



# Safety Netting for Cancer in Primary Care

## A Practical Guide

**Supporting GPs and practice teams in  
early cancer diagnosis**

# A guide for Safety Netting for Cancer in Primary Care



Diagnosing cancer early is one biggest challenges facing primary care physicians. This guide is aimed at supporting G.P.s and other professions in dealing with uncertainty, communicating with patients and ensuring no one gets lost in a complex NHS system. Please feel free to use any of the resources and suggestions that you believe may help you, your practice and your patients.

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## 1. What is Safety Netting?

Safety netting is a diagnostic management strategy that ensures patients with potential cancer symptoms are monitored until symptoms are explained or resolved, and all test results and referrals are followed up. It helps manage diagnostic uncertainty and supports early cancer diagnosis.

There are a huge range of resources available on the Cancer Research UK website to support Primary Care to safety net patients effectively. This guide aims to promote their information and highlight some key areas of focus.

[Safety netting | Cancer Research UK](#)

## 2. Why Safety Netting is so Important

Safety netting processes can support GPs and other primary care clinicians to critically re-evaluate symptoms, diagnoses and patient concerns if a patient presents on a third occasion, with the same symptom or concerns. It can help to consider Jess's Rule to ensure that we reflect, review and rethink. For further information on Jess's rule please see the links below-

- [Jess's Rule: GPs to re-check some patients for deadly 'misses' - BBC News](#)
- [Jess's Rule: Three strikes and we rethink - GatewayC](#)

### 3. E-Safety Netting Tools

Electronic tools are integrated into clinical systems such as EMIS that help track and follow up patients at risk of cancer.

#### Key Functions:

- Automated alerts for unresolved symptoms or missed tests.
- Templates for structured documentation.
- Dashboards to monitor follow-up actions.
- Patient communication tools (texts, letters, emails).
- Equity monitoring to identify patients less likely to engage.

#### Examples:

- EMIS E-SN Tool (free): Tracks referrals and investigations.

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

- We are currently piloting (December 25- March 26) the use of this E-SN tool at two PCN's in L&SC.
- Ardens (paid): Advanced tracking and alerts for follow-ups.
- C the Signs- Clinical Decision support tool with safety netting/tracking features.

If you would like support in implementing the e-safety netting tools, please contact – [bawh.lscancer.cell@nhs.net](mailto:bawh.lscancer.cell@nhs.net)

Further information on E-safety netting can be found here:

[E-safety netting tools | Cancer Research UK](#)



## 4. Checklists

Safety netting in primary care can take many different formats, including verbal advice, written instructions or physical resources and the use of e-safety netting tools. Whichever format the safety netting takes, the key principles remain the same, please see below for a summary of different safety netting formats for primary care staff.

### a. Checklist for Non-Clinical Staff

#### Clear Communication

- Use simple, jargon-free language when speaking with patients.
- Ensure patients understand:
  - o What symptoms to monitor.
  - o When and how to seek further help.
  - o Who to contact and within what timeframe.
- Provide written summaries or leaflets when possible.



## Shared Decision-Making Support

- Encourage patients to ask questions and express concerns.
- Confirm they understand the next steps.
- Help clinicians by reinforcing follow-up plans and timelines.

## Documentation

- Ensure all safety netting actions are accurately recorded in the patient's notes.
- Use standardised codes (e.g., SNOMED) to track symptoms, tests, and referrals.
- Support clinicians in using templates and alerts in the clinical system.

## Key Actions for Non-Clinical Staff

- Track appointments and test results.
- Follow up with patients who miss appointments.
- Flag concerns to clinical staff.
- Support communication with patients, especially those from vulnerable or underserved groups.

## b. Checklist for GPs

### Clinical Protocols & Systems

- Are there clear protocols in place for responding to safety netting alerts (e.g. missed tests, unresolved symptoms)?
- Are templates used for onward referrals and follow-up actions?
- Are standardised codes (e.g. SNOMED) used to document safety netting actions?
- Are e-safety netting tools (e.g. EMIS E-SN, SystmOne, Ardens) in place and used consistently?

### Patient Communication

- Do you give clear, specific advice about when and how to seek further help?
- Do you use accessible language and avoid jargon?
- Do you provide written summaries or leaflets for patients to refer back to?
- Do you confirm understanding and agree on next steps with the patient?

### Follow-Up & Monitoring

- Are there agreed timeframes for reviewing unresolved symptoms or pending investigations (e.g. FIT tests)?
- Is there an accountable person/team for running regular searches and follow-ups?
- Are missed or delayed diagnoses reviewed regularly (e.g. via Significant Event Analysis)?

## c. Checklist for Practices

- Are all staff trained in safety netting protocols?
- Are e-safety netting tools in place and used consistently?
- Are follow-up actions clearly assigned and tracked?
- Are vulnerable groups actively monitored?
- Are missed diagnoses reviewed to improve processes?



## 5. Example Text Message Templates for Normal Test Results

Aim for text messages for normal results:

- Keep it simple.
- Be positive and reassuring.
- Encourage return if symptoms persist and change.

### How to create your own custom message templates

Find out how you can create your own custom message templates through Accurx Desktop:

[Accurx Desktop: How to create your own custom message templates | Accurx Help Centre](#)

Some example brief text messages for various test results can be seen below:

#### Normal Chest X-ray results

Your recent Chest X-ray shows no evidence of cancer. This is good news and reassuring. If your symptoms persist or change, please contact the practice.

#### Normal Ultrasound Scan Results

Your recent Ultrasound Scan shows no evidence of cancer. This is good news and reassuring. If your symptoms persist or change, please contact the practice.



### Normal C.T Scan Results

Your recent C.T. Scan shows no evidence of cancer. This is good news and reassuring. If your symptoms persist or change, please contact the practice.

### Normal FIT Results

Your recent FIT (poo test) is normal. Importantly this does not suggest you have cancer. This is good news and reassuring. If your symptoms persist or change, please contact the practice.

## 6. Top Tips for implementation

- Implement safety netting as a personal development plan as part of your appraisal
- Audit your current process as part of a quality improvement project
- Complete a case review as part of a learning event analysis to identify areas where safety netting could have been introduced
- Provide safety netting training for your staff
- Record your safety netting processes (standard operating process) and how you have improved safety netting for suspect cancer in your practice.



## 7. Useful Resources for Practices

Here is an example of a safety netting process used at one of our PCN's in L&SC that they have developed from the point of a referral to USC.

Please see the link below to CRUK safety netting resources:

[Safety netting | Cancer Research UK](#)

This includes:

- A downloadable safety netting flowchart
- A safety netting key actions sheet,
- Guidance on e-safety netting tools
- A safety netting case study.