



Improving cancer
care and outcomes

NHS

North Central London
Cancer Alliance



Electronic safety netting (E-SN) toolkit

Adoption and Adaption Case Studies



Electronic safety netting (E-SN) toolkit

Adoption and adaption case studies

The E-SN toolkit supports GP practices and their teams, to embed high quality electronic safety netting into their daily practice. The toolkit is robust, easy to use and embedded into one of the major GP electronic healthcare record systems - EMIS Web. Since the inception and further publication of the E-SN toolkit nationally, the North Central London Cancer Alliance has led a programme of work to support its spread and implementation.

The toolkit is being used across the country in practices with EMIS Web. As the innovator organisation, what has been revealing and rewarding is learning how different primary care organisations across different boroughs have implemented and adopted the toolkit to fit their particular needs. This document will present a selection of case studies across London to showcase how E-SN can be applied and sustained in a variety of ways across different scales of primary care.

Case Studies

Barnet practice

E-SN is mapped to activity and priorities and set out in administrative work plans.

Barking practice

Small scale practice, expanding the toolkit to safety net beyond cancer

Camden practice

Large practice adapting the toolkit to support the wider team and GP trainees

Tower Hamlets PCN

Adopting E-SN at scale

Islington Federation

Federation led E-SN dashboard to support primary care improvement

London

Cascading E-SN through GP appraisers

Case Study

Barnet Practice

E-SN is mapped to activity and priorities and set out in administrative work plans.

Adoption

The practice was an early adopter of the E-SN toolkit and the clinician usage of the template to track various activities was very high. Whilst the clinicians benefited hugely from this transfer of follow up work to the administrative team, the administrative staff were not prepared for this increase in workload. As things stood the workload shift was not sustainable in this practice.

Adaption




The surgery had to reassess how they managed toolkit usage and follow up of events within the capacity they had. This involved a review of the current usage and the tracking work generated.

Enablers

A practice led response to understand the impact of the toolkit on workload and responding accordingly.

Impact

The first output of their review was a RAG rating system to support clinicians with appropriate usage of the template. Trackable events that were categorised as RED or AMBER could be added to the system. GREEN events should not be tracked using the E-SN system. The second output led to an understanding that extra time needed to be explicitly carved into the administration team work plan.

<p> Green</p> <p>These things must not be added to the tracker</p>	<ul style="list-style-type: none"> • DEXA scans • Diarised entries for routine monitoring • Vaccines • Injections • Non - cancer related monitoring
<p> Amber</p> <p>These are things which may be added and could result in a 2WW</p>	<ul style="list-style-type: none"> • Active monitoring of Symptoms • Weight loss • High risk haematology surveillance • Abdominal pain (non-acute) • PSA or cancer marker monitoring
<p> Red</p> <p>These Items MUST go onto the tracker</p>	<ul style="list-style-type: none"> • All 2WW referrals • 2WW diagnostics • RACPC referrals • Paediatric urgent clinic referrals • Any high-risk patients AW results like FIT tests

Case Study

Barking Practice

Small scale practice, expanding the toolkit to safety net beyond cancer.

Adoption

This case highlights how as a small practice the E-SN toolkit can be adopted to support a wider remit of work outside cancer without overloading the administrative support.

Adaption

This practice revised the report aspect of the toolkit so that other long term conditions such as chronic kidney disease or diabetes could be followed up using the same methodology.

Enablers

Smaller patient population to target and whole practice team agreement to use the toolkit for wider conditions.

Impact

Efficient safety netting for patients with cancer and other long term conditions.



Case Study

Camden Practice

Adapting the toolkit at practice level to support wider team usage

Adoption and adaption

A large practice in Camden (20k patients) made adaptations to the toolkit in an iterative manner through the regular practice meetings they had in place. Appropriate usage and barriers to uptake were reviewed. This led to some innovative add-ons and adaptations for in-practice use:

1. When urgent cancer referrals are generated the user gets a reminder regarding the process of referral completion.

Please remember the 4 P's when generating this 2 week wait:

- 1 - PRINT referral form and give the last page to the patient
- 2 - PUT printed form in green tray
- 3 - PN Urgent Tasks Secretaries
- 4 - SEND to the patient the Accux "2ww referral" text

Patient leaflets are available in different languages. Please click on the link below.

<https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/>

OK

2. Linking the SMS messaging system (accuRx) to the template so that after an urgent suspected cancer referral is created, a SMS is seamlessly sent to the patient.

Template Pathway Florey Video

2ww referral

NHS.UK advice

Type to search (e.g. knee pain)

Message text

Dear Patient

You have been referred for an urgent 2 week wait appointment. The hospital should see you within 2 weeks. If you have not been given an appointment by the hospital within 7 days, please telephone the surgery.

3. To make it easier for clinicians, the practice embedded the referral guidance into an additional tab in the template. This made it easier and quicker to access the guidance.

Safety Netting Template	
Pages	2ww Direct Access Imaging
Suspected cancer referrals	<p>Abdominal USS (Suspected Gall bladder or Liver Cancer)</p> <ul style="list-style-type: none"> • Upper abdominal mass consistent with an enlarged gall bladder • Upper abdominal mass consistent with an enlarged liver <p>MRI (CT if MR contraindicated e.g. pacemaker)(Suspected Brain and CNS Cancer)</p> <ul style="list-style-type: none"> • Progressive, sub-acute loss of central neurological function • New onset seizures - focal or interictal focal deficit • Rapid personality change or behavioural disturbance/slowness confirmed by witnesses with no reasonable explanation • Headache with sinister features suggestive of raised intracranial pressure • Isolated new onset daily headache duration of <12 weeks • Unexplained rapid cognitive changes • Cranial nerves palsy • Visual changes • History of malignancy with neurological symptoms <p>CT abdomen (Suspected Pancreatic Cancer)</p> <p>Patients aged >60 Years with weight loss (please state kilos/time period) and any of the following:</p> <ul style="list-style-type: none"> • Diarrhoea • Back pain • Abdominal pain • Nausea • Vomiting • Constipation
Direct access diagnostics	
Safety netting symptoms	
Cancer/Pre-cancer Monitoring	
Referral Criteria	
Referral Forms	

4. Referral form completion was made streamlined by automatically launching the forms once the template was filled and saved.

Enablers

This practice had dedicated in-house IT support who were able to create the variety of add-ons and changes as required. They also had excellent team communication and opportunities to trial and test.

Impact

In summary, this practice developed a number of innovative localised extensions, to ensure the E-SN toolkit was fully embedded into their daily practice.



Case Study

Tower Hamlets PCN Adopting E-SN at scale

Adoption

A primary care network (PCN) consisting of five practices, serving a population of over 30K, wanted to implement the toolkit as their safety netting system.

As a group they shared their individual experiences and knowledge of the toolkit. They identified that centralising the use of the toolkit across the surgeries, would mean a significant impact on the administrative workload and this is where investment was needed.

Adaption

Together they developed a strategy that would support and facilitate effective use by every practice in the network:

- Each practice nominated one member of the reception or administrative team who would be a champion for the tool. This included running the searches and following up the expired diary entries.
- A GP lead and administrative lead from each practice in the network undertook training on how to use all parts of the toolkit i.e. the template pages and the searches; and ensuring that the leads understood that the toolkit worked most effectively, when the whole practice team were engaged.
- A staged approach to the use of each page of the template was implemented with all practices starting with page 1 (tracking of 2 week wait referrals) only. In this way the administrative workload impact could be assessed.
- The PCN initiated a Cancer MDT which had to be attended by the lead GP (see second bullet point above) from each practice.

- The MDT would monitor the effectiveness of the toolkit across the network and reviewed capacity and capability to do more. They would agree scaling up to increments that would not overwhelm the system. E.g. tracking FIT and chest X-rays on the diagnostics page to start.
- The MDT was also used to review cancer cases for potential learning, such as emergency presentations or late stage diagnoses.
- This PCN offered administrative support in the form of a co-ordinator, to their practices. The co-ordinator ran weekly searches for expired diary entries and sent the relevant search lists back to each practice to action.
- The co-ordinator also carried out regular check-ins with teams to help with use or identify where extra support was needed.
- Running of the searches centrally also allowed for the PCN to gauge the breadth of use of the toolkit.

Enablers

- Collaborative working as a PCN, with all participants engaged with a shared understanding of the benefits of the system.
- Clear and frequent communication between parties.
- Looking at the system as a whole and working out the best method of support using the resources available.
- Allowing for flexibility to adapt the system and/or support.

Impact

A successful implementation of E-safety netting at scale, which has enhanced PCN collaboration and improved quality of the cancer-related work streams.

Case Study

Islington Federation

Federation led E-SN dashboard

Adoption + Adaption

This was a Federation level quality improvement project to support practices meet their early diagnosis of cancer commitments. A data dashboard was created to compile practice level cancer metrics for all practices to review. The quality improvement team held sessions with groups of practices to discuss the dashboard data and support reflections and learning. It was also used to understand why surgeries chose to use or not use the toolkit.

Enablers

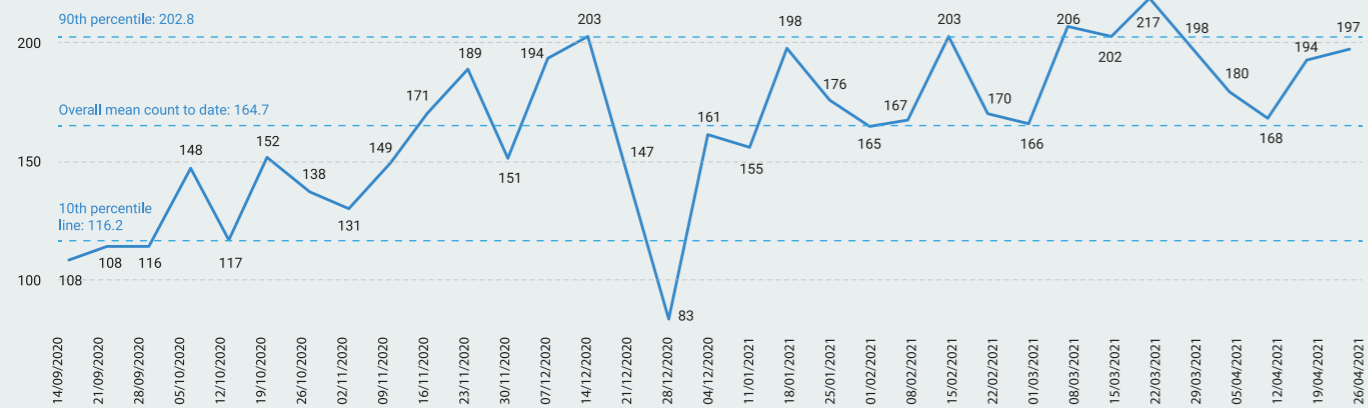
Led by the quality improvement team in the Federation, they worked with their inhouse IT team. They developed a way to monitor the E-SN toolkit uptake and usage that was discriminatory.

As data sharing agreements were already in place amongst all the member practices in the Federation, the dashboard was easy to populate. Showing successful safety netting at work in early adopter practices motivated other practices to implement the toolkit.

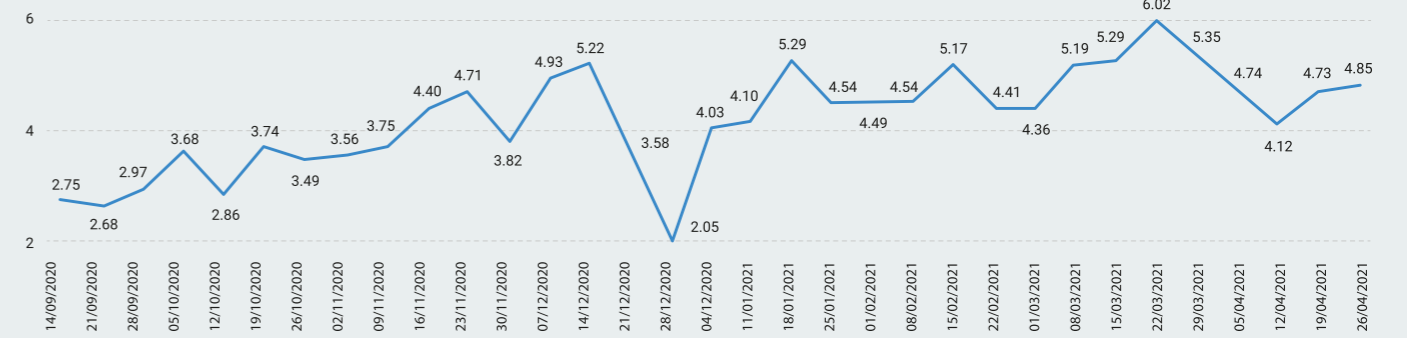
Impact

The NCL Cancer Alliance through EMIS Web, was able to incorporate this additional toolkit usage function, developed by the Islington Federation team, nationally. Consequently any practice with EMIS Web, now has the ability to understand their E-SN usage and this is an important function when measuring change. The dashboard acted as a benchmarking tool which drove up improvement and uptake of E-SN.

Count of Electronic Safety Netting Template usage by week from 14th September 2020 to the 14th April 2021



Rate per 1000 of Electronic Safety Netting Template usage by week from 14th September 2020 to the 14th April 2021

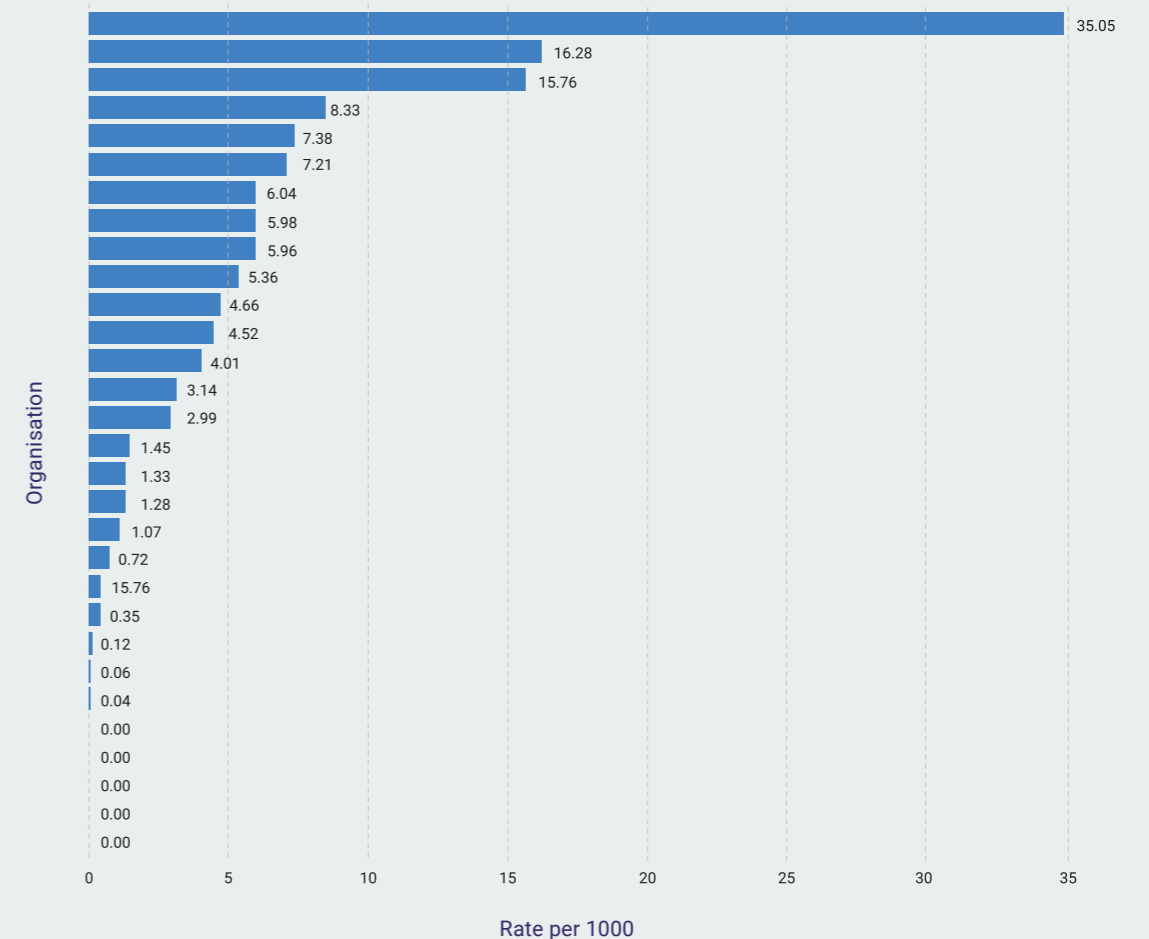


Please note that this search only picks up use of the E-Safety Netting Template and does not reflect any practice use of the Arden's Safety Netting Template

88% of Islington practices have used the Electronic Safety Netting Template to date.

Electronic Safety Netting Template from 14th September 2020 to the 14th April 2021

Proportion of all Islington practices using the Electronic Safety Netting Template from 14th September 2020 to the 14th April 2021.



Case Study

London

Cascading E-SN through GP appraisals

Adoption

GP medical director for NHSE in charge of GP appraisals in London showcased this tool as a quality improvement tool for GPs to cascade and use as a point of improvement in their appraisal conversations

Impact

A peer to peer and professional route to reach a wide GP cohort in order to spread quality improvement work like E-SN.

The Alliance would like to thank the GPs and their practices for sharing their E-safety netting journeys and inspiring others to learn from the many ways it can be applied.



Get in Touch

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