

## Fixing Palliative and End of Life Care

### Briefing for Parliamentarians

#### Palliative and End of Life Care is in crisis

- **Almost 1 in 3 dying people are currently not getting the care and support they need.**<sup>1</sup>
- Too many people are reaching a crisis point at the end of their lives and need to call out ambulances, visit A&E or be admitted to hospital in an emergency because they cannot access support in community settings.<sup>2</sup>
- **Around 56% of healthcare expenditure on people in the final year of life is spent on emergency hospital care**, compared to only 11% spent on primary and community care. It is no surprise that 14% of all emergency hospital admissions in England involve people in the last year of life.<sup>3</sup>
- **The UK government is currently developing a Palliative Care and End of Life Care Modern Service Framework (MSF)**. This represents a generational opportunity to fix end of life care and ensure that all dying people get the care and support they need.

#### Fixing Palliative and End of Life Care

- The MSF must address the lack of support available outside of normal working hours; it must embed palliative care in the government's envisioned neighbourhood health service; and it must create a palliative care workforce that is fit for the future.
- But the Modern Service Framework will also need to be accompanied by **appropriate resourcing and robust accountability mechanisms** to ensure that health systems are meeting the framework's ambitions.
- The UK government's new Neighbourhood Health Framework sets out an ambitious intention to deliver a **10% reduction in non-elective admissions and bed days of one day or over for people in the end of the life cohort**, which would deliver a potential annual saving of between £775million and £790million each year. But without upfront investment to catalyse the shift from hospital to community for patients at the end of life, it is not realistic to expect that current patterns of care and public expenditure on this cohort can be significantly reshaped.
- The Modern Service Framework should therefore be accompanied by a **three-year palliative and end of life care transformation fund, making at least £200million per year** available to invest in services with proven effectiveness in reducing the need for acute

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<sup>1</sup> Marie Curie, [Measuring unmet need for palliative care](#) (2026)

<sup>2</sup> Marie Curie, [Better End of Life Report](#) (2024)

<sup>3</sup> Marie Curie, [Public expenditure in the last year of life report](#) (2025)

care for patients at the end of life, and to kick-start the government's intended shift from hospital to community care for this group.<sup>4</sup>

## Policy Solutions: Delivered through the Modern Service Framework

### 1. Address the lack of support available outside of normal working hours

- **Address significant gaps in 24/7 support by creating a universal gateway to 24/7 palliative and end of life care (PEoLC) advice, guidance and support** by dialling 111 and selecting the PEoLC option.
- **Improve access to medicines in the community** for people at the end of life by removing regulatory, prescribing and digital barriers.
- Every ICS in England should have a **2-hour urgent community response service** operating 24/7 for people with palliative and end of life care needs.

### 2. Embed palliative care in neighbourhood health

- **Ensure palliative care is at the centre of plans for Neighbourhood Health Centres and virtual wards**, by ensuring palliative care specialists are part of multi-disciplinary teams in neighbourhoods and virtual wards.
- **Ensure early identification of palliative care needs in all health and care settings**, particularly in light of the recent removal of the quality indicator for GPs to establish and maintain a register of all patients in need of palliative care within the GP Contract for 2025/26.
- **Scale up proven models of care which can deliver the shift from hospital to community for patients at the end of life**, such as embedding palliative care specialists in hospital emergency departments.
- **Guarantee quality advance care plans** and active use of these through universal shared care records.

### 3. Ensure that the palliative care workforce is fit for the future

- Palliative and end of life care will not improve on its own. It needs both generalist and specialist workforces with the right skills to improve care in the right ways.
- **Plan and resource a workforce that can respond to increased future need for PEoLC**, especially in community settings. Workforce planning must focus on investment in the GP, district and community nursing and specialist palliative care workforce that is needed to achieve the shift from hospitals to community.
- **Make palliative and end of life care a compulsory part of training** for all health and care professionals, including those in emergency medical services. All are likely to care for people at the end of life at some point in their career.

## Enable the delivery of the Modern Service Framework through a Transformation Fund

- **Create a Transformation Fund for Palliative and End of Life Care** to enable investment in innovative and integrated models of palliative and end of life care which enable a shift from hospital to community based care. This fund should provide **£200 million p/a funding over a three-year time frame** from the Department of Health and Social

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<sup>4</sup> Marie Curie, Making the case for investment in palliative and end of life care: [A guide for Integrated Care Boards](#) (2025)

Care to Integrated Care Boards in return for a viable plan from each ICB for local improvements to access, quality and sustainability of palliative and end of life care.

- **Consider delivering this fund at least in part through a social investment approach**, with outcomes contracted to the acute sector. This would: (1) ensure a clear outcome focus is maintained; (2) embed a mechanism for longer term sustainability of transformative services which are successful through outcome payments made from the acute sector; and (3) by not requiring upfront investment from the acute sector, but instead only requiring payments on the basis of outcomes delivered.
- **Address poor commissioning practice.** The Department for Health and Social Care must ensure that ICBs are commissioning strategically, and that contracts for charitable providers of end of life care cover a greater proportion of the operational costs of delivering these services, to reduce reliance on charitable fundraising and improve financial sustainability.

## Accountability for delivery of the Modern Service Framework

- The MSF must include robust targets and accountability mechanisms to ensure that health systems are meeting the framework's ambitions. It must deliver clarity for commissioners and delivery bodies by setting expected care standards. It must also make clear actions that will be taken to hold partners to account if they do not deliver these standards.
- **Improve quality standards for palliative and end of life care services**, by introducing minimum standards which must be met in all localities. These should build on the Ambitions Framework for palliative and end of life care and provide a basis for regular auditing of the accessibility, quality and sustainability of end of life care services.
- **Improve data collection on palliative and end of life care**, as limited data on activity, quality and spending in community palliative and end of life care and hospice services hinders achieving greater equity in provision and service improvement and innovation across the UK. Improved data collection and publication would assist providers, commissioners and policy makers to make more informed and evidence-based decisions about future support for people at the end of life.

## About Marie Curie

Marie Curie is the UK's leading end of life charity. We are here for anyone with an illness they're likely to die from, and those close to them. We bring 75 years of experience and leading research to the care we give at home, in our hospices and over the phone. And we push for a better end of life for all by campaigning and sharing research to change the system.

**For more information or to arrange a meeting to discuss the contents of this briefing, please contact: [parliament@mariecurie.org.uk](mailto:parliament@mariecurie.org.uk)**