



Together we will beat cancer

Safety netting patients during the COVID-19 recovery phase



Why safety net?

Consistent safety netting is important to implement across your practice. It aims to ensure patients are monitored until signs and symptoms are explained or resolved and involves patient communication around next steps and follow-up, and key administrative processes to ensure tests and referrals are acted on and no patient is 'lost' in the system.

'Together with our patients, we benefit from clear, shared systems to ensure that consultations, tests and subsequent actions are linked to rapid, appropriate management.'

Dr Pawan Randev

We encourage you to review your practice's current systems and educate the wider team, to ensure a consistent approach.

Why now?

These unprecedented times have prompted rapid changes to pathways and shifts in patient and health professional behaviour, as well as creating a significant patient backlog. This has the potential to impact patients and undermine our efforts to see fewer people diagnosed with late stage cancer. During the recovery phase, robust safety netting protocols are important for mitigating the impact of COVID-19 on patients.

This quick reference guide summarises our recommendations on safety netting in a range of scenarios during the COVID-19 recovery phase.

! Actions for all GP practices

Safety netting decisions should always be focused on balancing risk

- The management of a patient with potential cancer symptoms during the COVID-19 recovery phase should be made between the clinician and patient, and as far as possible be informed by a thorough understanding of the risk levels vs benefits and factors applicable to the patient
- Make use of Cancer Referral Guidelines (**NG12** and **SCRG**) as well as visualisation tools such as our **NICE** and **SCRG** infographics to inform decision making
- **Cancer decision support tools** may also be useful to calculate risk

Step-by-step process for all scenarios

- ✓ Put a system in place to document safety netting actions during the COVID-19 recovery phase, to ensure appropriate follow-up action is taken
- ✓ Check locally for existing safety netting templates tailored to your IT system that clinicians can use during consultations and administrative staff can use to track/follow up with patients
- ✓ Record the safety netting advice provided to patients in medical notes (as understood by the patient) including the method and type of consultation. Record that the patient has been safety netted and if they have been referred during the COVID-19 pandemic or in the recovery phase
- ✓ Ensure the patient is clear about the next steps following the consultation
- ✓ Ensure patient contact details are up-to-date

🇬🇧 National COVID-19 guidance for primary care

England/Wales

NG12 is still applicable however do check locally for any temporary adjustments to pathways.

England – **NHS England and NHS Improvement guidance** recommends appropriate safety netting where referrals are downgraded outside of the usual policies and NICE guidance.

Wales – Check with your local health board for the latest Welsh Government guidance but Primary Care One has also provided general **guidance for primary care in Wales**.

Scotland

SCRG are still applicable and urgent suspicion of cancer referrals should still be made however local pathways may be amended. **Health Improvement Scotland** have also provided useful COVID-19 related resources for NHS Scotland.

Northern Ireland

The Northern Ireland Cancer Network recommends continuing to refer to **existing guidance** on red flag referrals.



Scenarios with specific advice for managing patients who present with suspected cancer symptoms during the COVID-19 recovery phase

Decision A patient is placed on an urgent referral pathway for suspected cancer

Safety netting action

- ✓ Document that the patient is sent on an urgent referral pathway and record how their referral is progressed in secondary care
- ✓ Maintain and regularly review patient to monitor progress of the cancer referral
- ✓ Ensure patient contact details are up-to-date

Patient communication

- ✓ Make the patient aware they are receiving an urgent referral for suspected cancer and signpost to information such as our updated **Urgent Referral Explained leaflet**, to help them prepare for appointments and tests [cruk.org/urgentreferral](https://www.cruk.org/urgentreferral) (England / Wales / Scotland versions available)
- ✓ The patient should be advised when they are likely to hear from the hospital, and what to do if they've not heard anything within an explicit period
- ✓ Inform the patient that initial consultations might be on the telephone and tests might be delayed
- ✓ If the patient is worried about how COVID-19 will affect them, please signpost to our information on **COVID-19 and cancer**

Decision The decision is taken not to refer a patient due to the level of risk and/or patient concern (see local guidance in Scotland)

Safety netting action

- ✓ Document that the patient is not being referred (if presentation indicates low level of cancer risk or patient does not want to be referred during COVID-19)
- ✓ Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened
- ✓ Regularly review patients who are being monitored during the COVID-19 recovery phase to ensure they are introduced into the diagnostic/cancer referral system when it is safe to do so
- ✓ Document eventual referrals on your IT system
- ✓ Ensure patient contact details are up-to-date

Patient communication

- ✓ Check the patient understands why their cancer risk vs. COVID-19 risk needs to be assessed and the importance of making a joint decision about the next course of action
- ✓ Check the patient fully understands the safety netting advice provided especially if the appointment is via telephone
- ✓ Remind the patient that if their symptoms worsen, or persist beyond an explicit time period, they should contact their GP
- ✓ If the patient has chosen not to be referred at that time, inform the patient to contact their GP if they change their mind

Decision A patient was referred on an urgent referral pathway, but has been downgraded with consent of the primary care professional

Safety netting action

- ✓ Document that the patient has been referred on an urgent referral and then downgraded
- ✓ Use GP IT system to set reminders to review whether the patient's symptoms have resolved, continued to persist or worsened
- ✓ Ensure patient contact details are up-to-date

Patient communication

- ✓ Check the patient understands the safety netting advice provided especially if the appointment is via telephone
- ✓ Remind the patient that if their symptoms worsen, or persist beyond an explicit time period, they should contact their GP

Visit [cruk.org/safetynettingtools](https://www.cruk.org/safetynettingtools) for further resources
Further remote support may be available in your area. Contact facilitators@cancer.org.uk to find out how they can support you with safety netting in your practice.



If you have any comments on this document or have information that you think would be helpful, please get in touch at earlydiagnosis@cancer.org.uk