April 2012

# End of Life Care Cohort Model

## What is the EoLC Cohort Model & who is it for?

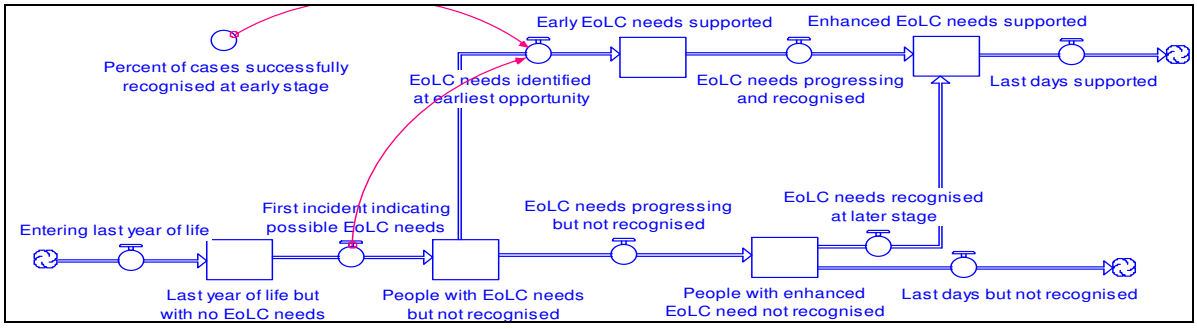
The Cohort model is a whole systems model that provides a simulation of the likely EoLC needs for your local population, giving a framework for discussion between strategic partners about implications and alternatives in implementing the National Strategy for EoLC. Its focus is on population needs, community support and reduced hospital admission. The model will:

- Identify the number of people in your locality's population whose EoLC needs will follow one of 5 trajectories of illness, and consider the impact of implementing key elements of the EoLC strategy on each of those trajectories;
- Consider the impact of changing demography, earlier recognition of EoLC needs and realising choice of place of death (reducing number of deaths in hospital) on community support needs and on the community workforce;
- Provide an estimate of the number of hospital admissions saved from the implementation of the National EoLC Strategy in line with QIPP expectations;
- Provide the context within which local discussion about strategy and partnership working can be undertaken.

The model builds from a population baseline using local demographic data and death statistics to arrive at an estimate for EoLC needs and enables local partners to consider how far local provision currently meets these needs. The tool is designed for strategic commissioning managers across health and social care who want to use it as a planning tool and a learning environment for the engagement of local partners in taking forward the strategy locally.

## How does it work?

The simulation tool is based on a set of relationships within the health and care system that link the impact of earlier recognition of EoLC needs and enabling choice of place of death to workforce requirements and community support, and, therefore, to commissioning and the use of resources. Implementation options are used as 'levers' to explore impact in a way that is consistent with local needs and services. The model focuses on the last year of life as the potential timeframe for recognition of EoLC needs. It reflects the pathway approach and identifies stages through the last year at which different levels of need will be experienced. The model is replicated for each of the needs trajectories. A simplified representation of this system is shown below.




The key relationships reflected in the tool are:

1. The impact and benefits of earlier recognition of EoLC needs on capacity requirements of community workforce and community support, by illness trajectories.
2. The impact of enabling choice of place of death on community workforce requirements, on hospital services and on community support.

The tool takes these relationships to create a dynamic environment that tracks resource utilisation, capacity and performance outputs over time, and makes a contribution towards identifying costs for the community workforce. You can explore a generic version of the Model for yourself on Whole Systems Partnership's website where you will also find more information about our other products and our work to support health and social care transformation.

## How has it been developed?

The EoLC Cohort model has been developed through a process of clinical engagement, demographic analysis and research into evidence about needs at end of life. It has been tested and applied as part of the NEoLC modelling tools launch, through Masterclasses and early adopter uptake. The trajectories of illness and workforce assumptions elements are underpinned by Skills for Health Functional Analysis which identifies the functions, and therefore the competencies, across the health and care sector that define skill levels and timings of need throughout the EoLC pathways.

A new learning network of users will share good practice and findings related to tool use and its impact on developing local EoLC services. An early adopter has recently commented that '*anyone with an understanding of information and knowledge and it's impact on service redesign would be able to grasp the model concept'* and that '*having early adopter status has been such a massive enabler in terms of identifying and evidencing required improvements in health outcomes, and thus influencing commissioning decisions'*.

## What would be involved in adopting the tool locally

The tool needs to be used in the context of partnership working across health and social care in the delivery of the DH End of Life Care Strategy. This is because the engagement process that is undertaken alongside calibration secures the local intelligence necessary to align the tool to local evidence about progress, as well as aspirations for the future. The process entails:

1. The collection of local information and intelligence about EoLC needs and provision, including access to key people for initial one-to-one discussion or interview.
2. The calibration of the tool using the local information and intelligence gathered.
3. An engagement event involving key partners to brief them on the development and use of the tool, to explore the local calibration outcomes and to gain consensus about targets.
4. The preparation of a report, including data outputs and presentation material, which will enable ongoing use of the findings from the tool.

Following the successful completion of the calibration exercise a local representative will be invited to join the online learning network, thus having access to other locations who have undergone a similar exercise as well as anonymised benchmarking data about progress in implementation. This network is facilitated through telephone conference calls, normally every three months.

## What does it cost?

The cost of entry into the programme and the initial calibration process, including one year's membership of the network, is £5,000 +VAT, plus any expenses incurred in attending the engagement event. On the anniversary of completion of the calibration you will be invited to renew membership of the network and given opportunity for one recalibration of the model, at a total cost of £3000 + VAT. Were there to be a local decision not to update the tool but to remain part of the network the fee for the following year would be £1,000 +VAT.

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