

## Managing non-specific symptoms of cancer and safety netting

## GP and Practice Insight



### Are you worried about missing a cancer diagnosis?




Whilst use of [NICE Suspected Cancer Referral Guidelines \(NG12\)](#) in England, Northern Ireland and Wales are recommended to aid assessment of patients presenting to primary care with signs and symptoms of cancer, to help guide referral decisions, it can be challenging translating them into practice.

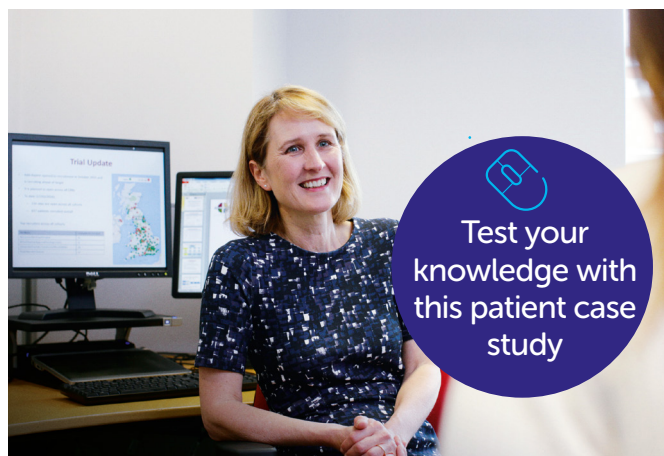
#### Considerations for managing patients with non-specific symptoms

1. NICE (NG12) recommend urgently referring patients at a positive predictive value (PPV) threshold of 3% or higher, with an even lower risk threshold recommendation for children and young people and for primary care tests<sup>1</sup>.
2. Use [primary care investigations](#) where available such as chest X-rays, blood tests, CT scans and FIT. They are usually easily accessible and can help speed up cancer diagnosis.
3. Use tools that inform decision making and enable easy navigation of the guidelines:
  - [CRUK's NICE \(NG12\) Symptom Reference Guide, desk easel and poster](#)
  - [Gateway C module](#) on improving the quality of referral (England only)
  - [Cancer decision support tools](#), such as Qcancer and Risk Assessment Tools, often integrated into GP software, can be used to calculate risk and aid decision-making.
4. Implement robust and consistent [safety netting](#) in your practice to help manage diagnostic uncertainty and support more timely diagnosis.
5. Use non-specific symptom pathways (i.e. Rapid Diagnostic Centres (RDCs)), if available in your local area.
6. Remember to act on clinical suspicion and be aware of specific local guidance.<sup>3</sup>

#### What 3 things can you do?

By Dr Pawan Randev, CRUK GP

- Consider what the consequence of a patient not attending a test/ appointment/follow up would be 
- Don't be reassured by a negative result if you still have concerns. Continue to review the patient and refer if you suspect cancer. For example, evidence suggests that chest X-ray does not detect lung cancer in over a fifth of cases <sup>2</sup> 
- Ask yourself if there is a robust system of following up investigations and patients in your practice 



#### References:

<sup>1</sup> Suspected cancer: recognition and referral: NICE guideline [NG12]: NICE.org/NG12

<sup>2</sup> Bradley et al. "Sensitivity of chest X-ray for detecting lung cancer in people presenting with symptoms: a systematic review". BJGP 2019

<sup>3</sup> Smith, C. F., Drew, S., Ziebland, S. and Nicholson, B. D. (2020) Understanding the role of GPs' gut feelings in diagnosing cancer in primary care: a systematic review and meta-analysis of existing evidence. British Journal of General Practice, 70(698), pp. e612-e621.

# Safety netting

Safety netting aims to ensure patients are monitored until signs and symptoms are explained, resolved or they are referred. Patients should be informed about the next steps and key administrative processes should be in place to ensure tests and referrals are acted on so no patient is 'lost' in the system.

In England, the [PCN Specification](#) on cancer early diagnosis requires PCNs to have a consistent approach to safety netting patients who have been referred urgently with suspected cancer.

# Key safety netting actions for GP practices

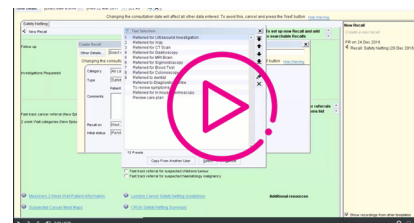
- Put a system in place to document safety netting actions to ensure appropriate follow-up action is taken
- Check locally for existing safety netting templates tailored to your IT system that clinicians can use during consultations and administrative staff can use to track/follow up with patients
- Record the safety netting advice provided to patients in medical notes (as understood by the patient) including the method and type of consultation. Record that the patient has been safety netted
- Ensure patient contact details are correct, that they are clear about next steps and follow up a consultation with written/ text advice and instructions
- Book a follow-up appointment if required or encourage patients to book another appointment with you if their symptoms persist, change, worsen or new symptoms develop



COVID-19 has reinforced the importance of Safety Netting. [Click here](#) to view more details on how to safety net patients



• Setting up safety netting on EMIS Web



• Setting up safety netting on SystemOne

# Safety netting summary

▶ Communication to patients   ▶ Action for GPs   ▶ Action for practice   ▶ Education

