

Meeting Name	Health and Social Care Scrutiny Commission
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Report Title	Access to testing in primary care – responding to the cyber-attack
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1. Introduction

Synnovis, the pathology laboratory which processes blood tests on behalf of most NHS organisations in Southeast London, was the victim of a cyber-attack on 3rd June 2024.

As blood tests are vital for a wide range of treatments, this attack has caused significant disruption in southeast London across a range of different treatments and health care settings, with primary care having reduced access to routine and non-urgent blood testing services. On 12th September all GP practices in Southeast London moved back to services being provided by Synnovis and normal service was resumed.

The purpose of this paper is to describe the impact that the incident has had on primary care services in Southwark and how the ICB has worked with primary care to minimise disruption and risk to patients.

2. Impact on primary care

The main impact on primary care was the delay to routine and non-urgent blood tests. A mutual aid arrangement was put in place in Southwark with Health Services Laboratories (HSL) from 14th June 2024 to 11th September 2024, meaning all practices had access to critical and urgent testing immediately following the incident, and access to routine important testing from 3rd July 2024. During this period:

- There was reduced capacity for testing services for a total of 13 weeks
- 31 per cent of usual activity was delivered (125k tests)
- There were three weeks of 'critical' and 'urgent' only tests

Practices, with support from the Southeast London Integrated Care Board (SEL ICB) and national teams worked together to ensure that delayed test results were followed up or re-routed as quickly as possible. SEL ICB developed a shortened quality alert form for primary care clinicians to report concerns regarding potential or actual harm specifically related to the Synnovis pathology cyber-attack and reduced pathology availability

The incident has had a significant impact on primary care teams which have received increased contacts from patients and have had to implement different ways of working, responding to revised referral criteria and attend frequent training and communications events. These factors have all impacted on practice capacity and the ICB is committed to ensuring that practice income is not adversely impacted because of the cyber-attack on Synnovis. The ICB has provided a range of support to primary care providers during this period (Appendix A).

3. Recovery and restoration

Recovery and restoration is being undertaken by practices on a clinically prioritised basis, focusing on clearly defined cohorts of patients and areas of clinical risk. Practices are being supported by guidance and support on clinical prioritisation within their patient populations.

By taking a clinical prioritisation approach the aim is to recover critical elements of care first and with pace, minimising the potential long-term impacts on long term condition diagnosis and management. Practical support to aid recovery is available through the Clinical Effectiveness South East London team and other ICB teams.

Alongside the recovery and restoration process, practices have been asked to maintain and prioritise delivery of the following components of care. These areas have been identified given their importance to patients and the broader health economy:

- Vaccination and Screening – This has been identified as a critical priority due to existing whooping cough and measles outbreaks amongst children, and the potential for increased flu and covid illness going into the Winter.
- Proactive care for people with the most complex needs – To reduce potential exacerbations of illness that result in additional general practice appointments as well as A&E attendances and admissions'

4. Current status

The final stages of recovery following the cyber-attack in June are almost complete, which means nearly all services are now up and running. While some important administrative work remains, any further impact on patient care will be minimal.

The Clinical Effectiveness SEL (CESEL) team are working with practices to support with the back log, specifically around the management of long term conditions. EMIS (the software system used in primary care) searches and templates have been developed to support practices to effectively identify and monitor patients requiring follow-up.

All guidance, support offers and updates are available on the [SEL net page](#) and regular updates are also being cascaded directly from Synnovis.

Appendix A: ICB support to primary care during this period:

A SEL ICB system wide response group was immediately stood up, led by the Director of Prevention and Partnerships alongside twice daily updates to general practices.

A mutual aid arrangement was put in place in Southwark with Health Services Laboratories (HSL) on 14th June 2024, meaning all practices had access to critical and urgent testing. Alongside this, a potential harms monitoring process was put in place via a form to raise quality and patient safety issues.

On 20th June 2024 the ICB announced financial support to GP practices which have been impacted by the cyber attack in relation to capacity, workforce and provision of care. The financial package is to support the review of unprocessed tests recognising that a clinical review will be needed of the notes of each patient with a cancellation.

On 15th August 2024 the ICB announced support for restoration and recovery of care, recognising that the Synnovis cyber incident has had a significant impact on the delivery of care across general practice, with disruption to the diagnosis of disease, the management of long- term conditions, annual review and health check activity and medicines management.

For the 2024/25 financial year, the ICB is committed to maintaining primary care income from locally commissioned schemes against 23/24 achievement levels (where the scheme existed in previous years) or against the maximum achievable income in 24/25 (where no baseline exists). This commitment will apply consistently and equitably across all six SEL boroughs and includes prescribing incentive schemes and the SEL Diabetes Improvement Scheme. Local Care Partnerships, supported by borough primary care teams, will work with general practice to implement this approach.

Nationally commissioned contracts will not be varied and payments to practices will be made in line with contract achievement.