

# GPDF

General Practitioners  
Defence Fund

# BMA

Cymru Wales

# Welsh Conference of Representatives of Local Medical Committees Agenda

**Saturday 27 February 2016**

DoubleTree by Hilton Hotel & Spa Chester



British Medical Association  
bma.org.uk



# Welsh Conference of Representatives of Local Medical Committees

## AGENDA

to be held on:  
Saturday 27 February 2016  
at 9.00 a.m.

DoubleTree by Hilton Hotel & Spa Chester  
Warrington Road  
Hoole  
Chester  
CH2 3PD

### **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 27 February 2016

	Motions	Time
Start of Conference	–	9.00
Receive Minutes of 2015 Welsh Conference of Local Medical Committees	–	–
Standing Orders	–	–
Annual Report – Chair of GPC Wales	–	–
Workforce	1-15	9.20 – 9.40
Workload & resources	16-24	9.40 – 10.00
MPIG	25	10.00 – 10.15
QOF (Themed Debate)	26-29	10.15 – 10.45
Key Note Speech – Dr Richard Lewis, National Professional Lead for Primary Care, Wales.	–	10.45 – 11.05
Coffee Break	–	11.05 – 11.15
GP Clusters	30-38	11.15 – 11.30
Deanery & Training	39-44	11.30 – 11.50
GMS Contract (Themed Debate)	35-46	11.50 – 12.20
Secondary Care	47-50	12.20 – 12.35
Enhanced Services	51-53	12.35 – 12.45
Lunch Break	–	12.45 – 13.30
Ask the UK and Welsh Negotiators	–	13.30 – 14.00
Dispensing & Prescribing	54-56	14.00 – 14.20
Vaccinations & Immunisations	57-68	14.20 – 14.40
Welsh Government	69-70	14.40 – 14.45
Finance & Expenses	71-80	14.45 – 15.00
Appraisal & Revalidation	81	15.00 – 15.10
Soapbox	–	15.10 – 15.30
Tea Break	–	15.30 – 15.40
Mental Health	82	15.40 – 15.45
Indemnity	83-87	15.45 – 15.55
Medical Certification & Reports	88-90	15.55 – 16.05
Premises	91-93	16.05 – 16.15
Health Boards	94-98	16.15 – 16.30
Unscheduled Care	99	16.30 – 16.35
IM&T	100-102	16.35 – 16.40
Access	103-105	16.40 – 16.50
Others & Finally	106-111	16.50
CLOSE	–	17:00

# Motions

## Return of Representatives

9.00

### Minutes

Receive minutes of 2015 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference (Page 17)

### Standing Orders

Receive Standing Orders of the Welsh Conference of Local Medical Committees (Page 31)

### General Practitioners Committee (Wales)

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

## Workforce

9.20 – 9.40

1*	North Wales	<p><b>That conference believes that the government should acknowledge the crisis in British General Practice and undertake the following measures urgently:</b></p> <ol style="list-style-type: none"> <li>i. Make General Practice a shortage speciality under Home Office regulations, thus allowing appropriately trained doctors from outside the EEC to seek work in the UK</li> <li>ii. Establish what measures can be taken to arrest the haemorrhage of experienced practitioners from the profession</li> <li>iii. Enact the bureaucracy reducing measures that have been proposed for several years but have yet to be implemented</li> <li>iv. Restore the expenditure necessary to maintain high standards of doctor delivered General Practice.</li> </ol>
2	Dyfed Powys	Commends the Welsh Government, Shared Services Partnership (SSP) and Local Health Boards (LHBs) for addressing the bureaucracy surrounding the performers list and request that they continue to work toward a streamlined and simplified process for accepting GPs onto performer's lists.
3	Morgannwg	That conference demands Welsh Government should hold a single performers list for General Practice in Wales.
4	Bro Taf	That conference calls on the UK Government to include the recruitment of GPs from non EU countries in its immigration policy as a priority for a safe and sustainable service.
5	Bro Taf	That conference agrees that for more recruitment of the workforce and retaining the workforce the Welsh Government should provide extra financial incentives.
6	Gwent	That conference demands progress and action on a strategy for retaining experienced General Practitioners within the workforce in Wales.
7	Gwent	That conference demands that the government looks at voluntary exit interviews of GP practitioners at all levels, through retirement or moving out of the UK to inform objective measurable reasons for the haemorrhage and loss of resource.

8*	Bro Taf	<b>That conference requests GPC Wales to counter the unhelpful rhetoric from Welsh Government and other NHS bodies that promotes the myth that other health professionals will provide the answer to the recruitment and sustainability crisis in General Practice.</b>
9	North Wales	That conference recognises the necessity and benefits of increasing skill mix to maintain a primary care workforce.
10	North Wales	That conference calls for the recognition that training of non-doctor health care practitioners must include adequate learning about the skills necessary for provision of high quality primary care.
11	Morgannwg	That conference recognises the emergence of Physicians Associates within the primary care workforce but is concerned that they are viewed as a panacea to the workforce problems in the Welsh NHS.
12	Gwent	That conference demands progress and action on a strategy for retaining and attracting more GP colleagues in Wales at all levels.
13	Gwent	That conference demands Welsh Government action to reverse the trend of GP morale being at an all-time low.
14	Gwent	That conference demands robust monitoring and impact measurements on the contribution of allied health care practitioners to lessen the workload on General Practitioners.
15	Gwent	That conference demands action on a strategy for recruiting and training practice nurses in Wales

#### **Workload and resources 9.40 – 10.00**

16*	Dyfed Powys	<b>Condemns Local Health Boards (LHBs) who are trying to reclassify enhanced service work as core GMS and requests GPC Wales to support LMCs and practices in their refusal to accept this unpaid work.</b>
17	Dyfed Powys	Supports practices who are “handing back” unfunded work to LHBs, despite pressure from LHB managers to continue to provide an un-resourced service.
*AC1		<b>GPs are on their knees and the next generation are being scared off and many GPs are forced to accept ever growing lists until they surrender their contract in despair</b> i. <b>We need GPC to define and agree with the government a manageable safe workload</b> ii. <b>Introduce measures to stop GPs being forced to take patients above this level</b> iii. <b>Need to empower GPC to find urgent solutions to what GMS work can be safely stopped or suspended to try and rescue the struggling GP workforce</b> iv. <b>With an ageing population and ever expanding treatments, scarce GP services need to be protected and used wisely.</b>
18	North Wales	GPs are on their knees and the next generation are being scared off as they see us trying to manage 2000+ patients to NICE, QOF, enhanced services and growing government and public expectations. Many GPs are forced to accept ever growing lists until they surrender their contract in despair. We need GPC to define and agree with the government a manageable safe workload and introduce measures to stop GPs being forced to take patients above this level.
19	North Wales	Over the past 10 years workload for GPs has tripled and has now in many surgeries become a burden and incompatible with a healthy balanced family life. We need to empower GPC to find urgent solutions to what GMS work can be safely stopped or suspended to try and rescue the struggling GP workforce.

- 20 North Wales With an ageing population and ever expanding treatments scarce GP services need to be protected and used wisely. We call on GPC and public health to urgently look at raising public awareness of the GP crisis, and encouraging self-management, other sources of advice/coping and wise use of GP time and a halting of the constant public and government mantra of 'if you're not sure go and see your GP'.
- 21\* North Wales **Primary care can no longer manage ever increasing political and public demand with a shrinking workforce and decreasing income. With the ongoing pay freeze/cuts funding more staff is currently impossible for many surgeries. Conference demands an urgent uplift to surgery funding to recruit extra GPs/accessory staff to try and rescue primary care.**
- 22 North Wales That conference seeks the re-establishment of the Medical Practice Committee, or similar, to ensure that primary care provision is spread across the UK in a way proportionate to population need.
- 23 Gwent That conference urgently looks at 'last man standing' liabilities and support to avoid collapse of services.
- 24 Gwent That conference urges the public to be officially told the truth that with the current recruitment and retention crisis added to the oversaturated primary care workload, GPs are unable to deliver safe services to their patients.

#### MPIG 10.00 – 10.15

- 25 North Wales That conference believes that the process of MPIG redistribution is affecting rural and multisite practices disproportionately and conference calls for the process to be halted pending a review of fair funding.

#### QOF (Themed debate) 10.15 – 10.45

**Question: Should GPC Wales negotiate the abolition of QOF in the GMS contract and for funding to be transferred into the global sum?**

- 26\* North Wales **That conference calls for QOF (Quality and Outcomes Framework) to be abandoned, and for the funding to be transferred into global sum.**
- 27 North Wales That conference believes that QOF (Quality and Outcomes Framework) is no longer serving a useful purpose and that the process of coding and monitoring is in fact a negative influence on patient care.
- 28 Morgannwg That conference believes the Quality and Outcomes Framework (QOF) is a misnomer and should be consigned to history.
- 29 Gwent That conference supports the reduction of QOF (Quality and Outcomes Framework) and that the trend of returning the money to global sum should be accelerated as the professionalism of General Practice has been proved repeatedly and does not need this repeated measurement.



## Key Note Speech Dr Richard Lewis

10.45 – 11.05

### Coffee

11.05 – 11.15

### GP Clusters

11.15 – 11.30

#### \*AC2

Conference demands that Health Boards urgently act to

- i. Reduce bureaucracy and delay in releasing funding to clusters which currently compromises their ability to utilise earmarked funding and deliver services
- ii. Work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federations
- iii. Demands appropriate access to independent planning and financial experts to support development of clusters and intercluster working
- iv. Adhere to the “light touch” approach to cluster network funding as envisaged by the Welsh Government
- v. Suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.

30	Morgannwg	Conference demands that Health Boards urgently act to reduce bureaucracy and delay in releasing funding to clusters which compromises their ability to utilise earmarked funding and deliver services.
31	Morgannwg	That conference calls on Welsh Government and Health Boards to work with GPs to develop an effective process to properly evaluate the evolving platforms for delivering cluster working, such as federation.
32	Gwent	That conference demands appropriate access to independent planning and financial experts to support development of clusters and intercluster working.
33	North Wales	That conference calls for Health Boards to adhere to the “light touch” approach to Cluster Network funding as envisaged by the Welsh Government.
34	Gwent	That conference suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups.
<b>35*</b>	<b>Morgannwg</b>	<b>That conference believes that there is still a great deal of ambiguity regarding clusters and the direction of travel and that there is a significant risk that they will be “talking shops” with no real power to reconfigure services or care.</b>
36	Bro Taf	That conference urges GPC Wales to recognise that clusters in their current format may distract attention from the real resourcing problems of General Practice, as the additional primary care funding that they have been allocated from Welsh Government may not increase GP practice resources.
37	Morgannwg	That conference welcomes the shift by Welsh Government in recognising that primary care must be at the centre of all NHS development and urges the minister and Health Boards to fully support and resource GPs to engage clusters to effectively deliver on this vital agenda.
38	Morgannwg	That conference believes that the present QP templates that are required to be completed for the “Cluster Domain” are bureaucratic and open to claw back and should be scrapped.

## Deanery and Training

### 11.30 – 11.50

#### \*AC3

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

- i. **Increase the total number of GP training places in Wales**
- ii. **Ensure the equitable distribution of those places across the various regions of Wales**
- iii. **Ensure progress and action on a strategy for training more medical students in Wales**
- iv. **Ensure progress and action on a strategy for training more GPs within Wales.**

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| 39 | North Wales | That conference calls on GPC Wales to work with Welsh Government and the Welsh Deanery <ol style="list-style-type: none"> <li>i. To increase the total number of GP training places in Wales.</li> <li>ii. To ensure the equitable distribution of those places across the various regions of Wales.</li> </ol> |
| 40 | Gwent       | That conference demands progress and action on a strategy for training more medical students in Wales.  |
| 41 | Gwent       | That conference demands progress and action on a strategy for training more GPs within Wales.   |
| 42 | North Wales | That conference calls on Welsh Government, the General Medical Council (GMC) and GPC Wales to enable doctors to spend 6-12 months in supervised standalone 'F3' posts in General Practice.  |
| 43 | Morgannwg   | That conference believes doctors should have undertaken a minimum 4-month placement in General Practice by the completion of their foundation phase of training.  |
| 44 | Morgannwg   | Morgannwg LMC is very concerned that the Swansea Medical School has reduced the resource to backfill those doctors/practices involved in teaching undergraduate medical students and that this will have a significant impact on the numbers able to provide placements.  |

#### **GMS Contract (Themed Debate) Question: Independent contractor or salaried GP Service: which is the future model?**

### 11.50 – 12.20

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| 45* | North Wales | <b>That conference believes that whatever the future models of General Practice, the good things about independent contractor status that make it efficient and effective should be cherished and built on.</b> |
| 46  | Gwent       | That conference believes that independent contractor status needs a serious review and that a salaried service is fully considered and negotiated for provision of GP services.                                 |

## Secondary Care

### 12.20 – 12.35

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| 47 | Morgannwg | That conference believes every patient: <ol style="list-style-type: none"> <li>i. Should be able to see in 'real time' how long it will take until they receive an outpatient appointment</li> <li>ii. Should be able to directly request expedition without contacting their GP.</li> </ol> |
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- 48 Bro Taf That conference calls on Welsh Government to confirm clinical responsibility is passed to secondary care, where delay in a patient being assessed in a clinically appropriate time frame, is caused by the failure of secondary care systems.
- 49 Morgannwg That conference deplores the incessant ‘buck passing’ of work by secondary care, as this creates unnecessary burden on primary care, and demands that Health Boards instruct all hospital doctors to:
- i. Make inter- and intra- departmental referrals rather than requesting the GP to do the referral
  - ii. Deal with all investigations initiated in hospital or at the barest minimum discuss with the GP before passing over the responsibility.
- 50 Morgannwg That conference asserts that the way some hospitals implement the current Individual Patient Funding Request (IPFR) Wales policy with regards to reconstructive surgery is not fit for purpose and needs to be urgently addressed.

### **Enhanced Services 12.35 – 12.45**

- 51 Morgannwg That conference calls for the mess around phlebotomy provision in Wales to be sorted once and for all with a nationwide Enhanced Service.
- 52 Morgannwg That conference insists that practices wishing to withdraw from provision of Enhanced Services are supported by Health Boards, given clear guidance on process and protected from unfair criticism levelled at them by colleagues ignorant of the pressure on GPs in 2016.
- 53 Morgannwg That conference calls on Health Boards to be transparent about their funding of Enhanced Services and to ensure that the Enhanced Service Floor of funding is met each financial year.

### **LUNCH 12.45 – 13.30**

### **Ask the UK and Welsh Negotiators 13.30 – 14.00**

### **Dispensing and Prescribing 14.00 – 14.20**

- 54 Gwent That with the failure of the English Department of Health to move on adjusting reimbursement of dispensed drugs, Welsh Government should consider direct negotiation with GPC Wales to avoid the nonsense of doctors dispensing drugs at a loss.
- 55 Morgannwg Conference believes that a significant amount of GP time is wasted in the requirement of GPs to prescribe stoma and other special appliances and demands that Welsh Government develops a centralised direct supply service.
- 56 Gwent That conference deplores the regular supply shortages seen with many commonly prescribed drugs and urges government to look again at the causes of these in order to ensure that they do not continue.

## Vaccinations and Immunisations

14.20 – 14.40

### \*AC4

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

- i. Public Health Wales and Welsh Government must effectively communicate their plan and vision over the foreseeable future; so that practices and parents are not left guessing which children will be eligible year-on-year**
- ii. Public Health Wales and Welsh Government must dramatically improve their awareness campaigns**
- iii. Effective two-way communication between primary care and the School Nursing Service must develop, so that missed children can be recognised and vaccinated promptly and at a point in the influenza season when they still stand to benefit from vaccination.**

57 Morgannwg

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

58 Morgannwg

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

- i. Public Health Wales and Welsh Government must dramatically improve their awareness campaigns and
- ii. Effective two-way communication between Primary Care and the School Nursing Service must develop, so that missed children can be recognized and vaccinated promptly and at a point in the influenza season when they still stand to benefit from vaccination.

59 Morgannwg

That conference recognises the primary role of GPs in delivering influenza vaccination and believes that for Welsh targets for uptake to be met requires a coordinated, early national awareness campaign, whilst also removing focus from vaccination within community pharmacies, which represents an expensive and poorly targeted service.

### \*AC5

**That this conference calls on GPC Wales to ensure the community pharmacy contract for influenza**

- i. Is subject to post payment verification checks on the categories of patients claimed for**
- ii. Provides a transparent report on the cost effectiveness of the pharmacy flu vaccination service; and**
- iii. If this does not demonstrate achievement of the original intended goals, insists the money provided is used on more evidence based cost effective primary care measures.**

60 Bro Taf

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

61 Bro Taf

That conference demands that Welsh Government:

- i. Provides a transparent report on the cost effectiveness of the pharmacy flu vaccination service and,
- ii. If this does not demonstrate achievement of the original intended goals, insists the money provided is used on more evidence based cost effective primary care measures.

62*	Dyfed Powys	<b>Suggests to the Welsh Government that despite including pharmacies in those who provide flu vaccinations, there has been no increase in uptake and that it should look at what other factors are affecting uptake.</b>
63	Dyfed Powys	Requests that Welsh Government audits the uptake of flu vaccination in pharmacies to assess if they are vaccinating previously unreached patients or just offer offering an alternative service to those already being vaccinated by the medical practices.
64	Gwent	That conference demands that pharmacy and surgery delivery of flu vaccination should be complementary but operate from a level playing field.
65	Morgannwg	That conference believes that Hepatitis B immunisation should be extended to match the schedules in other developed countries.
66	Gwent	That the delivery of a good public health service to families, including the delivery of childhood immunisations, is the responsibility of GPs and Health Visitors alike.
67	Bro Taf	That conference calls on Welsh Government to alter the domain denominator following the exemption reporting of patients declining flu immunisation, as patients have a right to informed choice and GPs should not be penalised as a result.
68	Dyfed Powys	Reminds Public Health that staff in GP practices invest a lot of time and energy into contacting patients to attend for their flu vaccination and do not need continual advice about the need to contact patients.

#### Welsh Government 14.40 – 14.45

*AC6		<b>That conference applauds the Welsh Government</b>
		<ul style="list-style-type: none"> <li>i. <b>For announcing they do not intend to impose the new junior doctor contract.</b></li> <li>ii. <b>For not following the misguided path taken in England in transferring public health services to impoverished Local Authorities.</b></li> </ul>
69	Gwent	That conference applauds the Welsh Government for announcing they do not intend to impose the new junior doctor contract.
70	Gwent	That conference congratulates the Welsh Government for not following the misguided path taken in England in transferring public health services to impoverished Local Authorities.

#### Finance and Expenses 14.45 – 15.00

71*	Morgannwg	<b>That conference believes you ‘can’t get a quart out of a pint pot’ and that reducing the proportion of the budget going directly into GMS practices is a recipe for disaster in managing demand in a stretched NHS system.</b>
72	Gwent	That conference urges governments in both Wales and Westminster to invest in primary care as the best way of maintaining a world class health service.
73	North Wales	That conference seeks that there is an immediate increase in financial resource to primary care to fairly reflect the rise in expenses that has occurred since 2004.

- 74\*** Gwent **That where there is a predictable rise to specific GP expenses due to government action, Welsh Government should normally recognise this in full in the earnings and expenses uplift negotiated outside any general inflationary expenses rise.**
- 75 Dyfed Powys Urges the Welsh Government to acknowledge the impact of the introduction of the living wage will have on the wage bill for practices and provide assurances that there will be additional resources to protect the provision of service for patients.
- 76 Dyfed Powys Advises the Welsh Government that unless additional funding is provided to practices to cover the implementation of the living wage, the provision of patient services will be affected.
- 77 Gwent That conference demands the government takes action and supports practices with raising expenses which impacts on surgery viability against a backdrop of falling GP income.
- 78 Bro Taf That conference calls on Welsh Government to ensure that there is uniform funding for all GP practices to provide core patient services in Wales.
- 79 Morgannwg That conference calls upon Welsh Government to ensure that Health Boards do not offset their financial deficits or use Cluster Network funding, including under spends and slippage monies, for anything other than their intended purpose to deliver investment and services in primary care, particularly by tenuously labelling services from elsewhere as 'primary care'.
- 80 North Wales That conference seeks that the DDRB recommendations on GMP pay are non-negotiable after evidence is submitted.

### Appraisal and revalidation 15.00 – 15.10

- 81 North Wales That conference agrees that appraisal and revalidation are labour intensive and poorly evidence based. We call for both to be suspended pending review.

### Soapbox 15.10 – 15.30

### Tea 15.30 – 15.40

### Mental Health 15.40 – 15.45

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

### Indemnity 15.45 – 15.55

- 83\*** Dyfed Powys **That conference urges Welsh Government, GPC, BMA and Medical Defence organisations to engage in a meaningful discussion about the escalating cost of medical defence subscriptions and look for strategies which will not exclude good doctors from practising medicine.**
- 84 North Wales That conference recognises that rising indemnity costs are a danger to the long term ability of GPs to provide daytime primary care. We ask GPC Wales and Welsh Government to find a solution to alleviate this situation with urgency.

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| 85 | Gwent   | That conference insists that Welsh Government have a strategy and takes action on supporting GPs with raising indemnity fees.   |
| 86 | Bro Taf | That conference requests the GPC to explore innovative solutions to the issue of rising indemnity costs including, but not confined to, the possibility of crown indemnity. |
| 87 | Gwent   | That Welsh Government should consider expanding the current Out of Hours (OOH) provision of Welsh risk pool indemnity to General Practice in hours.                         |

### Medical Certification & Reports 15.55 – 16.05

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| 88* | Morgannwg | <b>Conference demands that Welsh Government reinforce previous guidance to local authorities and other public bodies that they should stop requesting medical certificates and GP letters to validate claimant's applications for services or other assistance.</b> |
| 89  | Morgannwg | Conference demands that Welsh Government reviews its Welsh Water Assist Programme and restricts support to those who are connected via a water meter and limits the eligibility to those who have a significant medical condition.                                  |
| 90  | Morgannwg | That conference is appalled by the way many applicants for Disabled Parking badges are treated by Local Authorities and the deleterious effect this has on the patient's health and relationship with their GP.   |

### Premises 16.05 – 16.15

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| 91 | Morgannwg | That conference calls on Welsh Government to consider purchasing back all GP premises at the market rate, to release rental funding and protect GPs from potential risk of bankruptcy in these challenging times.                                |
| 92 | Bro Taf   | That conference requests GPC to ensure that the current lease conditions used for primary care estates are altered to avoid practices incurring unreasonable financial strain.   |
| 93 | Morgannwg | Conference demands that Welsh Government recognise the contribution of GP's in developing premises to deliver high quality primary care and to ensure that Health Boards provide resources to maintain and develop existing and new GP premises. |

### Health Boards 16.15 – 16.30

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| 94 | North Wales | That conference demands that resources and support poured into LHB managed practices should be equitably made available to Independent Contractor practices to prevent them from collapsing in the first place. |
| 95 | Dyfed Powys | Proposes that the Welsh Government establishes a Health Board specifically for primary care in Wales as the current LHB regime has its focus on sustaining hospital services.                                   |

- 96\* Morgannwg **That conference deplores the petty funding arguments at boundaries between Health Boards that adversely affect care and patient experience and insists that Health Boards should not restrict a GP's ability to refer a patient to a specific service.**
- 97 Morgannwg That conference calls upon Welsh Government and Health Boards to ensure there are genuine and effective processes to address cross-border issues, resolve senseless inconsistencies in services for patients of practices which straddle Health Board boundaries and eliminate unacceptable post code lotteries in health care.
- 98 Gwent That Health Boards recognise that practice nurses were recruited from GP funds to manage primary care priorities

### Unscheduled Care 16.30 – 16.35

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

### IM&T 16.35– 16.40

- 100 Gwent That conference insists that Health Boards look at ways of insuring timely and valid response when significant events across the primary-secondary care interface are reported using e – DATIX or other mechanisms in order to allow closure of the significant event audit loop.
- 101 Morgannwg That conference calls on NWIS to allow practices simple administrative rights to their computer systems and stop wasting the IT skills that exist in computer literate GP teams.
- 102 North Wales That conference insists that any IT solutions for access to Primary Care is an adjunct to the doctor patient relationship rather than a replacement.

### Access 16.40 – 16.50

- 103 Morgannwg That conference believes that GPs are quite capable of deciding which investigations are appropriate for their patients and should be allowed to request them without obstruction.
- 104 North Wales The GP crisis is now sadly established and with 20% of our scarce routine appointments being wasted, by patients not turning up. It is time to support fines for patients missing appointments for no good reason, to try and stem this wastage and the money raised going to support primary care.
- 105 Bro Taf That conference appeals to the Welsh Government to provide extra funding to tackle the problem of long waiting lists.



**Others****16.50**

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| 106 | Morgannwg | Conference calls on the Agenda Committee to review the present arrangements of the conference of Welsh LMCs.  |
| 107 | Bro Taf   | That conference calls on GPC Wales to insist that the Public Services Ombudsman is not the correct body to advise on “compensation” amounts for patients or relatives and that its role should be confined to reviewing disputed cases and providing a verdict on whether or not to uphold a complaint. |
| 108 | Gwent     | That conference is dismayed by the continued reports of delays in response times by the Welsh Ambulance Service.  |
| 109 | Gwent     | That conference supports the wish of first language Welsh speaking patients who live in their own country to speak Welsh to their health professionals where at all possible.   |
| 110 | Bro Taf   | That conference demands that GPC continues to raise the issue of the iniquity and clinical risk associated with the lack of the sharing of clinical information concerning patients with positive HIV status, with the aim of achieving a mandatory change in the current accepted practice.            |

**And Finally....**

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| 111 | Morgannwg | That conference calls on David Cameron to henceforth describe Offa’s Dyke as the ‘line between collaboration and privatisation’. |
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**Motions not for debate**

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| 112 | Dyfed Powys | Requests that Welsh Government undertakes a comprehensive review of the flu immunisation campaign to assess.  |
| 113 | Gwent       | Conference believes that Welsh Government should review the English Junior Doctor Contract when agreement has been reached to ascertain if there are any positive points that Wales should consider.  |
| 114 | Morgannwg   | That conference supports the focus on increasing availability of Ambulatory Emergency Care for suitable patients in secondary care.   |
| 115 | Gwent       | That conference believes that austerity as a policy is mainly a way of transferring resources from the most needy to the most well-off and has no place in the management of a fair and equitable society, in particular when this is used as an excuse to emasculate Health and Social Services. |

**‘A’ Motions**

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| 116 | Gwent     | That conference reiterates in no uncertain terms that the hurricane of GP workforce crisis is landing on our shores and despite the failure of acknowledgment of the early warning system that Welsh Government now puts action at the forefront ahead of rhetoric.  |
| 117 | Morgannwg | That conference insists that Welsh Government leads a wholesale review with Health Boards of health care priorities to include a review of the proportion of the health budget spent on primary care and to address the fundamental inconsistencies of Health Boards in prioritising the use of scarce health resources. |
| 118 | Morgannwg | That conference demands that Welsh Government intervene to address, once and for all, the scandalous ongoing risk to patients posed by absent, delayed and poor quality discharge information.   |

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| 119 | Bro Taf | That conference requests GPC Wales to negotiate a mechanism which will ensure that funding follows the flow of work from secondary to primary care.   |
| 120 | Gwent   | That conference supports a fully funded and accessible occupational health service for GPs and their staff regardless of their contractual status.  |
| 121 | Gwent   | That Conference congratulates Healthcare Inspectorate Wales on its proportionate response in carrying out inspections in General Practices in Wales and its avoidance of the excesses of the English CQC. |

# Minutes of 2015 Welsh Conference of Local Medical Committees

## Return of Representatives

9.00

### Minutes

Receive minutes of 2014 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference (Page )

### Standing Orders

Receive Standing Orders of the Welsh Conference of Local Medical Committees (Page 20)

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

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. – **PASS**

## Medical Certification & reports

9.35 – 9.45

4 Morgannwg

That conference is disappointed at the Department of 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. – **PASS**

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. – **PASS**

- 6 Morgannwg That conference demands the Welsh Government clarify the guidance on the involvement of GPs in the blue badge application and renewal process. – **PASS**
- 7 Morgannwg 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. – **TAKEN AS A REFERENCE**

### Vaccinations & Immunisations 9.45 – 10.05

- 8 North Wales That conference believes that the current vaccination fee is inadequate for the time taken in counselling at risk groups, storing, ordering and administering vaccines. – **PASS**
- 9 North Wales 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. – **PASS**
- 10\* Dyfed Powys **That conference asks the Welsh Government to review the effectiveness of the flu programme provided by pharmacists in reaching the target audience. – PASS**
- 11 Morgannwg 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.
- 12 North Wales 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.
- 13 North Wales 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. – **PASS**
- 14 Bro Taf 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. – **PASS**

### 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. – **PASS**

**\*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. – **PASS**

- |    |             |  |
|----|-------------|--|
| 16 | Dyfed Powys | That conference deplores the lack of a WG primary care premises strategy.  |
| 17 | North Wales | That conference urges Welsh Government to urgently review the state of primary care premises in Wales and: <ol style="list-style-type: none"> <li>a. prioritise premises improvement and development from the additional funds provided by Westminster</li> <li>b. recognises the need for additional practice space so that GP training in Wales can be extended</li> <li>c. ensure future proofing by allowing additional floor area to be developed ahead of practice expansion.</li> </ol> |
| 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. – <b>PASS</b>  |
| 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. – <b>PASS</b>   |
| 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. – <b>PASS</b>  |
| 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<br>– <b>NOT REACHED</b>  |

**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. – <b>PASS</b> |
| 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. – <b>NOT REACHED</b> |

**Chief Medical Officer Address****10:20 – 10.50****Themed debate****10:50-11.20****Coffee Break****11.20-11.30****Workforce****11.30 – 12.00****“Should GPs in Wales be regarded as an endangered species?” – PASS****\*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. – PASS**

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. – <b>PASS</b>
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. – <b>TAKEN AS A REFERENCE</b>
30	Morgannwg	That conference demands Welsh Government should underwrite the full cost of membership of a suitable indemnity organisation for all GPs in Wales. – <b>LOST</b>
31	North Wales	That conference requests that there should be adequate funding for GP re-training and for practice nurse training and backfill. – <b>PASS</b>

- 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. – PASS**
- 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. – PASS
- 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. – PASS
- 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. – LOST
- 39 North Wales That conference believes that 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. – LOST
- 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. – PASS**
- 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. – LOST
- 43 Gwent That conference urges Health boards who try to manipulate our UK contract, by introducing extra contractual payments, to reconsider this strategy. – PASS
- 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. – OUT OF TIME

## GP Clusters

### 12.30-12.50

#### \*AC4

#### 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 – **TAKEN AS A REFERENCE**
- 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 – **PASS**
- iii. believes to work effectively Clusters will need an adequate budget to enable real change in service provision – **PASS**
- iv. believes to work effectively GP Clusters need a management structure independent of the LHB – **PASS**
- v. believes GP Clusters should have a self-generated agenda for change. – **PASS**

45 Morgannwg

#### 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.

46 North Wales

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.

#### \*AC5

#### 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 – **PASS**
- ii. believes that for clusters to function, they need management control of all employed staff within that cluster – **TAKEN AS A REFERENCE**
- 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. – **PASS**

47 North 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.

48 North Wales

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

49 North Wales

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.

50 North Wales

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



51 Bro Taf 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. – **PASS**

52 Gwent That conference suggests an independent survey of Welsh General Practitioners on their experience of network cluster groups. – **NOT REACHED**

### 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. – **TAKEN AS A REFERENCE**

### 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. – PASS**

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. – **PASS**

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. – PASS**

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. – PASS**
- 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. – **PASS**
- 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. – PASS**
- 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. – **NOT REACHED**
- 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. – **NOT REACHED**

74	Morgannwg <b>'A' Motion</b>	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 <b>'A' Motion</b>	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.
<b>Welsh Government 14.30-14.55</b>		
76	Gwent	That conference <ul style="list-style-type: none"> <li>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 <b>– TAKEN AS A REFERENCE</b></li> <li>ii. requests GPC Wales to support the Welsh Government in whatever way it can in its attempts to seek to redress this imbalance. <b>– PASS</b></li> </ul>
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. <b>– WITHDRAWN</b>
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. <b>– PASS</b>
79*	Morgannwg	<b>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. – PASS</b>
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. <b>– PASS</b>
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 out with the GMS budget. <b>– PASS</b>
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. <b>– PASS</b>
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 out with the GMS budget. <b>– PASS</b>

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. **-PASS**

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. – PASS**

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 LHBs 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 LHBs into community and hospital sectors with primary care taking the lead in the community. **– MOVED TO NEXT BUSINESS**

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. **– PASS**

91 Morgannwg That conference demands Health Boards share their knowledge about violent patients with their contractor professions. **– PASS**

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 **– NOT REACHED**

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. **– NOT REACHED**

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 the 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. – **PASS**
- 97 North Wales That conference – 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. – **PASS**
- 98 Morgannwg 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). – **PASS**
- 99 Morgannwg 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. – **PASS**

### Waiting Lists 15.45-16.00

- 100 Morgannwg 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. – **PASS**
- 101 Dyfed Powys 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. – **PASS**
- 102\* Bro Taf **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 to explain the formula that is used to establish waiting times and to clarify the process for reporting them. – PASS**
- 103 Gwent That conference believes that patients should have access to accurate waiting list times for information.

### Secondary Care 16.00-16.10

- 104 Bro Taf 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. – **PASS**
- 105\* Gwent **That conference urges Health Boards to ensure the enforcement of 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. – PASS**

- 106 Gwent 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.
- 107 North Wales 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. – **PASS**
- 138 North Wales That conference deplores the planned unilateral withdrawal of consultant led obstetrics from Glan Clwyd hospital, resulting in considerable risk to mothers and babies. – **PASS**
- 108 North Wales That conference urges Health Inspectorate Wales to address the issue of appalling secondary care communication with primary care rather than scapegoating General Practice. – **LOST**
- 109 Gwent  
**'A' Motion** 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 Board to review the remuneration for Enhanced Services which has not kept up with the costs of providing these services, if continuity of care is to be ensured. – **PASS**
- 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. – **PASS**
- 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. – **PASS**

#### 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. – PASS**
- 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. – **PASS**
- 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 – **TAKEN AS A REFERENCE**
- 139 North Wales That Conference deplores the failure of the Migration Advisory Committee to recognise the GP shortage in Wales as they have done for Scotland, and demands that Wales be separated from England in its deliberations and reassessed on its own merit. – **NOT REACHED**

## 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. – PASS
- 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.  
– **TAKEN AS A REFERENCE**
- 119 North Wales That conference
- i. notes the huge amounts of time lost daily in hand-signing computer generated repeat prescriptions
  - ii. regrets that this matter has not received greater priority in Wales
  - iii. urges the Welsh Government to move with all possible speed to an Electronic Prescription Service such as is currently so successful in England. – **NOT REACHED**
- 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 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 Wales (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. – TAKEN AS A REFERENCE**
- 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.  
- **WITHDRAWN**
- 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.  
– **TAKEN AS A REFERENCE**

- 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. – PASSED**
- 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. – **PASSED**

### 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. – **PASSED**
- 132 Bro Taf 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. – **PASSED**
- 133 Gwent 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. – **NOT REACHED**
- 134 Gwent That conference extends congratulations to GPC Wales for its comprehensive and clear document 'General Practice – A Prescription for a healthier future'. – **NOT REACHED**
- 135 North Wales 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. – **NOT REACHED**
- 136 Dyfed Powys That conference believes it is always prudent to recognise a crisis – **NOT REACHED**

### And Finally

- 137 Gwent 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. – **TAKEN AS A REFERENCE**



# Conference of Welsh Local Medical Committees

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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.

## Agenda

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 9 (d)(l) 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.











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