

E-SN in primary care for cancer outcomes – can we develop the gold standard?

Project lead and organisation - Dr Afsana Bhuiya

Partner organisation(s) involved - TBC – EMIS, Ardens, other

Funding requested (£) - £150,000

Proposed start and end dates - October 2026 – March 2028

Summary

This bid proposes developing a standardised, high-quality electronic safety netting (E-SN) system in primary care to improve cancer diagnosis and outcomes across North Central London (NCL). The challenge is that current safety netting practices—used to manage diagnostic uncertainty—are often informal, inconsistent, and poorly documented. This creates risks of delayed diagnosis or patients being lost to follow-up, particularly when pathways rely on patient-initiated actions such as returning test kits.

The project aims to design and implement a “gold standard” E-SN solution by working with primary care IT providers (e.g. EMIS, Ardens) and clinicians to develop a system that supports structured tracking, automated reminders, and proactive follow-up. Building on existing pilots (e.g. E-SN for FIT testing), it will involve engaging innovators, evaluating current tools, and commissioning development of an improved, scalable product aligned with national E-SN standards. Strong primary care involvement will ensure usability and adoption.

Expected benefits include earlier cancer detection, improved follow-up and screening uptake, and reduced variation in practice. The project also aims to support national targets such as diagnosing more cancers at stages 1–2 and improving pathway performance standards.

NCLCA Big Ideas Fund – Expression of Interest

Submit by 25 June 2026. Only NCLCA colleagues may submit.

Questions marked with an asterisk indicate additional guidance on page 2 of this document.

Section 1 – Project Details			
Proposal title	E-SN in primary care for cancer outcomes – can we develop the gold standard?	Project lead and organisation	Dr Afsana Bhuiya
Partner organisation(s) involved	TBC – EMIS, Ardens, other	Funding requested (£)*	150,000
Proposed start and end dates*	October 2026 – March 2028		
Section 2 – The Idea			
1. What is the challenge you are seeking to address?*	<p>Safety netting is a recognised clinical strategy used to manage diagnostic uncertainty in primary care. Safety netting in routine practice is often informal, variable, and inconsistently documented. This variability creates opportunities for patients to be lost to follow-up, particularly where diagnostic pathways rely on patient-initiated actions, such as returning home testing kits.</p> <p>Digital tools, like electronic safety netting (E-SN) systems, offer a mechanism to standardise processes by enabling systematic tracking, automated reminders, and proactive follow-up of patients. However, such tools remain underutilised in primary care, and their implementation at scale has been limited. Improving the consistency and reliability of safety netting through structured, digital approaches represents a significant opportunity to enhance diagnostic pathways, support earlier referral where appropriate, and ultimately improve patient outcomes.</p>		
2. What is your proposed project and – at a high level – how would it be delivered?	<p>Building on our local work in London and now the national pilot (E-SN for FIT), we seek to put a call for innovators to improve their E-SN systems so there is a product that is highly acceptable in general practice – which complies with the E-SN taxonomy (below). Our call would work with the main EPRs and adjunct IT providers like Ardens or Accurx. Dr Afsana Bhuiya has strong links with both EMIS Web (she has produced the E-SN toolkit in EMIS Web) and held joint bids with them (Innovate UK). She also works closely with Ardens in her national role. As the end user of this innovation is primary care – we would seek to have strong primary care stakeholder involvement (LMC, Federations etc).</p>		
Section 3 – Impact & Strategic Alignment			
3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align	<ul style="list-style-type: none"> - Improve survival, focusing on early diagnosis and prevention - Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services 		

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<p>4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</p>	<ul style="list-style-type: none"> - Improve five-year survival - Support detection of 75% of cancers at Stages 1 or 2 - Raise awareness of cancer symptoms and increase cancer screening uptake in the local population - Improve compliance with the 62-day standard 28-day standard at 80% - Improve QOL for patients LWBC - Improve system efficiencies and reduce costs 																								
Section 4 – Resources																									
<p>5. What do you see as the likelihood of attracting external funding?</p>	<p>Medium. E-SN is now in the national cancer plan, and Dr Bhuiya supports the national delivery of an E-SN FIT pilot. Primary care innovations are abundant, but inconsistent in approaches, variable in motivation to engage in improvement, and have had different drivers to more general secondary care-based innovations.</p>																								
<p>6. High-level indication of how the budget would be used*</p>	<ul style="list-style-type: none"> - PM support to scope E-SN provider landscape and appraise tool functionalities and review implementation support - Fund a provider to deliver on the technical aspects of a better E-SN tool 																								
Section 5 – Anything Else																									
<p>7. Is there anything else you would like to flag?</p>	<p>Supplementary – Taxonomy for E-SN:</p> <table border="1" data-bbox="451 1077 1305 1910"> <thead> <tr> <th colspan="3" data-bbox="451 1077 1305 1137" style="background-color: #0056b3; color: white;">E-SN components – Essential criteria</th> </tr> <tr> <th data-bbox="451 1137 491 1198" style="background-color: #0056b3; color: white;">No.</th> <th data-bbox="491 1137 735 1198" style="background-color: #0056b3; color: white;">e–Safety-netting (E-SN) component</th> <th data-bbox="735 1137 1305 1198" style="background-color: #0056b3; color: white;">Details</th> </tr> </thead> <tbody> <tr> <td data-bbox="451 1198 491 1330" style="background-color: #0056b3; color: white;">1</td> <td data-bbox="491 1198 735 1330" style="background-color: #0056b3; color: white;">Universal applicability</td> <td data-bbox="735 1198 1305 1330">E-SN systems to support safety netting for all patients, regardless of presenting risk, ensuring that follow-up processes are not limited to high-risk groups but are embedded as a routine part of care.</td> </tr> <tr> <td data-bbox="451 1330 491 1462" style="background-color: #0056b3; color: white;">2</td> <td data-bbox="491 1330 735 1462" style="background-color: #0056b3; color: white;">Whole-team usability and role-based access</td> <td data-bbox="735 1330 1305 1462">Systems accessible to all members of the primary care team – from clinicians to administrative staff – with role-based permissions aligned to responsibilities. Distribution of workload and reduced reliance on single individuals.</td> </tr> <tr> <td data-bbox="451 1462 491 1594" style="background-color: #0056b3; color: white;">3</td> <td data-bbox="491 1462 735 1594" style="background-color: #0056b3; color: white;">Active tracking and monitoring</td> <td data-bbox="735 1462 1305 1594">The system enables identification of patients and supports tracking of patients who need require follow up, facilitating proactive management of outstanding activities e.g. Test completion or result follow up.</td> </tr> <tr> <td data-bbox="451 1594 491 1688" style="background-color: #0056b3; color: white;">4</td> <td data-bbox="491 1594 735 1688" style="background-color: #0056b3; color: white;">Integration with existing clinical systems</td> <td data-bbox="735 1594 1305 1688">E-SN tool has seamless integration with EHR systems – to support workflow efficiency and minimise duplication.</td> </tr> <tr> <td data-bbox="451 1688 491 1783" style="background-color: #0056b3; color: white;">5</td> <td data-bbox="491 1688 735 1783" style="background-color: #0056b3; color: white;">Simplicity and usability</td> <td data-bbox="735 1688 1305 1783">The tool has an intuitive design and <u>streamlined</u> processes to ensure consistent use in busy clinical environments</td> </tr> <tr> <td data-bbox="451 1783 491 1910" style="background-color: #0056b3; color: white;">6</td> <td data-bbox="491 1783 735 1910" style="background-color: #0056b3; color: white;">Team-based responsibility and coordination</td> <td data-bbox="735 1783 1305 1910">E-SN system supports shared responsibility across the whole clinical and administrative team. Features include centralised task management and escalation process for continuity/follow-up</td> </tr> </tbody> </table>	E-SN components – Essential criteria			No.	e–Safety-netting (E-SN) component	Details	1	Universal applicability	E-SN systems to support safety netting for all patients, regardless of presenting risk, ensuring that follow-up processes are not limited to high-risk groups but are embedded as a routine part of care.	2	Whole-team usability and role-based access	Systems accessible to all members of the primary care team – from clinicians to administrative staff – with role-based permissions aligned to responsibilities. Distribution of workload and reduced reliance on single individuals.	3	Active tracking and monitoring	The system enables identification of patients and supports tracking of patients who need require follow up, facilitating proactive management of outstanding activities e.g. Test completion or result follow up.	4	Integration with existing clinical systems	E-SN tool has seamless integration with EHR systems – to support workflow efficiency and minimise duplication.	5	Simplicity and usability	The tool has an intuitive design and <u>streamlined</u> processes to ensure consistent use in busy clinical environments	6	Team-based responsibility and coordination	E-SN system supports shared responsibility across the whole clinical and administrative team. Features include centralised task management and escalation process for continuity/follow-up
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Additional Guidance on Completing this EOI

General

- All EOIs must not exceed 2 pages.
- Please submit to uclh.nclcanceralliance@nhs.net by 25th June 2026.
- Only NCLCA colleagues may submit.

Section 1 – Project Details

- Our current expectation is that we will fund a small number of projects from a total funding pot of ~£600k.
- Proposed end date for the project must be no later than March 2029.

Section 2 – The Idea

- Question 1 - Describe the problem or unmet need. Include relevant data or evidence where possible.

Section 4 – Resources

- Question 6 - e.g., staffing, clinical time, technology, evaluation, overheads. Precise costings are not required at EOI stage.