

## Stages of safety netting

The below actions are recommended for a patient when the GP has reasonable concerns. These actions should be undertaken by either the GP, patient or support staff at different levels of the patient's journey.

At the **first consultation** the GP should:

- Give the patient clear oral and written instructions.
- Book the follow-up appointment.
- Ensure that the patients contact details are correct, and that their mobile number is documented.
- Send him/herself a patient task to remember to follow-up with the patient.
- Ensure that the patient understands how and where to go for investigations, and how to get any results.
- Document and code follow-up (9N7).
- Review notes briefly prior to consultation to check for significant disease or if unknown patient to the doctor.

With the **same problem after several consultations** the GP should:

- Implement investigations for recurring and/or unresolved problems.
- Clear follow up plan to follow results

During the **investigations** process the GP should:

- Tell the patient to chase results within a reasonable timeframe and told how to do so.
- Not rely on patient calling - significant result recall should be in place.
- Relay significant results urgently and in person or telephone.
- Document their recalls and any failed recalls.
- Keep electronic list of worrying results
- Ensure pathology comments are suitable, and that reception staff can understand them.

During **communication with the hospital**, the GP should:

- Check their local hospital pathology and radiology policies regarding how urgent results are communicated.
- Phone through urgent results (this is ideal but not universal)
- Ensure new clinical colleagues have pathology codes set-up so results are not sent elsewhere.
- Review near misses/SEA.
- Advocate that the hospital communicates new cancer diagnoses in a timely fashion.
- Advocate that the hospital sends up-to-date diagnoses and treatment plans in a timely fashion.
- Ask the hospital to clarify follow-up plans if there are spurious (sometimes the clinician can be contacted on NHS.net).

During the **referral** process the GP should:

- Communicate to patient what to expect, and give them the [cancer referral leaflet](#).
- Recommend using electronic methods to send cancer referrals (many sites now have dedicated email referral).
- Keep an electronic list of cancer referrals (this is made easier if referrals are coded).

During **follow-up of the patients**:

- Proactively chase non-attenders by calling or writing to them.
- Consider that vulnerable patients will require more flexibility (i.e.: elderly, illicit drug user, and alcohol dependent patients etc.).
- Ensure locums use electronic methods of relaying concern (i.e. tasks/alerts for patient with concerns).
- Administrative staff should also document their attempts to follow-up with the patient.

Strategies for **locums** and when you are on **leave**:

- Give locums a *Locum Pack* with information on how to refer and code.

- Ensure that the locum uses the right pathology code so results come back to the regular doctor.
- Ensure results and/or letters are buddied up with another colleague if you are away.
- Ensure any concerns are relayed to a colleague before taking leave. This should be documented in notes.

Functions for the **Practice Administration Team**

- Front of house to check with existing patients and new patients their contact details are correct, in particular telephone numbers.
- Ensure systems are activated to enable patient’s opportunities to update details including online.
- Take opportunities to learn from Cancer Significant Event Analysis (SEA).

**Stages of safety netting**

1. **At the first consultation**
2. **With the same problem**
3. **Investigations – inc. DIRECT ACCESS to investigations**
4. **Communications with the hospital**
5. **Referrals**
6. **Follow-up of patients**
7. **Locums and leave**
8. **Practice Administration team**
9. **Proactive safety netting**

GP/Patient



System Processes  
Practice/Hospital



Summary of stages of safety netting at the practice level