NHS

UCLH Cancer Collaborative
The Cancer Alliance for north and east London

ELECTRONIC SAFETY NETTING TOOLKIT
for cancer

The EMIS Web user guide

Contents

Disclaimer:

All the images and screen shots in this guide are taken from a 'dummy' EMIS Web system that is set up for training purposes. Hence they are fictitious and do not represent any real patients nor infer to any real patients.

Introduction

Welcome to the safety netting toolkit user guide for GP practices. This guide is designed to act as a standalone guide. It may also supplement the user video guide (insert link) or a workshop you may have attended on how to use and implement the toolkit.

The toolkit is an electronic method of tracking patients of high to low concern within your surgery using functionalities within EMIS Web that you are already familiar with. The toolkit aims to provide GP surgeries with a robust method to safety net their patients.

The toolkit is designed to be used by the practice team as a whole. It requires the clinicians to use the template and an administrative member of practice staff to lead on the tracking aspects. This can be a new way of working for some surgeries so will require leadership advocacy in order for this to work smoothly. This system should replace existing verbal or paper methods of safety netting and as such offers a centralised, more efficient approach.

The toolkit concept was conceived in collaboration with the Transforming cancer services team for London (TCST). The toolkit has undergone a feasibility trial and several QI PDSA cycles conducted by UCLH Cancer Collaborative to reach its final comprehensive version with feedback from our pilot GP sites. We are currently leading on this version of the EMIS Web toolkit and have a pilot running with further recruitment and an education plan in place.

UCLH Cancer Collaborative is the Cancer Alliance for north and east London that brings together hospital trusts, GPs, health service commissioners and local authorities to improve early cancer diagnosis, outcomes and care for patients in the region. Working with stakeholders, its mission is to achieve world-leading patient outcomes and experience for its local population.

Dr Afsana Bhuyia - GP Macmillan Improvement Lead, UCLH Cancer Collaborative
Prof Kathy Pritchard-Jones - Chief Medical Officer, UCLH Cancer Collaborative

What is safety netting?

- Safety netting is a strategy to help manage diagnostic uncertainty. It helps ensure patients undergoing investigations or presenting with symptoms which could potentially indicate serious disease, are followed up in a timely and appropriate manner REF 1 and it requires the clinician to explain and share their strategy with their patient.

- The aim is to ensure patients do not drop out of the primary care net but are 'monitored' until their symptoms have been explained or resolved.

- Effective safety netting is dependent on good continuity of information, record keeping and coding REF 2.

- There is little agreement on how to interpret or apply safety netting and we know there is wide variation in how it is done.

What are the methods of safety netting?

Methods of Safety Netting   Slide 1

There are 3 methods of safety netting. Click on each one to learn more.

Verbal	Written	Electronic

Verbal. This is the least stringent form of safety netting. It should be used if the clinical level of concern is minor, but the GP must be clear on their instructions. And check patient understanding The GP should state a specific time period that the patient should return if they're not better.
Issues: No documentation, so no auditable way to chase patients if you were concerned.

Written is superior to verbal.
This can be in the form of written records for yourself (paper diary) or a written plan given to the patient on a piece of paper.
This is not the ideal method for managing systems like cancer referral lists.
Issues: Paper is vulnerable. It is easily destroyed and can go missing or be misplaced.

Electronic safety

Definition: Electronic safety netting is the method recommended that provides practices with a rigorous, robust, traceable and auditable pro-active approach to tracking patients where needed, for example suspected cancer referrals. Examples of functions using the patient healthcare record include alerts, tasks, read codes, electronic referrals, diary entries, follow up codes and text messaging (Bhuiya, Patel, 2016).

Alert function: This can relay important information on opening a patient record. They should be dated and deleted once the information is no longer valid.

Tasks: sent to GP or others.

Electronic referrals: use mail-merged referral letters and take advantage of emailing referrals over fax.

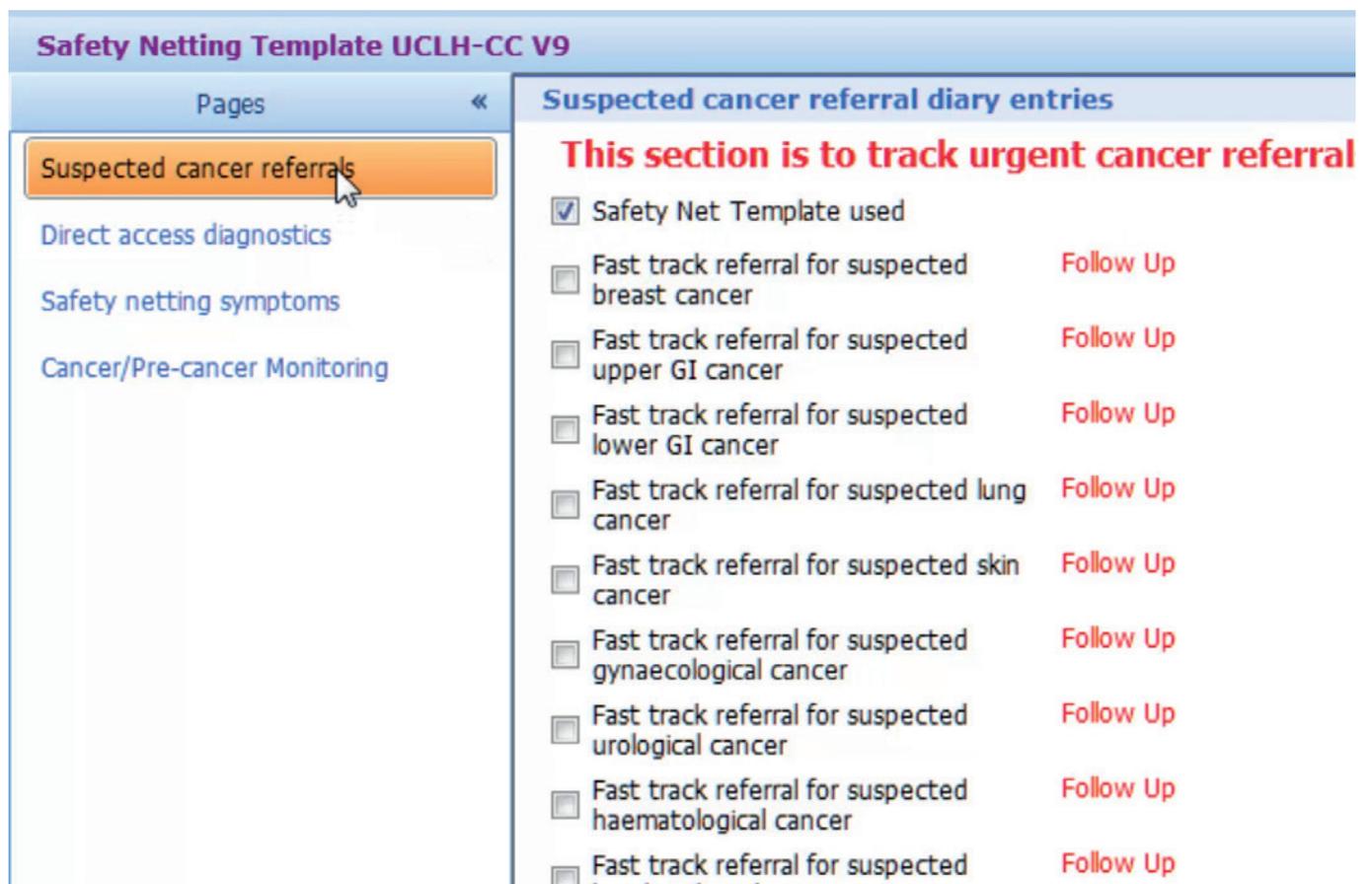**Electronic pathology/imaging requests (over hand written)**

Text messaging (SMS): results, reminders etc.

Diary function: Coding actions like referrals and tagging to a diary date means it easier to track actions and follow up to see if they are carried out or not.

The toolkit components

The toolkit comprises a comprehensive template clinicians would use for their patients, a search that has been written to retrieve information, alerts that pop up on the records and triggers that help remind users to use the template.

The template comprises four pages and the following images demonstrate the template overview and each of the sections within it.

Page 1: Suspected cancer referrals.

Safety Netting Template UCLH-CC V9

Pages

Suspected cancer referrals

Direct access diagnostics

Safety netting symptoms

Cancer/Pre-cancer Monitoring

Suspected cancer referral diary entries

This section is to track urgent cancer referrals made and outcomes from the referrals.

☑ Safety Net Template used

☐ Fast track referral for suspected breast cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected upper GI cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected lower GI cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected lung cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected skin cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected gynaecological cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected urological cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected haematological cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected head and neck cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected childrens cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected brain&CNS cancer	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected sarcoma	Follow Up	03-Apr-2018	No pre
☐ Fast track referral for suspected ophthalmology cancer	Follow Up	03-Apr-2018	No pre
☐ Referral to cancer of unknown primary (CUP) service	Follow Up	03-Apr-2018	No pre
	Text		
☐ Referred to multi-disciplinary diagnostic centre (MDC)	Follow Up	03-Apr-2018	No pre
	Text		

Page 2: Direct access investigations.

Safety Netting Template UCLH-CC V9

Pages

Suspected cancer referrals

Direct access diagnostics

Safety netting symptoms

Cancer/Pre-cancer Monitoring

Diagnostics (direct access) diary entries

This section is to track direct access investigations and general test requests.
There is variability in access to direct diagnostics. Please be familiar with what is available in your locality.
(Direct access - when a test is performed and primary care retain clinical responsibility throughout, including acting on the results.)

☐ Refer for X-ray	Follow Up	03-Apr-2018	No pre
	Text		
☐ Refer for ultrasound investigation	Follow Up	03-Apr-2018	No pre
	Text		
☐ Refer for CT scan	Follow Up	03-Apr-2018	No pre
	Text Specify CT site:		
☐ Refer for MRI Brain	Follow Up	03-Apr-2018	No pre
	Text MRI Brain.		
☐ Referral for gastroscopy	Follow Up	03-Apr-2018	No pre
	Text		
☐ Referral for colonoscopy	Follow Up	03-Apr-2018	No pre
	Text		
☐ Refer for sigmoidoscopy	Follow Up	03-Apr-2018	No pre
	Text		
☐ Referred for blood test/s	Follow Up	03-Apr-2018	No pre
	Text		
☐ Referred for urine MCS	Follow Up	03-Apr-2018	No pre
	Text		
☐ Referred for quantitative faecal immunochemical test (qFIT)	Follow Up	03-Apr-2018	No pre

Page 3: Active monitoring of the patient's symptoms.

Page 4: Monitoring of patients who have had cancer or those who have pre-cancerous conditions..

The template can be retrieved within a consultation when you are seeing a patient and the following cases will exemplify how to best use each page. (E.g. Case 1 - page 1, Case 2 - page 2 etc.)
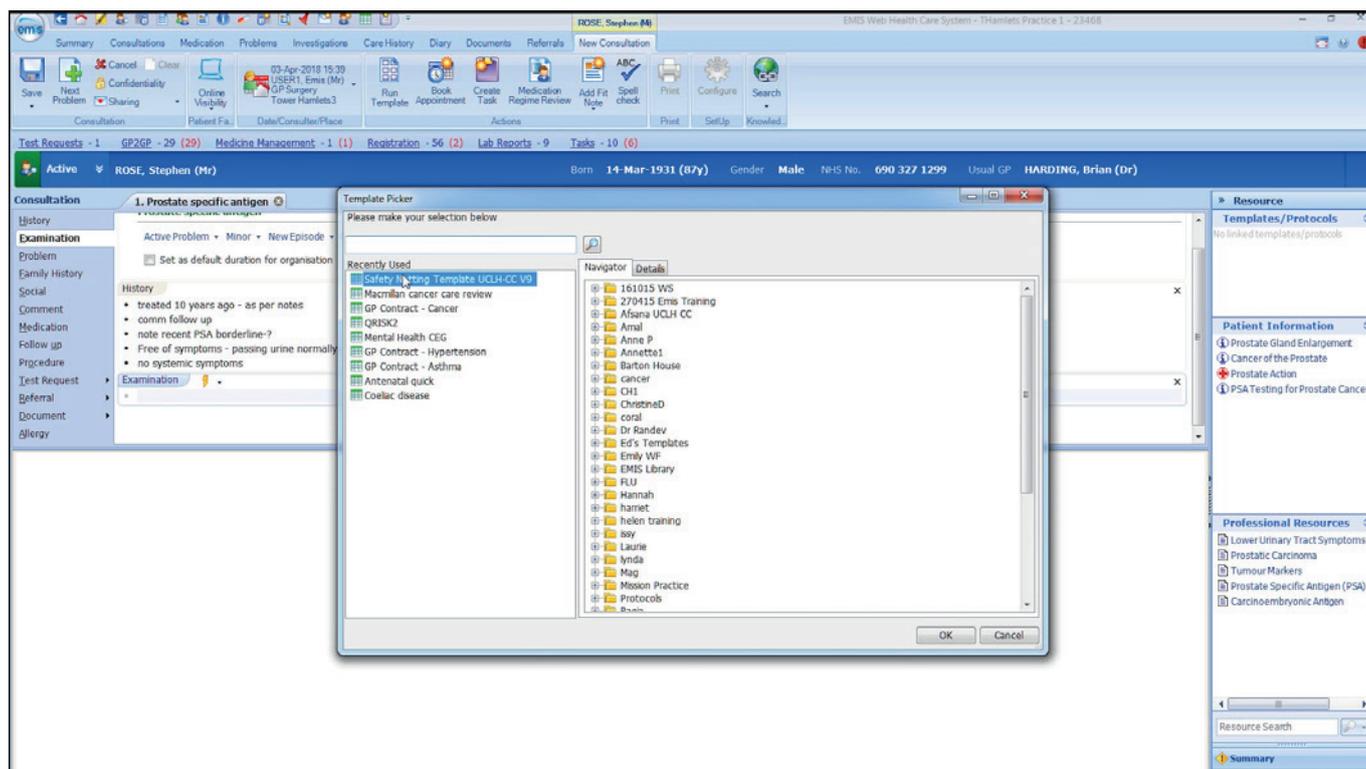
You would only use the most relevant page for that patient during a consultation and not need to switch between the pages.

Case 1 - 65 year old man with rectal bleeding for 10 days:

You conclude after this patient's history and examination that an urgent fast track cancer is required. You would open the template to assist you further in completing the consultation and adding the patient to the safety net system. On the first page of the template you would select 'fast track referral for lower GI cancer' and ideally would forward date the diary entry for two weeks from the date seen. This date would be coded in the notes and sit in the diary entry page.

There are further prompts and advice for you to discuss with your patient as you scroll down - notably discussing the possibility of cancer and the availability to be seen in two weeks.

If these boxes are ticked this information is saved to the consultation. For those clinicians who do not complete the urgent cancer referral form within the consultation this can be helpful and there is also a link to the urgent cancer referral patient information leaflet.

Case 2 - Unusual pain including night pain below the knee in a 45 year old man:

After documenting the history and the examination, you conclude that an urgent X-ray is required. You would like to ensure the patient attends for their X-ray and that the results are returned to you. On page 2 of the template you would add a diary entry for 'refer to X-ray'. As X-rays are generally easy to access (same day within working hours) you could forward date this for one week.

The diary entry code has a free text section where you can document your concerns or actions for the follow up. In this case the following comment maybe helpful: '? Sarcoma - ensure X-Ray done and results are on the system'. This enables more specific follow up by your administrative team.

Scrolling further down are the safety net cues to discuss with the patient particularly when obtaining the results of the investigation.

Please note that normal or negative test results may not always reassure you that a patient is well and you may want to continue monitoring them, especially if their symptoms persist.

Case 3 - New bloating for a week in a 48 year old lady:

This case is to highlight your options in using page 3 which is purposely vague and allows the clinician to track any event or symptom not captured within the template by using the 'active monitoring of patient' code.

A relevant free text for this code could be: 'To have a FBC, ESR and Ca125 if symptoms have not settled in 2 weeks'.

Symptoms can be read coded using the drop down menu.
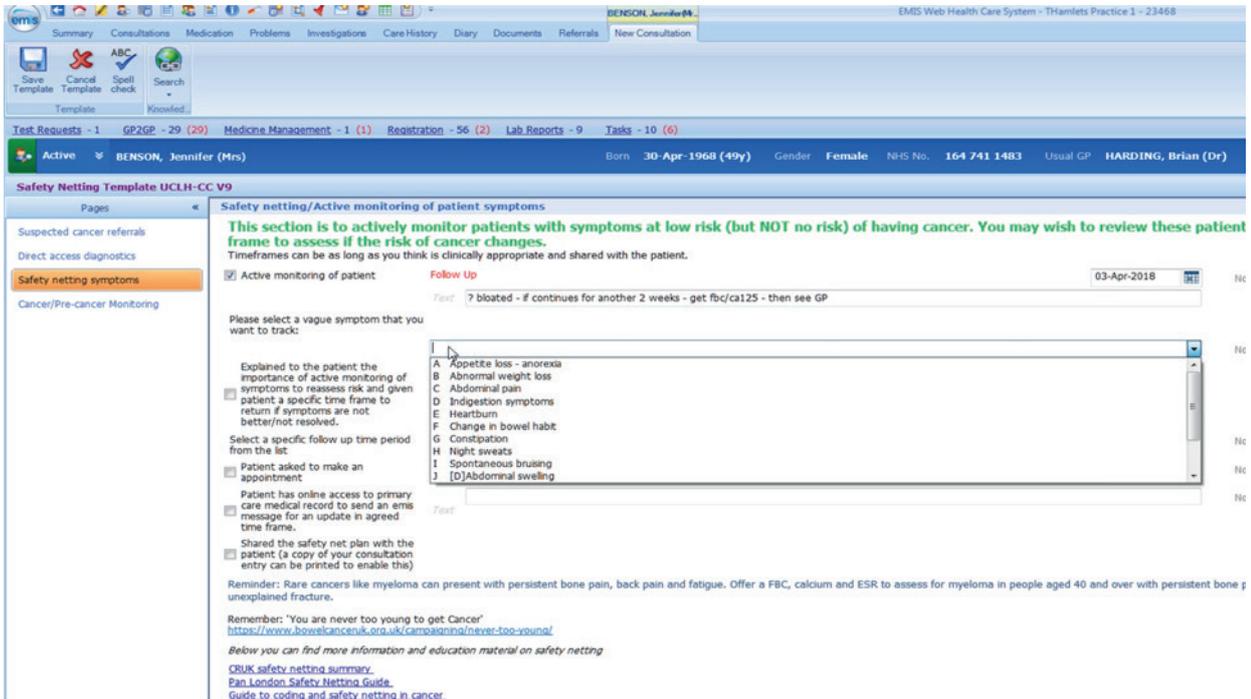
Similar safety net cues are present and there is an option to record your safety net follow up time frame using another drop down menu.
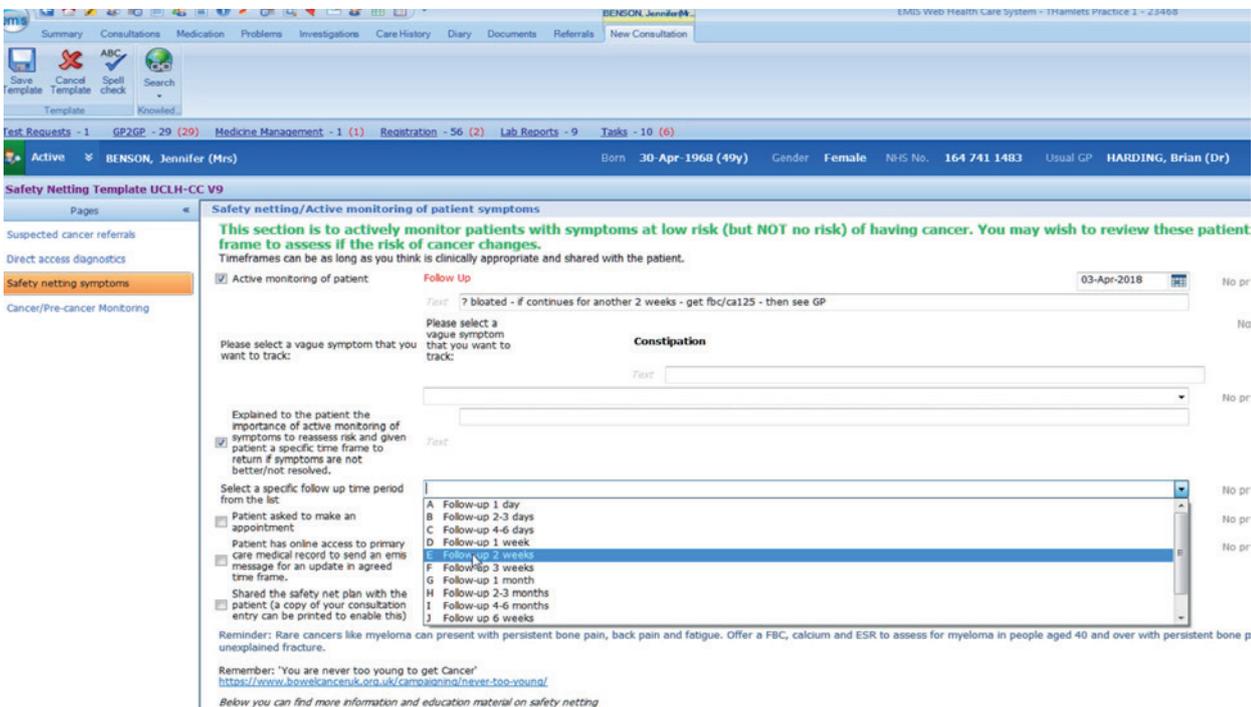
Case 4 - PSA rising in a 66 year old man with previous prostate cancer:

This patient has a history of treated prostate cancer 10 years ago. A recent annual PSA level is noted to be borderline raised for his age and his PSA has been normal for many years preceding this. You would use page 4 of the template. As you can see it presents you with the recent coded blood results for that patient at the start of the page.

By using the 'PSA monitoring in primary care' diary entry code you could add a diary entry reminder for him to have a repeat PSA blood test in three months and be able to track the pattern of the PSA level.

The free text section can be used for you to be more specific on the instructions as a result of the PSA test.

The searches

Searches are the best way to retrieve coded information from the electronic healthcare record (EHR). By using the template, all the actions are coded and attached to diary entries. The searches have an auto report with them so the information can be downloaded to a spreadsheet to be processed. The searches can be run automatically or manually as often as the practice deems suitable – but it is recommended that the searches are run weekly and set to auto-run for ease.
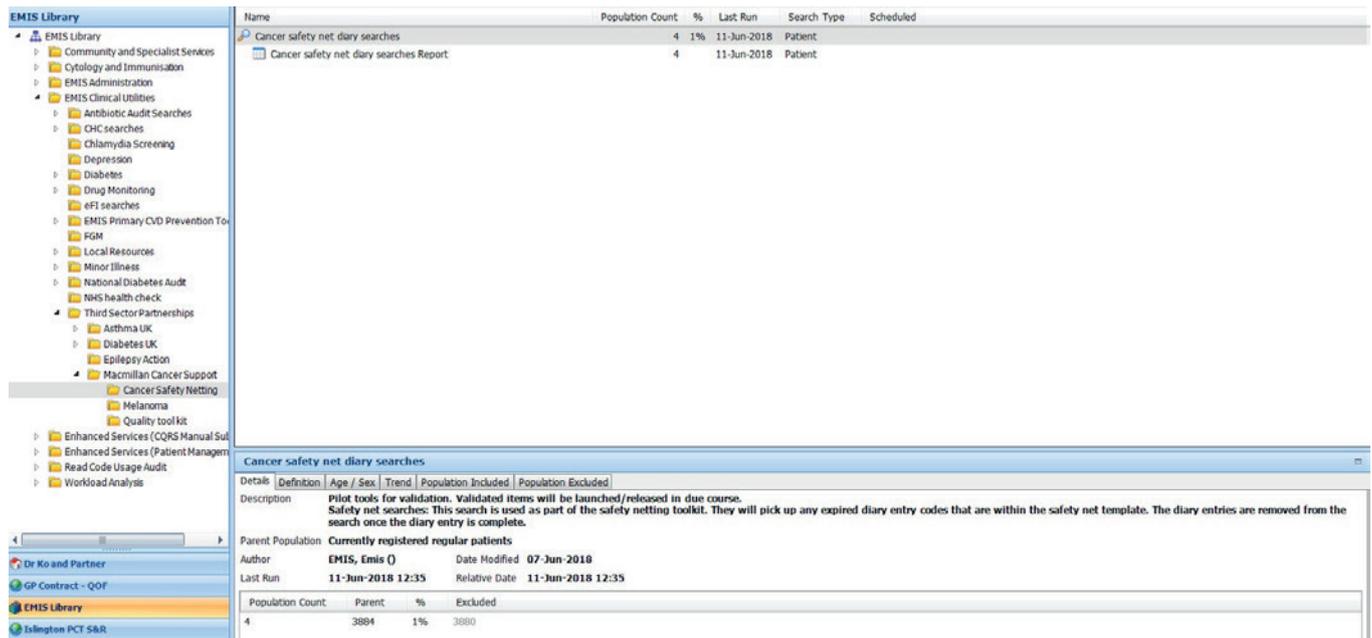
The search will show up expired diary entries, as these are the ones that require follow up. The search shows the patient and the named GP but more importantly the GP that was seen (user details) with the code and any details on the code.

	Patient Details			Diary entries		
Emis number	Full name	Usual GP's surname	Date	Code term	Associated text	User details
12345	Bexley, John	doctor	17-Apr-18	Fast track referral for lower GI cancer		Bhuiya
12367	Alim, Salim	doctor	16-Apr-18	Refer to X-Ray	? Sarcoma - ensure X-Ray done and results are on the system	Bhuiya
12765	Hoxton, Jenni	doctor	15-Apr-18	Monitoring	ask her to have a FBC, ESR and Ca125 in a week if she isn't better	Bhuiya
12987	Left, Harry	doctor	14-Apr-18	PSA monitoring in primary care	Due repeat PSA - please check it has been done	Bhuiya

The practice administrator leads on the spreadsheet output. They should review each entry and action as appropriate or send back to the GP (either via emailing the spreadsheet through using a secure NHS email account or via tasks). This highlights where the free text section can be very useful for the admin team – as these are the instructions for the next steps of action.

Completing the safety net - diary entry completion

Once the administrator or clinician is satisfied the safety net loop is closed then they can complete the diary entry.

In case one - the administrator was able to look at the patients notes and see that the patient had been seen in clinic. So this patient no longer requires tracking and so the diary entry should be completed like this:

This removes him from the searches now and also removes the alert on his records.

Alerts

Alerts are a familiar function and act as reminders for clinicians when they open the patient's records. When the template is used to add a diary entry then an associated safety net alert is generated within the record.
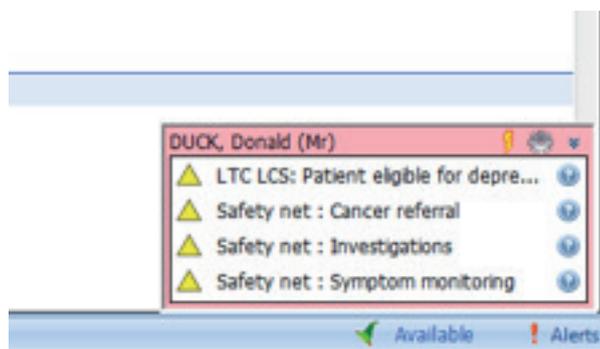
The alert appears in the bottom right hand corner. In case 1, a fast track cancer referral was made and the alert would show up as 'Safety net: Cancer referral'. When you hover over the alert it gives you more details about it. Once the diary entry is complete this disappears.
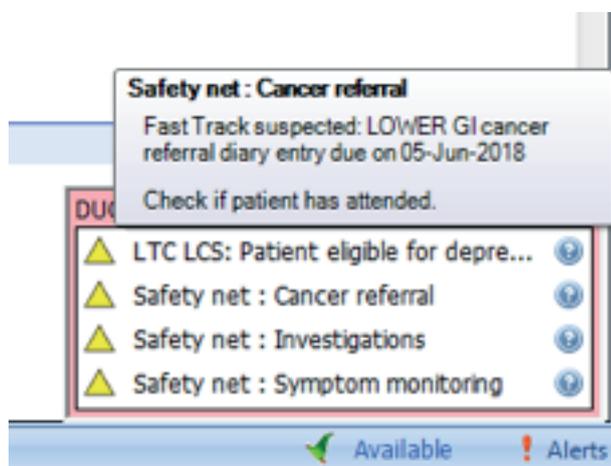
Template triggers

The template is designed to launch automatically when any of the codes within the template are entered into the patient's records. So if a clinician who is not using the safety netting template, enters a read code that is present within the template into the patient's records, then the template opens up.

Additional queries/FAQs

Where is the toolkit?

The template is the EMIS Web folder. It is inactive and you will need to activate it.

The search is in the reporting section. You will need to schedule it to your practice's preference.

Alerts associated with the template will also need activating.

What if the system isn't working?

If this system is new for your surgery then it may take some upskilling in competences to use effectively. It does not mean the system won't work for you but means that some changes may be required.

Will this add to my workload?

No, this electronic method can replace your current paper and verbal methods and enhance patient safety.

Does booking a 2ww appointment on the NHS e-referral service (eRS) mean that I don't need to use the template now?

No. eRS allows you to directly book an appointment into the appropriate 2ww clinic in the hospital of choice. Practices will not know if the patient has attended their 2ww appointment until they are explicitly told or receive a discharge letter from the clinic. Practices are recommended to have in-house safety netting to ensure patients do attend their first appointment. Page one of the template is assigned for tracking 2ww referrals in your practice and we would advocate its usage.

What is my responsibility in this system?

Your responsibility to patient care and results follow up is unchanged and not removed. The system enables you to keep track of your patients in a more robust manner and allows you to delegate administrative tasks more easily to your administrative staff if that is what you wish to do.

What about secondary care and their role?

This system is a primary care toolkit and specifically designed for EMIS Web. In our project journey we have shared our work with our secondary care partners so they know what is possible in primary care. Secondary care of course still shares responsibility for patients - we refer to them in the urgent cancer pathways and should be trying to improve their safety netting methods and communications with primary care. Primary care has often been very proactive in ensuring that patients referred on the urgent cancer referral route make it to their first appointment and this system helps you safety net this.

What if I don't want to use this?

It is not mandatory to use the toolkit. It is an electronic method that is available to you to improve the quality of safety netting.

Can I use this template to track situations outside of cancer?

Yes – is the simplest answer. We have had feedback from practices that they find the template very helpful to track all patients.

Useful links on safety netting guidance

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-safetynetting_report_Dr-A-Bhuiya_V3.pdf

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

Pan London Suspected Cancer Referrals
https://www.myhealth.london.nhs.uk/healthy-london/cancer/pan-london-suspected-cancer-referrals

Pan London Suspected Cancer Clinical Guides
https://www.myhealth.london.nhs.uk/healthy-london/cancer/pan-london-suspected-cancer-referrals/guides

Pan London Safety Netting Guide
https://www.myhealth.london.nhs.uk/system/files/Pan%20London%20Suspected%20Cancer%20Safety%20Netting%20Guide%202016.pdf

Acknowledgments