debated
26. Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

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

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

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

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

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