Welsh Conference of Representatives of Local Medical Committees Agenda
Saturday 28 February 2015
Welsh Conference of Representatives of Local Medical Committees

AGENDA

to be held on:
Saturday 28 February 2015
at 9.00 a.m.

The Hilton, Cardiff
Kingsway,
Cardiff
CF10 3HH

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 Charles Allanby (Bro Taf)
Dr Peter Horvath – Howard (Dyfed Powys)
Dr Sarah Morgan (Bro Taf)
Dr Stephen Bassett (Morgannwg)
## Schedule of Business – Saturday 28th February, 2015

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Elections

The following elections were held on the day of the Conference (Saturday 15th February 2014)

Chair of Conference
Dr Eamonn Jessup was elected as Chairman of conference for 2014-17

Deputy Chair of Conference
Dr Nimish Shah was elected as Deputy Chairman of conference for 2014-17

Two members of the Conference Agenda Committee for 2014-17 (Elected from body of Conference)
Dr Stephen Bassett (Morganwg)
Dr Sarah Morgan (Bro Taf)

Please note revised start time of 9am
9.00

**Minutes**
Receive minutes of 2014 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

**Access**
9.20 – 9.30

*AC1

That conference:

i. believes that the “push” from the First Minister and Welsh Government to deliver 8 ‘til 8 opening for practices from within existing GMS contract resources will put intolerable personal and financial strain on GPs in Wales

ii. urges Welsh Government not to introduce Saturday working in General Practice in view of a failure to invest in the workforce.

1 Morgannwg
That conference believes that the “push” from the First Minister and Welsh Government to deliver 8 ‘til 8 opening for practices from within existing GMS contract resources will put intolerable personal and financial strain on GPs in Wales.

2 Gwent
That conference urges Welsh Government not to introduce Saturday working in General Practice in view of a failure to invest in the workforce.

**Pensions**
9.30 – 9.35

3 Morgannwg
That conference calls on all Health Board run Out Of Hours providers to allow GPs who opt out of the NHS pension scheme to retain the employer’s pension contribution as an incentive to retention.

**Medical Certification & reports**
9.35 – 9.45

4 Morgannwg
That conference is disappointed at the Department for Work and Pensions introduction of the “Fit for Work” service without adequate therapy services to meet the needs of patients identified during their assessment by the “Fit for Work” assessors.

5 Morgannwg
That conference demands Health Boards and Local Authorities sort out the issue of collaborative fees that is:

i. affecting patients who may not get the reports necessary for them to obtain services

ii. affecting GPs who may not get an adequate fee (or even no fee) for work for which a fee should be payable.

6 Morgannwg
That conference demands the Welsh Government clarify the guidance on the involvement of GPs in the blue badge application and renewal process.
That conference demands that agencies requesting their patients supply medical information for non-GMS reasons pay directly to supply that information and not transfer the cost to often vulnerable and impoverished patients.

Vaccinations & Immunisations
9.45 – 10.05

That conference believes that the current vaccination fee is inadequate for the time taken in counselling at risk groups, storing, ordering and administering vaccines.

That conference believes that catch up vaccination schemes, where an additional administrative burden is put on practices, should receive additional funding to cover the additional work.

That conference asks the Welsh Government to review the effectiveness of the flu programme provided by pharmacists in reaching the target audience.

That conference with reference to the seasonal influenza campaign 2014-15
i. is disappointed that planning seemed to start so late into 2014 that most GPs had already placed their orders for flu vaccines
ii. notes that GPs and their staff have delivered large numbers of vaccines to patients
iii. has great concerns that many community pharmacists in the campaign have gone beyond their remit to immunise hard-to-reach patients and have immunised patients who have already made an appointment with their GP for a flu vaccine.
iv. believes that the involvement and actions of many community pharmacists has a destabilising effect on the plans of many practices to the extent that they are likely to reduce their vaccine orders for 2015-16 flu campaign.

That conference demands an urgent Welsh Government review (in this era of prudent healthcare) of the cost effectiveness of the pharmacy flu vaccination scheme, given its failure to impact on overall vaccination rates.

That conference believes that General Practice should be fully funded to include NHS staff in the groups included for influenza vaccination, given the poor track record of current occupational services to reach targets.

That conference is concerned that flu vaccination uptake in elderly housebound patients is being affected by changes in district nursing services. Conference calls for closer ties between General Practice and district nursing for the maximum benefit of our patients.
Premises
10.05 – 10.15

15 Dyfed Powys
That conference asks the Welsh Government to introduce premises directions that modernise the financing of practice premises and are fair to everyone involved in the development.

*AC2
That conference deplores the lack of a Welsh Government primary care premises strategy and urges Welsh Government to:

i. urgently review the state of primary care premises in Wales
ii. prioritise premises improvement and development from the additional funds provided by Westminster
iii. recognise the need for additional practice space so that GP training in Wales can be extended
iv. ensure future proofing by allowing additional floor area to be developed ahead of practice expansion.

16 Dyfed Powys
That conference deplores the lack of a Welsh Government primary care premises strategy.

17 North Wales
That conference urges Welsh Government to urgently review the state of primary care premises in Wales and:

a. prioritise premises improvement and development from the additional funds provided by Westminster
b. recognises the need for additional practice space so that GP training in Wales can be extended
c. ensure future proofing by allowing additional floor area to be developed ahead of practice expansion.

18 Dyfed Powys
That conference believes support to enable practices to confederate should include a solution to address the mis-match in the rental valuation of GP premises and their value on the open market.

19 Dyfed Powys
That conference notes that without the development of modern premises for primary and community care, the shift of patient care out of hospital and closer to the patient’s home will not occur.

20 Dyfed Powys
That conference urges the Welsh Government to review the premises directions to ensure that premises debt does not result in the failure of General Practice.

21 North Wales
That conference notes with concern that long Private Finance Initiative premises leases are a burden to principals currently in practice, and a disincentive to GPs considering partnership, and requests GPC Wales to investigate urgently the possibility of the Welsh Government, or the Health Boards, being able to underwrite or relieve these leases when needed

Cross Border Issues
10.15 – 10.20

22 Morgannwg
That conference condemns the vitriolic cross border political rhetoric of the incumbent Governments and regrets the inevitable erosion of public confidence in the NHS and its workforce which results from it.

23 North Wales
That conference urges Welsh Government to review the funding formulae for cross border funding issues in general, and especially those regarding the impact of the tourist industry on the NHS in Wales.
**Chief Medical Officer Address**
10:20 – 10:50

**Themed debate**
10:50 – 11:20

“Should GPs in Wales be regarded as an endangered species?”

**Coffee Break**
11:20-11:30

**Workforce**
11:30 – 12:00

*AC3*  That conference:

i. believes that the current recruitment crisis for doctors and nurses in primary care is real and will only worsen if additional extra resource is not found to support General Practice in Wales

ii. urges the Welsh Government to engage all stakeholders in the provision of GMS services to ensure that the impending crisis in the GP workforce is addressed

iii. considers that the time for further project groups, working parties, task and finish groups is past and action on the GP workforce is required urgently if GMS services for patients are to be maintained

iv. needs to encourage initiatives to improve morale amongst our current workforce, as this would automatically impact positively on recruitment and retention.

24 Gwent
That conference believes that the current recruitment crisis for doctors and nurses in primary care is real and will only worsen if additional extra resource is not found to support General Practice in Wales.

25 Dyfed Powys
That conference urges the Welsh Government to engage all stakeholders in the provision of GMS services to ensure that the impending crisis in the GP workforce is addressed.

26 Dyfed Powys
That conference considers that the time for further project groups, working parties, task and finish groups is past and action on the GP workforce is required urgently if GMS services for patients are to be maintained.

27 North Wales
That conference needs to encourage initiatives to improve morale amongst our current workforce, this would automatically impact positively on recruitment and retention.

28 North Wales
That GPs on the performers list in England should be eligible to work in Wales as well, without having to apply to Wales.

29 North Wales
That immigration rules must be relaxed immediately to allow newly qualified overseas doctors and experienced GPs to be able to start work in the NHS after a 3 month induction period.

30 Morgannwg
That conference demands Welsh Government should underwrite the full cost of membership of a suitable indemnity organisation for all GPs in Wales.

31 North Wales
That conference requests that there should be adequate funding for GP re-training and for practice nurse training and backfill.

32* Gwent
That conference believes that “a problem” exists in the recruitment and retention of GPs and calls on the Welsh Government to not quote headcounts as proof of an adequate workforce but to work to produce realistic figures and find solutions to the problems identified by the GP community.
33 Morgannwg
That conference is concerned that the Welsh Government continues to issue figures for the number of GPs in Wales without reference to the number of whole-time equivalent GPs, thus giving a misleading picture of the actual GP workforce.

34 Morgannwg
That conference expresses concern about the rising incidence of ‘compassion fatigue’ amongst health care workers and the ‘blame culture’ which still exists in the Welsh NHS following the Andrews Report.

35 North Wales
That conference believes that if Welsh Government wants to improve General Practice recruitment they should consider offering risk pool indemnity cover to General Practice.

GMS Contract
12.00 – 12.30

36 North Wales
That conference asks that radical and varied models of primary care are considered for the long term and not just stop-gap solutions.

37 Gwent
That conference believes the independent contractor model of General Practice to be the most efficient way of delivering primary care and if any move to a salaried service model is being considered this needs to be piloted before widespread introduction.

38 Dyfed Powys
That conference agrees that as the future of the independent contractor status is under severe threat, GPC Wales should be proactively planning for the future employment basis of General Practice.

39 North Wales
That conference believes that the current GMS contract is becoming unsustainable in some cluster networks due to recruitment and retention difficulties. Urgent talks are needed now with Welsh Government to discuss well-resourced salaried GP models in these geographical areas should the remaining GPs in those areas decide this is the right way forward.

40* North Wales
That conference urges Welsh Government to recognise the huge financial burden placed on Health Boards where GMS practices become NHS managed and ensure that the additional resources required are funded out-with the GMS budget.

41 Morgannwg
That conference notes the significantly higher costs associated with directly managed practices that come out of the GMS budget, leaving even less for the GMS contract practices to deliver care to their patients.

42 Bro Taf
That conference is concerned about the message the Welsh Government and probably the Department of Health is hearing from GPC is that the independent contractor status is doomed. Conference requests GPC to alter its rhetoric to ensure that it is clear that it is primary care which is doomed unless properly resourced.

43 Gwent
That conference urges Health boards who try to manipulate our UK contract by introducing extra-contractual payments, to reconsider this strategy.

44 North Wales
That conference calls for QOF exception reporting to be recognised as positive where it is used to document shared decision making with the patient.
That conference:

i. accepts the Welsh Government’s model of GP clusters as the way forward in increasing the level of care in the community

ii. does not believe that GP clusters will deliver the model envisaged by the Welsh Government unless the GP time required to organise, plan and manage the work of the clusters is adequately resourced

iii. believes to work effectively Clusters will need an adequate budget to enable real change in service provision

iv. believes to work effectively, GP clusters need a management structure independent of the Health Board

v. believes GP clusters should have a self-generated agenda for change.

That conference:

i. accepts the Welsh Government’s model of GP clusters as the way forward in increasing the level of care in the community

ii. does not believe that GP clusters will deliver the model envisaged by the Welsh Government unless the GP time required to organise, plan and manage the work of the clusters is adequately resourced.

That conference believes that for clusters to work effectively they need:

i. An adequate budget to enable real change in service provision

ii. A management structure independent of the LHB

iii. A self-generated agenda for change.

That conference:

i. urges GPC Wales to investigate the concept of a not for profit company limited by guarantee, owned by cluster practices, as the way to drive forward the agenda for providing local health services

ii. believes that for clusters to function, they need management control of all employed staff within that cluster

iii. urges Welsh Government to re-establish the primary care team within clusters if there is to be any semblance of a primary care led NHS in Wales.

That conference urges GPC Wales to investigate the concept of a not for profit company limited by guarantee, owned by cluster practices as the way to drive forward the agenda for providing local health services.

That conference believes that for clusters to function, they need management control of all employed staff within that cluster.

That conference urges Welsh Government to re-establish the primary care team within clusters if there is to be any semblance of a primary care led NHS in Wales.

That conference believes that the LMC and not the cluster must remain the only vehicle for negotiating Local Enhanced Services.

That conference believes that the current format of clusters is unlikely to result in the useful commissioning of services because the variation of quality of leadership is failing to produce quality plans and calls upon Welsh Government to redesign the cluster framework.

That conference suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.
Rural Issues
12.50 – 12.55

53 Dyfed Powys
That conference urges Welsh Government to acknowledge the vulnerability of rural isolated practices and to provide extra support to those practices to enable primary care provision to continue to remote communities.

Lunch
12.55 – 13.35

Ask the Negotiators (UK)
13.35 – 14.00

Workload & Resources
14.00 – 14.30

54* Morgannwg
That conference is appalled at the failure of Welsh Government to match the increasing demand on the GMS budget with an increase in resources.

55 Morgannwg
That conference:

i. notes with concern the increasing numbers of practices across Wales that are becoming unsustainable
ii. demands that practices in Wales are given sufficient resources to meet the primary care needs of their patients.

56 Bro Taf
That conference calls on the Welsh Government to adequately resource the increased demand on primary care as a result of:

i. the ongoing population growth
ii. the influx of new and first time non-English speaking immigrants.

57 Gwent
That conference believes that, just as you cannot fit a quart into a pint pot, neither can further services be delivered within the existing GMS funding envelope for primary care and additional work will require adequate additional resource.

58 Gwent
That conference demands that Welsh Government ensures a fair proportion of the NHS budget to primary care in line with suggestions by the RCGP.

59 Morgannwg
That conference urges Health Boards to provide emergency funding and designated teams to support GP practices who are on the brink of closure due to inability to recruit new GPs.

60* Gwent
That conference instructs GPCW to urgently negotiate with Welsh Government, a Directed Enhanced Service to enable the collection of accurate practice workload statistics to inform effective workforce planning.

61 Gwent
That conference insists that a safe workload capacity for practices is explored with RCGP and other stakeholders as workload and demand as well as expectation continues to exponentially rise in primary care.

62* Bro Taf
That conference calls upon Welsh Government to issue clear instructions to Health Boards on the mechanisms to be used to allow resources to pass from secondary to primary care to enable more services to be provided in primary care.
63 Gwent That conference recognises that despite the passage of motions in previous years, the transfer of un-resourced secondary care to primary care continues unabatedly and serious action is now needed to stop it, if General Practice has any chance to cope with ever increasing workload.

64 Morgannwg That conference deplores:
   i. delays in negotiating Enhanced Services that result in them becoming ineffective as a way of providing alternative pathways of care
   ii. the apparent belief by Health Boards that all medical care in the community can be provided from the GMS budget without any additional resources.

65 Gwent That conference insists that Health Boards develop a more open, democratic and efficient process for developing Local Enhanced Services in Wales that include transparent mechanisms for transferring funds from secondary to primary care to support the transfer of work under these services.

66 Dyfed Powys That conference reminds LHBs that services cannot be transferred from secondary care without proper investment in primary and community care, and this may include the dis-investment in secondary care provision as patients receive care elsewhere.

67 Dyfed Powys That conference acknowledges that in terms of shifting resources for secondary to primary care it’s not what governments and LHBs say that counts – it’s what they do, as so far it has been all talk.

68 Dyfed Powys That conference advises the LHBs that practices wishing to withdraw from unfunded secondary care work will be fully supported by LMCs.

69* Morgannwg That conference believes that GPs should have reasonable control over their list sizes and practice areas in order to keep their heads above water.

70 Bro Taf That conference is not confident that the GP list closure assessment panel process is balanced and impartial and calls upon Welsh Government to review the regulations

71 North Wales That list sizes of 3,500 per full time GP are unsustainable and practices where this exists, in spite of attempted recruitment, must be allowed to close their lists

72 Morgannwg That conference applauds the ability of General Practitioners in Wales to provide a patient-centred, comprehensive, accessible and quality service to their communities despite years of disinvestment in GMS as an overall proportion of the NHS budget.

73 Gwent That conference:
   i. welcomes the report of the Commonwealth Fund that shows the NHS to once again be the most cost effective health service in the developed world
   ii. believes that this efficiency is largely due to the contribution of primary care in the UK
   iii. urges governments to increase taxes to support health services and keep health care free for all citizens at the point of need.

74 Morgannwg ‘A’ Motion That Welsh Government accepts the basic premise that funding follows the patient and ensures Health Boards fund ‘shift-left’ workload changes appropriately and before transfer of work.
75  Morgannwg  
**‘A’ Motion**  
That conference demands Health Boards stop moving work into the community under the heading of Intermediate Care without ensuring that adequate resources are in place to care for the patients.

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**Welsh Government**  
**14.30 – 14.55**

76  Gwent  
That conference:  

i. believes that much of the problem with NHS funding in Wales can be attributed to the austerity programme implemented by the Westminster Government and the inequitable funding settlement to Wales that threatens the stability of all public services in the principality  
ii. requests GPC Wales to support the Welsh Government in whatever way it can in its attempts to seek to redress this imbalance.

77  Dyfed Powys  
That conference deplores the fact that Welsh Government refuses to hold an inquiry into the state of the NHS in Wales despite a public statement that they should do so by BMA Wales.

78  Morgannwg  
That conference deplores the failure of the Welsh Government and Health Boards to respond adequately to the increasing pressures on acute care services.

79*  Morgannwg  
That conference calls on Welsh Government to recognise that enhanced and properly resourced primary care is integral if workload pressures across health and social Care in all sectors are to be tackled.

80  North Wales  
That conference urges Welsh Government to acknowledge that the bulk of patient contact in Wales takes place in General Practice, and seek to build services around this rather than adopt the silo based secondary care structures that have failed to provide adequate, timely care.

81  North Wales  
That conference calls for health policy to be brought back to reality. At a time when it is unclear that health care provision is going to be able to maintain current services for much longer politicians and senior health figures need to be honest with the public and stop promising the undeliverable.

82  North Wales  
That conference demands that Welsh Government ensure a strong General Practice input into any schemes aimed at reducing referral rates to secondary care, and any schemes so developed are fully funded outwith the GMS budget.

83  North Wales  
That conference urges Welsh Government to consult with Local Authorities where additional housing on any scale is being proposed, so that primary care service development can keep pace with population expansion.

84  North Wales  
That conference urges Welsh Government to ensure that where private services for patients are provided within Wales, that the additional medical needs of patients within these developments are recognised and funded outwith the GMS budget.

85  Morgannwg  
That conference calls on the Welsh Government to reverse the decline in the total number of hospital beds and accept that this policy has been detrimental to patient safety in terms of ambulances queueing outside Emergency Departments.

86  North Wales  
**‘A’ Motion**  
That conference demands long term political vision that incorporates a primary care health service that is still in existence and fit for purpose for the long term, not just until the next election.
**Health Boards**

14.55 – 15.10

87* Morgannwg

That conference calls for Health Boards to include meaningful primary care dialogue as more than an afterthought when deciding on service change and pathway design.

88 Morgannwg

That conference calls on Health boards to innovate, change and deliver better care as directed by clinicians and not stifle clinically led change due to budget arguments and financial smokescreens.

89 Gwent

That conference believes that the de-merging of primary care and hospital budgets under Health Boards has undermined the delivery of primary care:

i. by diverting resources to support specialist priorities
ii. believes that this merging has created structural bureaucratic inefficiencies in the NHS in Wales
iii. urges the separation of these functions and the demerger of monolithic Health Boards into community and hospital sectors with primary care taking the lead in the community.

90 North Wales

That conference believes that guideline panels producing documents that are applied to primary care populations should include significant representation from generalist primary care clinicians and should make it clear when the evidence base from which guidelines are derived is based on studies looking at secondary care populations.

91 Morgannwg

That conference demands Health Boards share their knowledge about violent patients with their contractor professions.

92 Gwent

That conference insists that Health Boards make regular child protection training freely available at the appropriate level for all health service staff and independent contractors working with children in Wales.

93 Gwent

That conference deplores the shortage of Health Visitors in some areas and the delays in recruitment when staff leave and believes that cuts in this field put Health Boards at risk should there be a child protection scandal in Wales.

94 Morgannwg

‘A’ Motion

That conference demands resources beyond those available under GMS are made available for the care of patients with complex needs in the community.

95 Gwent

‘A’ Motion

That conference while applauding expansion of medical services at or nearer to the patients’ homes to avoid hospital admissions, demands that any further expansion is adequately resourced and takes account of GPs’ capacity to take on the additional work and or responsibility.

**Soapbox**

15.10 – 15.25

**Tea Break**

15.25 – 15.35

**Unscheduled Care**

15.35 – 15.45

96 Dyfed Powys

That conference requests that Welsh Government undertakes an urgent review of the sustainability of Out of Hours service across Wales, to ensure that patients have access to appropriate urgent primary medical care during the out of hours period.
That conference notes that unless the current haemorrhage of GPs is stopped the resulting pressure on Emergency Departments in Wales will become intolerable, thus risking the downfall of the entire unscheduled care system.

That conference demands Health Boards resolve the ongoing issue of ambulances queueing outside Emergency Departments which seems to be about a lack of beds and space in the department and in the admitting hospital rather than a problem created by the Welsh Ambulance Services Trust (WAST).

That conference demands the same “rule” banning the use of the use of 0845 numbers is applied to the Welsh Ambulance Service Trust as is applied to general practices.

That conference notes with concern the significantly worse waiting times for outpatient appointments and inpatient treatment in key areas of health in Wales when compared with the waiting times for patients in England.

That conference insists if Welsh Government does not wish to be compared unfavourably in service delivery terms with England, that it urgently reviews it’s ever lengthening waits for treatments both urgent and routine.

That conference is concerned about the credibility of the waiting times and referral to treatment data produced by the Health Boards and requests Welsh Government explain the formula that is used to establish waiting times and to clarify the process for reporting them.

That conference believes that patients should have access to accurate waiting list times for information.

That conference insists that Welsh Government stops the draconian practice of downgrading GP referrals, especially when cancer is suspected, without notification or ideally prior discussion with the referring clinician.

That conference urges Health Boards to ensure the enforcement of the Welsh Government recommendation that Med 3 Fit Notes are issued as a vital part of the discharge process by secondary care clinicians where appropriate to avoid unnecessary inconvenience to patients and GP appointments.

That conference demands that serious action is now taken to improve ‘the efficiency and capacity of workload saturated primary care by ensuring that unnecessary GP appointments are avoided through necessary actions taken at secondary care level for patient management, appropriate discharge process, follow ups and improving communication with patient and primary care.

That conference believes that hospital care within North Wales is on the verge of collapse and is unable to provide a safe service. Urgent action needs to be taken to address this in the short term, and it is not acceptable to pass this extra work onto primary at a time when the primary care workforce is dwindling to the point of non-existence in some areas.

That conference urges Health Inspectorate Wales to address the issue of appalling secondary care communication with primary care rather than scapegoating General Practice.
That conference demands resourcing of adequate and timely access to diagnostics requested by primary care for patients.

**Enhanced Services**
16.10 – 16.20

110 Dyfed Powys That conference calls on Welsh Government and Local Health Boards to review the remuneration for Enhanced Services which has not kept up with the costs of providing these services, if continuity of care is be ensured.

111 North Wales That conference believes that to be effective, all Enhanced Services must have input and agreement from GPC Wales or the Local Medical Committee.

112 North Wales That conference believes that all Enhanced Services, whatever their nature, be based on good clinical practice, for the benefit of the population, and not financially driven.

**Deanery & GP Training**
16.20 – 16.30

113* Gwent That conference urges Welsh Government to invest further in the Welsh GP Speciality Training Scheme to address the shortfall in recruitment to General Practice.

114 North Wales That conference calls for urgent funding of more GP training places in recognition of the fact that we are not training anything like the number of GPs to replace those likely to retire in the next 2-5 years.

115 North Wales That conference believes that all Foundation Year 2 doctors in Wales should have a placement in General Practice.

116 North Wales That conference calls for the Wales Deanery to institute a recruitment session based in North Wales as having to travel to Swansea puts off some potential candidates from the North West of England.

**Dispensing & Prescribing**
16.30 – 16.40

117 North Wales That conference believes dispensing regulations need a full review with a view to:

i. keeping them appropriate to the needs of today’s General Practice

ii. assessing support needed to dispensing General Practitioners.

118 Gwent That conference believes that prescribing support pharmacists have now fulfilled their brief in making primary care aware of necessary prescribing efficiencies and should now be transferred to monitoring secondary care prescribing recommendations as the largest source of ongoing inefficiency.

119 North Wales That conference:

(a) notes the huge amounts of time lost daily in hand-signing computer generated repeat prescriptions

(b) regrets that this matter has not received greater priority in Wales

(c) urges the Welsh Government to move with all possible speed to an Electronic Prescription Service such as is currently so successful in England.

120 North Wales ‘A’ Motion

That conference re-iterates its belief that dispensing is a cornerstone of General Medical Service provision in rural and remote areas.
121 Gwent ‘A’ Motion
That conference demands that responsibility of prescribing/supplies of ‘Gluten Free Products’ and the ‘Dressing Products used by Community Nurses’ is reviewed to make it cost effective for the health service and save GPs’ time wastage.

IM&T (Information Management & Technology)
16.40 – 16.50

122* Bro Taf That conference calls upon NHS Wales Informatics Services (NWIS) and the Welsh Government to ensure that hospital patient discharge summaries are delivered to GP practices electronically on the day of discharge from hospital and are available for all GPs to see on Welsh Clinical Communications Gateway (WCCG). The status quo, where GPs often have no clinical information at hand or it is illegible, is an unacceptable patient safety risk.

123 Morgannwg That conference calls on NHS Wales Informatics Service to re-design WCCG electronic referrals so peripatetic locum GPs can log in with a universal username for all the GP practices where they work.

124 Morgannwg That conference congratulates the Welsh Government for continuing to spend on Information Management & Technology IM&T for General Practice to enable all Practices to have a hosted IM&T system by July 2015.

125 Dyfed Powys That conference requests that NHS Wales Informatics Services Wales (NWIS) reviews the availability of the IHR to out of hour’s doctors and takes practical measures to address the access issues encountered in some areas.

126 Morgannwg That conference recognises the importance of electronic communication in 2015 and requests bespoke support for LMCs to communicate effectively and safely with their constituents using social media and electronic means.

127* North Wales That conference believes that all changes to clinical IT systems should be for the benefit of the patient and the clinician, and not for management agendas.

128 Dyfed Powys That conference recognises that practices accept IT innovations at a different rate and is concerned by the policy of NWIS to close an IT project before it is fully implemented within primary care, leaving some practices without access to the full range of support.

129 Gwent ‘A’ Motion
That conference congratulates the development of the GP one website.

Mental Health
16.50 – 16.55

130 Morgannwg That conference demands that patients in the community with a psychotic illness and whose condition is stable at the time of discharge, can be referred back promptly by carers or GPs to receive psychiatric services should they show evidence of deterioration in their mental condition.

Other
16.55-17.00

131 Gwent That conference welcomes the more cautious approach taken by Health Inspectorate Wales (HIW) in inspecting general practices in Wales in response to the Robbie Powell Report when compared with the unsubtle, elephantine and destructive efforts of the CQC in England.
That conference requests the Welsh Government, in keeping with many English Trusts, to find a way to work around the current Venereal Diseases (VD) regulations, which prevent the sharing of critical clinical information with other clinicians, leading to serious risks for patients.

That conference believes in the concept of public service and that some services are too important to be left to the vagaries of the market place, with the NHS at the top of the list of such services.

That conference extends congratulations to GPC Wales for its comprehensive and clear document ‘General Practice – A Prescription for a healthier future’.

That conference believes that measures that have been shown to have useful benefit in terms of preventing ill health are by and large those that are delivered by population level public health and the ‘nanny state’. At a time of diminishing healthcare resources and workforce it is imperative that time and money should not be spent on non-evidence based screening and preventative processes to the detriment of looking after those with genuine illness.

That conference believes it is always prudent to recognise a crisis.

That conference believes in Father Christmas, the Easter Bunny, the Tooth Fairy and that Jeremy Hunt and the Conservative Party have the best interests of the NHS at heart and are only waiting until after the General Election to deliver a funding windfall that will revive the service.
### Return of Representatives

9.20

### Ratification of Chairing Arrangements for the Day

### Minutes

Receive minutes of 2013 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference

### Standing Orders

Receive Standing Orders of the Welsh Conference of Local Medical Committees

### General Practitioners Committee (Wales)

Receive annual report from Dr Charlotte Jones, Chairman of GPC Wales

## Health Boards

9.40 – 10.10

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<tr>
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<th>Morgannwg</th>
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*PASS denotes that the motion was passed.

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### Morgannwg

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7. **Morgannwg** That conference calls for Health Boards to pay more than lip service to GP engagement when designing services

8. **Morgannwg** That conference urges Health Boards to address the widening gap between primary and secondary care clinicians and improve opportunities for colleagues to network, discuss and design services together

9. **Morgannwg** That conference urges Health Boards to champion and replicate the good work done in some areas designing, aligning and delivering community services and social care together, and to engage secondary care to help fund and expand services which maintain people’s independence in the community. **– PASS**
10 Morgannwg

That conference demands that Health Boards declare a moratorium on further bed reductions given that hospitals are operating at capacities of greater than 100% for long periods throughout the year. 

**TAKEN AS A REFERENCE**

**AC1**

That Conference believes that there should be one National Health Service for Wales and that

i. artificial boundaries preventing patients getting treatment from adjacent Health Boards should be resisted when not in the patients' best interests. – PASS

ii. GPs in Wales are treated as second class referrers in fields such as orthopaedics, obstetrics and gastroenterology, and that this trend must be reversed – PASS

iii. service where midwives can arrange dating scans but GPs cannot is demeaning to the skills of the generalist – **TAKEN AS A REFERENCE**

11 Gwent

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12 North Wales

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13 North Wales

That Conference believes that a service where midwives can arrange dating scans but GPs cannot is demeaning to the skills of the generalist.

14 Dyfed Powys

Requires LHBs to allocate patients from outside a practice area only in exceptional circumstances, when no alternative allocation is possible. – PASS

**AC2**

That Conference calls for an acknowledgement that General Practice is the cornerstone of the NHS and that GPs should be trusted with access to diagnostic tests that enable them to perform their task to the best of their ability and

i. believes GPs should have the same right to access onward referral or investigation as other ‘specialist practitioners’ – **TAKEN AS A REFERENCE**

ii. demands resourcing of adequate and timely access to diagnostics requested by primary care for patients – PASS

iii. believes greater access for GPs to investigations including MRI imaging will reduce onward referral – PASS

iv. demands access to a wide range of diagnostics for GPs to avoid the delays in making diagnoses that may result from patients joining long waiting lists to see a specialist. – PASS

15 North Wales

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19 Morgannwg

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Welsh Government
10.10 – 10.35

*AC3

That Conference

i. calls on Welsh Government to come clean with the Welsh public and clarify what the NHS can afford to deliver in the current economic climate

ii. agrees that the current waiting times for NHS Wales, which have doubled in the last six months, are totally unacceptable and calls on the Welsh Government to admit to the public and the medical profession that the waiting list debacle is the result of years of poor management, unrealistic targets and underfunding.

iii. deplores the underfunding of the NHS in Wales, which has resulted in constant pressure for bed occupancy, reduced out-patients appointment capacity, reduced GP Out of Hours capacity, GP workload saturation and unacceptable waiting times for surgery.

iv. supports the publication of hospital outpatient waiting times and monthly outpatient appointments available for each department in every hospital, as an open and transparent NHS would reveal where the funding gaps are.

v. believes that until the Welsh Government provides enough funding to meet the demand for services and addresses the structural problems that have blighted health boards for years, NHS waiting times will only worsen – PASS

20 Morgannwg

That conference calls on Welsh Government to come clean with the Welsh public and clarify what the NHS can afford to deliver in the current economic climate.

21 Bro Taf

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24 Bro Taf

That Conference believes that until the Welsh Government provides enough funding to meet the demand for services and addresses the structural problems that have blighted health boards for years, NHS waiting times will only worsen.

25 Morgannwg

That conference calls on the Minister for Health and Social Services to clarify the rules in respect of urgent suspected cancer referrals to prevent Health Boards using the lack of clarity as a reason for the different interpretations seen across Wales. – PASS

26 North Wales

That Conference seeks that a GP decision that a patient should be treated as urgent suspected cancer should not be overturned by secondary care systems or personnel.
That conference calls for the Welsh Government to:

i. introduce a fair mechanism to resource care for growing populations; -- PASS
ii. recognise that normalisation compounds the problems caused by growing populations by unfairly reducing resources; -- PASS
iii. better recognise the pressure of high list turnover, especially if combined with list growth by, for example, implementing an enhanced service over and above the Carr-Hill formula weighting – TAKEN AS A REFERENCE

That conference is astounded by the lack of forward thinking for planning and development by Health Boards to manage predicted population increases when many practices are already struggling with capacity issues and wishing to close their lists for patient safety reasons and because they cannot expand due to location/premises.

That conference insists that WG publicly acknowledges that the same crises of demand exist in primary care as in secondary care and

i. deplores the fact that primary care is receiving a shrinking proportion of the NHS budget when more care is being moved closer to the patients home and asks Welsh Government to address this matter
ii. urges Welsh Government to publically dissociate itself from the Westminster campaign to denigrate General Practitioners and blame them for the ills of the Health Service – PASS

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That Conference urges Welsh Government to publicly dissociate itself from the Westminster campaign to denigrate General Practitioners and blame them for the ills of the Health Service.

That Conference tasks Welsh Government to instruct Health Boards to fund the development of services for patients with diabetes in the community and to scale-back on the unsustainable centralisation of support services in hospitals – PASS

That Conference applauds the Welsh Government and Public Health Wales for developing the GP One website, which has the LMC’s full support – PASS

That conference believes with regard to Med 3 fit-notes:

i. that the healthcare professional who advises or causes a patient to need to refrain from work is responsible for issuing the appropriate certification.
ii. that GPs would be agreeable to other health care professionals involved in that patient’s care to be enabled to issue “fit notes” – a situation that already exists as ward nurses have always given hospital in-patient certificates.
iii. that General Practice is not the appropriate vehicle for providing either Occupational Health Services or Benefits Agency services and that Welsh Government urgently seeks an alternative provider for these services – PASS
34 North Wales
That Conference believes that the health care professional who advises or causes a patient to need to refrain from work is responsible for issuing the appropriate certification.

35 North Wales
That Conference is agreeable to other health care professionals involved in that patient's care to be enabled to issue "fit notes" – a situation that already exists as ward nurses have always issued hospital in patient certificates.

36 North Wales
That Conference believes that General Practice is not the appropriate vehicle for providing either Occupational Health Services or Benefits Agency services and that Welsh Government urgently seeks an alternative provider for these services.

*AC6
That conference:

i. deplores the requirement of many Local Authority Education Departments in Wales for school pupils to provide written evidence from their GP that they have attended an appointment during school hours

ii. deplores the pressure GPs have come under from patients and welfare rights groups to provide detailed and complex medical reports to assist them in making claims or appeals against decision following the introduction of various welfare reforms with the assumption that these will be provided free of charge to the patient

iii. believes, given the assurances made for several years about the reduction of bureaucracy in General Practice, that completion of forms for third parties either within or out with the National Health Service should be fully funded.

iv. reminds Local Authorities that the NHS is not a free Occupational Health Service for citizens, and further, discourages them from requesting medical certificates of dubious value from citizens when determining entitlement to services – PASS

37 Morgannwg
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38 Morgannwg
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39 North Wales
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40 Morgannwg
That conference reminds Local Authorities that the NHS is not a free Occupational Health Service for citizens and further, discourages them from requesting medical certificates of dubious value from citizens when determining entitlement to services.
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<tr>
<td>41 Dyfed Powys</td>
<td>Demands support from GPC Wales when practices and practitioners are pressured into carrying out chronic disease management with reduced or no resourcing to recognise this work is over and above GMS duty — <strong>PASS</strong></td>
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<td>42* Bro Taf</td>
<td>That Conference is appalled that Health Boards can remove enhanced services due to “GP over performance” in QOF when their primary care budget is exceeded, rather than praising the GP community for seeing more patients with chronic disease than predicted and achieving superb control of their illness — <strong>PASS</strong></td>
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<td>That Conference calls for the funding of essential, additional and enhanced services to be up-rated at least in line with inflation to prevent the ongoing erosion of GP net incomes.</td>
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| 44 Morgannwg      | That conference in respect of patients in care homes is concerned that:

  i. many patients in such homes have complex needs that may not be able to be addressed by their GP under GMS — **PASS**
  ii. some patients may not receive the level of care to meet their needs that would be delivered in a hospital — **PASS**

| 45 Dyfed Powys    | Notes with concern the growing tendency of Health Boards to reclassify enhanced service work as core GMS and requests GPC Wales to support practices in saying ”no” — **PASS** |

**MPIG**

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**Coffee Break**

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**Workload & Resources**

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| 48 Bro Taf    | That conference calls for the Welsh Government to recognise that there is a limit to the safe workload capacity of each practice and so must:

  i. introduce a robust emergency mechanism for practices to close to new patients when the practice judges that safe capacity has been reached, which can run in parallel with a formal list closure application — **TAKEN AS A REFERENCE**
  ii. accept that Health and Safety considerations apply to staff as well as patients — **PASS**
  iii. indemnify practices if LHBs force them to accept patients beyond a safe capacity — **TAKEN AS A REFERENCE**
  iv. allow practices to know what evidence is submitted to any closure assessment panel — **PASS**
  v. allow practices to be represented at the assessment panel hearing — **PASS** |
49* Morgannwg
That Conference welcomes the recent papers from the RCGP and Bevan commission highlighting the funding and workforce crisis facing Welsh General Practice. We call upon the Welsh Government to respond by increasing the share of the Welsh NHS budgets spend in primary care – PASS

50 North Wales
That Conference, once again, deplores the failure of Welsh Government to invest realistically in General Practice, despite clear evidence of spiralling workload with its demoralising effect on the workforce.

51 Gwent
That Conference congratulates the RCGP on their “Put Patients First: Back General Practice” campaign.

*AC7
That conference, with reference to its stated policy of moving increasing amounts of work from secondary care into the community:

i. reminds the Welsh Government that increasing workload in General Practice is reaching the point where General Practice is “full”, thus restricting its ability to respond

ii. demands that increased resources for General Practice are made available to ensure that these changes can be delivered in Wales

iii. deplores the transfer of unresourced work from secondary to primary care and notes that this is a contributory factor in workforce desertion – PASS

52 Morgannwg
That conference, with reference to its stated policy of moving increasing amounts of work from secondary care into the community:

i. reminds the Welsh Government that the increasing workload in General Practice is reaching the point where General Practice is “full”, thus restricting its ability to respond

ii. demands that increased resources for General Practice are made available to ensure that these changes can be delivered in Wales

53 North Wales
That Conference, once again, deplores the transfer of unresourced work from secondary to primary care and notes that this is a contributory factor in workforce desertion

*AC8
That conference:

i. confirms that primary care is overburdened and understaffed and needs longer appointments and fewer patients in order to meet their increasingly complex needs in a safe and professional manner

ii. demands that access to General Practice is adequately resourced so that higher consultation rate demand can be met

iii. agrees primary care is on its knees in workload terms – PASS

54 Dyfed Powys
Confirms that primary care is overburdened and understaffed and needs longer appointments and fewer patients in order to meet their increasingly complex needs in a safe and professional manner

55 Gwent
That Conference demands that access to General Practice is adequately resourced so that higher consultation rate demand can be met.

56 Dyfed Powys
agrees “primary care is on its knees in workload terms”
That conference is very concerned that the negative image of General Practice generated by incessant negative publicity and even by some colleagues in secondary care is resulting in:

i. increasing concerns amongst patients that services may not be available when needed
ii. increasing expectation that patient rights must be demanded at the time of contact
iii. increasing stress to intolerable levels in practice staff who are “the front line” in primary care — PASS

**Health Minister Address**
11.45 – 12.05

**Themed Debate – Localities**
12.05 – 12.35

* That Conference believes that to deliver the potential of localities they will require:
  i. hard budgets for community commissioning.
  ii. direct employment and management of community staff.
  iii. direct commissioning of some Local Enhanced Services with a budget
  iv. the capacity to set local pathways and prescribing guidelines
  v. a voice that will be heard at Health Board board level and is capable of influencing Health Board policy — PASS

**Workforce**
12.35 – 13.05

That conference demands that Welsh Government pay more attention to the effect excessive workload is having on the health of GPs in Wales.

*AC9 That Conference
i. demands that workforce morale amongst General Practitioners is urgently reviewed and solutions debated and acted upon.
ii. deplores the recent deterioration in the morale of General Practitioners generally and asks that steps are taken to rectify this situation.
iii. that conference reminds Welsh Government of how hard their GPs are working — PASS

**North Wales**
That Conference demands that workforce morale amongst General Practitioners is urgently reviewed and solutions debated and acted upon.

**Gwent**
That conference reminds Welsh Government of how hard their GPs are working

*AC10 That conference
i. insists that WG investigates and debates publicly current and predicted recruitment and retention problems in General Practice — PASS
ii. believes that the crisis in manpower is here and now and that Welsh Government should be urgently working on solutions now and not making esoteric future plans — PASS
iii. calls for both long term and immediate short term plans to address the workforce crisis — PASS
iv. advises that the Wales-wide issue of recruitment, retention and succession planning of GP principals is in a crisis that needs urgent attention with a locality needs assessment and workable plan to address — TAKEN AS A REFERENCE
63 Gwent

That Conference insists that WG investigates and debates publicly current and predicted recruitment and retention problems in general practice.

64 North Wales

That Conference believes that the crisis in manpower in Welsh General Practice is here and now, and that Welsh Government should be urgently working on solutions now and not making esoteric future plans.

65 North Wales

That Conference calls for both long term and immediate short term plans to address the impending Welsh GP workforce crisis.

66 Bro Taf

That conference advises that the Wales-wide issue of recruitment, retention and succession planning of GP principals is in a crisis that needs urgent attention with a locality needs assessment and workable plan to address.

67* Dyfed Powys

Requests that all stakeholders, (including Welsh Government, the Deanery, LHBs, GPC etc) initiate an urgent action plan to address the shortage in the GP workforce in rural North, West and Mid Wales – PASS

68 North Wales

That Conference believes that Welsh Government should urgently consider financial incentives to both encourage younger doctors to take up posts in rural areas and to encourage older practitioners to remain in post.

69* North Wales

That Conference calls for WG, GPC Wales and the RCGP to acknowledge that doctors who have been out of UK General Practice for more than 2 years should have an individualised assessment of their competence to return to practice rather than being subjected to the same retraining requirements even if they have been in clinical practice in other countries – PASS

70 Morgannwg

That conference is extremely concerned about the sustainability of the present GP workforce in Wales and believes that the Welsh Government should:

i. Support GPs who wish to stay in Wales as Retainers

ii. Encourage and support GPs who wish to return to work in Wales.

71 Morgannwg

That Conference opposes any plans to deskill General Practice by following the secondary care route of “nurse specialists” who are expensive and are trained to work in silos – PASS

72 Dyfed Powys

Requests GPC Wales to defend the independent contractor status by any means possible – TAKEN AS A REFERENCE

Lunch
13.05 – 13.55

Ask the Negs – UK and Welsh Teams
13.55 – 14.25

Premises
14.25 – 14.40

73 Bro Taf

That Conference is concerned that the Welsh Government’s new policy framework for primary care estates will fail because:

i. Health Boards cannot afford to fund premises developments from existing budgets, which are already overstretched

ii. at Health Board level, primary care estates improvement schemes will never get on to a level playing field with secondary care premises schemes, given the historical and continuing priority that is always given to secondary care service provision

iii. and calls for an urgent review of this decision – TAKEN AS A REFERENCE
27 North Wales
That Conference believes that applying the hospital building regulations to new surgery developments leads to unnecessary complexity in the design of these premises, with resultant mushrooming of costs — PASS

75 North Wales
That Conference believes that Welsh Government should urgently re-introduce the red book specifications for surgery development as these will produce cost effective surgery premises that are fit for purpose.

76 North Wales
That Conference is concerned that the increased use of “green” technologies is adding considerably to the cost and complexity of new surgery premises.

*AC11
That Conference deplores the current methods of rent calculation for premises that treat General Practitioners as second class citizens when compared to private developers and:
1. urges Welsh Government to address the bias that exists in rent calculations that protects the private developer from a downward valuation, whilst subjecting General Practitioners to the opposite.
2. is very concerned by recent changes in estates planning, resulting in any primary care developments having to compete with secondary care projects for a rapidly dwindling funding pot — PASS

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78 North Wales
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79 North Wales
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80 North Wales
'A' Motion
That Conference is appalled by the long term lack of investment in primary care estates despite paying lip service to an enhanced primary care service.

81 North Wales
'A' Motion
That Conference is very concerned at the increasing use of Private Finance Initiatives in primary care developments, and feels that they are committing future generations to enormous expense and are exposing General Practitioners to financial risk.

Unscheduled Care
14.40 – 14.55

82 North Wales
That Conference urges Welsh Government to review funding for Out of Hours care across Wales and reflect that £12 per head per annum (as is the case in North Wales) is unlikely to provide a safe sustainable service — PASS
That conference
i. insists that the demand and capacity within primary care is also reported accurately using Health Board data, to emphasise that the problems with workload in Emergency Departments are mirrored by the same problems within primary care and Out of Hours – PASS
ii. deplores the long waits for patients in Emergency Departments in Wales, believes blaming GPs for failures of secondary care and making tweaks to the admission procedures are not going to solve the problem of long waits in Emergency Departments for admission and demands that Health Boards address the need to employ more doctors and provide more acute beds to ensure appropriate and timely admissions from their Emergency Departments – PASS
iii. is concerned as hospital admissions became increasingly difficult, patients may be offered sub-optimal care in their own homes or in Care Homes rather than be accepted for admission to a hospital – TAKEN AS A REFERENCE
iv. calls upon Welsh Government to stand back and analyse dispassionately the problems facing Accident and Emergency departments, look at management figures that seem to disprove a surge in attendances and perhaps look beyond the hospital front door for the cause of the problems – PASS
v. deplores the tendency of politicians, the press and many hospital managers and clinicians to blame General Practitioners for the problems in Emergency Departments across Wales – PASS

83 Bro Taf
That conference insists that the demand and capacity within primary care is also reported accurately using Health Board data, to emphasise that the problems with workload in Emergency Departments are mirrored by the same problems within primary care and Out of Hours

84 Morgannwg
That conference:
i. deplores the long waits for patients in Emergency Departments in Wales
ii. believes blaming GPs for failures of secondary care and making tweaks to the admission procedures are not going to solve the problem of long waits in Emergency Departments for admission
iii. demands that Health Boards address the need to employ more doctors and provide more acute beds to ensure appropriate and timely admissions from their Emergency Departments
iv. is concerned as hospital admissions became increasingly difficult, patients may be offered sub-optimal care in their own homes or in Care Homes rather than be accepted for admission to a hospital.

85 North Wales
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86 Morgannwg
That conference deplores the tendency of politicians, the press and many hospital managers and clinicians to blame General Practitioners for the problems in Emergency Departments across Wales.

87* Morgannwg
That conference deplores the failure of the Welsh Government, Health Boards and the Welsh Ambulance Services NHS Trust to sort out the problem of emergency ambulances queuing outside Emergency Departments in Wales to off-load patients which seems to be more about hitting targets than meeting the needs of the population they serve – PASS

88 Morgannwg
That conference calls on Welsh Government and Health Boards to immediately halt the deplorable practice of parking emergency patients outside A&E departments in ambulances.
Sessional Issues
14.55 – 15.00

89 Morgannwg That conference reminds the Welsh Government and Health Boards in Wales that:

i. GP time does not come free
ii. locum fees to cover GP time when out of the practice rarely meet the true cost to the practice
iii. locum fees will not help the practice if a locum is not available
iv. sessional GPs are unable to claim a locum fee
v. there needs to be a recognition that GP time must be fees-based if GPs are to be able to participate in important work on their behalf – PASS

Vaccination & Immunisation
15.00 – 15.20

90 Dyfed Powys Requests that Welsh Government ensures that all the preparatory work is completed in advance of announcing the introduction of new vaccines e.g. patient leaflets, PGDs etc – PASS

*AC13 That Conference deplores the poorly thought out pharmacy flu campaign that seems to lack checks and balances and is, in some areas, destabilising future practice flu campaigns and

i. abhors questions included in the community pharmacy seasonal influenza vaccination record that could bias patient responses, which do not only undermine the hard work GP practices have undertaken to encourage patients to attend, but will distort the evidence used to justify continuing with the scheme by the Welsh Government.
ii. is disappointed by the Welsh Government’s failure to allow General Practitioners the right to privately vaccinate the worried well against flu, a luxury afforded to pharmacy contractors.
iii. calls upon Welsh Government to accurately cost each pharmacy administered flu vaccine, after first removing from the denominator those patients vaccinated in General Practice in previous years and those vaccinated who appear to be in ineligible groups.
iv. Requests that Welsh Government reviews the take-up of flu vaccination in pharmacies to assess if they are vaccinating previously unreached patients or just offering an alternative service to those already being vaccinated by the medical practices – PASS

91 Bro Taf That Conference abhors questions included in the community pharmacy seasonal influenza vaccination record that could bias patient responses, which do not only undermine the hard work GP practices have undertaken to encourage patients to attend, but will distort the evidence used to justify continuing with the scheme by the Welsh Government.

92 North Wales That Conference is disappointed by the Welsh Government’s failure to allow General Practitioners the right to privately vaccinate the worried well against flu, a luxury afforded to pharmacy contractors.

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94 Dyfed Powys Requests that Welsh Government reviews the take-up of flu vaccination in pharmacies to assess if they are vaccinating previously unreached patients or just offering an alternative service to those already being vaccinated by the medical practices.
British Medical Association Welsh Conference of Representatives of Local Medical Committees – Agenda

95* Morgannwg

That conference with reference to the Seasonal Influenza campaign 2013-14
i. is disappointed that planning seemed to start so late into 2013 that most GPs had already ordered their flu vaccines
ii. deplores the poor support and some of the confusing advice from the Welsh Government and Public Health Wales in the early stages of the campaign
iii. notes that GPs and their staff have delivered large numbers of vaccines to patients
iv. demands that there is a full enquiry at Welsh Government level as to why this year’s campaign seems to have been less organised and more problematic that in recent years – PASS

96 Dyfed Powys

Asks Welsh Government and LHBs to complete their flu campaign planning in advance of the flu immunisation season in practices which begins in early October.

97 Gwent

That Conference congratulates GPs on their sterling efforts to immunise their patients against influenza and contrasts their successful logistics operations with that of Public Health Wales who didn’t order enough Fluenz to immunise 75% of the target group – PASS

98* Dyfed Powys

Requests that Public Health Wales learns lessons from their handling of the shingles vaccine distribution, which left some practices with no vaccine for scheduled clinics – PASS

99 Morgannwg

That conference is appalled at the way in which the herpes zoster vaccine has been rolled out in Wales with:

i. vaccine shortages in the NHS in Wales whilst private clinics seem to have had adequate supplies
ii. chaotic ways in which vaccines were distributed in some parts for Wales
iii. many wasted GP appointments that were made for vaccine to be given to the at-risk groups

100* Morgannwg

That conference with reference to the measles outbreak in Wales in 2012-13, congratulates GPs and their staff on:

i. responding to huge numbers of enquiries from patients and parents
ii. delivering a huge number of MMR immunisations in the areas of the outbreak against the background of an already heavy workload – PASS

101 Dyfed Powys

Congratulates GPs and medical practices on their considerable input to the MMR vaccination campaign in response to the measles outbreak centred on Swansea.

Revalidation
15.20 – 15.25

102* Morgannwg

That conference:

i. thanks the Welsh Deanery for its valuable work in setting up appraisal in Wales that has led to a sensible process for revalidation
ii. congratulates those GPs in Wales who have been revalidated
iii. encourages all GPs in Wales yet to be revalidated to approach it in a positive frame of mind – PASS

103 Gwent

That Conference congratulates the Deanery that the smooth transition of revalidation of General Practitioners in Wales was aided by their excellent long-standing appraisal system.
Coffee Break
15.25 – 15.35

Soapbox
15.35 – 15.50

Quality including QOF
15.50 – 16.10

104 North Wales
That Conference, once again, urges Welsh Government that a one size fits all policy is not appropriate in Wales and that small practices provide equal if not better care for patients than larger ones and deplores attempts by some Health Boards to destabilise these practices – TAKEN AS A REFERENCE

105 North Wales
That Conference congratulates Welsh Government’s attempts to reduce the unnecessary bureaucratic burden imposed on General Practice by certain aspects of the Quality and Outcomes Framework by working closely with GPCW to find a way forward — PASS

106 North Wales
That Conference is concerned about the constant pressure on GP prescribing as exerted by LHB pharmaceutical advisors and there are examples where cheapest is not always best — PASS

107 Bro Taf
That Conference:

i. is concerned that NHS Wales has seen fit to introduce new QOF indicators (HF100W and COPD100W) when there are obvious local service gaps for the cardiac exercise and pulmonary rehabilitation programmes they recommend, with the result that many patients in Wales cannot access the level of care that is nationally recommended by NICE — PASS

ii. demands that the gaps in the provision of clinically essential care are addressed before any further cuts are made to service provision — TAKEN AS A REFERENCE

108 North Wales
That Conference believes the constant expansion of QOF targets and an increasing tick box culture has led to reduced quality of care, this needs to be addressed with some urgency — PASS

109 North Wales
That Conference is concerned about moves over the border to reduce consultation length, given that for a holistic approach to patients with complex needs, 10 minutes is inadequate — MOVED TO NEXT BUSINESS

IM&T
16.10 – 16.20

110 Morgannwg
That conference demands the NHS Wales Informatics Service (NWIS) work with Health Boards to ensure the availability of a simple system for the sharing of electronic information between secondary care and General Practice that will simplify rather than complicate work patterns for all parties — PASS

111 Gwent
That Conference believes that when new national NHS IT is commissioned in Wales it should be to at least the standard of the best existing local IT systems — TAKEN AS A REFERENCE

Dispensing
16.20 – 16.35

112 North Wales
That conference appreciates that with the advent of extensive generic prescribing, the dispensing clawback deal is outdated and urges GPC Wales to negotiate a dispensing contract that reflects this — PASS
113* North Wales
That Conference recognises that dispensing payments support the provision of General Medical Services in rural areas and urges Health Boards, likewise, to recognise this fact of life — PASS

114 North Wales
That Conference believes that Welsh Government should accept the fact that the provision of General Medical Services in rural areas is currently dependant on dispensing income and should support this concept

115 North Wales
That Conference believes that dispensing practices should be recognised for their cost effectiveness and increased patient satisfaction. They should be encouraged and supported by Health Boards and not persecuted by them.

116 North Wales
That Conference urges Welsh Government to seek a UK wide review of the pharmaceutical industry paying particular regard to astronomic increases in the prices of cheap, generic, medication — PASS

117 North Wales
That Conference urges Welsh Government to relax the pharmacy “manufacturing licence” regulations thus enabling our pharmacy colleagues to once again undertake the preparation of lotions and potions for the NHS, thus reducing costs to the taxpayer for exorbitantly priced liquid preparations — TAKEN AS A REFERENCE

118 Morgannwg
That conference is concerned about prescribing for mental health with specific reference to atypical anti-psychotics in that mental health services
i. often fail to carry out physical health checks and investigations such as ECGs before transferring the patient to the care of the GP — PASS
ii. expect the GP to prescribe such drugs which are often outside their knowledge and experience — PASS
iii. seem to have little interest in following up such patients — PASS
iv. do not seem to accept that good communications with GPs are an essential part of managing such patients — LOST
v. expose patients to unnecessary risk of serious health problems — PASS

Secondary Care
16.35 – 17.00

119 Gwent
That Conference demands that it should be a legal obligation of all specialists in secondary care to carry out interpretation and communication individually to all patients for any investigations carried out by a specialist team and not be left for GPs to do this on their behalf — MOVED TO NEXT BUSINESS

*AC14
That conference believes that:

i. referral to treatment (RTT) should date clearly from the date of the GP referral to first treatment
ii. waiting times should be truthful and not meaningless because of complex manipulation of statistical analysis.
iii. the follow up scandal in North Wales is shocking and needs wider dissemination
iv. with reference to patients on the Health Boards’ in Wales Follow Up Not Booked (FUNB) appointments, demands that plans are forthcoming as to how to deal with the risk to these patients who believe that they will be followed up yet, in reality, may not be within a reasonable time relevant to their clinical condition
v. General Practice and General Practitioners must not become the normal place to carry out secondary care follow up appointments — PASS

120 North Wales
That Conference believes RTT should date clearly from the date of the GP referral to first treatment, any other system used is manipulation and falsehood.
121 North Wales That Conference believes waiting times should be truthful and not meaningless because of complex manipulation of statistical analysis.

122 North Wales That Conference believes that the follow up scandal in North Wales is shocking and needs wider dissemination.

123 Morgannwg That conference, with reference to patients on the Health Boards’ in Wales Follow Up Not Booked (FUNB) appointments, demands that plans are forthcoming as to how to deal with the risk to these patients who believe that they will be followed up yet, in reality, may not be within a reasonable time relevant to their clinical condition.

124 North Wales That Conference believes that General Practice and General Practitioners must not become the normal place to carry out secondary care follow up appointments.

125* Dyfed Powys That conference laments the continued poor provision of mental health services generally in Wales, particularly Out of Hours, and notes there has been little or no progress in rationalising or resourcing section 12 service provision – **PASS**

126 Bro Taf That conference deplores the unfit state of many of our psychiatric services and supports a targeted increase in funding to improve them.

127 North Wales That Conference calls for an urgent reassessment of provision of GMS health services to private psychiatric institutions within Wales – **PASS**

128 North Wales That Conference calls for a delay in the extension of the bowel screening programme until it can be shown that the services for symptomatic colorectal patients are adequate – **WITHDRAWN**

129 Bro Taf That conference is concerned that the training and staffing arrangements for paediatrics, emergency medicine and obstetrics and gynaecology have been so mismanaged over the years that they are now at crisis point and need radical overhaul to prevent the service collapsing – **TAKEN AS A REFERENCE**

130 Bro Taf That conference supports the publication of nursing numbers per ward at our hospitals – **PASS**

131 Gwent 'A' Motion That Conference demands that resource follows secondary to primary care shift of work

132 Gwent 'A' Motion That Conference demands the imposition of a moratorium on any unresourced transfer of secondary care work to primary care until the impact of the workload on primary care is properly assessed as a result of GP contract changes.

**Deanery & GP Training 17.00 – 17.20**

133 North Wales That Conference calls on Welsh Government and the Welsh Deanery to work proactively to increase numbers of GP trainees in Wales – **PASS**

134* Gwent That Conference calls upon the Welsh Government to adopt and fund 4 year vocational training for aspiring GPs – **PASS**
135 **Morgannwg**

That conference:
i. welcomes the extension of GP Training to 4 years in Wales
ii. insists that 4 year GP Training will only work effectively if adequately funded

136 **North Wales**

That Conference calls for increased funding to support the aim of all Foundation Year 2 doctors having experience in General Practice as happens in some areas of England — **PASS**

137 **Morgannwg**

That conference calls on the Welsh Government, the Wales Deanery and Health Boards to recognise the importance of and properly design, fund and deliver meaningful and protected education for GPs and practice staff — **PASS**

138 **Morgannwg**

That conference notes with concern that programme directors who step down are not being replaced and that this will have a deleterious effect on GP education in Wales — **PASS**

**Other**

17.20 – 17.25

139* **Morgannwg**

That conference extends a warm welcome to its guests from the other nations of the UK with a spirited “Croeso i Gymru” and hopes that they will note the hidden advantages of General Practice in a country where GPs work harder, earn less and have smaller pensions — **PASS**

140 **Morgannwg**

That conference welcomes the return of the Welsh Conference of LMCs to the Celtic Manor with:
i. its excellent facilities
ii. its good food and drink
iii. it’s an opportunity for members of GPC to improve their golf at a Ryder Cup venue in God’s country

**And finally**

17.25 – 17.30

141 **North Wales**

That Conference believes that Welsh General Practice is the “front five” of the NHS, which provides a platform, when it is fully fit, upon which the prima donnas behind can perform their fancy work. Currently it is below par and match fitness is deteriorating, which can only result in a fire fighting role for the rest of the team. Should the First Minister seek Warren Gatland’s help and advice? — **PASS**

**Close**

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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.
9. (a) shall include:

(i) 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.

(ii) Motions submitted by the agenda committee in respect of organisational issues only.

(b) Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.

(c) The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.

(d) 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. (a) 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 debated 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 10 (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.