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

Submission date
04/11/2019

Recruitment status
No longer recruiting

Registration date
08/11/2019

Overall study status
Completed

Last Edited
30/10/2026

Condition category
Other

[X] Prospectively registered
[X] Protocol
[X] Statistical analysis plan
[X] Results
[_] 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?
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Contact information

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Public

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Additional identifiers

Integrated Research Application System (IRAS)
269169

Central Portfolio Management System (CPMS)
42868

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

Primary study design
Interventional

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

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
Mixed

Lower age limit
18 Years

Upper age limit
100 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
-
-
England
NR1 1QQ

Study participating centre
NIHR CRN: Greater Manchester
-
-
England
M13 9WL

Study participating centre
NIHR CRN: Kent, Surrey and Sussex
-
-
England
ME8 0NZ

Study participating centre
NIHR CRN: North East and North Cumbria
-
-
England
NE3 3HD

Study participating centre
NIHR CRN: North West Coast
-
-
England
L7 8XP

Study participating centre
NIHR CRN: North West London
-

-
England
W12 0HT

Study participating centre
NIHR CRN: South London
-
-
England
SE1 9RT

Study participating centre
NIHR CRN: South West Peninsula
-
-
England
PL6 8BX

Study participating centre
NIHR CRN: Thames Valley and South Midlands
-
-
England
OX3 9DU

Study participating centre
NIHR CRN: Wessex
-
-
England
SO30 2UN

Study participating centre
NIHR CRN: West Midlands
-
-
England
CV3 2TX

Study participating centre
NIHR CRN: West of England
-
-
England
BS1 2NT

Study participating centre
NIHR CRN: Yorkshire and Humber
-
-
England
S10 2SB

Study participating centre
University of Oxford
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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

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		24/08/2020	25/08/2020	Yes	No
Basic results	version 1		30/12/2024	No	No
Basic results	Corrected version 2		30/10/2026	No	No
HRA research summary			28/06/2023	No	No
Interim results article		22/07/2022	14/11/2024	Yes	No
Plain English results	version 1		08/01/2025	No	Yes
Plain English results	Corrected version 2		30/10/2026	No	Yes
Protocol file	version V1.6	30/06/2020	25/08/2020	No	No
Statistical Analysis Plan	version 1.0	16/07/2024	14/11/2024	No	No
Study website		11/11/2025	11/11/2025	No	Yes