

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



Care Management Service

This project resulted from a recommendation by the management consultants McKinsey to focus on a small cohort of patients (about 1%) who use a disproportionate number of hospital bed days (70%+). It is being pioneered in West Ipswich integrated neighbourhood team with an expected roll-out across Suffolk over the next two years.

The service is significant because it demonstrates the types of work the new Neighbourhoods, announced in the NHS Ten Year Plan, will prioritise. It is also one of the few new recurrent funding streams coming into general practice.

Care management requires practices, community services and the voluntary sector to work more closely together with care co-ordinators offering 'concierge' type support. In West Ipswich we are combining preventative multi-disciplinary team sessions and specific on the day teams.

New Member Services team

member

Howard Woldsmith has joined as a programme manager with the Fed's Member Services team. Howard was previously with NSFT and Suffolk County Council. For his induction, Howard spent four days at Orchard Street and Haven Health experiencing how practices operate and the daily pressures. He would like to visit all our practices and if you can host him with a desk for the day, please email howard.woldsmith@suffolkfed.org.uk.

Fed Chief Exec's retirement

Our long-standing CEO will be retiring by August next year. Your Board has formed a sub-committee to examine options and recommend a plan to the Board.



Member Services digital update

- **Kynoby** – automating incoming clinical mail and repeat scripts. This is being implemented in Stowhealth, Two Rivers, Unity and DHG PCN. There have been plenty of issues and learning which will make future roll-out much easier.
 - The technology is starting to have a meaningful impact. Across the four sites it is automatically processing 53% of the documents that arrive in the practices inboxes i.e. filing on patient record. It works overnight/weekend so admin teams start work with an empty inbox.
 - Letters with GP actions are currently manually processed and automating this is the next step.
 - We believe there will be strong interest in the product and are designing a local roll-out plan
- **Brave AI** - this is an interesting technology which uses primary care data to predict hospital admissions. It can also be used to predict those who will have increasing interactions with their practice and can be segmented e.g. DHG PCN is using it for care homes.
- **Heidi AI** – just a reminder if your practice is using Heidi with patients, the regulatory sign-off involves a practice Heidi Clinical Risk Management File's signed off by the Clinical Safety Officer. For more info email howard.woldsmith@suffolkfed.org.uk.

Evans Scott demonstrating Heidi AI at the October East Training and Education afternoon



- **Quantum Loop** – they will be presenting their product EMMA at the next GP Digital meeting (11 November). It instantly and multi-lingually answers patient calls and allows care navigators to focus support on those who need it.

Update on our clinical services

Respiratory diagnostics

- The new Fed service is about to commence for practices and PCNs that have signed up to the Spirometry Enhanced Service (ES) but are not in a position, or prefer not, to deliver this service themselves. It will incorporate N-Tidal Diagnose, to support the diagnosis of COPD and Spirometry to support the diagnosis of asthma.

Community cardiology

- Our team has faced challenges with ESNEFT's implementation of EPIC. Training is now complete and there should not be a major impact on the service.

Podiatry

- Please remind your care navigators that self-referrals should take place via www.podiatryreferrals.co.uk or 0333 043 3966 option 1 (not the generic podiatry contact number).

ME & Long Covid

- The service is now fully live and we started delivering patient self-management programmes this month. We received 70 referrals in September from 39 practices – 59 for ME/CFS and 11 for Long Covid.

ADHD prescribing & monitoring

- The service has settled down. The number of patients transferred from practice shared care agreements is lower than expected.
- We are working with Suffolk LMC and NSFT regarding new patients moving into Suffolk with an NHS diagnosis of ADHD. In addition, we have suggested the Fed undertake annual reviews for clinically appropriate patients to relieve the pressure at NSFT.

IRIS – sexual assault

- Our team won a silver award for Innovation in Action at the Urgent Health UK awards





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WHAT'S ON?

UPDATES

Rheumatology at ESNEFT

Recent Changes to FLS capacity & Patient Facing Rheumatology Helpline

We are aware of reports of altered Fracture Liaison Service (FLS) capacity and knock-on impact for practices. This unwelcome news comes alongside the cessation of the Rheumatology Helpline. Practices may wish to consider their response to new DMARD SCAs in light of the reduced support available.

OPEL

Initiated by other systems & at the request of the NHS at large, the LMC have been in discussions with the ICB about trialling the OPEL reporting system within Suffolk's General Practices.

The current position is that this will be piloted over the winter period and will by default be anonymised. These safeguards should mitigate risks of the data being used for performance management purposes and allow a "grassroots" based evaluation of the work- benefit balance (Spring 2026). This is not dissimilar to systems in operation in other EoE ICBs – namely Norfolk & Waveney (data submitted via LMC) and Cambs (GPAS system).

Whilst the LMC remains in discussions to agree a way to ensure data remains anonymised at practice level, it is likely that practices will be asked to update a web-based portal on a weekly (on Mondays) basis (with the option to change status at any time).

We will provide a further update once we are closer to launching the trial, which will include a Q&A and 'how to' lunchtime session(s).

Ongoing Concern over Deaths of Unknown Cause

We continue to be concerned over pressure on practitioners to certify deaths of unknown cause. 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).

Letters of support for housing applications

A reminder of existing LMC policy - the attached template may be helpful for patients requesting letters of support for housing applications.



Primary Contact

support@suffolklmco.co.uk

Dr Peter Smye (Medical Director)

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Aimee Longfoot (Chief Executive)

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Charlie Page (Executive Officer)

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

[**Committee Members**](#)

Query following the new guidelines for HCAs administering immunisations

The UKHSA document “National Minimum Standards and Core Curriculum for Vaccination Training” states on page 7 that “it is outside the scope of practice of a Healthcare Support Worker (HCSW) to undertake a clinical assessment for vaccination, obtain informed consent, or work under Patient Group Directions.”

This matter has been raised with GPCE to clarify whether HCAs are permitted to obtain consent, and we are currently awaiting an update, which will be shared once received.

Beware the Bot!

Heidi AI is a digital scribe, a new tool to support the clinician / patient consultation. They listen and transcribe patient-clinician conversations in real time, extract symptoms, suggest diagnoses, medications, procedures, further tests and generate clinical notes, referrals etc.

The Fed and LMC have developed a comprehensive implementation pack for practices. The briefing has been sent to PMs and includes data protection impact assessment, PM checklists before using Heidi, model Standard Operating Procedure and AI awareness training materials. The GP Digital and Automation Group will provide ongoing governance support.

Partners and practices should be aware of the risks associated with AI scribes – the briefing notes include BMA guidance. Notably the Information Commissioner has stated how patient consent must be obtained; it specifically excludes relying on verbal consent at the start of a consultation due to the power imbalance between patient and clinician.

In short, we would strongly encourage practices to ensure they have followed the correct implementation procedures before using Heidi.



Inclisiran in General Practice - A Reminder!

We would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC it may be commissioned via a LES). Given workload, liability and still-evolving long-term outcomes evidence, practices should not prescribe/administer Inclisiran without an adequately funded, locally commissioned service.

The LMC has always maintained that successful implementation of Inclisiran via surgeries requires resolutions to 3 issues:

1. Adequate outcome data - This is emerging & likely to be resolved in 2026
2. Fair drug tariff reimbursement (applies to all practices as a PA item) – This appears to have been resolved. Practices may find the updated [BMA briefing](#) of interest in this regard.
3. Adequate support for delivery – We have suggested to the commissioners that adding Inclisiran to the existing Gonadorelin administration LES would make sense. This would support practices to deliver the medication using the required “registered healthcare professional” on a six-monthly basis and align with some other ICBs. The matter remains on the ICB risk register.

Practices registering patients newly prescribed this medication should encourage the patient to seek input via PALS.

Smoking cessation

Varenicline should only be prescribed in line with NICE TA123 i.e. as part of a programme of behavioural support. In Suffolk, smoking cessation services are funded by Public Health, and provided by Feel Good Suffolk. A PGD has been developed, allowing patients to access Varenicline and Cytisinicline prescriptions through the service (mainly via pharmacies). Unfortunately, this PGD does not yet appear to have been fully mobilised - we are awaiting yet another update. If you do receive a request to prescribe please feel free to decline these – citing the responsibility of Public Health as the commissioned provider – and inform us via the LMC support inbox support@suffolk-lmc.co.uk



Practice Compliance Survey

We are aware of several practices having been contacted by their ICB asking them to urgently respond to a Contract Compliance Return for Patient Contact (including online consultation, telephone and attendance at practice premises). We can confirm that there is no contractual obligation for practices to complete the compliance return, urgently or otherwise, as this is not stipulated in the GMS regulations. Read more in our [FAQs](#) on our [campaign page](#)

OpenSAFELY

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the Data Provision Notice (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses. OpenSAFELY has the full support of GPCE and the Joint GP IT Committee. 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. Following practice feedback, JGPITC is working with NHS England and hopes to simplify the work needed by practices regarding completing a Data Protection Impact Assessment. Further information will be shared in due course. Official information on how to activate the service is available [here](#).

COVID-19 Vaccination Booking Issue – October 2025

Overview

Pharmacy teams have reported large numbers of ineligible patients booking COVID-19 vaccinations via the National Booking System (NBS).

The confusion is due to changes in eligibility criteria this winter compared to last year.

Many individuals under 75 years old mistakenly believe they are still eligible.

- Actions Taken

CPE has raised the issue with NHS England's national vaccinations team.

There is ongoing collaboration to resolve the issue and improve public messaging.

National media coverage (e.g., BBC on 7th October) has helped raise awareness.

- Resources for GPs

[Factsheet and digital slides](#) published by NHS England on 6th October.

[Eligibility guidance](#) available on the NHS website:

Winter vaccinations and winter health

UKHSA leaflets for public:

A guide to COVID-19 autumn vaccination [COVID-19 vaccination: autumn programme resources - GOV.UK](#)

The flu vaccination: who should have it and why (winter 2025 to 2026) [Flu vaccination: who should have it this winter and why - GOV.UK](#)



Suffolk LMC NEWSLETTER

What's On?

What's on?

Risk Assurance

We requested that the Training Hub fund and organise a Risk Assurance Workshop for Practice Managers, following numerous requests from practices. The Training Hub has confirmed that the workshop will take place in late November/early December, delivered over two sessions of two hours each.

A booking link will be shared with all Practice Managers as soon as it becomes available.

★ Cameron Fund Christmas Appeal ★

This Christmas, please consider supporting the Cameron Fund, the only UK charity dedicated to helping GPs and their families facing financial hardship, illness, or crisis. Your donation can (and will) make a real difference, providing practical and emotional support to colleagues in need during challenging times.

[Find out more, here.](#)

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.

