Newsletter May 2025

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Suffolk LMC WhatsApp	**Suffolk PMs + LMC WhatsApp**
A broadcast group, open to all working in primary care in Suffolk, for local clinical nuance, contractual updates and pass-through info from GPC	*For Suffolk PMs or most senior manager to privately support each other, ask questions and flag issues with the LMC input.*

New look newsletter

Welcome to our experimental 'new look' newsletter which brings together the regular monthly Suffolk LMC newsletter and now incorporates the Suffolk GP Fed update. The aim is to make life easier for practices by bringing everything together. Please feel free to send the office any comments on the new format and whether it is an improvement?

PMS & LES Updates

Practices may be aware that NHSE failed to maintain adequate records and, having failed to resolve the issue of lost Suffolk PMS GP contracts, passed the issue to SNEE ICB 2 years ago.

It is in this context and by way of correction, that practices should expect to receive correspondence from the ICB containing an updated version of your PMS contract. The stem of this contract reflects nationally negotiated clauses and, as is normal practice in Suffolk, will be followed by the locally tailored development framework.

We would encourage practices to carefully check the document (with particular reference to who the signing partners are) before returning. As always, the LMC office are available to answer queries.

We expect an updated version of the Diabetes LES to be released shortly.

Confused about GL-P1 Medications?
We have broken the relevant details down by treatment sector for completeness:

For Diabetes:
GLP-1 Medications and Diabetes
Practices are reminded that the initiation of GLP-1 medication is not considered a core contractual activity by the BMA and Suffolk LMC.
Whilst a good number of practices do already initiate such medications to good clinical effect, the LMC would reflect that

(a) The magnitude of unfunded "left shift" in Diabetes (both proposed and historical) is significant. If unchallenged this longstanding phenomenon will mean the proportion of ICB spend in the acute hospital sphere will rise further (projected to rise from 57% to 60% by 2030).
(b) The model in North East Essex (a true community DM model with heavy reliance on primary care and a more equitable funding model) has been proven to deliver better outcomes and is considered cost effective.

We continue to call on the ICB to drive the change needed and on practices to reflect on where and how this trend can be reversed. The article is written in the context of ongoing negotiations around this year's Diabetic LES.

For Weight loss:
We have reproduced the most recent position of both the BMA and SNEE ICB on this below.

- **Primary care pathway from ICB can be viewed here. The ICB has also published patient information on their website, which can be accessed here.**

- **Weight management in General Practice from BMA, below:**

From 23 June 2025, Tirzepatide must be implemented in primary care. Tirzepatide represents a new therapy for weight management, but requires structured implementation, appropriate monitoring, and clarity around responsibilities. GPs should engage in prescribing where clinically appropriate and safely resourced to do so.
GPC England has produced a Focus on Tirzepatide (Mounjaro) for weight management in General Practice document, which explains how Tirzepatide is used, commissioning arrangements (responsibility for funding lies with ICBs), and responding to information requests from private providers.

- **Responding to requests from NHS Patients**
  Please find attached communication here which can be used to respond to patients with further information.

- **Responding to Requests from Private Providers of GLP-1**
  The BMA have produced a helpful template letter that can be used to push back requests for what are in essence unfunded prescribing reviews/marking someone else's homework. The LMC have requested this is added to DXS. More information here

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Signing up to the ADHD service

For practices that have not yet handed back, we kindly ask that you do so within the next few weeks. If you do not plan to hand back prescribing, please let us know as soon as possible so we can inform the team (this is important as the Federation will need to adjust staffing levels accordingly).

Instructions for how to do this can be found here.

Smoking cessation

Suffolk County Council and Feelgood Suffolk leadership had previously agreed that GPs would not do prescribing for smoking cessation medications, but delivery staff have recently been sending letters to GPs requesting prescriptions, creating confusion and additional work for practices.

Discussions are ongoing between Public Health and Pharmacies to establish a formal pathway. Some GPs are prescribing medication informally, but this is not part of a formal pathway. **We cannot assume, or recommend, that GPs can do this.**

The following is taken from formal, recent correspondence with SCC:

- While the pathway is being established, **Feel Good Suffolk should not proactively contact any GPs recommending that they prescribe medication** for a particular patient/client
- During triage, if it emerges that prescription medication is likely to be the best approach**, the responsibility must be placed back on the client/patient to speak with their GP**. We must manage their expectations and explain that not all GPs are currently able or willing to do these prescriptions (for various reasons). If the client can get a prescription, we can then resume our contact with them.
- We can continue to offer behaviour change support for clients who have been prescribed medication by their GP. If a GP requests written confirmation of our willingness to provide support, we can then send a letter accordingly.

Practice Software Funding

We understand that certain software previously funded by the ICB, such as Agilio TeamNet and LocumDeck, will no longer be covered going forward. Our team is currently working with the ICB and the Federation to negotiate a reduced rate for Agilio TeamNet on behalf of practices. If your practice is interested in being part of these discussions, please contact us.

Starting in July: Bi-Monthly LMC Drop-In Sessions for Practices

We are pleased to launch a new bi-monthly drop-in session, open exclusively to practice teams and the LMC. These informal, confidential sessions offer a space to raise concerns, share experiences, and discuss any pressing issues—while also hearing updates directly from the LMC. There is no fixed agenda—just an opportunity to connect, reflect, and collaborate.

If you would like to receive the meeting invitation, please email us and we will send you the link.

Future NHS changes impacting practices – how we are responding?

There will be significant NHS changes – including the merge of Norfolk and Suffolk ICBs – occurring in the next year and for which we are preparing:

- **Suffolk and Norfolk commissioning coming together**. Suffolk and Norfolk LMCs already meet and GP Fed is in contact with Norfolk Fed. We hope to bring all the organisations together and create a Norfolk/Suffolk GP Collaborative to improve our collective influence.
- **Integrated Care Boards, which commission NHS services, will shrink by half**. ICBs are likely to be able to offer less support to practices. In response, we will accelerate bringing the practice support work of Suffolk

LMC and GP Fed together, starting with pastoral support.

- **Large NHS organisations, especially ESNEFT, will have an expanded role**. This is likely to happen in 18 months so it gives us time to develop senior level relationships.
- **The new GP contract and Ten-year NHS plan is expected to focus on neighbourhoods and certain patient groups**:

    - Suffolk already has relatively mature Integrated Neighbourhood Teams but with little day-to-day integration with practices. How best this integration might work is a focus of the GP leadership group.
    - Initiatives to support two groups of patients. Suffolk is already in the early stages of specific projects focusing on these groups.
        - 'Gold' patients - the most frequent users of hospital beds and other services which the ICB wants to address with a Care Management Service (see below). A third of these patients are housebound.
        - System-wide frequent users – around 12% of our population. For practices they typically have 10+ appointments each year.

Care Management service

McKinsey is one of the world's most influential management consultancies and has been advising the ICB. One of their findings is that in Suffolk and North-east Essex, 1% of patients use 78% of bed days (and are high users of primary care). Their recommendation is this group of patients are prioritised with a Care Management service, involving primary care and community services working together. Our expectation is this may well be part of the new GP contract the NHS Chair is ex-McKinsey.

It's early days formulating how this will work and as we have news, we will brief CDs. It is likely to have a modest start in Ipswich & East before expanding.

Duplicate path results

The LMC is well aware of the issues relating to duplication of pathology results across West Suffolk and has been in discussion with the system around mitigations. We are clear that it is unacceptable that repeated IT failures - with significant knock-on effects for practices - continue to occur. We would encourage practices to submit expenses incurred as a result of these debacles as soon as possible. As part of this, practices may find it helpful to be aware of the various escalation processes in place, information here.

NECSU can be contacted **at 0300 555 030** for general IT issues including hardware. Outside of normal working hours, we encourage you to contact the System Operations Centre at 01473 770398 or via email at soc@snee.nhs.uk. In- hours they can be reached at 01473 770200.
In the event of an issue specifically affecting **ICE**, please report it to your local Pathology department. For **West Suffolk** practices this will be West Suffolk Hospital using **application.support@wsh.nhs.uk**, for **Ipswich & East** practices this will be **ESNEFT Pathology using 0300 303 5299**

For users to help mitigate the impact of duplicate entries in patient records, **SystmOne** can be configured to automatically hide duplicate results from view. This can help maintain clarity and usability of patient records going forward. Instructions for configuring this setting are available via the following link:
Tabbed Journal Default Filter – SystmOne Configuration

WSFT team will be conducting a review of the issue to understand lessons learnt. Any learning from this will be communicated out.

Suffolk Pharmaceutical Needs Assessment 2025

This is likely to be of particular interest to dispensing practices who should check carefully their opening hours and details in the Appendix.

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Employing Mental Health Nurses in ARRS outside of the local MH trust

The below, which will be of particular interest to PCN CDs and Managers, is taken directly from correspondence from NHSE.

Update to Enhanced Practice Nurse role:

The updated DES for 25/26 has made a small amendment to the Enhanced Practice Nurse role. 'Other area of enhanced practice' has been added to the requirement for the role to have a post grad qualification at level 7 or above in their area of enhanced practice. We have received confirmation from NHSE that this other area of enhanced practice can include mental health, if the role requirements/qualifications are met.

Summary from NHS Confed Expo 2025

- **Turning Point in GP Recruitment: Positive Signs for the Workforce**

Amanda Doyle, National Director for Primary and Community Care, recently shared encouraging news on GP recruitment, marking what she described as a *turning point* for the profession.

After 12 years of steady decline, GP workforce numbers are on the rise again. Amanda highlighted that GP numbers have been increasing month-on-month for over a year, even when excluding return-to-practice GPs (RSGPs).

"We've not just stopped the decline, we're seeing people actively choosing general practice again," she said. "In just seven months, 1,700 individuals took up substantive NHS GP roles. That tells us the appetite is there."

- **Driving Change Through Innovation and Collaboration**

Amanda emphasised that while the recruitment trend is promising, the way care is delivered must evolve to meet growing demands and financial pressures.

"We'll never have enough money to do more of the same. We need to accelerate innovation, embrace technology, rethink our skill mix, and work more collaboratively across systems."

She stressed the importance of scaling up successful models, commissioning some services at a broader level, while preserving the core values of GP partnerships.

Live vacancies – don't forget to send us any that you would like us to advertise!

Title	Organisation	Location	Salary	Closing Date
Salaried GP – number of sessions negotiable	Mount Farm Surgery	Bury St Edmunds	Negotiable	02/07/2025
Lead Nurse – Unity Healthcare	Unity Healthcare	Haverhill	£46,148 - £52,809	30/06/2025
Salaried GP – Newly Qualified	Framlingham Medical Practice	Framlingham		30/06/2025
GP Partner	Wickham Market Medical Centre	Wickham Market		
Salaried GP	Orchard House Surgery	Newmarket	TBC	
Newly Qualified GP	Hardwicke House Group Practice	Sudbury		
GP	Two Rivers Medical Centre	Ipswich	Depending on experience - Attractive salary package	

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Cameron fund

The Cameron Fund is the GPs' own charity and the only medical benevolent charity which solely supports general practitioners and their dependants. For further information, see here.

BMA Updates

DDRB pay award 2025-2026

The DDRB pay award recommendations for 2025-26 have been announced, with a 4% uplift to the pay element of the GP contract and the pay range for salaried GPs. Whilst the Government has accepted the recommendations in full, 4% will not be enough.

The BMA's new report, *The Value of a GP*, highlights the urgent need for greater investment in general practice ahead of the comprehensive spending review. Without this, the wider NHS cannot recover.

GPC England has advised Mr. Wes Streeting that while the GPs in ARRS scheme provided a short-term fix, it does not address continuity of care, health equity, or rising GP unemployment. He is being urged again to support direct reimbursement for practices to create additional GP roles.

With a new cohort of GPs qualifying in August, immediate action is needed to prevent underemployment and ensure they remain within NHS practices.

GP Unemployment Campaign

The BMA's Sessional GPs Committee and GP Registrars Committee launched a major campaign to expose the worsening crisis of GP unemployment. In a joint letter to the Secretary of State, the committees issued an urgent call for action, warning that up to a thousand GP registrars finishing training this August could be left without jobs, despite patients facing severe delays in care and practising GPs struggling under unsafe, unsustainable workloads. This unacceptable situation is backed by our survey: 15% of GPs couldn't find any suitable work, 56% are seeking more NHS hours without success, and 21% are planning to leave the profession altogether.

The letter demands immediate Government intervention, including ring fenced, direct to practice core funding separate from the failing ARRS scheme, to employ newly qualified and underemployed GPs in roles that deliver continuity of care. Read more about the GP un/underemployment campaign.

Undiagnosed infected blood patients

NHS drive to find undiagnosed patients affected by the contaminated blood scandal

As part of an NHS initiative to identify undiagnosed cases linked to the contaminated blood scandal, all new patients registering with GP practices will now be asked whether they received a blood transfusion before 1996. Each year, around 400,000 people born before 1996—roughly half of new online registrants—will be asked this question. Those who confirm a historic transfusion will be offered a hepatitis C test. self-testing hepatitis C kits are available to complete at home or they can also access testing at GP surgeries, sexual health clinics and other services.

Removal from Performer's List: Urgent, 111 and Out of Hours GPs

The BMA has been made aware that in several areas, GPs working exclusively in out-of-hours (OOH), 111, and urgent care services are being told they must resign from the Primary Medical Performers List or face formal removal. This has raised significant concern, and the issue has been escalated to NHS England. Removing these GPs—who are actively delivering primary medical services—risks reducing the workforce and may hinder their ability to take on future practice-based roles.

If you have been affected by this, the LMC and BMA would be keen to hear from you, if you are a BMA member, please contact via the member services, LMC Contact us and GPC: info.gpc@bma.org.uk

Foresight AI model trained on GP data

Following reports in the press that GP Data extracted via GPES under a repurposed COVID-19 extract formed part of a wider set of data that had been used to train an AI model without knowledge or approval of an advisory group set up to oversee it, BMA and RCGP wrote to NHS England via the Joint GP IT Committee.

In its letter, BMA outlined the seriousness of this action and sought immediate clarity on how the data sharing took place. This is an ongoing situation, and further updates are expected in the next BMA update

NEWSLETTER

Suffolk GP FEDERATION

www.suffolkfed.org.u

May

New Fed Chair

Simon Rudland will be stepping down as Chair from 1 June and replaced by Nick Rayner. Nick is based at Oakfield Surgery in Newmarket which is part of Suffolk Primary Care for whom he is Executive Partner. He is also Co-Chair of the GP Collaborative and a Committee Member of Suffolk LMC. Simon Rudland remains on the Board as a non-executive.

Annual GP Digital and Automation day – 13 May

We had excellent practice representation at the event including colleagues from Norfolk. The focus of the morning was launching Heidi AI which is a digital consultation scribe (see article below). This included AI awareness training, from our Data Protection Officer Emma Kitcher from Kafico.

Other speakers included:

- Knoby – who offer document processing, repeat scripts & complaints automation software. We plan to test this in a few practices and then support its roll-out to member practices.
- Kevin Wholmes from Swan Surgery - shared their experience of using Anima for total triage and document processing, Agililo and TeamNet.
- Updates on the Fed's Automated pathology filing project, Unity Healthcare's triage and operations hub and virtual reality training.

The GP Digital and Automation group meets monthly via Teams on the second Tuesday of each month. Please email evans.scott@suffolkfed.org.uk if you want to join.

Supported roll-out of Heidi AI to member practices

Heidi AI is a digital scribe which are new tool to support the clinician/patient consultation. They listen and transcribe patient-clinician conversations in real time, extract symptoms, suggest diagnoses, medications, procedures, further tests and generate clinical notes, referrals etc. This is the link to the Heidi video.

The Fed have worked with Suffolk LMC, to develop a comprehensive implementation pack for practices. The briefing has been sent to PMs and includes data protection impact assessment, PM checklists before using Heidi, model Standard Operating Procedure and AI awareness training materials. The GP Digital & Automation Group will provide ongoing governance support.

Partners and practices should be aware of the risks associated with AI scribes – the briefing note includes LMC guidance. Notably the Information Commissioner has explicitly stated how patient consent must be obtained (it specifically excludes relying on verbal consent at the start of a consultation due to the power imbalance between patient and clinician).

Would you like to train as a Clinical Safety Officer (CSO)?

Our work on Heidi AI has demonstrated primary care will need more CSOs. The role is to ensure the safe and effective implementation of digital solutions including overseeing clinical risk assessments, ensuring compliance with safety standards, and providing expert clinical guidance. If you are interested in undertaking the training (e-learning and a day face to face) please contact David Pannell (david.pannell@suffolkfed.org.uk). Our plan is for CSOs, working on GP Fed projects, to be employed by us and therefore limits personal responsibility (as per a hospital CSO).

News in brief

- ADHD Prescribing & Monitoring service - This is now fully operational with 712 patients from 19 practices (with a further 14 practices transferring their patients by August). The service has capacity for most Suffolk ADHD patients but will decommission this unless it's going to be used. Therefore, if you would like to transfer responsibility for prescribing and monitoring please follow LMC guidance re serving notice.
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome & Long Covid bid - the Fed was successful with its bid to manage this service across Suffolk and North-east Essex.
- Spirometry waiting list – the Fed has set-up a facility for practices, who have not taken-up the Enhanced Service to deliver Spirometry, can refer their patients. The waiting list will remain until a suitable provider is appointed by the ICB.
- Lung Cancer Screening – the Fed is managing the screening element of this and it's likely to commence in the West initially.
- Podiatry telephone number - we have replaced eight phone lines with one centralised number - 01473 921 810. Please continue to ask patients to self-refer via 0333 043 3966 or podiatryreferrals.co.uk

Fed objectives for 2025/6

At the start of each year, your Board agrees objectives for the executive team. This year's are set-out below.

- As part of the GP Collaborative, ensure GP Fed adjusts its strategy and operations to reflect the future NHS landscape
- Member services
  - Develop a plan to consolidate GP Fed & Suffolk LMC's practice support services & comms together under Suffolk LMC banner
  - Accelerate impact of Member Services digital initiatives so they make a real difference at practice level. Priorities for 2025/6
    - Implement a SystmOne Config Unit.
    - Supported roll-out of Heidi AI digital scribe to practices wanting to use it.
    - Supported roll-out of automated pathology filing.
    - Develop repeat prescribing and document processing automation.
    - Additional AI technologies for practices using digital front doors e.g. automated triage.
    - Explore Titan dispensary software which allows us of EPS.
  - As part of the GP Collaborative, develop a strategy for integrating community services with primary care via Integrated Neighbourhood teams
- GP Federation services
  - Develop a strategy for the re-procurement of integrated urgent care (out of hours)
  - Regularly update the Fed's management succession plan
  - Develop a plan for GP+ Community
  - Implement a long-term plan for the Fed's business information provision
  - Complete implementation of the Unity restructure and move forward with 'Unity in 2028' vision
  - Bring Fed HR & payroll in-house