



Suffolk LMC

Serving General Practice in Suffolk

Newsletter

June 2024

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Suffolk LMC WhatsApp joining link

<https://chat.whatsapp.com/E1lVgsswjf8EH9kYN5MNof>

A broadcast group, open to all working in primary care in Suffolk, for local clinical nuance, contractual updates and pass through info from GPC

BMA/GPC Roadshow

IF NOT NOW,.....WHEN?

Wednesday 17th July 19:00 – 21:30, The Apex, Bury St Edmunds

Suffolk LMC will be hosting an event for GPC England to discuss the GP contract imposition, and **we need to hear your views**. It is crucial that we understand how you want us, your LMC, to represent you in the coming months.

This is an opportunity for Suffolk GPs to find out, in person, what has changed in the imposed GP contract 2024-25, hear more about the referendum in which BMA members roundly rejected that contract and the next steps.

More information can be found here: <https://www.bma.org.uk/GPcontract>

To comply with venue policy, please confirm your attendance by selecting a FREE ticket at:
<https://www.eventbrite.com/e/if-not-nowwhen-tickets-907584378307?aff=oddtcreator>



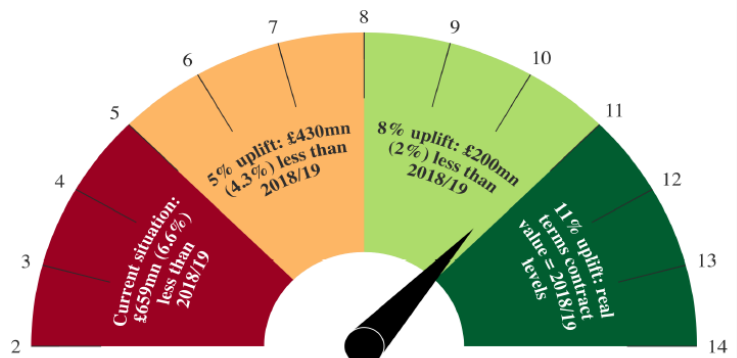
What about DDRB?

- **6.8% (8.7 – 1.9) on everything?** Matches 2019
- Funding, but *doesn't lift V&I or SFE*
- **6% on 'other staff expenses'** would be equivalent to 2023
- **2% uplift** is NHSE & DHSC's recommendation
- **Reality - somewhere in between?**
BUT THAT WILL NOT BE ENOUGH
- We need **at least 12%** to safeguard practices' viability this financial year

DDRB Uplift swingometer

What will each possible % DDRB uplift really mean, in real terms, for core contract funding compared to 2018/19?

This swingometer shows you the effect of each potential DDRB % uplift on core contract funding erosion since 2018/19 (CPI)



Spirometry

Practices will be aware that there is a hiatus in provision of Spirometry across Suffolk. The LMC's position is that practices should not be asked to hold waiting lists (at all) as a result of commissioning deficiencies (no matter how short term).

We are also in the process of reviewing a proposal for a LES relating to Spirometry. This has a number of challenges including need for stringent training/revalidation to ARTP standards (as required by CQC), infection control & premises ventilation and is generally not "deliverable" by most practices.

At the time of writing, the LMC is seeking clarification on several aspects of the LES and will communicate further once these queries are resolved.

Changes to Pathology Tests & "cc'ing" to GP practices

ESNEFT: It has been agreed that functionality to cc GP practices into ICE bloods & other pathology results should cease. We are hopeful this will be implemented shortly.

WSFT: It is hoped WSFT will follow suit shortly & deactivate the ability to copy GPs into results. Lobbying continues in this regard.

Pathology Tests: The following tests will become unavailable on ICE shortly: Total cholesterol (the usual non fasting lipids & other lipid profiles remain available), automatic PCR results (ACR will be reported) and Troponin (this is subject to committee ratification).



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Interim Phlebotomy LES

East Suffolk Practices will be aware that the interim LES for Phlebotomy has not yet been renewed although efforts are ongoing in this regard.

Please keep a record of phlebotomy work completed in this financial year for the purposes of backdating claims.

Coping with rise in demand for Hepatitis C test – (credit to BBOLMCs for content)

We are receiving enquiries from GPs about how to handle requests for blood screening, from patients who may have received blood transfusions before 1996.

The context for this is the 8th recommendation of the Infected Blood Inquiry, which is “Finding the undiagnosed via GP practices”. In the absence of any more definitive guidance, signposting to <https://hepctest.nhs.uk/> is entirely reasonable.

GPs may also receive a smaller number of requests to complete paperwork around the circumstances of patients who have contracted a bloodborne infection, as part of NHSBA handling of compensation claims. Completion of these forms is also not a contracted service and we can suggest that GPs provide NHSBSA with their terms (e.g. invoice for payment up front, work to be completed on receipt of payment).

Right to Choose (RoC) Legislation

RoC pathways continue to cause considerable issues for patients & practices alike. The issue arises whereby RoC providers fail to adhere to locally understood prescribing patterns – this is most pertinent in fields such as ADHD where use of an approved SCA is essential.

The LMC & ICS intend to work through these issues and hope to publish a patient facing leaflet outlining the issues for use at the point of referral/discussion around RoC routes, but this process is likely to take some months. In the intervening period, we would encourage practices to warn patients of some of the drawbacks at the point of referral.

Medical Examiner – Reforms to Crem 4

Legislation has been laid before parliament abolishing Crem 4 forms. This is likely to take effect from September of this year.

The LMC would like to point out that certifying practitioners remain solely responsible for the contents of any MCCD certificates issued and signed under their jurisdiction irrespective of Medical Examiner involvement.

Practices should receive correspondence shortly outlining how to obtain new MCCD forms.



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Concerns over Suffolk County Council Contracting Processes

In conjunction with Norfolk & Waveney LMC we have formally written to SCC outlining our dismay over the debacle that has been the retendering process for weight management, health checks & other public health services.

Our letter can be found by clicking the following link: [Letter to SPH](#)

Inclisiran

The Fed, at request of practices and the LMC, are holding another recruitment round for patients to Inclisiran, which is for patients who have had a cardiovascular event. It can be used on its own or alongside statins or other cholesterol lowering drugs. Email catriona.mccallum@suffolkfed.org.uk

We would remind practices of our previous advice on Inclisiran: [Inclisiran briefing](#)

National Updates:

NHSE attempts to remove the ability of GPs as data controllers to amend GP Connect

Originally one of the actions within our GP Practice Survival Toolkit, we are inviting GP partners to follow our guidance and take steps NOW to remove the GP Connect functionality which permits third parties to add codes to GP patient records. We have been alerted to recent communications from NHS England to TPP and EMIS to frustrate this step, and remove GPs' rights as the data controller to control this, by the start of July. We will be writing urgently to TPP and EMIS to remind them of their legal responsibilities as data processors, but in the meantime advise practices to take action as soon as possible. You can read our guidance regarding the precise action to take [here](#)

Covid and Flu vaccination programme

Last week, GPC England wrote to practices to highlight our position on both the [COVID vaccination programme, and the seasonal flu programme for 2024/25](#). Since then, NHS England has also announced [a new RSV vaccination schedule from Autumn 2024](#), which is discussed below.

The COVID-19 programme is being offered by NHSE under a new procurement process which covers the delivery of the Covid-19 vaccination over a two year period between 1 September 2024 and 31 March 2026. You should note the funding arrangements relating to this programme:

- The IoS fee for the Covid vaccination, during the seasonal flu programme is £7.54, on the basis that when both programmes are concurrently delivered, this would allow co-administration.
- Outside a flu campaign period, each Covid vaccination will attract an additional payment of £2.50 as well as a £10 additional payment for patients who are housebound under the Covid-19 campaign.

These funding arrangements are being unilaterally imposed, despite the evidence and arguments that both GPC England and Community Pharmacy England have made to NHSE regarding the increased complexity, workload and related administrative burden of the Covid vaccination process in comparison to other vaccinations. **GPC England has made it clear to NHS England it believes current funding for all vaccination programmes is economically not viable.**



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Should any practice wish to take part in the programme, it is recommended that as the current offer of £7.54 does not cover the costs incurred, practices should contact their LMC before writing to their ICB to highlight the lack of financial viability to support its delivery. Read more in our [guidance](#)

New NHS Vaccination programme against Respiratory Syncytial Virus (RSV)

Following [recommendations by the JCVI](#), two new [RSV vaccination programmes](#) will begin from 1 September 2024:

- Adults aged 75 – 79 years old
- Pregnant women to protect infants

NHSE intend to commission this from General Practice as an Essential Service. This represents a single vaccination. The routine programme means adults become eligible after the age of 75 commencing 1 September 2024, but a catch-up programme will be in place until 31 August 2025.

The programme for pregnant women, designed to create immunity in infants, will commence on 1 September with eligibility after 28 weeks. The antenatal service can be commissioned via a variation to the Trust NHS Standard Contract. Whilst GPCE supports the delivery of this programme via the usual antenatal pathway, opportunistic or on-request GP delivery of antenatal vaccinations will be part of Essential Services, however, as commissioners want General Practice to routinely deliver this service it will need to be commissioned locally.

We have made it clear to NHSE that the current £10.06 IoS fee is not economically viable for practices and should be substantially uplifted. Whilst GPCE advise practices to deliver immunisation programmes included within Essential Services, it strongly recommends carefully reviewing the appropriateness of participating in any other non-core contract programme, if this were to be offered, where a £10.06 IoS fee [or less, such as Covid-19 concurrent with seasonal flu, when the fee is £7.54] is offered.

A new RGV PGD template will be developed by UKHSA, available from the PGD collection [here](#). Detailed clinical guidance on RSV and RSV vaccination is expected imminently within Chapter 27a of the Green Book. Both professional and public facing information materials are available [here](#).

Cervical Screening Management System (CSMS)

The [CSMS](#) has gone live, replacing the previous Open Exeter call/recall IT system. The CSMS is accessed via an NHS smartcard. All providers are asked to update any internal operating procedures and documentation that supports delivery of cervical screening services, to reflect access to and how CSMS should be used. GP Practices should log on and review the notification section to check:

- that the contact email details for Prior Notification Lists (PNLs) are correct (click on 'manage email' within 'notifications'). If incorrect, amend on CSMS, ensuring it's a generic email contact address.
- the details of any patients due to be invited and action accordingly.

For any technical support with using or accessing CSMS please visit: [CSAS](#)

Contraceptive services

Contraceptive services, formerly an Additional Service funded by an identified 2.4% of Global Sum, have been included as an Essential Service under the Primary Medical Services (GMS/PMS) Contract, since 2020. This includes the treatment of and prescribing for patients for contraceptive services, with the specific exclusion of the "fitting and implanting of intrauterine devices and implants".

In addition, [Para 14\(2\)1 of the GMS/PMS contract](#) includes a reference to “drugs” including contraceptive as substances and “appliances” as including contraceptive appliances.

GPC England’s advice is therefore that the prescription and administration of contraceptive injections (such as Depo Provera, Sayana Press, and Noristerat) does form part of Essential Services. Reimbursement is available through the Personally Admitted drugs provisions in the Statement of Financial Entitlements and indemnity is available via CNSGP.

Seasonal Flu Immunisation Programme QIVr vaccine

Sanofi has advised that the Recombinant Quadrivalent Influenza vaccine [QIVr] will, due to a supply issue, not be available for the flu vaccination programme for the 2024/25 season.

The original JCVI recommendation was to use QIVr for adults aged 65 years and over, and also adults aged 16 to 64 who are in eligible groups.

In the light of this change, NHS England has advised the following:

Aged 65 years and over	Aged 18 to 64 years in risk groups
• adjuvanted quadrivalent influenza vaccine (aQIV) • high-dose quadrivalent influenza vaccine (QIV-HD) The cell-based quadrivalent influenza vaccine (QIVc) can also be considered only when every attempt to use aQIV or QIV-HD has been exhausted – evidence of this may be requested by the commissioner before reimbursement is agreed.	Aged 18 to 59 years • cell-based quadrivalent influenza vaccine (QIVc) Aged 60 to 64 years • cell-based quadrivalent influenza vaccine (QIVc) • high-dose quadrivalent influenza vaccine (QIV-HD) The egg-grown quadrivalent influenza vaccine (QIVe) can also be considered only when every attempt to use QIVc, or in the case of those aged 60 -64 years also QIV-HD, has been exhausted – evidence of this may be requested by the commissioner before reimbursement is agreed.

As QIVr is only licensed for those aged 18 and over, this does not affect the immunisation programme for younger patients. For practices who have ordered QIVr, and who are participating in the 2024/25 immunisation programme, the primary alternative is QIV-HD [high dose quadrivalent influenza vaccine] which is licensed in the UK for those 60 and over. Otherwise, practices may seek to order additional supplies of aQIV [Adjuvanted Quadrivalent Influenza Vaccine] for those aged 65 and over, and QIVc [Cell-based Quadrivalent Influenza Vaccine] for those under 65 years.

NHSE has updated the [list of influenza vaccines marketed in the UK](#)



GP Appointment data – April 2024

The latest [appointment data](#) shows that that around **30.5 million standard appointments** were booked in April 2024, with an average of 1.45 million appointments per working day. Over the past year, approximately 359.6 million standard (non-Covid-19 vaccination) appointments were booked. When comparing to pre-pandemic levels, this is around **57.3 million more appointments** than between May 2019 to April 2020.

In terms of access, the proportion of appointments booked to take place the same day has increased slightly from the previous month: 44.6% of appointments in April 2024 were booked to take place on the same day, compared to 43.9% in March 2024. Face-to-face appointments remained the same as the previous month, around 65%. [See more data showing the pressures in general practice >](#)

NHS Education Funding Agreement 2024/27

NHSE has published a new NHS Funding Agreement. Unlike the previous education contract, this new version includes GP-specific elements in schedule 1. The contract creates a formal mechanism for training practices to receive payment from NHSE.

GPC England has had the opportunity to review and comment on the funding agreement during its development and is content with the final version.

All of the funding agreement documentation can be accessed [on the NHS England website](#). If they haven't already done so, NHS England commissioners will be contacting training practices shortly about bringing you onto the new agreement.

If not now, when? GPC England ballot for GP contractors / partners

Protect Your Patients, Protect Your Practice

Vote YES and use the BMA GP Practice Survival Toolkit

The ballot to Save General Practice is **open**. Following the third annual contract imposition and with general practice at crisis point, we are holding a non-statutory ballot of GP Partners. Funding for core general practice services has been severely eroded. We've lost over 10,000 GPs and over 1,300 practices in a decade while patient numbers increase, and patient dissatisfaction sadly rises.

In the referendum earlier this year almost all of you said a firm NO to the new contract - you were ignored by the Government who have refused to make any improvements or give general practice any more resources.





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If not now, when? Tell your partners, friends and colleagues to join the BMA today to take advantage of [3-months free membership](https://www.bma.org.uk/join). For GP partners to vote in the ballot, they need to have joined by 22 July. www.bma.org.uk/join - spread the word.

Vote YES to keep the pressure up.

Vote YES to protect your practice and to protect your patients.

Vote YES to save general practice.



How to take part in the ballot

The ballot is open to all GP contractors and partners in England and will **close on 29 July** (to vote you must be a member of the BMA). You should have received an email from bma@cesvotes.com - your link to vote is unique and should not be forwarded as it can only be used once. [Support for GP members in England who can't find or didn't receive a voting email](#)

If you have any questions, please email: gpcontract@bma.org.uk

Read our [GP campaign page](#) for more information about the ballot, contract guidance, and how to order campaign materials such as BMA GP Practice Survival Toolkit cards which fit inside *GPs Are On Your Side* lanyards, badges, window stickers, and patient leaflets. All can be ordered directly from the [BMA Reps Hub](#) or via the [GP campaign page](#).

BMA GP Practice Survival Toolkit

We will be inviting GP Partners to work with their practice teams and, in liaison with their LMC, to determine the actions they will be willing to take. Each of these actions is outlined in the [BMA GP Practice Survival Toolkit](#)

It is for each practice to pick and choose as they see fit. You may decide to add to your choices over the days, weeks, and months ahead. This is a marathon, not a sprint. You can read more about these actions in the [guidance provided or in our FAQs](#).

Read also our 2024/25 [contract guidance documents](#), which now also includes an '[Advice and Guidance update](#)', to help you consider how best to approach the contract changes.

BMA Membership offer

Non-members still have time to join in the ballot. Any new member joining from **17 June**, will get their first 3 months of membership for free. The latest date to join for the vote to be counted is 22 July. Please encourage your colleagues to join: <https://www.bma.org.uk/join>