Safety netting

1. If you feel a patient needs to be reviewed, offer to make an appointment for them, rather than asking them to do it.

2. The plan which is clear in your mind is unlikely to be retained clearly in the patient’s mind – written instructions may make all the difference.

3. If you feel the need to check on what is happening with a patient, how do you remember? We all need a system that is effective, whether it is on paper or electronic. Our memories are likely to let us down.

4. We all need robust systems to make sure results are received and checked, which also ensure that the results and any actions required, are communicated to the patients.

5. If you receive notification that a patient has not attended an outpatient appointment review the reason for the referral or review.

6. All of us have time away from our practices. When that happens, how are our vulnerable patients not disadvantaged? 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 complaint or concern – 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 foolproof. If you are still concerned repeat these, discuss 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.