Backbench business debate: Corridor care in the NHS

Briefing for parliamentarians

Summary

- Palliative and end of life care is in crisis. Recent research has found that **almost 1 in 3 dying people are currently not getting the care and support they need**. 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.
- In June, NHS England published corridor care statistics for the first time, revealing that **nearly 3,000 patients** are receiving care in clinically inappropriate settings every day.
- Corridor care is when patients are treated or held in hospital corridors because there aren't enough beds or space. Published evidence examining patient safety and crowding in emergency departments and wards reports **worse clinical outcomes and poorer experiences for patients**, their loved ones and healthcare staff.
- A survey conducted by the Royal College of Nursing, published in their report 'On the frontline of the UK's corridor care crisis', found that **two-thirds of nursing staff report delivering care in an inappropriate care setting daily**. 62% of nursing staff reported delivering care in a corridor in the last instance that they cared for a patient in an inappropriate setting, highlighting the scale of the issue.
- In December 2025, NHS England published guidance on the Principles for providing patient care in corridors, which states that use of corridor care is never acceptable and must be avoided for particular groups, **including patients at the end of life**.
- But with the continued prevalence of corridor care in our hospitals, and as **almost 1 in 6 emergency hospital admissions involve patients in the final year of life**, it is inevitable that dying patients will be cared for in this unacceptable way.
- **Marie Curie is part of the Corridor Care Coalition**, a group coordinated by the Royal College of Nursing, which has been working to secure greater transparency and mandatory reporting on corridor care, as well as ultimately to end its use.
- Following the publication of data on the prevalence of corridor care, which is welcomed, Marie Curie is calling on the government to **set out how it will ensure that patients at the end of life are not treated in corridors or other make shift spaces.**

High levels of hospital admissions at the end of life

Ending corridor care is particularly important for people at the end of life. The current lack of adequate access to palliative care in the community means that dying people and their carers often have no alternative but to attend A&E or call out an ambulance when they need help. More people now die at home (28%) or in a care home (20%), but hospital is still

the number one place of death, **with 42% of deaths in England in 2024 occurring in hospital**. Hospital emergency service use in the final months of life remains high, **with more than 650,000 out-of-hours visits to UK emergency departments** by people at the end of life. This is especially true amongst people in deprived areas.

Ambulance conveyancing of people in the last year of their lives to emergency departments is also high. Marie Curie's Better End of Life Report 2024 found that in the final three months of life, 61% of people who died reported used an ambulance and 53% visited A&E at least once. **With 14% of all emergency hospital admissions involving patients in the final year of life, it is inevitable that dying people are being looked after in corridors and other inappropriate settings, which is completely unacceptable.**

This is not just a hospital flow problem. It reflects wider pressures across the system, including gaps in community services, primary care and social care, which lead to avoidable admissions and delays in discharge. **If corridor care is to end, short term operational fixes must be matched with sustained investment in integrated, community-based ser**vices.

The Modern Service Framework for Palliative Care and End of Life Care in England

To address the challenges of corridor care for patients at the end of life, Marie Curie is calling on the government to include several measures within the Modern Service Framework to tackle these specific issues, including:

- **Ensuring that integration of palliative and end of life care is central to the government's plans to develop a neighbourhood health service.**
    - It is essential that specialist palliative care is integrated in neighbourhood health centres.
    - The Neighbourhood Health Framework recognises people at the end of life as a priority group, which is welcome, but as local areas formulate their own models it is crucial that this integration is delivered on.
    - Encourage earlier identification of palliative care needs and quality advanced care planning through these neighbourhood health models.
- **Upscale proven models of care which can help prevent unnecessary hospital admissions for people at the end of life and realise the intended shift from hospital to community for those at the end of life.**
    - 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, as exemplified by Marie Curie's REACT model.

How Marie Curie is working to address these challenges

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.

Between June 2022 and May 2024, REACT received 984 referrals, of which 35% were not previously known to palliative services. For patients supported through REACT, **the average number of unplanned bed days in hospital was reduced from 38 to 17**. Those referred to ED REACT and admitted to hospital saw mean bed days reduced from 38 to 20, while those admitted to Community REACT saw a bigger reduction to 15 bed days.

Policy solutions

- The UK government should continue to publish data on corridor care, and **set out how it will ensure that patients at the end of life are not treated in corridors** or other make shift spaces.
- Through the Modern Service Framework on Palliative Care and End of Life Care currently in development, **the government should ensure more palliative care specialists are integrated within hospital emergency departments** to reduce the length of hospital stays of people at the end of life, as demonstrated by Marie Curie's REACT model.
- This would enable more 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.
- Marie Curie is calling on the UK government to **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, and facilitate the 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 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.

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