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Levemir – Don't leave it too late!

Practices will be aware of the impending cessation of Levemir. There are 2 key points for all practices:

1. You will need to change – to a suitable alternative insulin – those patients using Levemir who are solely under primary care management. Practices lacking suitable expertise may need to seek A&G now.
2. Specialist teams should work through their own caseload (i.e all patients under specialist care). Practices are not expected to manage this cohort.

Further details (including patient facing phone numbers) are given here. [Levemir Discontinuation](#)

Click [HERE](#) for a poster to display.

Changes to Pharmacy Hypertension Case Finding Service

NHS Community Pharmacy Hypertension Case-Finding Service – referrals from practices

Changes to the service are being made from **3rd September 2026**, with amended patient eligibility criteria that focus principally on hypertension case-finding.

The key changes affecting general practice are:

- Only patients without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years can be referred/signposted by general practice for a clinic BP check. Ambulatory blood pressure monitoring (ABPM) can only be offered to adults who are aged 40 years and over.
- Practices can still refer patients with a pre-existing diagnosis of hypertension for ABPM. Further information on the changes can be found in a Community Pharmacy England briefing document for practices.

<https://cpe.org.uk/briefings/the-community-pharmacy-hypertension-case-finding-service-a-briefing-for-general-practice-teams-2/>

Single and Multi-Neighbourhood Teams

Amongst the (considerable) noise, practices are likely to have picked up on the recent RCGP pronouncement on both SNT and MNTs in which the college outlined considerable concerns with the strategic “direction of travel”. Whilst these concerns are valid, it seems unlikely NHSE will alter course significantly. It is therefore important that general practice in Suffolk can influence and – where sensible - take on such contracts.

Please don't panic! The above is not meant to imply that each practice will need to take on all parts of the new arrangements, rather that general practice – acting coherently – needs a mechanism by which new “at scale” contracts could be jointly delivered by practices and the structures sitting above them.



OCTOBER 2026

Suffolk LMC

NEWSLETTER

Suffolk LMC WhatsApp

A broadcast group which is 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.



GP Board

The changes mentioned above at least partly illustrate the need for a Suffolk GP Board (**see FAQs produced in response to the recent consultation alongside an attached timeline**). We would encourage you to consider standing for the board in the forthcoming elections, The GP Board documents have been circulated to our distribution list. If you have not received them, please get in touch.

Frequently Asked Questions

Board Implementation Timeline

Closer working with Member Services on practice support

In recent months, and particularly since the ICB restructure, the LMC office has seen a significant increase in queries and requests for advice and support that would traditionally sit outside the LMC's remit. We do not want practices to stop bringing these issues to us. We want practices to feel able to approach us with whatever issues they are facing, rather than being constrained by organisational boundaries or traditional remits. Having that broader understanding of the pressures facing practices is also hugely valuable in informing our wider conversations and representation across the system.

However, our resources are not unlimited, and without an increase in the levy, we need to think carefully about how we make best use of the capacity available to us.

The Committee has therefore voted in favour of a more joined-up approach to practice support, bringing together the strengths and resources of the LMC office and the Federation's Member Services team.

Practices will continue to have direct access to the LMC, but where we feel a query could be more appropriately or effectively supported by Member Services, and there is no conflict of interest in doing so, we may ask whether you would be happy for us to involve that team.

This should allow us to continue supporting practices with the broad range of issues they bring to us, while protecting the LMC's capacity to respond quickly and effectively when significant contractual, legal or wider system issues arise.

Any involvement from Member Services will remain entirely optional, and the LMC will retain its distinct statutory role, responsibilities and independent decision-making. The Committee will keep these arrangements under review and can amend or reverse them at any point if they are not delivering the intended benefits for practices.

Ultimately, we want practices to benefit from the combined knowledge, experience and resources of both teams, knowing they can approach either one and be connected with the right support, without having to navigate the different organisational arrangements themselves. We hope this approach will mean practices receive the right support, from the right people, as quickly as possible.

FFP3 – Thank you to you all for responding regarding FFP3.

We are pleased to let you know that options are currently being explored for a new FFP3 fit testing service for practices.

The proposed service would enable the Federation to provide FFP3 fit testing within practices, delivered by appropriately trained individuals, making it easier for clinicians to access testing locally.

Timescales for the service becoming available is yet to be confirmed and the Federation will provide further updates in due course.



It's OK Not To Be OK – new wellbeing and postvention project for General Practice

We are delighted to share that Suffolk LMC is leading an important new workforce wellbeing project, working in partnership with Norfolk & Waveney LMC and NSFT with support from Suffolk GP Federation.

The project follows a successful bid for NHS Charities Together funding to develop a new approach to wellbeing and postvention support for General Practice and NSFT colleagues across Suffolk and Norfolk. The project was designed in response to significant gaps and inconsistencies in the support available to staff, and the impact that work-related stress, burnout, critical incidents and the sudden death or suicide of a colleague can have on individuals and whole teams.

Our ambition is straightforward: we want colleagues to be able to access the right support, at the right time, before they reach crisis point and to know that appropriate support will also be there for individuals and teams following a critical incident, sudden death or suicide.

What are we trying to achieve?

A key principle of the project is that we will not assume we already know what staff need. The original bid deliberately committed to asking colleagues what would help them rather than imposing a predetermined solution.

Over the coming months, we will therefore be working with colleagues across General Practice and NSFT to understand barriers in reaching out for support, gaps in existing provision and what you think needs to be prioritised.

Why does this matter?

The need for this work is very real. Local evidence used to develop the project highlighted high levels of work-related stress, significant gaps in access to wellbeing support and a culture in which many colleagues continue working while unwell. The project was also shaped by the profound impact that the deaths of colleagues have had on practices and teams across our system.

We also know that having a service available does not necessarily mean that someone will feel able to use it. Stigma, confidentiality, workload, professional identity and concerns about how seeking help might be perceived can all influence whether people reach out. This project is therefore about more than creating services: it is also about helping to create a culture where asking for help is normal, colleagues feel psychologically safe to do so, and support is accessible to everyone who needs it.

We want General Practice to shape what happens next.

For Suffolk LMC, it is particularly important that this project is developed with General Practice, not simply for General Practice.

Our next phase will therefore focus on co-production with colleagues across Suffolk practices. We will shortly be inviting everyone working in General Practice to tell us what works, what doesn't, where the gaps are and what would make the greatest difference.

We will also be looking for colleagues who would like to become more directly involved in shaping the project through further co-production conversations.

There will inevitably be choices about what can be delivered within the funding and resources available. That is why we want to understand your priorities and build the project iteratively around the areas where it can make the greatest difference.

Please look out for further information from Suffolk LMC shortly about how you and your team can get involved.

We were joined by system partners, including NHS Practitioner Health and Doctors in Distress, at Hartismere Hospital on 17 September to mark the National Day of Remembrance for Health and Care Staff Lost to Suicide. Together, we planted an apple tree in memory of colleagues we have lost. Colleagues from the ICB also joined us on the day. While the ICB is not delivering the programme, it will support the operational changes needed to help enable its delivery.

It's OK Not To Be OK. Helping colleagues get the right support, at the right time.



Testimonial from a Suffolk practice that recently received direct support from Suffolk LMC, the Aldewell team at Suffolk GP Federation and NSFT:

"Following what was an incredibly difficult and upsetting time for our practice and the wider community, I honestly cannot thank everyone enough for the support that was offered to us.

As a Practice Manager, my main concern was making sure my team were okay and that people had somewhere to turn if they were struggling with what had happened. It was a difficult situation to manage because everyone deals with things differently, and I didn't want anyone to feel pressured into talking if they weren't ready or didn't want to.

The support from Aldewell was brilliant. They were able to come into the practice at very short notice and just be there for the team. Staff could pop in and have a chat if they wanted to, without any pressure, and I think having that support physically there in the practice made a massive difference.

We were then offered support through TRiM, which has also been really helpful. They explained to staff some of the feelings and reactions that can be completely normal after experiencing something traumatic, as well as what to look out for over the following weeks. Knowing that the support doesn't just stop after the first few days, and that staff can access further help if they need it, has been really reassuring.

For me, one of the biggest positives has been how personal the whole response has felt. We weren't just sent a leaflet or given a phone number and left to get on with it. People contacted us, checked in, came to the practice and genuinely wanted to make sure the team were okay.

I have seen first-hand what a positive impact this has had on staff. Even for those who haven't needed to speak to someone directly, I think simply knowing the support is there has helped. It has also helped us as a team to talk more openly about how we are feeling and to look out for each other.

The support we have received from the LMC, Aldewell Health and TRiM has honestly been excellent and I'm extremely grateful for it. Until you find yourself in a situation where your team needs this kind of support, I don't think you fully appreciate just how important these services are.

It has made a genuine difference to our team during a really difficult time, and I would absolutely encourage other practices to make use of the support available if they ever find themselves needing it."

Practice Manager, September 2026

YOUR GP FED BOARD

Chair	Dr Nick Rayner – Oakfield, Newmarket
Medical Director	Dr Ruth Bushaway
Chief Executive	Kate Vaughton

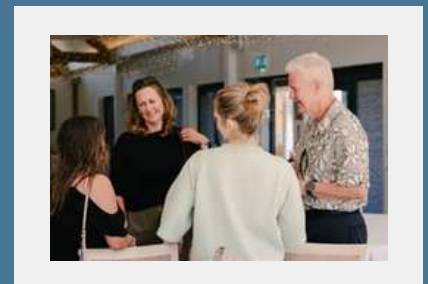
NON-EXECUTIVE DIRECTORS

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
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James Pawsey	Ivry St, Ipswich
Dr Peter Smye	Guildhall & Barrow, Bury
Jane Wallace	Wickham Market Practice Manager
Dr Firas Watfeh	Haverhill Family Practice



FAREWELL DAVID PANNELL AND WELCOME KATE VAUGHTON – OUR NEW FED CEO

David Pannell, our CEO and founder of the Fed, retired at the end of August. We held an event celebrating the last twenty years and welcoming Kate Vaughton. The evening was themed around This is Your Life – which was a popular TV show in the 1980s and 90s.



It was good fun event but also an opportunity for Fed staff and hospital, social care and community partners to understand our history and the range services we provide.

OUTPATIENTS – GYNAE, DERMATOLOGY, DIABETES & ENT

All hospitals must have plans that will ensure 92% of patients are treated within 18 weeks – the pre-Covid target. Like most hospitals, those locally are unlikely to achieve the target without a fundamental rethink of how outpatients operates.

The Fed has been involved with much outpatient innovation, over the years, including cardiology with ESNEFT and diabetes in North East Essex. West Suffolk hospital are keen to work jointly starting with dermatology, gynae, ENT and diabetes.

We have formed teams of GPs and nurses to work on gynae, dermatology and diabetes. If you have an interest in dermatology or ENT and would like to be involved (initially around 3-4 paid meetings) please contact info@suffolkfed.org.uk

LUNG CANCER SCREENING

Last year, we shared the initial practice briefing for the Lung Cancer Screening Programme. Since then, we have been working to roll out the service across Suffolk, one PCN at a time. There are currently 19 practices yet to be contacted.

The programme has been successful in its first year, with positive patient feedback and minimal impact on practices. Where any concerns have been raised, we have worked closely with practices to refine and improve the service.

The programme has been extended until March 2028. We will contact you when the service is ready to be rolled out within your PCN. In the meantime, a full briefing will be sent to practice managers who have not yet been contacted. Any questions can be directed to sgpfed.lungcancerscreening@nhs.net

RESPIRATORY DIAGNOSTICS SERVICE

From 1st June, Suffolk GP Federation has been delivering a full spirometry service after pausing the use of N Tidal as part of a Suffolk wide decision. A reminder that the new referral form can be found on DXS, if practices have any questions, please direct these to sgpfed.respiratory.diagnostics@nhs.net

NEWS IN BRIEF

- The Fed bid to manage GP practice IT was unsuccessful.
- Cardiovascular case finding & prevention – our ICB are proposing to commission a case finding service. This will impact practice workload so we are approaching this in collaboration with the LMC.

TITAN PMR

Titan is a dispensing workflow platform designed specifically for dispensing practices. It is particularly safe, using bar coding, enhances patient comms (automated text notifications), integrates with EPS and improves the patient experience.

The Member Services' team has held demos of the product with interested practices and is exploring the appetite for a co-ordinated implementation locally.

GP FED ACCOUNTS 2025/6

The Fed's revenue increased by 8% to £31m and we launched several new services including ME CFS and ADHD Assessment and Prescribing. We managed to substantially increase our support for primary care in Suffolk thus meeting our social objective. Overall, we achieved our target of breaking-even.

The organisation is on a sound financial footing. Our balance sheet is strong with net current assets of £1.9m.

KNOBY ROLL-OUT

Kynoby automates two practice admin processes – incoming document workflow/coding and repeat script requests. The company was identified by our Member Services' team two years ago when it had just a couple of customers in York.

We have worked with Knoby to introduce it locally into one PCN and three practices. This proved trickier than we initially thought. Learning includes:

- With relatively new small software providers it is important to have a close collaboration between practices, the Fed and in this case Kynoby.
- Practices sharing governance, rather than designing bespoke for each practice, is safer. For Knoby, we wrote a practice SOP, clinical safety documentation and pan-Suffolk coding protocol.
- Going forward, we have designed a structured implementation programme enabling future practices to adopt more quickly and with fewer internal resources.

At the four early adopter practices a total of 267,000 letters have been processed of which 48% were fully automated i.e. no admin involvement. Repeat script requests was switched on later and is fully automating 61%.

We have not yet undertaken a full cost benefit. The team's observations are that despite the very large increase in incoming correspondence, Knoby has enabled pilot practices to manage this with their existing staff. In cases where staff have left the practice they have not needed to be replaced.

We have around 15 practices signed-up for the next phase of deployment. If you are interested in joining please contact memberservices@suffolkfed.org.uk.

NEW APPOINTMENT – ANDREW PRESTON, MEMBER SERVICES PROGRAMME MANAGER

We are pleased to announce the appointment of Andrew Preston as our new Member Services Programme Manager.

Andrew joins the Federation with extensive experience of working within General Practice, having previously been General Manager at Cardinal Medical Practice for the past 5 years. This experience has given Andrew a strong understanding of the opportunities and challenges faced by practices and Practice Managers on a day-to-day basis.

In his new role, Andrew will be working closely with Member Practices, Practice Managers, Federation colleagues and system partners to strengthen the support available to practices and ensure that the Federation continues to respond to the needs of its members.

A key focus of the role will be developing and coordinating our practice support offer, making it easier for practices to understand and access the advice, resources and services available through the Federation.

Andrew is looking forward to getting to know more of our Member Practices and working together to identify opportunities to support practices, share best practice and help address some of the challenges facing general practice.

Please feel free to introduce yourself to Andrew when you see him, or get in touch if there are areas where the federation could provide additional support to your practice.