

# GP and practice determinants of safety netting in cancer diagnosis: findings from the International Cancer Benchmarking Partnership (ICBP) Module 3 for Wales

Adrian Bellwood, Academic ST4 General Practice, North Wales Centre for Primary Care Research, Bangor University  
 Jane Hanson, Director National Cancer Specialist Advisory Group, Welsh Government  
 Karen Gulley, Senior Medical Officer, Welsh Government  
 Kate Brain, Senior Lecturer in Psychology, Cardiff University  
 Richard D Neal, Professor of Primary Care Medicine, North Wales Centre for Primary Care Research, Bangor University

## What we sought to do

Safety netting is important to ensure that patients with potential cancer symptoms or abnormal investigation results are not 'lost' during the diagnostic process. There are a paucity of data regarding the different levels of safety netting and its determinants. We therefore set out to identify what GP and practice factors determine different levels of safety netting in the management of patients with potential cancer symptoms.

## How we did it

We used the results of an on-line questionnaire from 218 GPs across Wales, completed as part of the International Cancer Benchmarking Partnership Module 3. Four of the questions asked about how the GPs arranged follow up of patients needing review, and how they ensured tests were done and the results followed up and communicated. Responses to these four questions were categorised into 'ideal', 'potential low risk' and 'potential higher risk' by clinical consensus. The questions and the process of categorisation are shown in Figure 1.

The questionnaire also provided data relating to factors about the GP (gender; number of years since graduation; country of graduation), their practice (whether single handed; rurality; duration of routine consultations), and the GPs' beliefs, education and guideline use (hours spent on cancer education in the last year; how strongly they felt that early diagnosis improves outcome; and their use of cancer referral guidelines). These nine factors were entered into a multinomial regression model to determine their effect on each of the four questions regarding safety netting. The questionnaire also sought free text comments.

## What we found

The numbers of respondents in each category of safety netting is shown in Figure 1. The percentage of doctors whose responses to the four questions that was categorised as 'potential higher risk' were: Q1 - 10.1%; Q2 - 23.4%; Q3 - 60.6%; and Q4 - 18.8%.

None of the factors were significantly associated with any of the four outcomes in the regression model.

The free-text comments illuminated the data, outlining, problems, solutions, and examples of good practice.

## Selected free text:

### Q3: What system do you have to ensure that you receive the result of every test/investigation you order?

*'The complexity of reconciling all elements of all tests requested is too great to be safe. Par excellence, this should be integral to computer based laboratory interaction. I have been crying out for it for years. And it will come, but is so slow ..... The best I can do is specifically to keep an eye out for results from any patients about whom I am particularly concerned'*

*'Advise patient to contact surgery to ensure result has arrived and been viewed'*

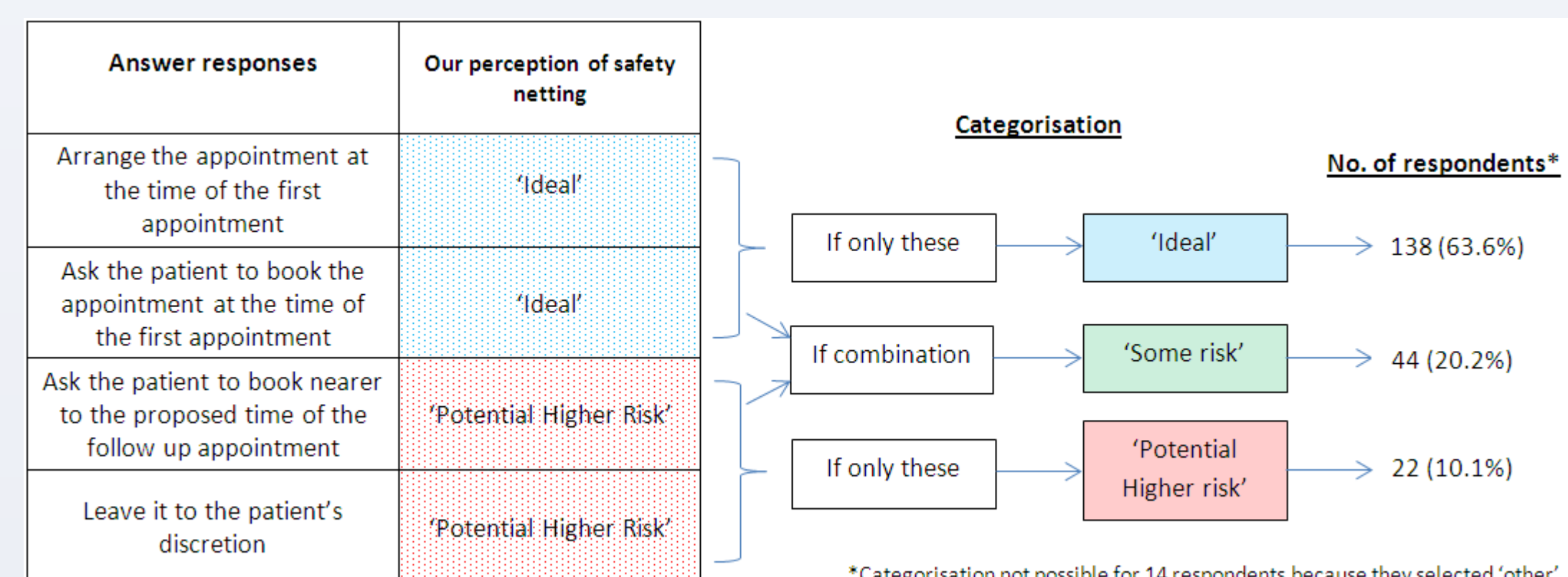
*'We send for patients by letter / text when we receive the result and follow up if they do not attend but have no system if patients do not go for the test other than asking at follow up appointment and sending for those who do not attend the arranged follow up'*

## Contact details

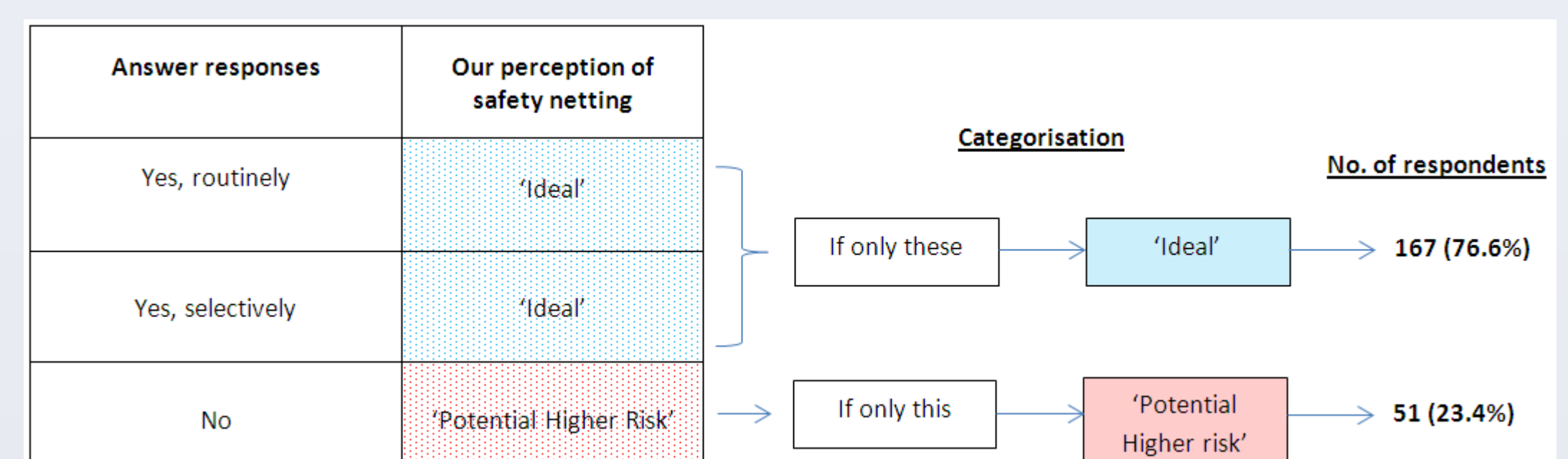
Adrian Bellwood [medmanade1@yahoo.com](mailto:medmanade1@yahoo.com) Richard Neal [r.neal@bangor.ac.uk](mailto:r.neal@bangor.ac.uk)  
 North Wales Centre for Primary Care Research, College of Health & Behavioural Sciences, Bangor University, Gwenvro Units 5, Wrexham Technology Park, Wrexham, LL13 7YP, UK

## Figure 1

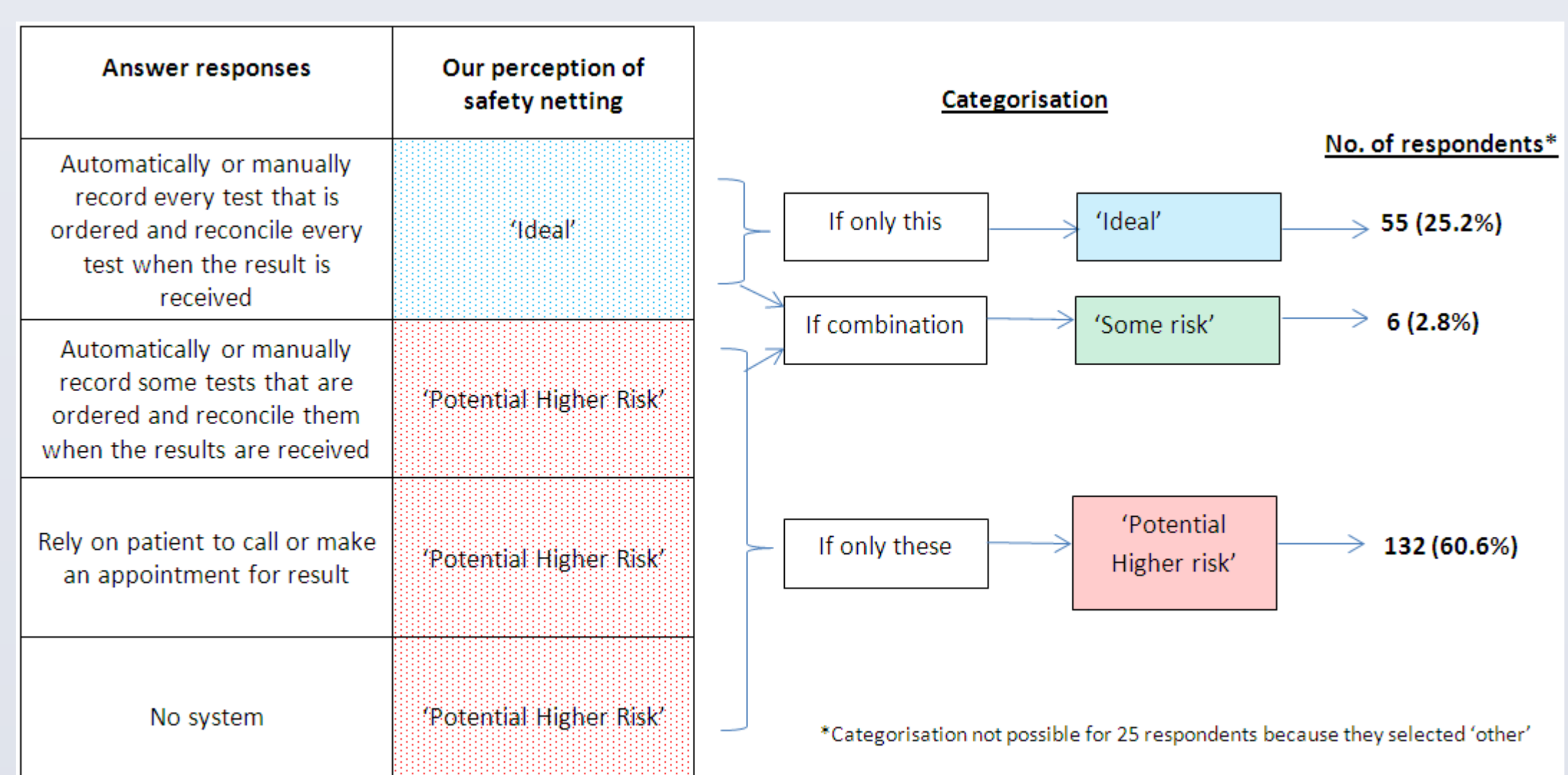
Question 1 - If you want a patient to return for a follow up appointment, how do you book this appointment?



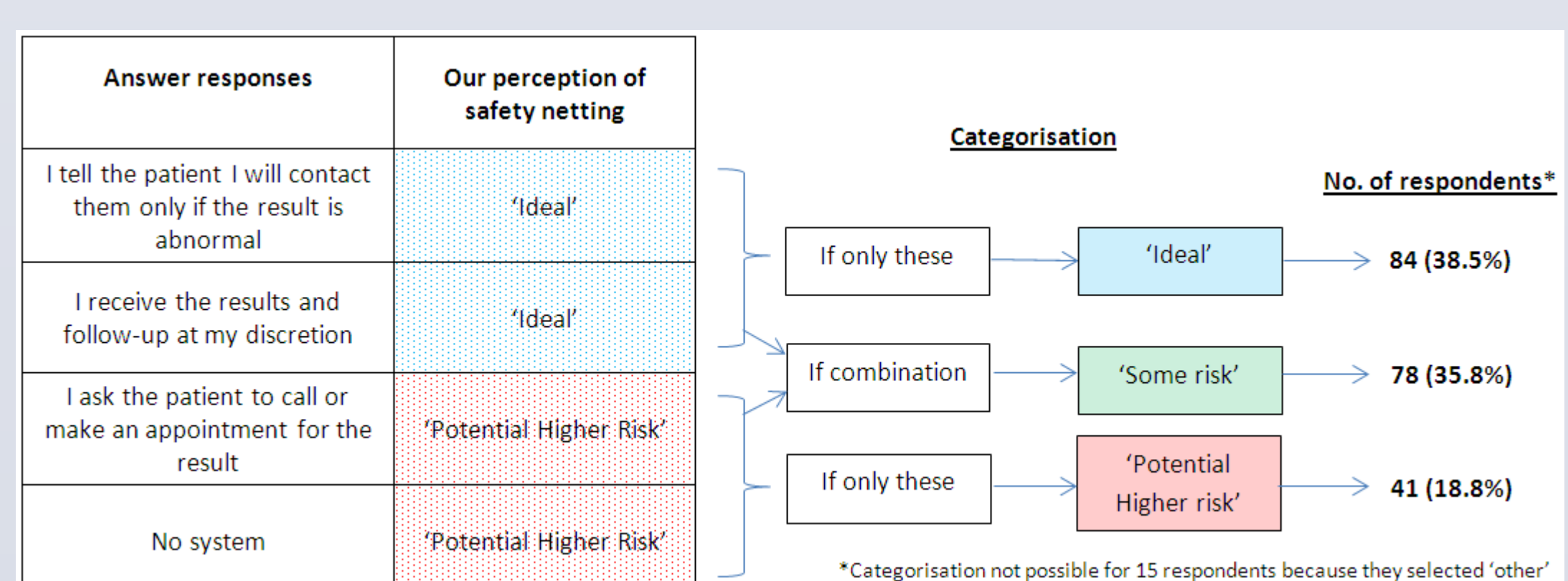
Question 2 - If patients do not attend scheduled follow up do you contact them?



Question 3 - What system do you have to ensure that you receive the result of every test/investigation you order?



Question 4 - What do you normally do to ensure that all tests/investigation results are followed up?



## What it means

Our findings suggest that there is potential risk within current clinical practice.

We recommend that practices need to develop and implement robust systems to ensure that patients with potential cancer symptoms or abnormal investigation results are not 'lost' during the diagnostic process. This is in line with findings from the National Cancer Action Team report and also the 'Toolkit for General Practice'.

Our finding that none of the GP or practice factors were significantly associated with any of the four outcomes, suggest that interventions aimed at improving safety netting do not need to be specifically aimed at particular target groups of GPs or practices.

## References

- Mitchell E, Rubin G, Macleod U. Improving diagnosis of cancer. A toolkit for General Practice. 2012 [www.rcgp.org.uk/clinical-and-research/clinical-resources]  
 Bankhead C, Heneghan C, Hewitson P, Thompson M. Safety netting to improve early cancer diagnosis in primary care: development of consensus guidelines. Cancer Safety Net Development Team 2011 [ncat.nhs.uk/sites/default/files]