

GPs deserve greater safety netting support

8 May 2018

To support GPs to monitor patients with common, non-specific symptoms that could be cancer, a clearer understanding of which safety netting systems are most effective in practice is needed to enable active follow-up of low-risk-but-no-risk symptoms, recommends a team of Oxford University researchers.

Safety netting can help ensure [patients](#) are re-evaluated in a timely and appropriate manner in general practice until their symptoms are explained and to minimise diagnosis delays.

Yet research published today in the *British Journal of General Practice* finds while that GPs regard [safety](#) netting as an essential part of good clinical practice, they have little guidance or shared collective knowledge on which aspects of safety-netting are most effective.

The Cancer Research UK-funded study involved in-depth interviews with 25 Oxfordshire GPs to understand more about the reality of safety netting for symptoms of [cancer](#) in today's NHS and develop recommendations for practice.

Based on the experiences of those interviewed, the study found there are currently no standardised systems in place for safety netting, with GPs implementing personal approaches informed by their own experience. Those working part time or as locums chose to safety-net more meticulously or refer at lower thresholds to ensure patients are followed up in their absence.

With increasing workload and time pressure, GPs have developed strategies to ensure that the patients regarded to be most at risk or least able to follow advice are safety netted. This left patients with low-risk-but-no-risk symptoms of cancer with less robust or absent safety netting.

Study lead Dr. Brian Nicholson, an Oxford GP and Clinical Researcher at Oxford University's Nuffield Department of Primary Care Health Sciences, said "We've found that GPs have developed personal

safety netting strategies to keep their patients safe, yet have little guidance on which approach to safety netting is the most effective. As workload increases and patients are less well-known to a single doctor, existing systems like electronic health records could be better utilised to support safety netting and improve continuity of care between different members of the practice team.

"We now need to be proactive in developing and evaluating safety netting strategies, and share this collective knowledge, so the best approaches can be adopted across [primary care](#) to ensure all patients are followed up more consistently and in such a way that doesn't increase GP workload."

While safety netting is currently regarded as an essential component of primary care consultation and is recommend in NICE guidelines for suspected cancer referral, little evidence exists about which components are effective and feasible in modern-day primary care.

Dr. Richard Roope, Cancer Research UK's GP expert, said: "Safety netting is recognised as an important tool when a patient isn't deemed to be high risk, but cancer can't be ruled out. It empowers patients to seek further advice if symptoms are changing. Safety netting can also help prevent patients from 'ping-ponging' between GP and hospital, test after test, until a diagnosis can be made. There's still some confusion about this practice, and as the survey suggests, GPs need more support to implement it.

"Cancer Research UK has a range of support both with GP education update days delivered across the country, and on our website, to help GPs implement safety netting in their [practice](#)."

More information: GPs' understanding and practice of safety netting for potential cancer presentations: a qualitative study in primary care. J Evans, S Ziebland, JI MacArtney, PW Rose, BD Nicholson. *British Journal of General Practice* 2018. bjgp.org/content/early/2018/08/05/bjgp18X696233

Provided by Nuffield Department of Primary Care
Health Sciences, University of Oxford

APA citation: GPs deserve greater safety netting support (2018, May 8) retrieved 22 May 2019 from
<https://medicalxpress.com/news/2018-05-gps-greater-safety-netting.html>

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