SEPTEMBER 2025

Suffolk LMC NEWSLETTER

Recent GP Contract & Regulatory Changes - from GP Committee/ BMA

At the GPC England meeting last week, the committee voted to go back into dispute with the Government, DHSC and NHS England from 1 October 2025 on the grounds of patient safety, workforce wellbeing, and GP risk.

GP Connect Update Record

When GPC England voted to accept the 2025/26 contract back in March, it was mutually agreed with Government, DHSC, and NHS England that necessary safeguards must be in place in time for the start of October's contract changes. For GP Connect Update Record (write access) the JGPITC have tried to work with NHS England counterparts to make the tool safe, but as communicated in their statement, **it is not yet safe**.

Online Consultations

The BMA has sought to work constructively with NHS England and DHSC colleagues to address concerns regarding online consultation platforms, with regard to functionality for routine appointment requests. The most appropriate and safest solution would be the introduction of a tick-box questionnaire format, similar to the Florey questionnaires developed and deployed during the early stages of the Covid-19 pandemic.

This approach would mitigate the risks associated with free-text submissions, where urgent clinical issues may be inappropriately categorised as routine, thereby creating avoidable risks for both patients and GPs. Furthermore, it would enable practices to deactivate free-text options once capacity has been reached, while maintaining access to routine request functionality.

Despite six months of sustained engagement, the BMA's concerns have not been addressed. At present, there is a refusal to implement the safeguards previously committed to, safeguards that are essential to ensuring patient safety and protecting practice staff. These concerns are further exacerbated by the recommendations contained within the 10 Year Health Plan, which proposes novel GP contract models that risk undermining the GMS framework and contradict the Secretary of State's written assurances.

The full suite of BMA documents, including template letters, can be found here.

LMC View/Points to Note:

(a)This remains the remit of the BMA (when in formal dispute with the government and from whom we anticipate further, robust guidance shortly).

(b) It is worth noting that all of these contract changes only apply once a practice has received a contract variation notice from their ICB and after at least 14 days' notice. Contract variations occur after the notice period regardless of whether a practice signs the notice or not.

(c) OPEL reporting

We are hoping to have a system of OPEL reporting up and running very shortly. This is a trial (predominately to see whether the support garnered outweighs the reporting burden). Access is via your PM/nominated deputy. We are currently working with the ICB on the best way for practices to provide this information in a protected manner, potentially via the LMC (as per in Norfolk), but practices who are particularly concerned about the burden of unlimited online consultation access may wish to sign up.

OPEL notwithstanding, in the event, that practices are overwhelmed by online consultations and there is a genuine risk to patient safety then the below (credit to BBOLMCs) seems a reasonable escalation (alongside the OPEL).

When safe capacity is reached, and it is no longer possible to safely assess each OC to determine whether it is truly routine or urgent, we recommend the practice notify the ICB and LMC that they have reached safe capacity and are redirecting patients in the interests of safety. Where the OC system has not been switched off, we advise that for each inbound OC a message is sent to the patient informing them that, in the interests of safety, they are advised to contact 111, 999 or A&E.

We suggest forms of words similar to the below, and then closing of the OC case:

If NO Red Flag(s) Immediately Apparent:

“Dear Patient, the practice has exceeded safe working capacity and we are unable to safely and accurately clinically assess your request to determine its true urgency and risk. Therefore, in the interests of safety, we advise you contact 111 so that your condition can be safely assessed. If 111 deem your request to be routine and redirect you back to us then you will be added to our waiting list and someone from the practice will be in touch in due course once appropriate documentation is received from 111.”

If Red Flag(s) Immediately Apparent:

“Dear Patient, our triage and risk assessment systems have identified that the basis of your request may be urgent. As the practice has reached safe capacity, we are unable to safely assess your case and, in the interests of your own clinical safety, we therefore strongly advise you attend the nearest Emergency Department or, if you are unable to attend, call 999.”

Primary Contact
support@suffolklmc.co.uk

Dr Peter Smye (Medical Director)
p.smye@nhs.net

Aimee Longfoot (Chief Executive)
aimee.longfoot@nhs.net

Dr Sarah Caston (Medical Officer)
sarah.caston@nhs.net

Charlie Page (Executive Officer)
charlie.page@nhs.net

Click here to see a list of
Committee Members

Preparing for the forthcoming NHS changes

Suffolk GP Leaders' Summit

Suffolk LMC and Suffolk GP Federation are holding a one-day GP leaders' event in November for LMC Committee, PCN CDs and the GP Fed Board. The context is the wider changes which are starting to impact our practices. These include:

- The merger with Norfolk and the likely reduction in support offered to practices.
- The NHS Ten-year Plan will see new types of contract including single 'neighbourhood provider' covering around 50,000 and 'multi-neighbourhood provider' covering 250,000+ and held by a GP federation or trust.
- Future Shift of work and resourcing from secondary care including the Care Management Service, focusing on 1% most complex patients, which is starting in West Ipswich INT.
- New GP contract – this is expected in the Autumn.
- Community services re-procurement – the process will be starting soon.

Suffolk has a good starting point. However, **if we collectively want to go further, to lead and help shape the ten-year plan changes locally**, we need to consider further adaptations which is the purpose of the summit.
For example, being able to collectively 'speak as one' and make rapid decisions involving complex issues that cut across traditional GP decision making boundaries (independent contractors, Suffolk LMC, PCNs and GP Fed).

Peter Smye – Medical Director Suffolk LMC
Nick Rayner – Chair Suffolk GP Fed

.

Suffolk Practice Manager Conference

On Thursday 25 September, we were delighted to host the Suffolk Practice Manager Conference at Hintlesham Hall, welcoming nearly 50 practice managers from across the county.

The event provided an excellent opportunity to recognise and support the invaluable work of our practice managers. Attendees benefited from insightful updates on legal, finance, and mental health matters, making it a highly informative and engaging day.

Thank you to everyone who joined us. Planning for the 2026 conference is already underway!

Oliver McGowan Training

Please read our advice for practices here.

It may also be worth noting for reassurance, that we have had recent feedback from both the local CQC inspector and the BMA directly in response to our concerns over the current position for practices in relation to the Oliver McGowan Mandatory Training expectations:

- CQC position – They will take a risk-based and proportionate approach.

Practices remain responsible for ensuring staff training is appropriate to role, but inspectors will want to see that you are risk-assessing, documenting plans, and mitigating where funded access is not yet available. Importantly, CQC has stressed: “Regulation in Primary Care is not a Yes/No tick list.”

- BMA position – Concerns about the Code of Practice were raised with CQC in August. The BMA has sought reassurance that inspectors apply this

proportionate approach consistently. They continue to monitor CQC’s stance and will update LMCs if guidance shifts. They also want to hear if you feel CQC’s local approach diverges from its published position

EPIC - latest news in full, here. A summary of pertinent points to note:

"Legacy bloods" - Legacy orders will be dealt with by ESNEFT organisation and are in hand. Ultimately if the trust is organising and monitoring bloods it is their responsibility (obviously this does not apply to if shared care or primary care patients).

"Hospital Patients attending Surgery Locations for Bloods" - The LMC would strongly encourage practices to return patients attending the surgery for bloods who do not have forms/labels to the originating hospital department. Please make a record of the frequency with which this occurs & let us know.

"Escalation Route post go-live" - We are hopefully that we will be in a position to share a coherent mechanism for escalating concerns very shortly.

“Copy to” functionality – Both ESNEFT & WSFT blood results requested via ICE continue to have the ‘copy to’ function disabled, so that results are not returned to multiple practitioners.

We are aware, however, that this may still occur where paper forms are in use and a ‘copy to’ request has been written onto it. Please let the office know if you become aware of systemic use of this loophole!

Increase in racism: In light of an increase in racist incidents, practices should review policies, ensure all staff are clear on expected behaviours and escalation pathways, reinforce zero-tolerance messaging, and comply with the applicable regulations and documentation requirements for removal of patients from the practice list where necessary.

Suffolk GP FEDERATION NEWSLETTER

www.suffolkfed.org.uk

September 2025

Your GP Fed Board

Chair	Dr Nick Rayner – Oakfield, Newmarket
Medical Director	Dr Ruth Bushaway
Chief Executive	David Pannell

Non-executive directors

Andrea Clarke	Orchard Street Practice Manager, Ipswich
Dr Paul Driscoll	Haven Health, Felixstowe
Dr Andrew Hall	Felixstowe Road, Ipswich
Dr Mark Hunter	Guildhall & Barrow, Bury
Dr John Lynch	Framfield House, Woodbridge
James Pawsey	Ivry St, Ipswich
Dr Simon Rudland	Sessional GP
Dr Peter Smye	Guildhall & Barrow, Bury
Jane Wallace	Wickham Market Practice Manager
Dr Firas Watfeh	Haverhill Family Practice

Clinical research – good news

Clinical research benefits patients, offers GP career development and generates additional practice income. Our practices could generate significantly more income but to so must build a greater track record to access larger (and more lucrative) trials.

We have successfully partnered with Mereside, one of the leading research practices, in their bid to build a self-sustaining research delivery network over three years. The aim is to have several Delivery Hubs by 2028, along with several current Participant Identification Centres (PICs) sites upgraded to Spokes and more practices starting as PICs.

Spirometry/respiratory diagnostics

GP Fed is currently providing a 'triage and hold' patient waiting list. Working alongside Suffolk LMC, the Fed has developed a solution to deliver spirometry for the patients of the 29 practices which have not taken-up the ES. There has been a positive response from practices and the service will start later this year, subject to ICB approval.

ME/Chronic Fatigue Syndrome & Long Covid service

The service is now accepting new referrals (DXS or sgpfed.MECFSLC@nhs.net) and new programmes will start in October. Information for patients and professionals can be found in the ME, CFS and Long Covid section of the Fed website (www.suffolkfed.org.uk).

Cyber threats

The Fed's IT Security, Networks and Infrastructure Lead gave a chilling presentation to the Board on the growing threats. They include ransomware and data extortion attacks, more sophisticated AI-generated phishing, attacks through third-party IT vendors and nation state threats. The Fed has a cyber plan which includes further investment in security.

Lung Cancer Screening

Thank you to Forest Heath PCN for helping pilot the service with over 1,400 patients screened. We will now be expanding to other PCNs, with East Suffolk PCN invitations being sent in September. We will be scaling-up rapidly in the East over the next few months.

Digital update

- **Are you a SystmOne 'expert'?** We are going to facilitate a S1 experts' forum as we have pockets of deep knowledge across Suffolk and North-east Essex. If you are interested please email david.pannell@suffolkfed.org.uk.
- **Clinical Safety Officer (CSO)** training – there are a few places left on this one-day course on 20/1/26 (heidi.fulcher@suffolkfed.org.uk).
- **Welby LTC management system** – for any practice looking at this there are three modules and local learning suggests its best to start with path filing. We have one practice and a PCN using it. Its very customisable so needs plenty of implementation time.
- **Heidi AI digital scribe** – this is now in use within practices. Local feedback suggests a split of views on its utility with younger GPs more positive. The system sometimes hallucinates but this is possibly due to poor speaker use during consultations. The price has come down since the spring.
- **Kynoby** – this is process automation software. Currently prioritising rollout of Mailbox Automation which automates the processing of incoming mail. They started in DHG PCN which has been a challenge due to the complexity of how they work. In single practices, the system is starting to process some incoming letters in Stowhealth and it has gone live in Unity and is about to start in Two Rivers. The learning so far is it takes slightly longer to implement than we initially anticipated.
- **Titan dispensary software** – will be the next project for the team. It is more straightforward to implement than Kynoby or Heidi.

Reminder of Prescribing Concerns - Inclisiran

There remain concerns about how this medication (a novel lipid lowering medication given by 6 monthly SC injections) came about – details here– and national wariness over a lack of outcome data – BMA/RCGP position statement here and GP update briefing here. As a result it remains a black triangle drug, but primary care is receiving encouragement, from some sectors, to prescribe. We anticipate hard outcome data in 2026 - early signs are that this will be favourable.

- It is not considered core GMS/PMS work. LES arrangements are widespread in other areas and cover the cost of administration (which has to be done by a registered healthcare professional). The LMC position is that Inclisiran ought to be added to the Gonadorelin ES which, in essence, covers the same scenario for these drugs.

What should Suffolk Practices do?

Suffolk LMC advice would be to refrain from prescribing the medication altogether for the time being. Requests to do so are likely to come from the lipid clinic (to whence the request should return). New patients transferring into the county should be flagged to medicines management.

We understand the issue has been added to the ICB risk register.

Reimbursement Concerns (from GPCE)

NHSE has informed us – as a separate issue - of an issue regarding reimbursement for Inclisiran, whereby payments have been delayed. NHSE is working with NHSBSA to implement a system change to ensure Inclisiran is reimbursed correctly going forward. In the meantime, NHSBSA are calculating retrospective adjustments from October 2024 to ensure that any missed payments will be made to contractors via PCSE. The long-term solution will be implemented in Spring 2026. In line with the above, GPCE reminds practices that Inclisiran prescribing and delivery needs to be part of a locally commissioned enhanced service agreed by your LMC.

DecaPeptyl - Ipsen MDS Update

Ipsen have changed the Manufacturer Discount Scheme (MDS) for Decapeptyl from 15th August 2025. We are aware that Decapeptyl is the GnRH analogue most commonly used in Suffolk and that it has the advantage of having a 6 monthly preparation.

- The MDS discount will change from 20% to a flat 11.18% from the NHS List Price for all SKUs of Decapeptyl (i.e there is no profit margin for most dispensing practices as clawback is 11.18%)
- The discount will apply to both Dispensing and Non-Dispensing GP practices
- The updated price will be applied automatically when ordering from PSUK

Diabetes & GLP-1 Initiation:

Practices will be aware of the scope of new DM LES (covering, amongst other things, GLP-1 administration). It is worth noting that, inherent in this LES, is the expectation that hospital teams will pick up the prescribing & titration of GLP-1 medications for patients under their care. The position for the community DSN teams is under debate at the time of writing.

ADHD – Arrangements for New to Suffolk Patients

We have been aware of the difficulties faced when a new patient in receipt of ADHD medication registers from a non-Suffolk location for some time & have been working with the ICB to find solutions.

The current advice is as follows:

"Standard" NHS Trust

For patients with a diagnosis by an NHS Trust, appropriate reviews and GP prescribing, a transfer of care can be made directly to NSFT and the Suffolk GP Federation will take on prescribing. If there are any questions about the review period and patient's stability, the patient will be reviewed in an MDT between NSFT and the Suffolk GP Federation.

RtC

Where a new resident moves into Suffolk and has been diagnosed with ADHD under NHS Choice (Right to Choose), the same steps apply as for existing patients. The new resident should be referred back to their diagnosing service, provided that the service's NHS-qualifying contract includes ongoing prescribing and monitoring. If the service provider is unable to assume these responsibilities, the practice can contact PALS and the ICB will advise; this may, as discussed, be an onward referral to a different provider

Other

For new patients, where a diagnosis has not been made by a trusted NHS provider and ongoing reviews and care are unclear, (i.e. who have similar circumstances to the 'stranded' cohort of patients already resident in Suffolk) as an interim solution -> seek advice from PALs, which may result in a referral to the ICB's commissioned annual review and prescribing service, delivered by Care ADHD for adult patients. The current timeline is approximately four weeks from referral to prescribing; however, if full information is provided and the patient responds promptly to the provider for a consultation, this may be achieved more quickly, enabling continuation of prescribing and/or minimising the bridging period.

The situation regarding children and young people remains difficult. The LMC continues in dialogue on the matter and, alongside PALS on behalf of the ICB, welcomes queries from practices on this topic.

Vicarious Indemnity for Partners –

Practices may be aware of a recent story – covered in Pulse – relating to partnership liability that is not covered elsewhere, including the CNSGP. We have continued to receive various queries since this media story since this was released. There are a range of queries, but are generally around what limitations Partners should place on their staff (and the impact this will have on their additional income streams), whether their existing policies are sufficient (or who can advise them of that), and whether they have to take extra actions to mitigate the risks and/or indemnify themselves against such scenarios.

Our legal advisors, VWV, suggest that… "It is worth practices keeping this under review, and checking with their insurers (or insurance broker) every so often. So long as the normal insurers (MDOs & CNSGP) do not provide cover for vicarious liability (as is currently the case), there is a trade-off to negotiate. If such work is done by salaried GPs or others then there is a risk of the partners being sued for it. The partners' choice is either:

- to allow the salaries to carry on doing the work, and to accept the risk (which even the insurers describe as "very rare");
- to avoid the risk by making it clear that employees must not do it, in which case the partners either have to do the work themselves, or turn it down if it is not worth the time.
- It may not be a simple choice to make (i.e. whether to choose a) a small amount of income and the risk that goes with it or b) avoiding the risk and foregoing the income) but at least the choice lies with the partners, and it is for each set of partners to take their own view on that." This applies to activities like sports medicals, fitness to fly and whilst the advice may be self evident it is certainly worth reviewing your own SOPs!

BMA Updates

Doctors to be allowed to prescribe flu medicines all year-round
The government has announced it will allow doctors and pharmacists to prescribe flu medicines year-round to reduce winter pressures and protect the NHS. Read more

BMA GP pensions newsletter
GP pensions newsletter includes a recent win in terms of now being able to log GP appraisal work for up to 3 days and a link to NHS England's compensation factsheet for complaints relating to PCSE's pension administration.

Representation of GP Educators working for NHS England
GPs that work for NHS England as educators, training programme directors and associate deans are concerned about what the future might bring with the proposed abolition of NHS England. The Medical Academic Staff Committee has reached out to the NHS England Local Negotiating Committee and the Chair has offered to meet with those affected and update them on developments to the extent that he is aware. If you would be interested in taking part in that meeting and being contacted by MASC and the LNC about the issues please e-mail info.masc@bma.org.uk with your details.

OpenSAFELY data provision notice
Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the DPN (data provision notice) for OpenSAFELY to allow expansion to non-COVID-19 analyses now that it has been sent. OpenSAFELY has the full support of GPC England and the Joint GP IT Committee and, as NHS England becomes the data controller of the outputs of queried data, any data protection risks are held by NHS England. It is a legal requirement for practices to accept the DPN. Data will only be made available under the legal direction once the practice has signalled approval.

Suffolk LMC NEWSLETTER

What's On?

VWV Legal - Free webinar – Thursday 9th October 1:00 – 2:00pm
Overview of the proposed changes in the Employment Rights Bill.
This session will unpack the most significant proposed reforms to employment law in over a decade, including:

- New statutory unfair dismissal rights
- Trade Union involvement & collective bargaining
- Fire and rehire under new scrutiny
- Changes to zero-hour contracts
- Restrictions on agency staff use

Register here to book your place.

Recruitment
Take a look at our current live vacancies across Suffolk. If you would like to advertise a role, just send us the vacancy details along with anything you would like included, such as the job description, how to apply, and a contact person for the role.
To advertise please email the LMC.

Suffolk 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

Suffolk PMs, Managers + LMC WhatsApp
No third parties are included in this group; it is for Senior Managers within Suffolk General Practice only.

Every call answered, every appointment managed, every patient cared for all makes a difference. Every role, every effort, every act of care – thank you.