

SAFETY NETTING IN PRIMARY CARE

A missed or delayed cancer diagnosis is certainly a fear amongst the public and the medical profession. As no diagnostic test or clinical decision is ever 100% sensitive a missed diagnosis is a high probability in primary care. In the cancer realm individuals present at different stages in the evolution of their illness and the 'red flag' signs and symptoms may be absent or not present at all until the disease has progressed to a late stage. Safety netting can be viewed as a 'diagnostic strategy' or 'consultation technique' to ensure timely re-appraisal of a patient's condition. Safety netting is particularly important for conditions such as suspected cancer where patients present infrequently and symptoms can be common and non-specific. Safety Netting may support healthcare professionals to detect cancers earlier and minimise delayed diagnoses. There are many opportunities to safety net and these include:

- The first consultation
- Subsequent consultations for the same symptoms or medical problem
- Diagnostics
- Communications with hospitals
- Suspected cancer referrals
- Tracking and follow-up
- Locum arrangements and robust follow up processes.

Examples of safety netting include the following:

1. Offer a timely review and action after investigations have been requested
2. Actively monitor symptoms in people at low risk (but not no risk) to see if a patient's risk of cancer changes; this may include the use of Cancer Decision Support Tools such as QCancer and the Risk Assessment Tools (RAT)
3. Where appropriate reassure people who are concerned that they may have cancer that with their current symptoms their risk of having cancer is low
4. Explain to people who are being offered safety netting which symptoms to look out for and when they should return for re-evaluation. It may be appropriate to provide written information
5. Ensure that results of are reviewed and acted upon promptly and appropriately; the healthcare professional who ordered the investigation taking or explicitly delegating responsibility for this
6. 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
7. The review may be planned within a time frame agreed with the person or be patient-initiated if new symptoms develop, the person continues to be concerned or their symptoms recur, persist or worsen

8. Read code suspected cancer referrals and direct access diagnostics e.g. fast track suspected (breast) cancer referral, referral for ultrasound investigation
9. Track patient attendance and outcomes for blood tests/ imaging/ endoscopy/ suspected cancer outpatient appointments using the relevant software, e.g. ICE software, Tquest list management or other robust electronic safety netting system(s)
10. Pro-active recall to review patients who do not attend their appointment for diagnostics or suspected cancer clinic appointment within the time frame agreed.

Many GPs are aware of the definition of verbal safety netting however proactive electronic safety netting refers to maximising IT systems, processes and practice systems to organise patient follow up. Examples of this include:

- Fixing follow-up appointments before patients leave the consultation
- Advising patients 'when to worry' or to come back for a review of symptoms and signs
- Confirmation of 'suspected cancer or two-week wait' appointment received and attended
- Dedicated telephone hotline for elderly or vulnerable patients
- Read code referrals and diagnostics requests
- Follow up codes or Diary reminders that are searchable on a weekly or fortnightly basis to track and follow up patient activity and non-attendance
- Quality of documentation in notes including read coding effectively
- Communication with colleagues
- 'Usual doctor' systems for continuity
- Patient information leaflets to inform patients when to return to their GP for a clinical review.