



## Safety netting patients during the COVID-19 pandemic



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

Robust safety netting protocols are important for mitigating the impact of COVID-19 on patients. This guide summarises our recommendations on safety netting best practice in a range of scenarios during the COVID-19 pandemic.

### Actions for all GP practices

#### Safety netting decisions should always be focused on balancing risk.

- Decisions to safety net a patient during the COVID-19 pandemic should be made between the clinician and patient, and as far as possible be informed by a thorough understanding of the risk levels vs benefits and factors applicable to the patient
- Make use of Cancer Referral Guidelines ([NG12](#) and [SCRG](#)) as well as visualisation tools such as our [NICE](#) and [SCRG](#) infographics to inform decision making
- [Cancer decision support tools](#) may also be useful to calculate risk

- ✓ Put a system in place to document safety netting actions during and following COVID-19, to ensure appropriate follow-up action is taken
- ✓ Check locally for existing safety netting templates tailored to your IT system
- ✓ 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 and if they have been referred during COVID-19
- ✓ Ensure patient is clear about the next steps following the consultation
- ✓ Ensure patient contact details are up-to-date

### Scenarios with specific advice for managing patients who present with suspected cancer symptoms during COVID-19

#### Decision A patient is placed on an urgent referral pathway for suspected cancer

##### GP action

- Document that the patient is sent on an urgent referral pathway and record how their referral is progressed in secondary care
- Maintain and regularly review patient to monitor progress of the cancer referral
- Ensure patient contact details are up-to-date

##### Patient communication

- Make the patient aware they are receiving an urgent referral for suspected cancer and signpost to information such as our updated [Urgent Referral Explained leaflet](#), to help prepare them prepare for appointments and tests [cruk.org/urgentreferral](http://cruk.org/urgentreferral) (England / Wales / Scotland versions available)
- The patient 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
- Inform the patient that initial consultations might be on the telephone and tests might be delayed
- If the patient is worried about how COVID-19 will affect them, please signpost to our information on [COVID-19 and cancer](#)

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## Decision The decision is taken not to refer a patient due to the level of risk and/or patient concern

### Safety Netting action

- Document that the patient is not being referred (if presentation indicates low level of cancer risk or patient does not want to be referred during COVID-19)
- Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened
- Regularly review patients who are being monitored during the pandemic to ensure they are introduced into the diagnostic/cancer referral system when it is safe to do so
- Document eventual referrals on your IT system
- Ensure patient contact details are up-to-date

### Patient communication

- Check the patient understands why their cancer risk vs. COVID-19 risk needs to be assessed and the importance of making a joint decision about the next course of action
- Check the patient fully understands the safety netting advice provided especially if the appointment is via telephone
- Remind the patient that if their symptoms worsen, or persist beyond an explicit time period, they should contact their GP
- If the patient has chosen not to be referred at that time, inform the patient to contact their GP if they change their mind

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## Decision A patient was referred on an urgent referral pathway, but have been downgraded

### Safety Netting action

- Document that the patient has been referred on an urgent referral and then downgraded
- Use GP IT system to set reminders to review whether the patient's symptoms have resolved, continue to persist or worsened

### Patient communication

- Check the patient understands the safety netting advice provided especially if the appointment is via telephone
- Remind the patient that if their symptoms worsen, or persist beyond an explicit time period, they should contact their GP



## National COVID-19 guidance for primary care:

### England/Wales

- **NG12** is still applicable however do check locally for any temporary adjustments to pathways
- **England** – **Recent NHS England and NHS Improvement guidance** recommend appropriate safety netting where referrals are downgraded or avoided outside of the usual policies and NICE guidance
- **Wales** – Check with your local health board for the latest Welsh Government guidance but Public Health Wales also provides general **guidance for Primary Care in Wales**

### Scotland

**SCRG** are still applicable and Urgent Suspicion of Cancer referrals should still be made but check with the Scottish Government for the **latest guidance**. **Health Improvement Scotland** also provide useful COVID-19 related resources for NHS Scotland.

### Northern Ireland

The Northern Ireland Cancer Network recommends to continue to refer to **existing guidance** on red flag referrals.

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Visit [cruk.org/safetynettingtools](https://cruk.org/safetynettingtools) for further resources  
Further remote support may be available in your area. Contact [facilitators@cancer.org.uk](mailto:facilitators@cancer.org.uk) to find out how they can support you with safety netting in your practice.

