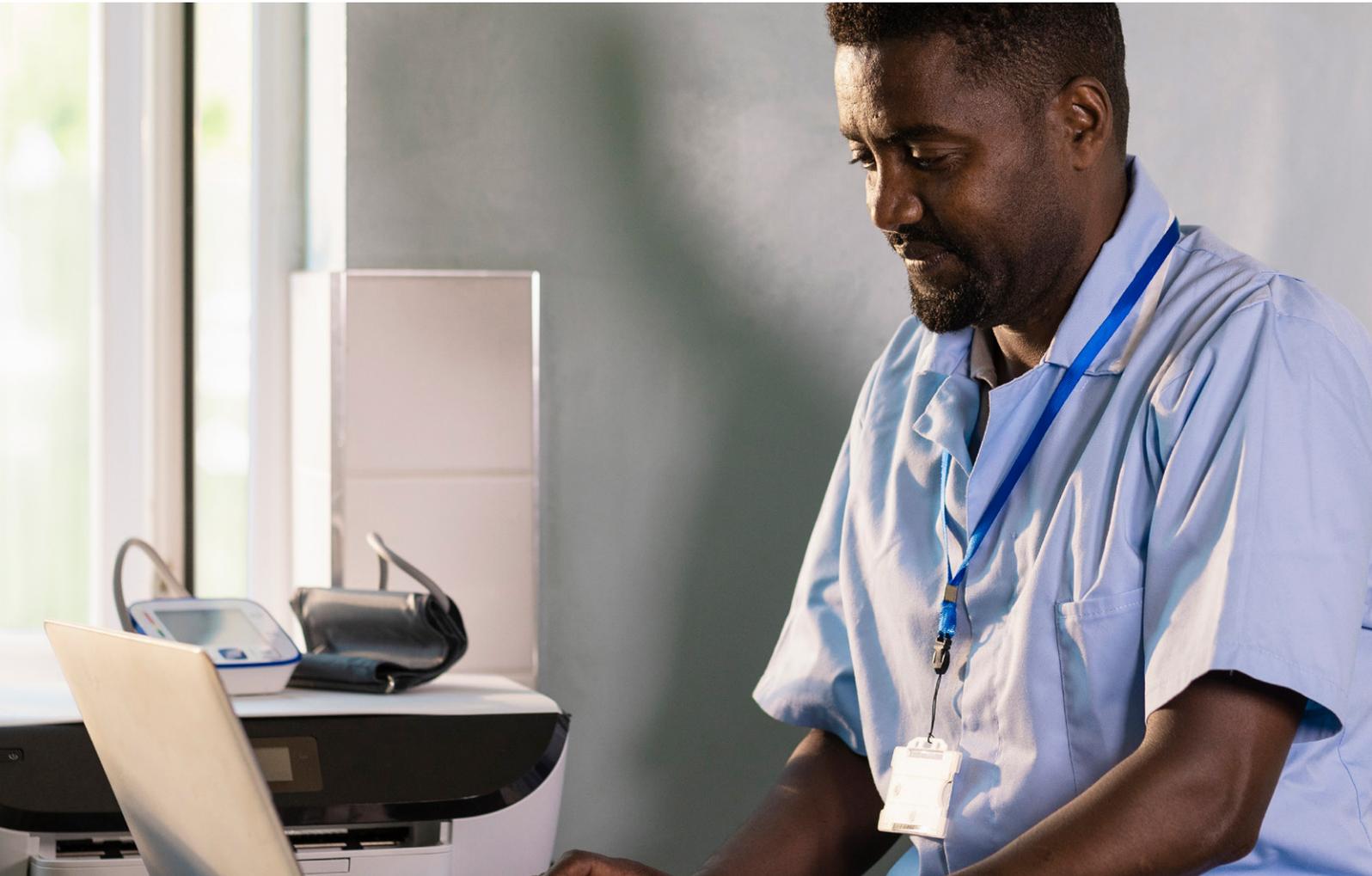


#NILMC21

Saturday 13 November 2021
at 10.30 am (virtually)

BMA

Northern Ireland



Conference of Representatives of Northern Ireland Local Medical Committees Agenda



British Medical Association
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#NILMC21

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#NILMC21

Agenda committee members 2021



Chair Ian Kernohan
(Northern LMC)



Ursula Brennan
(Deputy Chair of Conference)



Alan Stout
(Chair of NIGPC)



Frances O'Hagan
(Deputy chair NIGPC, Southern LMC)



Arnie McDowell
(Honorary Treasurer NIGPC, Southern LMC)

Chair Ian Kernohan (Northern LMC)
Deputy Chair Ursula Brennan (Eastern LMC)

Conference Agenda Committee

Ian Kernohan (Chair of Conference)
Ursula Brennan (Deputy Chair of Conference)
Alan Stout (Chair of NIGPC)
Frances O'Hagan (Deputy chair NIGPC, Southern LMC)
Arnie McDowell (Honorary Treasurer NIGPC, Southern LMC)



#NILMIC21

Conference programme

Schedule of business

Time	Subject
10:30	1 Opening business 2 Welcome and opening address by Chair of Conference 3 Standing orders 4 Resolutions of NILMC Conference 2020 5 Statement of accounts 6 Report from NIGPC Chair 7 A motions
11:00	Motions for debate
13:00	Break for lunch
13:50	NILMCS Ltd AGM
14:00	Address by the Minister for Health, Robin Swann and the Chief Medical Officer, Professor Sir Michael McBride
14:45	Motions for debate
16:05 – 16:20	Contingency and closing remarks by the conference chair

Timing of motions for debate

11:00	Thanks
11:05	Public and media perception
11:25	Covid/post covid
11:50	GP partnership model
11:55	GMS contract
12:10	Flu vaccination
12:15	No More Silos
12:30	Integrated Care Systems
12:40	OOH
12:55	MHO
13:00	Lunch
13:50	NILMCs Ltd AGM
14:00	Address by Minister for Health and CMO
14:45	Secondary care/waiting lists
14:55	Pensions
15:05	Appraisal
15:10	Recruitment/retention
15:20	Indemnity
15:30	Training
15:40	Sick doctors
15:45	Prescribing
16:55	GP nursing
16:00	And finally
16:05	Contingency and closing remarks by conference chair
16:20	Close

*Please note that this timetable is subject to change on the day of conference

NILMC conference 2021

Saturday, 13 November 2021 at 10:30

- 1 **WELCOME AND OPENING ADDRESS**
Receive: Welcome and opening address by chair of conference, Dr Ian Kernohan.

- 2 **APOLOGIES**
Receive: Apologies for absence.

- 3 **STANDING ORDERS**
The Chair (on behalf of the Agenda Committee): That the standing orders be adopted as the standing orders of the meeting.

- 4 **RESOLUTIONS OF THE 2020 NILMC CONFERENCE**
Receive: Resolutions of the 2020 Conference of Northern Ireland Local Medical Committees.

- 5 **STATEMENT OF ACCOUNTS**
The Treasurer of NIGPC: That the annual statement of accounts for year-end 30.6.21 be received.

- 6 **NIGPC CHAIR**
Receive: Report to conference by NIGPC chair, Dr Alan Stout.

- 7 **A MOTIONS**
Note: Prior to the commencement of the motions debate, please note standing orders 7 and 8 regarding A and AR motions which will be put to conference without debate.

A motions are considered to be a reaffirmation of existing conference policy.

AR motions are motions which the chair of NIGPC is prepared to accept without debate as a reference to NIGPC.

Motions for debate

THANKS

11:00 – 11:05

- 1 ELMC – Conference would like to thank Dr Alan Stout and Dr Frances O’Hagan for their outstanding leadership over the last year and their professionalism shown in their multiple media appearances.
- 2 NLMC – This conference commends and wishes to officially thank the staff at BMA Northern Ireland for their support to NIGPC, office bearers and members as well as other branches of practice committees over the covid pandemic .

PUBLIC AND MEDIA PERCEPTION

11:05 – 11:25

- *3 **AGENDA COMMITTEE – To be proposed by NLMC**
 This conference
 - i congratulates all the staff of General Practice in Northern Ireland (and throughout the UK) for their phenomenal efforts in response to the pandemic, in providing the great majority of patients contacts during the crisis
 - ii strongly condemns and refutes the allegation that practices have been “closed”
and
 - iii calls upon the Department of Health, HSCB and public representatives to join NIGPC in proactively ensuring that the public know that their practices are, and have been, open.
- 3(a) NLMC – This conference condemns the perception in some areas that General Practices have been closed to patients and highlights the extraordinary efforts that practices and all of their staff have made over the past year in providing the vast majority of clinical contacts during the pandemic.
- 3(b) SLMC – This conference calls on the Department of Health to publicly support the role that GPs have played both before and throughout the pandemic and to refute the demoralising claims that GP surgeries are closed.
- 3(c) NLMC – This conference demands the local political parties in Northern Ireland instruct their members and representatives if representing the interests of the public on provision of healthcare in Northern Ireland, they take into consideration the effects of their statements on the staff involved.
- *4 **AGENDA COMMITTEE to be proposed by SLMC**
 This conference notes with dismay the repeated defamation of the primary care workforce in sections of the popular press (particularly in GB) and on social media, and media and
 - i instructs NIGPC/BMA to continue to engage with other bodies to ensure that the reputation of primary care is restored
 - ii thanks the HSCB and Department of Health in Northern Ireland for their public support during the pandemic (in contrast to NHS England and the UK government) and
 - iii calls upon all public representatives to consider the impact on health and care staff when commenting on the many problems in the health service, while acknowledging that many local politicians have been engaging positively with general practice.

- 4(a) SLMC – This conference notes with dismay the repeated defamation of the primary care workforce in the popular press and on social media and instructs NIGPC/ BMA to continue to engage with other bodies to ensure that the reputation of primary care is restored.
- 4(b) ELMC – This conference condemns the recent, toxic media campaign against General Practitioners particularly in some sections of the English press and asks;
- 1 That NIGPC and BMA continue their efforts to rebuff the narrative and the negative impact it is having on colleagues in all four nations.
 - 2 To recognise and thank our one board and Department for their ongoing support to General Practice through the pandemic.
- 4(c) WLMC – This conference thanks the BMA staff and NIGPC leaders for their roles in promoting primary care and highlighting the ongoing pressures in our service. We would like to build on the recent round table, elected representatives engagement event. The negative media pressure was driven by misunderstanding. Getting the necessary people together to talk promotes understanding and we suggest that the model used be built on. If a local area feel pressurised and demoralised by public complaints and negativity, a round table discussion facilitated by NIGPC/ BMA staff with the appropriate people invited offers the best solution to mediate
- *5 AGENDA COMMITTEE to be proposed by ELMC**
This conference notes with concern the increase in defamation of GPs and their staff on social media, particularly in the comments section of Trust messaging, and
- i calls on Trusts to work collaboratively with LMCs to mitigate this effect and to ensure a consistent message that both primary and secondary care are working hard and**
 - ii calls on the HSCB to provide clear guidance to practices in managing situations where patients defame and/or threaten practices and staff online.**
- 5(a) ELMC – This conference notes with concern the apparent lack of response by Trust communications teams towards the increasing volume of negative commentary regarding general practice on their social media platforms. Conference asks for a consistent approach to social media engagement and moderation of inaccurate commentary which will be damaging to primary care and undermines the doctor patient relationship.
- 5(b) WLMC – This conference notes that patients are increasingly putting detrimental and harmful comments about doctors and practices on social media. It would be very useful if it could be highlighted that this is not a faceless form of abuse that will be tolerated and we call for formal guidance from integrated care for practices on how to deal with these posts, including advice on when it could be escalated to a patient warning or removal from a practice list.

COVID/POST COVID 11:25 – 11:50

- 6 SLMC – This conference deplores the recent delays in payments to GP practices in Northern Ireland and instructs NIGPC to undertake a review of GP funding and payment processes with the Department of Health and HSCB.
- 7 SLMC – This conference condemns the delay in the payment of the COVID bonus to all primary care staff that has resulted in a demoralising effect on staff working at the front line throughout the pandemic.
- *8 ELMC – This conference recognises the enormous work of NIGPC, Federations and platforms such as GPNI in connecting, updating and informing the primary care community during the COVID-19 pandemic – we urge NIGPC to lobby HSCB and FSU to continue to fund and support these platforms to ensure they are able to continue to support general practice and practitioners.
- 8(a) SLMC – This conference commends the GP community for its innovation during the pandemic, for reinvigorating its camaraderie, collaborative working and establishing and sustaining COVID centres during the pandemic while maintaining core services at practice level.
- *9 SLMC – This conference insists that practices retain autonomy in deciding how best to deliver services for their patients in the aftermath of the pandemic.
- 9(a) ELMC – This conference recognises that a telephone 1st model of care is an effective and efficient way for GP practices to meet demand and accepts face to face appointments should be offered based on clinical need. The conference will not support any mandates that force practices to offer face to face appointments without prior triage and demands support from HSCB, the Department of Health, and our elected representatives in promoting a telephone 1st model of care.
- 9(b) ELMC – The conference believes COVID will have a lasting effect on how general practice operates, we recognise there is value in face to reviews but insist than once our contract freeze ends that all review required for QOF and enhanced services have the option that these can be done virtually.
- 9(c) WLMC – This conference calls for research to include primary care practitioners and the public in order to work out the best way forward post-COVID.
- 10 ELMC – NIGPC notes that the failure to encourage self-care along with the mandated IPC guidance in Covid times, meaning all practices providing greater telephone and net access has opened a Pandora’s box of demand. This has compromised the ability for practices to manage chronic disease and complex patients and will compromise any effort to return to previous contract business as usual.
- 11 WLMC – This conference calls on the Department of Health to make video consulting software available without cost to all practices with suitable instructions about how to do it safely and within GDPR rules.

GP PARTNERSHIP MODEL 11:50 – 11:55

- 12 SLMC – This conference believes that the current partnership model is no longer fit for purpose and should be replaced by an employment model.

GMS CONTRACT 11:55 – 12:10

- *13 AGENDA COMMITTEE to be proposed by NLMC**
Regarding the GMS Contract from April 2022, this conference instructs NIGPC to negotiate
- i the protection and enhancement of core funding for practices**
 - ii resourcing of the additional staff and infrastructure required, such as premises and telephony**
 - iii a reduction of bureaucracy and “box-ticking” required for the management of Chronic Disease Management, to include either significant simplification or abolition of QOF**
 - iv consideration of incentives for recruitment and retention of GPs, particularly in remote rural areas.**
- 13(a) NLMC – This conference instructs NIGPC to commence processes with the Department of Health in preparation with developing the GMS contract from 2022 and beyond to make General Practice appropriately resourced for the coming decades.
- 13(b) ELMC – Conference instructs NIGPC to negotiate a contract from April 2022 onwards which
- 1. Protects the current financial resource in general practice
 - 2. Funds additional staff required and additional infrastructure
 - 3. Reduces the box ticking bureaucracy of chronic disease management by reducing the number of targets to be measured and audited and increasing the timeframe over which they can be measured
 - 4. Provides for various incentives to promote new doctors entering partnership including golden hellos
 - 5. Provides incentives for older partners to remain in partnership
 - 6. Provides incentives for remote areas.
- 14 SLMC – This conference calls on NIGPC to negotiate the simplification of QoF when it restarts so that meaningful patient care and quality improvement are maintained and needless box ticking exercises are reduced.
- 15 ELMC – This conference directs NIGPC to ensure that any new GP contract will reflect core pillars of General Practice business such as acute demand and agreed chronic disease as those in QOF eg asthma, COPD and diabetes. However, GPs need to reflect some hard business realities back to the Trusts and HSCB – we are not commissioned to do non-GMS work such as MGUS monitoring, spirometry or indeed to have ECG machines.

FLU VACCINATION 12:10 – 12:15

- 16 SLMC – This conference calls on the Department of Health and PHA to start planning for the flu vaccination programme earlier in the year and issue timely guidance to practices in order that they can adequately prepare to ensure continued excellence in delivering this enhanced service.

NO MORE SILOS 12:15 – 12:30

- *17 THE AGENDA COMMITTEE – to be proposed by NLMC**
This conference actively supports the ethos behind No More Silos and believes that
- i its implementation must be consistent and not confined to the “silo” of urgent care**
 - ii The Department of Health must ensure that Trusts reprofile services from existing budgets, rather than delaying reform by awaiting “new money”**
 - iii GP involvement must be conditional on clear and written agreements on governance and budgets**
 - iv GP involvement must be fully resourced including employers’ superannuation contributions and**
 - v experience to date suggests that engagement between clinicians is key, and therefore we welcome secondary care colleagues to visit our practices at every opportunity.**
- 17(a) NLMC – This conference actively supports the ethos behind the No More Silos process but calls for its present implementation to be brought out of the silo of urgent care and applied to all areas including elective and community provision of care.
- 17(b) ELMC – This conference expresses regret about the inconsistent and very variable implementation of No More Silos since Summer 2020 and asserts that further GP involvement should be firmly conditional on clear and explicit written agreements on budget and governance. GP time must be fully resourced to particularly include employer’s pension contributions.
- 17(c) NLMC – This conference instructs NIGPC through their contact with the Department of Health to demand that the Health Trusts urgently reprofile their services to patient facing services from within the existing budgets and not delay reform under No More Silos until “new monies” are sourced.
- 17(d) WLMC – This conference believes the No More Silos project helped create some understanding of interface issues and change personal opinions. A subsidised placement scheme would help build on this.

Integrated Care Systems 12:30 – 12:40

- 18 WLMC – This conference calls for proper representation from general practice when and if the “new” integrated care systems are set up.
- 19 ELMC – The conference believes that integrated care systems run the risk of being more of the same unless they are given appropriate scope to be able to influence change through adequate commissioning powers including budgets and accountability.

Out of Hours 12:40 – 12:55

- *20 **THE AGENDA COMMITTEE to be proposed by SLMC**
This conference notes with concern that OOH services in Northern Ireland continue to fail to provide a safe and effective service and calls on NIGPC to continue active engagement with the Department of Health and others to develop satisfactory solutions.
- 20(a) SLMC – This conference notes with concern the reduction in GP staffing in OOH services and a move towards a multidisciplinary model and demands that GP leaders play a central role in the remodelling of the OOH service.
- 20(b) WLMC – This conference calls for a solution to the out of hours problem. The ability to staff out of hours services with GPs gets more difficult every year in the current format. A stable OOH service would benefit patients and the staff working in them.
- 20(c) WLMC – This conference notes that every year the OOH component of GP training is getting harder to fulfil. We would like to see a permanent and easy solution for trainees that avoids the difficulties currently experienced, due to shortages in shifts available.

Mental Health Order 12:55 – 13:00

- 21 ELMC – This conference believes that the current role of the GP in assessing individuals for detention under the mental health act is no longer sustainable and directs NIGPC to work with Department of Health to move this duty to dedicated community-based teams.

13:00 -13:50 LUNCH

13:50 – 14:00 NILMCs LTD AGM

14:00 ADDRESS BY THE MINISTER FOR HEALTH, ROBIN SWANN MLA, AND THE CHIEF MEDICAL OFFICER, PROFESSOR SIR MICHAEL McBRIDE

SECONDARY CARE/WAITING LISTS 14:45 – 14:55

- *22 ELMC – This conference directs NIGPC to call on the Department of Health to hold Trusts to account for the increasing workload, which is being transferred to practices without agreement, particularly bowel prep, peri-procedural meds such as Synacthen, BZDs, Med3 for inpatients and onward referrals.
- 22(a) ELMC – This conference notes with concern that Trusts are increasingly implementing postcoded rationalisation of services without appropriate consultation or communication. Conference asks the Department of Health to clarify the status of these decisions particularly respect to commissioning and patient choice.
- 22(b) NLMC – This conference calls upon the Department of Health to ascertain waiting list figures in a manner that is productive and able to effect change; and measure from time of referral to appointment time and not assume that all referrals require an operative procedure.

PENSIONS

14:55 – 15:05

- 23 WLMC – This conference notes that many of us will see on our annual pension statement that with 10 or more years left in practice we have almost reached or indeed already breached the lifetime allowance. Conference insists on a comprehensive solution to the lifetime allowance situation.
- 24 SLMC – This conference notes with concern the increase in National Insurance contributions, given the double effect on GP partners of both increases in employer's contributions in respect of staff, and personal NI self-employed NI contributions on practice profits.

APPRAISAL

15:05 – 15:10

- *25 SLMC – This conference calls on NIGPC to negotiate a simplified appraisal process for those returning to work after a prolonged period of leave such as sickness absence or maternity leave.
- 25(a) ELMC – Conference instructs NIGPC to review and evaluate the value of the current system of GP appraisal, and whether or not it is still fit for purpose or has become an expensive, over bureaucratic, ineffective and unnecessary burden on an overworked overburdened GP workforce. Furthermore, the findings should be presented to conference in 2023 with any proposed actions being put to conference to vote on.

RECRUITMENT/RETENTION

15:10 – 15:20

- *26 ELMC – This conference directs NIGPC to work with NIMDTA, HSCB and the Department of Health to scope an up-to-date GP workforce assessment particularly with regard to the attrition rate resulting in lost numbers of GPs within NI.
- 26(a) SLMC – This conference notes with concern the multiple stresses affecting primary care in the last two years which will undoubtedly lead to the earlier retirement of many senior GPs and instructs NIGPC to work with the Department of Health to consider all options to enhance retention of these vastly experienced doctors.
- 26(b) WLMC – This conference notes that rural practice is struggling. Recruitment is nearly impossible. An immediate solution is needed. Golden handshakes, GP fellowships, enhanced rural payments. Many things have been suggested over many years, while none have been implemented. We would like to see engagement with practices and definitive solutions implemented.
- 26(c) WLMC – With lack of recruitment and retention of GPs affecting workforce in rural areas, this conference calls on the HSCB to support incentive schemes to attract GPs to the area, particularly those newly qualified and moving from overseas to help stabilise the workforce.
- 27 WLMC – This conference calls on the UK Government to urgently review the system of Skilled Worker Visa (formerly tier 2), which is a barrier to recruitment of international medical graduates, including GPs, in Northern Ireland as well as the rest of the UK.

INDEMNITY 15:20 – 15:30

- *28 **AGENDA COMMITTEE to be proposed by WLMC**
Delays to patient care across Northern Ireland, delayed secondary care services and absence of a solution to a Northern Ireland state backed indemnity scheme create a toxic working environment for GPs across Northern Ireland. Conference directs NIGPC to work with the Department of Health to provide an urgent and timetable of resolution around GP indemnity.
- 28(a) WLMC – This conference believes that the indemnity rates in Northern Ireland are still prohibitive in attracting new GPs. A transparent and fair system whereby indemnity fees are met by the Department of Health is called for, as soon as possible.
- 28(b) ELMC – This conference notes that Northern Ireland’s particularly dire secondary service exposes GPs to risks way in excess of our UK peers. Despite this our Department of Health is reluctant to engage in innovative thinking about state-backed indemnity or indeed no-fault compensation. NIGPC bemoans this state of affairs and would encourage the Department of Health to use its devolved power to expedite imaginative solutions as seen in other jurisdictions.

TRAINING 15:30 – 15:40

- 29 WLMC – This conference calls for NIGPC to advocate for ongoing funding and support to provide high quality online learning resources developed locally and relevant to local health populations and infrastructure as started in the pandemic with the GPNI webinar website.
- 30 SLMC – This conference demands funded education for practices in quality improvement methodology and funded time for quality improvement activity in order to allow more meaningful projects to be undertaken at a practice level.
- 31 WLMC – This conference calls for an immediate replacement for the sub-deanery project.

SICK DOCTORS 15:40 – 15:45

- *32 ELMC – This conference directs NIGPC to work with PHA and the Department of Health to secure adequate and recurrent resources for the establishment of a discrete self-referral service in Northern Ireland for all doctors to access early healthcare for mental health and addiction issues.
- 32(a) SLMC – As we hopefully exit the pandemic this conference calls on NIGPC/BMA to ensure that services for sick doctors are enhanced. That access needs to be timely and easily accessible to all GPs in Northern Ireland.

PRESCRIBING 15:45 – 15:55

- 33 ELMC – This conference recognises that the hospital responsibility around patient monitoring for medications subject to shared care guidance such as ADHD medication or methotrexate is far from optimal. In light of this it demands the following:
- 1- That HSCB scope the scale of this problem.
 - 2- That NIPGC seeks support for practices who are unable to safely prescribe in accordance with shared care guidelines.

- 34 NLMC – This conference instructs NIGPC to demand that electronic prescription processes are the number one IT priority for the HSCB (and its replacement) for the IT budget allocation especially now in the Covid, post-Covid area for primary care.

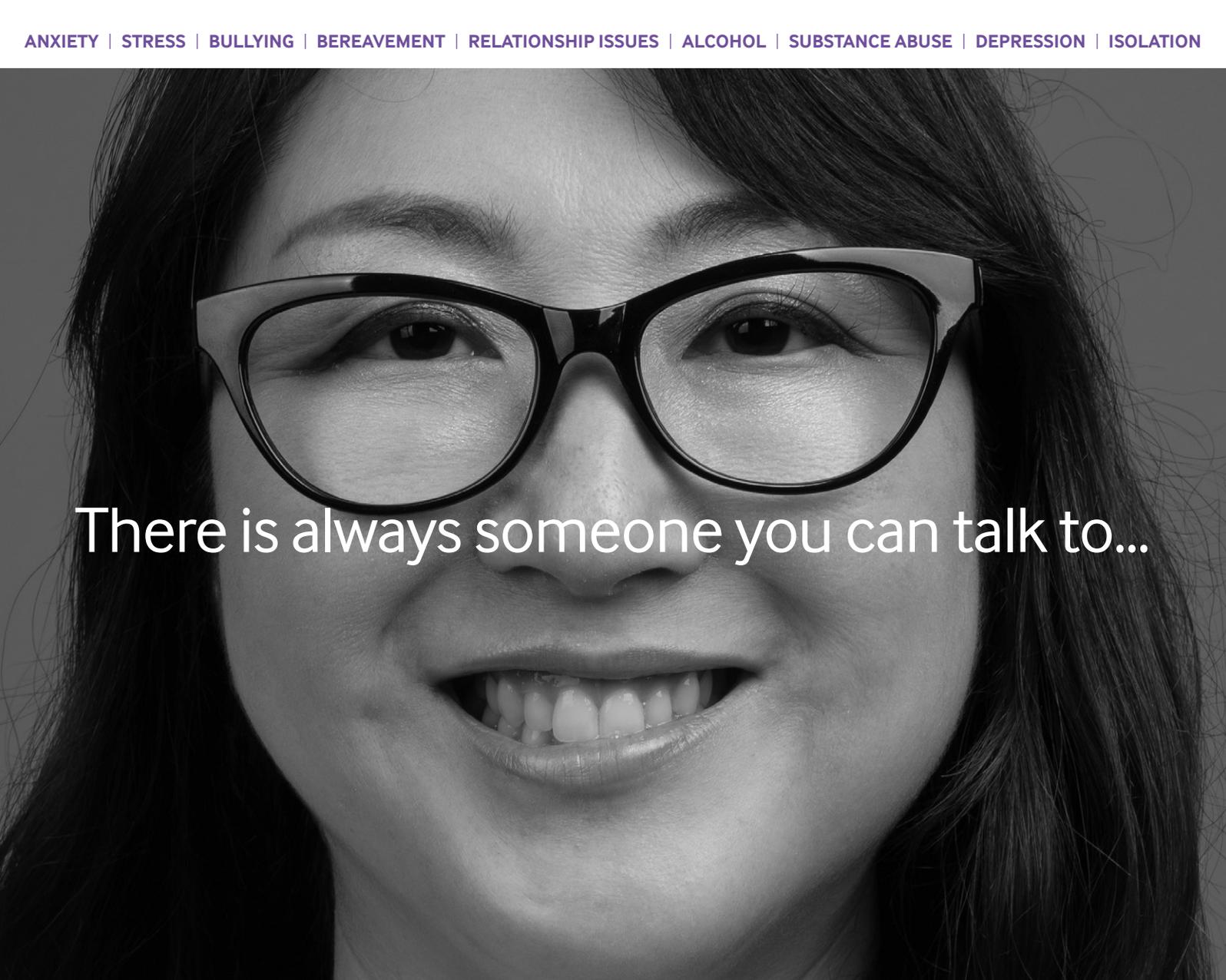
GP NURSING 15:55 – 16:00

- 35 ELMC – Conference demands that NIGPC negotiate a GP nursing training fund to employ, train and develop the future practice nurse workforce, in line with the primary care nursing career pathway, as the current investment in GP nurse training is woefully inadequate.

And finally 16:00

- 36 NLMC – This conference states WTF about communications about patients who are BIBA to A+E who were OTF and then seen at AAA formerly the AMU or MAU and CDU and may even have a coexistent problem at the EMSU that doesn't link with the GAU but can do so with the FAU. There even be a need for a referral to the RACPC before it became the RAAC. However, once the patient is BTB as deemed by MDT (see they have one!) discharged for GP RV PRN along with recommendation for a referral from SPOC to the CEIS as someone unnamed filled in a UNOCINI. Can we demand an end to this Clinically Resourced Aligned Pathway development before we all end up with the CMHTOP(but doesn't integrate with DS)!

Contingency and closing remarks from the conference chair 16:05 – 16:20



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A and AR motions

A motions

MDTs

SLMC – This conference believes that the roll out of MDTs is too slow and demands that NIGPC work with the Department of Health and HSCB to accelerate the progress of this project and ensure equity of resource for all GP practices and their patients.

NLMC – This conference instructs NIGPC to demand from the Department of Health its present confirmed timeline on development for Multi-Disciplinary Teams for Primary Care and if there is an inequity or total lack of provision, Trusts are mandated to reprofile their resources to address these deficiencies from within existing budgets.

WLMC – This conference calls for an immediate roll out of MDTs in an equitable manner that avoids the post code lottery system currently in place that favours six areas and disadvantages the other 11 equally needy and deserving federation areas.

SECONDARY CARE/WAITING LISTS

NLMC – This conference instructs NIGPC to inform the HSCB and Department of Health that while GPs are the main referrers and advocates of their patients in accessing services, it is not their responsibility to manage the waiting lists nor perform any validation exercises to mitigate their further delay.

APPRAISAL

ELMC – This conference notes that the past 18 months have shown that GP appraisal can safely move back to a formative process without the box ticking and form filling of the past without harm to anyone. Conference directs NIGPC to work with NIMDTA and the Department of Health to ensure that this status continues.

TRAINING

SLMC – This conference calls on the Department of Health to urgently increase the number of GP training places to offset the large numbers of GPs due to retire or who are leaving the profession early.

ELMC – Conference demands an immediate increase in GP training places, and to increase annually until the GP workforce is deemed stabilised by NIGPC.

PRESCRIPTION CHARGES

ELMC – NIGPC calls for discussion of the reintroduction of prescription charges in order to act as even a limited break on demand with a script charge being low level and applied to everything to ensure that there is minimised administration cost. This money should ideally be ring-fenced to invest in something that all the population may at some time need such as cancer services.

TRAINING/SAFEGUARDING

ELMC – This conference asked that NIGPC enter into meaningful discussions with HSCB, SBNI and the Department of Health, to commission a scoping exercise on the requirements to ensure all primary care health professionals receive up to date and ongoing training in relevant child and adult safeguarding issues. Given the significant impact the pandemic has had on society and increasing safeguarding issues, it would now be considered an urgent issue and should be given the utmost priority.

AR motions

HEALTH CENTRE CHARGES

SLMC – This conference instructs NIGPC to be directly involved in discussions around service level agreements so that any increases in health centre charges are negotiated and not unilaterally imposed by trusts.

GDPR

ELMC – The GDPR legislation has resulted in significant increase in requests for patient data and with it, significant risks to each practice. This conference directs that NIGPC to ask the Department of Health for appointment of regional Primary Care Data Protection Officer service as well as a Caldecott Guardian who can guide and direct GPs.

Resolutions of the annual conference of Northern Ireland local medical committees 2020

COVID-19

This conference thanks all members of our General Practice family for their tireless commitment and continuous dedication during ordinary and indeed these extraordinary times of the COVID pandemic.

NB – parts (i) and (iv) taken as a reference. Parts (ii) and (iii) carried

This conference believes that, after the pandemic, online and telephone consultations should be seen as a useful tool, but NOT as a universal replacement for face-to-face consultations. This conference:

- (i) asks for speedy implementation of video consulting systems compatible with our clinical systems and student and junior doctor training that involves these new methods – Carried as a reference
- (ii) directs NIGPC to ensure that telephony and communication options are available for General Practice to engage with patients in the new ways of working since commencement of the Covid pandemic.
- (iii) calls for the patient centred face to face consult to be valued and protected alongside new models.
- (iv) believes that primary care cannot become a triage centre for the NHS. **Carried as a reference**

This Conference recognises the value of integrated healthcare and its benefits to the population of Northern Ireland during the current and ongoing Covid pandemic response.

This conference calls on PHA to run a public education campaign to inform the public of the dangers of not vaccinating children with normal childhood vaccinations during Covid 19.

This Conference instructs NIGPC to campaign to increase the emphasis on Population Health and the need for cross-Government interventions to address the social determinants of ill health.

NO MORE SILOS

That this Conference:

- i – welcomes the ethos of “No More Silos” and calls upon the Department of Health and HSCB to ensure this ethos applies across all branches of health care in Northern Ireland, and not only the present review of urgent care
- ii- recognises that General Practice in Northern Ireland is at capacity with respect to workload and workforce, and any proposals within “No More Silos” must reflect that reality
- iii – believes that the re-direction of patients who would have previously attended Emergency Departments requires alternative pathways which do not require involvement of the patient’s GP
- iv- calls upon the Department of Health to urgently review prescribing regulations to facilitate electronic prescribing in secondary care, and to recognise the legal and workload risks to GPs if the HS21 remains the default prescribing mechanism for new ways of working.

MDTs

This Conference demands NIGPC seeks from the Department of Health a clear and concise timetable for provision of Multi-Disciplinary Teams to all practices in Northern Ireland over a three-year period similar to that of Practice Based Pharmacists and develop workforce plans to facilitate this.

This conference calls on NIGPC and the HSCB to invest in Interprofessional Education in the context of the extension of Multidisciplinary teams in primary care.

INDEMNITY

This conference is seeking assurance that an indemnity solution for GPs in Northern Ireland is agreed with the Department in the very near future. The possible change in the discount rate would increase GP indemnity to an extent that it would no longer be viable to work as a GP.

SECONDARY CARE

This Conference demands NIGPC ensures minimum clinical governance standards are enforced by the HSCB/ Commissioner in any present or future reset/reform of secondary care services so that patients are not discharged from services without being seen nor dependent upon a validation exercise that displaces workload to General practice.

LMC calls on the medical directors of NT and BT to appoint clinical directors of GP to their Trust with admin staff to support them and to ensure that the SET, ST and WT GP clinical directors have adequate resource. This Conference calls on the HSCB to direct Healthcare Trusts to reprofile their services to support community healthcare during any future Covid surge to enable patients not having to default to secondary care settings. This conference notes with concern that with increasing delay in outpatient review and apparent lack of scrutiny that trusts are increasingly not delivering their part in the monitoring arrangements around amber list drugs – this is not shared care. NIGPC is directed to seek:

1. A mechanism by which GPs can repatriate unsafe work back to Trusts coordinated through interface pharmacy Trust reps another appropriate route.
2. A mechanism by which amber meds can be reconsidered to become red if clear evidence that shared care agreements aren't working
3. LMCs call on the HSCB Medicines Management Team to seek further audits of specific meds and look at implementing the above suggestions.

SAIs

Conference directs NIGPC to explore a proposal for Department of Health to act as an independent arbiter for GPs to report concerns that they may have around Trusts given that it would appear that they do not deal well with criticism and that the current HSCB brokered SAI process is not working.

There is currently no link between SAI reports, Learning letters and appraisal and revalidation. Conference calls on DH to create an online tool to allow nurses and Drs to reflect on SAI reports and generate CPD for their appraisal. Such a tool would also allow DH to measure uptake of LL/ SAI reports on a system –wide basis rather than the spray & pray, death—by-memo approach currently in operation.

This conference directs NIGPC to liaise with CMOs & Coroner's Office to consider an NI equivalent of the English Preventing Future Deaths website related to healthcare issues.

IT

This conference directs NIGPC to negotiate funding for the employment of Data Protection Officers to work in the interests of general practice as happens currently in E&W.

Conference calls on Integrated Care to use its test clinical info systems to develop and cascade out safety systems to help practices manage known clinical risk- examples include NPSA steroid cards, adrenaline autoinjectors – Preventing Future Deaths advice.

NIGPC

Conference directs NIGPC to prioritise work towards implementation of best practice for ensuring diversity and gender balance to supporting committee to be effective, efficient and representative of the diversity of our membership.

TROUBLES PENSION

This conference notes the proposal by the Exec Office on the Troubles Pension. Any proposed process will likely rely heavily on medical evidence (much of which is likely to predate computerised GP records). This needs to be made straightforward, fair to claimants, to ensure that it doesn't implode under demand, and needs to not compromise either GP workload or GP-patient relationships.

GENDER IDENTITY SERVICE

Gender dysphoria and transgender care is a complex and specialised field involving and small but vulnerable cohort of our patients and falls outside the knowledge and experience of general practice. This Conference instructs NIGPC to seek assurance from the Department of Health that it seeks an immediate solution to the lack of a Gender Identity service for those requiring this service.

TRAINING ISSUES

This conference calls on the HSCB to find funding for the GP foundation training posts which are vitally important to nurture our next tranche of leaders.

This conference instructs NIGPC to negotiate a fee for the GP trainers providing educational supervision for ST1 trainees.

COMMUNICATION

To ask NIGPDF and NIGPC for additional resources to look at improving connectivity and communication across the LMCs- to develop a communication strategy and build on a more credible social media platform.

Standing orders

1 Annual conference

The NI General Practitioners Committee [NIGPC] shall convene annually a conference of representatives of local medical committees.

2 Special conference

A special conference of local medical committees may be convened at any time by the NIGPC. 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:

- (i) the chair and deputy chair of the conference;
- (ii) all elected or co-opted members of local medical committees;
- (iii) the members of the NIGPC.

Interpretations

- 4 (i) "Members of the conference" means those persons described in standing order 3.
- (ii) "The conference", unless otherwise specified, means either an annual or a special conference.
- (iii) "As a reference" means that any motion so accepted does not constitute conference policy but is referred to the NIGPC to consider how best to procure its sentiments.

Standing Orders

5 Motions to amend

- (i) No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the NIGPC or a local medical committee.
- (ii) Except in the case of motions from the NIGPC, such notice must be received by the Chair of the NIGPC not less than 20 days before the date of the conference.
- (iii) The NIGPC shall inform all local medical committees of all such motions, of which notice is received not less than 10 days before the conference.

6 Suspension of

Any decision to suspend one or more of the standing orders shall require a two-thirds majority of those representatives present and voting at the conference.

The Agenda

- 7 (i) **Shall include:**
 - a. Motions, amendments and riders submitted by the NIGPC, and any local medical committee. These shall fall within the remit of the NIGPC, which is to deal with all matters affecting practitioners providing general medical services under the HPSS Orders, any Act/ Order amending or consolidating the same, (including any proposed secondary or primary legislation), and to watch the interests of those practitioners in relation to those Orders/ Acts.
 - (ii) Any motion which has not been received by the NIGPC **within the time limit** shall not be included in the agenda.
 - (iii) The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
 - (iv) When a special conference has been convened, the NIGPC shall determine the time limit for submitting motions.
 - (v) **Shall be prepared as follows:**
 - a. Priority motions: – An appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the agenda committee (*Chair of NIGPC, Chair of Conference and Committee Secretary*) 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.

- b. Grouped motions: – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. If any local medical committee submitting a motion so grouped objects in writing before the first day of the conference, the removal of the motion from the group shall be decided by the conference.
- c. Composite motions: – If it is considered that no motion or amendment adequately covers a subject, a composite motion or an amendment shall be drafted 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.
- d. Rescinding motions: – motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters “RM”.
- e. “A” motion: – motions which are considered to be a reaffirmation of existing conference policy, or which are regarded by the chair of the NIGPC as being noncontroversial, selfevident or already under action or consideration, shall be prefixed with a letter “A”.
- f. “AR” motions: – motions which the chair of the NIGPC is prepared to accept without debate as a reference to the NIGPC shall be prefixed with the letters “AR”.

Procedures

- 8 (i) Motions prefixed “A” or “AR” shall be put to the conference, without debate, unless any local medical committee indicates prior to the first day of the conference that it wishes such a motion to be proposed and debated normally. The chair shall have the discretion to allow the motion to be debated normally, or else, at the appropriate time, the local medical committee’s representative shall be allowed to address the conference for not more than two minutes. The chair shall then ascertain the wishes of the conference.
- (ii) An amendment shall – leave out words; leave out words and insert or add others (provided that a substantial part of the motion remains and the original intention of the motion is not enlarged or substantially altered); insert words; or be in such form as the chair approves.
- (iii) A rider shall – add words as an extra to a seemingly complete statement; provided that the rider is relevant and appropriate to the motion on which it is moved.
- (iv) 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 on 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.
- (v) No amendment or rider shall be moved to a priority motion unless such amendment or rider has been published in the supplementary agenda, or is made by the chair, or by the agenda committee.
- (vi) No seconder shall be required for any motion, amendment or rider submitted to the conference by the NIGPC, a local medical committee, or the joint agenda committee, or for any composite motion or amendment produced by the agenda committee under standing order 7(v)(c). All other motions, amendments or riders, after being proposed, must be seconded.

Rules of debate

- 9 (i) A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.
- (ii) Every member of the conference shall be seated except the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
- (iii) 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.
- (iv) Members of the NIGPC, who also attend the conference as representatives, should identify in which capacity they are speaking to motions.
- (v) The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
- (vi) The chair shall take any necessary steps to prevent tedious repetition.

- (vii) 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.
- (viii) Amendments shall be debated and voted upon before returning to the original motion.
- (ix) Riders shall be debated and voted upon after the original motion has been carried.
- (x) If any amendment or rider is rejected, other amendments or riders may, subject to the provisions of standing order 9(vii), 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.
- (xi) 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". If a motion, "that the question be put now", is carried by a two-thirds majority, the chair of the NIGPC, and the mover of the original motion, shall have the right to reply to the debate before the question is put.
- (xii) 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 the NIGPC, 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"
- (xiii) Proposers of motions shall be given prior notice if the NIGPC intends to present an expert opinion by a person who is not a member of the conference.
- (xiv) All motions expressed in several parts and designated by the numbers (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.
- (xv) Any motion, amendment or rider referred to the conference by the joint agenda committee shall be introduced by a representative, or by a member, of the body proposing it. That representative, or member, may not otherwise be entitled to attend and speak at the conference, neither shall she/he take any further part in the proceedings at the conclusion of the debate upon the said item, nor shall he be permitted to vote. In the absence of the authorised mover, any other member of the conference, deputed by the authorised mover, may act on their behalf, and if there is no deputy, the item shall be moved formally by the chair.

Allocation of conference time

- 10 (i) The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.
- (ii) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.
- (iii) A period shall be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from constituencies of conference.
- (iv) Priority motions (defined in standing order 7(v)(a)) in each block shall be debated first.
- (v) Grouped motions, referred to in standing order 7(v)(b), 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.
- (vi) 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.
- (vii) Motions prefixed with a letter "A", (as defined in standing order 7(v)(e)) if not reached in the time allocated to motions in that block, shall be formally moved by the chair of the conference to be accepted without debate, before moving on to the next group of motions.

Motions not published on the agenda

- 11 Motions not included in the agenda shall not be considered by the conference except those:
 - (i) 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.

- (ii) relating to votes of thanks, messages of congratulations or of condolence.
- (iii) relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
- (iv) which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the local medical committees concerned.
- (v) prepared by the agenda committee to correct drafting errors or ambiguities.
- (vi) that are considered by the agenda committee to cover "new business" which has arisen since the last day for the receipt of motions.

Quorum

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

Time limit of speeches

- 13
- (i) A member of the conference, including the chair of the NIGPC moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chair may extend these limits with the agreement of the conference members.
 - (ii) 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

- 14 (i) Only representatives of local medical committees (elected/co-opted member) may vote.

Majorities

- (ii) Except as provided for in standing orders 9(xi) and 9(xii) (procedural motions), decisions of the conference shall be determined by simple majorities of those present and voting, except that the following will also require a two-thirds majority of those present and voting:
 - (a) any change of conference policy relating to the constitution and/or organisation of the LMC/conference/NIGPC structure, or
 - (b) a decision which could materially affect NIGPC funds.
- (iii) Voting shall be by a show of hands.

Recorded votes

- (iv) If a recorded vote is demanded by 10 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
- (v) A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections Chair

- 15
- (i) A chair shall be elected by the members of the conference to hold office from the termination of the BMA's annual representative meeting (ARM) for a two-year term.
 - (ii) The conference chair must be an elected/co-opted member of an LMC. In the event of the incoming chair no longer being an elected/co-opted member of an LMC then the deputy-chair shall take the conference chair.
 - (iii) In the event of both the incoming chair and deputy no longer being elected/co-opted members of an LMC, the NIGPC Chair shall make an appointment to the conference chair.
 - (iv) Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00 am.

Deputy chair

- 16
- (i) A deputy chair shall be elected by the members of the conference to hold office from the termination of the ARM for a two year term.
 - (ii) Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00 am.

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

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

- 19 **No Smoking**
Smoking shall not be permitted within the hall during sessions of the conference.

- 20 **Chair's discretion**
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.

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