

Safety netting summary

Safety Netting is recognised as an important element of Cancer Referral Guidelines. This table summarises advice for communicating with patients, as well as safety netting actions for health care professionals.

Communicate to patients	The likely time course of current symptoms (e.g. cough, bowel symptoms, pain)
	When to come back if symptoms do not resolve in the expected time course
	Specific warning/red flag symptoms or changes to look out for
	Who should make a follow up appointment with the GP, if needed
	The reasons for tests or referrals
	Next steps, how to obtain results, the importance of attending appointments (where appropriate signpost to CRUK's Urgent Referral Explained leaflet)
	The importance of coming back if symptoms continue, even after a negative test result
Actions for GPs	Check the patient understands the safety netting advice (considering language and/or literacy barriers)
	If a negative test result, ensure the patient is followed up until their symptoms are explained, resolved or they are referred for further investigations
	Consider the accuracy of diagnostic tests (e.g. false negative rates for chest x-rays for lung cancer, different thresholds in FIT for screening vs. FIT for symptomatic patients, etc.)
	Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)
	Code all symptoms, diagnostic tests, referrals and set up appropriate diary alerts
	Retain (or explicitly pass on) responsibility over initiated investigations until results are reviewed and acted upon appropriately
	Detail safety netting advice in the medical notes (as understood by the patient)
Actions for practices	Obtain up to date contact details for patients undergoing tests or referrals
	Inform patients about how to obtain their results
	Have a system for communicating abnormal test results to patients
	Have a system for contacting patients with abnormal test results who fail to attend for follow up
	Have a system to document that all results have been viewed and acted upon appropriately
	Have policies in place to ensure that tests/investigations ordered by locums are followed up
	Have systems that can highlight repeat consultations for unexplained recurrent signs/symptoms
	Practice staff involved in logging results are aware of reasons for urgent tests and referrals
	Conduct learning events for patients diagnosed via an emergency presentation
	Conduct an annual audit of new cancer diagnoses (e.g. internal practice audit or by participating in the National Cancer Diagnosis Audit)

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

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