JUNE - JULY 2026

Suffolk LMC

NEWSLETTER

UPDATES

Oliver McGowan Mandatory Training – updated LMC briefing

Please **see here** an updated Suffolk LMC briefing on Oliver McGowan Mandatory Training.
This Version 2 briefing supersedes our September 2025 guidance and reflects the current position following publication of the final Code of Practice, CQC's published guidance and the current local training offer.
The key point for practices is to take a documented, role-based approach before committing to chargeable training places. The briefing also sets out the LMC's position on charging, staff release and backfill, and includes links to the relevant national and local resources.
The Federation Member Services Team will also share a template risk assessment / implementation planning tool separately, which practices may find helpful when documenting their local approach.
If you receive external correspondence about Oliver McGowan training, or would like support in considering your practice's approach, please do contact us.

Housebound Phlebotomy

Practices will be aware that this issue has not been solved for some years and remains a source of contention. As this is a relatively frequent topic, it may – in some cases - be helpful for practices to have sight of the relevant clause in the Community Services contract:

4.1 Phlebotomy

***Scope**: Provision of home visit phlebotomy to patients requiring point of care testing who are **actively** managed by the Integrated Neighbourhood Team (both proactively or reactively) or admission prevention functions **AND** who are unable to attend a clinic-based provision as assessed as housebound*

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***Out of scope**: Phlebotomy supporting primary care QOF or annual health checks **unless**:*

*• The individual is case managed by the Integrated Neighbourhood Team **AND***

*• A planned visit is in place at the time the point of care testing is required **OR***

• The individual becomes temporarily housebound (even if not known to the Integrated Neighbourhood Team)

• Out of hours planned care phlebotomy

The LMC has long maintained the increasing tendency to decline such bloods for those who are housebound represents a significant reduction in scope of traditional district nursing/community services functionality without replacement.

Diabetes

Practices should be aware that – for this year - the impact of new NICE DM guidance on practice level workload will be significant.

Using data submitted from almost a third of Suffolk's practices *(thankyou!),* it may reasonably be summarised as follows: *the entire LES funding envelope will be consumed by **new** GLP-1 initiations this year leaving activities previously supported to baseline funding.*

Figure 1: Impact of new GLP-1 starts in Suffolk Practices:

	Average Suffolk Practice	For a 10,000 list practice
Eligible "New" Population *i.e Diabetics with either Obesity or CVD or Diagnosis <40 minus those already prescribed Injectable GLP1*	**34.9/1000 patients**	349
Estimated number of additional appointments needed*	**1000**	698
Cost of additional appointments**	**£12,003.43**	£8,375.05
Diabetes LES reimbursement***	-	**£8,775**
Remaining LES payment to support last years work!	-	**£399.95**

**Assumption: 2 appointments per initiation assuming initial is covered by annual review/existing mechanisms*

*** £12 per nurse appointment*

**** Based on SNEE DM prevalence of 7.8% rather than actual*

As with all Enhanced Services' the LMC would encourage practices to carefully review your business model on an annual basis.

A&G

It is not uncommon for the LMC office to receive queries over whether A&G is mandatory and whether the shift in workload is reimbursed.

In response to national pressure the BMA have produced a helpful & extensive briefing which includes – in the appendices – helpful template letters. We would suggest practices use these in cases where A&G was not the intent of the original referral or the response is obviously beyond the scope of primary care.

Suffolk Coastal Constituency

We have a seat available for this constituency. If you are interested, please contact us: support@suffolklmc.co.uk

A BIG thank you to Dr Lydia Yates, for your time on the committee.

Suffolk LMC

Atogepant (*Aquipta*) Prescribing

The Daily Mail published an article on 16th June with the headline “The NHS has a ‘life-changing’ pill to banish migraines but few GPs prescribe it. Here’s how to get the wonder drug…” Unfortunately, they inaccurately listed Suffolk as an area where this drug is available direct from GPs. We have joined Suffolk in asking them to retract this information. However, we all know very few read, or take note of, retractions written in papers. As such, we wanted to bring it to your attention in case you get a number of patients coming in and asking for this drug. Atogepant is currently on our formulary as Green meaning, in this particular case, it should be initiated and prescribed (for an initial 12 weeks) by a specialist and judged to be effective before any transfer to GP prescribing.

The NICE guidance states it should only be used when “at least 3 preventive medicines have failed” and at £182.16 per month it is 331 times more expensive than Amitriptyline, and 55 times more expensive than Topiramate!

Dispensing Doctors Podcast

A brief “plug” for the informative podcast series – produced by the DDA - focussing on all things dispensing! You can find this here.

LMC Buying Group

The LMC Buying Group has the collective purchasing power to negotiate consistently competitive pricing with trusted, approved suppliers (& benefits the LMC too !). For some practices, this translates into significant annual savings.

To sign up for membership, register for login details to the Buying Group's members' portal: https://buying.plexusportal.co.uk/Register

Suffolk LMC

Top 'Live' Issues in Suffolk

The LMC office is ticking over with lots of issues! We are often asked by practices whether the LMC is actively involved. The below represents the top 7 'live' issues not mentioned elsewhere in the newsletter (due to a conclusion not yet reached). We would love to hear from practices with a view or special interest in any of the below!

- IFRs – who does them? (WSH now updating policy to reflect specialist as default; discussions with ESNEFT delayed, but planned)
- Leg Ulcer Service Provision (concerns around recent proposed changes in West Suffolk)
- Alteration to Formulary Status of Bromocriptine and Cabergoline. Early discussions around use of Fezolinetant
- Unlicensed prescribing of antipsychotics – improving the governance thereof
- GP representation changes (letter to practices expected shortly)
- Significant changes to NSFT operating model (proposed single point of access allowing self-referral for majority of (adult) presentations)

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Click here to see a list of
Committee Members

BMA Updates

Collective Action

Full details of BMA recommended actions are set out here.

It may be interesting to note that the following motion has been recently passed by conference and overwhelmingly endorsed by GPC.

That conference recognises that current GP contracts are failing patients and practices alike, that more GPs are opting to work outside the NHS and:

(i) calls for contracts that permit GPs to provide private services to their NHS patients when those services are not contractually available to their NHS patients

(ii) believes that general practice within the NHS is no longer financially viable and a move towards a hybrid NHS and private GP service is the only option for the future

(iii) calls for a strategy for exiting GMS contracts and future working outside the NHS

(iv) directs GPC UK to work with all GPCs to ballot the profession on a plan B option for general practice provision that includes consideration of a means-tested, subscription-based service, such as those being offered currently by NHS dentists.

Contract Changes 2026/7 - Guidance

Following the imposed contract changes on 1 April, we would recommend that practices review and prepare for the implementation of the 2026/27 contract. See our latest guidance:

- Local variation on PCN DES
- Focus on Advice and Guidance and SPoA - April 2026
- Focus On the New 26-27 GP Employment Reimbursement Scheme
- DDRB FAQ 2026-27

For more information, please view GP Contract and campaign page with the latest updates and guidance about the 26/27 contract changes and our dispute with Government, to help support you and your practices.

Safe working means learning to say 'no'

This week, the BMA's Sessional GPs committee is focusing on your safe working rights and the steps you can take to protect your wellbeing while delivering high-quality patient care. In her latest blog, Jessica Court shares practical safe working advice and explains why it's so important to challenge workload demands when they become unsafe or unsustainable. We also encourage you to review our salaried and locum GP checklists to ensure you have the right protections and support in place.

Suffolk GP FEDERATION NEWSLETTER

www.suffolkfed.org.uk June 2026

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 Peter Smye	Guildhall & Barrow, Bury
Jane Wallace	Wickham Market Practice Manager
Dr Firas Watfeh	Haverhill Family Practice

Suspension of use of N-Tidal

Since November 2025, GP Fed has been managing the respiratory diagnostics backlog, incorporated N-Tidal for patients with suspected COPD. We have recently decided to pause its use.

Whilst the overall experience has been positive, several areas for development have been identified including:

- N-Tidal is not currently able to reliably differentiate between COPD and Asthma-COPD Overlap (ACO).
- Variations in smoking data alter outcomes e.g. between "Likely COPD", "Highly Likely COPD" and "Indeterminate", raise concerns regarding the consistency and reproducibility of results, particularly where smoking history may be incomplete, inaccurately recorded, or subject to interpretation.

The Fed will share our patient comms with practices who also use N-Tidal.

Care Management Service mobilisation

The Care Management Service targets the 1% of patients with the largest number of hospital bed days (historically using more than 60%). The service has been pioneered in Ipswich West INT and involves a collaboration of social care, VCSE organisations, community services and practices/GP Fed.

The ICB has confirmed £2.7m of annual recurrent funding in 2026/7 rising to £6.8m in 2027/8. Funds are from those which historically would have been part of the acutes financial settlement – what is termed 'left shift.'

This will be a challenging mobilisation which will build-up over two years.

Thank you Simon Rudland

Simon has retired from the Fed Board having been a director since 2011 and a recent chair. He was part of the team which guided the organisation through Covid and encouraged our focus on digital innovation. Simon continues to work in our clinical services.

Supporting Turning Point onto SystmOne

The Fed's IT team are supporting Turning Point's migration to SystmOne. It is expected to go live in early July and practices will receive a briefing directly from them. Turning Point will record referrals and consultation summaries in SystmOne, with plans to enable them to request blood tests through the system as the programme develops. This will significantly reduce correspondence with practices.

This is another good example of Suffolk general practice working collaboratively, as the suggestion originally came from our LMC, with the Fed providing the technical expertise and support to help make it a reality.

Suffolk GP FEDERATION NEWSLETTER

www.suffolkfed.org.uk June 2026

Clinical Services round-up

Fed services - news in brief

- **ED Streaming service at West Suffolk Hospital –** this is now running to midnight.
- **East community ultrasound** – our ICB has capped the number of scans we can undertake this year. Currently we continue to deliver urgents in two weeks and routine six but waits are likely to tick-up later in the year. We are discussing with the ICB amending the limit.
- **NHS Health Checks** – the programme delivered a record 25,000 checks with over 21,000 completed by GP practices
- **The West Fracture Liaison Service (FLS)** in partnership with West Suffolk Hospital, was a case study in the DHSC's Renewed Women's Health Strategy for England, highlighting its nurse-led, remote-first and digitally enabled model.
- **MASH health team transfer** - The health team component of MASH (Multi-Agency Safeguarding Hub) will transfer to GP Fed on 1 August. This is so our ICB can become a strategic commissioner and not run services. It will continue to work alongside police and social care at Landmark House – member practices should not notice any changes.

NHS Charities Awards Confirmed

The Fed, in collaboration with Suffolk and Norfolk LMCs, the Training Hub and Norfolk and Suffolk NHS Foundation Trust, has secured £250,000 funding from NHS Charities Together to support a collaborative wellbeing project.

The programme will focus on suicide prevention and strengthening support for primary care staff during challenging times. We will keep practices updated as the project develops.

Member Services

DPO support

The Fed has partnered with Kafico to help practices access specialist DPO and information governance support tailored to primary care. There has been strong interest in the service and over 100 practices have signed-up across Suffolk and Norfolk.

BLS training

Member practice staff can now access Fed-organised BLS training sessions. To view availability or book a place, click here.

We need additional training rooms to expand the geographic offer and if you have suitable space, please contact memberservices@suffolkfed.org.uk

Kynoby document processing pilot update

This automates the processing of incoming clinical correspondence and is being piloted in a small number of practices with the support of a Fed team. Early pilot learning has helped identify a number of technical, workflow and operational considerations which are being addressed ahead of any wider endorsement or supporting rollout materials. The approach aims to ensure practices can benefit from shared learning, due diligence and practical implementation support where they wish to utilise it.

TPP have also recently launched updates to their own document management functionality, with Kynoby building on this through additional automation features including repeat prescribing and wider workflow automation.

AldeWell

This is an online platform for staff Suffolk primary care staff and includes wellbeing support, resources and signposting. To find out more/sign up, visit aldewell.app.

As it was recently Mental Health Awareness Week, we would highlight a couple of relevant features:

- **Breaking the Mental Health Stigma** - practical guides to encouraging open conversations and normalising wellbeing discussion.
- **How to Show Up for Someone Struggling** – advice and approaches to supporting colleagues, friends or family members who may be finding things difficult.

Congratulations to Louise Bissett from Bildeston who won our Aldewell 'early sign-up' prize of a free stay at Hintlesham Hall, kindly donated by the hotel.