

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

|  |   |  |
|--|---|--|
| <b>Submission date</b><br>04/11/2019   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol |
| <b>Registration date</b><br>08/11/2019 | <b>Overall study status</b><br>Completed          | <input checked="" type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>08/01/2025       | <b>Condition category</b><br>Other                | <input type="checkbox"/> Individual participant data   |

## Plain English summary of protocol

### Background and study aims

GPs use a technique called safety-netting to ensure their patients come back to the surgery for a follow-up appointment. This is very important when patients have symptoms that could lead to an important diagnosis such as cancer. One way to safety-net could be for the GP practice to have a computer system that highlights abnormal test results or that identifies patients who have not attended for their appointments. This study is designed to evaluate a safety-netting system that is available in general practices in England, called the E-SN toolkit.

### Who can participate?

General practices who are already members of the RCGP Research and Surveillance Centre research network can take part in the study. Practices need to be using the EMIS computer system, and have data available to the research network for the past 2 years. Patients within participating practices will have data extracted as part of the study if they are over 18 years old. The researchers won't extract data from patients who have opted out of data sharing.

### What does the study involve?

The researchers recruit 60 general practices who are not currently using the E-SN toolkit, and randomly allocated them in clusters (groups) of 10. Each cluster has the E-SN toolkit turned on at a different time during the 12 months of the study. Once the E-SN toolkit is turned on, the GPs in the practice are able to use it when caring for any patient they think would benefit from it, although it is expected that it will be of most use when treating patients with symptoms that might indicate cancer. The researchers collect data from the electronic patient record system from the 12 months of the study and the 24 months before the start of the study to understand whether the introduction of the E-SN toolkit makes any difference to the diagnosis of cancer, and in particular to how quickly patients are diagnosed. The researchers only extract records from patients who are over 18, and who have not opted out of the research.

### What are the possible benefits and risks of participating?

Patients may benefit from better follow up if the E-SN toolkit is used, and it is hoped that this will lead to a short time to diagnosis. If a patient with cancer has an earlier diagnosis, they may

have a better chance of successful treatment. The risk of this study is very low. Using the E-SN toolkit may make GP consultations a bit longer, but this is probably only going to be by less than a minute. There is a risk of patients losing trust in the health system by becoming aware that their data is being used for research without them being asked for their consent. The researchers are hoping to reduce this by making sure that patients are aware of the study, and that they will not be identifiable from the data. They are also making sure that patients can easily opt out of sharing their data.

Where is the study run from?

The researchers carrying out the study are based at the University of Oxford and they are working with an established research network: the RCGP Research and Surveillance Centre.

When is the study starting and how long is it expected to run for?

June 2019 to October 2021

Who is funding the study?

Cancer Research UK

Who is the main contact?

Dr Susannah Fleming

[susannah.fleming@phc.ox.ac.uk](mailto:susannah.fleming@phc.ox.ac.uk)

## Contact information

### Type(s)

Public

### Contact name

Dr Susannah Fleming

### Contact details

Nuffield Department of Primary Care Health Sciences

Radcliffe Observatory Quarter

Oxford

United Kingdom

OX2 6GG

+44 (0)1865 2-89220

[susannah.fleming@phc.ox.ac.uk](mailto:susannah.fleming@phc.ox.ac.uk)

### Type(s)

Scientific

### Contact name

Prof Clare Bankhead

### Contact details

Nuffield Department of Primary Care Health Sciences

Radcliffe Observatory Quarter

Oxford

United Kingdom

OX2 6GG

+44 (0)1865 289351  
clare.bankhead@phc.ox.ac.uk

## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### Integrated Research Application System (IRAS)

269169

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

CPMS 42868, IRAS 269169

## Study information

### Scientific Title

CASNET2: Evaluation of an e-safety netting cancer template in primary care: a pragmatic stepped-wedge RCT

### Acronym

CASNET2

### Study objectives

GPs use a technique called safety-netting to ensure their patients come back to the surgery for a follow-up appointment. This is very important when patients have symptoms that could lead to an important diagnosis such as cancer. One way to safety-net could be for the GP practice to have a computer system that highlights abnormal test results or that identifies patients who have not attended for their appointments. This study is designed to evaluate a safety-netting system that is available in general practices in England, called the E-SN toolkit.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Approved 05/12/2019, North West - Greater Manchester West Research Ethics Committee (Barlow House, 3rd Floor, 4 Minshull Street, Manchester, M1 3DZ, UK; +44 (0)207 104 8021; nrescommittee.northwest-gmwest@nhs.net), ref: 19/NW/0692

### Study design

Randomized; Interventional; Design type: Process of Care, Other

### Primary study design

Interventional

### Study type(s)

Other

## **Health condition(s) or problem(s) studied**

E-safety netting (E-SN) toolkit

## **Interventions**

The researchers will recruit 60 general practices who are not currently using the E-SN toolkit, and randomise them in clusters (groups) of 10. Each cluster will have the E-SN toolkit turned on at a different time during the 12 months of the study. Once the E-SN toolkit is turned on, the GPs in the practice will be able to use it when caring for any patient they think would benefit from it, although it is expected that it will be of most use when treating patients with symptoms that might indicate cancer. The researchers will collect data from the electronic patient record system from the 12 months of the study and the 24 months before the start of the study to understand whether the introduction of the E-SN toolkit makes any difference to the diagnosis of cancer, and in particular to how quickly patients are diagnosed. The researchers will only extract records from patients who are over 18, and who have not opted out of the research.

## **Intervention Type**

Other

## **Primary outcome(s)**

Primary care interval for cancer diagnoses measured as the time between the first recorded symptom of cancer and referral to secondary cancer care, during inactive and active E-SN phases

## **Key secondary outcome(s)**

1. Proportion of cancers diagnosed after emergency presentation measured during inactive and active E-SN phases
2. Recorded new diagnoses in those who have a template activated, measured by cancer site and stage, and by non-cancer diagnosis, during the active E-SN stage
3. Total time to diagnosis measured from 1st recorded symptom to definitive diagnosis for all cancer diagnoses during the inactive and active E-SN phases and all diagnoses with template activation during the active E-SN phase
4. Number of GP consultations/patient between first record of symptom and cancer referral, measured during the inactive and active E-SN phase
5. Rates of patients completing direct access cancer investigations measured during the inactive and active E-SN phase
6. Rates of patients referred measured as 2-week wait, urgent, and routine, during the inactive and active E-SN phase
7. Timing of template activation within the primary care interval (from first symptom to referral) measured during the active E-SN phase
8. Template activation rate amongst consulting patients, both total and stratified by individual GP, measured during the active E-SN phase
9. The proportion of diary entries completed measured during the active E-SN phase
10. The reason for template activation measured based on 20 high-level READ codes during the active E-SN phase
11. Symptoms leading to direct access to investigations measured during the active E-SN phase
12. Recorded vague symptoms in the template measured during the active E-SN phase
13. Demographic details of patients with activated templates measured during the active E-SN phase
14. GP type completing template (e.g. partner, locum, trainee) measured during the active E-SN phase
15. Diagnostic codes in patients with activated templates measured during the active E-SN phase

**Completion date**

31/10/2021

## Eligibility

**Key inclusion criteria**

GP practices will be eligible for inclusion under the following conditions:

1. They are actively contributing to the RCGP Research and Surveillance Centre database
2. They use the EMIS electronic health record system
3. They have data available for the previous 24 months

Within the participating practices, the researchers will seek to extract data from adult patients (aged over 18 years)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

54

**Key exclusion criteria**

1. GP practices who are already using the E-SN toolkit will not be eligible for the study
2. The researchers will not extract data from any patient under 18, or from any patient who has opted out of data sharing for research purposes

**Date of first enrolment**

25/11/2019

**Date of final enrolment**

19/08/2021

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**NIHR CRN: Eastern**

-

United Kingdom

NR1 1QQ

**Study participating centre**

**NIHR CRN: Greater Manchester**

United Kingdom

M13 9WL

**Study participating centre**

**NIHR CRN: Kent, Surrey and Sussex**

United Kingdom

ME8 0NZ

**Study participating centre**

**NIHR CRN: North East and North Cumbria**

United Kingdom

NE3 3HD

**Study participating centre**

**NIHR CRN: North West Coast**

United Kingdom

L7 8XP

**Study participating centre**

**NIHR CRN: North West London**

United Kingdom

W12 0HT

**Study participating centre**

**NIHR CRN: South London**

United Kingdom

SE1 9RT

**Study participating centre**  
**NIHR CRN: South West Peninsula**  
United Kingdom  
PL6 8BX

**Study participating centre**  
**NIHR CRN: Thames Valley and South Midlands**  
United Kingdom  
OX3 9DU

**Study participating centre**  
**NIHR CRN: Wessex**  
United Kingdom  
SO30 2UN

**Study participating centre**  
**NIHR CRN: West Midlands**  
United Kingdom  
CV3 2TX

**Study participating centre**  
**NIHR CRN: West of England**  
United Kingdom  
BS1 2NT

**Study participating centre**  
**NIHR CRN: Yorkshire and Humber**  
United Kingdom  
S10 2SB

**Study participating centre**  
**University of Oxford**  
Nuffield Department of Primary Care Health Sciences  
Radcliffe Observatory Quarter  
Oxford  
United Kingdom  
OX2 6GG

# Sponsor information

## Organisation

University of Oxford

## ROR

<https://ror.org/052gg0110>

# Funder(s)

## Funder type

Charity

## Funder Name

Cancer Research UK; Grant Codes: C48270/A27880

## Alternative Name(s)

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Other non-profit organizations

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to agreements regarding data security of potentially sensitive patient data, to ensure compliance with relevant data protection law and best practice.

## IPD sharing plan summary

Not expected to be made available

## Study outputs

| Output type                      | Details  | Date created | Date added | Peer reviewed? | Patient-facing? |
|----------------------------------|----------|--------------|------------|----------------|-----------------|
| <a href="#">Protocol article</a> | protocol | 24/08/2020   | 25/08/2020 | Yes            | No              |
| <a href="#">Basic results</a>    |          |              | 30/12/2024 | No             | No              |



|   |                               |            |            |     |
|---|-------------------------------|------------|------------|-----|
| <a href="#">HRA research summary</a>          |                               | 28/06/2023 | No         | No  |
| <a href="#">Interim results article</a>       |                               | 22/07/2022 | 14/11/2024 | Yes |
| <a href="#">Participant information sheet</a> | Participant information sheet | 11/11/2025 | 11/11/2025 | No  |
| <a href="#">Plain English results</a>         |                               |            | 08/01/2025 | No  |
| <a href="#">Protocol file</a>                 | version V1.6                  | 30/06/2020 | 25/08/2020 | No  |
| <a href="#">Statistical Analysis Plan</a>     | version 1.0                   | 16/07/2024 | 14/11/2024 | No  |
| <a href="#">Study website</a>                 | Study website                 | 11/11/2025 | 11/11/2025 | No  |
|   |                               |            |            | Yes |