

# Management of long-term conditions in the wake of the Synnovis Cyber Attack

Thursday 11th July (12.30 – 1.30pm)

Clinical Effectiveness (CESEL)

Medicines Optimisation Team

SEL ICB long-term conditions leads

# What we'll cover today

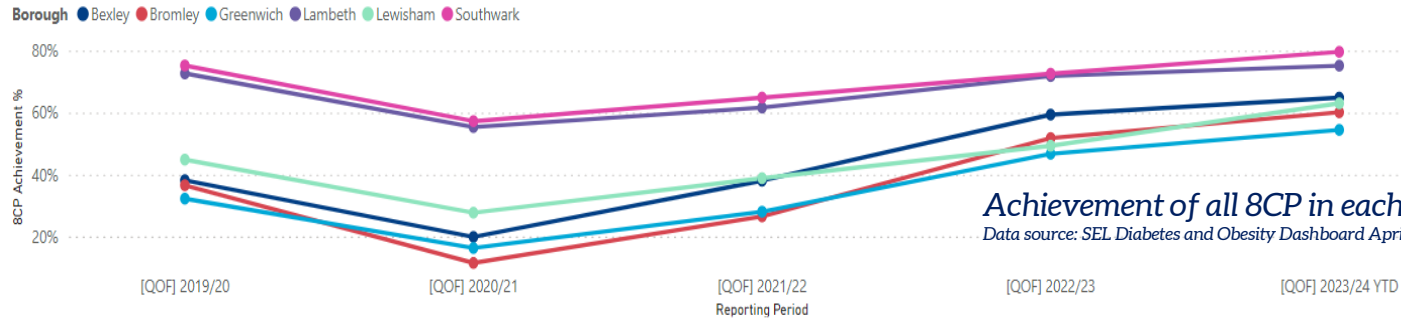
- Introduction
- SEL primary care response
- Impact on LTC management
- Prescribing for LTC
- Options/innovations being explored
- Questions and discussion

# Introduction

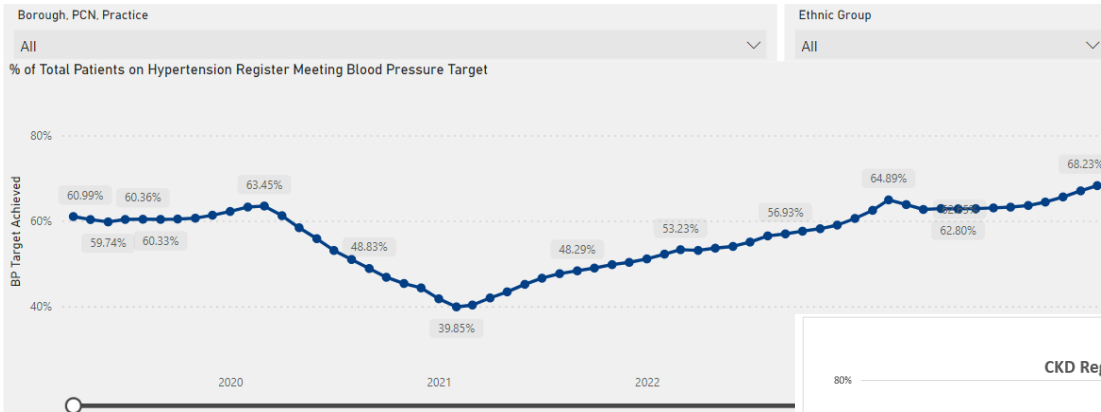
**Response: ongoing response  
across the system, mutual aid**

**Acknowledge impact on teams  
and patient care**

All Boroughs: 8CP Achievement % by Reporting Period and Borough

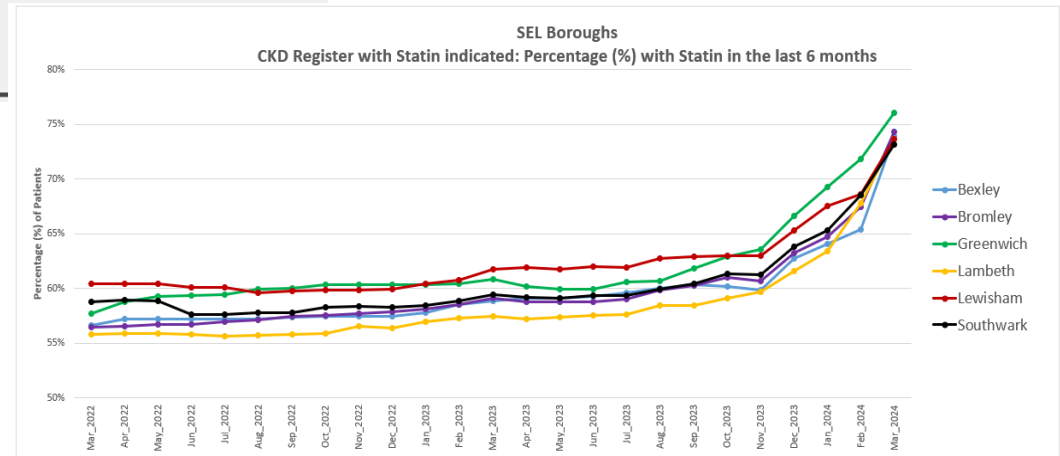


*Achievement of all 8CP in each of SEL boroughs.*  
Data source: SEL Diabetes and Obesity Dashboard April 2024



*Achievement of NICE BP target for patients on SEL hypertension register.*  
Data source: SEL Hypertension Dashboard April 2024

*Statin prescribing in last 6 months for patients with CKD for each SEL borough.*  
Data source: CESEL CKD Dashboard April 2024 (in development)



# Long-term condition in SEL

In 23/24 practices delivered the **best-ever results** within our patients across SEL

- No. of people on the QOF hypertension register
- Proportion of people on hypertension register with controlled BP
- Performance against 8 care processes in diabetes
- Detection of CKD and prescribing of statins for CKD

Improvement includes a **reduction in the variation** we see between different geographies in SEL.

These results will contribute to a **reduction in CVD** and so real improvements in quality of life and life expectancy for our population

The Synnovis cyber-attack risks setting us back on our improvement trajectory and impacting on the long-term health of our communities.

## Income Protection

- It is recognised that the disruption in access to routine pathology is having a direct impact on delivery of some core and locally commissioned general practice and PCN services. This will include elements which are financially incentivised based on delivery of KPIs.
- Services related to long term condition diagnosis and improvement and drug monitoring are particularly effected
- Supporting general practice to maximise and maintain income is crucial to maintaining the stability of our general practice system and retaining our primary care workforce
- Income protection is also key to supporting practices to prepare for, plan and manage recovery once full access to pathology resumes.
- The ICB have reviewed the potential impact on financial incentives included within the national contract and have submitted a request to NHSE for income protection in 2024/25. We have not yet received agreement to this request.
- Local Care Partnerships are reviewing all their locally commissioned schemes to identify potential impact and identify options for income protection.
- We know that practices want to maintain the best quality and effective care for patients as possible during this period of disruption. Alongside income protection, the ICB is providing practical support to help practices to achieve this.

# Ardens Delayed Test Template

## Delayed Faeces test TO BE DROPPED OFF BY PATIENT

Faeces test - ROUTINE      *Text*            11-Jul-2024      [»](#)

## Other Tests (PATIENT COLLECTS AND BRINGS TO PRACTICE)

Other lab test - ROUTINE      *Text*            11-Jul-2024      [»](#)

## SEL Priority definitions

The following definitions are supplied by SEL ICB:

**Critical** - requiring an investigation that is critical to inform immediate required treatment which cannot be determined without the investigation(s) e.g. within 0-24 hours.  
*Clinicians should use emergency care pathways - A&E, SDEC etc. If sending to emergency care pathways and do not take bloods/sample(s)*

**Urgent** - requiring an investigation that is essential to inform short-term treatment which cannot be determined or safely administered without the investigation(s) e.g. 3-4 days

**Important** - required for safe clinical management e.g. within 1 week

**Routine** - required for appropriate ongoing clinical management but can be reasonably deferred e.g. within 1- 3 months.


[SEL ICB Primary Care Pathology Prioritisation Guidance \(June 2024\)](#)

## Delayed test NO LONGER REQUIRED

<input type="checkbox"/> Blood test	<i>Text</i>	<input type="text" value="Blood test no longer required"/>	No previous entry
<input type="checkbox"/> Swab/other lab test	<i>Text</i>	<input type="text" value="Lab/swab/other test no longer required"/>	No previous entry
<input type="checkbox"/> Urine test	<i>Text</i>	<input type="text" value="Urine test no longer required"/>	No previous entry
<input type="checkbox"/> Faeces test	<i>Text</i>	<input type="text" value="Faeces test no longer required"/>	No previous entry

# Ardens Templates – In the background

Medicine Management - 1    [Tasks - 11 \(1\)](#)

 Active    **SOMETHING, Forty (Mr)**    Born **28-Jan-1**

Date	Term	Value
11-Jul-2024	Care incomplete - service not available	Patient of an SEL practice affected by the Synnovis cyber
11-Jul-2024	Inadequate/unavailable resources	
11-Jul-2024	Laboratory test due	ROUTINE PRIORITY - SEL delayed lab test
11-Jul-2024	Faeces test due	ROUTINE PRIORITY - SEL delayed faeces test
11-Jul-2024	Urine test due	ROUTINE PRIORITY - SEL delayed urine test
11-Jul-2024	Blood test due	ROUTINE PRIORITY - SEL delayed blood test
19-Jun-2024	Checking assessment tool use	Referrals optimisation protocol initiated.



# Ardens Searches and Reports

## Population Reporting/ Ardens / South East London (Ardens) / SEL Cyberattack Reports July 24 /:

- / **Bromley**: Blood test due OR Care incomplete - service not available 1-12th June (Bromley Only – reports to be sent to BGPA)
- Blood test due (non – Bromley practices – practices to recall patients for phlebotomy)  
    Phlebotomy
- Lab test due  
    Not blood, urine or faeces – e.g. nail clippings, swab
- Urine test due  
    Patient to drop in urine specimen
- Faeces test due  
    Patient to drop in stool specimen
- DQ Left, died, or non-GMS patients with delayed test due  
    Patients who may have moved to another practice ?need to inform new practice?

# Ardens Reports

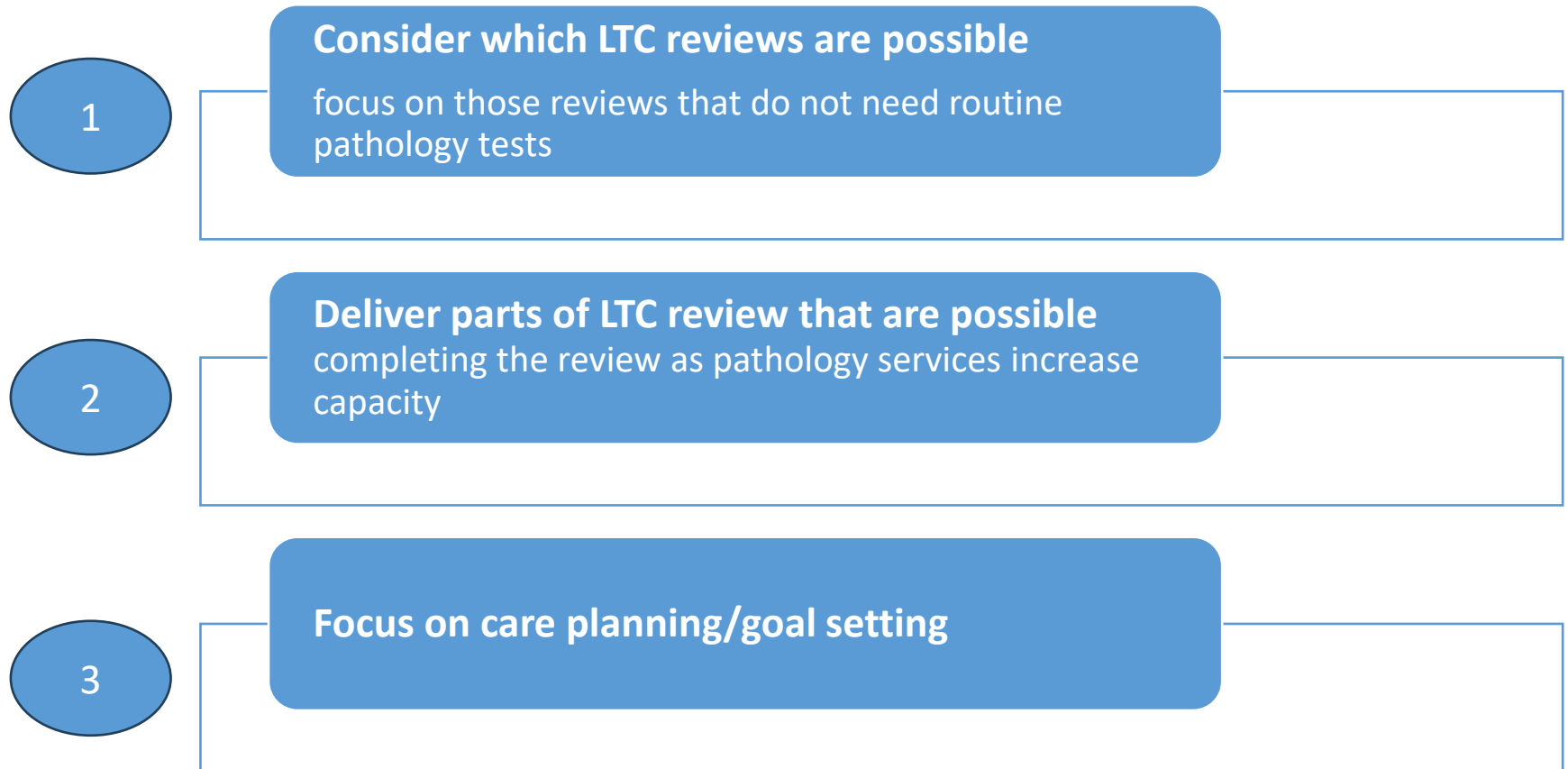
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	1. Blood test due													
2														
3	Parent Po	1. Blood test due												
4	Last Run:	#####	Relative D	#####										
5														
6	Populatio	Males	Females											
7	56	21	35											
8														
9	Patient Details											Blood tests required		
10	NHS Num	EMIS Num	Title	Given Nar	Family Na	Date of Bi	Home Tel	Mobile Te	E-mail Ad	Organ	Organ	Date	Code Term	Associated Text
11	68547	1	Mr	George	H					The Ri	G8402	12-Jun-24	Blood test due	
12	7654326	2	Mrs	Greetlyn	F					The Ri	G8402	21-Jun-24	Blood test due	ROUTINE PRIORITY - SEL delayed blood test
13	795	3	Mr	Nigel	B					The Ri	G8402	02-Jun-24	Blood test due	ROUTINE PRIORITY - SEL delayed blood test
14	795	3	Mr	Nigel	B					The Ri	G8402	19-Jun-24	Blood test due	High PRIORITY - SEL delayed blood test
15	795	3	Mr	Nigel	B					The Ri	G8402	19-Jun-24	Blood test due	
16	854339	4	Mrs	Claire	K					The Ri	G8402	19-Jun-24	Blood test due	ROUTINE PRIORITY - SEL delayed blood test
17	7293432	5	Mr	Keith	C					The Ri	G8402	05-Jun-24	Blood test due	High PRIORITY - SEL delayed blood test
18	73957983	6	Mr	Gavin	C					The Ri	G8402	05-Jun-24	Blood test due	
19	795	3	Mr	Nigel	B					The Ri	G8402	01-Jun-24	Blood test due	low priority - SEL delayed blood test
20	795	3	Mr	Nigel	B					The Ri	G8402	22-Jun-24	Blood test due	
21	795	3	Mr	Nigel	B					The Ri	G8402	11-Jun-24	Blood test due	low priority - SEL delayed blood test
22	795	3	Mr	Nigel	B					The Ri	G8402	08-Jun-24	Blood test due	low priority - SEL delayed blood test
23	795	3	Mr	Nigel	B					The Ri	G8402	12-Jun-24	Blood test due	High PRIORITY - SEL delayed blood test
24	795	3	Mr	Dave	B					The Ri	G8402	02-Jun-24	Blood test due	High PRIORITY - SEL delayed blood test

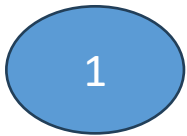
Simulated demo data included - no patient identifiable data included

# Impact on Long-term Condition (LTC) Management

# An Opportunity for LTC Management Across Incentive Areas

- QOF outcomes – evidence based, support patient care
- Take time to work on what is possible now
- When testing capacity is back, work on the currently impaired incentives
- Facilitate performance across all incentive areas
- Build on LTC management improvements already seen across SEL
- Work collectively
  - ownership by team members in practices, PCNs
  - facilitation available via CESEL borough teams





# Consider which LTC reviews are possible



Focus on QOF reviews that do not need routine pathology tests

## CONDITIONS NOT REQUIRING ROUTINE BLOOD OR URINE TESTS FOR QOF REVIEW

**Asthma (AST)**

*Atrial Fibrillation (AF006)*

**Depression (DEP)**

**Hypertension (HYP)**

Secondary prevention of coronary heart disease (CHD)

Stroke and transient ischaemic attack (STIA)

Chronic obstructive pulmonary disease (COPD)

Dementia (DEM)

Cancer (CAN)

Heart failure (HF)

Blood pressure (public health domain)

Smoking (public health domain)

Vaccs and Imms (public health domain)

Cervical Screening (public health domain)

CESEL Guides and support available for asthma, AF, depression/anxiety, hypertension

## Deliver parts of a LTC review that are possible completing the review when full, routine pathology services resume

METRICS	Impact of Synnovis cyber attack		Specific QI Suggestions (adapted for Bromley)
	T2DM review	Hypertension/CKD review	
BMI (height and weight) recorded	No impact	No impact	Accurx BMI Florey: <a href="#">Florey: BMI Questionnaire   Accurx Help Centre</a>
Weight management offered	No impact	No impact	Access ROP Dietetic and Weight Management/ Weight Management/ Referrals Referral options are automatically displayed according to patient eligibility.
Smoking status	No impact	No impact	Accurx Smoking Florey: <a href="#">Florey: SNOMED codes and questions for the Smoking status questionnaire   Accurx Help Centre</a>
Smoking intervention	No impact	No impact	• <a href="#">Smoke Free Bromley</a> Bromley - Stop Smoking London
Foot check done and coded	No impact	No impact	Use QOF search to identify patients
Appropriate follow-up for foot - GP/podiatry/MDFT	No impact	No impact	See Bromley guide, Pages 21-22 <a href="#">Type 2 Diabetes Mellitus in Adults (selondonics.org)</a>
Structured education for new diagnoses (DM and NDH)	No impact	No impact	Access ROP Diabetic Medicine/ Referrals/ Type 2 Diabetes education
BP check	No impact	No impact	Community Pharmacy BP checks: <a href="https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-that-offers-free-blood-pressure-checks/">https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-that-offers-free-blood-pressure-checks/</a> Accurx BP Florey: <a href="https://support accurx.com/en/articles/4890137-florey-blood-pressure-florey-questionnaire-screenshots">https://support accurx.com/en/articles/4890137-florey-blood-pressure-florey-questionnaire-screenshots</a>
Medication optimised as per CESEL guides	May impact on drug monitoring, see <a href="#">g147_national-minimum_retesting_intervals_in_pathology.pdf (rcpath.org)</a> for individual drug advice		See SEL IMOC guidance
Immunisation (pneumococcal, flu, COVID)	No impact	No impact	
Mental health check	No impact	No impact	
Alcohol intake	No impact	No impact	Accurx Alcohol Florey: <a href="https://support accurx.com/en/articles/3705222-florey-snomed-codes-and-questions-for-the-alcohol-health-audit-c-questionnaire">https://support accurx.com/en/articles/3705222-florey-snomed-codes-and-questions-for-the-alcohol-health-audit-c-questionnaire</a>
Personalised Care planning	No impact	No impact	
Healthy IO Urine ACR?	TBC	TBC	
Renal function/eGFR	Prioritise for when routine pathology test resumes	Prioritise for when routine pathology test resumes	
Urine ACR lab			
Cholesterol			
HbA1c: diagnosis and monitoring			

## Focus on care planning approach

Focus initially on patients who may benefit from an early care planning/goal setting approach. By supporting patients early in the QOF year there is a greater chance of seeing improvements within the QOF year and when testing is available again.

Focus on

**Off target ( dependent on disease duration, frailty, etc)**

**AND/OR Not seen in last 3-6 months**

**AND/OR At least one related admission**

**AND/OR Psychological / social issues interfering with ability to cope**

Offer

**Telephone consultation with goal setting**

**Active case management**

**Care coordinator offering regular phone support**

**Health coaching**

**Psychological support**

**Virtual Multi-Disciplinary Team review**



## TEST SMARTER

- **Don't tick all the boxes**
- **Reduce duplication**
- **Support the team**
- **Use the guidelines**

## BALANCE

- **Managing your backlog**
- **Dealing with ongoing demand**

## PRIORITISE

### Medicines optimisation/safety

1. Anything urgent and critical will continue to be prioritised first.
  2. People who require tests before starting new medicines where previous bloods cannot provide this information.
  3. People who require tests for dose titrations to optimise long term conditions.
  4. People who are overdue tests using the interim drug monitoring guidance for high-risk medications, including medication monitoring assessed by the Care Quality Commission (CQC).
  5. Gradual return to standard monitoring frequency for all medications– starting with those most overdue who are higher risk, for example:
    - Patients with multimorbidity, polypharmacy
    - Older / frail adults
    - Children and young people
- **Excluding important pathology** e.g. in patients presenting with new polyarthralgia
  - **Possible new specific** diagnoses i.e. heart failure, thyroid disease
  - **Monitoring long term** conditions i.e. diabetes and hypertension – consider prioritising
    - Poor control
    - High risk
    - Those not reviewed in over 12 months

# **Guidance on management of drugs requiring monitoring during Synnovis incident**

# Prescribing Guidance – general update

- The dedicated webpage [Synnovis cyber attack](#) includes interim guidance on medicines monitoring for selected medicines during the Synnovis incident .
  - Click on “Guidance and Protocols”
  - Select “Medicines guidance”
- Recommendations are largely based on advice issued nationally during COVID incorporating with local specialist expertise to:
  - Provide pragmatic advice and recommendations sit outside of published licensed information, local shared care guidelines and local/national guidance;
  - Support healthcare professionals in making individual clinical decisions to best address patient needs at this time.
- Phase 1 (published in June 24 ): immunomodulatory drugs and mental health drugs
- Phase 2 (published in July): CVD medicines and denosumab
- Phase 3 (currently circulated for consultation): non-diabetes endocrine, vitamin D, cinacalcet, antiepileptic drugs
- Phase 4 (to be agreed with specialists): mycophenolate, hydroxycarbamide, diabetes

# Prescribing Guidance, Cardiovascular medicines (1)

- **ACEI/ARB**

  - Hypertension**

    - Prioritise highest BP first eg BP>160/100mmHg
    - If simple hypertension, consider calcium channel blocker first line
    - Where ACEI indicated; initiate when blood testing capacity allows; if stable use blood results from within last 6 months; ensure usual monitoring after initiation and each dose increase
    - Once BP controlled: If stable renal function and normal K+ levels, consider delaying routine checks for up to 6 months

- **ACEI / ARB / Sacubitril valsartan / Spironolactone**

  - Heart failure**

    - Dose titration usually managed by community HF team - refer
    - Extending the monitoring interval is not suitable if the patient has:
      - Poor or declining renal function with CKD stage 3-5
      - Severe liver disturbance or abnormal liver results within previous 3 months

# Prescribing Guidance, Cardiovascular medicines (2)

- **Warfarin**
  - urgent INR if bleeding
  - Most services using INR point of care testing
- **DOACs**
  - Patients with unexplained bleeding: urgent renal function (CrCl), LFTs and FBC check
  - New initiation in patients with stable U&Es and eGFR (CrCl) , clotting screen, LFTs, FBC - use baseline blood results from the previous six months – check local care record
  - In people with deteriorating or fluctuating renal function – **do not** delay renal monitoring.
  - Once stable - delay routine monitoring unless complex co-morbidities, such as heart failure or CKD stage 3+
- **Other drug classes covered : digoxin, diuretics, statins and other lipid lowering therapies**

**This is just a guide - use clinical judgement for the patient in front of you**

## Support options under consideration, include..

Point of care  
testing

Changes to  
monitoring

Healthy IO  
for ACR

Virtual  
clinics

# Resources

[Cyber-attack ICB updates](#)

[NHSE updates: NHS England » Synnovis cyber incident](#)

[Londonwide LMCs updates](#)

[Cyber Attack Information Centre | Synnovis](#)

[CESEL guides and links to education recordings](#)

[Medicines Management guidelines](#)

[SEL guides for ENT, Urology, Gynaecology](#)

Contact your CESEL facilitator for any support with searches, templates and quality improvement planning [clinicaleffectiveness@selondonics.nhs.uk](mailto:clinicaleffectiveness@selondonics.nhs.uk).

# Questions?