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### Meningitis update and resources

The situation is placing considerable pressure on frontline services, particularly in general practice and public health, especially as students return home for Easter and may seek advice locally.

Practices are encouraged to follow [UKHSA](#) and [NHSE](#) guidance and liaise with local public health teams as needed.

NHSE has now [written to Practices](#) to offer MenB vaccinations upon request to a small cohort of patients who cannot access vaccination at local vaccination clinics at the University of Kent.

**UK Health Security Agency**

# MENINGITIS + SEPTICAEMIA

**Meningitis now**

Meningitis is a serious condition where the protective layers around the brain and spinal cord become inflamed. Septicaemia is when the bacteria enter the bloodstream to cause blood poisoning. They can happen to anyone, so it's important to know the symptoms and risks.

Early symptoms, such as fever, vomiting, aches, muscle pain, cold hands and feet and headaches, can look similar to common illnesses like colds or flu. But someone with meningitis or septicaemia will usually become seriously ill in a matter of hours. That's why it's crucial to keep checking on anyone who is unwell.

## MENINGITIS SYMPTOMS?

- fever
- a very bad headache (this alone is not a reason to get medical help)
- vomiting
- stiff neck
- dislike of bright lights
- rash (DO NOT wait for a rash to appear before seeking medical advice)
- confusion, delirium
- severe sleepiness, losing consciousness
- fits

## SEPTICAEMIA SYMPTOMS?

- fever and shivering
- severe pains and aches in limbs and joints
- vomiting
- very cold hands and feet
- pale or blotchy skin
- rapid breathing
- diarrhoea and stomach cramps
- red or purple "bruised" or blotchy rash on skin that does not fade under pressure - do the glass test. On dark skin, check paler areas of the skin, such as the palms of the hands, soles of the feet, inside the mouth (roof), and the eyelids
- difficulty walking or standing
- severe sleepiness, losing consciousness

If you become worried about yourself, your child, or a friend, particularly if symptoms are getting worse, seek medical help urgently.

**EARLY TREATMENT CAN BE LIFE-SAVING.**



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### **Vaccination by non-registered healthcare workers**

GPC England has published a '[Focus on guidance on vaccinations by non-registered healthcare workers](#)', following an update by the UK Health Security Agency (UKHSA) to their guidance on the national minimum standards and core curriculum for vaccination training.

UKHA's guidance outlines the requirements for vaccinating staff, including the role non-registered healthcare professionals should play in the provision of vaccinations. This clarification around the role of HCSWs may not be in line with existing interpretation and could potentially significantly impact upon the way in which practices design and deliver mass vaccinations programmes.

Read the GPC England guidance: [Vaccination and immunisation programmes](#)

### **Amending blood test requests on ICE**

It has come to our attention that it is no longer possible to edit blood test requests on ICE once they have REQ (requested) status. ICE will allow you to add bloods, but they are not picked up by EPIC/Beaker. If you want to request additional tests you will need to make a new request, or cancel the original request and start again. You can still edit tests which have POS (postponed) status as long as you have ticked 'I want to fill out specimen details later'.

Please find supporting information [here](#).

### **Case Management Scheme (CMS) & "INT"egration**

Practices may be aware of increasing "noise" in the system that the contracts intended to facilitate neighbourhood teams have been substantially delayed at a national level.

Whilst we await national events in that sphere, the LMC is more certain that – following the pilot in Ipswich - CMS is likely to be rolled out across Suffolk shortly accompanied by substantial investment. It is likely that – where they are able - practices will be asked to contribute (with paid backfill) an experienced GP to the project. It is also likely that this will work best where PCNs & practices are in control and where the chief benefit (at practice level) is seen as a reduction in demand on practices from "frequent flyers"



## Primary Contact

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[Click here to see a list of](#)

[Committee Members](#)

## Sexual Safety Charter

NHS England have announced a number of actions around sexual safety for organisations delivering NHS care. This includes reviewing chaperone and sexual misconduct policies, and asking primary care providers to sign up to the Sexual Safety Charter and complete a self-assurance checklist. <https://www.england.nhs.uk/long-read/an-update-on-actions-to-prevent-sexual-misconduct-in-the-nhs> NHSE have asked ICBs to reach out to primary care providers to get confirmation of which practices have signed up. GP practices, as employers, must ensure that they comply with legislation requiring all employers to take 'reasonable steps' to prevent sexual harassment in the workplace. The starting point on reducing the risk of sexual harassment is to do a risk assessment and work out the mitigations to be put in place. As part of that process, practices are to have regard to NHSE guidance, but should also consider their legal obligations, and may wish to use the charter/checklist if they feel that it is helpful. Looking ahead, there are further changes planned in October 2026 where employers will be under a wider obligation to take all reasonable steps to prevent sexual harassment and the obligations are also being extended to preventing harassment by third parties in relation to all protected characteristics.

## Child Protection Case Conferences

The new Healthy Child Programme guidance from February 2026 highlights the important role of the School Nurse in multi-agency meetings for safeguarding. The Suffolk Safeguarding team have listened to concerns from GP representatives, and have confirmed that School nurses will continue to attend case conferences as representatives for Health wherever possible. GP team members will be invited to attend and may wish to do so where they have been closely involved and feel that their attendance adds value. This can usually be done via Teams.

## DPO+ Offer

Primary care practices face a rapidly evolving data landscape shaped by new national and system requirements. As data controllers under UK GDPR, practices must ensure their DPO arrangements provide appropriate independence and expertise. To support practices in maintaining choice, the LMC is signposting an independent DPO service as an additional option. This model sits outside commissioning structures and may be preferred by practices seeking clear organisational separation. The ICB-provided DPO service remains available and free to practices, and engagement with any option is entirely at the practice's discretion. We recognise the financial pressures practices continue to face. In acknowledgement of the costs associated with choosing an independent provider, the LMC will contribute a minimum of 20% towards the first-year subscription fee for practices opting to sign up. As the model is scalable, the final contribution may increase depending on uptake.

If you have any questions, please do ask! [support@suffolklmc.co.uk](mailto:support@suffolklmc.co.uk)



## **New “Community Death” Pathway**

Correspondence from Suffolk Coroner – acting alongside E EAST & the Police - has recently been issued outlining plans to implement a community death pathway.

It would appear no consultation with general practice took place & very little detail is available at the time of writing.

The LMC supports the intent to improve death certification pathways for palliative and other patients, to reduce emergency service usage in such circumstances and to streamline the experience of bereaved families.

There is, however, a risk that such pathways will place GPs under increasing pressure to issue MCCDs where the cause of death is unknown. This appears to arise most often when (a) the certifying practitioner – despite investigation - does not know the cause of death and (b) when the practitioner is informed that death does not reach the coroners threshold for investigation.

In such circumstances practitioners should discuss the matter with the Medical Examiner. If, after doing so and acting reasonably, you cannot determine a cause “to the best of your knowledge and belief,” you must not complete the Medical Certificate of Cause of Death (MCCD).

We would encourage practices to empower junior clinicians to discuss all such matters internally with senior colleagues and escalate to the LMC in the event of difficulties.

## **Medicines Management – Focus on Diabetes Changes**

The new NICE Diabetes pathway – currently in draft format – updates the use of GLP-1 medications to 2nd line options in patients with early onset or obesity related DM and to 1st line (part of combination) in atherosclerotic disease. This comes alongside recently received proposals to alter the formulary status of Finerenone in DM CKD management. The LMC is acutely aware of both the outcome benefits offered to patients and the resourcing implications - both changes require additional clinical capacity not envisaged at the time of the interim DM LES issue. For the average practice, & if implemented in full, these changes are significant. For the average 10,000 patient practice, assuming 3 appointments to reach GLP-1 stability, we estimate that around an additional 900 appointments would be required. The impact of Finerenone is harder to quantify.

Of note is the fact that the diabetic LES in Suffolk only requires GPs to initiate GLP-1 agonists in patients who are not under secondary care. Patients under the care of secondary care will need initiation and up-titration by the secondary care team and requests to take over prescribing in primary care should only happen once they have been stabilised on their maintenance dose

It is clear that substantial change in the operating model is now required.

## **Right Care. Right Person**

We are working alongside the ICB and Norfolk LMC on future changes and current issues relating to the RCRP pathway. If you have any examples of inappropriate requests, please do share them with us.



## GP leadership structures

In November 2025 Suffolk LMC Committee, GP Federation Board and PCN Clinical Directors met to discuss the future opportunities for general practice and what was needed to respond. Since then, Suffolk LMC Committee and GP Fed Board has discussed how to take this forward with smaller Committee and Fed Board and a new Suffolk GP Board. This representative body would serve as our main decision-making body and the forum at which key strategic issues impacting local general practice are agreed. We will be discussing the proposal with CDs and senior partners over the next few weeks.

## Join VWV and BHP who will be focusing on four key areas of potential partnership and PCN-related conflict:

- Disputes over PCN funds arising from unclear structures, outdated documentation (or the lack thereof), and financial mismanagement
- Property valuation disagreements involving the interpretation of partnership deeds, notional rent, upgrades, repairs, and the escalation to expert determination
- Issues surrounding option notices on retirement or death, including drafting problems, valuation disputes, and cashflow implications
- Increasing numbers of partner expulsions and the disagreements that arise from them including but not limited to a look at the financial strain, legal uncertainty, and the need for robust agreements

Across all topics, they will highlight the legal, financial, and practical risks partners face and focus the importance of clear documentation, accurate records, and early professional advice.

Date: Wednesday, 15 April 2026

Time: 1:00 pm - 2:00 pm

Location: Online – book here [ETolhurst@VWV.CO.UK](mailto:ETolhurst@VWV.CO.UK)

Price: Free

**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](#).

## 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



## CEO recruitment update

Fed CEO, David Pannell is retiring in August and our Board is delighted to announce the appointment of Kate Vaughton. Kate has had various NHS roles in Suffolk and the east of England.

We had an outstanding short-list of candidates, local and national, which shows the excellent reputation of the Fed. Thank you to the practice representatives who formed the stakeholder panel.



## GP IT service tender

The ICB is re-procuring GP IT support as NECS will be closing. The Fed is likely to bid with the new provider taking over end of November. Fed involvement would enable a more responsive local service and build on the excellent reputation of our own IT from its users.

## Clinical Services round-up

### Cervical Screening update

The Cervical Screening Support Programme, including the Very Important Invitation (VII) project and Cytology Training, was being decommissioned at the end of March. Practices using GP+ can continue to book cervical screening appointments as usual.

### NHS Health Checks update

Practices and the Fed team delivered over 20,000 checks during 2025/26. We continue to prioritise cardiovascular risk. The 2026/27 activity targets will be shared with practices next month.

### Transfer of North-East Essex Diabetes Service to ESNEFT

This has been the Fed's pioneering service which, over ten years, improved North-East Essex's clinical outcomes from lower to top decile. It has become a national exemplar and much cited as demonstrating how to shift care and resources from secondary to primary care, supported by a strengthened community diabetes team.

Sadly, the Fed has been unable to agree a new contract because insulin pumps, a large and exponentially increasing cost, were not fully funded. As a result, ESNEFT has taken over the service.

## Member Services

### Data Protection Officer (DPO) service for practices

Suffolk LMC, the Fed and Kafico (specialist DPO provider and well-known locally) have developed a new DPO offer for practices in Suffolk and Norfolk. It will include DPIAs, incidents, policies and wider information governance requirements. It will utilise MyKafico portal to manage compliance tasks and request advice. Suffolk LMC will be supporting practices with the costs of the service. More info via [julie.smith@suffolkfed.org.uk](mailto:julie.smith@suffolkfed.org.uk)

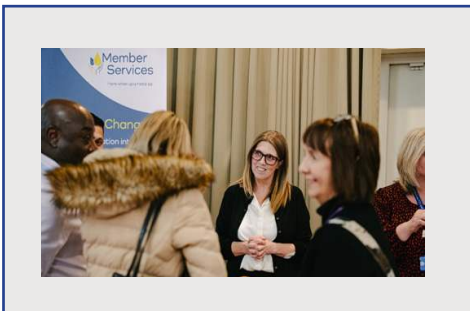
### Clinical research

We are working with Mereside, a large Cambridge practice which has an extensive research portfolio, to support our practices to increase clinical research. We aim to make participation easier by providing support with governance, recruitment and study coordination, so practices can contribute at a level that suits their capacity. We will engage with practices over the coming months, sharing further details and opportunities to take part.

### Member Services showcase

In February we hosted a drop-in session for colleagues to explore the growing range of support available to practices e.g. workforce and HR support, digital and automation expertise, governance and quality support, clinical research opportunities and wellbeing resources.

At the Ipswich & East education event on 15 April, we will host a session with the Suffolk GP Collaborative (LMC, CDs and Fed) on how we can work collectively to facilitate services along with their funding shifting from secondary care to the community.



### 24/7 confidential wellbeing support for everyone in primary care

AldeWell is the Federation's new wellbeing platform for practice teams. It provides short resources on areas such as stress, sleep, resilience and healthy habits, alongside confidential 24/7 support available through the platform.

An earlier issue affecting access from some practice computers due to local firewall settings has now been resolved. AldeWell can be accessed on work devices, via a personal device or through the Hapstar app. visit [Aldewell.app](https://aldewell.app) to discover the AldeWell app.



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