



# Suffolk LMC

Serving General Practice in Suffolk

Newsletter

March 2024

## Committee Members:

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Dr Ben Solway (Treasurer)	Dr Melissa Williams	Dr Sarah Hughes
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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*

## Suffolk LMC Practice Manager's Conference

Don't forget to register for our Practice Manager's 2024 Conference!

This year it is being held in Bury St Edmunds on 25<sup>th</sup> April, and the agenda has been specifically designed for our Practice Managers, with direction from our dedicated Suffolk LMC PM group and [The PMA](#).

Don't miss the opportunity to hear from a range of speakers including those offering updates on local services, as well as important national changes such as the new CQC Assessment Framework.

Places are limited, so please sign up now to secure your ticket: [Suffolk LMC Practice Managers Conference 2024 Tickets, Thu 25 Apr 2024 at 08:45 | Eventbrite](#)



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## **Medical Examiner**

It is the LMC's understanding that the primary legislation underpinning Medical Examiners and the new ways of working in this sphere (new MCCDs, the demise of cremation forms, etc) has been delayed.

In light of this the Practitioners should

- (a) Recognise that, whilst medical examiners may be sources of advice, it remains the case that the legal responsibility for issuing MCCDs (or referring to Suffolk Coroner) sits entirely with the attending doctor.
- (b) The 'old' rules still apply – such as those around having seen the patient within 28 days OR seeing the body after death still being in operation.

In preparation for the reforms, the LMC are currently in talks with the ICB, Kafico and both Medical Examiner offices in Suffolk regarding appropriate access to patient records. The currently held view of the LMC is that sending the last three-months of patient record data with the referral to the Medical Examiner is the preferred method of providing the required information, as opposed to providing direct access to SystemOne for multiple ME Office employees which carries additional GDPR responsibilities for the practice. Should this viewpoint change, an update will follow.

## **Rebuild General Practice**

These are difficult times for general practice & the LMC would commend the various resources (patient facing) to Suffolk practices to try, at a patient level, to explain what is happening:

<https://rebuildgp.co.uk/campaign-assets/patient-engagement-toolkit>

## **West Suffolk – 'More efficient use of EMED courier service'**

Contained within the recent primary care update sent out recently was an announcement that surgeries were to be used, from mid April, as collection points for medication, paperwork and other items. This was sent out in error and will not be in operation.

Workload aside, the LMC would point to the complex regulatory environment surrounding handing out medications dispensed by a third party as a particular concern. We would strongly suggest that practices do not act as medication collection points unless specialist advice has been sought.

## **Hydroxychloroquine & Eye Screening**

Suffolk Local Optical Committee have indicated their intent to publish a letter (including a patient facing leaflet) in which the relative inability of high street Opticians to conduct retinal screening to the degree required by NICE for monitoring of Hydroxychloroquine is outlined. Given the unresolved and long running concerns in this area, this action is not unhelpful and should – under normal circumstances - precipitate a solution.

The situation is particularly acute in West Suffolk where there is no secondary care provision whatsoever.

The LMC remains in urgent talks with the relevant bodies as to how this commissioning gap should be closed. It may well be that practices need to hand back, en-blok, prescribing of Hydroxychloroquine, but we would suggest such action is deferred pending the outcome of the talks.

It would also not be unreasonable – as an interim measure - to decline new requests for prescribing of Hydroxychloroquine on the grounds that states the practice cannot safely guarantee adequate monitoring. As an aside, we anticipate agreeing an entirely new structured for shared care medications in the next 2 months or so.

### **What makes patients happy?**

There is a narrative, arising from NHSE and a general system prioritisation of access, that enough appointments will result in a more content patient population. As readers of this newsletter will be aware, patient satisfaction is a single metric in a complex system, but the data, replicated below, should encourage reflection on whether the ‘hamster wheel’ spinning faster is the right solution for your patients and staff. The LMC would encourage such reflection within your teams.

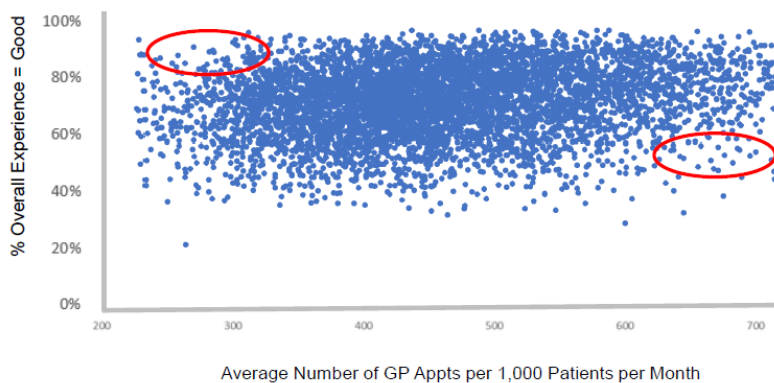
## What Makes Patients Happy?

National Patient Survey Data

Overall Experience of the Practice = Good  
(very good or fairly good)

vs

Average Number of Appointments (GP & Non-GP) per  
1,000 Patients per Month



### **3<sup>rd</sup> Space – Progress Report**

Practices in the West will be aware of the ‘Third Space’ Project – a concept operationalised to tackle work that doesn’t easily sit in primary or secondary care and is better done at scale. Thus far the team have been tackling MGUS monitoring – we would strongly encourage all West Suffolk practices to engage if they have not already done



so (DXS referral form live) – and are pleased to report that the project is taking tentative steps towards PSA monitoring in several trial practices.

We have been lobbying for a similar capability in the East for some time & would welcome your support in this regard.

### **NSFT Liaison Forum**

The LMC is pleased to report that there is now a forum for meaningful dialogue between primary care in Suffolk and NSFT on interface/operational issues and, furthermore, that the issue whereby GPs were asked to undertake physical monitoring (including ECGs) for patients with eating disorders under the care of NSFT has been resolved.

The LMC remains in dialogue over several issues including, of late, multiple requests for cause of death and other clinical information relating to patients under the care of NSFT. We have suggested that granting access to the practice system for a single (NSFT) individual to complete this necessary function would be preferable to primary care clinicians having to complete the forms and support any practice taking this stance.

### **Health Checks**

Suffolk GP Federation has, on behalf of practices & at the request of general practice in Suffolk, been granted a 3 - year contract for NHS health checks. We expect the Federation will be in contact with practices & pharmacies shortly regarding implementation.

It may be worth noting that, whilst Suffolk County Council have not applied a budgetary uplift to the new contract, it remains, within reason, sensible to retain investment and income streams – such as health checks – for the benefit of primary care in Suffolk (rather than third parties) and is in line with a strategic direction that the LMC has advocated for some time.

### **Do you or a colleague need support?**

A reminder that the ICS funded GP support exists for you and your colleagues:

[The GP Support Hub | Confidential support service for GPs](#)

### **Indicative GP BMA Ballot Result**

It would appear unlikely that anyone working in primary care in Suffolk has missed the indicative ballot result, but we have copied the result below for information. We anticipate further contact from GPC as to 'next steps' over the coming months and will pass this on via our WhatsApp group (link above).



BRITISH MEDICAL ASSOCIATION

REFERENDUM FOR GPs AND GP REGISTRARS IN ENGLAND

CLOSE OF VOTING: 12 NOON ON WEDNESDAY 27 MARCH 2024

**QUESTION: Do you accept the 2024/25 GMS Contract for general practice from Government and NHS England?**

RESULT	No. Votes	% of valid votes
Yes	155	0.8%
No	18,854	99.2%
Spoilt	0	

Number of eligible voters:		31,036
Votes cast online:	19,009	
Total number of votes cast:		19,009
Turnout:		61.2%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		19,009

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the ballot:-

- a) was sent the details of the ballot and
- b) if they chose to participate in the ballot, had their vote fairly and accurately recorded

All voting material will be stored for 12 months.

CIVICA ELECTION SERVICES

Please note that Suffolk LMC is not a trade union (but the BMA is!).

### National (BMA/GPC) Updates

**GPs see the equivalent of half the UK population every month.**

England general practice SOS

★ Over 1000 practices gone



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- ✦ 1,900 fewer full-time qualified GPs
- ✦ Over 6,000,000 more patients on the books
- ✦ Equivalent of 1:2 population seen EACH month
- ✦ 400 million consults per annum
- ✦ 5-6% of overall NHS funding spent on practice contracts
- ✦ 5% of all NHS staff

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

## Emergency motion at GPC UK on The Phoenix Partnership (TPP)

At its meeting last week, GPC UK debated and passed the following motion:

That this meeting is disgusted by the reported violent, openly racist and misogynistic comments made by Frank Hester, Director of The Phoenix Partnership (TPP), and directed at the Rt Hon Ms Diane Abbott MP, and:

- notes that his comments contravene NHS England's fit and proper person test framework introduced in response to the 2019 Kark Review recommendations, taking into account CQC requirements in relation to directors
- calls upon UK health boards to apply their own processes vigilantly when contracting external stakeholders whose views and values may not align with the wider professional national NHS workforce
- advises GP practices to consider Hester's comments prior to signing new contracts with TPP
- believes Frank Hester should resign and handover his Directorship with immediate effect.

You can read more [here](#).

## GP Connect issue

Following recent reports that NHSE has been exploring using GP Connect as a means of centrally pulling patient data from practices, the BMA is seeking immediate clarification from relevant stakeholders. Data transferred via GP Connect is shared on the clear understanding that it is used for direct care. The deployment of the platform for any



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other purposes – including to circumvent GPs statutory role as data controllers, and access patient data for uses other than direct care is a clear contravention of the agreement put in place to use GP Connect.

## **Rebuild General Practice patient engagement toolkit**

[Rebuild General Practice](#) has launched a [patient engagement toolkit](#) action pack containing ideas, tools and support available for Local Medical Committees (LMCs) and individual GPs wishing to engage with patients about the Rebuild General Practice campaign.

Watch the Rebuild General Practice [patient engagement animation](#) which can be downloaded to the screens of your surgery.

## **GP Registrars survey highlights increased levels of burnout and worries about future**

A [survey by the BMA's GP Registrars Committee](#) showed that qualified doctors who are training to become GPs in the UK are facing increased levels of burnout and are worried about their health prospects early in their careers.

In addition, under 10% of those who took part in the survey said they intend to work as a full-time GP, with just less than 20% stating that they feel confident of their future as a GP working in the UK.

## **Annual flu letter**

The tripartite annual flu letter for 2024/25 has now been published: [National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](#)

The letter sets out for providers the details of which cohorts are eligible for a flu vaccine in 2024/25 and which vaccines will be reimbursable. There are no changes to the cohorts for next year's programme, but based on JCVI advice, there are changes to the timing of the adult programme.

NHSE will aim to publish the flu service specifications shortly.

## **Very high-risk breast screening**

NHS England is currently contacting a group of 1,487 women at very high risk of breast cancer following chest radiotherapy for Hodgkin lymphoma, after NHSE was alerted that some of these women treated when aged between 10 to 35 years during 1962 to 2003 may not have been invited for this annual testing. NHSE has sent a letter apologising for what has happened and NHS breast screening services will follow up by offering appointments.

Anyone who thinks they might be in this group can get further information and support from a dedicated helpline: 0345 8778962

More information can be found on the [NHS website](#)



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## **Guidance on conditions for which over-the-counter items should not routinely be prescribed**

NHS England has published new guidance on conditions for which over the counter items should not be routinely prescribed in primary care: [NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#)

## **GPC England committee pages and guidance for practices**

Read more about the work of [GPCE](#) and practical guidance for [GP practices](#). See the latest update on X [@BMA\\_GP](#) and read about [BMA in the media](#). Contact us: [info.GPC@bma.org.uk](mailto:info.GPC@bma.org.uk)

**Read the latest [GPC England bulletin](#)**