EARLY Top Tips

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EARLY Searches in GP clinical systems

Highly dependent on coding so may under or over identify

Will pick up metastatic cancers – but these may be stable eg breast and bone metastasis – so may not be appropriate to pursue end of life discussions

May also pick up end stage renal disease where people are on transplant waiting list

Will pick up those prescribed high doses of opiates where indication is not palliative care

All of the above examples highlight why clinical validation is a critical and essential step
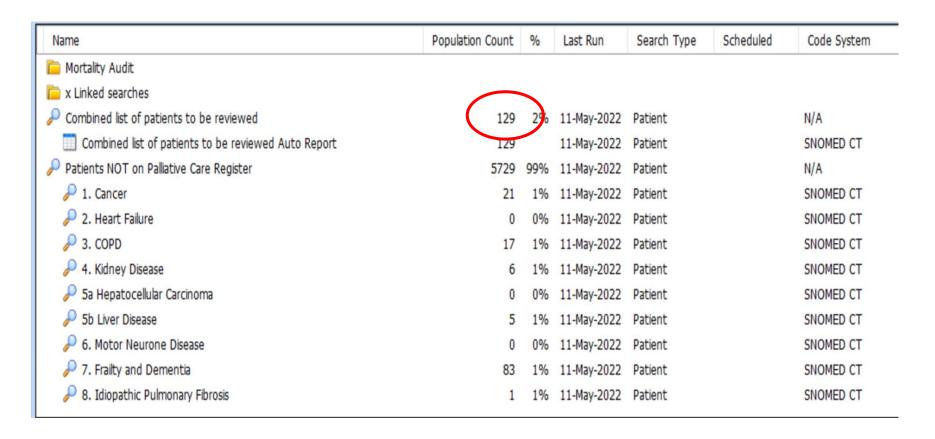
How can EARLY support PCNs and the wider system

It can help support identification in all disease areas

It can help focus in discrete disease areas

In a practice of 6000 patients 129 patients were identified in the EARLY search, this may feel overwhelming

Name	Population Count	%	Last Run	Search Type	Scheduled	Code System
📁 Mortality Audit						
📁 x Linked searches						
🔍 Combined list of patients to be reviewed	129	2%	11-May-2022	Patient		N/A
🔲 Combined list of patients to be reviewed Auto Report	129		11-May-2022	Patient		SNOMED CT
🔍 Patients NOT on Palliative Care Register	5729	99%	11-May-2022	Patient		N/A
🔍 1. Cancer	21	1%	11-May-2022	Patient		SNOMED CT
🔍 2. Heart Failure	0	0%	11-May-2022	Patient		SNOMED CT
🔍 3. COPD	17	1%	11-May-2022	Patient		SNOMED CT
🔍 4. Kidney Disease	6	1%	11-May-2022	Patient		SNOMED CT
🔍 5a Hepatocellular Carcinoma	0	0%	11-May-2022	Patient		SNOMED CT
🔍 5b Liver Disease	5	1%	11-May-2022	Patient		SNOMED CT
🔍 6. Motor Neurone Disease	0	0%	11-May-2022	Patient		SNOMED CT
🔍 7. Frailty and Dementia	83	1%	11-May-2022	Patient		SNOMED CT
🔍 8. Idiopathic Pulmonary Fibrosis	1	1%	11-May-2022	Patient		SNOMED CT

...but the 129 are helpfully subdivided into disease areas within the search in EMIS

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Choose one area to focus on, rather than the total list.
This may be influenced by clinician capacity, disease areas of unmet need, high hospital conveyances, low GSF registrations etc. In the example here 17 patients with COPD will require clinical validation

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What next

Clinically validate the list – 'Would I be surprised if this patient died in the next 12m' – this can be performed over a period of weeks/months according to clinical capacity

Decide if appropriate to approach end of life care discussions and if so, offer the opportunity to engage

Conversations may then develop into planning, ACP, anticipatory clinical management plans etc