



Welsh Conference of Representatives of Local Medical Committees November 2020

Agenda

Saturday 21 November
Online

Welsh Conference of Representatives of Local Medical Committees November 2020

AGENDA

Saturday 21 November 2020
at 9.30am

To be held virtually

Chair of Conference

Dr Nimish Shah

Deputy Chair of Conference

Dr Sara Bodey

Conference Agenda Committee

Dr Nimish Shah (Morgannwg)

Dr Sara Bodey (North Wales)

Dr Phil White (Chair of GPC Wales)

Dr Tim Davies (North Wales)

Dr Ian Harris (Bro Taf)

Dr Peter Horvath-Howard (Dyfed Powys)

Dr David Bailey (Gwent)

Dr Gareth Oelmann (Gwent)

Dr Mike Griffiths (Gwent)

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Schedule of Business – Saturday 21 November 2020

	Motions	Time	Allocation
START – 9:30	–	9.30 – 9.40	10 mins
Receive minutes of Welsh Conference of Local Medical Committees November 2019	–		
Standing orders	–		
Chair of Conference address			
Ministerial address from Vaughan Gething, Minister for Health and Social Services	--	9.40 – 9.50	10 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	--	9.50 – 10.00	10 mins
Update of progress on passed motions – Deputy chair of General Practitioners Committee (GPC) Wales	--	10.00 – 10.15	15 mins
Conference Procedure	--	10.15 – 10.25	10 mins
Access and remote consultations	1 – 6	10.25 – 10.45	20 mins
Out of Hours	7	10.45 – 10.50	5 mins
Clusters	8 – 10	10.50 – 11.05	15 mins
COFFEE BREAK	–	11.05 – 11.15	10 mins
Pandemic Response	11 – 19	11.15 – 12.00	45 mins
Digital	20 – 25	12.00 – 12.20	20 mins
Soap Box	--	12:20 – 12:40	20 mins
Enhanced Services	26 – 29	12.40 – 13:00	20 mins
LUNCH	–	13.00 – 13.45	45 mins
Prescribing and Dispensing	30 - 34	13.45 – 14.05	20 mins
Immunisation	35 – 37	14.05 – 14.25	20mins
Education, training, workforce planning	38 – 43	14.25 – 14.55	30 mins
COFFEE BREAK	–	14.55 – 15.05	10 mins
<i>Ask the UK negotiators</i>	–	15.05 – 15.25	20 mins
Workload Sustainability	44 – 48	15.25 – 15.50	25 mins
COFFEE BREAK	–	15.50 – 16.00	10 mins
<i>Ask the GPCW negotiators</i>	–	16.00 – 16.20	20 mins
Primary and Secondary Care Interface	49 – 59	16.20 – 16.50	30 mins
Secondary Care	60 – 66	16.50 – 17.15	25 mins
Closing remarks from conference chair	–	17.15 – 17.30	15 mins
CLOSE	–	17.30	

Welsh LMC Conference November 2020

9.30 Minutes

Receive minutes of Welsh Conference of Local Medical Committees November 2019

Standing Orders

Chair of Conference address

9.40 Ministerial address

From Vaughan Gething, Minister for Health and Social Services

9.50 Annual Report – General Practitioners Committee (Wales)

Receive annual report from the Chair of GPC Wales.

10.00 Update of progress on passed motions

Receive report from the Deputy chair of General Practitioners Committee (GPC) Wales

10.15 Conference procedure

Access and remote consultations

10.25–10.45

- | | | |
|---|-----------|--|
| 1 | Gwent | <p>Conference</p> <ul style="list-style-type: none"> i. Congratulates GPs in Wales on their rapid and flexible adoption of technological solutions to continue to offer advice and support to patients throughout the COVID pandemic without putting themselves, their staff and patients at risk through excessive face to face consultations. ii. Believes that these changes have led to more appropriate and effective consulting, allowing a significant increase in consultation rates. iii. Deplores those areas of government that have criticised these changes and are pushing to return to old models of care. iv. Demands that Welsh Government ensures that funding for these technological solutions is adequate and recurrent so that GPs are not out of pocket when offering such flexible support to patients. |
| 2 | Morgannwg | That conference calls for Welsh Government to recognise the efficiency and safety of remote consultations and encourage this change to consulting method to be embedded as the default. |
| 3 | Morgannwg | That conference calls for GMS contract to recognise the value and benefit of remote consultations and to factor that in reviewing access and post payment verification procedures. |
| 4 | Morgannwg | That conference calls for Welsh Government to commit, invest and support the public trust and usage in remote consultations. |
| 5 | Bro Taf | That conference feels some of Welsh Governments access standards are nearly impossible to achieve with telephone first pandemic systems and that these targets should be removed so that practices are not penalised unnecessarily. |
| 6 | Morgannwg | That conference asks Welsh Government to ensure that all healthcare professionals have access to enable remote working and or working from home including funding needed for IT provision. |

Out of Hours 10.45–10.50

- 7 Bro Taf That this conference is dissatisfied with the mismatch between the taxation and employment status of OOH GPs and demands that:
- i. all health boards reassess their OOH GPs' taxation status in a "joint assessment with the individual GP".
 - ii. OOH GPs considered 'employed for taxation purposes' should automatically be awarded consequent employment rights.

Clusters 10.50–11.05

- 8 Morgannwg That conference calls on clear direction from Welsh Government regarding increased freedom and agreements on cluster authority, voting and decision rights on community projects and financial allocation.
- 9 Morgannwg That conference calls for clear and transparent instruction from Welsh Government to practices regarding how additional funding (such as cluster funds, transformation funds and additional funds provided by Welsh Government) can be spent.
- 10 Gwent Conference believes that clusters cannot truly be regarded as representative of on the ground community partners and truly independent when the leads are health board employees and thus demand that terms of reference are redrawn and clarified.

COFFEE BREAK 11.05–11.15

Pandemic response 11.15–12.00

- 11 Morgannwg That conference calls on Welsh Government to urgently provide a national mechanism to recycle PPE and medical waste.
- 12 Dyfed Powys That Conference welcomes the reduced HB interference in and micromanagement of general practice during the pandemic consequent to the suspension of "normal" general medical services and wishes that it could continue long term.
- 13 Dyfed Powys That Conference would like to recognise the hard work and dedication of all those working in the care sector throughout the covid19 pandemic.
- 14 Dyfed Powys **That Conference welcomes Welsh Governments increased funding to the existing HHP service during the Covid19 pandemic however it believes more can still be done to protect the wellbeing of our front line clinicians. Conference therefore endorses the RCGP's manifesto demand for a new practitioner health programme for front line clinical staff that is equivalent to (or exceeds) the current English PHP and asks GPC Wales to work together with the college, Welsh Government and other interested parties to make this finally become a reality.**
- 15 Morgannwg That conference calls on Welsh Government to ensure priority and support is given for the well-being of all healthcare professionals and that all GPs are risk assessed during this pandemic to ensure their safe-working.
- 16 Gwent Conference notes with dismay that the majority of coronavirus tests in Wales are carried out by the privatised Lighthouse testing services in England and urges Welsh Government to develop this service within the NHS in Wales with all practical haste.

- 17 Gwent Conference deplores the recent data breach in Public Health Wales that left confidential personal information of over 18,000 patients tested for corona virus available to download from the internet for nearly 20 hours and feels that learning lessons is an inadequate response to such a severe breach of data protection regulations.
- 18 Bro Taf That Conference welcomes the funds made available to practice for premises changes so that surgeries are made safer during the pandemic but demands that Welsh Government urgently review the improvement grant process and make further and sufficient grants available to practices as much more necessary refurbishment work needs to be done.
- 19 North Wales 'Back to normal' for General Practice by the start of October is unachievable in the context of the ongoing pandemic. Conference believes that target driven work such as QAIF and enhanced services should be suspended at least for another 6 months, with payments being made on historic achievement'.

Digital 12.00–12.20

- 20 Bro Taf That conference calls on Welsh Government to:
- i. be honest with the Welsh public that it needs their confidential data in order to plan and deliver service more effectively.
 - ii. introduce legislation to allow the NHS to use confidential data with appropriate safeguards.
 - iii. remove the risk for GPs of sharing this data for planning and research purposes.
 - iv. initiate a public debate about use of individual confidential data.
- 21 North Wales The AccuRX platform has been hugely beneficial to practices throughout the pandemic, with benefits far in excess of providing video consultations. AccuRx are planning to introduce charges for their full service from next year and conference calls for this to funded centrally for all practices.
- 22 Dyfed
Powys That Conference looks on in interest at the ideas emerging for "phone first" in Welsh A&E departments but mindful of past experiences with the roll out of 111 asks NHS Wales and LHBs to involve local GPs in the design of these new pilots from the outset.
- 23 Morgannwg That conference calls for Welsh Government to enable electronic radiology requesting.
- 24 Morgannwg That conference calls for Welsh Government and HBs to accept that all written communication between primary and secondary care should be via WCCG and to implement this immediately.
- 25 Gwent It is acknowledged that GP2GP transfer of patient records is not fit for purpose. Conference demands that Welsh Government in conjunction with NWIS seeks a robust and reliable solution to this significant governance concern, by mandating all suppliers to become fully GP2GP compliant.

SOAPBOX 12.20–12.40

Enhanced Services

12.40–13.00

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| 26 | North Wales | Some patients with challenging behaviours fall through the gap between GMS and ATS provision. Conference believes that targeted service needs to be commissioned to enable these patients to have their needs met. |
| 27 | Dyfed
Powys | That bearing in mind enhanced services are a fundamental and vital income stream for practices and as a result a funding source for employment, recruitment and retention; the conference of Welsh LMC's demands that GPC Wales robustly challenges the national "review of enhanced services" in terms of its rationale and direction, neither of which are apparent. |
| 28 | Dyfed
Powys | That Conference demands that GPC Wales push Welsh Government to award increases to enhanced services that mirror GMS payment rises and that LHBs are required to apply these to local enhanced services. |
| 29 | Morgannwg | That conference calls for clear direction from Welsh Government regarding uniform procedures in decision making, securing HB commitment, time line and inflation related uplifts for all LES negotiations. |

LUNCH

13.00–13.45

Prescribing and Dispensing

13.45–14.05

- | | | |
|----|----------------|--|
| 30 | Gwent | Conference demands that Welsh Government progress an electronic transfer of prescriptions from general practice to community pharmacies – prioritising primary over secondary care in the implementation of e-prescribing in Wales. |
| 31 | North Wales | It is 2020 and we have had enough of pieces of paper that get lost. Wales needs to finally join the 21st century and adopt electronic prescribing throughout the whole process from consultation to pharmacy, at least for primary care prescriptions, without further delay. |
| 32 | North Wales | Conference calls for dispensing practices to be allowed to dispense to all patients within their boundary area, regardless of whether they are registered at that practice. |
| 33 | Bro Taf | That conference considers the proliferation of off licence prescribing of atypical antipsychotics a significant clinical risk passed to GPs and calls on GPCW to negotiate a DES to ensure safe shared care of these drugs to improve patient safety and empower GPs to more readily return questionable or unmonitored prescribing to Mental Health services. |
| 34 | Dyfed
Powys | That Conference welcomes Welsh Government facilitating the trial of Buvidal during the recent pandemic and having seen the benefits, requests a relaxation of the budget cap to allow it's more widespread prescription by substance misuse services. |

Immunisation 14.05–14.25

- 35 North Wales Conference calls for formal sanctions for community pharmacies who flout the intent of the influenza vaccination programme by poaching patients who would otherwise attend their GP practice.
- 36 North Wales **Conference believes that:**
- i. Practices do not have the time or financial resources to be involved in delivering large scale vaccination campaigns over and above the standard vaccination programmes.**
 - ii. If Welsh Government wants general practice to be involved in delivery of these vaccination programmes then there must be a recognition that other non-essential work such as QAIF has to pause for the duration.**
 - iii. Financial resourcing must truly reflect the costs and risks associated with delivering such a programme.**
 - iv. Ideally such programmes should instead be run by Public Health Wales and delivered outside of GMS.**
- 37 Gwent Conference insists that Welsh Government needs to stop assuming that GP can mop up any urgent vaccination campaigns e.g. extended flu campaigns on top of its day to day work at a highly challenging time. Realistic resourcing must be integral to such requests.

Education, training, workforce planning 14.25–14.55

- 38 Bro Taf **That this conference recognises that the law on the verification of death permits any competent adult to verify an expected death and:**
- i. is concerned about the workload demands that the verification of expected deaths places on GPs and community staff.**
 - ii. asks GPC Wales to lobby Healthcare Inspectorate Wales and Care Inspectorate Wales to make the provision of in-house verification of expected deaths a compulsory part of operating a nursing or care home.**
- 39 Morgannwg That conference calls for Welsh Government and GPC Wales to ensure uniform compulsory training and approval processes in verification of death for all nurses in community to empower nursing team and to facilitate efficient end of life support in community.
- 40 Morgannwg That conference calls on Welsh Medical Schools, Wales Deanery, post-graduate clinical and allied health professional training schemes to increase teaching of remote consulting skills.
- 41 Morgannwg That conference calls for Welsh Government commitment in increased investment in GP training and recognition of training in GMS contract.
- 42 Morgannwg That conference urges GPs to provide more placements for Medical Students in their Surgeries to inspire the next generation of GPs to enter the profession.
- 43 Morgannwg That conference calls for commitment and significant investment from Welsh Government to promote placement of medical students in primary care with sufficient remuneration to practices to ensure that there is a succession plan for the future of care in community.

COFFEE BREAK 14.55–15.05

Ask the UK negotiators 15.05–15.25

Workload Sustainability 15.25–15.50

- 44 Dyfed Powys That the Conference of Welsh LMCs, whilst noting the achievements of this year's contractual round and thanking GPC Wales for this, also notes that there has been no further progress on de-risking or incentivising the risk of last person standing. As this is a fundamental block to recruitment and retention in general practice, conference asks for it to be rapidly reviewed by GPC Wales with Welsh Government and its LHB representatives.
- 45 Morgannwg That conference calls for Welsh Government to implement simple procedures to allow all qualified allied health care professionals to independently refer and prescribe.
- 46 Morgannwg That conference calls for clear direction on Welsh Government's commitment in protecting whistle blowers.
- 47 Gwent Conference demands that positive elements of pathways developed during the pandemic should be analysed and form part of return to normal working post pandemic with appropriate resource transfer, as required.
- 48 Gwent Conference notes the current 40/60 split between pay and expenses and contrasts this with the 55/45 split that was the accepted norm in the pre-2004 GP contract. It welcomes the setting up of a working party to "consider methods of future expense analysis" and hopes that this can lead to an amicable move towards restoring historical profit ratios for independent contractors.

COFFEE BREAK 15.50–16.00

Ask the GPCW negotiators

16.00–16.20

Primary and Secondary Care Interface 16.20–16.50

- 49 AC1 **That conference:**
 i. **highlights that unplanned transfers of work from secondary care to primary care following the COVID-19 pandemic poses a significant clinical governance concern and puts safe patient care at risk.**
 ii. **calls upon Welsh Government and Health Boards to fund a DES to cover hospital generated work 'dumped' to primary care.**
 iii. **demands that Welsh Government and GPCW take necessary measures to ensure proper implementation of the clinical communications protocol.**
- 50 Bro Taf That conference condemns the massive impact of workload shift from secondary care to primary care in the name of COVID and calls on Welsh Government to take urgent action to stop dumping of work into primary care.
- 51 Bro Taf That Conference feels the Welsh Clinical Communication protocol is an excellent document, but that in light of 'Covid opportunism' and the unfettered transfer of work from secondary care we have seen, the time has come for Welsh Government and LHBS to fund a DES for 'hospital generated workload dump in primary care'.
- 52 Dyfed Powys That Conference highlights that the unplanned transfers of work from secondary care to primary care following the Covid 19 pandemic poses a significant clinical governance concerns and are a risk to safe patient care.
- 53 Bro Taf That Conference recognises the COVID crisis has resulted in an inappropriate transfer of non-resourced work from secondary to primary care and demands Welsh Government and GPCW take necessary measures to put a stop to this dumping of work by secondary care by proper implementation of the clinical communications protocol.

- 54 Morgannwg That conference calls for compensation to be provided to Practices which are affected by Secondary Care failure to apply the All Wales Communication Standards between General Medical Practitioners and Secondary Care.
- 55 North Wales Conference believes that:
- i. Phlebotomy is not a core GMS activity.
 - ii. Phlebotomy provision in the context of the Sars Cov2 pandemic has been shambolic and needs an urgent solution.
 - iii. Passing this work back to practices is unacceptable.
- 56 Gwent Conference believes the return to normal working during a pandemic has widened the chasm between primary and secondary care and does not highlight true integrated working.
- 57 Morgannwg That conference calls for clear procedures from Welsh Government in escalating concerns regarding failure of HBs in their management of primary care and patient safety in community.
- 58 Gwent That conference insists that due to the high turnover of Health Board staff that Health Boards notify Practices at least every 2 months of any changes of staff pertinent to General Practice.
- 59 Morgannwg That conference calls for contractual requirement for secondary care to guarantee completion of all components of a consultation (i.e. History taking, physical examination if necessary, requesting and actioning investigations, titrating and monitoring of new medication).

Secondary Care 16.50–17.15

- 60 North Wales Conference recognises that, in part due to the pandemic, waiting times for secondary care are leading to significant patient distress and anxiety. Conference calls for
- i. effective patient liaison services to be set up in secondary care to deal with patient queries in an honest fashion rather than directing them back to their GP practice.
 - ii. a direct ability of these services to expedite the existing referral if the patient reports a significant change in symptoms, again without referral back to the GP practice.
- 61 Bro Taf That Conference recognises suspension of routine work by hospitals and secondary care has caused increased pressures on GPs, leaving patients distressed and vulnerable and demands that clear and transparent plans are made available as soon as possible about secondary care activities returning to normal or 'new normal'.
- 62 Bro Taf That Conference calls on Health Boards to ensure that services requiring Face-to-Face delivery such as wound clinics need to return to normal face to face delivery as soon as possible so that patients are not left stranded in the community without proper care.
- 63 Bro Taf Conference insists GPC use this extraordinary time when secondary care services are hugely restricted as an opportunity to redesign the health care landscape for the benefit of patients and negotiate sensible transfer of services to primary care with appropriate resources.
- 64 Gwent Conference demands, due to the disproportionately high incidence of mental health problems in type 1 diabetics, that Welsh Government implement and resource a support service in each Health Board area with psychologists who understand the complexities of managing type 1 diabetes.
- 65 Gwent Conference instructs Welsh Government to put in place a robust system for the ongoing management, in secondary care, of patients who have had elective surgery abroad where the complexity of their follow up treatment and monitoring falls outside that which would normally be provided by primary care.
- 66 Gwent This conference demands assurance from Welsh Government that no patients are removed from Hospital outpatient or treatment waiting lists without clinical assessment from secondary care.

Closing remarks from conference chair 17.15–17.30

**Close
17.30**

A' Motions

Other	Dyfed Powys	That Conference agrees that as ties have no place in silicon valley they also have no place at a virtual conference. Passed 2019
Clusters	North Wales	Clusters must have nationally agreed Terms of Reference as a matter of urgency in order to remove the current lack of clarity around decision making and responsibility. Passed 2019
Clusters	Morgannwg	That conference calls for a uniform direction and commitment from Welsh Government to HB in taking over successful cluster projects, with clear procedures and time line for decision making, evidence required and exit plan. Passed 2019
Education, training, workforce planning	Morgannwg	That conference calls for GPC Wales and RCGP to petition Welsh Government for dedicated training and qualifications for allied health professionals in primary care. Passed 2019
Digital	Dyfed Powys	That Conference demands that health boards implement the WCCG in full and do not undermine its functionality through the introduction of individual department or speciality templates to support referrals. Passed 2019
Digital	Morgannwg	That conference calls for Welsh Government to commit, invest and implement electronic prescribing system as soon as possible. Passed 2019
Prescribing & dispensing	Gwent	That conference demands urgent action by Welsh Government to mitigate the impact of medication shortages and in doing so recognising the adverse impact on patients and GP workload. Including changes in legislation, to make pharmacists responsible for identifying appropriate and available alternatives, when medications are not available, to dispense an equivalent preparation or dosing regimen without the need to return the prescription to the GP for amendment. Passed 2019
Primary & Secondary Care Interface	Morgannwg	That conference calls for the All Wales Communication Standards between General Medical Practitioners and Secondary Care to be embedded in secondary care contracts, with clear specification of disciplinary measures in failure to comply. Passed 2019
Primary & Secondary Care Interface	Morgannwg	That conference calls for Welsh Government to direct Health Boards in facilitating direct patient access to secondary care regarding expedite requests for assessment, treatment and procedures for which they are already on a secondary care waiting list. Passed 2018
Workload & sustainability	Dyfed Powys	That Conference advises that premises issues are a major disincentive to the recruitment of new partners and demands that Welsh Government brings forth measures that addresses the premises needs of general practice, not just window dressing that ignore the financial concerns of GPs. Passed 2018
Workload & sustainability	Morgannwg	That conference calls for Welsh Government to recognise the significance of workload increase that is endangering sustainability of primary care service provision and calls for protected number of consultations per day in primary care with establishment of overspill centres for workload exceeding this. Passed 2019

Welsh LMC Conference November 2019

9.30 Minutes

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

Standing Orders

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

9.35 Annual Report – General Practitioners Committee (Wales)

Receive annual report from Dr Phil White, Chair of GPC Wales.

9.45 Update of progress on passed motions

Receive report from Dr Gareth Oelmann, Co-deputy chair of GPC Wales.

Urgent Care 10.00–10.20

AC1*	AC	<p>That conference:</p> <p>i. asks GPC Wales to remind service providers, in particular WAST and 111, that GPs are not an emergency response provider.</p> <p>ii. believes that WG and HBs must stop the practice of GPs being expected to attend emergencies outside of practices as a replacement for a faltering ambulance service and hospital overcrowding. PASSED TOGETHER</p>
1	Dyfed Powys	That conference requests that GPC Wales remind other health services providers, in particular WAST and 111 that General Practice is not an emergency response provider.
2	North Wales	Conference believes that GP staff being expected to leave their practices to attend medical emergencies elsewhere should be a vanishingly rare occurrence reflecting a major incident and not a replacement for a functioning ambulance service.
3	Morgannwg	That conference believes there is frankly no situation where keeping a patient waiting outside an Emergency Department in an ambulance is a rational solution to hospital overcrowding and calls on WG and LHBs to stop the practice immediately. PASSED
4	Gwent	Conference demands urgent action on impacts on patients and primary care efficiency by the delays with ambulance transportation, which includes an All Wales reporting system of incidents with a system to address leading to a solution for ambulance transportation from primary care requests. PASSED
5	Gwent	This conference demands that WAST include stroke in its RED immediate response list of conditions in view of the potential to prevent the devastating morbidity for patients. PASSED

Clusters 10.20–10.45

6*	Dyfed Powys	That conference urges the WG to require the HBs to mainstream the funding of the cluster initiatives which have been shown to be successful, enabling the clusters to invest cluster funding in new innovative schemes.
7	Morgannwg	That conference calls on GPCW to insist that LHBs finally mainstream the funding of those cluster initiatives that have been repeatedly and multiply piloted, evaluated and 'done to death', preventing any further cluster innovation.

8	North Wales	Mechanisms should be put in place to compel Local Health Boards to take successful cluster pilots providing value for money and supporting sustainability and meeting community needs into Core funding and so releasing funds to fund new initiatives. PASSED
9	Morgannwg	That conference feels the 'recurring but annual' nature of cluster funding means that clusters are forced to spend pots of public money at haste and that a rolling 3-year budget be set for clusters. PASSED
AC2*	AC	<p>With regard to the function of clusters, the conference requires Welsh Government and Health Boards to give:</p> <ul style="list-style-type: none"> i. a firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation show a positive impact on provision of primary care. ii. a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies. iii. agreement to a timely evaluation of transformation or pacesetter schemes prior to continuation, including LMC involvement in the decision making process. <p>PASSED TOGETHER</p>
10	Morgannwg	<p>That conference requires Welsh Government and Health Boards to give:</p> <ul style="list-style-type: none"> i. a firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation of the schemes show they have successfully had a positive impact on the provision of primary care. ii. a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies. iii. agreement to undertake timely evaluation of the scheme no less than two months before planned end date of scheme to allow adequate time for evaluation and continuation of scheme. iv. involvement of the LMC in determining the nature and provider of the evaluation of such schemes. v. involvement of the LMC in decision making process with regard to the future of the scheme.
11	Dyfed Powys	That conference advises the WG and HBs that GPs are suffering initiative fatigue, consequently engagement on the pathfinder and similar funding projects will not attract GP support. PASSED
AC3*	AC	<p>That conference requires our negotiating team to work with Welsh Government and health boards to:</p> <ul style="list-style-type: none"> i. develop an all-Wales process for the appointment of cluster leads, with a standardised time-limited contract with consistent terms and conditions and incorporating a mandatory annual performance review process prior to contract extension. TAKEN AS A REFERENCE ii. agree an all Wales constitution or terms of reference for cluster working. PASSED
12	Morgannwg	<p>That conference requires our negotiating team to work with Welsh Government and Health Boards to:</p> <ul style="list-style-type: none"> i. have a standardised all Wales agreement for terms and conditions of cluster leads so that they have adequate time for undertaking duties. ii. have a standardised all Wales protocol for appointment of cluster leads which includes annual performance review and time limited "contract" which is renewable subject to support of cluster practices. iii. have an all Wales agreement on constitution/terms of reference for cluster working including clarification on voting and non-voting members, attendees required for meeting to be quorate, how decisions will be made and ratified to ensure that all practices participate and engage in cluster working, and what actions will be taken to find solutions issues identified as hindering the potential of a cluster(s) and timescale / levers to be used to ensure same is completed".

13	Morgannwg	That conference feels clusters in their current form can do no more and that they should become some form of separate legal entities in order to employ, pension and deliver care at 'arms length' from LHBs. TAKEN AS A REFERENCE
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Core and Enhanced Services

10.45–11.10

14	Morgannwg	That conference feels that all LES/DES should be commissioned with an automatic annual uplift in line with DDRB enshrined within them. TAKEN AS A REFERENCE
15*	Dyfed Powys	That conference instructs GPC Wales to seek a contractual agreement that requests for urgent home visits after 2pm each working day, if not safe to leave until next day, should be passed either to a commissioned urgent care service or ambulance service for review. LOST
16	Dyfed Powys	That conference acknowledges that GPs should be expected to do only one single set of home visits each lunchtime per day.
17	Morgannwg	This conference instructs GPC Wales to ensure Welsh Government put a stop to the 'post-code lottery' where LHBs commission a local enhanced service for a service that is identically needed across Wales and ensures that such services are nationally delivered by Directed Enhanced services. PASSED
18	Dyfed Powys	That conference requests GPC and WG reviews minor surgery in general practice and introduces measures to ensure that its provision is sustainable and economically viable for practices. PASSED
19	North Wales	That conference believes that blue badges are nothing to do with primary care. If councils want information in order to inform their decision, they should use the access to medical reports act and pay a proportionate fee. They should not pressure the patient to request information via a SAR. PASSED

Cross Border

11.10–11.15

20	North Wales	Following the debacle of the commissioning between BCUHB and the Countess of Chester Hospital earlier this year conference calls for WG to: <ul style="list-style-type: none"> i. recognise the contribution that care providers on the English side of the border make to the provision of healthcare to the Welsh population, ii. ensure that ideology does not jeopardise this element of capacity within the Welsh healthcare system, and iii. ensure that there is effective contingency planning in place to ensure continuity of provision in the event that the commissioned service is withdrawn. PASSED
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Education and training 11.15–11.25

- 21 North Wales That conference believes that effective medical education is a skilled and specialist role and:
- i. Expecting GPs to provide medical education for medical students and allied health professionals for no or derisory recompense risks non engagement of educators and impoverished experience for learners.
 - ii. GPC should agree with WG a framework for financial recognition of the time and expertise required to effectively educate the frontline workforce of the future.
- PASSED TOGETHER**
- 22 Dyfed Powys That conference advises WG that the incentives to encourage GP registrars to choose training schemes in Mid, West and North Wales have had a positive effect, and requests that they are continued going forward to build a sustainable GP workforce in these areas.
- TAKEN AS A REFERENCE**

MORNING COFFEE BREAK 11.25–11.45

Future Care Planning 11.45–11.50

- 23 North Wales That conference believes that End of Life care forms (including DNAR and treatment escalation plans) should be completed and signed off by the clinician most involved with the patient, in partnership with the patient as appropriate. Requiring a senior doctor to countersign such forms is a nonsense in an era of multidisciplinary working and needs to stop. **PASSED**

Secondary Care 11.50–12.25

24		That conference recognises that GMS practices are entitled to deliver care in a manner determined by the practice in order to respond to the reasonable needs of their patients. Conference notes increasing attempts by other agencies within the NHS to define when and where a GP practice assesses a patient on their list and calls on GPC Wales and WG to ensure that other services do not use GP practices as part of their own service delivery design unless there is a negotiated agreement with resource to accompany it. PASSED
AC4*		<p>That conference welcomes the all-Wales Communication standards but to ensure their efficacy calls for:</p> <ul style="list-style-type: none"> i. an all Wales survey on the implementation of the standards to inform an All Wales strategy for monitoring and audit. PASSED ii. policing of the standards by LHBs and WG including education and if necessary professional sanction of breaches. PASSED iii. the introduction of contractual levers on both primary and secondary care as to ensure consistent delivery and to move resources appropriately. LOST iv. assurance from the Wales GMPI scheme that GPs will be supported when standards are breached and work dumped on GPs is handed back to secondary care. PASSED v. an annual report from HB on achievement against each standard with thresholds for achievement determined by WG and GPC Wales. PASSED
25	Morgannwg	<p>That conference welcomes the All-Wales Communication Standards but to ensure their efficacy calls for:</p> <ul style="list-style-type: none"> i. Proper policing of the Standards by LHBs and WG, including education and if necessary professional sanction of breaches. ii. Introduction of a Fee payable by secondary care for breaches of the standard. iii. Assurance from the Welsh General Medical Practitioner Indemnity scheme that GPs will be supported when the standards are breached and the work dumped on GPs is handed back unactioned to secondary care.
26	Gwent	Conference demands an All Wales survey on the implementation of the CMO communication standards leading to an All Wales strategy for monitoring and solutions to their consistent application across Wales
27	Morgannwg	<p>That conference requires its GPC Wales negotiators, Welsh Government, CMO and HB Primary Care representatives to identify and put in place:</p> <ul style="list-style-type: none"> i. contractual levers on both secondary and primary care that will ensure the secondary/primary care communication standards are delivered consistently and regularly across each HB in Wales. ii. consider utilising the all Wales Primary Care Reference Group approved financial framework to move resources from secondary to primary care as a potential solution to (1) as “money talks”. iii. an annual report from HB on achievement against each standard with thresholds for achievement determined between WG and GPC Wales.
28	Gwent	That conference demands that Welsh Government stops the policy of some hospitals / Health Boards of discharging patients back to their GP after just one missed appointment. PASSED
29	Morgannwg	That conference feels it is high time that with reliable and safe gateway communication that a solution is found to allow radiology requesting electronically in line with Ionising radiation regulations. PASSED
30	Morgannwg	That conference calls on WG to ensure live, accurate Outpatient waiting times are available to GPs at the point of referral and to patients awaiting appointments. PASSED

- 31 Morgannwg That conference calls on LHBs to specify a sensible time period when any patient discharged from hospital, even those limited numbers with appropriate discharge information, are allowed 'open access' to directly return or contact secondary care rather than 'go and see your GP'. **PASSED**
- 32 Gwent That Conference demands that Electronic hospital discharge summaries should be received by GP practices at the point of discharge. **PASSED**

Soap Box 12.25–12.45

Health Boards 12.45–13.00

- 33 Morgannwg That conference insists Welsh Government undertake an independent review of middle managers employed by each Health Board with a view to reducing their number by at least a 1/3 and reinvesting this saving in directly supporting practices. **TAKEN AS A REFERENCE**
- 34 Morgannwg That conference calls on WG to develop a mechanism whereby if a 2/3 majority of GPs expresses 'no confidence' in their contracting LHB by plebiscite, that WG undertake to investigate the matters of concern, review the functions of that LHB and consider using their discretionary powers to intervene in its running. **TAKEN AS A REFERENCE**
- 35 Dyfed Powys That conference requests that HBs establish a mechanism for the provision of independent medical advice to the Board from joint GPs and Consultants committees. **TAKEN AS A REFERENCE**

LUNCH 13.00–13.45

Indemnity 13.45–14.00

- 36 Bro Taf That this conference is appalled at WG's divisive action to wholly fund indemnity from the global sum. Conference demands WG to provide a clear justification of their action as to why only GP partners were penalised to fund the indemnity cost. **PASSED**
- 37 Morgannwg That conference requires Welsh Government to revise its complaint procedures for general practice so that all complaints received and investigated include reference to any LHB or organisational issues that are relevant to the complaint are included in the response to avoid scapegoating individual GPs or practices for problems outwith their control. **PASSED**

IT 14.00–14.25

AC5*	AC	<p>That conference insists that:</p> <p>i. the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process. PASSED</p> <p>ii. GPCW ensures in future no GP practice has to choose an IT system which is in development, or even worse, a pipe dream. PASSED</p>
38	Morgannwg	That conference insists that GPCW ensures in future no GP practice has to choose an IT system which is in development or even worse, a pipe dream.
39	Gwent	That conference insists that the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process.
40	Dyfed Powys	That conference asks that WG, NWIS and HBs urgently work together to implement the WCCG to make it the gold standard communication system GPs were promised. PASSED
41	Gwent	In the current digital age, conference asks Welsh Government to bring Wales to the electronic prescribing party and detail a timeline for doing so.

Multi Disciplinary Teams 14.25–14.40

42	North Wales	That conference asks that District nurses teams should be practice based. PASSED
43	Morgannwg	<p>That conference notes the strengthening of the wider MDT in primary care but reminds Welsh government and Health Boards that:</p> <p>i. whilst these professionals provide a valuable range of services in community, they DO NOT replace and CANNOT EVER replace the unique skill set of a GP and</p> <p>ii. Welsh patients deserve all avenues to recruit, retain and train GPs to be aggressively pursued and a robust accelerated workforce strategy be put in place to deliver a sustainable GP workforce for now and longer term. PASSED</p>
AC6*	AC	<p>That conference requests that:</p> <p>i. WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/ members of the practice team e.g. PAs, paramedics, pharmacy practitioners.</p> <p>ii. WG develops a comprehensive plan to enable the training and secondment of these professionals within general practice.</p> <p>iii. WG and HBs standardise referral mechanisms within the new model of care to allow these professionals to have the ability to refer on to other services. ALL PASSED TOGETHER</p>
44	Dyfed Powys	That conference requests that WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/members of the practice team e.g. PAs, paramedics.
45	Dyfed Powys	That conference requests that the WG develops a comprehensive plan to enable the training and secondment of the nurse practitioners, paramedics, pharmacy practitioners etc which are going to be bolster the general practice workforce in the “Healthier Wales” strategy.
46	Gwent	That conference asks for referral mechanisms to be standardised so that, within the new model of care, all primary care healthcare professionals have the ability to refer on to other services.

Out of Hours 14.40–14.45

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| 47 | North Wales | That conference believes that all out of hours doctors working for LHB's should be contractually entitled to, and awarded, annual pay rises as per hospital doctors/salaried GPs.
PASSED |
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Prescribing 14.45–15.05

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| 48* | Bro Taf | That this conference recognises that there is an unacceptable shortage of medicines in the UK and urges the government to enable community pharmacists to be able to provide an equivalent alternative so as to reduce its impact on the workload in primary care. PASSED |
| 49 | Gwent | Conference is concerned of continued medical shortages and its impact on workload at an individual patient, practice and pharmacy level, and calls for an All Wales advice system on shortages and suitable alternatives, readily available as a single resource to primary care. |
| 50 | North Wales | In light of the ongoing shortage of many everyday medications conference calls for WG to look into setting up a self sufficient generic pharmaceutical manufacturing base within Wales. |
| 51 | Bro Taf | That conference believes that Welsh Government ensures the appropriate delivery of the All Wales Community Pharmacy Common Ailments scheme so that the service can be made fit for purpose nationally and not hinder patient care. PASSED |
| 52 | Morgannwg | That conference despairs at the 'paperworkitis' afflicting community nursing colleagues and that WG and the CNO should restore some sanity by either commissioning MAR charts from pharmacists or simply eradicating DN requests for completion of bespoke and pointless documentation for medicines already correctly prescribed with accurate dosing and administration instructions. PASSED |
| 53 | Morgannwg | That conference would like to see irritating and clinically useless prescribing support software decommissioned immediately to prevent GPs suffering overuse tendon injuries from repeatedly ignoring them. TAKEN AS A REFERENCE |
| Emergency Motion 74 | Dyfed Powys | Conference demands that in the light of the fiasco with concerns over Ranitidine safety, Welsh Government must suspend the National Prescribing Indicator target for proton pump inhibitors due to the much reduced availability of alternative therapies and the increased workload this has caused practices, and award practices these incentive points in full without penalty given the adverse impact this has had on many hardworking GP prescribing team efforts. PASSED |
| 54 | Morgannwg | That conference feels men with erectile dysfunction should have access to PDE5 inhibitors freely on the NHS and that GPs should not be limited by the schedule 11 restrictions.
PASSED |

Public Health 15.05–15.15

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| 55 | Dyfed Powys | That conference believes that Transport for Wales is operating a transport service for the population of Wales and not a mobile pub chain and asks that Welsh Government sets an example in public health by banning the sale of and consumption of alcohol on board all TFW services. LOST |
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AFTERNOON TEA 15.15–15.35

Ask the negotiators 15.35–15.50

Representation 15.50–16.10

56*	Bro Taf	THAT Conference is appalled by the uncertainty caused by the protracted negotiations between the GPDF and the BMA with respect Terms of Service of the GPC Wales Executive and calls on GPC Wales to push for a rapid resolution for the sake of ongoing representation of the profession in Wales. PASSED
57	North Wales	That conference agrees, following the GPDF reforms, that each LMC should now reimburse their own LMC conference delegate expenses and deduct such expenses from their normal GPDF levy contributions.
58	North Wales	That conference believes that following the GPDF reforms, the Welsh Conference of Representatives of LMCs is an appropriate forum to discuss the working and business relationships between LMCs and GPDF.
59	Morgannwg	That conference calls on Welsh LMCs to consider federating their structures and organisations in order to better deliver support for Welsh GPs. LOST
60	Morgannwg	That conference does not see the purpose of a separately elected GPC UK in a country with 4 devolved Health services and that pan-UK issues should be discussed and managed by representatives of the 4 national GPCs coming together not a separate and expensive body. TAKEN AS A REFERENCE

Sustainability 16.10–16.35

61	Morgannwg	That conference calls on Welsh Government to publicly back General practice as the solution to the NHS crisis by investing a dedicated minimum percentage of NHS budget to GMS as a funding floor. TAKEN AS A REFERENCE
62	Bro Taf	That this conference requests GPC Wales begin negotiations to underwrite the risks of redundancy payments of staff. LOST
63	Morgannwg	That conference insists Welsh Government to pay more than lip service and empty rhetoric in its claim to supporting the GMS model for General Practice by investing directly into practices without attached bureaucratic ties as one practice being “allowed to fail” through its years of under investment is not acceptable at any time. PASSED
64*	Dyfed Powys	That conference acknowledges the measures already taken, however urges WG to take action to address the full range of GP premises issues which is impacting on the recruitment of partners and the sustainability of general practice in Wales. PASSED
65	Gwent	Conference congratulates WG on its first tentative steps to address last man standing issues but demands further action to address this issue with urgency.
66	Gwent	Conference asks Welsh Government to actively support small practices and accept that bigger is not always better when it comes to General Practice. PASSED

Vulnerable patients 16.35–16.40

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

Workforce 16.40–17.00

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

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

AC7* **AC** **That conference asks Welsh Government what is being done in regard to the health and wellbeing of front line primary care staff in Wales, and:**
 i. **reflects on the practitioner support programmes being offered in Wales in comparison to England.**
 ii. **considers the development of a toolkit for practice staff concerning GP partner health, probity or whistleblowing. PASSED TOGETHER**

70 Dyfed Powys That conference requests that Welsh Government look to the model of practitioner support being delivered in England for primary care workers via the Practitioner Health Programme and
 i. reflect on why this level of support isn't being offered in Wales.
 ii. urgently rectify the situation.

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

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

Other 17.00–17.05

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

Closing remarks from conference chair 17.05–17.15

'A' Motions

Urgent Care	North Wales	Conference recognises that in hours general practice is not an emergency service, and calls for this to be stated clearly in contract documentation.	Passed as Motion 99 in Mar 2017.
Education and Training	Dyfed Powys	That conference requests that WG develops a plan to increase the number of medical students attending Welsh universities as a first step to addressing the shortage of doctors.	Passed as Motion 50 in Mar 2017.
Multi Disciplinary Teams	North Wales	That conference asks that all practices should have access to LHB funded pharmacists.	Passed as Motion 72 in Jan 2018.
Multi Disciplinary Teams	Gwent	In view of Welsh Governments Healthier Wales policy of increasing the number of Multidisciplinary Healthcare workers onto the Primary care team, conference requests that the terms and reimbursements to practices regarding Parental leave is replicated for all allied healthcare professionals.	Passed as Motion 58 in Nov 2018.
Revalidation	North Wales	Conference calls for compulsory annual appraisal to be set aside and a more reasonable expectation of two appraisals in each revalidation cycle should be introduced.	Passed as Motion 65 in Jan 2018.
Vulnerable patients	Morgannwg	That conference demands Welsh Government commits to significantly improve the availability and quality of Mental Health Services, particularly crisis intervention teams, in order to fulfil its promises under the Mental Health Measure and minimise the negative impacts of Mental Illness on patients, GP's and wider society.	Passed as Motion 75 in Nov 2018.
Workforce	Bro Taf	That this conference requests GPC Wales begin negotiations to introduce a retention strategy to encourage more experienced GPs to remain in practice.	Passed as AC4 Nov 2018.

WLMC Conference November 2019

– Progress against motions

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

Urgent Care

No.	Motion	Status	Progress
AC1	That conference: i. asks GPC Wales to remind service providers, in particular WAST and 111, that GPs are not an emergency response provider ii. believes that WG and HBs must stop the practice of GPs being expected to attend emergencies outside of practices as a replacement for a faltering ambulance service and hospital overcrowding	PASSED	We met with Stephen HARRY, chair of the Unscheduled Care board in Feb 2020 to discuss all these issues, We were told about some pilot work across some HBs reconstituting their A&E department layout which had a promisingly effect in reducing handover delays. We were invited to be a member of the Ministerial Taskforce on Unscheduled Care. This work was paused due to COVID-19; we will continue to raise these issues as part of our pandemic response.
1	That conference requests that GPC Wales remind other health services providers, in particular WAST and 111 that General Practice is not an emergency response provider.		
2	Conference believes that GP staff being expected to leave their practices to attend medical emergencies elsewhere should be a vanishingly rare occurrence reflecting a major incident and not a replacement for a functioning ambulance service.		
3	That conference believes there is frankly no situation where keeping a patient waiting outside an Emergency Department in an ambulance is a rational solution to hospital overcrowding and calls on WG and LHBS to stop the practice immediately	PASSED	
4	Conference demands urgent action on impacts on patients and primary care efficiency by the delays with ambulance transportation, which includes an All Wales reporting system of incidents with a system to address leading to a solution for ambulance transportation from primary care requests.	PASSED	
5	This conference demands that WAST include stroke in its RED immediate response list of conditions in view of the potential to prevent the devastating morbidity for patients.	PASSED	

Clusters

No.	Motion	Status	Progress
6	That conference urges the WG to require the HBs to mainstream the funding of the cluster initiatives which have been shown to be successful, enabling the clusters to invest cluster funding in new innovative schemes.	PASSED	In their 2020/21 budget, Welsh Government announced an extra investment of £10m into clusters on top of their existing spending.
7	That conference calls on GPCW to insist that LHBs finally mainstream the funding of those cluster initiatives that have been repeatedly and multiply piloted, evaluated and 'done to death', preventing any further cluster innovation		Through our attendance at overarching meetings like the primary care contract alignment group we have publicly questioned the functions, governance and core purpose of clusters suggesting a review was necessary. This was accepted and the vision for clusters will be reviewed and refreshed.
8	Mechanisms should be put in place to compel Local Health Boards to take successful cluster pilots providing value for money and supporting sustainability and meeting community needs into Core funding and so releasing funds to fund new initiatives.		
9	That conference feels the 'recurring but annual' nature of cluster funding means that clusters are forced to spend pots of public money at haste and that a rolling 3-year budget be set for clusters.	PASSED	
AC2	With regard to the function of clusters, the conference requires Welsh Government and Health Boards to give: i) A firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation show a positive impact on provision of primary care ii) a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies iii) agreement to a timely evaluation of transformation or pacesetter schemes prior to continuation, including LMC involvement in the decision making process	TAKEN TOGETHER PASSED	

10	<p>That conference requires Welsh Government and Health Boards to give:</p> <ul style="list-style-type: none"> i. a firm commitment to ongoing funding for staff employed under transformation or pacesetter schemes should evaluation of the schemes show they have successfully had a positive impact on the provision of primary care ii. a firm commitment that GMS practices will not be required to pick up the cost of staff employed using transformation or pacesetter monies iii. agreement to undertake timely evaluation of the scheme no less than two months before planned end date of scheme to allow adequate time for evaluation and continuation of scheme iv. involvement of the LMC in determining the nature and provider of the evaluation of such schemes v. involvement of the LMC in decision making process with regard to the future of the scheme” 		
11	<p>That conference advises the WG and HBs that GPs are suffering initiative fatigue, consequently engagement on the pathfinder and similar funding projects will not attract GP support.</p>	PASSED	
AC3	<p>That conference requires our negotiating team to work with Welsh Government and health boards to:</p> <ul style="list-style-type: none"> i. develop an all-Wales process for the appointment of cluster leads, with a standardised time-limited contract with consistent terms and conditions and incorporating a mandatory annual performance review process prior to contract extension ii. agree an all Wales constitution or terms of reference for cluster working 	<p>TAKEN AS A REFERENCE</p> <p>PASSED</p>	

12	<p>That conference requires our negotiating team to work with Welsh Government and Health Boards to:</p> <ul style="list-style-type: none"> i) have a standardised all Wales agreement for terms and conditions of cluster leads so that they have adequate time for undertaking duties ii) have a standardised all Wales protocol for appointment of cluster leads which includes annual performance review and time limited "contract" which is renewable subject to support of cluster practices iii) have an all Wales agreement on constitution/terms of reference for cluster working including clarification on voting and non-voting members, attendees required for meeting to be quorate, how decisions will be made and ratified to ensure that all practices participate and engage in cluster working, and what actions will be taken to find solutions issues identified as hindering the potential of a cluster(s) and timescale / levers to be used to ensure same is completed" 		
13	<p>That conference feels clusters in their current form can do no more and that they should become some form of separate legal entities in order to employ, pension and deliver care at 'arms length' from LHBs</p>	<p>TAKEN AS A REFERENCE</p>	

Core and Enhanced Services

No.	Motion	Status	Progress
17	This conference instructs GPC Wales to ensure Welsh Government put a stop to the 'post-code lottery' where LHBs commission a local enhanced service for a service that is identically needed across Wales and ensures that such services are nationally delivered by Directed Enhanced services	PASSED	<p>We have a commitment with Welsh Government and NHS Wales to review the enhanced services system as part of this year's contractual discussions – although progress was disrupted due to COVID.</p> <p>The Strategic Programme for Primary Care has prepared a report about Enhanced Service planning and delivery, but any contractual negotiations and changes will need to come to GPC Wales as representative body.</p>
18	That conference requests GPC and WG reviews minor surgery in general practice and introduces measures to ensure that its provision is sustainable and economically viable for practices.	PASSED	We continue to raise the issue of non-contractual form completion with WG at forum, and have reiterated this in our COVID contract relaxation proposals, calling for a strong statement from WG to agencies.
19	That conference believes that blue badges are nothing to do with primary care. If councils want information in order to inform their decision they should use the access to medical reports act and pay a proportionate fee. They should not pressure the patient to request information via a SAR.	PASSED	

Cross Border

No.	Motion	Status	Progress
20	<p>Following the debacle of the commissioning between BCUHB and the Countess of Chester Hospital earlier this year conference calls for WG to</p> <ol style="list-style-type: none"> i. recognise the contribution that care providers on the English side of the border make to the provision of healthcare to the Welsh population, ii. ensure that ideology does not jeopardise this element of capacity within the Welsh healthcare system, and iii. ensure that there is effective contingency planning in place to ensure continuity of provision in the event that the commissioned service is withdrawn 	PASSED	We have made overtures to WG on this and continue to make the case in Forum

Education and training

No.	Motion	Status	Progress
21	<p>That conference believes that effective medical education is a skilled and specialist role and:</p> <ul style="list-style-type: none"> i. Expecting GPs to provide medical education for medical students and allied health professionals for no or derisory recompense risks non engagement of educators and impoverished experience for learners. ii. GPC should agree with WG a framework for financial recognition of the time and expertise required to effectively educate the frontline workforce of the future 	PASSED	<p>This is a continual issue which we discuss with HEIW in our regular meetings and at the GP Specialty Board – as well as in meetings such as the Primary Care Contract Alignment Group bringing together representatives of the wider MDT staff.</p> <p>We have asked for a formal evaluation of the train work live incentive scheme, but this work has been delayed due to COVID.</p>
22	<p>That conference advises WG that the incentives to encourage GP registrars to choose training schemes in Mid, West and North Wales have had a positive effect, and requests that they are continued going forward to build a sustainable GP workforce in these areas.</p>	TAKEN AS A REFERENCE	

Future Care Planning

No.	Motion	Status	Progress
23	<p>That conference believes that End of Life care forms (including DNAR and treatment escalation plans) should be completed and signed off by the clinician most involved with the patient, in partnership with the patient as appropriate. Requiring a senior doctor to countersign such forms is a nonsense in an era of multidisciplinary working and needs to stop.</p>	PASSED	<p>We took the issue of Future Care Planning, specifically the TEPS process, to the BMA Ethics board who agreed with the LMC's views on the process around most appropriate clinicians signing off.</p> <p>As part of COVID-19 response, in the revised Care Homes DES we agreed a mortality review of care home deaths given some concerns about procedural issues in those settings. We will keep this under consideration as we discuss the substantive Care Home DES by April 2021.</p>

Secondary Care

No.	Motion	Status	Progress
24	<p>That conference recognises that GMS practices are entitled to deliver care in a manner determined by the practice in order to respond to the reasonable needs of their patients. Conference notes increasing attempts by other agencies within the NHS to define when and where a GP practice assesses a patient on their list and calls on GPC Wales and WG to ensure that other services do not use GP practices as part of their own service delivery design unless there is a negotiated agreement with resource to accompany it.</p>	<p>PASSED</p>	<p>We have recently launched a survey on primary secondary care communication and the transfer of workload. This will help us to understand the impact of the All Wales Standards and inform our next steps.</p> <p>Relating to clinical autonomy, during the early days of COVID-19 we were able to secure the understanding from WG that practices could manage their response to the pandemic to suit the local patient needs, and not mandatory joining of hub working.</p> <p>We have also asked at GP Forum for Welsh Government's understanding of discharge policies across Wales.</p>
AC4	<p>That conference welcomes the all-Wales Communication standards but to ensure their efficacy calls for:</p> <ul style="list-style-type: none"> i) an all Wales survey on the implementation of the standards to inform an All Wales strategy for monitoring and audit. ii) policing of the standards by LHBs and WG including education and if necessary professional sanction of breaches iii) the introduction of contractual levers on both primary and secondary care as to ensure consistent delivery and to move resources appropriately iv) assurance from the Wales GMPI scheme that GPs will be supported when standards are breached and work dumped on GPs is handed back to secondary care v) an annual report from HB on achievement against each standard with thresholds for achievement determined by WG and GPC Wales 	<p>PASSED</p> <p>PASSED</p> <p>LOST</p> <p>PASSED</p> <p>PASSED</p>	
25	<p>That conference welcomes the All-Wales Communication Standards but to ensure their efficacy calls for:</p> <ul style="list-style-type: none"> i. Proper policing of the Standards by LHBs and WG, including education and if necessary professional sanction of breaches. ii. Introduction of a Fee payable by secondary care for breaches of the standard iii. Assurance from the Welsh General Medical Practitioner Indemnity scheme that GPs will be supported when the standards are breached and the work dumped on GPs is handed back unactioned to secondary care. 		

26	Conference demands an All Wales survey on the implementation of the CMO communication standards leading to an All Wales strategy for monitoring and solutions to their consistent application across Wales.		
27	That conference requires its GPC Wales negotiators, Welsh Government, CMO and HB Primary Care representatives to identify and put in place: <ul style="list-style-type: none"> i. contractual levers on both secondary and primary care that will ensure the secondary / primary care communication standards are delivered consistently and regularly across each HB in Wales ii. consider utilising the all Wales Primary Care Reference Group approved financial framework to move resources from secondary to primary care as a potential solution to (1) as “money talks” iii. an annual report from HB on achievement against each standard with thresholds for achievement determined between WG and GPC Wales 		
28	That conference demands that Welsh Government stops the policy of some hospitals / Health Boards of discharging patients back to their GP after just one missed appointment.	PASSED	
29	That conference feels it is high time that with reliable and safe gateway communication that a solution is found to allow radiology requesting electronically in line with Ionising radiation regulations	PASSED	
30	That conference calls on WG to ensure live, accurate Outpatient waiting times are available to GPs at the point of referral and to patients awaiting appointments.	PASSED	

31	That conference calls on LHBs to specify a sensible time period when any patient discharged from hospital, even those limited numbers with appropriate discharge information, are allowed 'open access' to directly return or contact secondary care rather than 'go and see your GP'	PASSED	
32	That Conference demands that Electronic hospital discharge summaries should be received by GP practices at the point of discharge.	PASSED	

Indemnity

No	Motion	Status	Progress
36	That this conference is appalled at WG's divisive action to wholly fund indemnity from the global sum. Conference demands WG to provide a clear justification of their action as to why only GP partners were penalised to fund the indemnity cost	PASSED	<p>After the conclusion of GMS negotiations for 20/21, the global sum pound per weighted patient value is higher than in England,, at £95.07. Coupled with investment outside of global sum into enhanced services and Access QAIF the monies removed for indemnity have now been more than recouped.</p> <p>Under the GMPI scheme, the Health Board is the name party in any case rather than individual GPs.</p>
37	That conference requires Welsh Government to revise its complaint procedures for general practice so that all complaints received and investigated include reference to any LHB or organisational issues that are relevant to the complaint are included in the response to avoid scapegoating individual GPs or practices for problems outwith their control	PASSED	<p>Additionally, we have met with the Ombudsman who has confirmed that they have ceased the practice of 'naming and shaming' individual GPs, now having parity with secondary care and employed colleagues.</p>

IT

No.	Motion	Status	Progress
AC5	<p>That conference insists that:</p> <p>i. the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process</p> <p>ii. GPCW ensures in future no GP practice has to choose an IT system which is in development, or even worse, a pipe dream.</p>	<p>PASSED</p> <p>PASSED</p>	<p>We agree wholeheartedly</p> <p>GPCW are represented across all groups focusing on IT developments, and consistently lobby for improvement – particularly acute given COVID and accuracy of information.</p> <p>We are represented on the panel evaluating how WG can take forward a rapid review of e-prescribing.</p>
38	<p>That conference insists that GPCW ensures in future no GP practice has to choose an IT system which is in development or even worse, a pipe dream.</p>		
39	<p>That conference insists that the impacts caused by the delays in the IT procurement process is fully explained to practices and the impact on practice development during this time is fully acknowledged and reflected in the next procurement process.</p>		
40	<p>That conference asks that WG, NWIS and HBs urgently work together to implement the WCCG to make it the gold standard communication system GPs were promised.</p>	<p>PASSED</p>	
41	<p>In the current digital age, conference asks Welsh Government to bring Wales to the electronic prescribing party and detail a timeline for doing so.</p>	<p>PASSED</p>	

Multi-Disciplinary Teams

No.	Motion	Status	Progress
42	That conference asks that District nurses teams should be practice based.	PASSED	GPC Wales agrees that GPs can never be replaced but that the wider MDT is a key part of ensuring the longer term sustainability of general practice. We have supported the increase in training places for AHPs including increased exposure to primary care, while cautioning about limited capacity. We have secured capacity for practices to claim for the cost of replacing independent prescribers on sickness leave with a locum GP within the SFE; giving practices similar support to when covering a GP. We have also secured occupational health access for all primary care staff, with a wider review of OH services on the horizon.
43	That conference notes the strengthening of the wider MDT in primary care but reminds Welsh government and Health Boards that: i)whilst these professionals provide a valuable range of services in community, they DO NOT replace and CANNOT EVER replace the unique skill set of a GP and ii)Welsh patients deserve all avenues to recruit, retain and train GPs to be aggressively pursued and a robust accelerated workforce strategy be put in place to deliver a sustainable GP workforce for now and longer term	PASSED	
AC6	That conference requests that: i. WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/members of the practice team e.g. PAs, paramedics, pharmacy practitioners. ii. WG develops a comprehensive plan to enable the training and secondment of these professionals within general practice iii. WG and HBs standardise referral mechanisms within the new model of care to allow these professionals to have the ability to refer on to other services	TAKEN TOGETHER PASSED	
44	That conference requests that WG and HBs implement measures to reduce the risk to and support for practices investing in new roles/ members of the practice team e.g. PAs, paramedics.		
45	That conference requests that the WG develops a comprehensive plan to enable the training and secondment of the nurse practitioners, paramedics, pharmacy practitioners etc which are going to be bolster the general practice workforce in the "Healthier Wales" strategy.		
46	That conference asks for referral mechanisms to be standardised so that, within the new model of care, all primary care healthcare professionals have the ability to refer on to other services		

Out of Hours

No.	Motion	Status	Progress
47	That conference believes that all out of hours doctors working for LHB's should be contractually entitled to, and awarded, annual pay rises as per hospital doctors/salaried GPs.	PASSED	GPC Wales agrees, but in practical terms this is a matter for each Health Board's local negotiating committee. Work was underway in the C&V UHB LNC but has been delayed due to COVID-19.

Prescribing

No.	Motion	Status	Progress
48	That this conference recognises that there is an unacceptable shortage of medicines in the UK and urges the government to enable community pharmacists to be able to provide an equivalent alternative so as to reduce its impact on the workload in primary care	PASSED	GPC Wales agrees, and the introduction of Shared Shortage Protocols allows for this, should there be a shortage with a particular medicine. GPC Wales has discussed with the Royal Pharmaceutical Society how this practically operates in Wales; we also discussed the issue of the AWCP with the RPS and CPW. We are represented at Choose Pharmacy meetings regarding the digital developments.
49	Conference is concerned of continued medical shortages and its impact on workload at an individual patient, practice and pharmacy level, and calls for an All Wales advice system on shortages and suitable alternatives, readily available as a single resource to primary care.		
50	In light of the ongoing shortage of many everyday medications conference calls for WG to look into setting up a self sufficient generic pharmaceutical manufacturing base within Wales.		
51	That conference believes that Welsh Government ensures the appropriate delivery of the All Wales Community Pharmacy Common Ailments scheme so that the service can be made fit for purpose nationally and not hinder patient care	PASSED	
52	That conference despairs at the 'paperworkitis' afflicting community nursing colleagues and that WG and the CNO should restore some sanity by either commissioning MAR charts from pharmacists or simply eradicating DN requests for completion of bespoke and pointless documentation for medicines already correctly prescribed with accurate dosing and administration instructions.	PASSED	

53	That conference would like to see irritating and clinically useless prescribing support software decommissioned immediately to prevent GPs suffering overuse tendon injuries from repeatedly ignoring them	TAKEN AS A REFERENCE	
Emergency motion 74	Conference demands that in the light of the fiasco with concerns over Ranitidine safety, Welsh Government must suspend the National Prescribing Indicator target for proton pump inhibitors due to the much reduced availability of alternative therapies and the increased workload this has caused practices, and award practices these incentive points in full without penalty given the adverse impact this has had on many hardworking GP prescribing team efforts.	PASSED	GPC Wales has met with representatives of the All Wales Therapeutics & Toxicology Centre to raise our concerns at the removal of GP representation on AWMPAG. They have resolved to ensure we are consulted on all developments and to consider the representation issue.
54	That conference feels men with erectile dysfunction should have access to PDE5 inhibitors freely on the NHS and that GPs should not be limited by the schedule 11 restrictions	PASSED	

Representation

No.	Motion	Status	Progress
56	THAT Conference is appalled by the uncertainty caused by the protracted negotiations between the GPDF and the BMA with respect Terms of Service of the GPC Wales Executive and calls on GPC Wales to push for a rapid resolution for the sake of ongoing representation of the profession in Wales.	PASSED	GPC Wales agrees with the sentiment of this motion completely. A three-year deal has now been agreed and we hope this will provide security for the future while preserving representation.
57	That conference agrees, following the GPDF reforms, that each LMC should now reimburse their own LMC conference delegate expenses and deduct such expenses from their normal GPDF levy contributions.		
58	That conference believes that following the GPDF reforms, the Welsh Conference of Representatives of LMCs is an appropriate forum to discuss the working and business relationships between LMCs and GPDF.		

Sustainability

No.	Motion	Status	Progress
63	That conference insists Welsh Government to pay more than lip service and empty rhetoric in its claim to supporting the GMS model for General Practice by investing directly into practices without attached bureaucratic ties as one practice being "allowed to fail" through its years of under investment is not acceptable at any time	PASSED	After the conclusion of GMS negotiations for 20/21, the global sum pound per weighted patient value is higher than in England, at £95.07, and is consolidated. During the initial phase of COVID we were able to obtain a high trust, low bureaucracy agreement with WG to suspend PPV while preserving practice income streams and we will push for continuation/reversion as the pandemic continues. The premises review agreed in 19/20 was begun but paused due to COVID-19 but we have agreed to pick this essential item back up in the next contractual year.
64	That conference acknowledges the measures already taken, however urges WG to take action to address the full range of GP premises issues which is impacting on the recruitment of partners and the sustainability of general practice in Wales.	PASSED	
65	Conference congratulates WG on its first tentative steps to address last man standing issues but demands further action to address this issue with urgency.		
66	Conference asks Welsh Government to actively support small practices and accept that bigger is not always better when it comes to General Practice.	PASSED	

Vulnerable Patients

No.	Motion	Status	Progress
67	That conference recognises the deleterious effects of homelessness on physical and mental health and calls for the BMA to lobby Welsh Government to introduce legislation to ensure that no person completing a prison sentence is released to conditions of homelessness	PASSED	We have raised this issue at Forum and WG agreed with this position – citing their support for homelessness during the initial phases of the pandemic.

Workforce

No.	Motion	Status	Progress
69	That conferences calls on GPCW to insist that all Welsh GPs register on the WG locum list, as if it is to be of any value it must be an exact copy of the Medical Performers List, just in case.	PASSED	We understand there has been a significant sign up of locums, salaried GPs and partners to the all Wales locum list due to the indemnity benefits – we are continuing to monitor any additional 'obligations' placed as a condition of list membership, and have met WG to discuss development of it.
AC7	That conference asks Welsh Government what is being done in regard to the health and wellbeing of front line primary care staff in Wales, and: i. reflects on the practitioner support programmes being offered in Wales in comparison to England ii. considers the development of a toolkit for practice staff concerning GP partner health, probity or whistleblowing	TAKEN TOGETHER PASSED	The BMA met with Prof Debbie Cohen to discuss promotion and adoption of the BMA Mental Wellbeing Charter, however COVID-19 prevented this from being pushed actively – given the immense need for this, it will be a Welsh Council priority. As previously noted we have secured HB Occupational Health Access for all members of the primary care team until the substantive review of OH services in Wales takes place and improves the situation.
70	That conference requests that Welsh Government look to the model of practitioner support being delivered in England for primary care workers via the Practitioner Health Programme and i. reflect on why this level of support isn't being offered in Wales ii. urgently rectify the situation		
71	That conference asks what work has been done in regards to the health and well being of front line primary care consulting staff in Wales in the past year?		
72	That conference asks whether work has ever been undertaken with practice staff about when they have concerns over issues of GP partner health, probity or whistleblowing and whether there is scope to develop a toolkit for practices to deliver with their staff?		

Conference of Welsh Local Medical Committees

Standing Orders

Conferences

1. **Annual Conference**
The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.
2. **Special Conference**
A special conference of representatives of local medical committees may be convened at any time by the GPC(W). No business shall be dealt with at the special conference other than that for which it has been specifically convened.

Membership

3. The members of conference shall be:
 - a. the chair and deputy chair of the conference.
 - b. each LMC in Wales be allowed to send to conference its:
 - i. Chair or a deputy.
 - ii. Secretary or a deputy.
 - iii. and up to 5 additional representatives, at least one of which should be a trainee.
4. Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.
5. All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.
6. The ex-officio (non-voting) members of conference shall be:
 - a. the two elected agenda committee members.
 - b. the members of GPC(W).
 - c. Chair GPC Northern Ireland.
 - d. Chair GPC Scotland.
 - e. Chair GPC UK.
 - f. Chair GPC England.
 - g. Chair of BMA Welsh Council.
 - h. Chair of RCGP Council (Wales).
 - i. Treasurer of GMS Defence Fund Ltd.
 - j. Chair of UK LMC Conference.
 - k. BMA National Director, Wales.

Observers

7. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.
8. Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.
9. At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.

Interpretations

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

Standing Orders

11. Motions to amend
- a. No motion to amend these standing orders shall be considered at any subsequent conference unless 60 days' notice is given by the GPC(W), the agenda committee, or a local medical committee – or otherwise with the agreement of the chair.
 - b. Motions which are deemed by the agenda committee to be 'housekeeping motions' can be confirmed at the beginning of a Welsh conference (by suspending standing orders) and can be introduced for that conference.
 - c. Any resolution amending standing orders will come into effect at the subsequent conference of Welsh Local Medical Committees, unless otherwise agreed by the chair.
12. Any decision to suspend one or more of the standing orders shall require a two-thirds majority of those representatives present and voting at the conference (SO 3).

Relationship with UK conference

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

Allocation of conference time

- 14.
- a. The agenda committee shall:
 - i. determine the format and running order of conference.
 - ii. oversee the conduct of conference.
 - iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block.
 - iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference.
 - b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.
 - c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.
 - d. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders to them, which cannot conveniently be allocated to any block of motions.
 - e. Priority motions, defined in SO 16.f.i, in each block shall be debated first.
 - f. Motions prefixed with a letter 'A', defined in SO 16.f.vi, shall be formally moved by the chair of the conference as a block to be accepted without debate during the first session of the conference.
 - g. Motions, which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.

15. A period may be reserved for a 'soapbox' session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.

Motions to Conference

- 16.
- a. shall include:
 - i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.
 - ii. Motions submitted by the agenda committee in respect of organisational issues only.
 - b. Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
 - c. The right of any local medical committee, or member of the conference under SO 3, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
 - d. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included in the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair's discretion. For the first session, amendments or riders must be handed in before the session begins.
 - e. No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chair or by the agenda committee.
 - f. Shall be prepared by the Agenda Committee as follows:
 - i. 'Priority motions':- an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the Agenda Committee for priority in debate. Such motions shall be prefixed with the letter 'P', and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
 - ii. 'Grouped motions' – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference – the removal of the motion from the group shall be decided by the conference.
 - iii. 'Composite motions': if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
 - iv. 'Motions with subsections':-
 - (A) motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.
 - (B) subsections shall not be mutually contradictory.
 - (C) such motions shall not have more than five subsections.
 - v. 'Rescinding motions: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'
 - vi. 'A motions': motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of GPC(W) as being non-controversial, self-evident or already under action or consideration, shall be prefixed with a letter 'A'
 - vii. 'AR motions': motions which the Chair of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters 'AR'.
 - viii. Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.

Rules of debate

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

Procedure for themed debate:

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

Motions not published in the agenda

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

Quorum

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

Time limit of speeches

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

Voting

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

Elections

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

Conference Agenda Committee

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

Returning officer

25. The National Director, BMA Cymru Wales, or a nominated deputy, shall act as returning officer in connection with all elections.

Motions not debated

26. Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

Distribution of papers and announcements

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

Mobile phones

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

The press

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

Chair's discretion

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

Minutes

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

BMA Cymru Wales

5th Floor, Caspian Point, Caspian Way
Cardiff Bay, Cardiff, CF10 4DQ

5ed Llawr, 2 Pentir Caspian
Ffordd Caspian, Bae Caerdydd
Caerdydd, CF10 4DQ

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