



SAFETY NETTING

Safety-Netting Coding Tool (SaNCoT)^{1, 2}

Medical Notes Edition. Version 1.1

Screening for safety-netting advice

<u>Inclusion Criteria</u>	<u>Exclusion Criteria</u>
<p>Safety-netting advice: <i>“Information shared with a patient or their carer designed to help them identify the need to <u>seek further medical help</u> if their condition fails to improve, changes or if they have concerns about their health.”</i></p> <p style="text-align: right;"><i>Edwards et al. 2019¹</i></p> <p>Key points</p> <ul style="list-style-type: none"> • Most will be conditional (if x) + course of action (do y) • If (x) happens then do (y) where (y) = seeking some form of medical help • Often documented as “y if x” e.g. “review if not settling”, “Call 999 if chest pains” <p>Examples</p> <p>Conditional (if x) + course of action (do y)</p> <ul style="list-style-type: none"> • “If gets chest pain call 999” • “Inb in 2 weeks for review” • Explained other options x, y, z AND if fails reconsult or similar • If x then for investigation that Dr has to request “if cough still there in 2 weeks for CXR” <p>Course of action + conditional “do y if x”</p> <ul style="list-style-type: none"> • “Review inb 2 weeks” • “See sos” / “review sos” / “See inb” <p>Conditional warning only</p> <ul style="list-style-type: none"> • “Red flags highlighted” /” advice re: red flags to look out for” • “Safety-netting advice given” 	<p>Planned (non-conditional follow-up) – occurs regardless of what happens to patient,</p> <ul style="list-style-type: none"> • “rv in 2 weeks” <p>Contingent on an investigation result</p> <ul style="list-style-type: none"> • “If anaemic then for 2ww” <p>Contingent self-care including delayed prescriptions (key difference is patient not advised to seek further MEDICAL help, instead to self-care)</p> <ul style="list-style-type: none"> • “inb tomorrow start abx (delayed rx given)” • “If rash returns use cream again” • “if ankle swelling from amlodipine then stop” <p>Contingent admin</p> <ul style="list-style-type: none"> • “added to repeat rx so can request prn” <p>‘Advice’ without further instruction</p> <ul style="list-style-type: none"> • “Advice re: s/e”
<p>Abbreviations: inb = if not better, s/e = side effects, rv = review, SOS = save our souls (meaning depends on context), prn = as required</p>	

Level 0 – Problem Administration Codes				
Title	Code	Short hand	Explanation	Example
Study ID			Practice ID, GP ID, Patient ID	Practice 2 GP 3 patient 4 = 020304
0.1 Number of problems How many problems are documented in this consultation?	1 - 10		How many problems are assessed in this consultation as coded using the Complex Consultation Tool? ³ A problem is defined as the answer to the question 'what is wrong?'	2
0.2 Problem number (chronological that appear in notes)	1 - 10		List the order that they appear in the text of problems raised in this consultation	1 (of 1 problem(s) in consultation) 2 (of 3 problem(s) in consultation)
0.3 Problem ICPC-2 Code		ICPC-2 Code	Insert ICPC-2 Code ⁴ Use diagnostic categories where available.	Chest pain thought to be caused by angina = K74 Ischaemic heart disease w. angina Shortness of breath caused by COPD = R95 Chronic obstructive pulmonary dis

Level 1 – Basic Info & Application				
Title	Code	Short hand	Explanation	Example
1.0 text of safety-netting advice present in the notes		Text	copy and paste text of safety-netting advice	“rv inb”
1.1 Problem or treatment safety-netting advice Does safety-netting advice apply to the problem or a treatment / management plan for the problem?	1	Problem	Safety-netting advice applies to the problem directly. Code treatment failure here.	<p>“see inb in 2 weeks”</p> <p>Common conditionals that just apply to the problem include:</p> <ul style="list-style-type: none"> • Symptoms persisting • Worsening • Feeling more unwell
	2	Treatment / Management Plan	Advice only refers to treatment / management plan e.g. warning of side effects AND to seek medical help OR if not heard about a referral Do not include just discussions about side effects of medication if no indication to seek medical help.	<p>“if indigestion from ibuprofen stop and rv ?trial opioid” (note if patient just told to stop then NOT coded as safety-netting advice as no direction to seek medical help)</p> <p>“rv if not tolerating s/e from statin”</p> <p>“must seek urgent medical help if develops fever” e.g. in patient newly starting immunosuppressant therapy / chemotherapy</p> <p>“if not heard about 2ww then must call hospital number”</p>
	3	Both	Generic and unclear if for treatment or problem or separate advice for both included.	<p>“see if any problems”</p> <p>“rv inb or s/e from tablets”</p>

Level 2– Delivery				
Title	Code	Short hand	Explanation	Example
<p>2.1 Format</p> <p>What is the format of the safety-netting advice?</p>	1	Conditional only	Documents that gave safety-netting advice or the red flags for patient to look out for but does not write any form of action / where they should seek help	<p><i>“Red flags highlighted”</i></p> <p><i>“advice re: red flags to look out for”</i></p> <p><i>“Safety-netting advice given”</i></p> <p><i>“explained as long as no further bleeding no further reviews required”</i></p>
	2	Conditional + Course of Action	<p>Conditional (if x) + course of action (do y)</p> <p>If (x) happens then do (y)</p> <p>(y) = seeking some form of medical help</p> <p>Can be documented as course of action + conditional</p> <p>“do y if x”</p>	<p>Conditional (if x) + course of action (do y)</p> <ul style="list-style-type: none"> • <i>“If gets chest pain call 999”</i> • <i>“Inb in 2 weeks for review”</i> • Explained other options x, y, z AND if fails reconsult or similar • If x then for investigation that Dr has to request <i>“if cough still there in 2 weeks for CXR”</i> <p>Course of action + conditional “do y if x”</p> <ul style="list-style-type: none"> • <i>“Review inb 2 weeks”</i> • <i>“See sos” / “review sos” / “See inb”</i>

Level 3 – Conditions / Symptoms				
Title	Code	Short hand	Explanation	Example
<p>3.1 Number of conditions / symptoms in safety-netting advice</p> <p>How many conditions / symptoms are documented in the safety-netting advice?</p>	0-20		<p>Count how many symptoms / conditions are listed. Individual examples: ‘rash’, ‘wheeze’, ‘chest pain’, ‘any problems’, ‘changes’, ‘concerns’</p> <p>Code specific symptom persisting as one condition e.g. “If the <u>rectal bleeding is persisting</u> see me again” = 1 condition.</p>	<p>“If becomes <u>unwell</u>, e.g. <u>feverish</u>, <u>SOB</u>, <u>wheezy</u> then for rv” = 4</p>
<p>3.2 Free text conditions / symptoms</p>	Free text		<p>Insert free text of conditions / symptoms. Separate each element with</p> <p>Note number of conditions should match with 6.1</p> <p>Option to put (G) for Generic and (S) for specific as per guidelines below.</p>	<p><i>Unwell (G); Feverish (S); SOB (S); Wheezy (S)</i></p>
<p>3.3 Generic or specific conditions</p> <p>Do the conditionals meet the criteria for being classified as generic or specific?</p>	0	Generic	<p>Conditionals that are not specific to one problem (see examples).</p> <p>To code as generic ALL conditionals must fit generic criteria.</p> <p>Symptoms persist / treatment failure <u>without a time course set</u>.</p>	<p>“Worse”, “worsening” (includes if ‘X’ gets worse where X is the presenting symptom)</p> <p>“Any concerns”, “problems”, “issues”, “worried”</p> <p>“anything changes”, “Want to talk further”,</p> <p>Wellness deteriorates e.g. “feel unwell”</p> <p>“If it’s not getting better for review”</p>
	1	Specific	<p>Any <u>new</u> symptom that is not listed as generic above</p> <p>If a mixture of vague and specific conditionals code as specific.</p> <p>Symptoms persist / treatment failure <u>with time course explained</u>.</p>	<p>“Chest pains”, “Shortness of breath”, “wheezy”</p> <p>“If it’s not getting better <u>in 2 weeks</u> for review”</p>

Level 4 – Action Advised				
Title	Code	Short hand	Explanation	Example
4.1 Action advised Where is the patient advised to seek help? (if multiple actions advised <u>code the highest level</u>)	0	None	No action advised e.g. conditional only.	<i>“As long as X is not happening, we can do plan Y”</i> <i>“safety-netting advice given”</i> <i>“red flags to look out for highlighted”</i>
	1	Other in-hrs HCP (NOT GP)	Contact other HCP that is NOT based at the GP practice e.g. pharmacist / counsellor / mental health worker / other in hours secondary care clinic.	<i>“inb to try alternative with pharmacist”</i>
	2	Contact GP PRACTICE	Contact the practice GP practice. If not specified and patient seen in primary care e.g. just “review / rv / see” code here”	<i>“rv inb”</i> <i>“see inb”</i>
	3	Contact out of hours service / 111	Contact out of hours services. Includes 111 / Out of hours GP crisis team and Samaritans or similar.	<i>“see inb or if worse over weekend contact 111”</i> <i>(note code highest)</i>
	4	Contact emergency services	Ring 999, go straight to A&E.	<i>“If chest pain >5min must call 999”</i>
4.2 Timescale of action What is the timescale of the action advised? (if multiple actions advised <u>code the highest level</u>)	0	Not specified	No timescale of action specified. Note: unspecified times such as sooner coded here with exception of urgent action.	<i>“rv inb”</i>
	1	Named day / fixed time period	Return on named day or fixed period of time e.g. by the end of the week.	<i>“see inb in 2 weeks”</i>
	2	Immediate / urgent	Contact medical help straight away / urgently.	<i>“see stat if unwell”</i> <i>“see inb in 2 weeks or stat if unwell”</i>

Level 5 – Communication Format (verbal / written)

Title	Code	Short hand	Explanation	Example
<p>5.1 Written safety-netting advice present</p> <p>Is the patient given written safety-netting advice?</p>	0	No	No evidence patient was given written safety-netting advice leaflet	
	1	Yes / clear evidence	Evidence of written safety-netting advice. Given Patient information leaflet (PIL) and documents that PIL contains red flags / safety-netting advice. Evidence that texted patient safety-netting advice Documents that gave written advice	<p><i>“highlighted red flags as per PIL”</i></p> <p><i>“highlighted red flags as per patient info leaflet given to patient”</i></p> <p><i>texted patient safety-netting advice</i></p> <p><i>“wrote down red flags to patient to look out for”</i></p>
	2	Generic PIL / Unclear	Just documents that given PIL e.g. automated insertion when leaflet printed (see example)	<p><i>“given PIL on back pain”</i></p> <p><i>Mentor topic printed: Tennis Elbow,</i></p>

References

1. Edwards PJ, Ridd MJ, Sanderson E, Barnes RK. Development of a tool for coding safety-netting behaviours in primary care: a mixed-methods study using existing UK consultation recordings. *Br J Gen Pract*. 2019;69(689):e869.
2. Edwards PJ, Ridd MJ, Sanderson E, Barnes RK. Safety-Netting Coding Tool. 2019. Available from: <http://www.bris.ac.uk/primaryhealthcare/resources/safety-netting-coding-tool/>
3. Procter S, Stewart K, Reeves D, et al. Complex consultations in primary care: a tool for assessing the range of health problems and issues addressed in general practice consultations. *BMC Fam Pract*. 2014;15(1):105.
4. WONCA International Classification Committee. International Classification of Primary Care, ICPC-2. Oxford University Press, Oxford. 1998.

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SaN-COT version 1.0 (original)

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