Improving cancer care and outcomes

NHS North Central London Cancer Alliance



Electronic safety netting (E-SN) toolkit

Adoption and Adaption Case Studies



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Adoption and adaption case studies

The E-SN toolkit supports GP practices and their teams, to embed high quality electronic safety netting into their daily practice. The toolkit is robust, easy to use and embedded into one of the major GP electronic healthcare record systems - EMIS Web. Since the inception and further publication of the E-SN toolkit nationally, the North Central London Cancer Alliance has led a programme of work to support its spread and implementation.

The toolkit is being used across the country in practices with EMIS Web. As the innovator organisation, what has been revealing and rewarding is learning how different primary care organisations across different boroughs have implemented and adopted the toolkit to fit their particular needs. This document will present a selection of case studies across London to showcase how E-SN can be applied and sustained in a variety of ways across different scales of primary care.

Case Studies

Barnet practice
E-SN is mapped to activity and priorities and set out in administrative work plans.

Barking practice
Small scale practice, expanding the toolkit to safety net beyond cancer

Camden practice
Large practice adapting the toolkit to support the wider team and GP trainees

Tower Hamlets PCN
Adopting E-SN at scale

Islington Federation
Federation led E-SN dashboard to support primary care improvement

London
Cascading E-SN through GP appraisers

Case Study

Barnet Practice

E-SN is mapped to activity and priorities and set out in administrative work plans.

Adoption

The practice was an early adopter of the E-SN toolkit and the clinician usage of the template to track various activities was very high. Whilst the clinicians benefited hugely from this transfer of follow up work to the administrative team, the administrative staff were not prepared for this increase in workload. As things stood the workload shift was not sustainable in this practice.

Adaption

The surgery had to reassess how they managed toolkit usage and follow up of events within the capacity they had. This involved a review of the current usage and the tracking work generated.

Enablers

A practice led response to understand the impact of the toolkit on workload and responding accordingly.

Impact

The first output of their review was a RAG rating system to support clinicians with appropriate usage of the template. Trackable events that were categorised as RED or AMBER could be added to the system. GREEN events should not be tracked using the E-SN system. The second output led to an understanding that extra time needed to be explicitly carved into the administration team work plan.

Green **These things must not be added to the tracker**	• DEXA scans • Diarised entries for routine monitoring • Vaccines • Injections • Non - cancer related monitoring
Amber **These are things which may be added and could result in a 2WW**	• Active monitoring of Symptoms • Weight loss • High risk haematology surveillance • Abdominal pain (non-acute) • PSA or cancer marker monitoring
Red **These Items MUST go onto the tracker**	• All 2WW referrals • 2WW diagnostics • RACPC referrals • Paediatric urgent clinic referrals • Any high-risk patients AW results like FIT tests

Case Study

Barking Practice

Small scale practice, expanding the toolkit to safety net beyond cancer.

Adoption

This case highlights how as a small practice the E-SN toolkit can be adopted to support a wider remit of work outside cancer without overloading the administrative support.

Adaption

This practice revised the report aspect of the toolkit so that other long term conditions such as chronic kidney disease or diabetes could be followed up using the same methodology.

Enablers

Smaller patient population to target and whole practice team agreement to use the toolkit for wider conditions.

Impact

Efficient safety netting for patients with cancer and other long term conditions.

