

Primary Care Cluster Palliative Care Nurses

Technical Briefing

August 2026

Action

Each primary care cluster must have a palliative and end of life care nurse in place to provide expert advice and guidance, and support effective coordination of palliative and end of life care.

1. Why this action?

- Palliative and end of life care (PEOLC) is delivered by a complex mix of specialist and generalist providers. Care coordination across health and social care is vital to ensuring that people living with a terminal illness receive the right care, in the right place, at the right time.
- The European Association for Palliative Care has highlighted the need to fully integrate palliative care into primary care.¹ A study from 2018 with clinicians from across 30 European nations in 2018 identified a number of barriers and opportunities related to palliative care in primary care²:
 - Workload of GPs and lack of time.
 - Patients increasingly present with multiple chronic conditions.
 - Early identification was rare.
 - Lack of training.
 - Lack of Multi-disciplinary team (MDT) working in primary care.
 - Lack of specialists in palliative care.
 - Most patients and professionals unwilling to talk about dying.

¹ EPAC "Primary Care" <https://eapcnet.eu/eapc-groups/reference/primary-care/> [Accessed 04.03.26]

² EAPC (2019) *Toolkit for the development of palliative care in primary care 2019* <https://view.pagetiger.com/kmdltr> [Accessed 04.03.26]

- Swift identification of palliative and end of life care needs, including the addition of patients to the palliative and end of life care register, is essential to getting people the right care and support at the right time. The Royal College of General Practitioners (RCGP) notes that around 1% of people on a GP list will be coming towards the end of their life.³ As at 1st April 2024, 0.3% of patients in Wales were recorded on palliative care registers.⁴
- People living with a terminal illness in Wales are highly likely to spend time in hospital, with many arriving as an emergency admission. One in every 14 emergency department attendance in Wales is in relation to someone in their last 12 months of life, and in 2023 a fifth of hospital beds were occupied every day by people in their last 12 months of life.⁵ Across the UK we spend five times as much supporting people in their last 12 months of life in hospital compared to through primary or community care.⁶
- Improved community and primary palliative care can ensure people are supported at or closer to home, while also reducing pressure on emergency and secondary care.

2. Costs

- **Initial investment:** to provide 63 nurses with an advanced practice qualification in palliative care would cost approximately **£850,000**.⁷
- Annual salary costs of 63 Band 7, advanced practice nurses would be **£4.2m** including on-costs.⁸ This amounts to 0.03% of the total NHS resource budget in 2025-26 and 0.08% of the total expenditure on NHS staffing as at 2023/24.⁹

3. The role of primary care palliative care nurse

- The role of primary care palliative care nurse could support the effective delivery of palliative and end of life care in a number of ways - directly supporting patients, supporting colleagues to embed a focus on palliative care into their day-to-day work, providing strategic advice and guidance to inform the design and delivery of services and acting as a key point of contact to liaise with other parts of the health and social care system.
- The primary care palliative care nurse role could include:
 - Reviewing population level needs assessments and local data to identify people likely to need palliative and end of life care.

³ <https://www.rcgp.org.uk/your-career/gp-extended-roles/palliative-care-in-general-practice> [Accessed 24/02/25]

⁴ <https://www.gov.wales/general-practice-disease-registers-interactive-dashboard> [Accessed 24/02/25]

⁵ Marie Curie (2024) *Better End of Life 2024: Time to Care in Wales* / Analysis of figures from the Last Year of Life Dashboard and StatsWales

⁶ Marie Curie (2025) *Public expenditure in the last year of life*

⁷ Costings based on £12,000 per advanced practice qualification

⁸ Costings calculated on the basis of 2025-26 Agenda for Change entry level salary for a Band 7 nurse and with on-costs of 15% employer NICs on salary over £5,000, NHS employer pension rate of 23.7% and an apprenticeship levy rate of 0.5%.

⁹ https://www.audit.wales/sites/default/files/publications/Addressing_Workforce_Challenges_in_NHS_Wales_English.pdf [Accessed 04.03.26] / <https://www.gov.wales/final-budget-2025-2026> [Accessed 04.03.26]

- Ensuring that people are added to the palliative care register.
 - Supporting colleagues with future care conversations and planning.
 - Liaising with community pharmacies to ensure access to medications and just in case packs.
 - Leading MDT discussions regarding PEOLC need and services.
 - Delivering care directly to palliative patients, providing continuity of care.
 - Liaising with community nursing teams, hospice at home services and social care providers to support effective care coordination.
 - Acting as a key point of contact for hospital discharge liaison teams in relation to PEOLC patients.
- By undertaking the above tasks, the primary care palliative care nurse would help to address a number of known issues including inconsistent and late identification of people with palliative care needs, poor access to end of life medications, poor care coordination and a lack of continuity of care.
 - In addition, the 63 nurses would form a community of practice to share best practice and identify system-wide issues that require national leadership and action.

4. A phased approach

- A phased approach could be taken to the introduction of primary care palliative care nurses. We would recommend a pilot involving four primary care clusters – two in urban areas and two in rural areas.
- The cost of a pilot would include:
 - Four advance practice qualifications: £48,000
 - Salary costs for four Band 7 nurses (two years): £534,396
 - Evaluation costs: £32,000
 - **Total costs: £614,396**
- This approach would provide an opportunity to further test proof of concept, consider whether the nature and scope of the role may need to differ in different areas and further develop the role description. The pilot should be underpinned by robust evaluation to inform the expansion of the role to all clusters.