Electronic Safety Netting Toolkit Project Report – Summary

Electronic Safety Netting (E-SN) Summary Report

Feb 2020 - Updated Jan 2021

Full report: Available here

Safety netting in primary care is central to how clinicians and GP practices manage risk and patient safety in daily practice, especially in the context of cancer care provision. Yet, safety netting is not uniformly understood and is applied in a variable manner across primary care.

In the cancer field, safety netting has been advocated to improve earlier cancer detection, which reduces the time to diagnosis and ultimately improves patient outcomes and experience.

The North Central London Cancer Alliance has innovated, tested and deployed a toolkit within EMIS Web that is user friendly, auditable, proactive, and robust. It offers a system based approach of applying high quality safety netting to clinical events in primary care.

The improvement methodology was a multi-faceted one. There was strong clinical and stakeholder engagement, which enabled mobilization of the product locally and strategically. The Alliance invested in communicating the value and purpose of the toolkit, and producing an education package to support implementation.

The improvement journey and resulting service evaluation has shown that the toolkit is user friendly with high degrees of acceptability in primary care and has made positive improvements to safety netting processes in practices.

The wider learning covers the complex nature of promoting a new way of working in primary care, without commissioning or contractual levers. The toolkit's simple and integrated interface had extensive appeal and wider applicability beyond cancer tracking. Successful adoption of this systematic way of working required whole practice engagement with administrative and clinical ownership and leadership.

The E-SN toolkit

What is it?

A toolkit for GP practices to safety net various 'cancer related' clinical situations.
A template that allows diary entries for each trackable event to be recorded in the notes.
A search to retrieve any outstanding events.

How does it work?

Enables quick coding and diary entry creations through the template.
Alerts pop up in the records for unresolved diary entries
A search highlights patients that have not been followed up

When can you use it?

For tracking events related to:
1. Suspected cancer referrals
2. Direct access to diagnostics
3. Low risk but not no risk (vague symptoms)
4. LWBC/pre-cancer/screening

How to use it:

Designed for the whole practice team.
It requires clinicians to use the template and administrative staff to lead on the tracking aspects.
Events are tracked through pre-written searches, usually run weekly by the practice.

Summary of the data analysis

Almost 95% of practices who had implemented this system reported that it improved their ability to track patients compared to their current methods. The data showed that the longer the system was in use in a practice, the more frequently it was used each month.
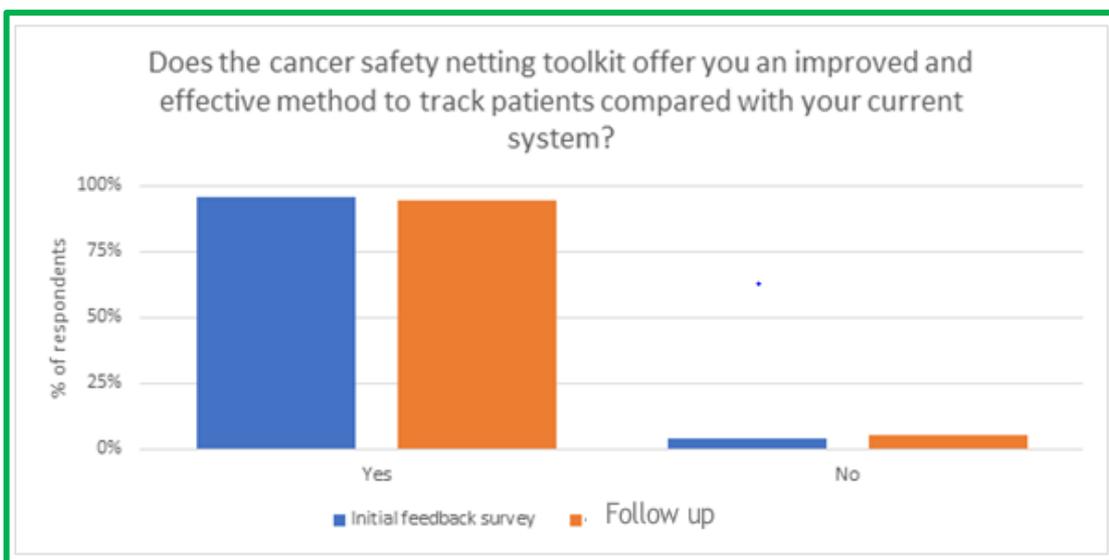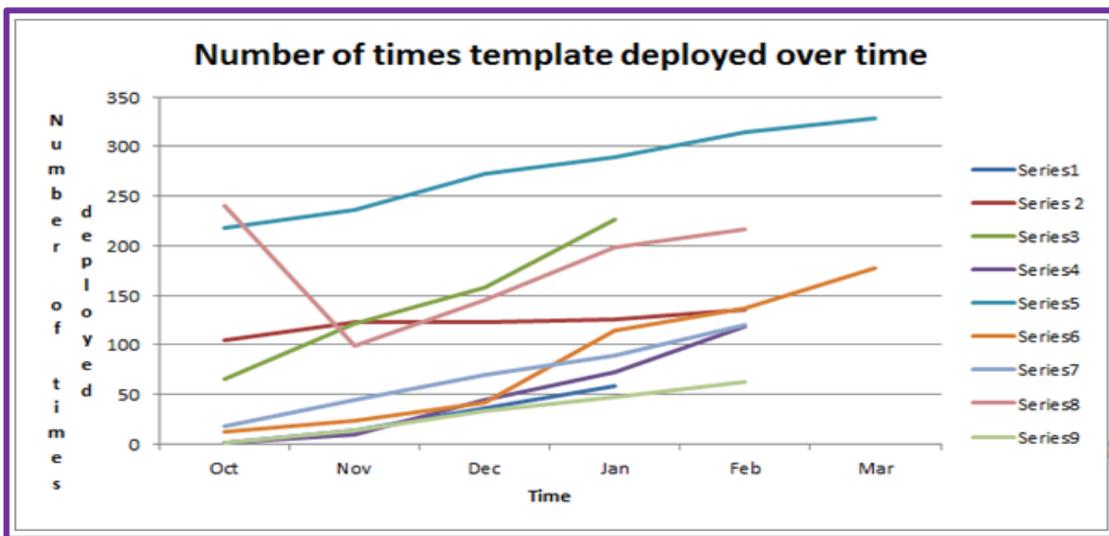
Page 1 of the template was by far the most frequently used; the 'monitoring' code on page 3 of the template was the second most used individual code. This suggests there was demand for the ability to track patients for wider reasons.
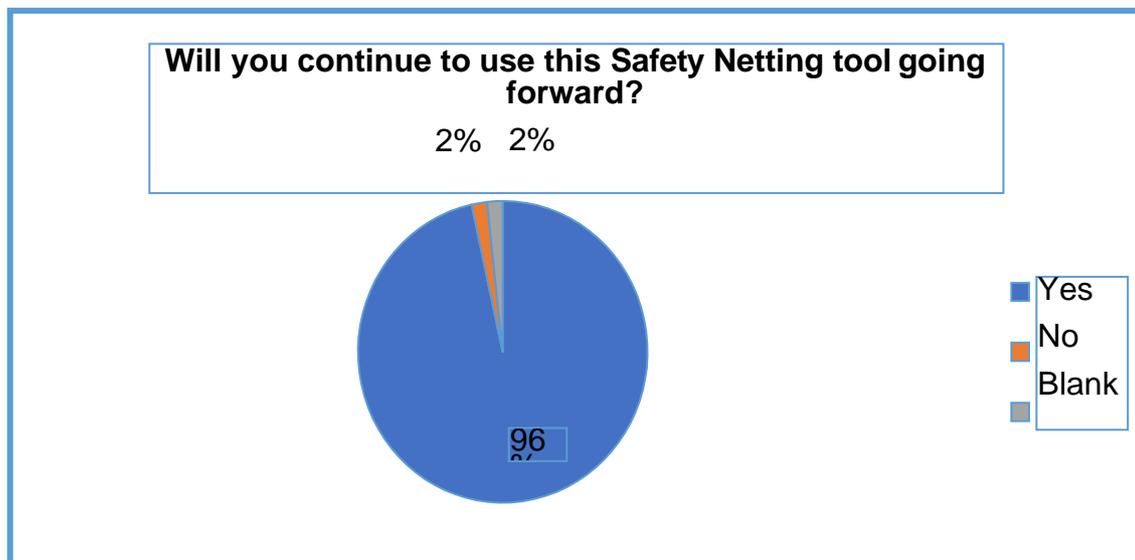
Practices indicated that they found the tool easy to use and would continue to use it. A large majority suggested they would use the tool outside of cancer. Use of the tool does result in an increased workload for non-clinical roles, but the impact on clinical workload was inconclusive.

Overall, it appears from the data that the tool is seen as user friendly and has made advanced improvements to safety netting systems in GP surgeries.

Graphs:

1. Use of template over time (sample of the total cohort)
2. Continued use of the E-SN toolkit
3. Responses to the question on E-SN toolkit as an improvement to current systems (from post workshop survey and follow up questionnaire)
4. workshop survey and follow up questionnaire)

Number of times template deployed over time

(Line chart. Y-axis: Number of deployed times, 0–350. X-axis: Time, Oct–Mar. Legend: Series1, Series 2, Series3, Series4, Series5, Series6, Series7, Series8, Series9)

Does the cancer safety netting toolkit offer you an improved and effective method to track patients compared with your current system?

(Bar chart. Y-axis: % of respondents, 0%–100%. Categories: Yes (~95% both), No (~5% both). Legend: Initial feedback survey, Follow up)

Will you continue to use this Safety Netting tool going forward?

2%   2%

Yes
No
Blank

96%

Next Steps

This report has shown that this electronic method of safety netting has been an acceptable and sustainable way of working in primary care. Pilot practices had stated their previous methods of safety netting could have been more robust and they felt the E-SN solution was not just better, but of high quality.

Benefits of the toolkit indicated by practices included:
- Ease of use
- Centralisation of administration & reduction in administration burden for clinicians
- Reliability
- Safety for practices & their patients

Looking ahead

There are many potential wider benefits to having practices using this system at scale. The robust tracking could mean reduced 'lost follow ups' and reduced non-attendance along the primary care cancer pathway (so would apply for earlier diagnosis and those living with cancer). Better compliance and follow up could result in shorter intervals between presentation and diagnosis. There are economic benefits of reduced waste and of course improved patient outcome benefits.

As practices work at scale and are increasingly taking on more complex pathways of care, the tool provides them with a solution to support this work, e.g. stratified follow up of some cancers.

The Cancer Alliance has collaborated with the Nuffield Department of Primary Care Health Sciences, University of Oxford team to study the longer term outcomes of implementing the toolkit in practices who have never used the toolkit before, through a CRUK funded randomised control trial. The protocol has been published on BMJ open.

Feedback on the toolkit is important as its uptake and utility spreads. Since publication the toolkit has been updated and expanded. The relationship with EMIS Web is important to enable continued improvements.

In December 2019, local data revealed that 118 practices had deployed the E-SN template in north central London (Data from Camden and Enfield was unavailable at the time).

North Central London Cancer Alliance recommendations

Continued advocacy & support for the implementation of toolkit within NCL and wider
Practices that are armed with this level of patient tracking are better placed to deliver higher quality cancer related activities. The toolkit also gives multiple stakeholders and partners' reassurance that commissioned cancer work in primary care can be delivered safely. Practices would be expected to use this system or one of equivalent specifications, if they were embarking on high risk qFit test requests to stratified follow up of cancer patients in primary care

Pan London/National approach through the Cancer Alliances approach to safety netting in cancer

Influencing non-EMIS Web systems to take on the task of delivering equivalent systems
To support this endeavour, a systemic description of electronic safety netting is helpful. In appendix G, the electronic safety netting system requirements have been set out.

COVID-19 impacts, comments and updates (from Jan 2020)

Since the completion of the report, the COVID-19 pandemic has made far reaching significant impacts on the healthcare system and wider society.
In response to need, the E-SN toolkit was updated through EMIS Web, to allow for commentary on tracking urgent suspected cancer referrals.

The pace of the Oxford-led research trial was affected but COVID-19 impact metrics have been factored into the outcomes data. The trial has now recommenced with recruitment of GP practices.

The need for robust safety netting systems in primary care has become ever more pressing in the COVID era and the Cancer Alliance has been supporting general practice in implementing this system. A series of webinars were delivered from May to July 2020 and an E-SN SOP was created.

In the primary care contract for the 2020/21, Primary Care Network cancer early diagnosis DES identifies safety netting as a key deliverable. Our toolkit has been promoted for usage to fulfil the DES requirements.

There have been country wide requests for supporting E-SN roll out and the YouTube user video has had over 5 499 views (at 16/2/21).