

BMA

Northern Ireland

Annual Conference of Northern Ireland Local Medical Committees **Agenda**

NOW OR NEVER? **Sustainable General Practice in Northern Ireland**

Saturday 18 November 2023 at 10:00
The Merchant Hotel, Belfast

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Agenda committee



Dr Ursula Brennan
(Chair of Conference, Eastern LMC)



Dr Conor Moore
(Deputy Chair of Conference, Southern LMC)



Dr Alan Stout
(Chair of NIGPC)



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



Dr Arnie McDowell
(Honorary Treasurer NIGPC, Southern LMC)

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Conference of Northern Ireland Local Medical Committees Agenda

To be held on

Saturday 18 November 2023 at 10.00 am at The Merchant Hotel, Belfast

Chair Dr Ursula Brennan (Eastern LMC)
Deputy Chair Dr Frances O'Hagan deputising for Conor Moore (Southern LMC)

Conference Agenda Committee

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Dr Arnie McDowell (Honorary Treasurer NIGPC, Southern LMC)



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Schedule of business

ITEM	TIME
Opening business	10:00
Welcome and opening address by Chair of Conference, Dr Ursula Brennan	
Standing Orders	
Resolutions of the 2022 NILMC conference	
Statement of accounts	
Report from the NIGPC chair, Dr Alan Stout	10:15
Mr Peter May, Permanent Secretary, Department of Health NI	10:30
National GPCs update	10:40
Simplicity	11:25
Industrial Action	11:40
Presentation from BMA: GMS and Industrial Action – Gareth Williams, director of BMA Legal Services	11:55
LMC Governance	12:20
Premises	12:50
Lunch	13:00
NILMCs Co Ltd AGM	14:00
Safety	14:10
Stability	14:40
MDTs	15:10
Indemnity	15:25
Elective care	15:35
Training	15:50
Open Debate: Future models for sustainable, safe, simplified Northern Ireland general practice	16:00
Contingency and closing remarks	16:30
Close	16:45

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Agenda from 10.00

- 1 **WELCOME AND OPENING ADDRESS**
Receive: Welcome and opening address by chair of conference, Dr Ursula Brennan.
 - 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 2022 NILMC CONFERENCE**
Receive: Resolutions of the 2022 Conference of Northern Ireland Local Medical Committees.
 - 5 **STATEMENT OF ACCOUNTS**
The Treasurer of NIGPC: That the annual statement of accounts for year-end 30.6.23 be received.
 - 6 **NIGPC CHAIR** **10:15**
Receive: Report to conference by NIGPC chair, Dr Alan Stout.
 - 7 **ADDRESS BY MR PETER MAY, PERMANENT SECRETARY, DoH** **10:30**
 - 8 **PANEL DISCUSSION WITH NATIONAL GPCs** **10:40 – 11:25**
Dr David Wrigley GPCE deputy chair, Dr Patricia Moultrie SGPC deputy chair, Dr Gareth Oelmann GPCW chair.
- SIMPLICITY** **11:25 – 11:40**
- *1 **AGENDA COMMITTEE to be presented by NLMC: That conference has no confidence in the commissioning processes for health care in Northern Ireland and:**
 - (i) **demands urgent review and reform to ensure an increase in the resources available for general practice**
 - (ii) **instructs NIGPC to demand immediate engagement with the Department of Health regarding a new GMS contract for 2024 to ensure the continued existence of general practice.**
 - 1a ELMC: That conference instructs NIGPC to negotiate within any new contract sufficient core GP funding to look after those who are ill and those who perceive themselves to be ill. That envelope should include:
 - (i) a floor of core funding below which no practice can fall, equal to the current NI average
 - (ii) a basic practice allowance amount available for every 1500 patients on the practice list pro rata, payable for partners holding the practice contract
 - (iii) an updated SFE to allow any retained correction factor to continue if a contract is handed back to SPPG then reissued, thus avoiding defunding affected practices.

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INDUSTRIAL ACTION 11:40 – 11:55

- 2 SLMC: That conference is appalled by the inaction of DoH in addressing the worsening pressures facing primary care and instructs NIGPC to fully explore if taking industrial action is an option for GP partners.

PRESENTATION FROM BMA: GMS AND INDUSTRIAL ACTION – Gareth Williams, director of BMA Legal Services 11:55 – 12:20

LMC GOVERNANCE 12:20 – 12:50

NILMCs model constitution

- *3 **ELMC: That this conference of LMCs in Northern Ireland recognises the need to invest in the building of local medical committee purpose within a consolidated governance framework and calls on NIGPDF to fund the delivery of a task and finish group across LMCs, supported by NIGPC to present strategies to strengthen and future proof existing structures by November 2024. To establish:**
- (i) job descriptions, role and remit of LMC officers
 - (ii) LMC constitutions in all LMCS in Northern Ireland
 - (iii) liability insurance arrangements for LMCs in NI
 - (iv) clear financial guidance for officers and committee members attending meetings from external organisations
 - (v) to scope and cost honoraria arrangements for committee members as well as LMC officers.

- 3a SLMC: That conference instructs NIGPDF to explore the issues around liability for LMC officers and produce a report to NIGPC of the costs associated with providing insurance for the roles they undertake.

- *4 **ELMC: That conference demands that SPPG consults and involves LMCs in the appointment of any new GMS contract holder as was previous custom and practice.**

- 4a NLMC: That conference demands NIGPC ensures there is uniformity in the appointment process of a new GP contractor so local practices, patients and GP representatives are aware of the timelines.

Premises 12:50

- *5 **ELMC: That conference directs NIGPC to work with DoH to expedite publication of their long-awaited plan for GP surgery premises.**
- 5a SLMC: That conference instructs NIGPC to negotiate changes to the premises regulations with DoH to allow practices to make use of improvements grants to improve the energy efficiency of their surgeries and reduce the environmental impact of healthcare provision in local communities.

LUNCH 13:00 – 14:00

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NILMCs Co Ltd AGM

14:00 – 14:10

SAFETY

14:10 – 14:40

- 6 WLMC: That conference believes that current GP workload is unsafe and unsustainable and calls on NIGPC to promote the safety document and support practices in implementing it.
- 7 ELMC: That conference calls on the Department of Health to publish clear and unambiguous advice to GP practices and the public stating that GP Practices are not responsible for the provision of privately requested amber list drugs.
- *8 AGENDA COMMITTEE to be presented by SLMC: That conference notes that despite increasing complexity and demand the IT budget for NI General Practice has shrunk in real terms and demands of DoH:**
- (i) increased funding to allow reprofiling of service level agreements to include adequate equipment and newer technology such as SMS messaging
 - (ii) that practices being forced to migrate to a different computer system without choice be given extra support and provided with an adequate document management system to aid switchover.
- 8a ELMC That conference notes that despite increasing complexity and demand, the IT budget for NI General Practice has shrunk in real terms and demands Department of Health increases funding to allow reprofiling of service level agreements to include adequate equipment newer technology such as SMS messaging.
- 8b SLMC That conference demands that practices being forced to migrate to a different computer system without choice be given extra support and provided with an adequate document management system to aid switchover.
- *9 NLMC: That conference calls upon NIGPC to demand that the SPPG regionalise all waiting lists immediately to enable equitable provision of care.**
- 9a SLMC: That conference calls for secondary care clinicians and all allied health professionals involved in a patient's care to directly send the patient a copy of any correspondence between primary and secondary care and provide a named professional on all letters including a point of contact such as email or phone number.
- 9b NLMC: That conference demands that the SPPG highlight and enforce to the Health and Social Care Trusts that they are acute and community trusts with patient and clinical responsibilities on both sides of the hospital carparks.

STABILITY

14:40 – 15:10

- *10 AGENDA COMMITTEE to be proposed by SLMC: That conference instructs NIGPC to undertake a full review of the cost of provision of each enhanced service and demands that the inappropriate use of non-recurrent funding is a red line for NIGPC in negotiating any service for primary care.**
- 10a ELMC: That Conference notes funding for enhanced services is completely inadequate and instructs NIGPC to ensure:
- (i) funding for all enhanced services is appropriate to work undertaken
 - (ii) ask that all the LES contracts are reviewed to reflect the true cost of running each of the services and adjusts for inflation
 - (iii) that work done is paid for on an item of services basis
 - (iv) and target thresholds for payment are removed.

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- 10b SLMC: That conference instructs NIGPC to undertake a full review of the cost of provision of each enhanced service and:
 - (i) use this to form a negotiating stance for the funding of these services
 - (ii) share this with all GP surgeries in Northern Ireland to better inform decisions on providing these services.
- 10c SLMC: That conference demands that the inappropriate use of non-recurrent funding is a red line for NIGPC in negotiating any enhanced service for primary care.
- 10d NLMC: That conference condemns the action within the past year of re interpreting the contract unilaterally and making an enhanced service not an enhanced service while stating nothing can be done without a Minister.
- 11 ELMC: That conference calls for an item of service fee for all vaccinations given outside of the agreed vaccination programmes.
- 12 SLMC: That conference instructs NIGPC to negotiate a change to the childhood immunisation payment process with DOH to remove the continuing unfair impact of vaccine hesitancy on practice income.
- 13 SLMC: That conference notes with dismay the continued focus of DoH on proceeding with an NHS111 type service and instructs NIGPC to reject any request for direct access to GP appointments by outside organisations.

MDTs

15:10 – 15:25

- *14 AGENDA COMMITTEE to be proposed by WLMC: That conference deplores the ongoing stagnation and post-code lottery of MDTs and instructs NIGPC to insist on a roll out from within existing resources of a “shallow and wide” implementation within this year or fund Federations or GP practices to allow use of alternative providers.**
- 14a NLMC: That conference condemns the stalling of the MDT rollout and instructs NIGPC to insist on a roll out from within existing resources of a “shallow and wide” being implemented with direction from the Department of Health to the SPPG as the commissioner to direct the Trusts to facilitate within this year or fund federations or practices to allow use of alternative providers.
- 14b ELMC: That conference deplores the ongoing stagnation in MDT rollout and asks NIGPC to:
 - (i) direct DOH to reaffirm and act on their commitment to provide MDTs to the remainder of practices as per MDT roll out plan
 - (ii) conference recognises the limitation in staffing resource to roll out in full and instead asks DoH for a targeted shallow and wide approach
 - (iii) ask for a revised timetable within reasonable timescales.
- 14c WLMC: That conference calls for an end to the post-code lottery of MDTs. The plan needs rolled out as was planned.
- 14d WLMC: That conference calls for investment in integrating various multi-disciplinary team members within primary care, which includes other professions with a generalist focus eg. ACPs and PAs, to ensure safe, efficient, and integrated first-point-of-contact care.

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Indemnity 15:25 – 15:35

***15 NLMC: That conference demands that NIGPC ask the Department of Health why there has to be a “tangible economic benefit” to sorting the indemnity issue for GPs in Northern Ireland when there is little or no cost and obvious clinical benefit.**

15a WLMC Northern Ireland continues to lose GPs considering NI as a working base due to the indemnity variance. That conference calls for an end to yearly motions on this by seeking a solution finally.

Elective care 15:35 -15:50

***16 AGENDA COMMITTEE to be proposed by NLMC: That conference condemns completely the reduction of funding in year of GP federation elective care services threatening the viability of GP elective care services and directs NIGPC:**

- (i) to open negotiations with the Department of Health and SPPG regarding a restoration of the funding for elective care
- (ii) to ask DoH specifically whether a section 75 Equality Impact Assessment was done on the gender effect of the decision to decommission women’s health and vasectomy services and where within the NHS will be providing these services after April 2024.

16a NLMC: That conference condemns the reduction of funding in year of GP federation elective care services.

16b ELMC: That conference condemns completely the significant cut in funding to GP elective care services threatening their viability. Conference directs NIGPC:

- (i) to open negotiations with the Department of Health and SPPG regarding a restoration of the funding for elective care
- (ii) to ask DoH specifically regarding the provision of vasectomy services and where within the NHS will be providing this service after April 2024.

16c WLMC: That conference reiterates its support for the elective care GP federation services and the significant positive impact that it has had for patients. We call on NIGPC and LMCs to:

- (i) lobby the DoH, SPPG and GP federations to reverse the short-sighted decision to half funding for minor surgery, HRT, dermatology and other specialist GPWSI services
- (ii) lobby the DOH, SPPG and GP federations to reverse the disgraceful decision to suspend GP Led vasectomy and re-commence GP led vasectomy in an urgent fashion
- (iii) lobby DOH and political parties to support GP federation services and increase the provision of elective care services.

16d ELMC: To ask DoH and SPPG whether a section 75 Equality Impact Assessment was done on the gender effect of the decision to decommission vasectomy GPSI work.

Training 15:50 – 16:00

17 ELMC: That conference asks NIGPC to ensure:

- (i) that current GP training number places are maintained and extended in line with needs of the workforce in Northern Ireland
- (ii) that the integrated training programme (ITP) remains in order to attract and better retain GPs in Northern Ireland by allowing exposure to GP-relevant specialties within training.

OPEN DEBATE: Future Models for Sustainable, Safe, Simplified Northern Ireland General Practice 16:00 – 16:30

CONTINGENCY TIME 16:30 – 16:45

CLOSE

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Agenda: Part II
(motions not prioritised for debate)

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A MOTIONS

NLMC: That conference commends and congratulates all the staff who provide primary care in Northern Ireland for yet another year of effort in providing exemplary healthcare to the population and highlights their time and investment which is in stark contrast to other individuals in public life.

WLMC: That conference calls on the political parties in NI to form a working government:

- (i) proper financial planning needs ministers in post. Without political accountability, the system stagnates
- (ii) the vast majority of the motions in conference will link back to our lack of government. This is an absolute must.

ELMC: That conference asks NIGPC to demand of SPPG that Trusts holding APMS contracts are held to account both financially and clinically in exactly the same way that GMS practices are and that the terms of the APMS contracts are made available to NIGPC.

ELMC: That conference reaffirms its commitment to a core principle that maintaining the independent contractor status of GP Practice is the most sustainable model from GP services.

WLMC: That conference calls on the DoH to recognise the vital contribution made by OOH GP services over the past 10 years by uplifting the rates of pay which have remained unchanged for 10 years.

WLMC: That conference calls on the DoH to ensure any policies or strategies, especially if related to healthcare workforce planning are rural proved.

WLMC: An electronic prescribing system would reduce the length of time patients wait on hospital recommended scripts. It also would reduce transcription errors. Non-medical and medical prescribers could issue their own scripts reducing our workload. This conference calls for this to go back on the IT agenda.

SLMC: That conference commends NIGPC's success in securing an increase to GP training places provided within Northern Ireland but instructs NIGPC to negotiate extra financial support for training practices to assist trainers in supporting trainees to meet their educational needs.

WLMC: That conference is aghast at the crisis in recruitment and retention of general practitioners throughout rural Northern Ireland, especially in the west of the Bann area.

We call on the NIGPC and LMCs to lobby all relevant bodies:

- (i) to increase training and retention incentives to GPs in rural areas
- (ii) to develop, invest and act upon on a long-term recruitment and retention policy
- (iii) increase undergraduate and postgraduate exposure to rural healthcare and the unique challenges it brings
- (iv) to prioritise areas in the under doctored west of the Bann areas for GP training posts.

ELMC: That conference demands the RCGP and NIMDTA include training in its core curriculum to cover the running and management of a practice.

NLMC: That conference instructs NIGPC to hold an update to practices locally/regionally in-person/virtual with the current status of the activity that the LMC's and domestic negotiators have been having with the SPPG and Department of Health.

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NLMC: That conference insists that NIGPC ensures the SPPG enforces at present the basic clinical governance of information transmission between secondary and primary care by the Health and Social Care Trusts ie posting on Electronic Care Record (ECR) does not transmit whether by local or regional design especially if addressed to a clinician.

ELMC: That conference calls on the chair of NIGPC to ensure that there is a commitment to at least quarterly formal communication with GPs via the newsletter.

ELMC: That conference calls on the chair of NIGPC for update reports to be issued against the agreed conference motions.

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Motions not prioritised for debate

NLMC: That conference instructs NIGPC to demand immediate engagement with the Department of Health regarding a new GMS contract to ensure the continued existence of primary care and not left to the “cannot do anything without a minister” excuse and at the same time make decisions around re-interpretation of the existing contract to suit the misperceptions within the local healthcare system.

WLMC: GP funding must focus on core activity. This should focus around traditional GP work, seeing and dealing with medical problems in the surgery. Too much time and funding focuses on chasing enhanced services to the detriment of GMS core service.

ELMC: That conference believes the current funding model for general practice is no longer fit for purpose and calls on NIGPC to publish a plan for co-payments.

WLMC: We have seen a gradual development of trust run primary care practices in the west. At present, these practices run on an ad hoc basis.

- (i) if there is a longer-term plan for trusts to be involved in primary care delivery, proper governance and management structures need to be set up to support staff
- (ii) this conference calls on the DOH to be open on reporting the costs of these practices
- (iii) we also call for a joint primary care/ secondary care group to look at setting up support structures and long term feasibility plans for these practices.

WLMC: Fewer privately owned practices could attract new partners to buy into the premises in place of out-going partners. This creates financial and organisational problems. This conference calls for a buy-back premises scheme.

NLMC: That conference highlights that the “solutions” to the current contract handback processes have only ever come through individuals who happen to be some incarnation of general practitioners and demands that NIGPC seek a strategic plan or vision from the Department of Health as a matter of urgency.

SLMC: That conference instructs NIGPC to explore mechanisms for centrally employing practice staff to reduce the risks to individual GP partners resulting from practice closures.

WLMC: Year on year, practices are de-stabilised due to an inability to implement DDRB uplift recommendations in a timely manner. Practices pass these increases on to their staff as pay rises. This conference calls for a solution to this issue.

ELMC: That conference calls for the immediate reintroduction for prescription charges.

ELMC: That conference calls for the clarification of the function and status of the working group between NIGPC, the Department of health and PHA regarding the recent issues with flu/ covid vaccine campaign to ensure all parties are fully aware of plans before these are made public.

ELMC: That conference notes with dismay the ongoing lack of a commissioned obesity service in line with NICE recommendations and the rest of the UK. It calls for the department to:

- (i) clearly outline the timeline for when this will start
- (ii) publish definitive, publicly available, guidance on what patients can expect by way of NHS follow up where they decide to go for bariatric treatment outwith the UK.

SLMC: That conference instructs NIGPC to negotiate with DoH support for practices that wish to promote active transport for both staff and patients, with the joint aim of reducing obesity and the environmental impact of health care in Northern Ireland.

ELMC: It is with deep regret that this conference calls for a VONC in DoH’s handling of the current GP workload and workforce crisis.

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WLMC: That conference calls on the DoH to once and for all formulate an ability for all health care sectors including patient and carers to work together to shape and deliver care in NI. Integrated care systems should not be allowed to fail, as this would signify a lack of confidence in this system, considering previous similar attempts.

NLMC: That conference condemns the recent communication from SPPG to the GP Federations regarding their budgets and relative funds that they hold on account as per records lodged in Companies House. This exhibits at least a severe lack of understanding of due process and financial accountability while balancing the risk that colleagues have taken on in managing GP Federations and at worst a total disregard of what Federations have been able to achieve.

WLMC: Practices are swamped with IGPR requests. The vast majority of requests for medical records come via ourselves:

- (i) this conference calls for immediate financial support for practices
- (ii) and the employment of a Data Protection Officer to offer advice and support.

WLMC: The current CCG referral process is overly complicated with an excessive number of drop down options and referral endpoints:

- (i) we call for a single point of entry for referrals to a specialty
- (ii) we also call for an end to the return of appropriate referrals, just because they have been sent to the wrong CCG box.

WLMC: That conference calls on the DoH to work with clinicians to co-produce a 10 year plan to restore a robust and adequate medical workforce in Northern Ireland. It is both unethical and unwise to rely on other countries to train medical and nursing staff for us:

- (i) we must aim to be able to recruit the best, rather than the only doctors and nurses available. We must reverse our reliance on expensive and transient locum staff
- (ii) an efficient high quality health service is only possible when we take full responsibility for training enough high quality personnel to staff it in all areas both clinical and geographic.

ELMC: That conference calls on NIGPC to engage with DoH CMO group to ensure that the voice of general practice is heard by ensuring that there is GPC representation at the DoH's proposed Inquiries Implementation Programme Board.

ELMC: That conference instructs NIGPC to ask DoH to ensure the creation of non-personalised e-mail contact points within each of the Trusts and primary care SPPG for the purposes of raising concerns related to Maintaining High Professional Standards.

ELMC: That conference asks NIGPC to seek clarity from DoH as author of the closure plan for Muckamore about:

- (i) the care in the community arrangements for these patients with high care needs given the potential implications for general practice
- (ii) what happens if care in the community fails and hospitalisation is required.

NLMC: That conferences notes with dismay that the Health and Social Care Trusts are being asked to solely focus on ED attendances and bed stays and capacity by the SPPG and Department of Health in their Winter Planning while not increasing the nested capacity of staff and resource in the community to support the majority of patients and Primary Care.

WLMC: That conference calls on the SPPG to take responsibility for coordinating the winter pressure planning between trusts and GP surgeries around the NH LES.

NLMC: That conference condemns the silo that has become No More Silos.

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ELMC: That this conference calls on LMCs across NI to promote the inclusion of a trainee GP rep on each committee.

ELMC: That this conference calls NIGPC to review standing orders to ensure that there is designated seats for sessional GPs and early careers GPs within the Dom Negs committee structures.

WLMC: That conference calls for the DoH to support GP practices that are involved in postgraduate and undergraduate medical education, financially and with regard to capacity and facilities, especially practices that are rural and/or in crisis, as the evidence shows teaching and training improve retention and recruitment.

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Conference of Northern Ireland Local Medical Committees Resolutions 2022

PRACTICES IN CRISIS

That conference calls for an immediate summit to be convened by the Department of Health (DoH) and involving politicians and civil servants at the highest levels to address the current collapse of practices in Northern Ireland.

That conference calls for a freeze of the contract and reinstatement of secured funding that was delivered earlier in the pandemic.

That conference instructs NIGPC to seek from the Strategic Planning and Performance Group (SPPG) a limit on patient migration from practices perceived to be in trouble to enable stability of these practices and a reduction of potential harm to surrounding practices.

That conference calls for increased powers for practices to manage verbally abusive patients with the same measures as physically abusive patients, allowing their immediate removal from practice lists.

That conference directs NIGPC to seek absolute transparency in seeking the wording of Alternative Provider Medical Services (APMS) contracts and the detail around management and staffing spend when Trusts are awarded such contracts. This is sought to ensure that there is equivalence between the funding of a GMS contract before handback and the running of a practice by a Trust under APMS afterwards.

GENERAL MEDICAL SERVICES CONTRACT (GMS)

That conference calls for restoration of GP remuneration, allowing for inflation, to historic levels.

That conference directs NIGPC to seek the views of GPs in Northern Ireland regarding current GP contracting arrangements and initiate negotiations with DoH around the development of practice funding models, to include a full review and reprofiling of Quality Outcomes Framework (QOF), global sum equivalent (GSE) and inflation protected Enhanced Services (ES) funding streams.

That conference calls on our Assembly to return to Government as soon as possible to deliver a ring fenced 3-5 year budget for delivery of health services.

That conference believes that the discrepancy between discretionary maternity payments to GP partners made by the SPPG and the actual cost of locum cover is detrimental to the appointment and retention of female GPs and the wider GP population and instructs NIGPC to negotiate on the provision of a higher rate.

PATIENT REGISTRATION

That conference deplores the delays in the patient registration process by the Business Services Organisation (BSO) and demands a centrally managed system which respects patient choice and ensures that the burden of gathering the required documentation is removed from primary care administrative teams.

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PREMISES/RUNNING COSTS

That conference notes with dismay the destabilising effect of rapidly increasing expenses and energy costs and instructs NIGPC to negotiate an urgent package of support measures for practices who are adversely affected by these issues.

IT

That conference deplores the decision of the Department of Health to delay the business case approval for electronic prescribing and instructs NIGPC to withdraw from any discussions about prescribing savings until its approval and a guaranteed timeline for delivery has been put in place.

ALTERNATIVE MODELS

That conference has no confidence that the current GMS contract in Northern Ireland is fit for purpose.

That conference instructs NIGPC to explore the development of alternative models for the delivery of future primary care and to share these with the wider GP community.

That conference asks NIGPC to consider all options in regards future proofing local practices including the current business structure of partnerships which are no longer attractive to new GPs. All options should be explored including limited partnerships, limited companies, not-for-profit organisations etc.

MDTs

That conference demands NIGPC seek from the DOH and SPPG in the absence of a funded and timely MDT roll out plan that they demand the acute and community trusts pivot their services to where the majority of clinical need and contacts occur ie in primary care.

WORKFORCE

That conference welcomes the increase in training numbers this year by 10 extra places, but to address the workforce crises in general practice the conference calls on DoH to continue to increase the training places numbers year on year until we reach 161 trainees per year.

That conference believes that Northern Ireland General Practice needs an agreed plan for increased investment and infrastructure aligned to GP training to specifically include premises accommodation and an uplift in the Supplement for Undergraduate Medical and Dental Education (SUMDE) GP trainer payments.

That conference notes with dismay the loss of trainees to other areas upon completion of training and instructs NIGPC to work with Northern Ireland Medical and Dental Training Agency (NIMDTA) and the DoH to explore options to improve retention.

That conference calls on the DoH and SPPG to publicly acknowledge how hard GPs are working and how many consultations we are doing every day in Northern Ireland and advise the public the reason they cannot get an appointment when they want with a GP is because GPs are an endangered species in Northern Ireland.

SESSIONALS

That conference is disappointed that sessional GPs in Northern Ireland have not all received their COVID special recognition payment and believes it is unfair that part of the workforce throughout the COVID response has been ignored in this way. Conference

- (i) acknowledges the important role sessional GPs played throughout the COVID pandemic
- (ii) instructs NIGPC to demand that this missing payment is addressed urgently
- (iii) believes that, as professionals, sessional GPs are able to self declare what work they undertook during the relevant period to qualify for the payment and that this would be the quickest and easiest method of arranging payment.

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WAITING LISTS

That conference instructs NIGPC to demand that the DoH ascertains the true status of waiting list arrangement for patients from referral, awaiting investigation and definitive diagnosis and treatment and review and applies a harmonisation procedure enforced by the commissioner/SPPG that removes the geographical lottery in access to these services.

That conference calls for the clinical governance around the use of independent sector providers in addressing waiting list in initiatives and ongoing provision of care in respect to NHS care be clearly stated by the SPPG and DoH and ensure that the health and social care trusts still remain clinically responsible for the care supplied on their behalf.

TRUST INTERFACE

That conference directs NIGPC to create a memorandum of understanding similar to the recent document produced by the Cheshire and Merseyside Health Authority which seeks to improve the common interface issues between primary and secondary care which are frequently brought to NILMCs for resolution.

That conference directs NIGPC to demand that the DoH enhance the oversight and accountability of Trusts in regard to their current use of Phlebotomy Hubs, where in place and seeks to understand the interface with primary care.

That conference again directs NIGPC to call on DoH and the Chief Allied Health Professionals Officer and Chief Social Services Officer in particular, to address and resolve the variance across Trusts, about what services accept self-referral from patients and which services insist on GP referral.

URGENT CARE REVIEW

That conference instructs NIGPC to demand coherent and integrated policy from the DoH with regards to the reviews and processes presently underway, specifically the Urgent Care Review, No More Silos, and Review of Out of Hours Care.

NON GMS

That conference calls upon the NIGPC

- (i) To re-negotiate all currently agreed third-party report fees to an appropriate level which reflects the time, expertise and risk carried by GPs completing them and takes account of current inflation, and
- (ii) to promote the use of the BMA fee calculator.
- (iii) to negotiate a solution for the unfunded and additional workload on practices as a consequence of GDPR, such as resourcing a dedicated DPO.

LMC/GPCUK

That conference calls for a streamlining of GPCUK so that it truly represents the interests of all four nations and instructs NIGPC to work with SGPC, GPC Wales and GPC England to restructure this committee and redefine its shared purpose.

AND FINALLY

That conference condemns the political situation that is presently causing clinical harm to patient care in Northern Ireland and prioritising access to cooked meats and Cumberland sausages over and above accessible clinical care.

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MOTIONS TAKEN AS A REFERENCE PRACTICES IN CRISIS

That conference directs that the word receptionist is dropped from all NIGPC communications and is replaced with the term care navigator.

GENERAL MEDICAL SERVICES CONTRACT (GMS)

That conference instructs NIGPC to demand that the SPPG inform Health Trusts that patients with complex needs should not be displaced to primary care without adequate funding (if via a local enhanced service with the relevant caveats in that it has to be agreed) and within the professional competence of the primary care practitioner.

ALTERNATIVE MODELS

That conference calls on NIGPC to explore the reasons behind the significant increase in the numbers of salaried and locum GPs, and slight reduction in GP principals, using methods such as surveys and focus groups, to report by Easter 2023.

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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.

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- (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

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.

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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.

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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 one third 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.

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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

15 Chair

- (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.

16 Deputy chair

- (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.

The Press

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

No Smoking

- 19 Smoking shall not be permitted within the hall during sessions of the conference.

Chair's discretion

- 20 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.

#NILMC



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