

USC Cancer Safety Netting Process

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Why safety netting is important

- >Essential process to help manage uncertainty in management of patient and to organise follow up.
- >Patients informed of when why and how.
- >Use process for all urgent referrals including FIT / CT / Radiology and Scopes etc.
- >Ensure clear documentation using templates.



What we did in-house

- >We decided to look at our usual paper process and merge with the clinical system
- >Using recall scheduler by adding diary entries to codes
- >Creating templates for ease
- >Keeping paper process as a back up
- >Having numerous people involved
- >Diary reminders for staff member as prompts



HMG Admin Referral Process:

- * Check patient demographics
- * Use template: has all relevant codes such as cancer safety netting code, cancer information given, explained importance of attendance for diagnostic test, time frames and specified time frame to come in.
- * Add copy of appointment / referral to the USC file and log on spreadsheet.
- * Give patient appointment / leaflet and advised to contact us within 3 days if not had any confirmation from hospital.

Admin Management Process:

Use template to code specific referral (this adds a diary entry for 10 days)

Every Friday the search is ran –records checked whether patient has an appointment

If a cancer is confirmed, we use cancer diagnosis template

This triggers certain codes and recalls also.

At Cancer diagnosis

Using template which includes:

Codes of: seen in fast track clinic * Malignancy type * Key worker * Surgeon *
Any prognosis / treatment intent * HNA * Cancer information given.

Provision of information about cancer support services in primary care -
Letter sent to patient with key worker details and that referring clinician will be
in touch

Referring clinician informed – telephone appointment made.

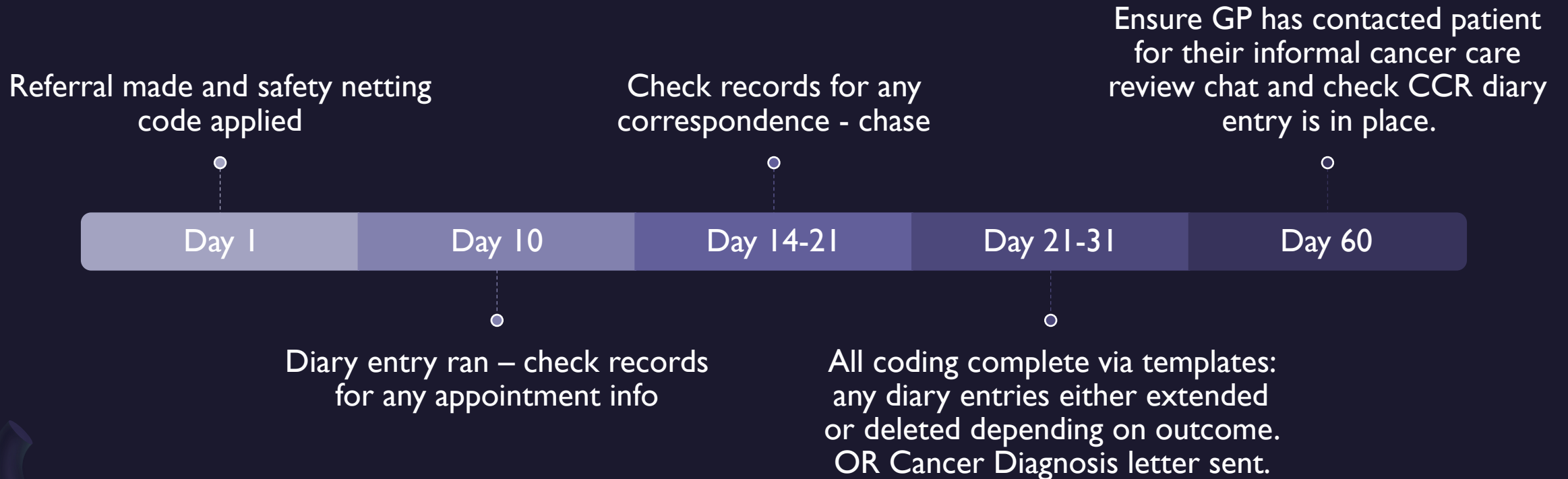
Check CRR diary entry made

If Palliative – add to Palliative RAG list – inform DN and add to PC MDT (If an LD
patient inform community LD team via template.

Referral format

Referral made	Cancer not found	Investigation results received	Cancer diagnosed	Cancer Care Review
Coded and diary entry made	Code any diagnosis	Code any diagnosis	Code	Send letter with HNA questionnaire
Recall ran	Clinician makes decision to keep on safety netting pathway	Clinician to review and remove from safety netting or add new diary entry	Send letter to offer support, trigger diary entry for cancer review	Arrange appointment – offer telephone F2F Video or home visit
Check for appointment date	Remove diary entry and from USC file		If Palliative add to register and initiate Palliative MDT and RAG	Check recall against correspondence received from hospital
Log in USC file/records				Coding of treatment summary's pre-coded from STFT

Timeline



Team Involvement



Referrals

GP / Secretary

Incoming mail workflows

All cancer correspondence are sent to cancer coding team consisting of PM and secretary then notifying referring clinician

Discuss at clinical meeting with all clinicians and PM

Recalls



Clinical system: PM Paper log: Secretary and PN

Palliative Care

PM GP and 2x Admin MDT Co-Ordinator DN PCSN