



North Central London  
Health and Care  
Integrated Care System

# **Cancer E-Safety Netting toolkit For EMIS Web: A train-the-trainer briefing and guide**

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Includes updated screenshots and hyperlinks



# National drivers for cancer safety netting

- NG12
- Multiple cancer strategies
- Multiple audits and reports

# NICE suspected cancer guidelines 2015: Safety netting

NICE reminds us of the importance of safety-netting, specifically:

- Ensure the results of investigations are reviewed and acted on by the person who ordered the test (or specifically handed over to another appropriate person).
- Remember the possibility of false negative results, particularly CXRs, FITs and CA 125.
- Consider a planned review with people with symptoms that are associated with an increased risk for cancer but who do not meet referral criteria.
  - Plan this within a specific timeframe agreed with the patient.
  - Give patients information about what new symptoms to look out for and what to do if symptoms worsen, recur or persist working day

# Uses: What situations would benefit from e-safety netting in cancer?

- Patients on a suspected cancer referral pathway
- Direct access tests and diagnostics (especially if serious underlying condition is suspected) e.g. qfit or ultrasound pelvis etc
- Vague symptoms where there is diagnostic uncertainty
- Active monitoring of patients who you wish to review in an agreed timeframe to re-evaluate their risk of cancer
- PSA surveillance for those under a 'watchful waiting' treatment plan or those with borderline results
- Patients who have had one diagnosis of cancer are at higher risk of developing another cancer.

# Electronic Safety Netting Tool

- **Designed for EMIS Web**
- **New way of working** with the clinician using the template and the admin staff leading on the tracking aspects
- **Template has 5 pages:**
  1. Page 1: Suspected cancer referrals
  2. Page 2: Direct access diagnostics
  3. Page 3: Safety Netting Symptoms
  4. Page 4: Cancer/Pre cancer monitoring
  5. Page 5: Tracking DNA cancer screening
- **Coded events** in template are tagged to diary entries which are linked to timed reminders
- **Reminders** will appear on searches
- **Alerts will appear** when patient record is accessed



<https://www.nclcanceralliance.nhs.uk/our-work/primary-care/safety-netting/>

# E-Safety Netting in 5 Simple Steps



North Central London  
Cancer Alliance

## 1. Locate & Activate

- a. Find and activate the Toolkit in EMIS Web - Template to activate, search to find and set to auto-run if desired

## 2. Educate

- a. Team/Practice wide way of working - Clinical and Admin leadership
- b. Implement - train through practice meeting/workshop/online resources

## 3. Template usage

- a. Clinicians to use the template in their consultations in real time.
- b. Make tracking comments clear and simple for admin team to follow up

## 4. Tracking

- a. Admin run and review searches on a regular basis (weekly)
- b. Simple actions to complete and document

## 5. Communicate

- a. Tracked events can be shared via spreadsheets and queries raised with clinicians

# Location & Activation of toolkit

- Templates and Protocols
- Emis Library
- Emis Protocol
- Third Sector Partnerships
- Macmillan cancer support
- Cancer Safety Netting
- Right click on each
- click activate

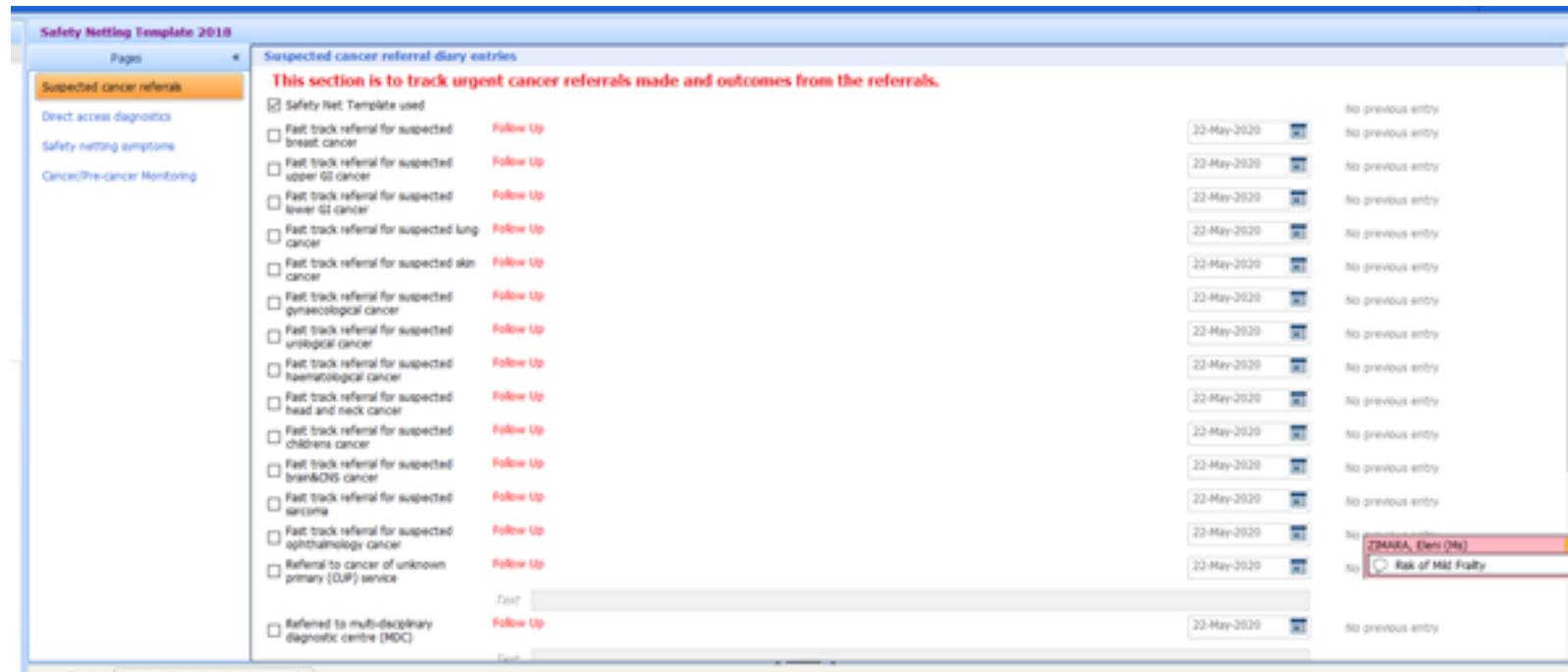
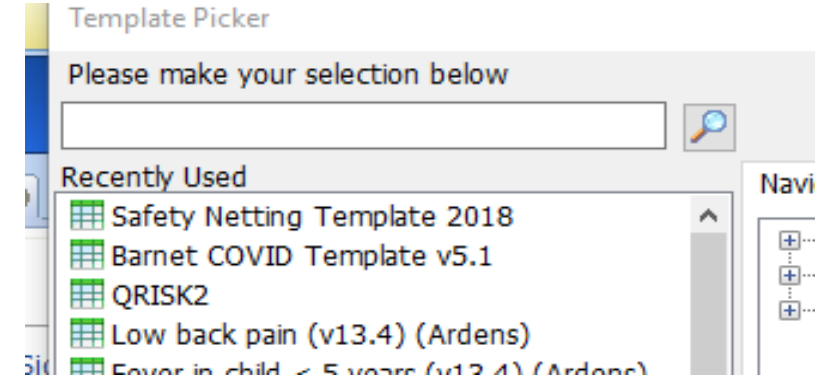
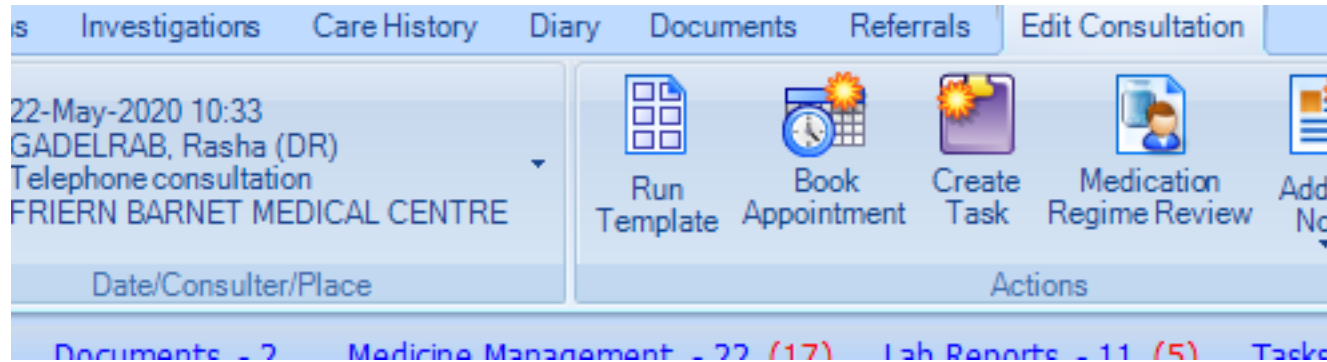
The screenshot shows the EMIS Library interface. On the left is a tree view of the library structure. The main area displays a table of templates, with the 'Safety Netting Template' selected. Below the table, the details for this template are shown in a 'General' tab.

Name	Description	Resource Size	Type	Published	Date Modified	Status
Safety Netting	Alerts users that an active safety netting diary entry exists an...	23.73KB	Alert Protocol	Yes	01-May-2024	Inactive
Safety Netting Template	Reviewed May 2024 Template enables electronic tracking of patients from high to l...	73.67KB	Clinical Template	Yes	03-Mar-2025	Active

Safety Netting Template		
General	Triggers	History
Safety Netting Template		
Type:	ClinicalTemplate	
Description:	Template enables electronic tracking of patients from high to low levels of concern. To be used with the safety net searches.	
Code system:	Reviewed May 2024 SNOMED CT ⓘ	
Version:	9	
Modified:	03/03/2025 11:12	
Author:	Unknown	
Organisation:	EMIS Library	
Status:	Active	
Min required version:	EMIS Web: 6.2.0.0 MKB: 176.0.0.0	

# Finding the safety netting template in the clinical notes



## Safety Netting Template

Pages



Suspected cancer referrals

Direct access diagnostics

Safety netting symptoms

Cancer & Pre-cancer monitoring

Tracking cancer DNA screening

PAGE 1  
Suspected cancer  
referrals

View -> My Rec... << **Safety Netting Template**

My Record Pages << **Suspected cancer referrals**

- Direct access diagnostics
- Safety netting symptoms
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

**Suspected cancer referral diary entries**

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

- Safety Net Template used *Text* Macmillan cancer safety netting template used No previous entry
- Administration note *Text* To aid follow-up of patients No previous entry
- Cancer safety netting No previous entry
- Fast track referral for suspected brain&CNS cancer **Follow Up** 03-Oct-2025 No previous entry
- Fast track referral for suspected breast cancer **Follow Up** 03-Oct-2025 No previous entry
- Fast track referral for suspected colorectal cancer **Follow Up** 03-Oct-2025 No previous entry
- Fast track referral for suspected childrens cancer **Follow Up** 03-Oct-2025 No previous entry

External Views

- Summary Care R...
- Access Elemental
- Portal Cerner Ne...
- GP Connect
- Record not availabl
- TPP view
- Click to search

Active QUINN, Conleth (Mr.) Born 06-Jul-1967 (58y) Gender Male NHS No. 438 016 9219 Usual GP BALDY-GRAY, Douglas (Dr.)

View -> My Rec... << **Safety Netting Template**

My Record Pages << **Suspected cancer referrals**

- Direct access diagnostics
- Safety netting symptoms
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

- Fast track referral for suspected upper GI cancer **Follow Up** 03-Oct-2025 No previous entry
- Fast track referral for suspected urological cancer **Follow Up** 03-Oct-2025 No previous entry
- Fast track referral **Follow Up** 03-Oct-2025 No previous entry
- Referral to cancer of unknown primary (CUP) service **Follow Up** 03-Oct-2025 No previous entry
- Referred to Rapid Diagnostic Centre (RDC) **Follow Up** 03-Oct-2025 No previous entry

**Record your counselling, advice and actions:**

The patient has been advised they are being referred on a suspected cancer pathway to rule out cancer. Most patients will not have cancer but it's very important to get assessed quickly

Patient has been advised on the importance of attending their first appointment and any subsequent appointments within 28 days

Shared the safety net plan with the patient (sharing is easy and supports patients in remembering next steps

- please. You can print/sms/email/enable patient healthcare record access to share information) *Text*
- Patient has been given information about the suspected cancer referral pathway *Text*

[Information for patients on the urgent cancer referral](#)

[CRUK - symptom desk ease!](#)  
[Macmillan rapid referral guidelines](#)

Latest Contacts

**PAGE 2**  
**Direct access**  
**diagnostics**

**Safety Netting Template**

Pages <<

- Suspected cancer referrals
- Direct access diagnostics**
- Safety netting symptoms
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

**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 across different regions. 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-Oct-2025 No previous entry

*Text*

Refer for ultrasound investigation **Follow Up** 03-Oct-2025 No previous entry

*Text*

Active **MOUSE, Mickey (Mr)** Born **01-Dec-1960 (64y)** Gender **Male** NHS No. **Unknown** Usual GP **FATHI, Sadoon (Dr.)**

**Safety Netting Template**

Pages <<

- Suspected cancer referrals
- Direct access diagnostics**
- Safety netting symptoms
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

Referral for colonoscopy **Follow Up** 03-Oct-2025 No previous entry

*Text*

Refer for sigmoidoscopy **Follow Up** 03-Oct-2025 No previous entry

*Text*

Referred for blood test/s **Follow Up** 03-Oct-2025 No previous entry

*Text*

Referred for urine MCS **Follow Up** 03-Oct-2025 No previous entry

*Text*

Referred for quantitative faecal immunochemical test (qFIT) **Follow Up** 03-Oct-2025 No previous entry

*Text*

**Record your counselling, advice and actions:**

Explained to the patient the importance of attending for the test/investigation and explained how to get the test done (walk in or booked via system) *Text*

Given patient information on how to obtain the results if they are not contacted by the surgery after the test/investigation has been performed e.g telephone, email, accessing patient online. *Text*

Advice sought from secondary care: e.g. phone/email/local IT system/ERS advice and guidance *Text*

Shared the safety net plan with the patient (Sharing is easy and supports patients in remembering next steps. You can print/sms/email/enable patient healthcare record access to share information.) *Text*

**NORMAL RESULTS MAY NEED FOLLOW UP TOO:** For some patients whose investigations return back as normal/negative may still warrant follow up if they are symptomatic and it is not clear what the cause is. You can safety net these patients using page 3 of this template.

**TEACHABLE MOMENT:** For patients who you are reviewing to reassure them about normal/negative results this could be a teachable moment and an opportunity to deliver health promotion advice.

PAGE 3

Safety netting  
symptoms/

Active monitoring of  
patient symptoms

Safety Netting Template

- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms**
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

Active monitoring of patients with symptoms

This section is to actively monitor patients with symptoms at low risk (but NOT no risk) of having cancer. You may wish to review these patients in an agreed time frame to assess if the risk of cancer changes.

Timeframes are set by the clinician assessing the situation and should be shared with the patient so they are empowered to return when things are not better.

Active monitoring of patient **Follow Up** 03-Oct-2025 No previous entry

Text

Please tick the symptoms you wish to code relevant to the consultation:

- Abdominal pain Text No previous entry
- Abdominal swelling Text No previous entry
- Abnormal weight loss Text No previous entry
- Change in bowel habit Text No previous entry
- Constipation Text No previous entry
- Cough Text No previous entry
- Difficulty swallowing liquids Text No previous entry
- Difficulty swallowing solids Text No previous entry
- Heartburn Text No previous entry
- Night sweats Text No previous entry
- Spontaneous bruising Text No previous entry

Record your counselling, advice and actions:

Explained to the patient the importance of active monitoring of symptoms to reassess risk and given patient a specific time frame to return if symptoms are not better/not resolved. Text

Select a specific follow up time period from the list 14-Jul-2023 Follow-up 2-3 ...

Shared the safety net plan with the patient (sharing is easy and supports patients in remembering next steps please. You can print/sms/email/enable patient healthcare record access to share

View -> My Record (No shared data.)

Summary

Latest Contacts

# Drop down menu close up: Vague symptoms

Pages <<

- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms**
- Cancer/Pre-cancer Monitoring

### Safety netting/Active monitoring of patient symptoms

**This section is to actively monitor patients with symptoms at low risk (but NOT no risk) of having cancer. Review these patients in an agreed time frame to assess if the risk of cancer changes.**

Timeframes can be as long as you think is clinically appropriate and shared with the patient.

Active monitoring of patient **Follow Up** 09-Aug-2018 23-A

Text

Please select a vague symptom that you want to track:

Explained to the patient the importance of active monitoring of symptoms to reassess risk and given patient a specific time frame to return if symptoms are not better/not resolved. 22-M

Select a specific follow up time period from the list

Patient asked to make an appointment 17-M

Patient has online access to primary care medical record to send an email No pi

No pi

**Drop down menu options:**

- A Appetite loss - anorexia
- B Abnormal weight loss
- C Abdominal pain
- D Indigestion symptoms
- E Heartburn
- F Change in bowel habit
- G Constipation
- H Night sweats
- I Spontaneous bruising
- J [D]Abdominal swelling

# Drop menu close up: Follow up codes

**Safety Netting Template Pilot V1 6/18**

Pages «

- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms**
- Cancer/Pre-cancer Monitoring

Please select a vague symptom that you want to track:

22-May-2018 **Indigestion s...** »

Explained to the patient the importance of active monitoring of symptoms to reassess risk and given patient a specific time frame to return if symptoms are not better/not resolved.

*Text*

Select a specific follow up time period from the list

- Patient asked to make an appointment
- Patient has online access to primary care medical record to send an emis message for an update in agreed time frame.
- Shared the safety net plan with the patient (a copy of your consultation entry can be printed to enable this)

A Follow-up 1 day  
B Follow-up 2-3 days  
C Follow-up 4-6 days  
D Follow-up 1 week  
E Follow-up 2 weeks  
F Follow-up 3 weeks  
G Follow-up 1 month  
H Follow-up 2-3 months  
I Follow-up 4-6 months  
J Follow up 6 weeks

17-May-2018 **Follow-up 1 ...** »

No previous entry

No previous entry

**Reminder: Rare cancers like myeloma can present with persistent bone pain, back pain and fatigue. Offer a FBC, calcium and ESR to assess for myeloma in people aged 40 and over with persistent bone pain, particularly back pain, or unexplained fracture.**

[Remember "You are never too young to get cancer"](#)

**Below you can find more information and education material on safety netting**

PAGE 4

Cancer and Pre-  
cancer monitoring

### Safety Netting Template

Pages

- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms
- Cancer & Pre-cancer monitoring**
- Tracking cancer DNA screening

<input type="checkbox"/> Refer for CA125	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Referral for blood test/s - Please specify:	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Referral for DEXA due	Text	Follow Up	03-Oct-2025	No previous entry

### Safety Netting Template

Pages

- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms
- Cancer & Pre-cancer monitoring**
- Tracking cancer DNA screening

<input type="checkbox"/> Referral for blood test/s - Please specify:	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Referral for DEXA due	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Referral for endoscopy eg. Barretts oesophagus monitoring	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Cirrhosis monitoring in primary care. Specify tests:	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> MGUS monitoring in primary care	Text	Follow Up	03-Oct-2025	No previous entry
<input type="checkbox"/> Monoclonal gammopathy of uncertain significance	Text	Follow Up	03-Oct-2025	No previous entry

**Record your counselling, advice and actions:**

- Explained to the patient the importance of attending for the test/investigation and explained how to get the test done (walk in or booked via system)
- Given patient information on how to obtain the results if they are not contacted by the surgery after the test/investigation has been performed e.g. telephone, email, accessing patient online
- Advice sought from secondary care: e.g. phone/email/local IT system/ERS advice and guidance
- Shared the safety net plan with the patient (sharing is easy and supports patients in remembering next steps please. You can print/sms/email/enable patient healthcare record access to share information)

**NOTE - this page can be used alongside a cancer care review, cancer stratified follow up or long term conditions template.**

View -> My Record (No shared data.)

View -> My Record (No shared data.)

Latest Contacts

Summary

Latest Contacts

Page 5:

Tracking DNA cancer screening

Safety Netting Template

- Pages
- Suspected cancer referrals
- Direct access diagnostics
- Safety netting symptoms
- Cancer & Pre-cancer monitoring
- Tracking cancer DNA screening

Cervical, Bowel and Breast screening

This section is to help practices track any cancer screening that is not completed in order to trigger an appropriate action (contact, follow up etc)

Cervical cancer screening - not complete because:

- Screening for malignant neoplasm of cervix declined Text  No previous entry
- Cervical smear non-responder Text  No previous entry
- Did not attend cervical smear Text  No previous entry

Bowel cancer screening - not complete because:

- Bowel cancer screening declined Text  No previous entry
- No response to bowel cancer screening programme invitation Text  No previous entry
- Did not attend bowel cancer screening Text  No previous entry

Breast cancer screening - not complete because:

- Breast cancer screening declined Text  No previous entry
- Mammography not attended Text  No previous entry
- Breast screening non-attender Text  No previous entry
- Did not attend breast screening clinic Text  No previous entry

If a cancer screening DNA has occurred and the patient requires a follow up, add the diary entry with specific information related to the follow up e.g. Cervical smear due, book telephone call.

- Cancer screening follow up Follow Up 03-Oct-2025  No previous entry
- Provision of information about cervical screening programme Text  No previous entry

Please SMS/Email/Print for the patient

View -> My Record (No shared data.)

Summary

Latest Contacts

# The Alerts



Transforming Cancer Services Team for London  
Part of the Healthy London Partnership

The screenshot shows a list of patient alerts. The visible entries are:

- BHUIYA, Afsana (Dr)
- BHUIYA, Afsana (Dr)
- BHUIYA, Afsana (

A detailed alert for **DUCK, Donald (Mr)** is expanded, showing the following items:

- ▲ Safety net test: X-Ray
- ▲ Safety net: Cancer referral.
- Cancer annual review diary entry ...
- PSA monitoring diary entry due
- Safety net test: MRI

Hover over alert to get more details about the safety netted event.

**Safety net : Cancer referral**

Fast Track suspected: LOWER GI cancer referral diary entry due on 02-Aug-2018;  
LUNG cancer referral diary entry due on 09-Aug-2018

Check if patient has attended.

- ▲ Safety net : Cancer referral
- ▲ Safety net : Investigations
- ▲ Safety net : Symptom monitoring
- ▲ Safety net : Monitoring
- ▲ LTC LCS: Patient eligible for depre...

Available Alerts

# Primary Care Patient tracking scenarios in relation to cancer

Group 1	<b>Patients who meet urgent suspected cancer referral guidance</b> - New COVID-19 cancer pathways or NG12 compliant pathways that are still in place
Group 2	<b>New COVID-19 cancer pathway is NOT met</b> by patient's symptoms/investigations BUT they would have met the NG 12 criteria for referral on the urgent suspected cancer pathway
Group 3	<b>Patients who are lower risk and do not qualify</b> for an urgent suspected cancer referral, but would have been referred for direct access investigations e.g. blood test, CXR or US
Group 4	<b>Patients living with cancer and may need ongoing tests</b> or referrals
Group 5	<b>Patients with cancer who are high risk/very high risk</b> during COVID-19 and require monitoring

# Searches - Back office leadership

- As we have stated in slide 10 - this is a team approach and admin lead is pivotal in ensuring tracking is actioned and diary entries completed.
- Searches are THE 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 viewed in a more digestible way - or downloaded as an excel sheet.
- The searches can be run automatically or manually as often as the practice deems suitable – but we recommended that the searches are run weekly and set to auto-run for ease on a day that suits the admin lead.

# Location for the safety netting search:

- Under reporting - emis library - emis protocol - third sector partnerships – Macmillan cancer support - cancer safety netting.
- If you prefer you can search for the search and it will be brought up too, rather than
- dropping into folders.
- The files are all inactive and you WILL NEED TO ACTIVATE to these to use them.
- This goes for the templates, protocol alerts and the search.

+ Add Properties Cut Paste Export Find Cancel runs Schedule reruns Filter Clear filter Change priority Run Edit View Results Export Results Print Mail Merge Batch Add Check Patient Patient List Patient + Address Age / Sex Auto Full Hierarchy Folder Hierarchy

Add / Edit Find Manage searches Actions Run Report View

Last refreshed at 13:38:33 [SCR - 386](#) [Test Requests - 96](#) [Referrals - 15 \(10\)](#) [Documents - 1](#) [GP2GP - 5 \(5\)](#) [Medicine Management - 1 \(1\)](#) [Lab Reports - 6 \(1\)](#) [Mail Inbox - 1 \(1\)](#)

- EMIS Library**
- EMIS Library
    - READ Searches
    - SNOMED Searches
      - Archived content
      - Community and Specialist Services
      - Cytology and Immunisation
      - EMIS Administration
      - EMIS Clinical Utilities
        - AF Advisor
        - Antibiotic Audit Searches
        - CHC searches
        - Chlamydia Screening
        - COVID-19
        - Depression
        - Diabetes
        - Drug Monitoring
        - eF12
        - EMIS Primary CVD Prevention Toolkit
        - FGM
        - Long Term Condition (LTC) manager
        - Medication Withdrawn/Non dm+d
        - Medicines Of Limited Value
        - Minor Illness
        - NHS Firearms licensing searches and reports 09/25
        - NHS Lipid Management
        - Third Sector Partnerships
          - Diabetes UK
          - Epilepsy Action
          - HCU PILOT
          - Hepatitis C Searches - deployment funded by MSD UK
          - Macmillan Cancer Support
            - Cancer Safety Netting
            - New Quality tool kit
      - Workload Analysis

Name	Population Count	%	Last Run	Search Type	Scheduled	Code System
Cancer safety net diary searches				Patient		SNOMED CT
Cancer safety net diary searches Report				Patient		SNOMED CT

**Cancer safety net diary searches**

Details | Definition | Age / Sex | Trend | Population Included | Population Excluded

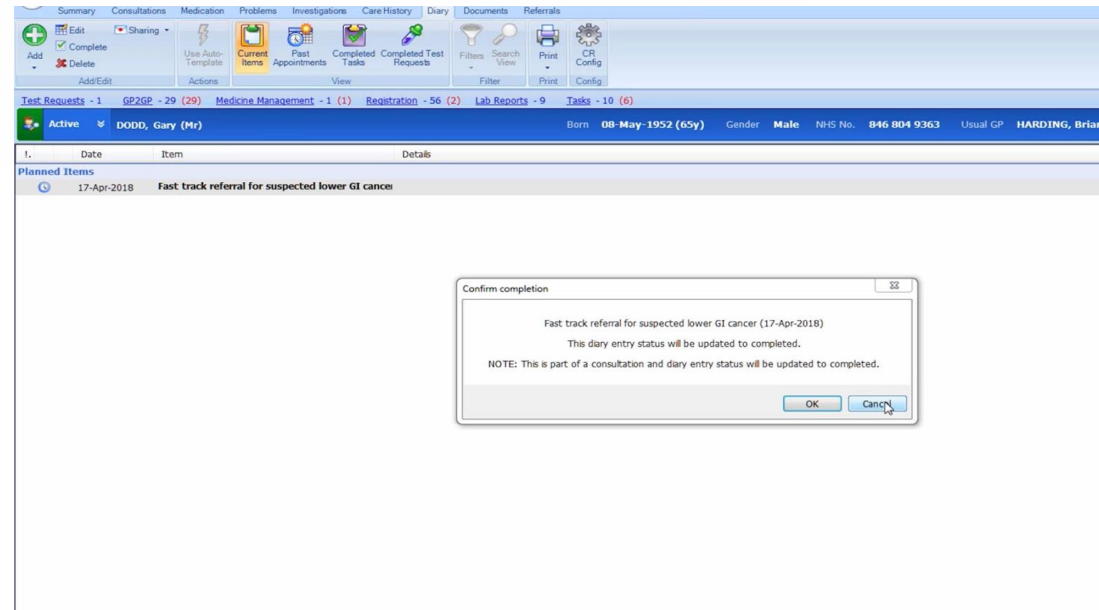
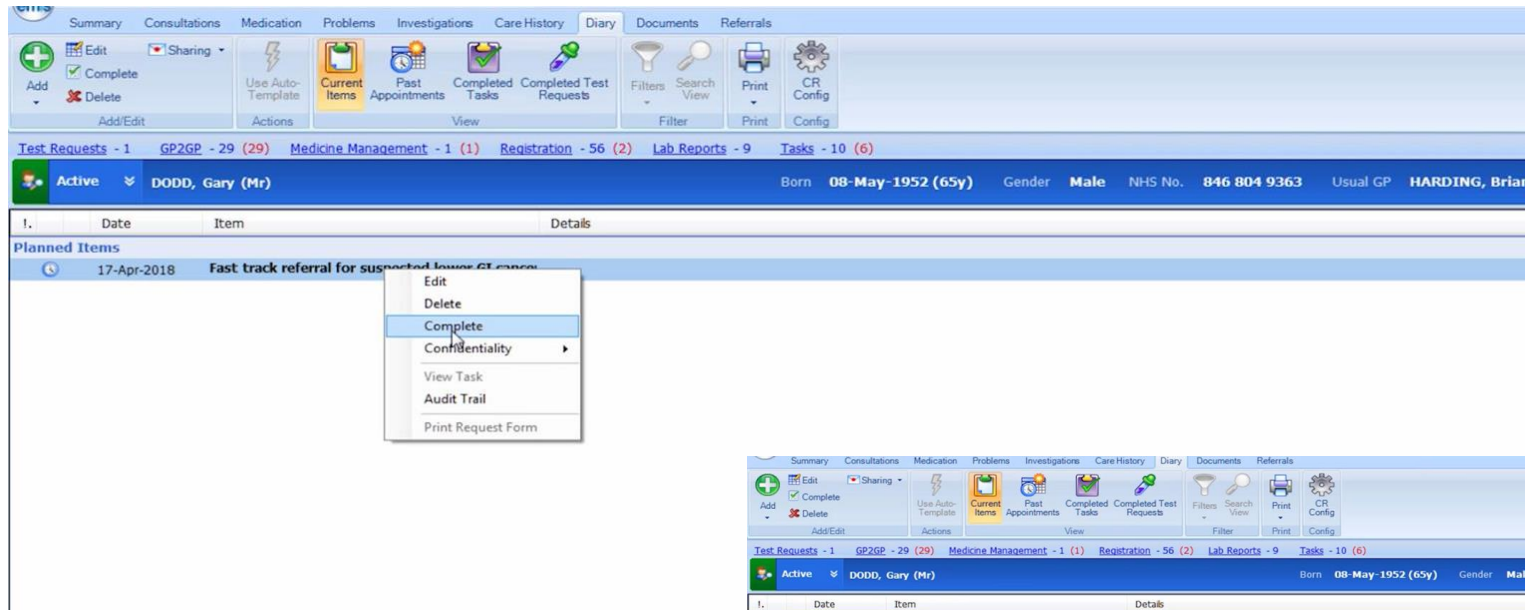
The selected report has not been run

- Hendon Way Surgery
- GP Contract - QOF
- EMIS Library**
- NELCSU Enterprise Search & Reports

# The Search results - Test examples

Report Name: Cancer safety net diary searches Report						
Parent Population: Cancer safety net diary searches						
Last Run: 14-Sep-2018 13:06						
Relative Date: 14-Sep-2018 13:06						
Population Count: 4						
Males: 3						
Females: 1						
Patient Details			Diary Entries			
EMIS Number	Full Name	Usual GP's Surname	Date	Code Term	Associated Text	User Details' Full Name
1234	NORMAN, Julie (Mrs)	Jones	07-Sep-2018	Referral for colonoscopy		BHUIYA, Afsana (Dr)
5678	KIEGAN, Steve (Mr)	Smith	27-Aug-2018	Refer for ultrasound investign	Urgent US of testicle	BHUIYA, Afsana (Dr)
91011	BRURY, Richard (Mr.)	Smith	24-Aug-2018	Fast track referral for suspected urological cancer		BHUIYA, Afsana (Dr)
121314	HERMAN, Tim (Mr)	Jones	14-Sep-2018	Monitoring of patient NOS	Please book him for phone consult with me after the diary entry expires - rv of skin ref ? did he go privately	BHUIYA, Afsana (Dr)

# Completing the safety net - diary entry completion



# E-SN – Expected benefits

- Reduce non-attendance for diagnostics and OPD appointments
- Aiming to reduce delays in the diagnosis of serious conditions
- Improve patient/carer experience with more sharing of the safety net plans and responsibility when to follow up with the patient
- Teachable moment opportunity
- Use of E-SN practices outside of non-cancer patient scenarios
- Potential to help in practices with trainee doctors or other clinical trainees by enabling more rigour in safety netting and follow up
- Improved coding in the clinical records

# Operationalisation TIPS

1. A clinical and admin 'lead' or 'adoption supporter' crucial
2. Tie in USE cases to the change programme
3. Start slow – one page at a time
4. Study impact – on the admin staff and clinical staff – discuss in your usual forum e.g. Staff meetings
5. Resisters – may benefit from 1-2-1 conversations/support
6. Scale up
7. Tailor to your practice needs and ways of working

<https://www.nclcanceralliance.nhs.uk/wp-content/uploads/2021/01/E-SN-Guidance-for-admin-staff-using-the-toolkit.pdf>

Implementation and Adoption case studies

<https://www.nclcanceralliance.nhs.uk/wp-content/uploads/2021/07/E-Safety-netting-case-study-publication.pdf>