Safety-Netting Advice Codebook (SaNCoT)[1]

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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."*[1] Adapted from Roland et al.[2] **Examples** *"If you develop chest pain, you need to call 999."* *"If it's not better in two weeks, come back and I'll refer you to neurology."* *"If those dark thoughts come back, you can always ask for a same day appointment or ring 111 or the Samaritans."* *"If you're not getting better in the next few weeks, we can try some other tablets."* *"If you're worried about anything or it's getting worse, just come back."* *"Any problems, let me know."* *"If the tablets make your ankles swell up, stop them and let me know because I'd want to change them to another type."*	**Planned follow-up –** *"Book an appointment to see me again in 2 weeks to see how you're doing."* **Contingent on an investigation result** – *"If the blood test comes back as low, we will start a new tablet."* **Contingent self-care including delayed prescriptions** *"If your rash comes back, just use this cream again."* *"If the tablets make you ankles swell up, just stop taking them."* *"If you don't feel better tomorrow, start taking this table.t"* **Changes mind about treatment already offered** *"if you change your mind about the weight loss programme just let us know."* **Contingent admin** *"If you get on with them, I can just add them to your repeat prescriptions."*

Safety-Netting Advice Coding Rules

1) In patients presenting with multiple problems, complete safety-netting coding framework for each problem.

2) When inserting line numbers in to transcripts use the continuous format and start at the top of the document.

3) If there is no safety-netting advice for a problem codes from level 0 up to including level 2 can still be recorded.

4) Start a new row in excel for every separate incident of safety-netting advice and complete codes from Level 3 onwards

    a. For code 3.1 (number of times safety-netting attempted) there must be a clear move away from safety-netting advice with a discussion about a separate topic and then a return to safety-netting advice to count as separate incident.

        i. If a patient interrupts the Healthcare Professional (HCP) and asks a question, if the HCP answers the question and immediately resumes providing safety-netting advice code as one incident.

        ii. If HCP repeats advice after a break from safety-netting advice, code as a further episode of safety-netting advice.

        iii. If a patient repeats safety-netting advice after a break away from safety-netting, then do not include as extra episode of safety-netting advice unless doctor adds new information.

5) **Treatment safety-netting (Code 3.6)** – only refers to side effects / dangers of treatment – does not include treatment failure e.g. if the cream does not work come see me in 2 weeks – this should be coded as safety-netting advice for a problem and only include if indication to seek medical help not just discussing side-effects by themselves (see page 2 examples).

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 assessed in this consultation?	1 - 10		How many problems are assessed in this consultation as coded using the Complex Consultation Tool?[3]	2 (see below) A problem is defined as the answer to the question 'what is wrong?'
0.2 Problem number (chronological)	1 - 10		Of the problems, which number is this coding set for? Order problems in chronological order in which they are <u>assessed by the HCP</u>.	Patient: *"I've come to talk about my rash and this chest pain I've been having"* Doctor: *"Okay, let's start with the chest pain"* Chest pain = problem 1 as assessed first by HCP
0.3 Presenting complaint text		ICPC-2 Code	The main presenting complaint for this problem. Use ICPC-2 codes[4] that are symptoms unless they have come for a review of a known condition.	*"My chest hurts"* = A11 Chest pain NOS *"I have a rash on my chest"* = S06 Rash localized *"I'm here for my Asthma check"* = R96 Asthma
0.3 Presenting Complaint ICPC				
0.4 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 – Diagnostic Contextual Codes

Title	Code	Short hand	Explanation	Example
1.1 Diagnostic uncertainty Is the existence of any uncertainty around the diagnosis communicated?	0	No	The diagnosis is communicated as certain. No clear evidence that the diagnosis is uncertain. OR No diagnosis given, no differentials discussed, and doctor does not vocalise uncertainty.	*"This is definitely condition x"* *"You have x"*
	1	Yes	Includes both '**direct'** statements of uncertainty where the HCP vocalizes that they are not sure what the diagnosis is, and '**indirect'** statements of uncertainty (see examples).[5]	**Direct Uncertainty** *"I'm not sure what this is"* *"It could be x or it could be y, I cannot be 100% sure which one it is"* **Indirect Uncertainty** *"I think it's x",* *"It might be x"* *"It most likely is x"* *"It's probably x"*
	99	Not applicable /	Problem relates to screening / health surveillance / procedure or treatment that does not need a diagnosis e.g. contraception.	Patient has come for contraceptive pill check
1.2 Time course of illness Is the expected time course / time to recovery of the condition discussed?	0	No	No discussion around time course of illness or time to recovery with treatment. Includes prognostic statements without time course.	**Prognostic statements without time-course** *"It will get better"* *"It should settle down"*
	1	Yes	Expected illness duration explained or time to recovery. Must include an amount of time e.g. hours, days, weeks, months, years OR explain that this is a chronic lifelong condition.	*"It will get better in two weeks"* *"You should feel better in 2 months"* *"This is a lifelong condition"*
	99	Not applicable	Not applicable if no specific illness e.g. patient request for routine screening (random bloods), contraception.	Patient has come for contraceptive pill check

Level 2 – Follow-up Contextual Codes				
Title	**Code**	**Short hand**	**Explanation**	**Example**
2.1 Follow-up Is there evidence in this consultation that there is follow-up arranged for this problem? If multiple practice-based follow-ups e.g. investigation (bloods) and then GP review code as highest = 3 Same GP Follow-up (unlike safety-netting advice) is an unconditional review of a problem.	0	None	No evidence of planned follow-up for this problem in the consultation.	
	1	Investigation only	Investigation only but no set appointment / consultation. If GP says I will call you with results do not code here, code 3 'Same GP'.	*"Let's just check your blood level and if that's fine we don't need to see you again"*
	2	Practice	Follow-up appointment with practice e.g. other doctor, unspecific doctor, or nursing staff Do not include tests only e.g. ECG, bloods etc.	*"Book a follow-up appointment with one of the doctors for 2 months"*
	3	Same GP	Follow-up appointment with this HCP.	*"I'd like to see you again in 2 months, if that's alright?"*
	4	Other	Follow-up appointment with secondary care or other health care provider not based at the practice.	*"I'm going to refer you to a neurologist"*
	5	Multiple	Has follow-up appointment or investigation with GP/practice <u>and</u> secondary care / other health care professional. Do not include investigation ordered by GP and GP follow-up appointment - code under 3.	*"I'm going to refer you to a neurologist and I'd like to see you again in a couple of weeks as well to check how you're getting on with the medication"*
2.2 Follow-up documentation Are the follow-up plans documented in the medical records?	0	No	No documentation of follow-up for this problem.	
	1	Yes	Some evidence of follow-up plan present in the medical notes for this problem.	
	88	CBD	Cannot be determined (CBD) as no medical records available.	
	99	Not applicable	No follow-up therefore not applicable.	

Level 3 – Basic Info & Application				
Title	**Code**	**Short hand**	**Explanation**	**Example**
3.1 Number of times safety-netting advice given	0-10		Number of separate occasions safety-netting advice given for this problem. See coding rules for specific guidelines.	2
3.2 Safety-netting number Chronological order	0-10		Chronological order safety-netting advice attempts occur in consultation.	1 (of 2)
3.3 Line number and text of safety-netting advice present in the transcript		Line No + Text	Enter the line number and text that is related to this incident of safety-netting.	88: *"If it's not better in a week let me know"*
3.4 Single or multiple problems Does the safety-netting advice apply to one problem or multiple problems?	1	This Problem	Only related to this problem.	Only one problem or specific advice for this problem *"If your ankle pain gets worse, let me know"*
	2	Multiple	Generic for all problems.	*"any problems, let me know"* in a consultation where multiple problems raised.
3.5 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.	*"If you develop chest pain, ring 999"*
	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.	*"If the ibuprofen is giving you indigestion just let me know and we can try something else"*
	3	Both	Unclear if for treatment or problem, could apply to both or specific advice for both included in 1 turn.	*"any problems, let me know"*

Level 4 – Initiation				
Title	**Code**	**Short hand**	**Explanation**	**Example / Modification**
4.1 Stage of consultation What stage of the consultation is the safety-netting advice deliver during? Based on the original work by Byrne and Long (BL),[6] excluding the first phase of "The doctor establishes a relationship with the patient" Modification – can use Calgary Cambridge (CC)[7]	1	ER	Opening and **establishing the reason** for the visit. BL Original Phase II – "The doctor either attempts to discover or actually discovers the reason for the patient's attendance."	CC = initiating
	2	GI	**Gathering additional information** (history-taking, physical examination. BL Original Phase III – "The doctor conducts a verbal or physical examination or both."	CC = gathering info / building relationship (exam)
	3	DD	**Delivering the diagnosis.** BL Original Phase IV – "The doctor, or the doctor and the patient, or the patient (in that order of probability) consider the condition."	CC = explanation and planning
	4	TP	**Treatment Planning.** BL Original Phase V – "The doctor, and occasionally the patient, detail further treatment or further investigation."	CC = explanation and planning
	5	CV	**Closing** the visit. BL Original Phase VI – "The consultation is terminated usually by the doctor."	CC = Closing
	88	Unclear	Does not fit in to any clear stage of consultation.	
4.2 Initiation by Who initiates the safety-netting advice?	1	Clinician	The clinician initiates safety-netting advice.	
	2	Patient	Patient initiates the safety-netting advice from the clinician. Only code as patient initiated if the patient directly seeks safety-netting advice.	Patient: *"What should I do if it's not getting better?"*

Level 5 – Delivery				
Title	**Code**	**Short hand**	**Explanation**	**Example**
5.1 Format What is the format of the safety-netting advice?	1	Conditional only	Warns the patient about a symptom / condition that they need to look out for. (If in doubt, check with second coder)	*"The things to look out for are…"* *"Things that would make me worry are if you started feeling very unwell, coughed up any blood or started losing weight"* *"As long as X is not happening we can do continue with this plan"*
	2	Conditional + Course of Action	'If X happens then do Y' Where Y = seeking some form of medical help (see 7.1-7.3 for action codes and differentiating between clinician focussed and patient focussed action. Includes implicit conditionals (see example)	*"If it's not better in two weeks, come back"* *"If it's not better in two weeks then let's get an X-ray on it"* *"See you in a month, if not before"*
5.2 Strength of endorsement What is the strength of the endorsement of the safety-netting advice?	0	Weaker	Safety-netting advice is joined by weaker modal auxiliary e.g. 'can' 'could'.	*"You <u>can</u> see me again in 2 weeks if your symptoms are not better"*
	1	Neutral	Safety-netting advice that does not include any weaker or stronger elements.	*"See me again in 2 weeks if your symptoms are not better."*
	2	Stronger	Safety-netting advice includes a stronger modal auxiliary e.g. 'must', 'should', 'need' or doctor stresses the importance to the patient e.g. 'this is really important' before / after giving the safety-netting advice.	*"You <u>must</u> see me again in 2 weeks if your symptoms are not better"* *"You <u>have to</u> come back if things aren't settling down"* *"If it's not better you <u>need</u> to see me again"* *"If your chest pain lasts more than 5 minutes it can be a more serious problem, so you <u>must</u> watch out for that"*

Level 6 – Conditions / Symptoms

Title	Code	Short hand	Explanation	Example
6.1 Number of conditions / symptoms in safety-netting advice How many conditions / symptoms are communicated in the safety-netting advice?	0-20		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 <u>rectal bleeding is persisting</u> see me again"* = 1 condition.	*"If you start to feel <u>unwell</u>, for example you become <u>feverish</u> or <u>develop shortness of breath</u> or become <u>wheezy</u> then please come back"* = 4
6.2 Free text conditions / symptoms	Free text		Insert free text of conditions / symptoms. Separate each element with ";" Note number of conditions should match with 6.1 Option to put (G) for Generic and (S) for specific as per guidelines below.	*Unwell (G); Feverish (S); Shortness of breath (S); Wheezy (S)*
6.3 Generic or specific conditions Do the conditionals meet the criteria for being classified as generic or specific?	0	Generic	Conditionals that are not specific to one problem (see examples). To code as generic ALL conditionals must fit generic criteria. Symptoms persist / treatment failure <u>without a time course set</u>.	*"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"* *"If it's not getting better let me know"*
	1	Specific	Any <u>new</u> symptom that is not listed as generic above If a mixture of vague and specific conditionals code as specific. Symptoms persist / treatment failure <u>with time course explained</u>.	*"Chest pains", "Shortness of breath", "wheezy"* *"If it's not getting better <u>in 2 weeks</u> let me know"*

Level 7 – Action Advised

Title	Code	Short hand	Explanation	Example
7.1 Action advised What action is advised by the HCP if the conditionals of the safety-netting advice are met? (if multiple actions advised <u>code the highest level</u>)	0	None	No action advised e.g. conditional only.	*"As long as X is not happening we can do plan Y"*
	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.	*"The letter says to contact the dermatology department directly if the rash is still there in two weeks"*
	2	Contact GP PRACTICE	Contact the practice GP practice (in hours).	*"Any problems, just ring the practice"*
	3	Contact Same HCP	Contact the same HCP at the practice (in hours).	*"Any problems, let me know"*
	4	Contact out of hours service / 111	Contact out of hours services. Includes 111 / Out of hours GP crisis team and Samaritans or similar.	*"If you feel unwell later and we are shut, ring 111"*
	5	Contact emergency services	Ring 999, go straight to A&E.	*"If you develop chest pain, you must ring 999 or go straight to A&E"*
7.2 Focus of the action advised Is action advised patient focussed, clinician focussed or both?	1	Clinician	Action is something that clinician would do: E.g. I would want to see you, we would need to have a look, we could do a referral, we could get an X-ray.	*"If the rash is still there in two weeks, I'd like to have another look at it"* *"If the rash is still there in two weeks, I will refer you to dermatology"*
	2	Patient	Patient given action to seek medical help. Often starts with 'you' [need to come back].	*"If the rash is still there in two weeks, let me know"*
	3	Both	Both clinician and patient elements (see above).	*"If the rash is still there in two weeks, come back and I will have another look at it"*
	99	Not Applicable	No action component.	*"As long as X is not happening we can do plan Y"*

Title	Code	Short hand	Explanation	Example
7.3 Timescale of action What is the timescale of the action advised?	0	Not specified	No timescale of action specified. Note: unspecified times such as sooner coded here with exception of urgent action.	*"Any problems, let me know"*
	1	Immediate / urgent	Contact medical help straight away / urgently.	*"If you develop chest pain, you should ring 999 straight away"* *"If X happens you need to see us urgently"* *"If X happens then we will see you straight away"*
	2	Named day / fixed time period	Return on named day or fixed period of time e.g. by the end of the week.	*"If the rash is not better in two weeks, let me know"*

Level 8 – Patient Response

Title	Code	Short hand	Explanation	Example
8.1 Patient response How does the patient immediately respond AT THE END of the delivery of the safety-netting advice? Note always code the highest (numerically) level of uptake e.g. if in one safety-netting conversation patient misaligns then accepts at end code as 5=acceptance	0	No response	Patient says nothing in response. If video, no nodding.	
	1	Resists, aligning / misaligning	Patient may respond with acknowledgment and then either: 1. Assert own knowledge or competence. 2. Initiate repair or 3. Reject or dispute advice / ask a question.	GP: *"Any problems let me know"* Patient: *"Yeah, I'll try and just sort it our myself"* GP: *"If it goes red just let us know"* Patient: *"I usually just rub cream on it"* GP: *"If it goes red just let us know"* Patient: *"Can I have that cream on repeat"*
	2	Nods only	Head nod only in response to safety-netting advice If simultaneous with a vocal token, code on the vocal token.	
	3	Acknowledge-ment / Acceptance	Acknowledgement statement. Include 'positive assessment' of SNA. Patient offers acceptance of advice given.	Acknowledgements: *"Yeah"*, *"Mmhm"*, *"right"* Positive assessments: *"Great"* Acceptance: *"okay"*, *"alright"*, *"sure"*
	88	CBD	Cannot be determined as no response and audio only consultation.	
8.2 Questions Does the patient ask any questions about the safety-netting advice?	0	No	No questions by patient about safety-net advice.	
	1	Yes	Patient asks for further information around the safety-net advice or for clarification. **Does NOT include questions that initiate the safety-netting advice (if patient initiated).**	GP: *"If it's not getting better let me know"* Patient: *"How long should I wait?"* GP: *"It should get better in 1 week"*

Level 9 – Communication Format (verbal / written)

Title	Code	Short hand	Explanation	Example
9.1 Communication Is the patient given written safety-netting advice?	1	Verbal	Verbal communication of the safety-netting advice only.	
	2	Verbal and written	Verbal and written communication of the safety-netting advice.	*"This leaflet includes all the things you need to look out for, for example…"* *"This leaflet outlines the 'red flags' to look out for I was talking about earlier"*
	3	Unclear	Audio only consultation and unclear if given written safety-netting advice or possibly given written advice off camera.	

Level 10 – Documentation

Title	Code	Short hand	Explanation	Example
10.1 Safety-netting advice documentation Is the safety-netting advice documented in the medical notes?	0	No	No documentation of safety-net advice for this problem.	
	1	Yes	Some evidence that at least part of the safety-netting advice that was given is present in medical notes for this problem.	
	88	CBD	**Cannot be Determine (CBD)** Safety-netting advice given but no medical notes available for this consultation.	

Optional Contextual Codes

Title	Code	Short hand	Explanation	Example
Optional 1.1 – Acute or Chronic Problem Is the problem acute, acute on chronic, or chronic?	1	Acute	Short onset of duration of illness, usually in proceeding hours / days / weeks and generally not longer than a few months.	Acute back pain with no history of back pain
	2	Acute on Chronic	Acute presentation of a chronic condition.	Acute worsening of back pain with a 2-year history of on / off back pain Infective exacerbation of COPD
	3	Chronic	Long term / lifelong conditions that have usually been present for months / years.	General review of COPD Include if first presentation of long-term condition e.g. *"I've had back pain for 10 years"*
Optional 1.2 First presentation Is this the first presentation to a Healthcare Professional (HCP) with diagnostic capability (doctor, nurse, physio, mental health worker) with this problem?	0	No	Has previously presented to a HCP with this presenting complaint / problem (could be primary or secondary care). Note if has had symptom that has come and gone e.g. lump and now is back code here.	Has previously seen a HCP with diagnostic capability
	1	Yes	First presentation to a HCP with diagnostic capability with this complaint. If is being reviewed as part of a second opinion requested in connection with a consultation on the <u>SAME VISIT</u> code here.	Has not previously seen a HCP with diagnostic capability
	88	Unclear	Unclear / insufficient evidence to say if first presentation.	

Title	Code	Short hand	Explanation	Example
Optional 2.1 – Diagnosis given Is a diagnosis given in relation to this problem during this consultation	0	No	There is no evidence in this consultation that a diagnosis related to this problem is given.	
	1	Known Dx	No diagnosis given or previous diagnosis for THESE SYMPTOMS but clear that patient and GP are talking about a problem with a known diagnosis that may also be confirmed in the medical notes. Or is on recognized treatment for that problem e.g. patient low mood on sertraline can say dx = depression.	Review of sertraline for mood Review of insulin for diabetes Review of ramipril for hypertension
	2	Yes	There is evidence in this consultation that a diagnosis related to this presenting complaint is given. If presenting with a new symptom with an unknown diagnosis but turns out to be part of a known pathology the patient has then code as diagnosis given NOT known diagnosis.	
	N/A	Not applicable	Question about screening / health surveillance / procedure or treatment that does not need a diagnosis e.g. contraception.	
Optional 2.2 – Diagnosis or known diagnosis free text		Free text	Copy and paste from transcript or if known from medical notes / transcript.	Depression

Title	Code	Short hand	Explanation	Example
Optional 3 – Other contingent management plan? Is another continent management plan offered that is not part of safety-netting advice?	0	None	No non-safety-netting contingency plans.	
	1	Delayed script	Includes all delayed medication.	*"If you're still not better in two days, collect this prescription and start taking the tablets"*
	2	Contingent self-care	Framed like a safety-netting conditional + course of action but the course of action is for the patient to look after themselves and not seek medical help.	*"If the rash comes back, just use the cream again"*
	3	Contingent on investigation result	Contingency plan based on the results of an investigation that the patient has no control over. Excludes examination findings that patients may have access to: blood glucose, blood pressure.	*"If it's low, I will write a prescription for Vitamin D tablets"*
	4	Changes mind about treatment already offered	Offering treatment already available and patient changes mind.	*"If you change your mind about the weight loss program, just phone the practice"*
	5	Contingent admin / other	Contingent plan that likely to be dealt with non-HCP staff e.g. admin team. Contingent appointment patient unable to attend	*"If you can't attend your appointment next week, please call the practice to let us know"*
	6	Multiple contingent plans	Multiple of the above non-safety-netting advice contingent management plans.	

References

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