# Centre for Academic Primary Care @capcbristol

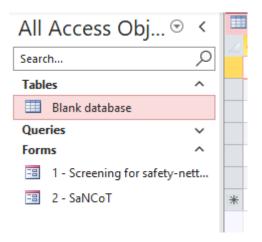


Safety-Netting Coding Tool (SaNCoT)<sup>1, 2</sup> **Medical Notes Edition. Version 2.1** 

# **Screening for safety-netting advice**

Inclusion Criteria	Exclusion Criteria
Safety-netting advice: "Information shared with a patient or their carer designed to help them identify the need to seek further medical help if their condition fails to improve, changes or if they have concerns about their health."  Edwards et al. 2019 <sup>1</sup>	Planned (non-conditional follow-up) – occurs regardless of what happens to patient,  • "rv in 2 weeks"
<ul> <li>Key points</li> <li>Most will be conditional (if x) + course of action (do y)</li> <li>If (x) happens then do (y) where (y) = seeking some form of medical help</li> <li>Often documented as "y if x" e.g. "review if not settling", "Call 999 if chest pains"</li> <li>Examples</li> <li>Conditional (if x) + course of action (do y)</li> <li>"If gets chest pain call 999"</li> <li>"Inb in 2 weeks for review"</li> <li>Explained other options x, y, z AND if fails reconsult or similar</li> <li>If x then for investigation that Dr has to request "if cough still there in 2 weeks for CXR"</li> <li>Course of action + conditional "do y if x"</li> </ul>	<ul> <li>Contingent on an investigation result</li> <li>"If anaemic then for 2ww"</li> <li>Contingent self-care including delayed prescriptions (key difference is patient not advised to seek further MEDICAL help, instead to self care)</li> <li>"inb tomorrow start abx (delayed rx given)"</li> <li>"If rash returns use cream again"</li> <li>"if ankle swelling from amlodipine then stop"</li> </ul>
<ul> <li>"Review inb 2 weeks"</li> <li>"See sos" / "review sos" / "See inb"</li> </ul>	Contingent admin  • "added to repeat rx so can request prn"
<ul> <li>Conditional warning only</li> <li>"Red flags highlighted" /" advice re: red flags to look out for"</li> <li>"Safety-netting advice given"</li> <li>Abbreviations: inb = if not better, s/e = side effects, rv = review, SOS = save our souls (meaning)</li> </ul>	<ul> <li>'Advice' without further instruction</li> <li>"Advice re: s/e"</li> </ul>

Double click on the 'Blank database' to see the data fields



Import for your data into these fields if applicable

1	Field Name	Data Type
Ħ	consultation_id	Number
	safety_netting_advice_text	Long Text
	clinical_codes	Short Text
	history	Long Text
	examination	Long Text
	diagnosis	Long Text
	treatment	Long Text
	prescriptions	Short Text
	contact_type	Short Text

### These fields are generated in the coding tool

	Field Name	Data Type
	exclude	Yes/No
-	no_of_probs	Number
	fu_none	Yes/No
	fu_ix_only	Yes/No
	fu_owngp	Yes/No
	fu_ooh	Yes/No
	fu_sec_care	Yes/No
	fu_other	Short Text
	sna_prob_tx	Short Text
	sna_format	Short Text
	sna_no_symptoms	Number
	sna_sx1	Short Text
	sna_sx2	Short Text
	sna_sx3	Short Text
	sna_sx4	Short Text
	sna_sx5	Short Text
	sna_sx6	Short Text
	sna_sx7	Short Text
	sna_sx8	Short Text
	sna_sx9	Short Text
	sna_sx10+	Short Text
	sna_specific	Short Text
	sna_action_none	Yes/No
	sna_action_notspecified	Yes/No
	sna_action_owngp	Yes/No
	sna_action_ooh	Yes/No
	sna_action_999	Yes/No
	sna_action_other	Short Text
	sna_time_fixed	Yes/No
	sna_time_urgent	Yes/No
	sna_written	Yes/No
	pil	Yes/No
	coding_comments	Short Text
	screening_comments	Short Text
	icpc_prob	Short Text

## **Loading Screening Form**

Double click on '1 - Screening for safety-netting advice' form to load the screening data input form



## **Screening & all consultation coding**

All consultations should be screened for safety-netting advice, unconditional follow-up, and if a patient information leaflet was issued. Also record the number of problems within the consultation and code them using the International Classification of Primary Care 3<sup>rd</sup> Edition (ICPC-3) browser.



#### **Level 0 – Problem Administration Codes**

Title	Code	Data Type	Explanation	Example
Consultation ID		Number	Your unique consultation ID	
Exclude	Yes/No	Tick-box	If you want to exclude any consultation tick this box	Consultation with no text Consultation with data corruption errors
O.1 Number of problems  How many problems are  documented in this  consultation?	1 - 10	Number (integer)	How many problems are assessed in this consultation as coded using the Complex Consultation Tool? <sup>3</sup> A problem is defined as the answer to the question 'what is wrong?'	2
0.2 ICPC-3 Problem codes	ICPC-3 Code	Short-text	Insert ICPC-3 Code <sup>4</sup> Use diagnostic categories where available.	Chest pain thought to be caused by angina =  KD66.02 Stable angina  Shortness of breath caused by COPD = RD68 Chronic obstructive pulmonary disease and emphysema
0.3 Screening comments optional)		Free-text	Optional code to add comments about screening	Difficult case – requires second reviewer / discussion
Patient Leaflet Yes/No		Tick-box	Is there evidence a patient information leaflet or link to information website was given to patient.	"PIL on constipation issued", "leaflet on bronchiolitis"

# 1. Safety-netting advice

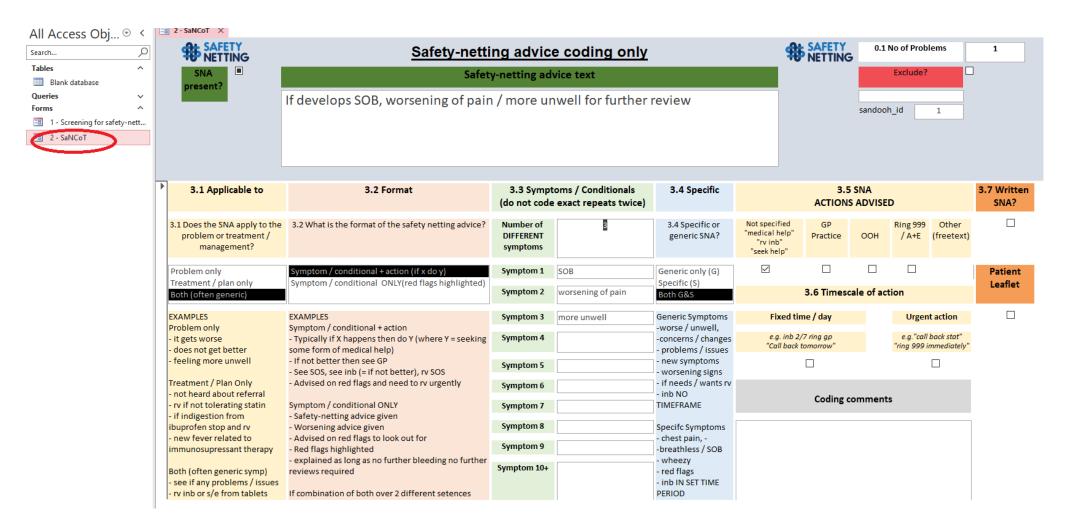
If develops SOB, worsening of pain / more unwell for further review

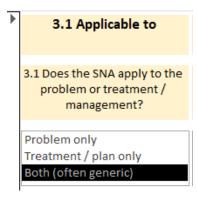
Level 1 – Safety-netting screening							
Title	Codes	Data Type	Explanation	Example			
			copy and paste text of safety-netting advice If this box is empty this will be recorded as no safety-netting advice present in the consultation				
1. Safety-netting advice  Text of safety-netting advice present in the notes		Long text	Note, in previous editions we had an additional tick box for safety-netting present/absent but this was potentially introducing errors where people forgot to tick the box. The preferred method for counting if SNA present is to check if this code has text in it or not.	"rv inb"  "If develops SOB, worsening of pain / more unwell for further review"  "see gp inb 3 days"			

2. Follow-up							
Ix (e.g. bloods) Own GP OOH / WIC Secondary Care Other							
	$\square$						

Level 2 – Follow-up codes							
Title Code		Data Type	Explanation	Example			
2. Follow-up	None			Leave all tick boxes blank			
Is there evidence in this	Ix (e.g. bloods)	Tick-box	Investigations only – not seeing a person	'Drop off urine mane for MC+S' "await repeat K+ level"			
consultation that there is follow-up arranged for this problem?	Own GP	Tick-box	Follow up arrangements with own GP practice. This many include different members of the primary care MDT e.g. nurse, physio etc – not jut GPs	"fu GP" "see gp next week"			
Follow-up (unlike safety-	OOH / WIC	Tick-box	Follow up arrangements with the out of hours services / walk in centres (WIC)	"attend WIC mane for f2f review"			
netting advice) is an unconditional review of a	Secondary Care	Tick-box	Follow up arrangements with secondary care services	"patient to attend eye hospital mane"  "patient to contact cardiologist and update them"			
problem.	Other	Free- text	Follow up arrangements with any services not listed above	"district nurses arranged to change dressing" "call midwifes mane"			

## Safety-netting advice coding





Title	Options	Data Type	Explanation	Example
	Problem	List: choose one option	Safety-netting advice applies to the problem directly. Code treatment failure here.	"see inb in 2 weeks"  Common conditionals that just apply to the problem include:  Symptoms persisting  Worsening Feeling more unwell
3.1 Applicable to  Does safety-netting advice apply to the problem or a treatment /	Treatment / Plan only	List: choose one	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	"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)  "rv if not tolerating s/e from statin"
management plan for the problem?		option	side effects of medication if no indication to seek medical help.	"must seek urgent medical help if develops fever" e.g. in patient newly starting immunosuppressant therapy / chemotherapy  "if not heard about 2ww then must call hospital number"
		List:	Generic and unclear if for treatment	"see if any problems"
	Both	choose one option	or problem or separate advice for both included.	"rv inb or s/e from tablets"

#### 3.2 Format

3.2 What is the format of the safety netting advice?

### Symptom / conditional + action (if x do y)

Symptom / conditional ONLY(red flags highlighted)

Title	Options	Data Type	Explanation	Example
<b>3.2 Format</b> What is the format of the safety-netting advice?	Symptom / conditional + action	List: choose one option	Conditional (if x) + course of action (do y)  If (x) happens then do (y)  (y) = seeking some form of medical help  Can be documented as course of action + conditional "do y if x"	<ul> <li>Conditional (if x) + course of action (do y)</li> <li>"If gets chest pain call 999"</li> <li>"Inb in 2 weeks for review"</li> <li>Explained other options x, y, z AND if fails reconsult or similar</li> <li>If x then for investigation that Dr has to request "if cough still there in 2 weeks for CXR"</li> <li>Course of action + conditional "do y if x"</li> <li>"Review inb 2 weeks"</li> <li>"See sos" / "review sos" / "See inb"</li> </ul>
	Symptom / conditional ONLY	List: choose one option	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 hey should seek help	"Red flags highlighted"  "advice re: red flags to look out for"  "Safety-netting advice given"  "explained as long as no further bleeding no further reviews  required"

3.3 Symptoms / Conditionals (do not code exact repeats twice)					
Number of DIFFERENT symptoms					
Symptom 1	SOB				
Symptom 2	worsening of pain				
Symptom 3	more unwell				

Title	Options	Data Type	Explanation	Example
3.3 Symptoms / Conditionals  How many DIFFERENT (do not code duplicates) symptoms	0-20	Number (integer)	Count how many symptoms / conditions are listed. Individual examples: 'rash', 'wheeze', 'chest pain', 'any problems', 'changes', 'concerns'  Code specific symptom persisting as one condition e.g. "If the rectal bleeding is persisting see me again" = 1 condition.	"If becomes <u>unwell</u> , e.g. <u>feverish</u> , <u>SOB</u> , <u>wheezy</u> then for rv" = <b>4</b>
/ conditionals are documented in the SNA?	1 per box, if 10 or more separate with;	Free text	Insert free text of conditions / symptoms. Separate each element with Note number of conditions should match with 6.1	Unwell Feverish SOB Wheezy If 10 or more: unwell; fever; wheezy

# 3.4 Specific

3.4 Specific or generic SNA?

Generic only (G) Specific (S) Both G&S

Title	Options	Data Type	Explanation	Example
3.4 Specific	Generic only	List: choose one option	Conditionals that are not specific to one problem (see examples).  To code as generic ALL conditionals must fit generic criteria.  Symptoms persist / treatment	"Worse", "worsening" (includes if 'X' gets worse where X is the presenting symptom) "Any concerns", "problems", "issues", "worried" "anything changes", "Want to talk further", Wellness deteriorates e.g. "feel unwell"
Do the conditionals			failure without a time course set.	"If it's not getting better for review"
Do the conditionals meet the criteria for being classified as generic or specific?	Specific only	List: choose one option	Any <u>new</u> symptom that is not listed as generic above Symptoms persist / treatment failure <u>with time course</u> <u>explained</u> .	"Chest pains", "Shortness of breath", "wheezy"  "If it's not getting better in 2 weeks for review"
	Both	List: choose one option	Both Generic and specific SNA	"See if not better in 2 weeks or worse"

3.5 SNA ACTIONS ADVISED				
Not specified "medical help" "rv inb" "seek help"	GP Practice	ООН	Ring 999 / A+E	Other (freetext)

Title	Options	Data Type	Explanation	Example
	None	Leave all blank	No action advised e.g. conditional only.	"safety-netting advice given" "red flags to look out for highlighted"
	Not specified	Tick-box	Location not specific	"rv inb" "see inb"
3.5 Action advised	GP Practice	Tick-box	Contact patients own GP practice.	"see gp inb"
Where is the patient advised to seek help?	Contact out of hours service (OOH) / 111	Tick-box	Contact out of hours services. Includes 111 / Out of hours GP crisis team and Samaritans or similar.	"if worse over weekend contact 111"
(Tick all that apply)	999 / A&E	Tick-box	Ring 999, go straight to A&E.	"If chest pain >5min must call 999"
	Other	Free-text	Anything that does not fit into above categories	"see pharmacist inb" "call midwife if still unwell tomorrow" "call consultant inb tomorrow"

3.6 Timescale of action					
Fixed time / day	Urgent action				
e.g. inb 2/7 ring gp "Call back tomorrow"	e.g."call back stat" "ring 999 immediately"				

Title	Options	Data Type	Explanation	Example
3.6 Timescale of action	Not specified	Leave all blank	No timescale of action specified.  Note: unspecified times such as sooner coded here with exception of urgent action.	"rv inb"
What is the timescale of the action advised?	Named day / fixed time period	Tick-box	Return on named day or fixed period of time e.g. by the end of the week.	"see inb in 2 weeks"
	Immediate / urgent	Tick-box	Contact medical help straight away / urgently.	"see stat if unwell" "see inb in 2 weeks or stat if unwell"

3.7 Written SNA?

Patient Leaflet

Title	Options	Data Type	Explanation	Example
3.7 Written safety-	No	Leave all blank	No evidence patient was given written safety- netting advice leaflet	
netting advice present  Is the patient given written safety-netting	Yes / clear evidence	Tick-box	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	"highlighted red flags as per PIL"  "highlighted red flags as per patient info leaflet given to patient"  texted patient safety-netting advice
advice?	Generic PIL / Unclear	Tick-box	Documents that gave written advice  Just documents that given PIL e.g. automated insertion when leaflet printed (see example)	"wrote down red flags to patient to look out for"  "given PIL on back pain"  Mentor topic printed: Tennis Elbow,
Patient Leaflet (note should come up in screening section)	Yes/No	Tick-box	Is there evidence a patient information leaflet or link to information website was given to patient.	"PIL on constipation issued", "leaflet on bronchiolitis"

#### 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. DOI: <a href="https://doi.org/10.3399/bjgp19X706589">https://doi.org/10.3399/bjgp19X706589</a>
- 2. Edwards PJ, Ridd MJ, Sanderson E, Barnes RK. Safety-Netting Coding Tool. 2019. Available from: <a href="http://www.bris.ac.uk/primaryhealthcare/resources/safety-netting-coding-tool/">http://www.bris.ac.uk/primaryhealthcare/resources/safety-netting-coding-tool/</a> (accessed 31/07/2023)
- 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. DOI: 10.1186/1471-2296-15-105
- 4. van Boven K, Napel HT. English ICPC-3 Browser. 2023. Available from: <a href="https://browser.icpc-3.info/">https://browser.icpc-3.info/</a> (accessed 27/09/2023)

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