**Practice Evaluation Form: EARLY clinical search tool v2.0**

Thank you for taking the time to complete this evaluation. The information you share will be treated in the strictest confidence and used to support the continued development and refinement of the EARLY clinical search toolkit.

Please do not share any patient identifiable information.

Should you have any additional information or feedback in the future around the use and outcomes of the EARLY search tool, please contact the team via [england.early@nhs.net](mailto:england.early@nhs.net)

|  |  |
| --- | --- |
| **Date:** |  |
| **Practice Name:** |  |
| **Practice Population Size:** |  |
| **Name and role of person inputting information:** |  |
| **Clinical System: (please circle)** | EMIS, Vision, SystmOne |

**SECTION A**

Section 1.0 - Please complete prior to running the search tool.

Section 2.0 - Please complete post clinical validation.

Section 3.0 - Please complete post clinical validation.

|  |  |
| --- | --- |
| *\*Please complete section* ***1.0*** *prior to running the EARLY clinical search tool* | |
| **1.0 Prior to running the EARLY clinical search tool report** | |
| 1.1 How do you currently identify those patients to be included on the practice palliative and end of life care register? |  |
| 1.2 How many patients are included on the practice palliative and end of life care register? |  |
| 1.3 What has prompted your practice to use the EARLY clinical search tool? |  |
| 1.4 How did you hear about the EARLY clinical search tool? |  |
| 1.5 Please share any additional comments or feedback |  |
| *\*Please complete section* ***2.0*** *once the search tool has been run and clinical validation has taken place* | |
| **2.0 Clinical Validation** | |
| 2.1. How many patients were identified as potentially being in their last 12 months of life after running the search tool? |  |
| 2.2. How many patients were added to the practice palliative care register following clinical validation? |  |
| 2.3 Please share any additional comments or feedback |  |
| *\*Please complete section* ***3.0*** *once the search tool has been run and clinical validation has taken place* | |
| **3.0 Evaluation of the EARLY clinical search tool** | |
| 3.1. After running the search tool, were there any cohorts of patients who you would have expected to be identified as potentially in their last 12months of life? *(Disease groups, SNOMED CT codes etc)* |  |
| 3.2. After running the search tool, were there any cohorts of patients who you would **not** have expected to be identified by the search tool as potentially in their last 12months of life? *(Diseases, SNOMED CT codes etc)* |  |
| 3.3. How easy did you find uploading the search tool into your clinical system?  *Scale 1-5 (1 difficult, 5 easy)*  Please share any comments regarding the score provided |  |
| 3.4. Would you recommend the use of the EARLY search tool to colleagues?  Y/ N (Please share reasons why) |  |
| 3.5. Please provide any additional information about your experience using the EARLY search tool |  |

**SECTION B**

|  |  |
| --- | --- |
| **4.0 Palliative and End of Life Care Practice Meetings** |  |
| 4.1 Does your practice currently hold regular meetings to discuss those patients identified on the practice palliative and end of life care register? (Y/N) |  |
| * 1. If YES who attends the meetings and what is their frequency? |  |
| * 1. Have you experienced any challenges hosting these meetings? |  |
| 4.4 If NO please share reasons why these meetings do not occur |  |

**SECTION C**

|  |  |
| --- | --- |
| **5.0 Electronic Palliative Care Coordination Systems (EPaCCS)** |  |
| 5.1 How many patients have an EPaCCS in place? |  |
| 5.2 Does the practice routinely utilise the information recorded in EPaCCS? **Y/N** |  |
| 5.3 If **YES** what is the overall practice experience of using EPaCCS? |  |
| 5.4 If **NO** what are the reasons EPaCCS is not utilised? |  |