

Backbench Business debate on the Future of Palliative Care

Briefing for Parliamentarians, February 2026

Summary

- Over the next 10 years in England, **just over 5.75 million people will die**, and around 90% of whom, or an estimated 5.18 million, will have palliative care needs.
- Yet new research, commissioned by Marie Curie and published earlier this month, has shown that **nearly 1 in 3 dying people** had both unaddressed symptoms and concerns and insufficient access to GP services at the end of life – meeting Marie Curie's definition of unmet need for palliative care.
- That's nearly one person dying with unmet need **every three minutes**.
- Without intervention, **around 44,400 more people** are unlikely to get their palliative care needs met in 2050, compared to 2025. That's over 250,000 people per year, or an increase of 21%.
- That is why Marie Curie warmly welcomes the government's commitment to developing a **Palliative Care and End of Life Care Modern Service Framework** for England, with an interim report to be published in Spring, and the final report expected in Autumn later this year.
- Marie Curie has long campaigned for a national strategy for Palliative and End of Life Care, and **this will be the first such national plan for this vital care to be delivered since 2008**.
- **The Commission on Palliative Care**, set up by Rachael Maskell MP and Baroness Finlay of Llandaff, amongst others, found that:
 - There is uneven access to high quality palliative care across the UK, despite increasing demand for palliative care due to population changes.
 - Community services are vital to improve support for people with palliative care needs, and provide care where most dying people want to receive it
 - The lack of a cohesive national strategy for effective palliative care delivery has led to the fragmentation of specialist palliative care services. The Commission therefore called on the government to produce a comprehensive national strategy for the improvement of these vital services.
- The government has since rightly identified five core challenges in palliative and end of life care to be addressed within the Modern Service Framework:
 - Delays in early identification of individuals approaching the end of life.
 - Inconsistencies in commissioning practices across integrated care boards.
 - Workforce challenges in both universal and specialist services.
 - Gaps in 24/7 palliative care provision.
 - Limited uptake and integration of personalised care and support planning, including advance care planning.

- But if the new Modern Service Framework is to be successful in addressing these challenges, it will need to incorporate substantive measures in the following areas:
 - Providing stronger national leadership and oversight of palliative and end of life care;
 - Ensuring that integration of palliative and end of life care is central to government plans to develop a neighbourhood health service;
 - Delivering a new funding and commissioning model;
 - Investing in the palliative and end of life care the workforce;
 - Upscaling proven models of care which can help realise the intended shift from hospital to community for those at the end of life.

Questions for the Minister

- What steps is the Department taking to reduce unwarranted local variation in the access and quality of palliative and end of life care?
- What steps is the Department taking to reduce variation in the approaches of commissioners in meeting the local population need for palliative and end of life care services?
- What steps is the Department taking to increase the early identification of palliative care needs?
- What steps is the Department taking to reduce emergency hospital admissions involving people who are in the last 12 months of life?
- What steps is the Department taking to reduce the number of deaths in hospital?
- What steps is the Department taking to ensure we have a palliative care workforce able to cope with growing demand for end of life care?

Fixing Palliative and End of Life Care

The need for palliative end of life care across the UK is rising as our population ages, and unless we reform and fix our palliative care system, hundreds of thousands of people could die without the care they deserve. Over the next 10 years in England, **just over 5.75 million people will die, an estimated 5.18 million of whom will have palliative care needs.**

Yet new research recently published by Marie Curie has found that **nearly 1 in 3** people living with terminal illness had unaddressed symptoms and concerns **and** insufficient access to GP services – meeting Marie Curie's definition of unmet need for palliative care. That's nearly one person dying with unmet need **every three minutes.** Across the UK, around **200,000 people** are unlikely to get their palliative care needs met each year. That's thousands of people spending their final days in pain, distress or without vital support that should be available to everyone at the end of life and without intervention, around **44,400 more people** are unlikely to get their palliative care needs met in 2050, compared to 2025. That's over 250,000 people per year, or an increase of **21%.**

Marie Curie research on **public attitudes to death, dying and bereavement in the UK** highlighted that most people want to receive care at the end of their life and die in the community rather than in hospital, but 24/7 palliative and end of life support in community settings is often inadequate. Indeed, analysis undertaken by The Nuffield Trust and Health Economics Unit on **public expenditure in the last year of life** highlights that there is significant public expenditure (£22 billion in 2022) on people in their final year of life across the UK,

equating to £33,960 per person. Whilst over half of this total expenditure (almost £12 billion) was on healthcare, the analysis makes clear that current health spending is disproportionately distributed towards hospital care. Of public funds spent on healthcare for people in their last year of life, **81% was spent in hospital, and 56% was spent on emergency hospital care**. Only 11% of healthcare expenditure for people in their last year was spent on primary and community care.

This is why Marie Curie has been calling on the government to produce a comprehensive national action plan to address already high levels of unmet need, tackle significant inequalities in access to this vital care, and support the growing numbers of people who will be living with, and dying from, multiple and complex conditions. Therefore, we are very pleased to see the government committing to the production of a Modern Service Framework on Palliative Care and End of Life Care to tackle these challenges.

A Palliative Care and End of Life Care Modern Service Framework for England

In order to effectively address the five core challenges within the palliative and end of life care sector set out by the government, Marie Curie is calling on the government to:

Provide stronger national leadership and oversight of palliative and end of life care

- Strengthen statutory guidance on the legal duty to commission palliative care services in the Health and Care Act 2022. Holding Integrated Care Boards to account for the delivery of this duty, and in doing so improving the availability, quality and distribution of integrated health and care services in communities.
- Introduce national quality standards for palliative and end of life care that must be met in all health and care settings.
- Ensure adequate provision of specialist palliative care beds to meet population need. These beds could be provided in in-patient NHS or hospice settings, community settings or via virtual wards.

Ensure that integration of palliative and end of life care is central to the government's plans to develop a neighbourhood health service

- Integrate specialist palliative care in neighbourhood health centres, as set out in the 10 Year Health Plan. As local areas are left to formulate their own models, it is crucial that the strategy highlights the importance of palliative care in the community and ensures this can be delivered.
- Encourage earlier identification of palliative care needs and quality advanced care planning through neighbourhood health models, noting that the requirement to maintain a palliative care register has been removed from the quality outcomes in the GP contract.

Deliver a new funding and commissioning model

- Improve strategic commissioning by ICBs by requiring them to cover the full operational costs of commissioned palliative and end of life care services, including the costs of the clinical workforce, and move towards multi-year budgeting.
- A new long term and sustainable funding solution for palliative and end of life care, with the aim of reducing reliance on charitable fundraising, ensuring parity of esteem

for the NHS and non-NHS palliative care workforce, and creating a transformation fund to invest in innovative and integrated models of care.

Provide investment in the palliative and end of life care workforce

- Plan and resource a workforce that can respond to increased future need for palliative and end of life care, especially in community settings. The forthcoming NHS Workforce Plan must focus on investment in the GP, district and community nursing and specialist palliative care workforce that is needed to achieve the shift from hospital to community in the 10YP for people with palliative and end of life care needs.
- Make palliative and end of life care a compulsory part of training for all health and care professionals, including those in emergency medical services. Every health and care professional is likely to be involved in caring for people at the end of life at some point in their career. Palliative and end of life care is not currently a compulsory part of either initial training or continuing professional development for most health and care professionals, leaving many feeling ill-equipped to support people at the end of life in planning, providing and coordinating care.

Upscale proven models of care to realize the intended shift from hospital to community

- Create a universal gateway to 24/7 palliative and end of life care advice, guidance and support by dialling 111 and selecting the palliative care option. Every part of the country should have a 24/7 single point of access palliative and end of life care telephone advice line, staffed by professionals with specialist palliative care expertise who can provide advice, guidance and support to access local services, available to all people with a terminal illness, their carers and health and care professionals, and sustainably funded by ICBs.
- Embed palliative care specialists in hospital emergency departments, to enable proactive identification, assessment and treatment of patients at the end of life, and where appropriate enable their discharge from hospital to a preferred place of care.

How Marie Curie is already working to address the challenges in end of life care

Bradford

In Bradford, our Reactive Emergency Assessment and Community Team (REACT) service is identifying patients with palliative care needs who are presenting at the emergency department. Where clinically appropriate, the service offers an alternative to hospital admission through a diversion to a multidisciplinary urgent community response service and virtual ward for patients in crises in their last year of life, delivering holistic care and support for up to 72 hours before facilitating transfer of care to appropriate community services. This innovative and integrated model is reducing hospital stays for patients in the final year of life.

Derbyshire

Marie Curie nurses have partnered with GP practices across Derby and Derbyshire to improve end of life care. The project embeds Marie Curie nurses in 23 GP practices (with more to join), where they collaborate with local teams to identify patients in need, support

families, and ensure that end-of-life care is a routine part of clinical discussions. A Marie Curie Advanced Specialist Nurse is also stationed at Chesterfield Royal Hospital's Emergency Department to help identify patients approaching the end of life and facilitate their discharge to preferred places of care, reducing unnecessary hospital admissions. This approach is designed to equip local healthcare teams with the skills and knowledge to provide timely, compassionate, and effective palliative care.

Marie Curie is the UK's leading end of life charity

We're 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