Welsh Conference of Representatives of Local Medical Committees 2017
Agenda

Saturday 4 March 2017
Celtic Manor Resort, Newport
Welsh Conference of Representatives of Local Medical Committees 2017

AGENDA

to be held on:
Saturday 4 March 2017
8:45 am

Celtic Manor Resort
Coldra Woods
The Usk Valley
Caerleon
Newport
NP18 1HQ

Chairman of Conference
Dr Eamonn Jessup

Deputy Chairman of Conference
Dr Nimish Shah

Conference Agenda Committee
Dr Charlotte Jones (Chair of GPC Wales)
Dr Eamonn Jessup (North Wales)
Dr Nimish Shah (Morgannwg)
Dr David Bailey (Gwent)
Dr Phil White (North Wales)
Dr Peter Horvath – Howard (Dyfed Powys)
Dr Sarah Morgan (Bro Taf)
Dr Stephen Bassett (Morgannwg)
### Schedule of Business – Saturday 4 March 2017

<table>
<thead>
<tr>
<th>Motions</th>
<th>Time</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>START</strong></td>
<td>–</td>
<td>8:45 – 9:00</td>
</tr>
<tr>
<td>Receive:</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>– Minutes of Welsh Conference of Local Medical Committees 2016</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>– Standing Orders</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Conference Address: Mr Vaughan Gething AM, Secretary for Health, Well-being and Sport</td>
<td>–</td>
<td>9:00 – 9:20</td>
</tr>
<tr>
<td>Annual Report to Chair of General Practitioners Committee (GPC) Wales</td>
<td>–</td>
<td>9:20 – 9:40</td>
</tr>
<tr>
<td>Workforce</td>
<td>1 – 8</td>
<td>9:40 – 10:00</td>
</tr>
<tr>
<td>Workload and Resources</td>
<td>9 – 18</td>
<td>10:00 – 10:20</td>
</tr>
<tr>
<td>GMS Contract</td>
<td>19 – 23</td>
<td>10:20 – 10:30</td>
</tr>
<tr>
<td><strong>MORNING COFFEE BREAK</strong></td>
<td>–</td>
<td><strong>10:30 – 10:45</strong></td>
</tr>
<tr>
<td>Quality and Outcomes Framework (QOF)</td>
<td>24 – 25</td>
<td>10:45 – 10:55</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>26 – 29</td>
<td>10:55 – 11:05</td>
</tr>
<tr>
<td>Sustainability</td>
<td>30 – 33</td>
<td>11:05 – 11:15</td>
</tr>
<tr>
<td>Primary Care Workforce</td>
<td>34 – 39</td>
<td>11:15 – 11:20</td>
</tr>
<tr>
<td>Secondary Care</td>
<td>40 – 43</td>
<td>11:20 – 11:30</td>
</tr>
<tr>
<td>Training</td>
<td>44 – 53</td>
<td>11:30 – 11:45</td>
</tr>
<tr>
<td>Premises</td>
<td>54 – 59</td>
<td>11:45 – 11:55</td>
</tr>
<tr>
<td>Models of Primary Care</td>
<td>60 – 61</td>
<td>11:55 – 12:00</td>
</tr>
<tr>
<td><strong>Indemnity themed debate</strong></td>
<td>62 – 65</td>
<td>12:00 – 12:30</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td>–</td>
<td><strong>12:30 – 13:15</strong></td>
</tr>
<tr>
<td>Health Boards</td>
<td>68 – 73</td>
<td>13:25 – 13:35</td>
</tr>
<tr>
<td><strong>Soap Box</strong></td>
<td>–</td>
<td><strong>13:55 – 14:15</strong></td>
</tr>
<tr>
<td>Clusters</td>
<td>85 – 86</td>
<td>14:15 – 14:25</td>
</tr>
<tr>
<td>Vaccination &amp; Immunisation</td>
<td>87 – 88</td>
<td>14:25 – 14:35</td>
</tr>
<tr>
<td>Access</td>
<td>89 – 91</td>
<td>14:35 – 14:50</td>
</tr>
<tr>
<td>Medical Certification and Reports</td>
<td>92 – 98</td>
<td>14:50 – 15:05</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>99 – 104</td>
<td>15:05 – 15:15</td>
</tr>
<tr>
<td><strong>AFTERNOON TEA</strong></td>
<td>–</td>
<td><strong>15:15 – 15:30</strong></td>
</tr>
<tr>
<td>Ask the negotiators</td>
<td>–</td>
<td>15:30 – 15:55</td>
</tr>
<tr>
<td>Co-payments themed debate</td>
<td>–</td>
<td>15:55 – 16:25</td>
</tr>
<tr>
<td>Conference</td>
<td>105</td>
<td>16:25 – 16:35</td>
</tr>
<tr>
<td>Other</td>
<td>106 – 109</td>
<td>16:35 – 16:45</td>
</tr>
<tr>
<td><strong>Close</strong></td>
<td>–</td>
<td><strong>16:45</strong></td>
</tr>
</tbody>
</table>
Welsh LMC Conference 2017

Return of Representatives

8:45

Minutes
Receive minutes of 2016 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference (Page 16)

Standing Orders
Receive Standing Orders of the Welsh Conference of Local Medical Committees (Page 40)

9:00

Keynote Speaker
Address from Mr Vaughan Gething AM, Secretary for Health, Well-being and Sport

9:20

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

Workforce
9:40 – 10:00

AC1*
That Conference calls for steps to be taken to encourage GPs nearing retirement to stay in the workforce, measures should include:

i. a solution to the high indemnity costs
ii. offer assistance with the process of appraisal and revalidation
iii. the opportunity to adjust workload to a more sustainable and manageable level in a supported way
iv. extra financial incentives to retain the existing GP workforce.

1 North Wales
That steps should be taken to encourage GPs nearing retirement to stay in the workforce, such as:

i. a solution to the high indemnity costs that many such GPs bear
ii. assistance with the process of appraisal and revalidation if needed
iii. the opportunity to adjust workload to a more sustainable level in a supported way

2 Bro Taf
That Conference calls on the Welsh Government to consider extra financial incentives to retain the existing GP workforce.

3 Dyfed Powys
That Conference requests the Welsh Government introduces an incentive scheme to retain the GP workforce in Wales.

AC2*
That Conference:

i. expresses deep concern at working conditions in primary care which lead to excellent GPs leaving the profession for alternative careers
ii. calls on Welsh government to collect information to clarify the seriousness of this situation and inform future preventative action

4 Gwent
That Conference expresses deep concern at working conditions in primary care which lead to excellent GPs leaving the profession for alternative careers and calls on Welsh government to collect information to clarify the seriousness of this situation and inform future preventative action.

5 Dyfed Powys
That Conference requests that Welsh Government looks to introduce pioneering, innovative and original schemes to address the crisis in the GP workforce.
6 Bro Taf
That Conference calls on Welsh Government to strongly argue to the UK Government that immigration changes are needed to recruit more doctors for primary care from abroad.

7 Morgannwg
That Conference congratulates Welsh Government for initiating the incentive scheme designed to attract new GPs to work in some parts of Wales, but calls on Welsh Government to acknowledge that the whole of Wales is facing a crisis with regards to recruitment of GPs and that the scheme should cover the whole of Wales.

8 Bro Taf
That Conference calls on Welsh Government to acknowledge the workforce shortage in Primary Care (namely GPs) and develop a long-term workforce strategy in conjunction with other relevant partner agencies.

Workload and Resources
10:00 – 10:20

AC3*
That Conference calls for GPC Wales and Welsh Government to discuss options for what happens when demand in primary care cannot be met by the current capacity in a safe and sustainable way, in particular:

i. considering the development of overspill centres for dealing with unscheduled care that cannot be safely seen within existing practices

ii. supporting practices to close their lists to new registrations when they reach a workload level where safety is threatened

iii. suspension of QOF, LES, and DES reporting whilst maintaining the level of income for practice deemed to be near collapse

iv. the implementation of a reduction in primary care bureaucracy, as envisaged in the 2001 report ‘Making a Difference – reducing general practitioner paperwork’

v. that a safe workload for general practice be defined to protect GPs

9 North Wales
That Conference calls for GPC Wales and Welsh Government to discuss options for what happens when demand in primary care cannot be met by the current capacity in a safe and sustainable way, in particular:

i. considering the development of overspill centres for dealing with unscheduled care that cannot be safely seen within existing practices

ii. supporting practices to close their lists to new registrations when they reach a workload level where safety is threatened

iii. suspension of QOF, LES, and DESs reporting whilst maintaining the level of income for practice deemed to be near collapse.

10 North Wales
That Conference seeks the implementation of the reduction in primary care bureaucracy envisaged in the 2001 report ‘Making a Difference – reducing General Practitioner paperwork’.

11 North Wales
That Conference urgently requests that a safe workload for GP be defined by GPC Wales and Welsh Government.

12 Morgannwg
That Conferences believes every GP has a basic human right to work-life balance and that workload levels need to be capped centrally to prevent GPs from extinction.

13 Gwent
That Conference demands a cap is put on the number of patients a GP can safely see in a day for the safety of patients and sanity of GPs.

14 Morgannwg
That Conference requires Welsh Government to resource GMS practices sufficiently to reduce workload to a manageable level, which as a minimum allows each GP to be able to take 2 comfort breaks and a 30 minute designated lunch break each day without interruption.
15 Dyfed Powys
That Conference urges Welsh Government to undertake an assessment of the workload of the GP workforce in Wales to ensure medical staff are not burning out prematurely as a result of workload pressures.

16 North Wales
That Conference calls on Welsh Government and Public Health Wales to:
1. take into account the increased demand on Primary Care that might result from health campaigns
2. consider other ways of delivering these campaigns to minimise this demand.

17 Morgannwg
That Conference believes the All Wales Complaints Process is not fit for purpose, is driving GPs to resign and retire and that a 'contractor’s charter' should be introduced to protect GPs and the service from vexatious and damaging complainants.

18 Dyfed Powys
That Conference requires the UK Governments to ensure that the introduction of the medical examiner process does not increase the workload of primary care and GPs without appropriate recompense.

GMS Contract
10:20 – 10:30

19 Gwent
That Conference believes that the partnership premium should be restored as a matter of urgency to recognise the additional administrative work undertaken and the extra responsibilities held by GP principals in comparison with their sessional colleagues.

20 Morgannwg
That Conference recognises that the foundation stone of general practice and the NHS in Wales and the UK is the independent contractor status and that GPC Wales should not relinquish this.

21 Dyfed Powys
That Conference reluctantly suggests that as a consequence of the undermining of independent contractor status, GPC Wales considers the development of a salaried service model.

22 North Wales
That Conference believes that provision of phlebotomy services is not core GMS, and where it is provided in general practice, it must be fully funded.

23 Gwent
That Conference demands that the system for practices who find themselves in the unfortunate position of terminating their contacts midway through a contract year is reviewed.

MORNING COFFEE BREAK
10:30 – 10:45

Quality and Outcomes Framework (QOF)
10:45 – 10:55

24 Morgannwg
That Conference believes that the QOF has demonstrated that GPs continue to deliver high quality clinical care but that it has now outlived its purpose, is hindering patient-centred individualised care and should now be abolished with the funding retained within the global sum.

25 North Wales
That Conference calls for the end to the QOF, which has clearly run its course, and for any subsequent quality monitoring to be truly light touch.
Enhanced Services
10:55 – 11:05

26 Morgannwg
That Conference directs GPCW to phase out the Local Enhanced Services and concentrate on providing a bigger, better basket of Directed Enhanced Services, given the behaviour of Health Boards in negotiations and the financial priority they afford to primary care within their organisations.

27 Morgannwg
That Conference calls for locally determined Enhanced Services budgets to be handed over to primary care clusters as they are best placed to decide what the money is spent on.

28 Morgannwg
That Conference insists Health Boards and/or Welsh Government publish Enhanced Services budgets and funding floors in advance of any local negotiations.

29 Gwent
That Conference demands the mandatory arrangement of appropriately remunerated Enhanced Services, such as more GP-led rehab beds in the community, in order to care for frail patients discharged early following the loss of acute beds despite the creation of larger specialist hospitals, such as that in Gwent.

Sustainability
11:05 – 11:15

30 Dyfed Powys
That Conference insist that Welsh Government simplify the sustainability framework and make it into a vehicle to facilitate Health Board assistance to practices before they reach crisis point.

31 Dyfed Powys
That Conference proposes that Welsh Government requires Health Boards to establish a robust scheme of support for practices whose neighbours have handed back their GMS contracts to prevent a domino effect amongst GP surgeries in the area.

32 Morgannwg
That Conference believes Welsh Government should not just direct Health Boards to measure and assess primary care levels of sustainability via the matrix, but should actually put its money where its mouth is and fund the solutions directly.

33 Gwent
That Conference recognises the valuable work of practice managers in our sustainability and demands that Welsh Government matches the lead taken in NHS England’s “Forward View” to support the development of this vital workforce.

Primary Care Workforce
11:15 – 11:20

AC4*
That Conference demands that in light of the increasing trend of diversification of the Primary Healthcare team:

i. the current numbers of allied health professionals is ascertained to allow accurate workforce planning with the presumed reliance on these groups

ii. robust monitoring and impact measurement on the contribution of allied healthcare practitioners is in place

iii. Welsh Government introduce the direct prescription by optometrists of lubricant eye drops and gels

iv. the prompt provision of daily pharmacist support to practices is provided, at least to the level of one whole-time equivalent per 30,000 patients as specified in NHS England’s 2016 ‘Forward View’.

v. the continuing existence of the extended primary health care team should be supported and all future Health Board initiatives for community care should promote team-working with general practice for good patient care as their first priority.
34 Gwent
That Conference demands that the numbers of allied health professionals is ascertained to allow accurate workforce planning with the presumed reliance on these groups.

35 Gwent
That Conference demands, in light of the increasing trend of diversification of the primary healthcare team, a robust monitoring and impact measurement on the contribution of allied healthcare practitioners is undertaken.

36 North Wales
That Conference requests Welsh Government to introduce the direct prescription by optometrists of lubricant eye drops and gels.

37 North Wales
That Conference calls for prompt delivery of daily pharmacist support to practices, at least to the level of one whole-time equivalent per 30,000 patients as specified in NHS England’s 2016 ‘Forward View’.

38 Gwent
That Conference believes that the continuing existence of the extended primary healthcare team should be supported and insists that all future health board initiatives for community care should promote team-working with general practice for good patient care as their first priority.

39 North Wales
That Conference;
  i. recognises the essential and increasing role of ancillary (non-clinical) practice staff, and;
  ii. calls for significantly increased central funding for their training;
  iii. including accreditation and certification to external standards and syllabuses, where appropriate and wished;
  iv. calls for greatly increased training availability, both at local health board level and nationally.

Secondary Care
11:20 – 11:30

40 Gwent
That Conference demands that targets are placed on Health Boards with regard to transfer of resources to primary care and general practice.

41 North Wales
That Conference calls for a formal agreement, such as that now in England to be put in place, to make it clear that General Practice cannot be expected to chase or interpret investigations organised in secondary care.

42 Gwent
That Conference demands transparent communication about action on patient flow systems in secondary care to avoid impact on primary care consequent to Welsh Ambulance Service Trust (WAST) delays.

43 Morgannwg
That Conference requests Welsh Government take steps to ensure no Health Board demands that contractor GPs provide any services that are beyond the requirements of GMS care without prior appropriate financial and workforce support.

Training
11:30 – 11:45

AC5*
That Conference calls for the following action to be taken by Welsh Government to revive GP training in Wales:
  i. an urgent increase in the number of GP training posts across the whole of Wales
  ii. the development of a workforce plan for general practice that is realistic
  iii. a response to the severe workload, resource and workforce deficits that are impacting on career choices
  iv. mechanism to specifically encourage Welsh domicile applicants given they are more likely to end up working in their home communities.
That Conference asks that there be an urgent increase in the number of GP training posts across the whole of Wales.

That Conference believes that the target for recruitment of medical students and GP Specialty Trainees has been kept artificially low to mask embarrassment from low recruitment figures and that Welsh Government needs a workforce plan for General Practice that is realistic.

That Conference congratulates Welsh Government on its first tentative steps to attract GP trainees to parts of Wales but demands further action to address the severe workload resource and workforce deficits that are impacting on career choices.

That Conference believes Welsh Government needs to urgently develop a reliable plan to encourage GP training and recruitment in Wales before the service completely collapses due to lack of workforce and that this should inevitably require a degree of positive discrimination in favour of Welsh domiciled applicants given they are more likely to end up working in their home communities.

That Conference calls on Welsh Government to train more medical students in Wales to help fill the medical manpower shortage.

That Conference calls for the uneven distribution of GP training places in Wales to be addressed. That Conference asks the Deanery to recognise the current uneven distribution.

That Conference believes that innovative ways of increasing the potential future pool of GPs are required.

That Conference calls for:

i. all foundation training doctors to have a four month GP placement included in their rotations in time for the August 2018 starters

ii. GPC Wales and Welsh Government to continue exploring ways of enabling junior doctors to undertake supervised posts within general practice without having to be formally on a training rotation.

That Conference requests GPC Wales to negotiate an agreement for part of the two-year foundation training for all newly qualified doctors to involve a placement in general practice.

That Conference believes that remuneration for educational supervision is unacceptable, is not a ‘labour of love’ and that GPs undertaking this work should be remunerated appropriately for backfill, preparation and expertise in mentoring doctors in training.

That Conference calls on Welsh Government to urgently resolve the situation around third party leases, to ensure that GPs working in such premises are not personally at risk if the practice is unable to continue for whatever reason.

That Conference believes that the tie-ins existing in third party premises leases are:

i. damaging recruitment to those practices working from such premises

ii. forcing doctors to work beyond an acceptable age.

iii. exacerbating mental health issues in the profession.
56 Dyfed Powys

That Conference urges the Welsh Government and Health Boards to recognise the danger of the “last man standing” concept in the premature collapse of GP services and take practical measures to address it.

57 Dyfed Powys

That Conference requests GPC Wales to work with Welsh Government and the Health Boards to promote innovative ways of developing the primary care estate; including a mechanism to avoid the jeopardy of the last man standing.

58 Morgannwg

That Conference believe that practices who have entered into premises lease agreements in good faith in order to provide GMS on behalf of Health Boards, should have the right to transfer the lease to the Health Board on relinquishing the contract for GMS, either as an individual or a group.

59 Morgannwg

That Conference calls on Welsh Government to ensure that Health Boards develop estates strategies that are fit for purpose and undertake to fund GP owned surgeries on a par with third party developers, as well as allowing extension and modernisation of premises in order to be able to continue to deliver modern flexible services.

Models of Primary Care
11:55 – 12:00

60 North Wales

That Conference proposes the time is right for an honest appraisal of the different models of delivering primary care that are now in place in Wales, including hidden as well as overt costs

61 Gwent

That Conference demands that Health Boards must reveal to LMCs the full cost of running Health Board managed practices.

Indemnity
12:00 – 12:30

Themed Debate

Question: Should GPC Wales propose the direct funding of medical indemnity costs?

62 Gwent

That Conference demands that to help recruitment and retention, serious consideration is now given for GPs to have crown indemnity in view of unaffordable high and ever increasing medical defense costs.

63 North Wales

That Conference believes that the current level and rate of rise of indemnity payments is threatening the future of general practice and attempts to find a solution should be prioritised.

64 Dyfed Powys

That Conference advises the Welsh Government that the impact of rising indemnity costs for GPs and the wider primary care is impacting on the sustainability of general practice in Wales.

65 North Wales

That Conference demands that Welsh Government enables and supports equitable indemnity at affordable levels for primary care in order to maximise the workforce to deliver primary care.

LUNCH
12:30 – 13:15
That Conference demands, all sessional GPs are also provided with a NHS email ID and access to the clinical work station to improve the communication with GPs and the quality of care to patients.

That Conference believes that patient safety requires a willingness to allow similar IT solutions for practices and patients using hospitals in England as those available in Welsh hospitals, specifically for NHS staff in contiguous areas to have access to laboratory, radiology and clinical reports across the England-Wales border.

That Conference believes that the Individual Patient Funding Requests (IPFR) process is unduly bureaucratic, has been specifically designed to deter clinicians and patients from applying, is used by Health Boards to prevent patients from accessing a specialist opinion and reduce waiting list backlogs and that it should be scrapped, with a much simpler clinically agreed process replacing it.

That Conference believes that Health Boards have a duty to appropriately protect its GP contractors from registering and exposing themselves to patients who are still considered by the emergency and custodial services to be a risk. Health Boards should make suitable alternative arrangements for these patients, without waiting for GPs to make a referral.

That Conference believes that Health Boards should pay more than lip service to the transfer of funding when shifting services from secondary to primary care.

That Conference believes that there is no place in modern medicine for ‘Downgrading of USC referrals’ as the clinician best placed to decide if a patient should be investigated via a USC pathway is the referring doctor who has seen that patient.

That Conference congratulates ABUHB on funding an offsite solution for patient notes storage and commends this solution to the rest of the UK.

That Conference calls on GPC Wales to negotiate with all Health Boards to fulfil their obligations under Ask and Act legislation to provide evidence based, cost effective training for all practice teams to promote early intervention and support in cases of domestic abuse.

That Conference requires the Welsh Government to address the relative year on year reduction in funding for primary care if it is to “make primary care the engine room of the Welsh NHS.”

That Conference requests Welsh Government to acknowledge that chronic and increasing underfunding, accompanied by increasing micromanagement by Government and Health boards of general practice, is the reason for the poor morale in, and the potential failure of, primary care, and must be addressed with urgency if independent contractor status in General Practice is to survive.

That Conference demands that Welsh Government invests additional funding in practice development, not just cluster development, if the GP practice is not to slowly wither and die.
That Conference requests that the Welsh Government reviews the arrangements for Local Medical Advisory Groups (LMAG) to ensure that Health Boards receive appropriate independent medical advice into their policy making.

That Conference requests Welsh Government and GPC Wales work to scrap the post payment verification process in primary care.

That Conference believes that Welsh patients having to endure significantly longer waits for outpatient appointments and surgical procedures, compared to English counter-parts is unacceptable, and places an avoidable burden on overstretched general practices.

That Welsh Government realises that GPs are ultimately accountable for their population’s care and that the disorganised, poorly funded and under-regulated services of Paramedics, Advanced Nurse Practitioners, Physician’s Assistants and Pharmacists is compromising patient safety and adding to GP workload.

That Conference demands that Welsh Government put pressure for the professional regulation of Physicians Associates.

That Conference believes Welsh Government should remove responsibility for primary care from failing Local Health boards and set up a Wales Wide Primary Care Organisation with proper levels of funding.

That Conference proposes that Welsh Government establishes a Primary Care Health Board responsible for the management of primary care in Wales.

That Conference demands that the First Minister provides evidence, once and for all, of his assertion that a salaried service provides greater value for money than independent contractor status.

That Conference requests Welsh Government to recognise that clusters have failed to provide increased sustainability for general practice and should be abolished.

This Conference believes that the main route for investment in primary care needs to be through the Global Sum and not through clusters.

That Conference calls for all Welsh practices to order the quadrivalent flu vaccine to ensure maximum protection of the public.

That Conference calls on Welsh Government to re-design the current seasonal influenza claims system and consider implementing aspirational or advance payments, so that practices are funded to plan better services which encourage uptake, whilst maintaining value for money for the NHS.
Access
14:35 – 14:50

89 Morgannwg
That Conference believes that GP practices are best placed to allocate appointments and any attempt to extend this role to 111 should be resisted.

90 Morgannwg
That Conference believes practices will not be able to continue to maintain and improve access without a fundamental change in the funding structure to support practices and that a reinstatement of a basic practice allowance would support the ability of practices to engage more GPs.

91 Morgannwg
That Conference urges Welsh Government to ensure that funding arguments and ‘turf wars’ never prevent GPs and patients accessing the most convenient services, even where those services sit across health and social care boundaries.

Medical Certificates and Reports
14:50 – 15:05

92* Morgannwg
That Conference believes a specialist service should be set up to advise the police on medical fitness to hold a firearms licence and that it is the GPs role to provide proper access to the patient’s medical record in such cases and not to decide upon fitness.

93 Morgannwg
That Conference is disappointed by the actions of and guidance given by BMA regarding the provision of medical evidence/opinion to the police responsible for the issue of firearms licences; in particular the requirement that GPs remain permanently responsible for informing the police of any change in medical circumstance that may, even remotely, impact on the eligibility of the person to hold a firearms licence.

94 Dyfed Powys
That Conference Condemns the BMA for the handling of the firearms licensing procedure and demands that GPs are offered practical advice, within their contractual obligations, on their involvement in the process.

95 Morgannwg
That Conference calls on GPC Wales to reiterate to DWP / Capita and other agencies that GPs must be paid for providing all non-contractual reports that are requested, even if those reports are not utilised by the requesting agency and particularly if the report has been lost by DWP / Capita.

96 Gwent
That Conference demands Welsh Government prohibit GPs from completing short or medium-term fit notes required by patients to receive their benefit payments due to the fact that GPs risk relationship breakdown by essentially making decisions on their eligibility for payments.

97 Morgannwg
That Conference believes the requirement for supporting medical evidence from applicants GPs in benefits applications is either scrapped in its entirety or funded properly via collaborative fees and not at the expense of often vulnerable patients.

98 Dyfed Powys
That Conference requests that the Welsh Government looks at an alternative mechanism to facilitate sickness certification.
<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>15:05 – 15:15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>99</strong> Gwent</td>
<td>That Conference demands that GP’s are not to be regarded as an emergency service and used as a substitute to attend an emergency because of a failure of the ambulance service to respond appropriately.</td>
</tr>
<tr>
<td><strong>100</strong> Dyfed Powys</td>
<td>That Conference confirms that GPs are not emergency care practitioners and should not routinely be expected to provide emergency medical services.</td>
</tr>
<tr>
<td><strong>101</strong> Gwent</td>
<td>That Conference urges the ambulance service not extend response times for patients with life threatening conditions because the patient is with a GP or other healthcare worker.</td>
</tr>
<tr>
<td><strong>102</strong> Dyfed Powys</td>
<td>That Conference is concerned about the delays in responding to calls for urgent ambulance attendance at GP premises and calls on WAST to acknowledge that an assessment by a medically qualified person that an urgent ambulance is required should not be downgraded because the patient is being attended by a medically trained person.</td>
</tr>
<tr>
<td><strong>103</strong> Gwent</td>
<td>That Conference demands that WAST reverses its decision to downgrade the response time to patients with myocardial infarction or stroke which it states has helped improve its performance figures.</td>
</tr>
<tr>
<td><strong>104</strong> Morgannwg</td>
<td>That Conference believes that ambulance queuing at Hospital front doors is adversely affecting community care and that hospitals and Health Boards should view the inability of an ambulance to transfer a patient to its care within 15 minutes as a ‘never event’.</td>
</tr>
</tbody>
</table>

**AFTERNOON TEA**
15:15 – 15:30

**Ask the negotiators**
15:30 - 15:55

**Co-payments**
15:55 - 16:25

**Themed Debate**

**Question: To pay or not to pay? That is the question?**

**Conference**
16:25 – 16:35

**105** North Wales
That Conference advises GPC Wales should commit to a feedback process that involves those who propose conference motions that are passed, thus ensuring that conference is truly part of democratic representation for the GP voice in Wales.

**Other**
16:35 – 16:45

**106** Morgannwg
That Conference feels that secondary care and other services should publish their waiting times on-line, deal with requests to expedite appointments themselves and be answerable directly to patients when those times are excessive.

**107** Gwent
That Conference demands that the Choose Well App is made more informative and becomes more than just a list of services but a true educational and proactive tool as part of a wider campaign to “choose well”

**108** Gwent
That Conference deplores the criminalisation of health care professionals who make mistakes and calls on the police and Crown Prosecution Service to be more tolerant of human error.
That Conference demands vitamins for J.A.M. not just those on Breadline. Conference calls for Welsh Government to make Healthy Start vitamins available free of charge to all pregnant and breast feeding women and children under the age of five.

'A' motions

109 Gwent
That Conference demands vitamins for J.A.M. not just those on Breadline. Conference calls for Welsh Government to make Healthy Start vitamins available free of charge to all pregnant and breast feeding women and children under the age of five.

110 North Wales
That Conference calls for the additional resource made available to managed practices (both financial and workforce that isn’t counted as GMS) must be matched by comparative additional resource made available to GMS practices.

111 North Wales
That Conference believes that the additional resource that is currently being poured into managed practices should be made available to practices to help avoid them closing rather than waiting until they have collapsed.

112 Morgannwg
That Conference insists Health Boards remove any block on GP access to investigations which they feel are appropriate for their patient and within their level of expertise to request and interpret the result.

113 Bro Taf
That Conference calls on the Welsh Government to launch a ‘self-care’ health campaign regarding using the common ailments service provided by Community Pharmacists, to reduce the workload on primary care.

114 Bro Taf
That Conference calls on the Welsh Government to scrap the flu vaccination scheme in its current form by community pharmacists, as it has reduced practice incomes, making it more difficult to survive in challenging times.

115 Dyfed Powys
That Conference demands that Health Boards introduce rigorous audit and post payment verification processes to flu vaccinations given by pharmacies, in line with the scrutiny of services in GP practices.

116 Morgannwg
That Conference demands that GPC Wales continue to insist on core hours being 8am-18.30pm mon-Fri and that any attempt by Welsh Government to extend the core hours in the current negotiations is a line in the sand.

117 Morgannwg
That Conference demands urges Welsh Government and other agencies that are encouraging demand for routine GP services during evenings and weekends, consider extending the remit of out of hours providers to provide routine appointments for patients during the OOH periods.

118 Morgannwg
That Conference is appalled by the poor access and availability of Child and adolescent Mental health services in Wales and the long term effects on health this can lead to and calls for an urgent National review and solution to be developed.
**Welsh Conference of Local Medical Committees 2016**

**Minutes**
Receive minutes of 2015 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference (Page 18)

**Standing Orders**
Receive Standing Orders of the Welsh Conference of Local Medical Committees (Page 35)

**General Practitioners Committee (Wales)**
Receive annual report from Dr Charlotte Jones, Chairman of GPC Wales

**Workforce**

**9.20 – 9.40**

1* North Wales

That conference believes that the government should acknowledge the crisis in British General Practice and undertake the following measures urgently:

i. Make General Practice a shortage speciality under Home Office regulations, thus allowing appropriately trained doctors from outside the EEC to seek work in the UK – PASS

ii. Establish what measures can be taken to arrest the haemorrhage of experienced practitioners from the profession – PASS

iii. Enact the bureaucracy reducing measures that have been proposed for several years but have yet to be implemented – PASS

iv. Restore the expenditure necessary to maintain high standards of doctor delivered General Practice. – PASS

2 Dyfed Powys

Commends the Welsh Government, Shared Services Partnership (SSP) and Local Health Boards (LHBs) for addressing the bureaucracy surrounding the performers list and request that they continue to work toward a streamlined and simplified process for accepting GPs onto performer’s lists.

3 Morgannwg

That conference demands Welsh Government should hold a single performers list for General Practice in Wales.

4 Bro Taf

That conference calls on the UK Government to include the recruitment of GPs from non EU countries in its immigration policy as a priority for a safe and sustainable service.

5 Bro Taf

That conference agrees that for more recruitment of the workforce and retaining the workforce the Welsh Government should provide extra financial incentives.

6 Gwent

That conference demands progress and action on a strategy for retaining experienced General Practitioners within the workforce in Wales.

7 Gwent

That conference demands that the government looks at voluntary exit interviews of GP practitioners at all levels, through retirement or moving out of the UK to inform objective measurable reasons for the haemorrhage and loss of resource.

8* Bro Taf

That conference requests GPC Wales to counter the unhelpful rhetoric from Welsh Government and other NHS bodies that promotes the myth that other health professionals will provide the answer to the recruitment and sustainability crisis in General Practice. – PASS

9 North Wales

That conference recognises the necessity and benefits of increasing skill mix to maintain a primary care workforce.
10 North Wales That conference calls for the recognition that training of non-doctor health care practitioners must include adequate learning about the skills necessary for provision of high quality primary care.

11 Morgannwg That conference recognises the emergence of Physicians Associates within the primary care workforce but is concerned that they are viewed as a panacea to the workforce problems in the Welsh NHS.

12 Gwent That conference demands progress and action on a strategy for retaining and attracting more GP colleagues in Wales at all levels. – PASS

13 Gwent That conference demands Welsh Government action to reverse the trend of GP morale being at an all-time low.

123* North Wales That conference believes that Welsh Government is oblivious to the crisis affecting General Practice in North Wales, as demonstrated by recent press statements, and calls on the First Minister to urgently review the facts and retract his erroneous statement. – PASS

124 Gwent That the first minister publicly correct his mistaken statement in the Senedd that there are 2000 more GPs in Wales than 10 years ago and call on him to implement the Wales RCGPs target of 400 extra whole time equivalent GPs by 2020.

125 North Wales That Conference believes that the recent press statement by the First Minister regarding the crisis in General Practice in North Wales demonstrates a complete failure of Welsh Government to react to warnings, repeated by the profession over the past 10 years, of impending manpower shortages and questions the commitment of the Government to provide high quality Primary Care to its people.

126 Gwent That conference demands that our First Minister gives accurate information to the public with regards to the current disastrous situation about general practice and the perfect storm which is upon us in terms of general practice recruitment and retention.

14 Gwent That conference demands robust monitoring and impact measurements on the contribution of allied health care practitioners to lessen the workload on General Practitioners. – PASS

15 Gwent That conference demands action on a strategy for recruiting and training practice nurses in Wales – PASS

Workload and resources 9.40 – 10.00

16* Dyfed Powys Condemns Local Health Boards (LHBs) who are trying to reclassify enhanced service work as core GMS and requests GPC Wales to support LMCs and practices in their refusal to accept this unpaid work. – PASS

17 Dyfed Powys Supports practices who are “handing back” unfunded work to LHBs, despite pressure from LHB managers to continue to provide an un-resourced service.
*AC1

GP's are on their knees and the next generation are being scared off and many GP's are forced to accept ever growing lists until they surrender their contract in despair

i. We need GPC to define and agree with the government a manageable safe workload – PASS

ii. Introduce measures to stop GP's being forced to take patients above this level – PASS

iii. Need to empower GPC to find urgent solutions to what GMS work can be safely stopped or suspended to try and rescue the struggling GP workforce – PASS

iv. With an ageing population and ever expanding treatments, scarce GP services need to be protected and used wisely – PASS

18 North Wales

GP's are on their knees and the next generation are being scared off as they see us trying to manage 2000+ patients to NICE, QOF, enhanced services and growing government and public expectations. Many GP's are forced to accept ever growing lists until they surrender their contract in despair. We need GPC to define and agree with the government a manageable safe workload and introduce measures to stop GP's being forced to take patients above this level.

19 North Wales

Over the past 10 years workload for GP's has tripled and has now in many surgeries become a burden and incompatible with a healthy balanced family life. We need to empower GPC to find urgent solutions to what GMS work can be safely stopped or suspended to try and rescue the struggling GP workforce.

20 North Wales

With an ageing population and ever expanding treatments scarce GP services need to be protected and used wisely. We call on GPC and public health to urgently look at raising public awareness of the GP crisis, and encouraging self-management, other sources of advice/coping and wise use of GP time and a halting of the constant public and government mantra of 'if you're not sure go and see your GP'.

21 North Wales

Primary care can no longer manage ever increasing political and public demand with a shrinking workforce and decreasing income. With the ongoing pay freeze/cuts funding more staff is currently impossible for many surgeries. Conference demands an urgent uplift to surgery funding to recruit extra GP's/accessory staff to try and rescue primary care.

22 North Wales

That conference seeks the re-establishment of the Medical Practice Committee, or similar, to ensure that primary care provision is spread across the UK in a way proportionate to population need. – PASS

23 Gwent

That conference urgently looks at 'last man standing' liabilities and support to avoid collapse of services – PASS

24 Gwent

That conference urges the public to be officially told the truth that with the current recruitment and retention crisis added to the oversaturated primary care workload, GP's are unable to deliver safe services to their patients. – LOST

MPIG

10.00 – 10.15

25 North Wales

That conference believes that the process of MPIG redistribution is affecting rural and multisite practices disproportionately and conference calls for the process to be halted pending a review of fair funding. – LOST
GPC UK
10.15 – 10.25

That Conference calls upon Welsh GPC to reject the motion passed at the Special UK LMC Conference which reads “GPC should canvass GPs on their willingness to submit undated resignations.” – PASS

QOF (Themed debate)
10.15 – 10.45

Question: Should GPC Wales negotiate the abolition of QOF in the GMS contract and for funding to be transferred into the global sum? – LOST (Abolition Opposed)

North Wales

That conference calls for QOF (Quality and Outcomes Framework) to be abandoned, and for the funding to be transferred into global sum. – LOST

North Wales

That conference believes that QOF (Quality and Outcomes Framework) is no longer serving a useful purpose and that the process of coding and monitoring is in fact a negative influence on patient care.

Morgannwg

That conference believes the Quality and Outcomes Framework (QOF) is a misnomer and should be consigned to history.

Gwent

That conference supports the reduction of QOF (Quality and Outcomes Framework) and that the trend of returning the money to global sum should be accelerated as the professionalism of General Practice has been proved repeatedly and does not need this repeated measurement. – NOT REACHED

Key Note Speech Dr Richard Lewis
10.45 – 11.05

Coffee
11.05 – 11.15

GP Clusters
11.15 – 11.30

*AC2

Conference demands that Health Boards urgently act to

i. Reduce bureaucracy and delay in releasing funding to clusters which currently compromises their ability to utilise earmarked funding and deliver services – PASS

ii. Work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federations. – PASS

iii. Demands appropriate access to independent planning and financial experts to support development of clusters and intercluster working – PASS

iv. Adhere to the “light touch” approach to cluster network funding as envisaged by the Welsh Government

v. Suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups. – PASS

Morgannwg

Conference demands that Health Boards urgently act to reduce bureaucracy and delay in releasing funding to clusters which compromises their ability to utilise earmarked funding and deliver services.

Morgannwg

That conference calls on Welsh Government and Health Boards to work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federation.
That conference demands appropriate access to independent planning and financial experts to support development of clusters and intercluster working.

That conference calls for Health Boards to adhere to the “light touch” approach to Cluster Network funding as envisaged by the Welsh Government.

That conference suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.

That conference believes that there is still a great deal of ambiguity regarding clusters and the direction of travel and that there is a significant risk that they will be “talking shops” with no real power to reconfigure services or care. — PASS

That conference urges GPC Wales to recognise that clusters in their current format may distract attention from the real resourcing problems of General Practice, as the additional primary care funding that they have been allocated from Welsh Government may not increase GP practice resources.

That conference welcomes the shift by Welsh Government in recognising that primary care must be at the centre of all NHS development and urges the minister and Health Boards to fully support and resource GPs to engage clusters to effectively deliver on this vital agenda. — PASS

That conference believes that the present QP templates that are required to be completed for the “Cluster Domain” are bureaucratic and open to claw back and should be scrapped. — TAKEN AS A REFERENCE

Deanery and Training
11.30 – 11.50

That conference calls on GPC Wales to work with Welsh Government and the Welsh Deanery to:

1. Increase the total number of GP training places in Wales — PASS
2. Ensure the equitable distribution of those places across the various regions of Wales — PASS
3. Ensure progress and action on a strategy for training more medical students in Wales — PASS
4. Ensure progress and action on a strategy for training more GPs within Wales. — PASS

That conference calls on GPC Wales to work with Welsh Government and the Welsh Deanery
1. To increase the total number of GP training places in Wales.
2. To ensure the equitable distribution of those places across the various regions of Wales.

That conference demands progress and action on a strategy for training more medical students in Wales.

That conference demands progress and action on a strategy for training more GPs within Wales.

That conference calls on Welsh Government, the General Medical Council (GMC) and GPC Wales to enable doctors to spend 6-12 months in supervised standalone ‘F3’ posts in General Practice. — PASS

That conference believes doctors should have undertaken a minimum 4-month placement in General Practice by the completion of their foundation phase of training. — PASS
Morgannwg LMC is very concerned that the Swansea Medical School has reduced the resource to backfill those doctors/practices involved in teaching undergraduate medical students and that this will have a significant impact on the numbers able to provide placements. — NOT REACHED

**Themed Debate: GMS Contract 11.50 – 12.20**

Question: Independent contractor or salaried GP Service: Which is the Future model? Independent contractor model confirmed as preferred Model

45* North Wales

That conference believes that whatever the future models of General Practice, the good things about independent contractor status that make it efficient and effective should be cherished and built on. — PASS

46 Gwent

That conference believes that independent contractor status needs a serious review and that a salaried service is fully considered and negotiated for provision of GP services.

**Secondary Care 12.20 – 12.35**

47 Morgannwg

That conference believes every patient:

i. Should be able to see in ‘real time’ how long it will take until they receive an outpatient appointment

ii. Should be able to directly request expedition without contacting their GP.

— PASS

48 Bro Taf

That conference calls on Welsh Government to confirm clinical responsibility is passed to secondary care, where delay in a patient being assessed in a clinically appropriate time frame, is caused by the failure of secondary care systems. — TAKEN AS A REFERENCE

49 Morgannwg

That conference deplores the incessant ‘buck passing’ of work by secondary care, as this creates unnecessary burden on primary care, and demands that Health Boards instruct all hospital doctors to:

i. Make inter- and intra- departmental referrals rather than requesting the GP to do the referral.

ii. Deal with all investigations initiated in hospital or at the barest minimum discuss with the GP before passing over the responsibility. — PASS

50 Morgannwg

That conference asserts that the way some hospitals implement the current Individual Patient Funding Request (IPFR) Wales policy with regards to reconstructive surgery is not fit for purpose and needs to be urgently addressed. — PASS

**Enhanced Services 12.35 – 12.45**

51 Morgannwg

That conference calls for the mess around phlebotomy provision in Wales to be sorted once and for all with a nationwide Enhanced Service. — PASS

52 Morgannwg

That conference insists that practices wishing to withdraw from provision of Enhanced Services are supported by Health Boards, given clear guidance on process and protected from unfair criticism levelled at them by colleagues ignorant of the pressure on GPs in 2016. — PASS

53 Morgannwg

That conference calls on Health Boards to be transparent about their funding of Enhanced Services and to ensure that the Enhanced Service Floor of funding is met each financial year. — PASS
LUNCH
12.45 – 1.30

Ask the UK Negs
1.30 – 2.00

Dispensing and Prescribing
2.00 – 2.20

54 Gwent
That with the failure of the English Department of Health to move on adjusting reimbursement of dispensed drugs, Welsh Government should consider direct negotiation with GPC Wales to avoid the nonsense of doctors dispensing drugs at a loss. — PASS

55 Morgannwg
Conference believes that a significant amount of GP time is wasted in the requirement of GPs to prescribe stoma and other special appliances and demands that Welsh Government develops a centralised direct supply service. — PASS

56 Gwent
That conference deplores the regular supply shortages seen with many commonly prescribed drugs and urges government to look again at the causes of these in order to ensure that they do not continue. — PASS

Vaccinations and Immunisations
2.20 – 2.40

*AC4
That conference believes, in regard to the childhood Influenza programme:

i. Public Health Wales and Welsh Government must effectively communicate their plan and vision over the foreseeable future; so that practices and parents are not left guessing which children will be eligible year-on-year — PASS

ii. Public Health Wales and Welsh Government must dramatically improve their awareness campaigns — PASS

iii. Effective two-way communication between primary care and the School Nursing Service must develop, so that missed children can be recognised and vaccinated promptly and at a point in the influenza season when they still stand to benefit from vaccination. — PASS

57 Morgannwg
That conference believes that Public Health Wales and Welsh Government effectively communicate their plan and vision for childhood influenza vaccination over the foreseeable future; so that practices and parents are not left guessing which children will be eligible year-on-year.

58 Morgannwg
That conference supports the routine immunisation of children against influenza, but that in order for the programme to reach successful levels of uptake:

i. Public Health Wales and Welsh Government must dramatically improve their awareness campaigns and

ii. Effective two-way communication between Primary Care and the School Nursing Service must develop, so that missed children can be recognized and vaccinated promptly and at a point in the influenza season when they still stand to benefit from vaccination.

59 Morgannwg
That conference recognises the primary role of GPs in delivering influenza vaccination and believes that for Welsh targets for uptake to be met requires a coordinated, early national awareness campaign, whilst also removing focus from vaccination within community pharmacies, which represents an expensive and poorly targeted service. — PASS
*AC5  That this conference calls on GPC Wales to ensure the community pharmacy contract for influenza
i. Is subject to post payment verification checks on the categories of patients claimed for
ii. Provides a transparent report on the cost effectiveness of the pharmacy flu vaccination service; and
iii. If this does not demonstrate achievement of the original intended goals, insists the money provided is used on more evidence based cost effective primary care measures. – PASS

60  Bro Taf  That this conference calls on GPC Wales to ensure the community pharmacy contract for influenza that vaccination is subject to post payment verification checks on the categories of patients claimed for.

61  Bro Taf  That conference demands that Welsh Government:
   i. Provides a transparent report on the cost effectiveness of the pharmacy flu vaccination service and,
   ii. If this does not demonstrate achievement of the original intended goals, insists the money provided is used on more evidence based cost effective primary care measures.

62*  Dyfed Powys  Suggests to the Welsh Government that despite including pharmacies in those who provide flu vaccinations, there has been no increase in uptake and that it should look at what other factors are affecting uptake. – PASS

63  Dyfed Powys  Requests that Welsh Government audits the uptake of flu vaccination in pharmacies to assess if they are vaccinating previously unreached patients or just offer offering an alternative service to those already being vaccinated by the medical practices.

64  Gwent  That conference demands that pharmacy and surgery delivery of flu vaccination should be complementary but operate from a level playing field.

65  Morgannwg  That conference believes that Hepatitis B immunisation should be extended to match the schedules in other developed countries. -PASS

66  Gwent  That the delivery of a good public health service to families, including the delivery of childhood immunisations, is the responsibility of GPs and Health Visitors alike. – NOT REACHED

67  Bro Taf  That conference calls on Welsh Government to alter the domain denominator following the exemption reporting of patients declining flu immunisation, as patients have a right to informed choice and GPs should not be penalised as a result. – NOT REACHED

68  Dyfed Powys  Reminds Public Health that staff in GP practices invest a lot of time and energy into contacting patients to attend for their flu vaccination and do not need continual advice about the need to contact patients. – NOT REACHED

Welsh Government
2.40 – 2.45

*AC6  That conference applauds the Welsh Government
i. For announcing they do not intend to impose the new junior doctor contract.
ii. For not following the misguided path taken in England in transferring public health services to impoverished Local Authorities. – PASS

69  Gwent  That conference applauds the Welsh Government for announcing they do not intend to impose the new junior doctor contract.
That conference congratulates the Welsh Government for not following the misguided path taken in England in transferring public health services to impoverished Local Authorities.

**Finance and Expenses 2.45 – 3.00**

71* Morgannwg

That conference believes you ‘can’t get a quart out of a pint pot’ and that reducing the proportion of the budget going directly into GMS practices is a recipe for disaster in managing demand in a stretched NHS system. – **PASS**

72 Gwent

That conference urges governments in both Wales and Westminster to invest in primary care as the best way of maintaining a world class health service.

73 North Wales

That conference seeks that there is an immediate increase in financial resource to primary care to fairly reflect the rise in expenses that has occurred since 2004.

74* Gwent

That where there is a predictable rise to specific GP expenses due to government action, Welsh Government should normally recognise this in full in the earnings and expenses uplift negotiated outside any general inflationary expenses rise. – **PASS**

75 Dyfed Powys

Urges the Welsh Government to acknowledge the impact of the introduction of the living wage will have on the wage bill for practices and provide assurances that there will be additional resources to protect the provision of service for patients.

76 Dyfed Powys

Advises the Welsh Government that unless additional funding is provided to practices to cover the implementation of the living wage, the provision of patient services will be affected.

77 Gwent

That conference demands the government takes action and supports practices with raising expenses which impacts on surgery viability against a backdrop of falling GP income.

78 Bro Taf

That conference calls on Welsh Government to ensure that there is uniform funding for all GP practices to provide core patient services in Wales.

79 Morgannwg

That conference calls upon Welsh Government to ensure that Health Boards do not offset their financial deficits or use Cluster Network funding, including under spends and slippage monies, for anything other than their intended purpose to deliver investment and services in primary care, particularly by tenuously labelling services from elsewhere as ‘primary care’. – **PASS**

80 North Wales

That conference seeks that the DDRB recommendations on GMP pay are non-negotiable after evidence is submitted. – **TAKEN AS A REFERENCE**

**Appraisal and revalidation 3.00 – 3.10**

81 North Wales

That conference agrees that appraisal and revalidation are labour intensive and poorly evidence based. We call for both to be suspended pending review. – **LOST**

**Soapbox 3.10 – 3.35**

**Tea 3.35 – 3.45**
Mental Health
3.45 – 3.50

82 Morgannwg
That conference demands Welsh Government strengthen and improve the availability of appropriate services for those with all Mental Health problems in order to reduce the impact on patients and society as a whole. – PASS

Indemnity
3.50 – 4.00

83* Dyfed Powys
That conference urges Welsh Government, GPC, BMA and Medical Defence organisations to engage in a meaningful discussion about the escalating cost of medical defence subscriptions and look for strategies which will not exclude good doctors from practising medicine. – PASS

84 North Wales
That conference recognises that rising indemnity costs are a danger to the long term ability of GPs to provide daytime primary care. We ask GPC Wales and Welsh Government to find a solution to alleviate this situation with urgency.

85 Gwent
That conference insists that Welsh Government have a strategy and takes action on supporting GPs with raising indemnity fees.

86 Bro Taf
That conference requests the GPC to explore innovative solutions to the issue of rising indemnity costs including, but not confined to, the possibility of crown indemnity.

87 Gwent
That Welsh Government should consider expanding the current Out of Hours (OOH) provision of Welsh risk pool indemnity to General Practice in hours.

Medical Certification & Reports
4.00 – 4.10

88* Morgannwg
Conference demands that Welsh Government reinforce previous guidance to local authorities and other public bodies that they should stop requesting medical certificates and GP letters to validate claimant’s applications for services or other assistance. – PASS

89 Morgannwg
Conference demands that Welsh Government reviews its Welsh Water Assist Programme and restricts support to those who are connected via a water meter and limits the eligibility to those who have a significant medical condition.

90 Morgannwg
That conference is appalled by the way many applicants for Disabled Parking badges are treated by Local Authorities and the deleterious effect this has on the patient’s health and relationship with their GP.

Premises
4.10 – 4.20

91 Morgannwg
That conference calls on Welsh Government to consider purchasing back all GP premises at the market rate, to release rental funding and protect GPs from potential risk of bankruptcy in these challenging times. – LOST

92 Bro Taf
That conference requests GPC to ensure that the current lease conditions used for primary care estates are altered to avoid practices incurring unreasonable financial strain. – PASS
Conference demands that Welsh Government recognise the contribution of GP’s in developing premises to deliver high quality primary care and to ensure that Health Boards provide resources to maintain and develop existing and new GP premises. – NOT REACHED

Health Boards
4.20 – 4.35

94 North Wales
That conference demands that resources and support poured into LHB managed practices should be equitably made available to Independent Contractor practices to prevent them from collapsing in the first place. – PASS

95 Dyfed Powys
Proposes that the Welsh Government establishes a Health Board specifically for primary care in Wales as the current LHB regime has its focus on sustaining hospital services. – TAKEN AS A REFERENCE

96* Morgannwg
That conference deplorer the petty funding arguments at boundaries between Health Boards that adversely affect care and patient experience and insists that Health Boards should not restrict a GP’s ability to refer a patient to a specific service. – PASS

97 Morgannwg
That conference calls upon Welsh Government and Health Boards to ensure there are genuine and effective processes to address cross-border issues, resolve senseless inconsistencies in services for patients of practices which straddle Health Board boundaries and eliminate unacceptable post code lotteries in health care.

98 Gwent
That Health Boards recognise that practice nurses were recruited from GP funds to manage primary care priorities – NOT REACHED

Unscheduled Care
4.35 – 4.40

99 Morgannwg
Conference congratulates those GP’s who are involved in managing, developing and delivering Out of Hours (OOH) care and demands that Welsh Government ensures that in any change to the delivery of OOH care that Local GP’s are appropriately remunerated to ensure they remain engaged in OOH care. – PASS

IM&T
4.40 – 4.45

100 Gwent
That conference insists that Health Boards look at ways of insuring timely and valid response when significant events across the primary-secondary care interface are reported using e-DATIX or other mechanisms in order to allow closure of the significant event audit loop. – PASS

101 Morgannwg
That conference calls on NWIS to allow practices simple administrative rights to their computer systems and stop wasting the IT skills that exist in computer literate GP teams. – NOT REACHED

102 North Wales
That conference insists that any IT solutions for access to Primary Care is an adjunct to the doctor patient relationship rather than a replacement. – NOT REACHED
Access
4.45 – 4.55

103 Morgannwg
That conference believes that GPs are quite capable of deciding which investigations are appropriate for their patients and should be allowed to request them without obstruction. — PASS

104 North Wales
The GP crisis is now sadly established and with 20% of our scarce routine appointments being wasted, by patients not turning up. It is time to support fines for patients missing appointments for no good reason, to try and stem this wastage and the money raised going to support primary care. — LOST

105 Bro Taf
That conference appeals to the Welsh Government to provide extra funding to tackle the problem of long waiting lists. — LOST

Others
4.55 – 5.00

106 Morgannwg
Conference calls on the Agenda Committee to review the present arrangements of the conference of Welsh LMCs. — PASS

107 Bro Taf
That conference calls on GPC Wales to insist that the Public Services Ombudsman is not the correct body to advise on “compensation” amounts for patients or relatives and that its role should be confined to reviewing disputed cases and providing a verdict on whether or not to uphold a complaint. — TAKEN AS A REFERENCE

108 Gwent
That conference is dismayed by the continued reports of delays in response times by the Welsh Ambulance Service. — NOT REACHED

109 Gwent
That conference supports the wish of first language Welsh speaking patients who live in their own country to speak Welsh to their health professionals where at all possible. — NOT REACHED

110 Bro Taf
That conference demands that GPC continues to raise the issue of the iniquity and clinical risk associated with the lack of the sharing of clinical information concerning patients with positive HIV status, with the aim of achieving a mandatory change in the current accepted practice. — NOT REACHED

And Finally....

111 Morgannwg
That conference calls on David Cameron to henceforth describe Offa’s Dyke as the ‘line between collaboration and privatisation’. — PASS

Motions not for debate

112 Dyfed Powys
Requests that Welsh Government undertakes a comprehensive review of the flu immunisation campaign to assess.

113 Gwent
Conference believes that Welsh Government should review the English Junior Doctor Contract when agreement has been reached to ascertain if there are any positive points that Wales should consider.

114 Morgannwg
That conference supports the focus on increasing availability of Ambulatory Emergency Care for suitable patients in secondary care.

115 Gwent
That conference believes that austerity as a policy is mainly a way of transferring resources from the most needy to the most well-off and has no place in the management of a fair and equitable society, in particular when this is used as an excuse to emasculate Health and Social Services.
‘A’ Motions

116 Gwent
That conference reiterates in no uncertain terms that the hurricane of GP workforce crisis is landing on our shores and despite the failure of acknowledgment of the early warning system that Welsh Government now puts action at the forefront ahead of rhetoric.

117 Morgannwg
That conference insists that Welsh Government leads a wholesale review with Health Boards of health care priorities to include a review of the proportion of the health budget spent on primary care and to address the fundamental inconsistencies of Health Boards in prioritising the use of scarce health resources.

118 Morgannwg
That conference demands that Welsh Government intervene to address, once and for all, the scandalous ongoing risk to patients posed by absent, delayed and poor quality discharge information.

119 Bro Taf
That conference requests GPC Wales to negotiate a mechanism which will ensure that funding follows the flow of work from secondary to primary care.

120 Gwent
That conference supports a fully funded and accessible occupational health service for GPs and their staff regardless of their contractual status.

121 Gwent
That Conference congratulates Healthcare Inspectorate Wales on its proportionate response in carrying out inspections in General Practices in Wales and its avoidance of the excesses of the English CQC.
## WLMC 2016 Resolutions Progress Report – an update on work taken forward by GPC Wales.

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce</strong></td>
<td><strong>GPC Wales and GPC UK have taken forward workforce concerns via the campaign &quot;Urgent Prescription for General Practice&quot;. The campaign included a solutions-focused document outlining urgent areas for action, building on the concerns raised by the profession, and outlined in the 2014 strategy document, General Practice – ‘A Prescription for a Healthy Future.’</strong></td>
</tr>
</tbody>
</table>
| 1* That Conference believes that the government should acknowledge the crisis in British General Practice and undertake the following measures urgently:  
i. Make General Practice a shortage speciality under Home Office regulations, thus allowing appropriately trained doctors from outside the EEC to seek work in the UK  
ii. Establish what measures can be taken to arrest the haemorrhage of experienced practitioners from the profession  
iii. Enact the bureaucracy reducing measures that have been proposed for several years but have yet to be implemented  
iv. Restore the expenditure necessary to maintain high standards of doctor delivered General Practice. |  
i. Representation has been made GPC Wales and GPC UK to permit appropriately trained doctors from outside the EEC to seek work in the UK.  
ii. Work streams focusing on the retention of practitioners have been carried out through the Urgent Prescription campaign, as well as liaison with Welsh Government and engagement with Ministerial Taskforce on the Primary Care Workforce. The progress has not had the necessary momentum to make meaningful difference as yet.  
iii. QOF has been suspended for three months and GPC Wales has included further specific areas to reduce bureaucracy in forthcoming round of negotiations with Welsh Government.  
v. The Urgent Prescription campaign has focussed heavily on the need for adequate resources for general practice and given solutions to provide this. |
| 8* That Conference requests GPC Wales to counter the unhelpful rhetoric from Welsh Government and other NHS bodies that promotes the myth that other health professionals will provide the answer to the recruitment and sustainability crisis in General Practice. |  
This has been addressed through direct discussion with Cabinet Secretary for Health, Well-being and Sport, civil servants and Assembly Members. The Urgent Prescription campaign solution document addresses this issue.  
It was felt that a formal letter to First Minister regarding Plenary comments would be withheld whilst other avenues pursued.  
Furthermore, GPC Wales is engaging constructively with the ministerial taskforce and providing a largely united front with the Royal College of General Practitioners (RCGP) and the Deanery. |
| 12 That Conference demands progress and action on a strategy for retaining and attracting more GP colleagues in Wales at all levels. |  
This has been taken forward through the Urgent Prescription Campaign and ministerial taskforce. This has been supplemented with joint working with key stakeholders to address retention and recruitment challenges. |
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>123*</td>
<td>That Conference believes that Welsh Government is oblivious to the crisis affecting General Practice in North Wales, as demonstrated by recent press statements, and calls on the First Minister to urgently review the facts and retract his erroneous statement.</td>
</tr>
<tr>
<td></td>
<td>This has been addressed through the Urgent Prescription campaign, individual briefings for AMs and oral evidence sessions to the Health, Social Care and Sport Committee (HSCSC), highlighting the costs of directly managed practices and how much positive impact providing independent contractors (with the additional wider workforce) would have at an individual practice level.</td>
</tr>
<tr>
<td></td>
<td>Erroneous workforce numbers quoted by the First Minister has been raised at the ministerial taskforce meetings. GPC Wales will be exploring other avenues to address this matter before formally meeting the First Minister.</td>
</tr>
<tr>
<td>14</td>
<td>That Conference demands robust monitoring and impact measurements on the contribution of allied health care practitioners to lessen the workload on General Practitioners.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales has called upon this also through formal channels.</td>
</tr>
<tr>
<td>15</td>
<td>That Conference demands action on a strategy for recruiting and training practice nurses in Wales.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales has been involved in the work on developing a refreshed Welsh practice nurse training scheme.</td>
</tr>
<tr>
<td><strong>Workload and Resources</strong></td>
<td></td>
</tr>
<tr>
<td>16*</td>
<td>Condemns Local Health Boards (LHBs) who are trying to reclassify enhanced service work as core GMS and requests GPC Wales to support LMCs and practices in their refusal to accept this unpaid work.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales continue to support Local Medical Committees (LMCs) with Health Board engagement and have been actively involved in supporting LMCs where requested.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales has also transferred significant areas of work into Direct Enhanced Services (DES) which Health Boards are mandated to deliver.</td>
</tr>
<tr>
<td>AC1*</td>
<td>GPs are on their knees and the next generation are being scared off and many GPs are forced to accept ever growing lists until they surrender their contract in despair</td>
</tr>
<tr>
<td></td>
<td>GPC Wales developed an overspill hub discussion paper. In addition, managing safe workloads is part of the GPC Wales contract mandate for 17/18.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales has used this principle in the Urgent Prescription campaign, when negotiating and working with Welsh Government, whilst also highlighting need for adequate resources to support work.</td>
</tr>
<tr>
<td>21*</td>
<td>Primary care can no longer manage ever increasing political and public demand with a shrinking workforce and decreasing income. With the ongoing pay freeze/cuts funding more staff is currently impossible for many surgeries. Conference demands an urgent uplift to surgery funding to recruit extra GPs/accessory staff to try and rescue primary care.</td>
</tr>
<tr>
<td></td>
<td>GPC Wales has highlighted this in its campaign and negotiations with Welsh Government.</td>
</tr>
<tr>
<td></td>
<td>New resources are still coming in to primary care through clusters – many of whom are using these resources to directly support practices but more needs to be done.</td>
</tr>
<tr>
<td></td>
<td>Both financial and personnel resources to support practices is a key area of our contract mandate.</td>
</tr>
<tr>
<td>Resolution</td>
<td>Progress</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>22</td>
<td>That conference seeks the re-establishment of the Medical Practice Committee, or similar, to ensure that primary care provision is spread across the UK in a way proportionate to population need. The Medical Practice Committee (MPC) was a national body whose main remit was to act as a mechanism to approve taking on GPs. The financial level to enable this was the basic practice allowance. Therefore, at present, with the current GMS contract being practice based, it is fundamentally incompatible with the MPC contract. GPC Wales has looked at the feasibility of reinstating a practice based allowance as one way to redress the year on year reduction in funding to practices but this will be subject to discussions with Welsh Government.</td>
</tr>
<tr>
<td>23</td>
<td>That Conference urgently looks at ‘last man standing’ liabilities and support to avoid collapse of services. GPC Wales has developed a briefing on ‘last man standing’ which includes a favourable response from Welsh Government. GPC Wales aim to build on this progress for the next contract round.</td>
</tr>
<tr>
<td>GPC UK</td>
<td>GPC Wales continue to support the approach of Welsh LMC Conference</td>
</tr>
<tr>
<td>122</td>
<td>That Conference calls upon Welsh GPC to reject the motion passed at the Special UK LMC Conference which reads “GPC should canvass GPs on their willingness to submit undated resignations</td>
</tr>
<tr>
<td>GP Clusters</td>
<td></td>
</tr>
<tr>
<td>AC2*</td>
<td>Conference demands that Health Boards urgently act to</td>
</tr>
<tr>
<td></td>
<td>i. Reduce bureaucracy and delay in releasing funding to clusters which currently compromises their ability to utilise earmarked funding and deliver ii. Work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federations iii. Demands appropriate access to independent planning and financial experts to support development of clusters and intercluster working iv. Adhere to the “light touch” approach to cluster network funding as envisaged by the Welsh Government v. Suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.</td>
</tr>
<tr>
<td>35*</td>
<td>That conference believes that there is still a great deal of ambiguity regarding clusters and the direction of travel and that there is a significant risk that they will be “talking shops” with no real power to reconfigure services or care. GPC Wales has undertaken activities to raise cluster awareness, including corresponding directly with cluster leads, blogs, newsletters and signposting potential stakeholders to encourage engagement. There are also useful resources available on the GP One website. GPC Wales are on building on this priority and and recognise ongoing education is needed.</td>
</tr>
<tr>
<td>Resolution</td>
<td>Progress</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>37</td>
<td>That conference welcomes the shift by Welsh Government in recognising that primary care must be at the centre of all NHS development and urges the minister and Health Boards to fully support and resource GPs to engage clusters to effectively deliver on this vital agenda.</td>
</tr>
<tr>
<td>38</td>
<td>That conference believes that the present QP templates that are required to be completed for the “Cluster Domain” are bureaucratic and open to claw back and should be scrapped.</td>
</tr>
</tbody>
</table>

### Deanery and Training

**AC3**

That conference calls on GPC Wales to work with Welsh Government and the Welsh Deanery to:

i. Increase the total number of GP training places in Wales

ii. Ensure the equitable distribution of those places across the various regions of Wales

iii. Ensure progress and action on a strategy for training more medical students in Wales

iv. Ensure progress and action on a strategy for training more GPs within Wales

<table>
<thead>
<tr>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. The Minister has enabled an expansion of places should the training scheme become oversubscribed. There will be additional training places funded this year in response to an increased number of applications. This motion remains policy for GPC Wales, RCGP and the Deanery to expand further, although, even with enough applications secondary care capacity/ability to deliver appropriate training places needs to be scoped out.</td>
</tr>
<tr>
<td>ii. Welsh Government has put in place some additional incentives for the difficult to recruit to areas for GP trainees and early indications are that this has had a positive impact.</td>
</tr>
<tr>
<td>iii. The ministerial taskforce group has included this and mechanisms for widening access are being worked through.</td>
</tr>
<tr>
<td>iv. The ministerial workforce is taking this forward.</td>
</tr>
</tbody>
</table>

42 That conference calls on Welsh Government, the General Medical Council (GMC) and GPC Wales to enable doctors to spend 6-12 months in supervised standalone ‘F3’ posts in General Practice.

<table>
<thead>
<tr>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPC Wales and GPC UK have looked at the various GMC and government regulations with respect to the Medical Performers List (PML).</td>
</tr>
</tbody>
</table>

The F3 posts are non-training posts and as such are not recognised posts. There are a number of hurdles yet to overcome but will continue to work with GPC UK to explore this opportunity further. GPC Wales notes that this would also ultimately be addressed by the RCGP proposal for 4 year training which GPC supports.

43 That conference believes doctors should have undertaken a minimum 4-month placement in General Practice by the completion of their foundation phase of training.

<table>
<thead>
<tr>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>More foundation year posts than ever contain GP training – in recent years there has been a significant increase in the number of these posts and the Deanery and ourselves are lobbying for this to continue via the ministerial taskforce group.</td>
</tr>
<tr>
<td>Resolution</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>GMS Contract</strong></td>
</tr>
<tr>
<td>45* That conference believes that whatever the future models of General Practice, the good things about independent contractor status that make it efficient and effective should be cherished and built on.</td>
</tr>
<tr>
<td><strong>Secondary Care</strong></td>
</tr>
<tr>
<td>47 That conference believes every patient: Should be able to see in ‘real time’ how long it will take until they receive an outpatient appointment Should be able to directly request expedition without contacting their GP.</td>
</tr>
<tr>
<td>48 That conference calls on Welsh Government to confirm clinical responsibility is passed to secondary care, where delay in a patient being assessed in a clinically appropriate time frame, is caused by the failure of secondary care systems.</td>
</tr>
<tr>
<td>49 That conference deplores the incessant ‘buck passing’ of work by secondary care, as this creates unnecessary burden on primary care, and demands that Health Boards instruct all hospital doctors to: i. Make inter- and intra- departmental referrals rather than requesting the GP to do the referral. ii. Deal with all investigations initiated in hospital or at the barest minimum discuss with the GP before passing over the responsibility.</td>
</tr>
<tr>
<td>50 That conference asserts that the way some hospitals implement the current Individual Patient Funding Request (IPFR) Wales policy with regards to reconstructive surgery is not fit for purpose and needs to be urgently addressed.</td>
</tr>
<tr>
<td><strong>Enhanced Services</strong></td>
</tr>
<tr>
<td>51 That conference calls for the mess around phlebotomy provision in Wales to be sorted once and for all with a nationwide Enhanced Service.</td>
</tr>
<tr>
<td>52 That conference insists that practices wishing to withdraw from provision of Enhanced Services are supported by Health Boards, given clear guidance on process and protected from unfair criticism levelled at them by colleagues ignorant of the pressure on GPs in 2016.</td>
</tr>
</tbody>
</table>
### Resolution

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>That conference calls on Health Boards to be transparent about their funding of Enhanced Services and to ensure that the Enhanced Service Floor of funding is met each financial year.</td>
</tr>
</tbody>
</table>

### Dispensing and Prescribing

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>That with the failure of the English Department of Health to move on adjusting reimbursement of dispensed drugs, Welsh Government should consider direct negotiation with GPC Wales to avoid the nonsense of doctors dispensing drugs at a loss.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>Conference believes that a significant amount of GP time is wasted in the requirement of GPs to prescribe stoma and other special appliances and demands that Welsh Government develops a centralised direct supply service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>That conference deplores the regular supply shortages seen with many commonly prescribed drugs and urges government to look again at the causes of these in order to ensure that they do not continue.</td>
</tr>
</tbody>
</table>

GPC Wales advise in practical terms this would not be impossible due to complexity, manpower issues in Welsh Government and border issues. However, GPC Wales are continuing to press for contract revision with the Department of Health as the dispensing regulations have always been England/Wales in practice although nominally individual.

GPC Wales has highlighted that this area together with catheters, gluten free and nutritional feeding products should not be down to GPs to prescribe. Was included in the GPC Wales strategy.

This is an ongoing challenge for GPs, Health Boards and pharmacists.

Some Health Boards have taken the welcomed approach of keeping practices up to date and also writing to pharmacists to ask them to offer alternatives to patients at point of contact following discussion with GP, rather than the patient going back and forth between professionals.

GPC Wales notes that it is also possible that the new cost of medicines legislation going through parliament following BMA lobbying will address the loopholes which often underpinned these shortages.
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AC4</strong> Vaccination and Immunisation</td>
<td></td>
</tr>
<tr>
<td>That conference believes, in regard to the childhood Influenza programme:</td>
<td>i. GPC Wales has engaged Public Health Wales (PHW) and Welsh Government on this issue and agrees these programmes need to be planned at earlier stage in season.</td>
</tr>
<tr>
<td>i. Public Health Wales and Welsh Government must effectively communicate their plan and vision over the foreseeable future; so that practices and parents are not left guessing which children will be eligible year-on-year.</td>
<td>ii. GPC Wales has been informed that there has been some efforts made by PHW to raise awareness of programs, however visibility and penetration of at risk groups appears low. GPC Wales will continue to highlight the need to put in place an effective communication campaign at planning stages, both locally and nationally.</td>
</tr>
<tr>
<td>ii. Public Health Wales and Welsh Government must dramatically improve their awareness campaigns.</td>
<td>GPC Wales continues to highlight that communication and record keeping remain poor. Concerns remains around the new proposed child health computer system which did not include GP system communication in the process. In addition, clarification as to whether Health Boards will pay for the mop up vaccinations is required.</td>
</tr>
<tr>
<td>Effective two-way communication between primary care and the School Nursing Service must develop, so that missed children can be recognised and vaccinated promptly and at a point in the influenza season when they still stand to benefit from vaccination.</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>GPC Wales has consistently highlighted issues with the flu programme including the uneven field between GPs and pharmacists.</td>
</tr>
<tr>
<td>That conference recognises the primary role of GPs in delivering influenza vaccination and believes that for Welsh targets for uptake to be met requires a coordinated, early national awareness campaign, whilst also removing focus from vaccination within community pharmacies, which represents an expensive and poorly targeted service.</td>
<td>GPC Wales has taken a slightly different stance and has agreed a way forward with pharmacists to share the workload of the flu programme fairly.</td>
</tr>
<tr>
<td>GPC Wales continues to highlight that communication and record keeping remain poor. Concerns remains around the new proposed child health computer system which did not include GP system communication in the process. In addition, clarification as to whether Health Boards will pay for the mop up vaccinations is required.</td>
<td>GPC Wales has also asked for the ability to privately vaccinate registered patients not in at risk, to again, level the services that can be offered.</td>
</tr>
<tr>
<td><strong>AC5</strong></td>
<td></td>
</tr>
<tr>
<td>That this conference calls on GPC Wales to ensure the community pharmacy contract for influenza</td>
<td>GPC Wales advise that the overall numbers undertaken by community pharmacy are insignificant but the activities in some local hotspots may be destabilising practices. The current Post Payment Verification (PPV) process does not include cross reference with general practice and therefore could be perceived as flawed.</td>
</tr>
<tr>
<td>i. Is subject to post payment verification checks on the categories of patients claimed for</td>
<td></td>
</tr>
<tr>
<td>ii. Provides a transparent report on the cost effectiveness of the pharmacy flu vaccination service; and</td>
<td></td>
</tr>
<tr>
<td>iii. If this does not demonstrate achievement of the original intended goals, insists the money provided is used on more evidence based cost effective primary care measures.</td>
<td></td>
</tr>
<tr>
<td>GPC Wales has consistently highlighted issues with the flu programme including the uneven field between GPs and pharmacists.</td>
<td></td>
</tr>
<tr>
<td>GPC Wales has taken a slightly different stance and has agreed a way forward with pharmacists to share the workload of the flu programme fairly.</td>
<td></td>
</tr>
<tr>
<td>GPC Wales has also asked for the ability to privately vaccinate registered patients not in at risk, to again, level the services that can be offered.</td>
<td></td>
</tr>
<tr>
<td><strong>65</strong></td>
<td></td>
</tr>
<tr>
<td>That conference believes that Hepatitis B immunisation should be extended to match the schedules in other developed countries.</td>
<td>GPC Wales has consistently lobbied for this to be included within the mop-up NES specification which is all agreed other than the requisite funding remains outstanding. Next steps will be to ask for ministerial and Chief Medical Officer (CMO) intervention.</td>
</tr>
<tr>
<td>Resolution</td>
<td>Progress</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Welsh Government</strong></td>
<td></td>
</tr>
<tr>
<td>AC6</td>
<td>That conference applauds the Welsh Government for announcing they do not intend to impose the new junior doctor contract. For not following the misguided path taken in England in transferring public health services to impoverished Local Authorities. GPC Wales supports the Welsh Government approach on this.</td>
</tr>
<tr>
<td><strong>Finance and Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>71*</td>
<td>That conference believes you ‘can’t get a quart out of a pint pot’ and that reducing the proportion of the budget going directly into GMS practices is a recipe for disaster in managing demand in a stretched NHS system. This position has been maintained in the Urgent Prescription campaign which continues to gain traction. Furthermore, this has also been raised directly with Minister, Direction of NHS Wales and CMO.</td>
</tr>
<tr>
<td>74*</td>
<td>That where there is a predictable rise to specific GP expenses due to government action, Welsh Government should normally recognise this in full in the earnings and expenses uplift negotiated outside any general inflationary expenses rise. This was the case for 2016 and GPC Wales will be following same approach this year.</td>
</tr>
<tr>
<td>79</td>
<td>That conference calls upon Welsh Government to ensure that Health Boards do not offset their financial deficits or use Cluster Network funding, including under spends and slippage monies, for anything other than their intended purpose to deliver investment and services in primary care, particularly by tenuously labelling services from elsewhere as ‘primary care’. GPC Wales believes that this is an area for careful scrutiny by LMCs alongside the work of GPC Wales and Welsh Government. GPC Wales have advised Welsh Government that their initial light touch approach of Health Board spending of cluster funds needs reconsideration – this appears to have been taken on board. In addition, GPC Wales has spoken with Welsh Government regarding reports that some Health Boards’ primary care funds and cluster monies are not be used for the purposed they were intended. This is work in progress.</td>
</tr>
<tr>
<td>80</td>
<td>That conference seeks that the DDRB recommendations on GMP pay are non-negotiable after evidence is submitted. This motion was taken as a reference. GPC wales advises that it is preferable to retain the option of negotiating directly with Welsh Government, if appropriate, rather than just accepting the DDRB outcomes as their “awards” in recent years have, by their own admission, not covered rising expenses.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>That conference demands Welsh Government strengthen and improve the availability of appropriate services for those with all Mental Health problems in order to reduce the impact on patients and society as a whole. Welsh Government have committed new additional resources to mental health and undertaken a review of the mental health act measure.</td>
</tr>
<tr>
<td>Resolution</td>
<td>Progress</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>83*</td>
<td>Welsh Government have commissioned some work on this area and GPC Wales will shortly commence discussions specifically on finding an indemnity solution for Welsh GPs.</td>
</tr>
</tbody>
</table>

**Medical Certification & Reports**

| 88*        | GPC Wales continue to raise this with Welsh Government at monthly GP Forum; blue badges, firearms and PIP forms have been specific areas looked at again due to behaviours of individual agencies. This work is ongoing. |

**Premises**

| 92         | The Minister has clarified Health Boards can support on premises issues and solutions, however, GPC Wales will continue to take this work forward as a priority. Practices also need to take careful legal advice on leases and try and tie rentals firmly to the District Valuers assessment of notional rent. |

**Health Boards**

| 94         | This has been a key part of the Urgent Prescription campaign and briefings to both Welsh Government and AMs. |
| 95         | This motion was taken as a reference. GPC Wales would be concerned about impact and resources needed for another reconfiguration given scarcity of current resources available, as well as the potential impact at a Health Board level in attempting to separate secondary and primary care. |
| 96*        | GPC Wales has highlighted the challenges experienced by practices whose registered patient list cross Health Board borders within Wales and across the Wales and England border. The latter is largely being taken forward through the cross border meetings. The former requires local action/addressing via LMCs for specific issues and GPC Wales will continue to support where it can. |
**Unscheduled Care**

99  Conference congratulates those GP’s who are involved in managing, developing and delivering Out of Hours (OOH) care and demands that Welsh Government ensures that in any change to the delivery of OOH care that Local GP’s are appropriately remunerated to ensure they remain engaged in OOH care

GPC Wales continues to highlight the need for adequate investment in order to retain GP’s within this service. However, GPC Wales are not currently aware of rates having risen significantly – this will largely be down to negotiations at local level. GPC Wales have observed the impact that under investment and inadequate pay rates have had on recruitment in many of the OOH organisations across Wales.

**IM&T**

That conference insists that Health Boards look at ways of insuring timely and valid response when significant events across the primary-secondary care interface are reported using e-DATIX or other mechanisms in order to allow closure of the significant event audit loop.

GPC Wales has taken this matter forward, however, there has been no feedback on whether this is working in practice.

**Access**

103  That conference believes that GP’s are quite capable of deciding which investigations are appropriate for their patients and should be allowed to request them without obstruction.

GPC Wales supports this stance and LMC’s where there is restriction to diagnostics without appropriate rationale.

**Others**

106  Conference calls on the Agenda Committee to review the present arrangements of the conference of Welsh LMC’s

Agenda Committee undertakes this activity each year.

107  That conference calls on GPC Wales to insist that the Public Services Ombudsman is not the correct body to advise on “compensation” amounts for patients or relatives and that its role should be confined to reviewing disputed cases and providing a verdict on whether or not to uphold a complaint.

This motion was taken as a reference.

GPC Wales has attended a meeting of stakeholders and raised concerns – further actions are planned.
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, ordinarily held in March as the GPC(W) determines.

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 chairman and deputy chairman of the conference.
   b. each LMC in Wales be allowed to send to conference its:
      Chairman or a deputy
      Secretary or a deputy
      and other representatives up to 5
   c. the members of GPC(W) (non-voting)
   d. Chairman GPC Northern Ireland (non-voting)
   e. Chairman GPC Scotland (non-voting)
   f. Chairman GPC UK (non-voting)
   g. GPC UK Negotiators (non-voting)

4. Ex-officio members of conference shall be:
   a. Chairman of GPC (UK)
   b. Chairman and Secretary of BMA Council (Wales)
   c. Chairman of RCGP Council (Wales)
   d. Chairman of GP Registrars (Wales)
   e. Chairman of Non-Principals (Wales)
   f. Treasurer of GMS Defence Fund Ltd

Observers
5. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chairman, attend as observers.

Interpretations
6. (a) ‘Members of the conference’ means those persons described in standing order 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.
Standing Orders

7  Motions to amend
No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the GPC(W), the agenda committee, or a local medical committee.

8.  Suspension of
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.

Agenda

9.  shall include:
(a)  Motion 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 confer with the National Assembly for Wales on any subject specially relating to the working of the NHS.
(b)  Motions submitted by the agenda committee in respect of organisational issues only.
(c)  Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
(d)  The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
(e)  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)  ‘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.
(iii)  ‘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.
(iv)  ‘Rescinding motions’: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters ‘RM’
(v)  ‘A’ motions: motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chairman of GPC(W) as being non controversial, self-evident or already under action or consideration, shall be prefixed with a letter ‘A’
(vi)  ‘AR’ motions: motions which the Chairman of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters ‘AR’.
(e)  Other duties of the agenda committee include:-
recommending to the conference the order of the agenda; allocating motions to blocks: allocating time to blocks and overseeing the conduct of the conference.

Procedures

10.  An amendment shall – leave out words; leave out words and insert or add others (provided that a substantial part of the motion remains and the original intention of the motion is not enlarged or substantially altered); insert words; or be in such form as the Chairman approves.
(b)  A rider shall – add 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.
(c)  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 chairman’s discretion. For the first session, amendments or riders must be handed in before the session begins.
(d)  No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chairman or by the agenda committee.
Rules of debate

11. (a) A member of the conference shall address the chairman and shall, unless prevented by physical infirmity, stand when speaking.

(b) Every member of the conference shall be seated except the one addressing the conference. When the chairman 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 representatives, should identify in which capacity they are speaking to motions.

(e) The chairman shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.

(f) The chairman 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 standing order 11 (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) 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 chairman can decline to put the motion “that the question be put now”.

If a motion, “that the question be put now”, is carried by a two thirds majority, the chairman of GPC(W) and the mover of the original motion shall have the right to reply to the debate before the question is put.

(l) If it is proposed and seconded that the conference “move to the next business”, the chairman shall have power to decline to put the motion; if the motion is accepted by the chairman, the chairman 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 letters (i), (ii), (iii), etc shall automatically be voted on separately. But, in order to expedite business, the chairman 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 chairman shall have the discretion to rule, without putting it to the vote, that conference move to the next item of business.

Allocation of conference time

12. (a) The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.

(b) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee’s report.

(c) A period shall be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from constituencies 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 standing order 9 (d)(i) in each block shall be debated first, followed by ‘C’ motions.

(f) Motions prefixed with a letter ‘A’ (defined in standing order 9(d)(v) shall be formally moved by the chairman of the conference as a block to be accepted without debate during the first session of the conference.
Motions not published in the agenda

13. 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) and agreed by representatives of the local medical committees concerned.
   (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

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

Time limit of speeches

15. (a) a member of the conference, including the chairman of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chairman 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 chairman.

Voting

16. Only representatives of local medical committees may vote.

Majorities

(a) Decisions of the conference shall be determined by simple majorities of those present and voting, 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, or
   (b) Voting shall be by a show of hands. If the chairman requires a count this will be by a card vote.
   (c) The election of Chairman, Vice-Chairman and Agenda Committee shall be by LMC representatives and GPC(Wales) representatives.

Recorded votes

(d) If a recorded vote is demanded by 20 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
   (e) A demand for a recorded vote shall be made before the chairman calls for a vote on any motion, amendment or rider.

Elections

Chairman

17. A chairman shall be elected by the members of the conference to hold office for a period of three years.

Deputy Chairman

18. A deputy chairman shall be elected by the members of the conference to hold office for a period of three years.
Conference Agenda Committee
19. (a) The agenda committee shall consist of the chairman and deputy chairman of the conference, the chairman of GPC(W), GPC(W) negotiators, two elected from the body of Conference and Welsh Secretary of the BMA.

(b) The chairman of conference, or if necessary the deputy chairman, shall be chairman of the agenda committee.

Dinner committee
20. Conference dinner committee, shall be the chairman and deputy chairman of the conference, the chairman of GPC(W) and the Welsh Secretary of the BMA, to take the necessary steps to arrange for a dinner to be held at the time of the following annual conference, to which the members of the GPC(W), amongst others, shall be invited as guests of the conference.

Returning officer
21. The Welsh Secretary of the BMA, or a deputy nominated by the Welsh Secretary, shall act as returning officer in connection with all elections.

Motions not debated
22. 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
23. 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 chairman.

Mobile phones
24. Mobile phones may only be used in the precincts of, but not in, the conference hall.

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

No smoking
26. Smoking shall not be permitted within the hall during the sessions of the conference.

Chairman’s discretion
27. 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 chairman’s absolute discretion.

Minutes
28. Minutes shall be taken of the conference proceedings and the chairman shall be empowered to approve and confirm them.