

WLMC CONFERENCE, SATURDAY 21 NOVEMBER 2020

The Annual conference of Welsh local medical committees was held virtually on Saturday 21 November.

The conference was chaired by Dr Nimish Shah, Morgannwg LMC for the final time, as his three-year term concludes.

The conference was very well attended by representatives from the five Welsh LMCs. Guests attending included Dr R Vautrey, GPC UK chair, Dr A Stout, NIGPC chair, Dr A Buist, SGPC chair, Dr P White, GPCW chair, Dr M Corcoran, LMC Conference UK chair, Dr T Cannavina, SLMC Conference chair, Dr John Canning and Dr Douglas Moederle-Lumb GPDF, and the chair of RCGP Wales. Additionally, GPCW members and representatives from Primary Care division within Welsh Government joined the conference.

Dr Phil White, GPCW chair gave a report to conference. He thanked GPs for their continued dedication to their local communities and how rapidly the profession reacted early on, whilst maintaining a high-quality service throughout a global pandemic.

He added that “without GPs, the health of the nation would have massively worsened.”

Dr White noted that while the profession is resilient, GPs are “now dealing with more patients in a day than we did a year ago” and that GPs and staff are “physically and mentally exhausted” as a result of Covid-19.

He reminded Welsh Government that new ways of seeing patients, which has meant practices have been able to remain open during the pandemic, are not without their own challenges and called on Welsh Government to “invest in the NHS to urgently address the backlog” for the wellbeing of patients and staff alike.

Dr Gareth Oelmann, Deputy Chair of GPC Wales provided an update to conference delegates on progress made on passed motions.

Vaughan Gething MS, the Minister for Health and Social Care addressed the conference via video and thanked GPs and staff for “dedication and commitment” shown when caring for people in Wales during the pandemic. He acknowledged the “unprecedented challenges” faced by the health and social care system.

He confirmed that the investment in the use of new technology like remote consultations had helped during the pandemic and saw this as being an “embedded part of the service” in future.

In the morning session, motions for debate covered: Access and remote consultations, Clusters, OOH, Pandemic response, Digital and Enhanced services.

During soapbox in the morning session the GPCW Exec were questioned on disability discrimination and support for neurodivergent doctors.

At the start of the afternoon session, motions were debated on prescribing and dispensing, Immunisation, and Education, Training & Workforce.

During the ask the UK negotiators, nations representatives were questioned on GPDF funding, approaches to the Covid vaccination programme across the Nations, and about current plans to increase the number of overseas GPs.

The ask the GPCW negotiator section addressed questions on Premises and last man standing, PPV for enhanced services, sessional concerns with the performers list and death in service.

The final debated motions of the afternoon session were on Workload and Sustainability, Primary and Secondary Care interface, and Secondary Care.

Resolutions from the conference are below:

No	Theme	LMC	Motions	Status
1	Access & Remote Consultations	Gwent	<p>Conference</p> <p>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.</p> <p>ii) Believes that these changes have led to more appropriate and effective consulting, allowing a significant increase in consultation rates.</p> <p>iii) Deplores those areas of government that have criticised these changes and are pushing to return to old models of care.</p> <p>iv) Demands that Welsh Government ensures that funding for these technological solutions is adequate and recurrent so that GPs are not out of</p>	<p>i) PASSED</p> <p>ii) TAKEN AS REFERENCE</p> <p>iii) PASSED</p> <p>iv) PASSED</p>

			pocket when offering such flexible support to patients.	
2	Access & Remote Consultations	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	Access & Remote Consultations	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	Access & Remote Consultations	Morgannwg	That conference calls for Welsh Government to commit, invest and support the public trust and usage in remote consultations.	
5	Access & Remote Consultations	Bro Taf	That conference feels some of Welsh Governments access standards are nearly impossible to achieve with telephone first pandemic systems and that	PASSED

			these targets should be removed so that practices are not penalised unnecessarily.	
6	Access & Remote Consultations	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.	PASSED
7	OOH	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.	i) PASSED ii) PASSED
8	Clusters	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.	PASSED
9	Clusters	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.	PASSED
10	Clusters	Gwent	Conference believes that clusters cannot truly be regarded as representative of on the ground	PASSED

			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	Pandemic response	Morgannwg	That conference calls on Welsh Government to urgently provide a national mechanism to recycle PPE and medical waste.	TAKEN AS A REF
12	Pandemic response	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.	PASSED
13	Pandemic response	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.	PASSED
14	Pandemic response	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 too (or exceeds) the current English PHP and asks GPC Wales to work together with the college, Welsh Government and other	PASSED

			interested parties to make this finally become a reality.	
15	Pandemic response	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	Pandemic response	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.	TAKEN AS A REF
17	Pandemic response	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.	TAKEN AS A REF

18	Pandemic response	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.	PASSED
19	Pandemic response	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'.	PASSED
20	Digital	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.	i) PASSED ii) PASSED iii) PASSED iv) PASSED
21	Digital	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	PASSED

			service from next year and conference calls for this to funded centrally for all practices.	
22	Digital	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.	PASSED
23	Digital	Morgannwg	That conference calls for Welsh Government to enable electronic radiology requesting.	PASSED
24	Digital	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.	LOST
25	Digital	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.	PASSED
	SOAPBOX			

26	Enhanced Services	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.	TAKEN AS A REF
27	Enhanced Services	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.	PASSED
28	Enhanced Services	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.	PASSED
29	Enhanced Services	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.	PASSED
	LUNCH			
30	Prescribing & dispensing	Gwent	Conference demands that Welsh Government progress an electronic transfer of prescriptions from general practice to community pharmacies –	PASSED

			prioritising primary over secondary care in the implementation of e-prescribing in Wales.	
31	Prescribing & dispensing	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	Prescribing & dispensing	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.	WITHDRAWN
33	Prescribing & dispensing	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.	PASSED
34	Prescribing & dispensing	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.	PASSED

35	Immunisation	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.	TAKEN AS A REF
36	Immunisation	North Wales	<p>Conference believes that:</p> <p>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.</p> <p>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.</p> <p>iii) Financial resourcing must truly reflect the costs and risks associated with delivering such a programme.</p> <p>iv) Ideally such programmes should instead be run by Public Health Wales and delivered outside of GMS.</p>	<p>i) TAKEN AS A REF</p> <p>ii) TAKEN AS A REF</p> <p>iii) PASSED</p> <p>iv) LOST</p>
37	Immunisation	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.	
67	Pandemic response	Bro Taf	Conference insists GP practices are enabled to be able to provide the COVID vaccine to ensure correct patient coverage as they are the only area of the	PASSED

			NHS with a proven track record in safely immunising significant numbers.	
38	Education, training, workforce planning	Bro Taf	<p>That this conference recognises that the law on the verification of death permits any competent adult to verify an expected death and:</p> <p>(i) is concerned about the workload demands that the verification of expected deaths places on GPs and community staff.</p> <p>(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.</p>	<p>i) PASSED</p> <p>ii) PASSED</p>
39	Education, training, workforce planning	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	Education, training, workforce planning	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.	PASSED
41	Education, training, workforce planning	Morgannwg	That conference calls for Welsh Government commitment in increased investment in GP training and recognition of training in GMS contract.	PASSED

42	Education, training, workforce planning	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.	PASSED
43	Education, training, workforce planning	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.	PASSED
	COFFEE BREAK			
	ASK THE UK NEGOTIATORS			
44	Workload & sustainability	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.	PASSED
45	Workload & sustainability	Morgannwg	That conference calls for Welsh Government to implement simple procedures to allow all qualified allied health care professionals to independently refer and prescribe.	TAKEN AS A REF

46	Workload & sustainability	Morgannwg	That conference calls for clear direction on Welsh Government's commitment in protecting whistle blowers.	PASSED
47	Workload & sustainability	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.	PASSED
48	Workload & sustainability	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.	PASSED
	COFFEE BREAK			
	ASK THE GPCW NEGOTIATORS			
49	Primary & Secondary Care Interface	AC1	<p>That conference:</p> <p>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.</p> <p>ii) calls upon Welsh Government and Health Boards to fund a DES to cover hospital generated work 'dumped' to primary care.</p> <p>iii) demands that Welsh Government and GPCW</p>	<p>i) PASSED</p> <p>ii) TAKEN AS REF</p> <p>iii) PASSED</p>

			take necessary measures to ensure proper implementation of the clinical communications protocol.	
50	Primary & Secondary Care Interface	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	Primary & Secondary Care Interface	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	Primary & Secondary Care Interface	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	Primary & Secondary Care Interface	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	Primary & Secondary Care Interface	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	Primary & Secondary Care Interface	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. "	i) TAKEN AS A REF ii) PASSED iii) PASSED
56	Primary & Secondary Care Interface	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.	PASSED
57	Primary & Secondary Care Interface	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.	PASSED

58	Primary & Secondary Care Interface	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.	PASSED
59	Primary & Secondary Care Interface	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).	PASSED
60	Secondary care	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.	i) PASSED ii) PASSED
61	Secondary care	Bro Taf	That Conference recognises suspension of routine work by hospitals and secondary care has cause increased pressures on GPs, leaving patients distressed and vulnerable and demands that clear and transparent plans are made available as soon as	PASSED

			possible about secondary care activities returning to normal or 'new normal'.	
62	Secondary care	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.	PASSED
63	Secondary care	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.	PASSED
64	Secondary care	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.	PASSED
65	Secondary care	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.	PASSED

66	Secondary care	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.	PASSED
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