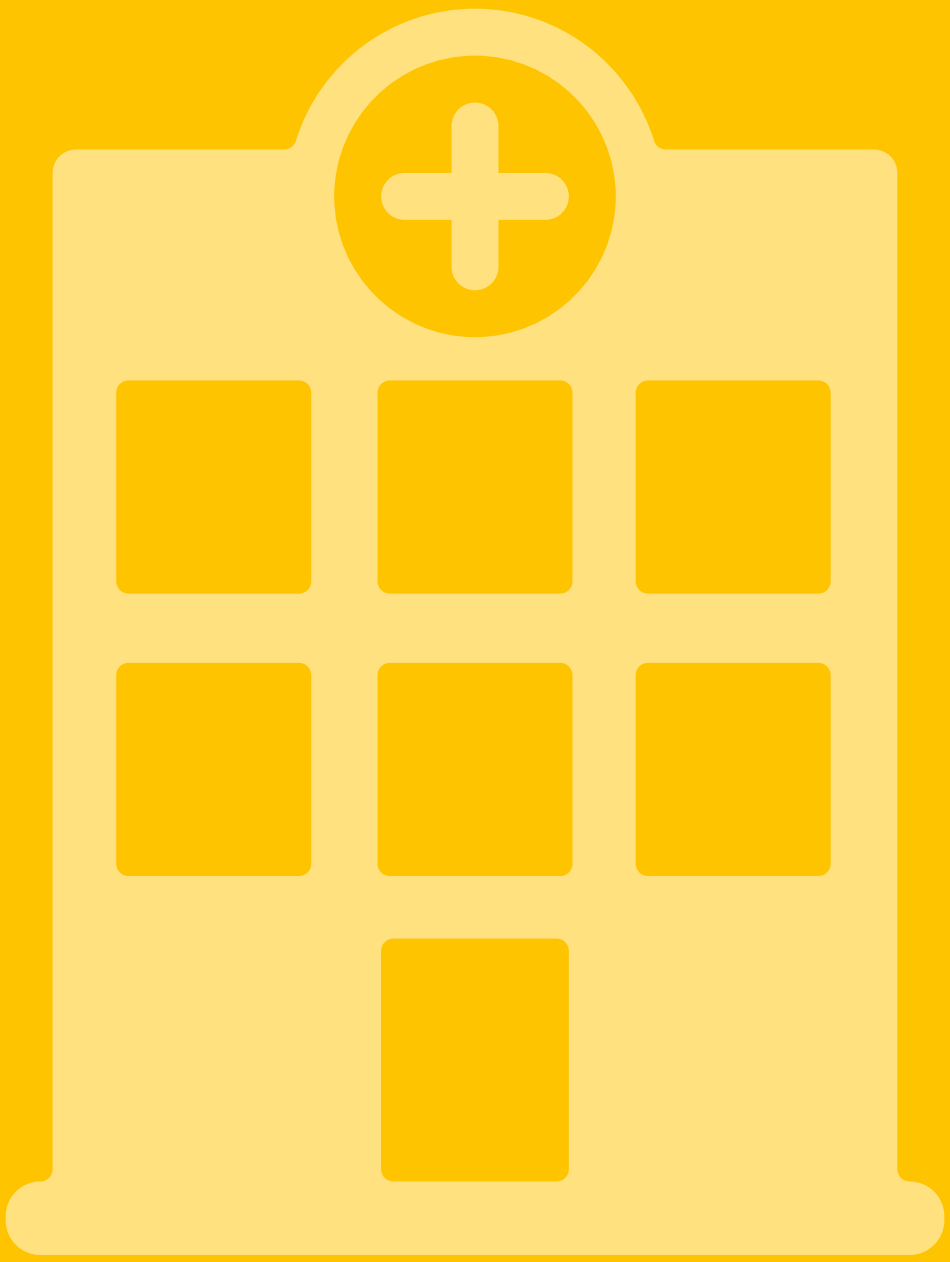
Marie Curie

# When end of life care is delivered in crisis:

## Unplanned hospital activity for people in their last year of life in England



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# Introduction

Improving palliative and end of life care is a growing policy priority for this Government. Through the Modern Service Framework and broader ambitions around neighbourhood health, the Government has set out its desire to improve access to support, strengthen care in the community and reduce reliance on crisis-driven care.

This briefing draws on new research undertaken by King's College London and commissioned by Marie Curie examining how much unplanned hospital activity is for people in the last year of life in England over the last decade (2014-2023). The research was carried out with the support of the BHF Data Science Centre led by Health Data Research UK.

The analysis explored ambulance conveyances to emergency departments, emergency department visits, emergency admissions and unplanned hospital bed days for people in the last year of life and how these patterns changed over time.

# What is unplanned hospital activity?

For the purposes of this briefing, unplanned hospital activity describes episodes of care delivered through urgent and emergency care pathways, including ambulance conveyances to emergency departments, emergency department visits, emergency admissions and the hospital bed days associated with those admissions. While such care may be necessary and appropriate, particularly when needs become complex or clinical intervention is required, the findings highlight the significant volume of urgent and emergency care used by people in their last year of life.

# Key findings

The scale of activity attributed to those approaching the end of life in England has grown. In 2023 alone, people in the last year of life accounted for almost 770,000 ambulance conveyances to emergency departments, more than 1.08 million Emergency Department visits, and almost 890,000 emergency admissions and 11.5 million unplanned hospital bed days.



**769,545**
ambulance conveyances to emergency departments



**889,920**
unplanned hospital admissions



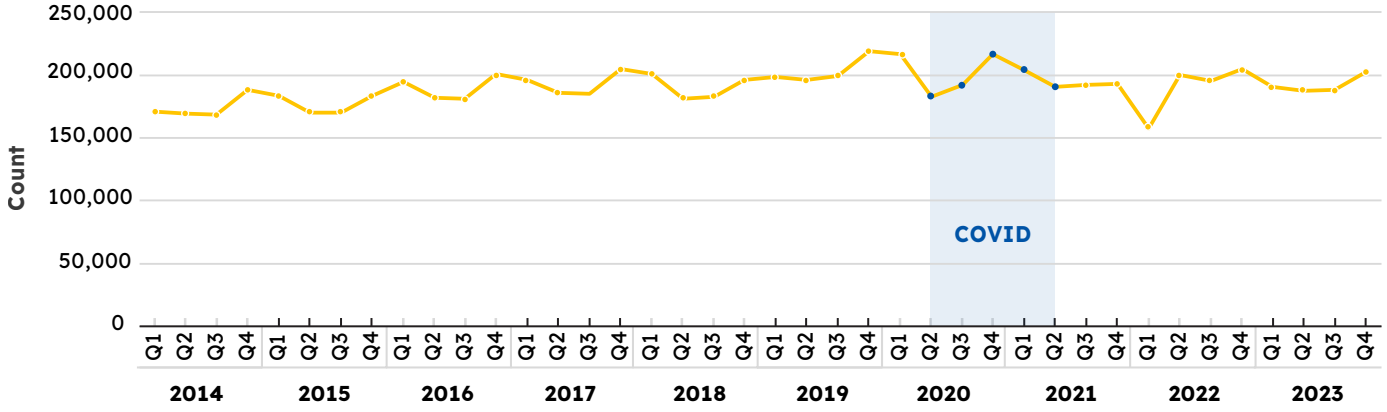
**1,089,365**
emergency department visits



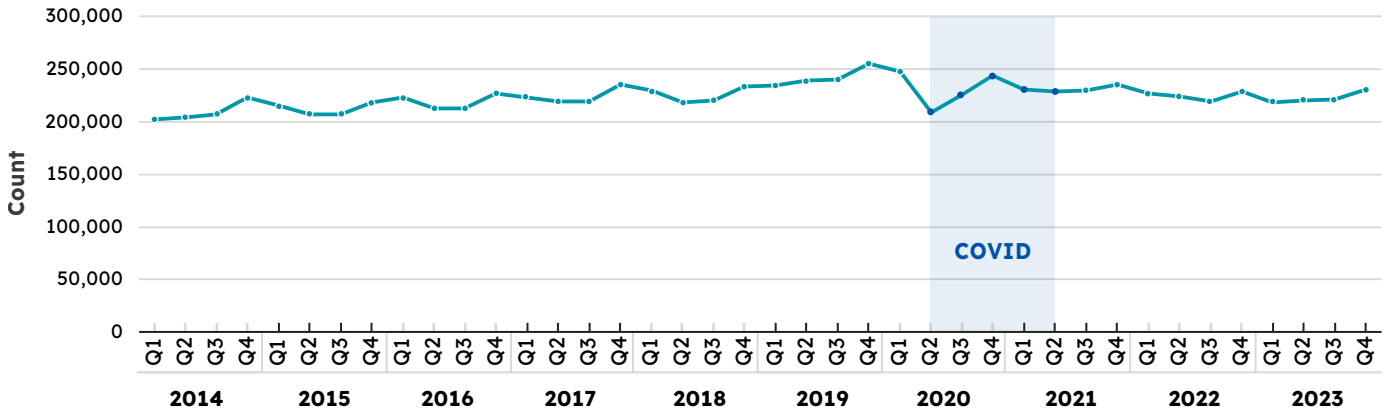
**11.5 million**
unplanned hospital bed days

The number of ambulance conveyances increased from 696,395 to 769,545, while unplanned admissions rose from 835,960 to 889,920. Over the same period, Emergency Department visits involving people in the last year of life increased by 21% between 2014 and 2023, from 900,295 to 1,089,365.[1]

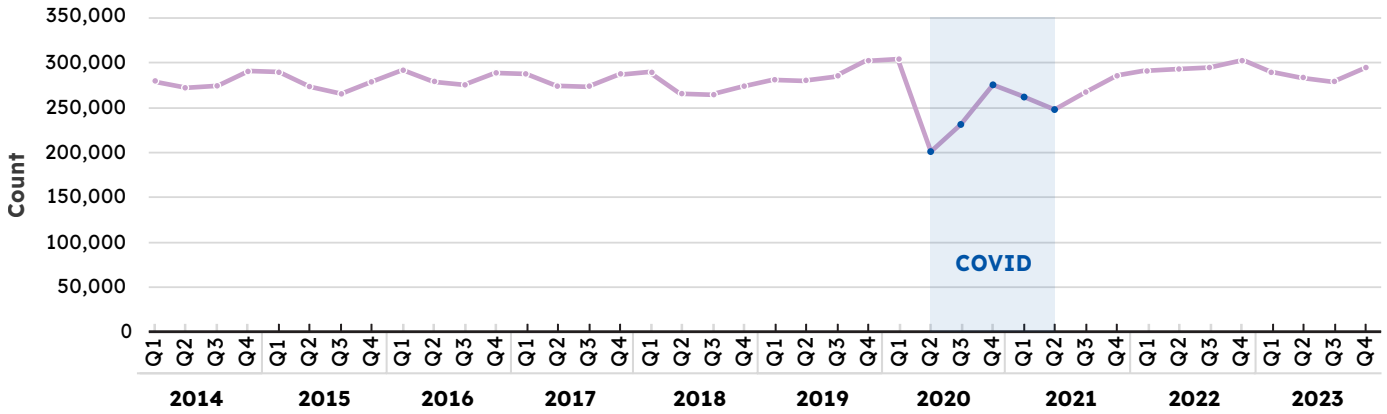
## Ambulance conveyances for people in their last year of life by quarter



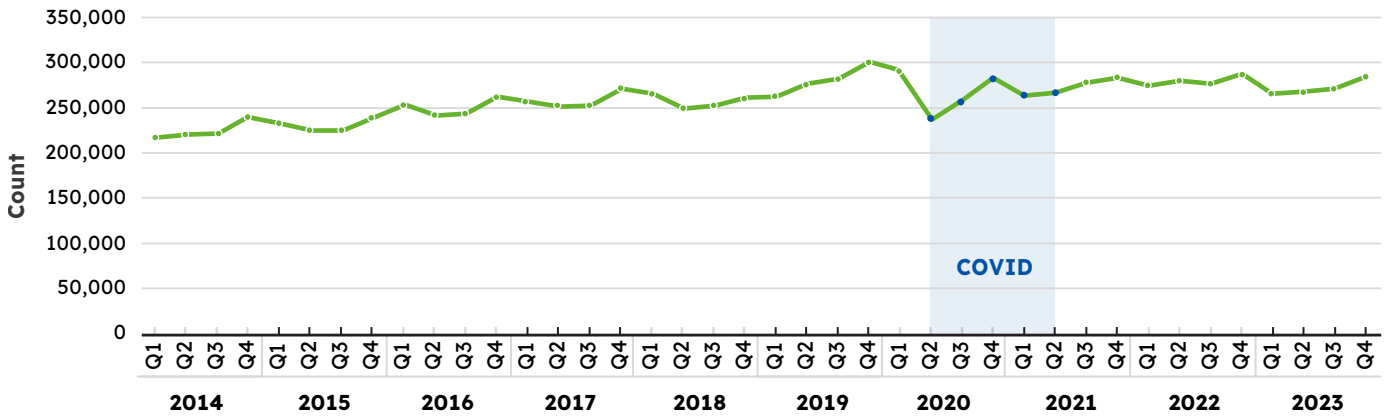

## Unplanned admissions for people in their last year of life by quarter




## Unplanned hospital bed days for people in their last year of life by quarter

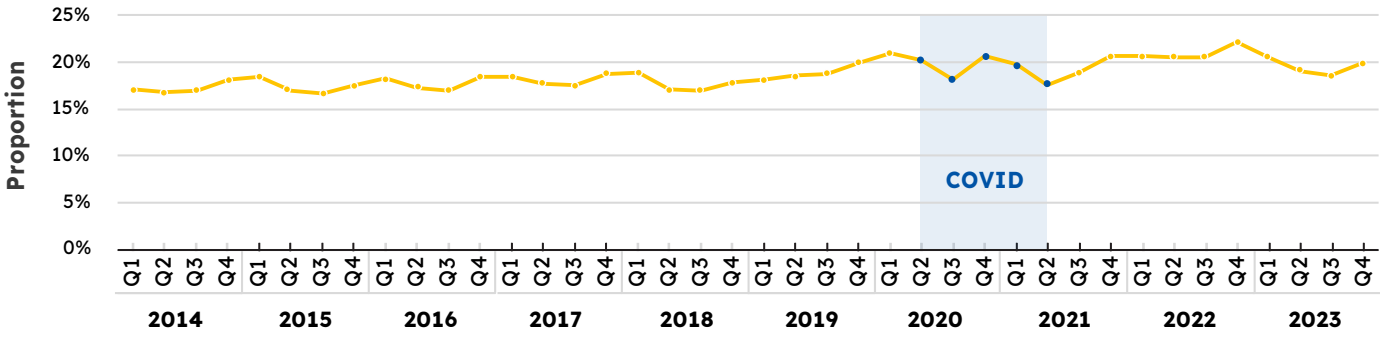



## Emergency Department visits for people in their last year of life by quarter

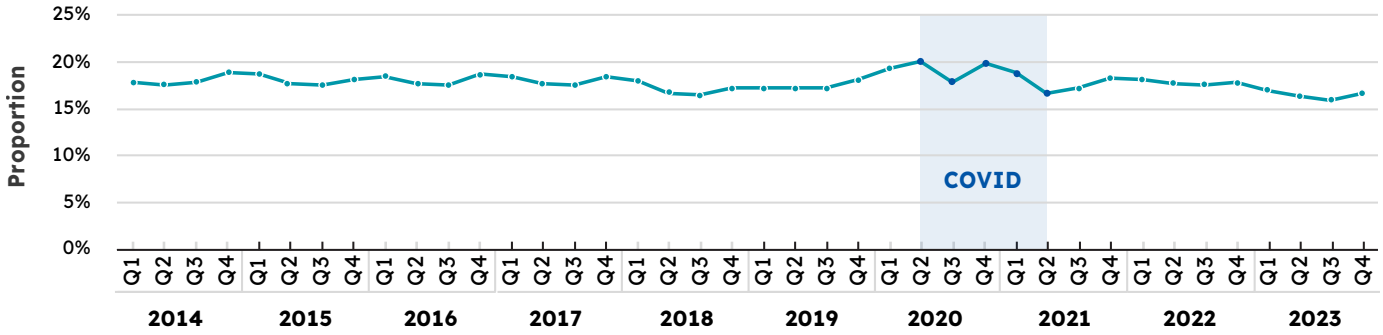


People in the last year of life also account for a substantial proportion of urgent and emergency care activity. Between 2014 and 2023, 19% of ambulance conveyances to hospital, around 7% of all Emergency Department attendances, around 29% of unplanned bed days, and 18% of unplanned hospital admissions involved people in their last year of life.

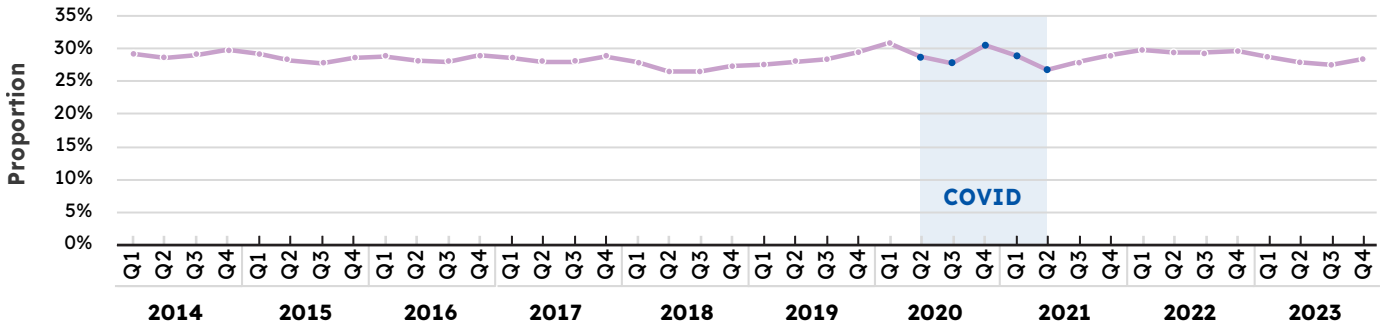
Proportion of people in their last year of life accounting for ambulance conveyances



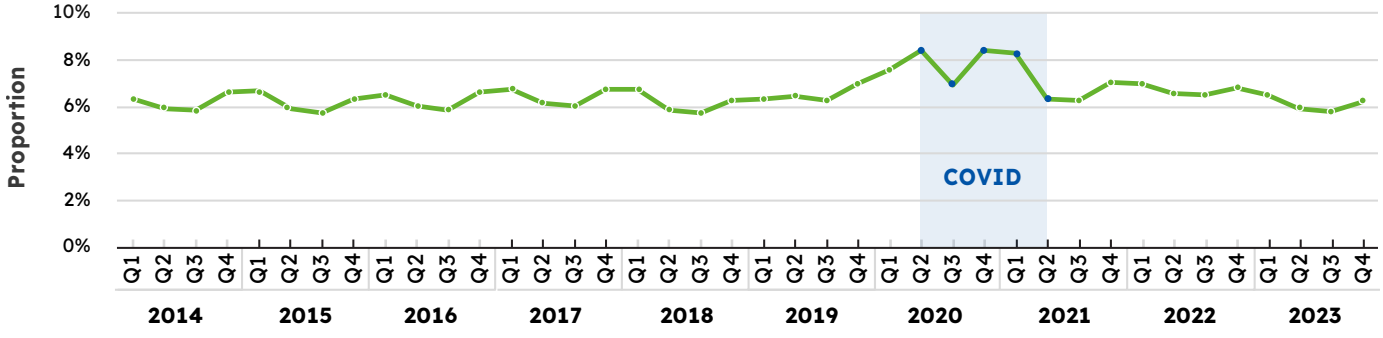

Proportion of people in their last year of life accounting for unplanned admissions




Proportion of people in their last year of life accounting for unplanned hospital bed days




Proportion of people in their last year of life accounting for Emergency Department visits





# 1 in 3

**Almost one-third of unplanned bed days are for people in the last year of life indicating that care of the dying is a core activity for hospital.**



# 1 in 5

**Almost one in five ambulance conveyances to the ED are for people in the last year of life**

Taken together, these findings show that care for people approaching the end of life should not be confined or viewed as a niche service, operating in the margins of the health system, but as a core component of healthcare delivery across the NHS.

Generalist services, including ambulance and wider hospital services, play a major role in caring for people in their last year of life, underlining the relevance of end of life care across the wider urgent and emergency care pathway.

These findings should not be interpreted as suggesting that hospital care is undesirable or inappropriate. Acute hospitals, ambulance services and emergency departments play a vital role in supporting people with palliative and end of life care needs. Rather, the findings highlight the importance of ensuring people can access the right care, in the right place, at the right time, so that care can be shaped by clinical need and individual preferences rather than a lack of alternatives.

# The gap between ambition and reality

Beyond these findings are the experiences of people and families facing some of the most difficult moments in life. While hospital care is often necessary and appropriate, particularly when people have complex clinical needs or specialist treatment is required, some people approaching the end of life end up in hospital or emergency care when they don't have to be there.

We know that too many people die in pain and without support they need for their symptoms, and gaps in 24/7 community care prevent people from dying in comfort at home[2]. When timely, coordinated support is unavailable, people and families can find themselves turning to urgent and emergency care for help. In these circumstances, unplanned hospital activity can become the default response.

These new findings are particularly significant because they emerge at a time of renewed policy focus and ambition for palliative and end of life care. Due to be published in the Autumn, the ambitions of the Modern Service Framework are that every person who needs palliative care or end of life care will have equitable access to high quality support, shaped by what matters to them, their families and carers. Reiterated through the government's announcement of an MSF, the neighbourhood health framework has set clear, measurable ambitions to increase identification of people approaching the end of life by 10%, and reduce non-elective admissions and hospital bed days for this population by 10% over the coming three years.

Based on 2023 levels of activity, this would equate to around 89,000 fewer unplanned hospital admissions and 1.15 million fewer hospital bed days each year. Furthermore, analysis by the Nuffield Trust and Health Economics Unit found that public healthcare expenditure on people in the last year of life amounted to almost £9.5 billion across England in 2022. Yet current patterns of expenditure remain heavily weighted towards managing crises in hospital. Of all healthcare expenditure on people in their final year of life, 56% is spent on emergency hospital care, while only 11% is spent on primary and community care[3].

**89,000 fewer**
**hospital admissions**

**1.15 million fewer**
**hospital bed days**

This research provides an important baseline against which the success of those ambitions can be judged. The findings highlight the scale of urgent and emergency hospital activity experienced by people in their last year of life, as well as the significant opportunity presented by the government's ambition to reduce avoidable admissions and hospital bed days. Numbers of both emergency admissions and inpatient bed days have risen markedly in recent years, and Marie Curie believes that current approaches alone are unlikely to be sufficient.

# Why is unplanned hospital activity so high?

While no single factor explains these trends, some longstanding barriers have consistently emerged in policy, research and practice. The high levels of unplanned hospital activity, combined with what we already know about experiences at the end of life, strongly suggest that the shift from reactive, crisis-driven care to more proactive support has not yet been achieved at scale[4].

### Access to community support remains inconsistent, particularly outside normal working hours

Marie Curie's Better End of Life research highlights longstanding gaps in community care, with people describing difficulty accessing support, advice and treatment when it is needed most. When timely support is unavailable, many people and families rely on urgent and emergency care as the default form of help. This reinforces the importance of ensuring timely alternatives to hospital-based care in the community.

### Too many people are identified too late

Without earlier identification, opportunities for advance care planning, helping people consider and communicate their preferences for future care and ensuring support can be coordinated around their needs, are missed. The Government has recognised this through the Modern Service Framework's ambitions as a long-standing challenge. Without this, health and care services can find themselves responding to deterioration rather than anticipating it.

### Workforce capacity

Marie Curie's Better End of Life research highlights that workforce capacity is insufficient to meet current demand, and pressures continue to affect services across primary care, community nursing, social care and specialist palliative care. Workforce shortages can make it more difficult to provide timely, proactive support in the community and increase reliance on emergency care services.

The challenge is not just about understanding what needs to change but implementing proven approaches consistently and at sufficient scale across England.

# A renewed opportunity for change

The Modern Service Framework provides an opportunity to improve experiences of death, dying and bereavement, reduce unwarranted variation and ensure people receive the care and support they need where they need it. Furthermore, the ambitions of neighbourhood health provide a system framework for health, care and other services to work together to help people stay as well as possible for as long as possible, closer to home, while supporting the shift from hospital to community.

While policy has evolved over the last decade, what matters most to people has remained remarkably consistent; being free from pain and distressing symptoms, maintaining dignity and independence, feeling safe and supported, being surrounded by those important to them, and being involved in decisions about their care[5].

The findings from this new research suggest there remains a significant opportunity to support that shift to care that is more joined up and centred around people's needs. By improving access to coordinated support in the community and ensuring care is available when needed, the Modern Service Framework and neighbourhood health reforms have the potential to help more people receive care in the setting that best reflects their needs and preferences.



# We are calling on the Government to:

### Address inequity and unwarranted variation

Reducing inequity in access to palliative and end of life care should remain a core objective of the Modern Service Framework. The Government should ensure that services are informed by robust population needs assessments, that resources are targeted towards groups experiencing the greatest unmet need, and that progress on reducing inequity is routinely monitored and reported.

### Ensure equitable access to support 24 hours a day, seven days a week

People, carers and professionals should have equitable, round-the-clock access to advice, coordination and support so help is available whenever it is needed, not only during office hours or once services are already involved. The Modern Service Framework should set clear expectations around access to specialist advice, community support, palliative medicines and rapid response services, regardless of geography, helping to prevent avoidable crises and unnecessary hospital use.

### Improve earlier identification and advance care planning

Earlier identification of people who are approaching the end of life should remain a core objective of the Modern Service Framework with personalised and advance care planning routinely supported and accessible across settings so people are supported in a timely way rather than only at the very end of life. Alongside improving identification, systems should ensure that advance care plans and care preferences can be readily accessed across settings, including primary care, community services, ambulance services and hospitals.

### Embed palliative and end of life care within neighbourhood health

Neighbourhood health provides an opportunity to place palliative and end of life care at the heart of community-based care. In many ways, palliative care already demonstrates what effective neighbourhood working looks like, bringing together primary care, community services, ambulance services, hospices, hospitals, social care, voluntary sector organisations and carers around the needs of an individual. Embedding palliative care expertise within multidisciplinary neighbourhood teams, would help ensure support is coordinated around the needs and preferences of individuals, enabling more people to receive timely support closer to home and reducing reliance on crisis-driven care.

### Strengthen accountability for delivery

The Modern Service Framework should be accompanied by clear national expectations, measurable outcomes and robust accountability arrangements to ensure improvement is delivered consistently across England. This should include strengthened data collection, monitoring of inequalities, and mechanisms to assess progress against the framework's ambitions.

### Improve digital infrastructure and use of data

The Government should support digital interoperability, including shared care records and advance care plans that can be accessed across services, while improving data collection on access, quality, outcomes and inequalities.

### Build a workforce fit for the future

Ensuring people get the care they need where they need it will require a skilled, supported and valued workforce across all settings. The Government should develop a workforce strategy that expands capacity in community, primary care, hospice and specialist palliative care services, while ensuring all health and care professionals have the skills and confidence to support people approaching the end of life. Meeting growing demand will be essential if more people are to be supported in the community and avoid unnecessary reliance on hospital care.

### Support implementation through a time-limited Palliative and End of Life Care Transformation Fund

Delivering the ambitions of the Modern Service Framework for Palliative and End of Life Care, and Neighbourhood Health agenda will require health systems to redesign services, establish new models of care and build capacity outside hospital settings. The Government should establish a time-limited Palliative and End of Life Care transformation fund to help accelerate improvements needed in access, quality, sustainability and equity in palliative care across all settings. The fund should enable local systems to test, scale and embed evidence-informed models of care that improve patient outcomes, reduce unwarranted variation and support more proactive, community-based care.

If the Government delivered on its ambition to reduce non-elective admissions and hospital bed days for people at the end of life by 10%, this could generate annual acute trust savings of nearly £800 million. However, without transitional investment to support more strategic commissioning, service redesign and the implementation of new models of care, it is unrealistic to expect current patterns of care and expenditure to be reshaped at the scale required.

**A three year fund of at least £200 million per year** as a catalyst for change and implementation would represent a substantial but proportionate investment in helping local systems deliver the improvements in palliative care envisaged by the MSF, while supporting the Government's wider ambitions for more joined-up, community-based care.

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2. Marie Curie. Better End of Life 2024: Time to Care in England. Implications for England of "Time to Care: Findings from a nationally representative survey of experiences at the end of life in England and Wales".
3. Nuffield Trust and Health Economics Unit, Public Expenditure in the Last Year of Life (2025), commissioned by Marie Curie.
4. Marie Curie, Better End of Life Care: What needs to happen to make sure everyone gets the care and support they need at the end of life (London: Marie Curie, 2024).
5. Marie Curie. Public attitudes to death, dying and bereavement in the UK re-visited: 2023 survey. London: Marie Curie; 2024.

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Contact **policy@mariecurie.org.uk**
for further information.

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Whoever you are, whatever your illness,
we're with you to the end.

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