Synnovis Incident. Information for general practice on reviewing unprocessed tests and broader support

Introduction

As a result of the ransomware incident at Synnovis, a significant number of tests submitted by primary care have not completed processing affecting a large number of patients. This carries clinical risk for patients and practices, which will mean that all affected patients will need to be reviewed. We recognise the impact that this will have for our practices in relation to capacity, workforce and provision of care.

We also recognise that practices will want to review those patients as quickly as possible by practices on a priority basis to manage the impact on onward care.

Financial Support

We have put in place a financial package for general practice **to support the review of these unprocessed tests**. This package has been developed with the support of Londonwide Local Medical Committee. The package recognises that:

- We are in an unusual situation and this does not in itself set precedent for any issues of pathology provision in the future
- There will need to be a clinical review of the notes of each patient impacted by these cancellations and some patients will require a clinical consultation either via telephone or face to face.
- There will be administrative support required to organise re-testing (where appropriate), onwards care arrangements and managing patient queries
- There will be a need to communicate with patients, which may include SMS costs.

Each practice will be paid £31 per patient for each patient that is in receipt of a cancellation request to cover the cost of clinical and administrative time as well as SMS costs to manage these unprocessed tests. This equates to approximately £420,000 across South East London.

Payments to practices will be made automatically by the ICB once we have received a list from Synnovis of the numbers of patients impacted per each practice and practices have confirmed their commitment to undertake the reviews.

Practices should not hesitate to contact their local primary care teams if there are particularly challenges, or individual practice circumstances which require further discussion.

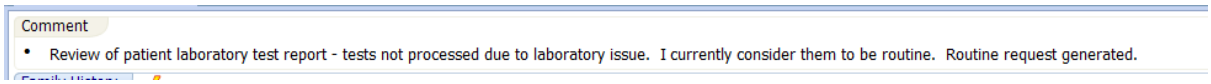
Local Care Partnerships will be reviewing their individual phlebotomy arrangements to see whether any further arrangements need to be put in place to support general practices.

Review Process

Synnovis will be providing your practice with lists of tests which have not been processed due to delays caused by the cyberattack on its systems. It is recommended that patient records are reviewed to determine if the tests are still required and if so what the *current* urgency is. This review should preferably be performed by the clinician who originally requested a test but if this is not possible, this task should be delegated to a suitably qualified clinician.

It is recommended that the reports are opened in Excel and that the "sort" function is used to sort the lists by the "GP" column prior to distribution to the clinicians concerned to enable them to easily identify the patients each is required to review.

When reviewing each patient record it is recommended that the code "Review of laboratory test report" is added to the consultation along with any comments under the "Comment" section within the EMIS consultation screen (see example below).



If a test is still required, the clinician should generate a new request based on the *current* urgency by following the method advised in the regularly updated requesting guidance provided by SEL ICB. The refreshed guidance will be circulated tomorrow (21st June) following sign off.

If the test is non-urgent i.e. phlebotomy or submission of a sample for testing will be delayed, the Ardens "delayed test request" template should be used to record this.

If it is decided that a test is no longer necessary, this should be noted in the clinical record within the consultation screen as above but **please advise all clinicians that they SHOULD NOT ADD CLINICAL CODES ENDING IN "no longer required"** as this will conflict with other digital tools being used to manage the recall of patients whose tests are delayed.

If your review identifies any potential harm, please report this via the already established harms review process. Please use the harms review form in this guidance to do this. Practices do not need to complete a separate quality alert form in addition to the harms review form.

We appreciate that practices will want to work through this review as quickly as possible given the potential risk to patients. It is recognised that this will be a variable task across practices depending on the scale of reviews that would be completed. As such there is no fixed timeline to complete the review of unprocessed tests. However, we will require practices to confirm when they have completed the reviews by sending an email to pccentralteam@selondonics.nhs.uk

CQC Reporting

Practices will need to report as normal to CQC if there is identified harm based on current business as usual reporting arrangements.

Broader impact of the Synnovis incident and income protection

It is recognised that the Synnovis incident will impact more broadly on practices ability to deliver many contracted services during 2024/25. The ICB intends to protect core and enhanced income where delivery of KPIs and targets are affected by the Synnovis incident. We see this as a key requirement to support the broader sustainability and resilience of general practice during this incident, whilst also enabling general practice to prepare and plan more effectively for backlog management once routine access has been restored.

All financial incentives within the core contract and directed enhanced services and any locally commissioned services (including LIS/LES, PMS, prescribing incentives etc) will be reviewed to

identify the impact of reduced access to pathology services. Where a financial incentive is identified as being impacted by reduced access to pathology services, our intention will be to offer income protection. It should be noted that the ICB is required to gain approval from NHSE before we can make any changes to nationally set core contracts and associated incentive schemes (such as QOF). We have initiated discussions with NHSE on this.

We know that practices will want to continue to deliver the best quality care they can during this time and will want to maintain delivery of as many services as possible. We will develop clinical guidance to help practices to do this with practical support available from CESEL and ICB teams to implement this. Practices will also be supported to prepare and plan for managing the backlog of care once routine pathology has been reinstated.

The ICB will work with the LLMC and practices to identify any further opportunities to support with backlog management once routine access has been restored.

Once we have received approval from NHSE on income protection, we will share more detailed guidance. We will continue to work with the LLMC on this issue.

Practice communications toolkit

We are continuing to issue communications to our patients and the media on the Synnovis incident and the impact this is having on delivery of care across all settings.

Practices may wish to include a message to patients on their website if they have not already done so. We have developed a communications toolkit for practices to help support teams at this busy time.

This includes:

- Statement for practices to place on their websites
- A script to follow in case of queries
- A short paragraph to share with partner organisations
- A telephone message for practices
- A poster that practices can use to alert