CANCER SAFETY NETTING

Are you worried about missing a cancer diagnosis?

How do we ensure patients don't slip through the net?

INTRODUCTION

WHAT IS SAFETY NETTING?

- Safety netting is an important process to help manage diagnostic uncertainty and support more timely diagnosis of cancer.
- NICE also define safety netting as 'a process where people at low risk, but not no risk, of having cancer are actively monitored in primary care to see if the risk of cancer changes.'
- CRUK's Healthcare Professional Tracker regularly reports that:

  - a high proportion of GPs see safety netting as part of their role

  - a high proportion of GPs think it's important to mention cancer as part of the referral process

  - a lower proportion of GPs feel they have adequate safety netting practices in place

(for further information on our Tracker Survey please visit the CRUK website)

SAFETY NETTING GUIDANCE

In England and Wales

NICE Guidelines 2015: 'Consider a review for people with any symptom that is associated with an increased risk of cancer, but who do not meet the criteria for referral or other investigative action.

The review may be:

- Planned within a timeframe agreed with the person, or
- Patient-initiated if new symptoms develop, the person continues to be concerned, or their symptoms recur, persist or worsen.'

In Scotland

Scottish Cancer Referral Guidelines 2019: 'It is not always appropriate for a clinician* to refer someone immediately with new symptoms or signs which could be cancer and an initial 'watch and wait' strategy may be appropriate. It is also important for clinicians to provide a 'safety net' and ensure people know when to return if their condition does not improve or change.'

*note the use of the term 'clinician' rather than GP, thus highlighting the role of other colleagues in the safety netting process.

SAFETY NETTING SUMMARY

This summary table is divided into three elements:

1 COMMUNICATE TO PATIENTS

2 ACTION FOR GPs

3 ACTION FOR PRACTICES

The table has been created using examples of good practice and processes and systems that support better management and referral of patients to support earlier diagnosis. You may wish to use the columns to the right of the descriptions to assess how many of these things your own practice currently carries out.

1. COMMUNICATE TO PATIENTS

Use the spaces below to indicate whether you currently communicate this information to patients.

RECOMMENDED SAFETY NETTING INFORMATION TO COMMUNICATE TO THE PATIENT	YES	SOMETIMES	NO
The likely time course of current symptoms (e.g. cough, bowel symptoms, pain)			
When to come back if symptoms do not resolve in the expected time course			
Specific warning/red flag symptoms or changes to look out for			
Who should make a follow up appointment with the GP, if needed			
The reasons for tests or referrals			
Next steps, how to obtain results, the importance of attending appointments (where appropriate, provide a copy or signpost to CRUK's Urgent Referral Explained leaflet)			
The importance of coming back if symptoms continue, even after a negative result			

2. ACTION FOR GPs

Use the spaces below to indicate whether you include the following safety netting actions within your consultations.

RECOMMENDED SAFETY NETTING ACTIONS TO **INCLUDE WITHIN CONSULTATIONS**	YES	SOMETIMES	NO
Check the patient understands the safety netting advice (considering language and/or literacy barriers)			
If a negative test result, ensure patient is followed up until their symptoms are explained, resolved or they are referred for further investigations			
Consider the accuracy of diagnostic tests (e.g. false negative rates for chest x-rays for lung cancer, different thresholds for FIT for screening v FIT for symptomatic etc.)			
Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)			
Code all symptoms, diagnostic tests and referrals and set up appropriate diary alerts			
Retain (or explicitly pass on) responsibility over initiated investigations until results are reviewed and acted upon appropriately			
Detail any safety netting advice in the medical notes (as understood by the patient)			

Does the practice have systems in place to ensure that all clinical staff and locums are aware of these priorities and are following best practice as indicated

3. ACTIONS FOR PRACTICES

Use the spaces below to indicate whether the following safety netting actions are carried out in your practice.

RECOMMENDED SAFETY NETTING ACTIONS FOR PRACTICES	YES	SOMETIMES	NO
Obtain up to date contact details for patients undergoing tests or referrals			
Inform patients about how to obtain their results			
Have a system for communicating abnormal test results to patients			
Have a system for contacting patients with abnormal test results who fail to attend for follow up			
Have a system to document that all results have been viewed and acted upon appropriately			
Have policies in place to ensure that tests/investigations ordered by locums are followed up			
Have systems that can highlight repeat consultations for unexplained recurrent signs/symptoms			
Practice staff involved in logging results are aware of reasons for urgent tests and referrals			
Conduct Learning Events for patients diagnosed via an emergency admission			
Conduct an annual audit of new cancer diagnoses (e.g. internal practice audit or by participating in the National Cancer Diagnosis Audit)			

What 3 key learning points have you identified from this summary? How will you incorporate them into your existing safety netting practice?

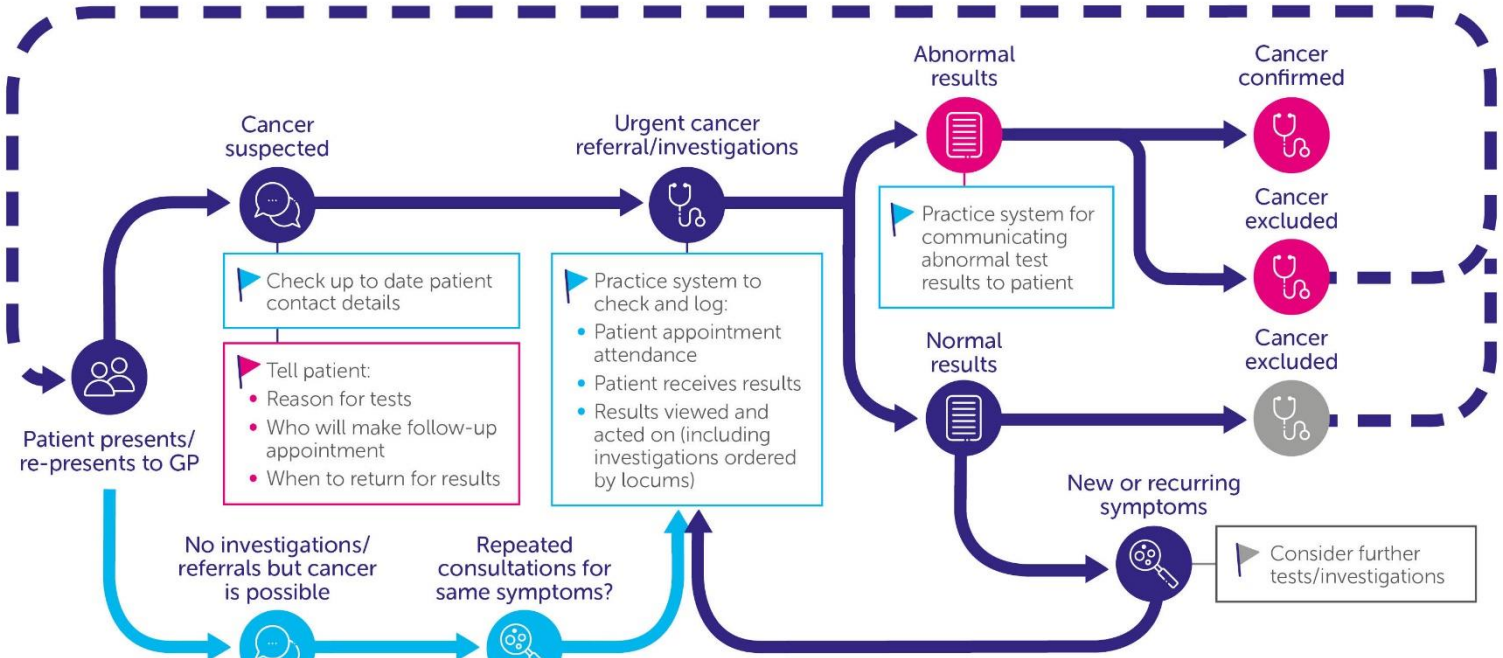
1	
2	
3	

EXAMPLES OF SAFETY NETTING GOOD PRACTICE

- Verbal advice communicated to patient within GP consultation
- Log book for urgent suspicion of cancer referrals (paper/electronic to ensure:
  - Urgent suspicion of cancer appointment has been received
  - Patient attendance to urgent suspicion of cancer appointment/investigations
  - Results follow up
- Booking of follow-up appointments with patients referred via urgent suspicion of cancer to check appointment attendance and/or discuss results:
  - 4-6 weeks post urgent suspicion of cancer referral
  - Consider telephone follow-up
- Use of GP IT systems e.g. electronic alerts/recall and reminders/task to colleagues or admin
  - Coding of symptoms
  - Use of Risk Assessment Tools

Safety netting summary

Communication to patients | Action for GPs | Action for practice | Education



Also consider...

- ☐ Keep up to date with referral guidelines for suspected cancer
- ☐ Conduct an annual audit of new cancer diagnoses
- ☐ Carry out a Learning Event of every delayed diagnosis of cancer

For references see **cruk.org/safetynetting**

Together we will beat cancer

CANCER RESEARCH UK

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