Cancer Safety Netting

10 top tips

1. Safety netting can be broad in its definition but in summary, it is an essential process to help manage uncertainty in the diagnosis and management of patients. This is done by providing clear information, and organising a follow-up after contact with a health professional.

2. Safety netting is often applied differently in practice. It is important that healthcare professionals understand and apply the basic aspects of safety netting in daily practice. The rigour applied to safety netting is often tailored to a patient's needs and the clinician's concerns.

3. Communication to the patient is a central part of safety netting. Key aspects to cover with patients include:
   - communicating uncertainty and being explicit and clear about this
   - advice on red flags or worrying symptoms that should trigger an action
   - the likely time course of the illness ensuring SPECIFIC time frames are given
   - how and when to seek further review or re-present if symptoms persist or get worse.

4. Consider a range of actions to support patient understanding – this can help the patient to feel more empowered. Verbal advice can be supported by sharing patient information leaflets and/or using SMS email to share information digitally.

5. At the point of referral for an investigation or an Urgent Suspected Cancer pathway, communicate the rationale for the referral to the patient, ensure the patient's contact details are up-to-date and explain what to expect and what to do if no communication is received regarding the appointment or the result of a test.

6. A pitfall in diagnostics is the 'normal' or 'negative' result. Another aspect of safety netting is when a test is reported as normal, yet the patient continues to have symptoms. It is important to articulate to patients that, despite normal test results, if symptoms persist then further actions would be required and so they should re-present.

7. Primary care teams should have robust, digitalised methods of safety netting in place. Many practices are now using electronic systems which operate best with whole practice engagement, clear leadership and explicit processes in place.

8. Electronic safety netting systems work effectively if integrated into the GP electronic healthcare systems and use the coding system to capture specific events to be followed up and tracked. The systems should highlight concerns, such as patients who have not attended their appointments or tests. There should be clear protocols in place to address these situations.

9. Diagnostic uncertainty is part of general practice and is to be expected, especially when patients present with vague symptoms. Roger Neighbour used the phrase 'How will I know I'm wrong?' to refer to this element and this can be used as the basis for the 'in-consultation' elements of safety netting that rely on clear and transparent communication between the healthcare professional and the patient.

10. Safety netting is an essential requirement in the Primary Care Network DES, so following these tips and being able to demonstrate subsequent learning and actions will be useful evidence to show that your PCN has achieved this element of the DES.

APPENDIX:

cancerresearchuk.org/safety netting flow chart

nclcanceralliance.nhs.uk/Guide to coding and safety netting in cancer by Dr A-Bhuiya

nclcanceralliance.nhs.uk/safety-netting

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