Safety netting

1. If you feel that someone needs to be reviewed, offer to make an appointment for them, rather than asking them to do it. This is particularly important with vulnerable people or those where there may be an element of cognitive impairment.

2. The plan which is clear in your mind may not be retained clearly in the patient’s mind – written instructions can make all the difference.

3. If you feel the need to check on what is happening with someone, how do you remember? Health professionals are busy and our memories may let us down. Develop a paper or electronic system which will work for you. It can be useful to involve non-clinical members of the practice team in the safety netting process.

4. We all need a process to make sure results are received and checked, and which will also ensure that the patient is informed about their result and any actions required. Consider how robust the system is within your practice.

5. If you receive notification that someone has not attended an outpatient appointment review, it is important to consider the reason for this. Are their contact details up to date? Vulnerable people and those with any cognitive impairment will need to be followed up.

6. All of us have time away from our practices. Think about systems that will support your patients when you’re away. Sharing plans with the patient and a colleague will allow the patient to feel secure and supported while ensuring best possible continuity of care.

7. Accept that different patients have different thresholds for highlighting a concern in their health. Use objective measures such as changes in weight or haemoglobin to alert you that things might be going wrong.

8. Don’t be overly reassured by negative investigations – none are fool proof. Trust your clinical judgement and if you are still concerned then act. It may be necessary to repeat investigations, discuss results with the lab or diagnostic imaging department, or refer to a specialist.

9. Don’t be afraid of a referral that turns out to be unnecessary – that judgement can often only be made with hindsight and after investigation.

10. Use telephone reviews more – it isn’t necessary to clog up your future appointments with review patients ‘just in case’ their symptoms haven’t settled. Keep a note of the patients you are concerned about or add them to your appointment list. Giving them a call will be appreciated by your patients and you can arrange a face-to-face review if necessary.