

EARLY DIAGNOSIS OF CANCER

HOW DO WE MAKE SURE PATIENTS DON'T SLIP THROUGH THE NET?

DEFINITION OF SAFETY NETTING

- Safety netting is a 'diagnostic strategy¹' or 'consultation technique²' and requires effective systems and processes to ensure timely re-appraisal of a patient's condition
- NICE definition³: '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'

SAFETY NETTING GUIDANCE³:

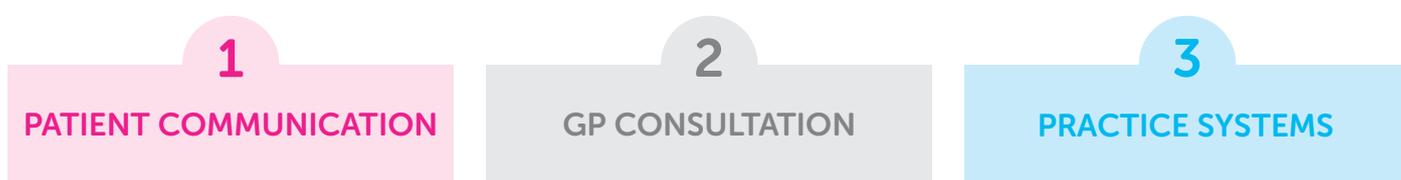
NICE GUIDELINES 2015: 'Consider a review for people with any symptom that is associated with an increased risk of cancer, but who do not meet the criteria for referral or other investigative action.

The review may be:

- planned within a time frame agreed with the person, or
- patient-initiated if new symptoms develop, the person continues to be concerned, or their symptoms recur, persist or worsen.'

SAFETY NETTING SUMMARY²

divided into 3 key elements:



1. Almond S, Mant D, Thompson M. Diagnostic Safety Netting. British Journal of General Practice 2009; 872-874

2. Safety netting to improve early cancer diagnosis in primary care: development of consensus guidelines. Final Report. 4th May 2011. Clare Bankhead et al.

3. Suspected cancer: recognition and referral NICE guideline. Published: 22 June 2015

SAFETY NETTING SUMMARY

1. PATIENT COMMUNICATION

Please indicate below whether you communicate the following safety-netting information to your patient:

RECOMMENDED SAFETY NETTING INFORMATION TO COMMUNICATE TO THE PATIENT	YES	SOMETIMES	NO
The likely time course (time to resolution of self-limiting condition) of current symptoms (e.g. cough, bowel symptoms, pain)			
Specific information about when and how to re-consult if symptoms do not resolve in the expected time course			
Specific warning symptoms and signs of serious disease (e.g. cancer)			
Who should make a follow up appointment with the GP, if needed (usually requesting the patient make the appointment, sometimes the doctor)			
If a diagnosis is uncertain, give a clear explanation for the reasons for tests or investigations (e.g. to exclude the possibility of serious disease or cancer)			
If a diagnosis is uncertain, that uncertainty should be communicated to the patient			

2. GP CONSULTATION

Please indicate below whether you include the following safety-netting actions within your consultations

RECOMMENDED SAFETY NETTING ACTIONS TO INCLUDE WITHIN CONSULTATIONS	YES	SOMETIMES	NO
The GP should ensure that the patient understands the safety netting advice			
GPs should take additional measures to ensure that safety netting advice is understood in patients with language and literacy barriers			
Safety netting advice should be documented in the medical notes			
Safety netting advice should be given verbally			
GPs should consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)			
If symptoms do not resolve, further investigations should be conducted even if previous tests are negative			
GPs should keep up to date on current guidelines for urgent referral for suspected cancer			

 **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 above?**

3. PRACTICE SYSTEMS

Please indicate below whether the following safety-netting actions are carried out in your practice

RECOMMENDED SAFETY NETTING ACTIONS FOR PRACTICES	YES	SOMETIMES	NO
The practice should have procedures in place to ensure that patients are aware of how to obtain results of investigations			
Practices should ensure that current contact details are available for patients undergoing tests/investigations or referrals			
The practice should have a system for communicating abnormal test results to patients			
Practices should have a system for contacting patients with abnormal test results who fail to attend for follow up			
Practice systems should be in place to document that all results have been viewed, and acted upon appropriately			
Practices should have policies in place to ensure that tests/investigations ordered by locums are followed up			
Practices should conduct significant event analysis for delayed diagnoses of cancer (focusing on symptoms, signs, diagnostic procedures, continuity of care and reasons for delay)			
Practice systems should be able to highlight repeat consultations for unexplained recurrent symptoms/signs			
Practices should conduct an annual audit of new cancer diagnoses			
Practices should participate in cancer awareness campaigns			
Practice staff involved in processing /logging of results should be aware of reasons for urgent referral under the 2 week wait			



WHAT 3 KEY LEARNING POINTS WILL YOU TAKE AWAY FROM TODAY AND HOW WILL YOU USE THEM WITHIN YOUR PRACTICE TO MAKE A DIFFERENCE?

1.
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2.
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3.
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EXAMPLES OF SAFETY NETTING GOOD PRACTICE



- Verbal advice communicated to patient within GP consultation
- Log book for 2WW referrals (Paper/ electronic) to ensure:
 - 2WW appointment has been received
 - Patient attendance to 2WW appointment / investigations
 - Results follow-up
- Reception staff phoning the hospitals to ensure faxed 2WW forms have been received
- Booking of **follow-up appointment** with patients referred via 2WW to check 2WW appointment attendance and/or discuss results
 - 4-6 weeks post 2WW referral
 - Consider telephone follow-up
- Use of GP IT systems e.g. Electronic alerts / Recall & reminders / tasks to colleagues or admin
 - Coding of symptoms
 - Use of Risk Assessment Tools

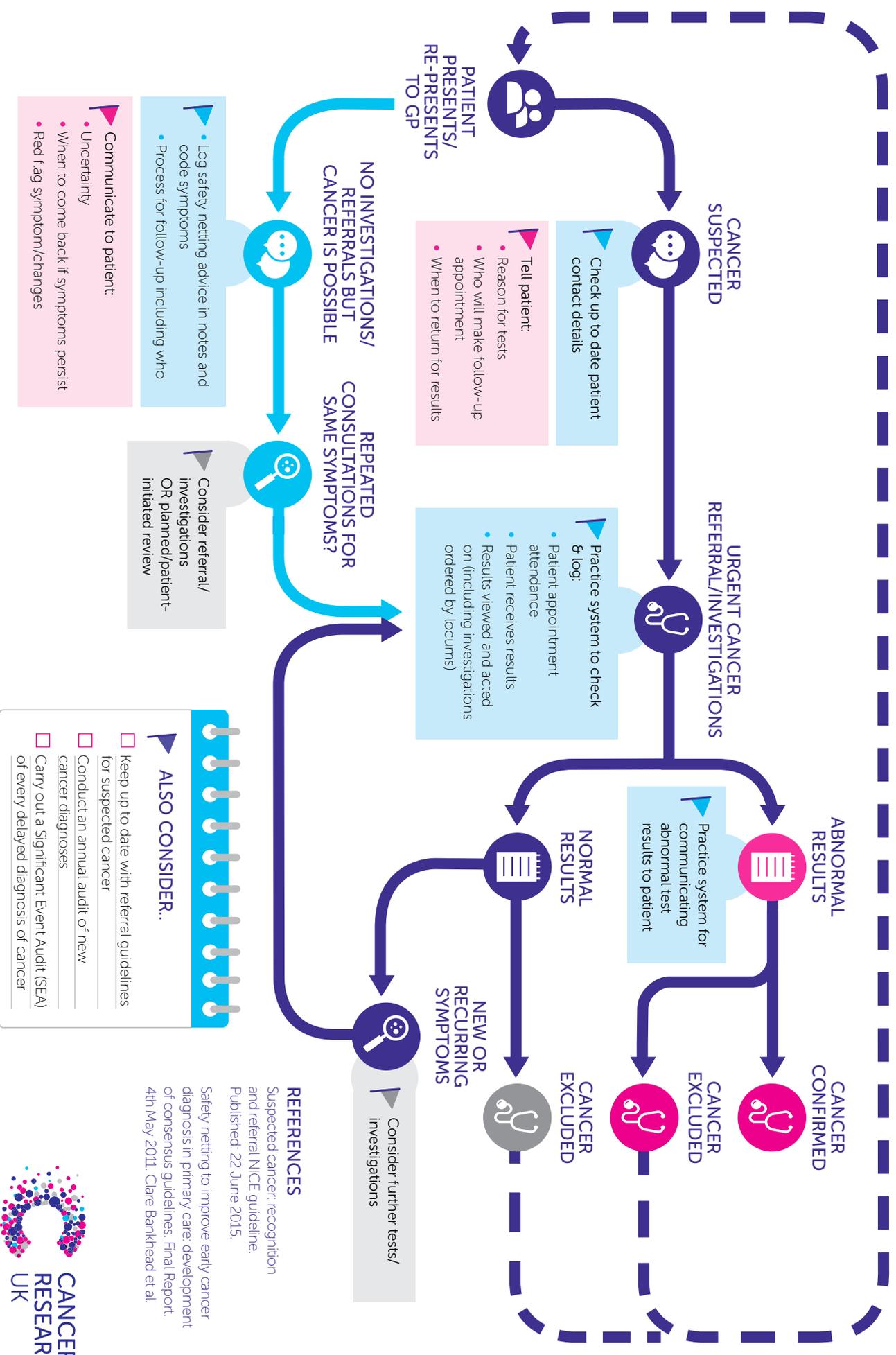
SAFETY NETTING SUMMARY

▶ Patient communication

▶ GP consultation

▶ Practice process/system

▶ Education



REFERENCES

Suspected cancer: recognition and referral NICE guideline. Published: 22 June 2015.

Safety netting to improve early cancer diagnosis in primary care: development of consensus guidelines. Final Report. 4th May 2011. Clare Bankhead et al.