

# Answers to common questions

A guide for Marie Curie  
speakers in fundraising





# How to use this guide

This guide is designed to help you answer some of the most common questions you might be asked at a talk or fundraising event, in your role as a Marie Curie Speaker. The answers given here are general and represent a national overview.

We're aware that there'll also be some local variations we'll need to support you with. We're currently looking to develop regional overviews, but for now, we ask that you check with your community fundraiser for anything you need to know locally.

If you get asked a question that's not in this guide or you're unsure of how to answer it, don't worry. We don't expect you to be able to answer every question. You can either say you'll find out for them and get back to them or direct the person asking to your local community fundraiser.

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## General questions

### Q. What are the aims/objectives of the charity?

- A. Our aim is to help people living with a terminal illness, and their families, make the most of the time they have left together. We do this by providing hands-on nursing care and emotional support in people's own homes and in our hospices. We also carry out research and offer guidance to improve the way end of life care is provided in the UK.

### Q. What does the charity do?

- A. We're the UK's leading charity for people living with a terminal illness, and their families. We're best known for providing [nursing care](#) and support through the day and night in people's own homes, along with expert, round-the-clock care in our nine [hospices](#).

However, we also support communities in many other ways. Our [Helper service](#) offers people living with a terminal illness regular support at home from a trained volunteer. We provide a range of [information and support services](#), including a confidential [Support Line](#). We fund vital [research](#) into improving the care people receive at the end of their life. And we [campaign](#) to make sure everyone gets the care and support they need, wherever in the UK they live.

## **Q. Why does Marie Curie need my support?**

- A. By supporting Marie Curie, you're funding care and support for people living with a terminal illness, and their families, across the UK.

Everything we do depends on the generous donations of our supporters, as well as funding from the NHS. Our nursing and hospice services are commissioned and part-funded by the NHS, but we rely heavily on the support of the public.

In total, around two-thirds of the money we spend each year on all charitable activities comes from the people, companies and trusts who decide to support us. The remaining third comes from the NHS.

Without our supporters, we wouldn't be able to provide vital care and support to the people who need us at an extremely difficult time.

We want to reach everyone affected by terminal illness, in every part of the UK.



Patrick O'Neil/Marie Curie

**Q. Who was Marie Curie?**

- A. [Marie Curie](#) was a Nobel Prize-winning scientist, originally from Poland, who married fellow scientist Pierre Curie and settled in France. She's best known for her discovery of radium and polonium, and for her huge contribution to the fight against cancer. This work continues to inspire [our charity's purpose](#), which is to provide care and support for people living with any terminal illness, including cancer.





## **Q. Why is the charity named after Marie Curie?**

- A. The charity's origins are linked to the Marie Curie Hospital in Hampstead which opened in 1930. After the Marie Curie Hospital was bombed in 1944, a committee was established to raise funds for it to be rebuilt. The committee also decided to establish the Marie Curie Foundation with the aim of providing end of life care to cancer patients. There was a concern that there wasn't enough emphasis on end of life care within the newly-formed NHS, established in 1948. This marked the start of the hospital's development into a charity to support cancer patients.

## **Q. How did the charity come about?**

- A. The Marie Curie Foundation was founded in the same year as the NHS, 1948. The aim of the foundation was to provide end of life care to cancer patients. We now care for people with all terminal illnesses, including terminal cancer, heart disease and dementia.



## Q. Why daffodils?

- A. In 1986, our first daffodil appeal was held in Scotland, with volunteers giving away fresh daffodils in return for donations. Blooming in spring, daffodils signify hope and new beginnings, an important emblem for those families and carers left behind when someone dies from a terminal illness.

## Q. How can I get involved in the Great Daffodil Appeal?

- A. There are lots of ways you can be part of our biggest fundraising campaign:
1. Donate and wear a daffodil throughout March.
  2. Volunteer to collect at [mariecurie.org.uk/daffodil](https://mariecurie.org.uk/daffodil) or call **0800 304 7025\***.
  3. Hold your own Great Daffodil Appeal fundraiser – you'll find lots of ideas on [our website](#).
  4. Encourage friends and family to collect or fundraise for the Great Daffodil Appeal – why not hand out your community fundraiser's business card to them?
  5. Ask friends and family to come along to any fundraising events going on in your local area.

\*Calls are free from landlines and mobile phones.





## **Q. Who's our Royal Patron?**

- A. HRH, the Prince of Wales (he's also Duke of Cornwall and Duke of Rothesay in Scotland). He supports us with events such as his recent visit to the Marie Curie Hospice, Liverpool. He also writes forewords for key Marie Curie publications.



Antony Oxley/Marie Curie

## **Q. What's the difference between Marie Curie and Macmillan?**

- A. Marie Curie delivers services which provide care and support to people living with any terminal illness (including terminal cancer) and their families. Our nursing and hospice services are commissioned through the NHS. Macmillan provides support to people throughout cancer treatment and beyond. Macmillan funds the training of nurses to support healthcare professionals other than Marie Curie, in caring for cancer patients.

## Questions about Marie Curie services

### Q. Why is there no Marie Curie nursing in my area?

- A. Our goal is to focus our resources where there are gaps in high-quality palliative care provision and where we can have the greatest benefit for people in most need. Because of this, we would not set up a service where there's another end of life care provider locally.

In addition to our nursing services, we invest in different ways of delivering care, so we can maximise our ability to reach more people. People across the UK benefit from our national [information and support service](#) to help them practically and emotionally. It's free and available to anyone affected by terminal illness.

You can now also speak to a Marie Curie Nurse by calling our [Support Line](#). Our nurses are there to answer clinical questions people have about their own condition, or of a family member, friend or someone they're caring for.

As well as this, we also invest in groundbreaking research to improve end of life care. We campaign for more people to have access to the care and support they need, when they need it most.



Ben Gold/Marie Curie

**Q. How can I get a Marie Curie Nurse / support from Marie Curie?**

- A. Your GP or district nurse can refer you to the Marie Curie Nursing Service (if there's one in your area). You can also call our Support Line on **0800 090 2309** or go to [mariecurie.org.uk/help/support](https://mariecurie.org.uk/help/support).

**Q. Why didn't my friend / family member get a nurse?**

- A. I'm afraid we don't have access to information on specific cases. It may be that we don't have a nursing service in that area. For information on how to get the care and support you need, call our Support Line on **0800 090 2309**.

**Q. What's the difference between a Marie Curie Nurse and a Marie Curie Healthcare Assistant?**

- A. The Marie Curie Nursing Service is made up of a mixture of registered nurses and senior healthcare assistants. The number of nurses and healthcare assistants reflects the needs of the NHS commissions we work in partnership with when providing care. Both offer high-quality end of life care, but the needs of the individual will determine if they require a nurse or a senior healthcare assistant.



Brian Morrison/Marie Curie

## **Q. What's the rapid response service?**

- A. In some areas of the UK we provide a rapid response nursing service. Once patients are referred to this service, they are given a phone number they can call to receive a visit from a Marie Curie Nurse at short notice. The most common reason why patients, or their carers, call the rapid response number is because a patient's symptoms change or they may need some extra medication to manage pain, for example. Typically, this service is offered and used by patients overnight or at weekends when there are no other services available to them, other than a hospital's Accident and Emergency unit.

Our rapid response service helps prevent someone being admitted to hospital and keeps people safe and comfortable in their own homes.

## **Q. Where are your hospices?**

- A. We have nine hospices. They are in Belfast, Glasgow, Edinburgh, Cardiff and the Vale, Newcastle, Bradford, Liverpool, West Midlands and Hampstead.

## **Q. Are there any plans to open new hospices?**

- A. We have no plans to open new hospices, but we may be working in partnership with, or looking to work in partnership with, other hospices in the area to ensure we deliver the care needed in the community.



**Q. Does Marie Curie work with any other providers of care for people living with a terminal illness?**

- A. Marie Curie does work closely with other care providers to ensure everyone receives the best level of support possible. Who we work with varies across the country, but it includes local NHS commissions as well as other charities such as [Age UK](#), [Macmillan Cancer Support](#) and [Alzheimer's Society](#).



**Q. Are there plans for the charity to expand its nursing services?**

- A. Where possible, we work with local NHS or local council commissions to see where we can support them in providing care or filling gaps in their palliative care provision. Whether or not we're able to increase our nursing provision will depend on the needs of each local commissioner and on what end of life care providers are already operating in the area. We're looking to expand the support we offer by investing in different ways of delivering care, so we can maximise our ability to reach more people.

Our national [information and support services](#) offer practical information and emotional support. This is free and available to anyone living with a terminal illness, as well as their carers. We invest in groundbreaking research to improve end of life care. And we campaign for more people to have access to care and support, when they need it most.



## Q. What are the Daffodil Standards for GPs?

- A. The [Daffodil Standards](#) is a new initiative to help GPs and practice staff across the UK improve the care they provide to people who are seriously ill or dying.

Developed by the Royal College of GPs and Marie Curie, the Daffodil Standards offer a range of guidance, online tools and resources to help GPs and practice staff feel empowered to improve the end of life care they provide in manageable and practical ways.

They'll help GP practices to identify patients in need of support early on and find out what they want and need as their condition progresses. This could include how best to support people in their last days of life, as well as how to provide better support to family carers, before and after the death of a loved one.



Elizabeth Cuthbertson/Marie Curie

## **Q. Why are the Daffodil Standards important?**

- A. GPs play a key role in caring for people approaching the end of their life, so improving care and support will have a big impact on peoples' experiences. Making sure every patient with an advanced serious illness or nearing the end of their life can access the right care at the right time can be a real challenge for GPs.

GP practices are experiencing increasing work pressures and limited community resources to support the growing number of older people with palliative care needs. Therefore, it's important to have a robust strategy in place for practices to support every patient and those close to them, in a way that works for them. The Daffodil Standards have been developed to help them do this better.

## **Q. What's the Helper service?**

- A. It's important to get the right care if you're living with a terminal illness, but it's also crucial to get the right support network in place for the person and their family. Our [Helper service](#) can offer someone with a terminal illness regular support in their home from a trained volunteer.

It offers the person someone to chat to over a coffee, help with running an errand or just to be there when they need someone to talk to.

Everyone's different, but when we talk to the people we support, the benefits of this service they mention most are:

- companionship and emotional support
- practical help
- a break from caregiving
- word-of-mouth help on local support options, or finding a gardener or cleaner to help around the home
- bereavement support (up to three months after someone dies).

**Q. Where do you have a Helper service?**

A. People can refer themselves to the service, but we also welcome referrals from healthcare professionals in the following areas:

- Liverpool
- North East London
- North Scotland
- Northern Ireland
- Nottinghamshire
- Somerset and Devon
- South Scotland
- South Wales
- Tyne and Wear
- West Midlands
- West Yorkshire.



# Questions about Marie Curie research

## Q. How much does Marie Curie spend on research?

- A. Last year, we invested around £3 million in grants and research leads at our hospices and through our own research centres – the Marie Curie Palliative Care Research Department at University College London and the Marie Curie Palliative Care Research Centre at Cardiff University.

## Q. What do you carry out research on?

- A. Marie Curie is the largest charitable investor in palliative and end of life care research. Marie Curie's research is working hard to meet the challenge of how to give better care to more people living with multiple terminal conditions in the UK. To find out more, visit [our website](#).



Ben Gold/Marie Curie



**Q. What's the charity's position on assisted dying / suicide?**

- A. The charity's focus in the debate on assisted dying is on supporting improvements and the availability of end of life care services. We want everyone to have access to the care and support they need at the end of their life, so they can live well until they die.

**Q. Do you support a change in the law on assisted dying?**

- A. As an organisation, we aren't seeking a change in the law on assisted dying. See above for more information on where our focus lies.

**Q. Does Marie Curie test on animals?**

- A. No, Marie Curie doesn't carry out or fund research which involves animal testing.

**Q. But you are a member of the Association of Medical Research Charities (AMRC)?**

- A. Yes, Marie Curie is a member of the Association of Medical Research Charities (AMRC) and accepts the [AMRC position statement on the use of animals in research](#).

# Questions about Marie Curie's funding

## **Q. Do you think the NHS should be funding Marie Curie's services?**

- A. We believe everyone should have access to the care and support they deserve at the end of their life. But the reality is that as the population ages and people are living longer with more complex needs, the NHS and local councils are going to rely more on charities like Marie Curie to help fund and deliver services in the community.

## **Q. Does the NHS contribute to our services?**

- A. Yes, our nursing and hospice services are commissioned through the NHS and local councils for some social care. Broadly speaking, the NHS funding covers 50% of our nursing care and 40% of our hospice care (this varies from region to region and hospice to hospice). The rest of the funding needed comes from generous donations from the public.

## **Q. Can I pay for a Marie Curie Nurse?**

- A. No, as all our services are commissioned by the NHS or local councils (see above). This means our services can be provided free of charge to patients and their families. If you require a Marie Curie Nurse, please speak with your GP or district nurse to find out what's available to you.

## **Q. If we raise more money, would Marie Curie be able to set up a nursing service in the area?**

- A. No, unfortunately it doesn't work this way. We want to grow the number of people who get direct support from us, but it's not always right or possible for us to do so in a particular area. For example, it depends on how the local NHS commissioning group chooses to prioritise and fund end of life care locally, what the need is, and what other services are available.

Like all charity providers, we have a responsibility to make sure that all funding available for patient care is made to work as hard as possible. With one in four people missing out on the care and support they need<sup>1</sup>, we're also mindful that we need to focus NHS funding and charitable donations where gaps in high-quality provision exist.

Providing hands-on nursing care is at the core of what we do as a charity, but we do much more than this. We need your continued support to help us reach more people affected by terminal illness – whether that’s through our confidential [information and support services](#) or our [research](#) and [campaign work](#) to improve end of life care for everyone.

**Q. What’s the impact of Brexit on the charity?**

- A. At the time of writing, we don’t know because a Brexit deal hasn’t yet been reached. But we’re working closely with partners in the NHS to ensure we’re aligned with what will be required by us following our exit from the European Union.



iStock

**Q. Why do you include the £42 million from the NHS as part of your charity income, when it’s not raised by fundraising?**

- A. We combined the £42 million in the overall total to demonstrate how much is truly needed to run our services. However, we do clearly break down the costs in [our annual report](#) to demonstrate how much the overall total is generated by fundraising compared to how much is contributed by the NHS and some local councils.

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1. Source: ONS (2018). 2016-based National Population projections, 2016-2041 projections and based on the Palliative Care Funding Review July 2011. English data.

## Questions about donations

### Q. How can I leave a donation in my Will?

- A. Marie Curie has a team of regional legacy advisors who can help you with free guidance on how to include a gift in your Will. Visit [mariecurie.org.uk/legacyadvisor](https://mariecurie.org.uk/legacyadvisor) or call our Supporter Relations Team on 0800 716 146.

Alternatively, you can speak with your solicitors who'll be able to assist you. Just provide them with the following details:

Marie Curie, a charity registered in England and Wales no. 207994 and in Scotland no. SC038731. Registered office: 89 Albert Embankment, London SE1 7TP.



## **Q. Why can't I keep my donation or direct debit within my local area?**

- A. Please be assured that your donation will ensure we're able to continue delivering services in your area. However, it's sometimes the case that we raise more money in one area than we need to deliver the services locally. This means we need the flexibility to use donations to support services elsewhere in the country. Also, sometimes, we might not raise enough in a particular area to support our services operating there. It's important that we can provide our services to people across the UK. Having that flexibility is crucial for us and the people we support.

We do have a small number of campaigns where public donations are spent in specific ways (eg [Pay for a Day](#) at our hospices and [Sponsor a Nurse](#)). For these, your donation will automatically be allocated.

If you'd like to request for your donation to be spent in a particular area or on a specific service, you'll need to give clear instructions in writing with your donation. Alternatively, you can contact our Supporter Relations Team on 0800 716 146 or at [supporter.relations@mariecurie.org.uk](mailto:supporter.relations@mariecurie.org.uk) to let them know and we'll treat your donation accordingly.

Please note, if you're donating to us through a regular donation such as a direct debit or standing order, unless it is for our Sponsor a Nurse campaign, we'll be unable to restrict your donation. Likewise, we aren't able to restrict online donations eg through JustGiving.



## Q. Does the money I raise stay in my local area / fund local services?

- A. The money raised in your area will continue to help support people living with a terminal illness, and their families, here and elsewhere in the UK.

Last year, we directly supported over 50,000 people, but we want to do more to reach more people. We need your continued support to do this.

We know that one in four people miss out on the care they need<sup>1</sup>. We have a responsibility to make sure that our charitable resources are focused where they can have the greatest benefit for people living with a terminal illness, and their families, and where gaps in provision exist.

We also know that over half (57%) of those who've cared for a friend or family member with a terminal illness (in the last five years) said they got little or none of the professional support they needed<sup>2</sup>. That's why our confidential [Support Line](#) is so important and is there for everyone.

With your continued support, we'll be able to provide nursing care as well as comprehensive [information and support](#) for everyone affected by terminal illness. We'll be able to fund vital [research](#) into improving the care people receive at the end of their life, and [campaign](#) on your behalf to ensure everyone gets the care and support they need.



Ben Gold/Marie Curie

2. Survey conducted online by YouGov on behalf of Marie Curie. Fieldwork dates: 28-29 November 2018. Sample: All UK adults who said they have cared for a friend or relative in the last five years (355). (Full sample of UK adults: 2,092). Figures have been weighted and are representative of all UK adults aged 18+.

**Q. Why does Marie Curie carry out regular giving, direct debit, door-to-door and street fundraising?**

- A. Since 2009, Marie Curie has received over £151 million in gifts from 703,421 individuals who donate via direct debit. We're committed to maintaining and increasing the amount raised through these type of donations, while ensuring we find committed donors where this type of fundraising approach suits them.

To do this effectively, we need a team of experts who can do this type of fundraising regularly. Our fundraisers are highly trained in talking to members of the public regarding the different range of services Marie Curie provides. They also have expertise in how to follow General Data Protection Regulation (GDPR), while handling personal data securely. Their involvement is a great opportunity for Marie Curie to enjoy mass engagement with the wider public and help raise awareness of the charity. Those who become direct debit donors receive regular updates on the charity and the work they're helping to fund.

We always ensure our staff or any third party representatives are conveyors of [Marie Curie core values](#). We also ensure they follow our policies and procedures, which are in line with the requirements stipulated by the [Fundraising Regulator](#) and the [Institute of Fundraising](#).

If you have any concerns, please call our Supporter Relations Team on 0800 716 146.



Ben Gold/Marie Curie

# Questions about how Marie Curie spends money

## Q. How much does Marie Curie spend on charitable activities?

- A. In 2017/18, we spent £106.3 million on our charitable activities. This covers things like providing crucial [caring services](#) as well as [information and support](#), funding vital [research](#) into terminal illness, [campaigning](#) to improve end of life care and improving awareness of our work.

Marie Curie has over 2,100 nurses in the UK and last year we provided 1.2 million hours of nursing to care for people living with a terminal illness. We also have nine [hospices](#) and are the biggest provider of hospice beds in the charity sector.

## Q. How much does the charity spend on administration costs?

- A. Our support costs come to 9.5% of our income, which is below the benchmark of 10.5%.

**Every £1 invested in fundraising returns £3 to the charity.**

## Q. What do you mean by support costs?

- A. Support costs cover a range of essentials for running and maintaining the charity. These include Information Technology (IT) and Human Resources (HR). To see the full definition and breakdown of our support costs, read pages 65 and 67 of our [annual report](#).

## Q. Why does the charity spend money on fundraising?

- A. We need to invest in fundraising to ensure we raise enough money to pay for our vital nursing services, both now and in the future. As mentioned above, every pound invested in fundraising returns £3 to the charity. Without this, we wouldn't reach as many of the people who rely on us for care and support when it matters most.

**Q. Why does the Marie Curie Chief Executive get paid so much? / How much does your Chief Executive earn?**

- A. Our new Chief Executive, who joined Marie Curie on 18 February 2019, receives a salary within the same band as our previous Chief Executive. This is between £160,000 - £170,000.

To run an organisation as large and as complex as Marie Curie, with more than 4,400 staff and an annual expenditure of over £155 million - providing free care to people living with a terminal illness and support for their families - it's essential that the charity is able to recruit a leadership team with the right skills and experience.

Senior salary rates are set by our Board of Trustees and are regularly reviewed and benchmarked against equivalent charities and public service sectors. Details of the remuneration of higher paid staff is published in our [annual report](#).

**Q. What's the charity's position on financial reserves?**

- A. Marie Curie provides a range of vital services, which communities across the UK depend on. These include key [hospice](#) and [nursing services](#). To make sure we can continue providing these services, even in the event of an unforeseen shortfall in voluntary income or increase in costs, we need to maintain a level of free reserves. The trustees estimate that the free reserves held by the charity should represent approximately three months of the charity's operating expenditure.

# Can't find the answer you're looking for?

Ask your community fundraiser for  
information or visit [mariecurie.org.uk](https://mariecurie.org.uk)

Thank you to everyone who supports us and makes  
our work possible. To find out how we can help or to  
make a donation, visit [mariecurie.org.uk](https://mariecurie.org.uk)