



PAN-LONDON SUSPECTED CANCER SAFETY NETTING GUIDE

TOP 10 TIPS FOR PRACTICE SAFETY-NETTING FOR DIRECT ACCESS DIAGNOSTICS AND REFERRALS

The Pan-London team recommend the following as part of the GP/dental practice **suspected cancer safety-netting system**. This should also be used as part of the GP practice **diagnostics safety-netting system**:

1. Offer a timely review and action after investigations have been requested
2. Actively monitor symptoms in people at low risk to see if their risk of cancer changes
3. Where appropriate reassure people who are concerned that they may have cancer that with their current symptoms their risk of having cancer is low
4. Explain to people who are being offered safety netting which symptoms to look out for and when they should return for re-evaluation. It may be appropriate to provide written information
5. Ensure that results are reviewed and acted upon promptly and appropriately; the healthcare professional who ordered the investigation taking or explicitly delegating responsibility for this. Be aware of the possibility of false-negative results for chest X-rays (NG12, 2015)
6. Consider a review for people with any symptom that is associated with an increased risk of cancer, but who do not meet the criteria for referral or other investigative action
7. The review may be planned within a time frame agreed with the person or be patient-initiated. If new symptoms develop, the person continues to be concerned or their symptoms recur, persist or worsen
8. Read code suspected cancer referrals and direct access diagnostics e.g. *fast track suspected (breast) cancer referral, referral for ultrasound investigation*
9. Track patient attendance and outcomes for blood tests/ imaging/ endoscopy/ suspected cancer outpatient appointments using the relevant software, e.g. ICE software, tQuest list management or other robust electronic safety netting system
10. Pro-active recall to review patients who do not attend their appointment for diagnostics / two week wait clinic within the time frame agreed:
 - EmisWeb: A coded **Diary entry** within the 'follow up' component of the consultation where a regular search is conducted to track patients in their suspected cancer/diagnostics journey
 - SystemOne: If using a Referral Wizard please ensure a practice safety-netting system is established

REFERENCES

- NICE NG12, Suspected cancer: recognition and referral (2015) <https://www.nice.org.uk/guidance/ng12>
- NICE CG27, Referral Guideline for Suspected Cancer (2005)
<http://webarchive.nationalarchives.gov.uk/20060715141954/http://nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf>

RESOURCES

- CRUK Safety netting guide: http://www.cancerresearchuk.org/sites/default/files/16_safety_netting.pdf
- *London Cancer* & Macmillan Safety Netting Guide http://www.londoncancer.org/media/126626/150708_Guide-to-coding-and-safety-netting_report_Dr-A-Bhuiya_V3.pdf