**Methods of safety netting**

Verbal

- This is the least stringent form of safety netting. It should be used if the clinical level of concern is minor, but the GP must be clear on their instructions. The GP should state a specific time period that the patient should return if they're not better.
- Issues: No documentation, so no auditable way to chase patients if you were concerned.
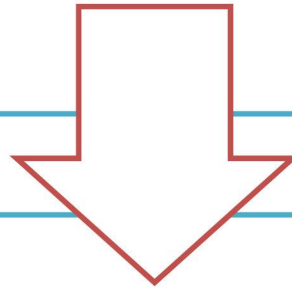
Written

- Better than verbal.
- This can be in the form of written records for yourself (paper diary) or a written plan given to the patient on a piece of paper.
- Not ideal for managing systems like cancer referral lists.
- Issues: Paper can go missing, be misplaced or get destroyed more easily.
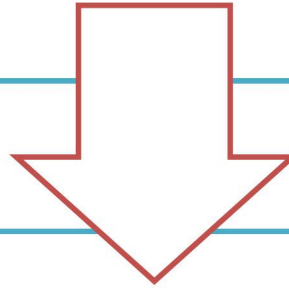
Electronic

- **Alert function**: This can relay important information on opening a patient record. They should be dated and deleted once the information is no longer valid.
- **Tasks:** Sent to GP or others.
- **Electronic referrals: U**se mail-merged referral letters and take advantage of emailing referrals over fax.
- **Electronic pathology/imaging requests (over hand written)**
- **Text messaging (SMS):** Results, reminders etc.
- **Diary function:** Coding actions like referrals and tagging to a diary date means it is easier to track actions and follow up to see if they were carried out or not.

Highlights a range of examples and methods of safety netting used within a consultation

Electronic safety netting is the method recommended that provides practices with a rigorous, robust, traceable and auditable pro-active approach to tracking patients where needed, for example suspected cancer referrals. Examples of functions using the patient healthcare record include alerts, tasks, read codes, electronic referrals, diary entries, follow up codes and text messaging (Bhuiya, Patel).