

## Cancer Research UK – updated 1<sup>st</sup> May 2020

### Safety netting patients presenting with symptoms during Covid-19 pandemic

The unprecedented times have prompted rapid changes to pathways, and shifts in patient and health professional behaviour, that have the potential to impact patients and undermine our efforts to see fewer people diagnosed with late stage cancer.

The changes have reinforced the importance of safety-netting for mitigating the impact on patients. It is a management strategy used in the context of diagnostic uncertainty in healthcare. It aims to ensure patients are monitored until signs and symptoms are explained or resolved and involves patient communication around next steps and follow-up, and key administrative processes to ensure tests and referrals are acted on and no patient is 'lost' in the system.

Safety-netting has been a key topic for Cancer Research UK for several years, and we have existing messages, resources and the evidence base on our website [here](#) that can be used to support health professionals at this time.

If we are missing anything that you think could be helpful, please let us know at [earlydiagnosis@cancer.org.uk](mailto:earlydiagnosis@cancer.org.uk).

#### Managing risk

- Balancing risk is at the core of decisions taken during this crisis.
- Decisions around tests and referral are ultimately ones for the patient and the clinician to make together, on as full an understanding as possible of the different factors and level of risk.
- The referral guidelines for suspected cancer ([NG12](#) and [SCRG](#)) can be used to inform decisions about patients warranting urgent referral and urgent suspected cancer referrals are continuing in all nations.
- Cancer risk algorithms which are available in some of the [cancer decision support tools](#) might also be helpful.

## Scenarios for patients presenting with symptoms during Covid-19 pandemic

**The decision is taken to refer a patient on an urgent referral pathway for suspected cancer.**

### Safety netting advice:

- Have a system to document patients sent on an urgent referral pathway and record how their referral is progressed in secondary care.
- Record safety netting advice given to the patient on the GP IT system; including the method and type of consultation, the safety netting advice given to the patient and record that the patient has been referred during Covid-19.
- Ensure the patient contact details are up to date.
- Maintain and regularly review patients referred to monitor progress of the cancer referral.

### Patient communication:

- Patients should be made aware that they are being referred on an urgent referral pathway for suspected cancer and the patient should be given an [urgent referral patient information leaflet](#) (local patient information leaflets are available).
- Where this isn't available, patients should be advised when they are likely to hear from the hospital, and what to do if they've not heard anything within an explicit period of time.
- Prepare them for the fact that there may be telephone consultations prior to any face to face appointment and diagnostic tests may be delayed.

**The decision is taken not to refer a patient on an urgent referral pathway or to undertake diagnostic tests due to the level of risk, availability of diagnostic tests and/or patient concern.**

### Safety netting advice:

- Have a system to document patients who are not being referred on an urgent referral pathway or having diagnostics tests because their presentation indicates a low level of cancer risk or due to the availability of diagnostic tests or because the patient does not want to be referred/tested at this time due to Covid-19. Ensure they are monitored and introduced into the testing/cancer referral system as appropriate, when it is safer to do so.
- Record clinical safety netting advice; including the method and type of consultation, the safety netting advice given to the patient and record that the patient has been safety netted during Covid-19.
- Ensure the patient contact details are up to date.
- Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened.
- Maintain and regularly review documented patients to track those who are later referred on an urgent referral pathway or have diagnostic tests when it is safer to do so and to manage those who will need a referral once their risk of Covid-19 has reduced.

### Patient communication:

- The patient understands why their cancer risk vs. Covid-19 risk needs to be assessed and the importance of coming to a joint decision about the next course of action.
- Check the patient understands the safety netting advice (considering language and literacy barriers) bearing in mind the consultation may be on the telephone.
- The patient is made aware that if their symptoms worsen, they should contact their GP, and if they persist beyond an explicit period of time, they should get in touch.
- If the patient has chosen not to be referred at that time or have diagnostic tests, inform the patient to contact their GP if they change their mind.

**A patient has been referred on an urgent referral pathway for suspected cancer, however they have been downgraded (with the consent of the referring primary care professional.)\***

Safety netting advice:

- Have a system to document patients who have been referred on an urgent referral and then been downgraded\* with the consent of the referring primary care professional.
- Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened.
- Record clinical safety netting advice; including the method and type of consultation, the safety netting advice given to the patient and record that the patient has been safety netted during Covid-19.
- Ensure the patient contact details are up to date.

Patient communication:

- Check the patient understands the safety netting advice (considering language and literacy barriers) bearing in mind the consultation may be on the telephone.
- Ensure you have up to date contact details for patients who are being held on a safety netting list in practice.
- The patient understands that if their symptoms persist or worsen, they should contact their GP.

Local areas have developed their own safety netting templates for their GP IT systems. You can also find examples of safety netting templates on our [website](#).

**National guidance related to patients presenting with suspected cancer symptoms during Covid-19 pandemic;**

England: \*[NHS England and NHS Improvement Guidance for Cancer Alliances – Information on managing cancer referrals- 19<sup>th</sup> March 2020](#)

[NHS England and NHS Improvement Guidance for acute trusts – Maintaining cancer treatments – 30<sup>th</sup> March 2020](#)

[NHS England and NHS Improvement updated guidance for Cancer Alliances - Advice to local systems on maintenance of cancer treatment – 6<sup>th</sup> April 2020](#)

Northern Ireland: [Health and Social Care Board COVID-19 \(coronavirus\) – Don't delay in seeking help- 22<sup>nd</sup> April 2020](#)

Scotland: Scottish Government Cancer Policy Access Teams are advising that urgent suspected Cancer referrals should still be made and whilst many standard follow up investigations may not be used due to COVID19 risks, patients should still be advanced and managed through the system. – 24<sup>th</sup> April 2020

Wales: [Welsh Government – Cancer services in Wales during COVID-19 -22<sup>nd</sup> April 2020](#)