

# Non-clinical safety netting session across three PCNs

*Related to areas of the PCN specification:  
Improving referral practice and safety netting*

## BACKGROUND

These three PCNs have 21 member practices, with a population of just over 157,000. All practices had been working on the PCN DES specification and QOF QI from the offset.

Most practices had successfully completed the NCDA and on reflection of the report an area highlighted for potential improvement was safety netting.

It was decided, alongside other actions that a safety netting session to all to non-clinical staff would be beneficial.

The session would be offered to all three of the PCNs

## NEXT STEPS

The intention is that this will be repeated again (6-12 months)

This session would be offered to clinical staff with the PCN

Safety netting will be incorporated into the action plans for the PCNs

Feedback the outcomes of the session to the Clinical directors of the PCNs

Continued support from the facilitator at a PCN level.

## BENEFITS

All practices in all PCN's were encouraged to participate and send at least one member of staff to the training

Pre session a short survey was created to establish a baseline of safety netting activity across the PCNs and staff attending the training were encouraged to complete before the session.

The session was arranged and subsequently delivered in an hour session

The pre session survey was completed by 11 participants

The pre session survey showed variances in safety netting actions and practices across the three PCNs

## AIM OF THE WORK

The session was an hour in duration and covered the principles of safety netting with rationale of the impact of COVID on safety netting with practical hints and tips.

The use of the SNOMED code to be used for all 2 week wait referrals was discussed and the importance of this highlighted.

The session was delivered to approximately 20+ participants. The final evaluation was completed by 15 participants.

## OUTCOMES

The level of knowledge and confidence from participants in aspects of safety netting increased from pre session to post session.

82% of participants said that they would take actions related to safety netting following the training and 91% said that they would recommend the session.

### **Examples of actions to be taken were;**

*Follow up on GPs using safety netting code,*

*Discuss with GP's re safety netting template,*

*Prior to the training we (secretary/admin) used the Safety netting*

*template, but only to monitor the suspected cancer referrals and found it really useful. I have now had a look at the other sections and I*

*can see they must be so helpful for the clinicians, particularly the*

*safety netting symptoms and what a useful idea to share the safety*

*net plan with the patient suggestion to print the consultation*

*Review use of safety netting code*

*Start to use AccuRx pathway text message for 2 week reminder*

There was a 40% increase in the use of the SNOMED code following the session across the PCNs