Safety netting in healthcare consultations: A scoping review

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Background – the story so far

- The term safety netting was introduced 30 years ago by Roger Neighbour
- Three questions
  - If I’m right, what do I expect to happen?
  - How will I know if I am wrong?
  - And what would I do then?
Background – the story so far

Meningitis Baby Watch

Is your baby getting worse fast? Babies can get ill very quickly, so check often.

- Babies can get ill very quickly, so check often.
- Unusual grunting sounds
- Vomiting/refusing to feed
- Irritable when picked up, with a high-pitched, moaning or cold cry
- Bluish skin, getting paler or turning blue
- Breathing: hard/difficult breathing
- Extreme shivering
- Pin prick: rash marks or purple bruises anywhere on the body
- Cold hands and feet
- Sometimes diarrhoea
- A stiff body with jerky movements, or else floppy and floppy
- Pain/irritability from muscle aches or severe limb/joint pain

Not every baby gets all these symptoms and they can appear in any order.

Get your baby vaccinated to protect against meningitis. Inoculation is good protection but can't prevent all harm.

For information and support our Freephone helpline is available 365 days a year 0800 8800 3344 (UK) - 1800 41 3344 (Ireland)

helpline@meningitis-uk.org
www.meningitis.org
Background – the story so far

Suspected cancer: recognition and referral

NICE guideline [NG12]  Published date: June 2015

Let's beat cancer sooner

Safety netting
Theme 1: presentation and diagnosis. Learning points around presentation and diagnosis considered the inevitability of some EPs, and the atypical nature of others, the need to be vigilant and to consider specific symptoms such as back or shoulder pain in lung cancer (Walter et al, 2015), and the use and usefulness of diagnostic tests.

Theme 2: consultation activity and safety-netting. Unsurprisingly, many of the learning points were based around the consultation and were often framed as safety-netting. They included the importance of ensuring appropriate follow-up, continuity in relation to practitioner seen, good record keeping and being wary of the reassurance provided by diagnostic tests.

Theme 3: communication and system issues. There was considerable discussion around communication, primarily between primary and secondary care, and also between members of the primary care team. Some reports had highlighted examples of good communication and team working, but there were also instances wherein practices reported that communication could be improved.

Theme 4: patient factors. Several areas for learning were identified in relation to patient-specific factors, including frequency of attendance and being aware of those who start to use services more
Aim

• Three questions
  – What is safety netting?
  – When should safety netting be used?
  – What information should safety netting contain?
Methods

- Scoping review
- Arksey and O’Malley Framework
- Search terms around safety netting
- Grey literature, policy and education websites
- Broad inclusion criteria
Records identified through database searching (n = 8245)

Additional records identified through other sources (n = 47)

Records after duplicates removed (n = 4298)

Records screened by title and abstract (n = 4298)

Records excluded (n = 4192)

Full-text articles assessed for eligibility (n = 107)

Studies included in qualitative synthesis (n = 55)

Full-text articles excluded, with reasons:
- No information on safety netting = 25
- Not relevant = 13
- Briefly mentions safety netting with no further info = 14
Question 1

What is safety netting?
information
“To me, safety-netting was primarily a mind-set thing, a little voice whispering, ‘Remember you’re fallible, and don’t let this patient come to harm as a result.’

I hope the little voice isn’t now saying, ‘Write it all down, spell it all out, and you’re covered.’

No, of course it isn’t; it’s saying both. Isn’t it?”

-Roger Neighbour
Other definitions

- “the active monitoring of patients in primary care”
- “a set of procedures or guidelines for discharge”
- “a diagnostic strategy”
Time for Change?

“Safety netting is an essential process to help manage uncertainty in diagnosis and management by providing information for patients and organising follow up after contact with a health professional. It aims to empower patients to recognise serious illness and seek timely and appropriate further healthcare.

Safety netting may be performed at the time of the contact between health professional and patient, or may happen after the contact through active monitoring and administrative systems to manage results and referrals.”
Question 2

When should safety netting be used?
I THINK ABOUT YOU ALL THE TIME
Question 2
When should safety netting be used?
When someone has **two or more** long-term health conditions.
Question 3

What information should safety netting contain?


PLAN:
UNCERTAINTY AHEAD
Other components

Written information
Patient’s contact details
Information on referrals
Follow up of “Did not attends”
Legitimising repeat visits
Recommendations

• Teaching safety netting

• Safety netting checklist

• Life buoy of safety netting
SAFETY NETTING SUMMARY

The importance of safety netting is highlighted in the NG12 guidelines. This table summarises advice for communicating with patients, as well as safety netting actions for GPs and GP practices.

<table>
<thead>
<tr>
<th>COMMUNICATE TO PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely time course of current symptoms</td>
</tr>
<tr>
<td>When to come back if symptoms do not resolve in expected time course</td>
</tr>
<tr>
<td>Specific warning/ red flag symptoms or changes to look out for</td>
</tr>
<tr>
<td>Who should make a follow up appointment with the GP, if needed</td>
</tr>
<tr>
<td>The reasons for tests or referrals</td>
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<tr>
<td>If a diagnosis is uncertain</td>
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</tbody>
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Safety netting checklist

✓ Explain how and where the patient should seek additional help if needed

   If the patient becomes unwell out of hours, where should they go?

✓ Discuss signs and symptoms to look out for and highlight red flags which may indicate serious disease

✓ Discuss a clear plan of action for follow up

   How should the patient make a follow up appointment? Should a review be booked in advance? Can telephone follow up be helpful?

✓ Communicate uncertainty

   By explaining that the diagnosis is uncertain, patients are empowered to return if necessary, encourage patients to re-attend if worried

✓ Explain the expected natural time course of the illness or symptoms to the patient

   When should the patient be feeling better? How long should the symptoms last? When should the patient return for a review? Include a summary of the findings and the likely diagnosis

✓ Explain investigations

   What are the tests for? How long will the results take? How will the patient be informed of results?

✓ Document advice in the patient’s notes
Thank You!