CASNET2: Testing an electronic safety netting system to help GPs follow up patients with worrying symptoms

Background

'Safety netting' helps doctors when they are not certain what is causing their patient's symptoms. It includes giving the patient advice on how they can take care of their own symptoms and when they should see the doctor again. Safety-netting also includes checks for the GP practice staff to make sure that if patients have tests for serious diseases like cancer, they are told their test results and any treatment or extra testing is arranged. The aim of this is to diagnose serious illnesses like cancer as quickly as possible.

In the CASNET2 project, we tested an electronic tool that is built into the computer system used by GPs, which supports the GP surgery to safety-net patients well. We wanted to see if using the tool leads to faster cancer diagnosis.

How we did the research

The CASNET2 project tested an electronic safety-netting tool. This allows staff working at GP surgeries to keep a record of the safety-netting advice given and anything that needs to be done for patients that the GP suspects could have cancer. The tool also sends reminders to the practice staff to follow-up with the patient.

We asked 52 GP surgeries across England to "turn on" the tool and collected data on how it was used. We compared what patients' journeys to their cancer diagnosis looked like before and after the tool was turned on.

We also interviewed GP surgery staff about how easy and useful the tool was and ran a survey to find out what GP surgery staff think is important for a safety-netting tool. We discussed the results of these with patient representatives.

Results

In the 52 practices, 9,803 patients had a diagnosis of cancer during the time we were doing the research. We looked at two main ways of measuring whether the tool improved cancer diagnosis:

- The time from when the first cancer symptom was recorded in the GP's notes to the time a patient was referred to a hospital (the time to referral)
- The time from when the first cancer symptom was recorded in the GP's notes to the time the patient got their diagnosis of cancer (the time to diagnosis)

We compared everyone who was diagnosed with cancer before and after the tool was turned on. We found that:

- the time to referral was an average of 42 days shorter after the safety-netting tool was turned on
- the time to diagnosis was an average of 25 days shorter after the safety netting tool was turned on

We also compared people diagnosed with cancer after the safety-netting tool was used as part of their care to people who were diagnosed before the tool was turned on. We found that:

- the time to referral was an average of 53 days shorter in patients who had the tool used as part of their care
- the time to diagnosis was an average of 32 days shorter in patients who had the tool used as part of their care,

We interviewed 13 GP surgery staff who had used the tool as part of the CASNET2 project. They said that the tool was useful, and they wanted to carry on using it after the study ended. The survey found that GP surgery staff wanted safety netting tools that:

- were easy to use
- helped with making decisions
- allowed good communication between different members of staff and patients
- made it easy to see if the tool was making a difference for their patients

When we talked to patients, they generally agreed with the choices made by GP surgery staff. However, the patients were disappointed that the GP surgery staff did not want using the tool to be required. The patients felt that if the tool was used routinely, more patients would get the benefits of being referred to hospital and diagnosed more quickly. These benefits wouldn't vary by GP and surgery.

What this means

Earlier diagnosis of cancer means that treatment can begin more quickly. Early treatment means that patients have a better chance of having their cancer cured, and can save lives. It also means that patients and their family have less time worrying about a possible cancer diagnosis.

The tool tested as part of CASNET2 is part of the EMIS electronic patient record system, and so is available to all GP surgeries who use the EMIS software. We hope our research will encourage GP practices to make sure the tool is turned on in their practice.

We also hope that the results of our survey, including the comments from patients, will be used when new tools are being designed.