

# St Clare Hospice Palliative Care Conference

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Hospice UK

Friday 10<sup>th</sup> October 2025



**ACHIEVING THE PROMISE:  
UNIVERSAL ACCESS  
TO PALLIATIVE CARE**

**11 OCTOBER 2025**

WORLD HOSPICE AND  
PALLIATIVE CARE DAY

# Achieving the Promise: Universal Access to Palliative Care

- 10 years since the World Health Assembly passed the only stand-alone resolution on palliative care, calling for all countries to “strengthen palliative care as a component of comprehensive care throughout the life course.”
- An estimated 60m people need palliative care globally
- 80% of whom live in LMICs
- World Hospice Palliative Care Allowance has estimated that over half of the need for palliative care is being met in high-income countries
- Only 4% of the bigger need is met in LMICs, a continuing and shocking disparity.

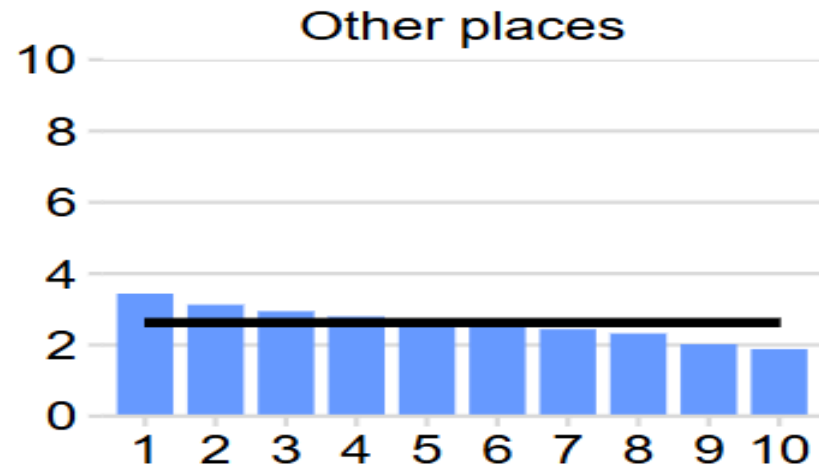
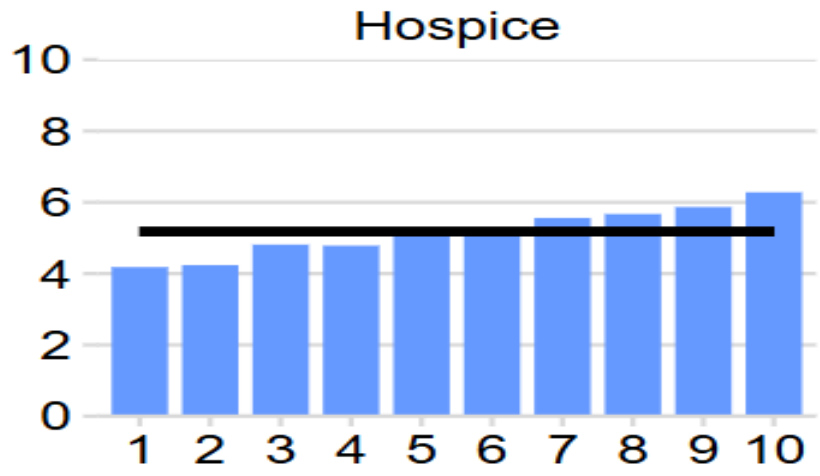
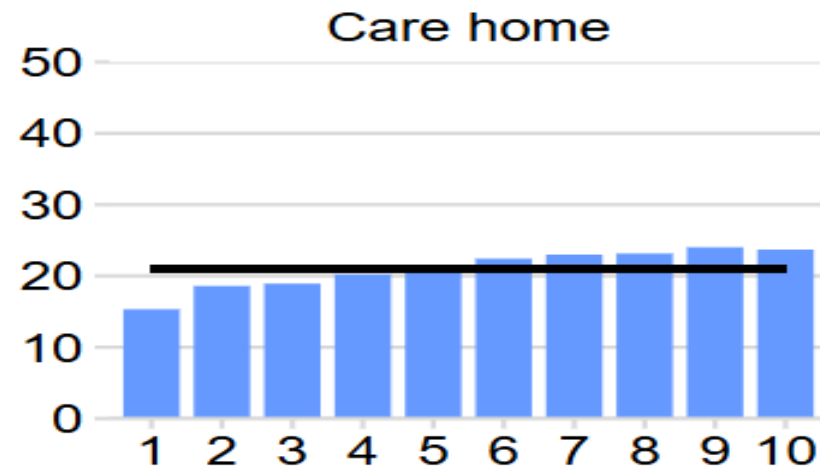
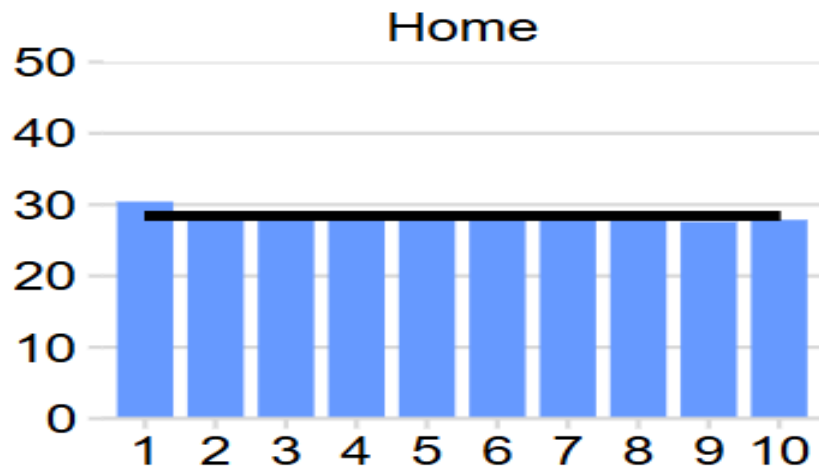
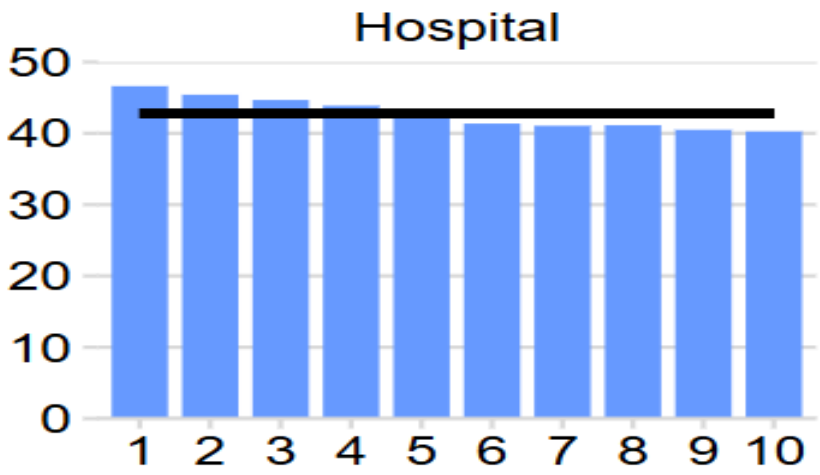
# The Commission on Palliative & End-of-Life Care



# Key findings and recommendations

- Significant variation and inequity in current access to and provision of quality specialist and generalist palliative care across the UK
- Need for earlier identification, honest conversations, and coordination
- Care for older people with multiple conditions is central, but under-recognised
- Generalist workforce must be strengthened, alongside specialists
- Better evidence, evaluation, and sharing of “what works”
- Urgency of overall investment and funding model reform

Percentage (%) of deaths



— England value

Deprivation decile (1 is the most deprived)



Where do people currently die?

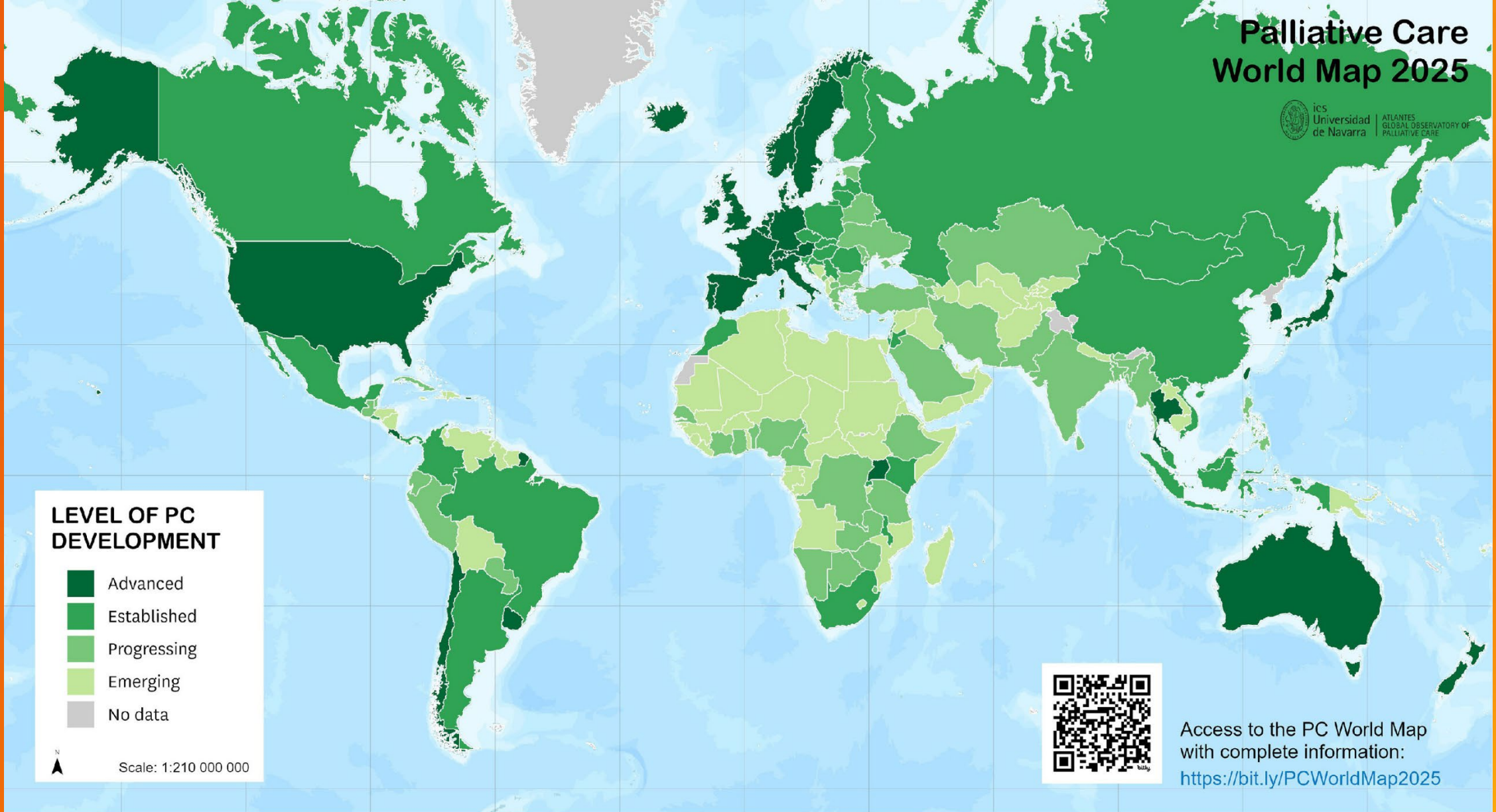
# Global Mapping of Palliative Care Development (WHCA, 2025)

Ranks countries by the 14 WHO-aligned indicators of palliative care development, across 6 broad areas

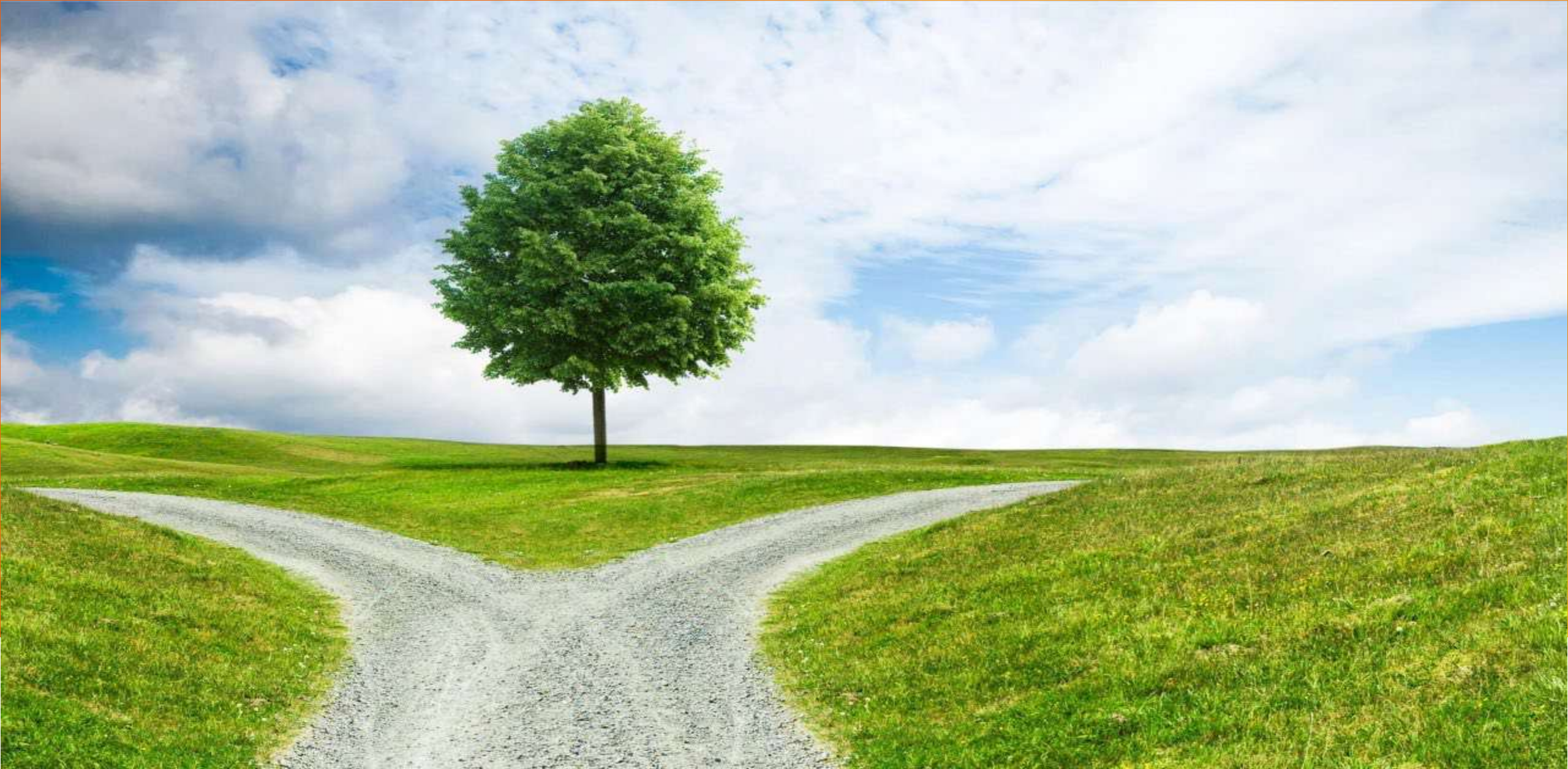
- People
- Policies
- Research
- Access to medicines
- Education and Training
- Services

# Palliative Care World Map 2025

ics  
Universidad  
de Navarra | ATLANTES  
GLOBAL OBSERVATORY OF  
PALLIATIVE CARE



# The future of end-of-life care in the UK



# Demography

## Falling birth rate

Births and deaths annually in England and Wales

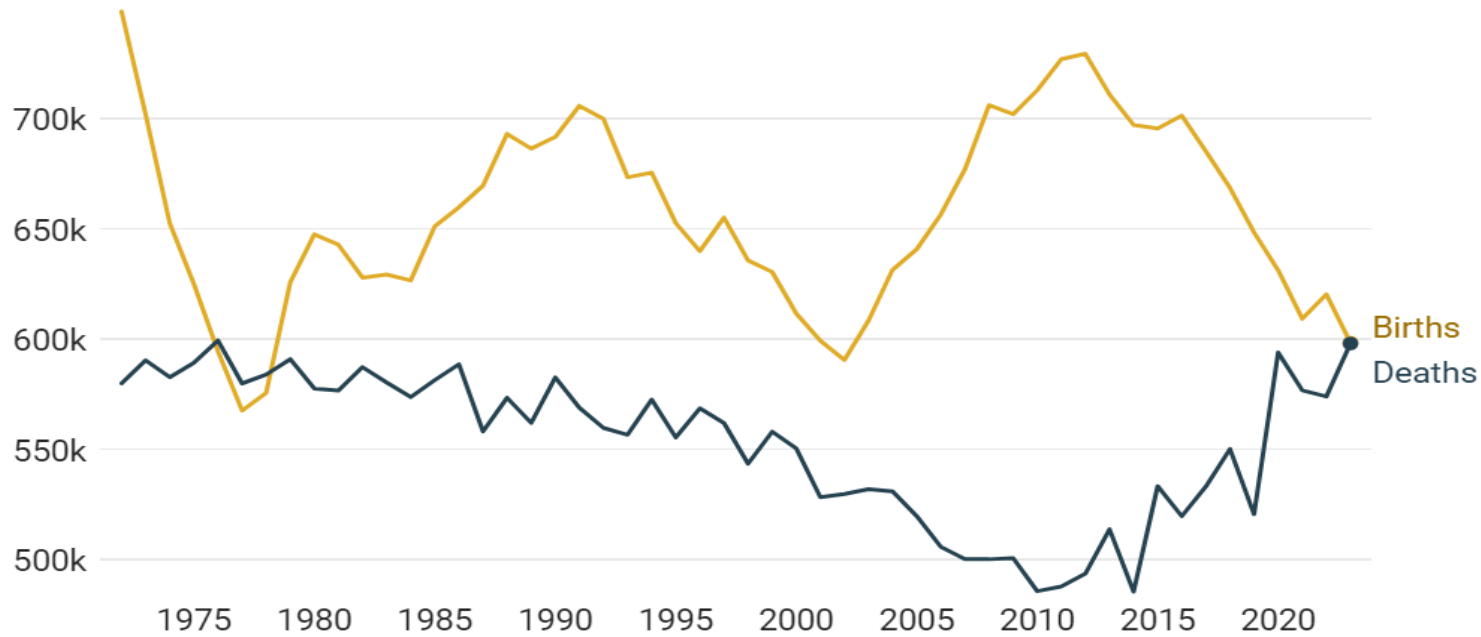


Chart: The Times and The Sunday Times • Source: ONS

Relative demand for maternity care & end of life care services in the UK is undergoing a significant transition

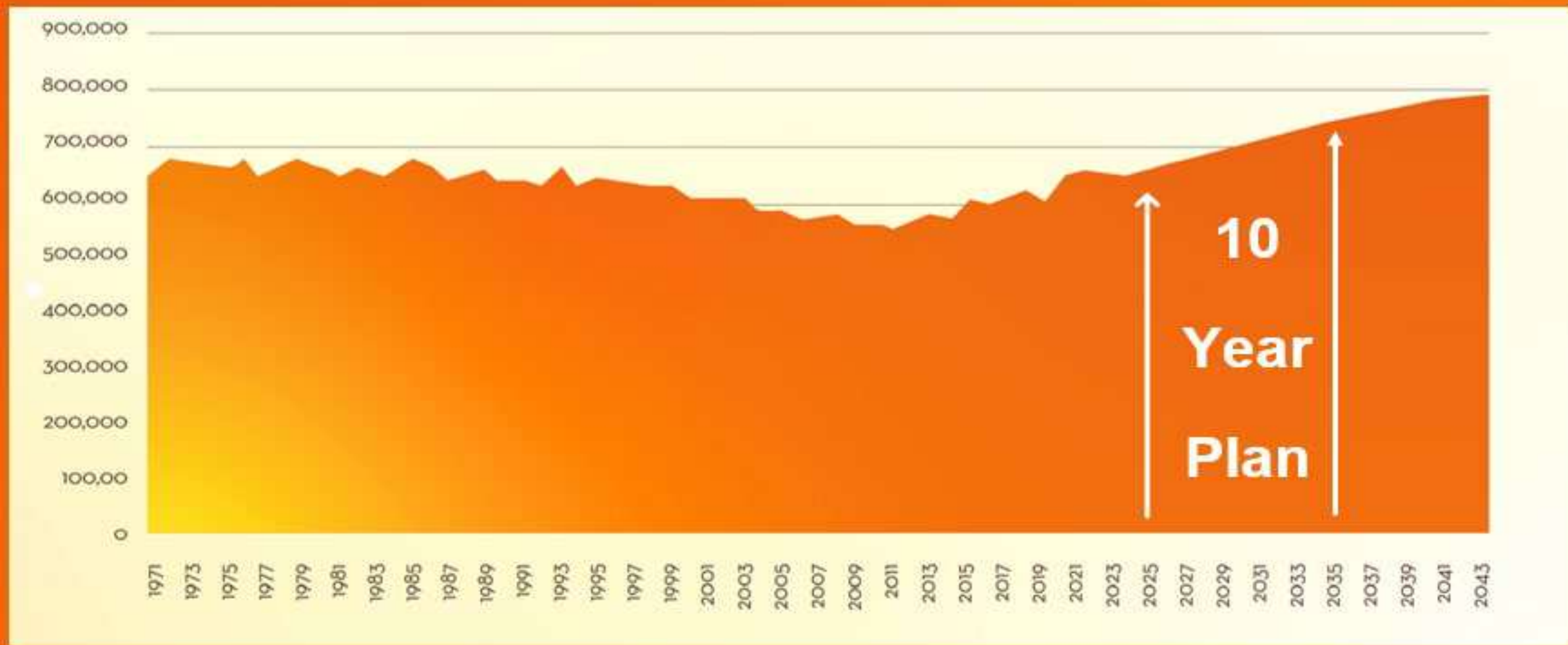
# Deaths will rise annually in UK until at least 2040

1971-2022 actual, 2023-2043 projected

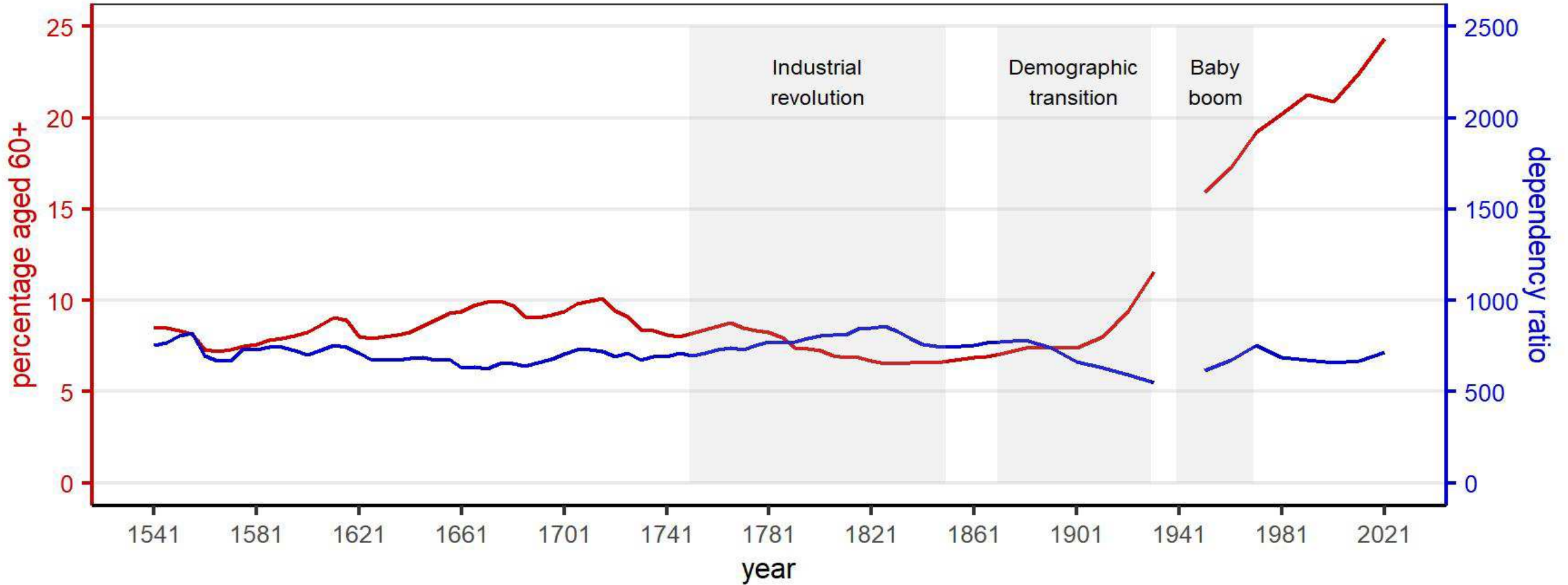


Based on data from ONS National population projections: 2020-based interim, released 12th January 2022 and ONS Dataset: Vital statistics in the UK: births, deaths and marriages, released 24th February 2023.

# Seven million people will need end-of-life care over next decade



# % aged 60+ and dependency ratio in England



Sources: 1541-1871 from Wrigley et al. The Population History of England 1541-1871, CUP 1981, p.528-9; 1871-2021 from census data (Office for National Statistics). Dependency ratio=people under 15 and 60+ per 1000 people aged 15-59. The earlier series refers just to England, and the later to England and Wales.

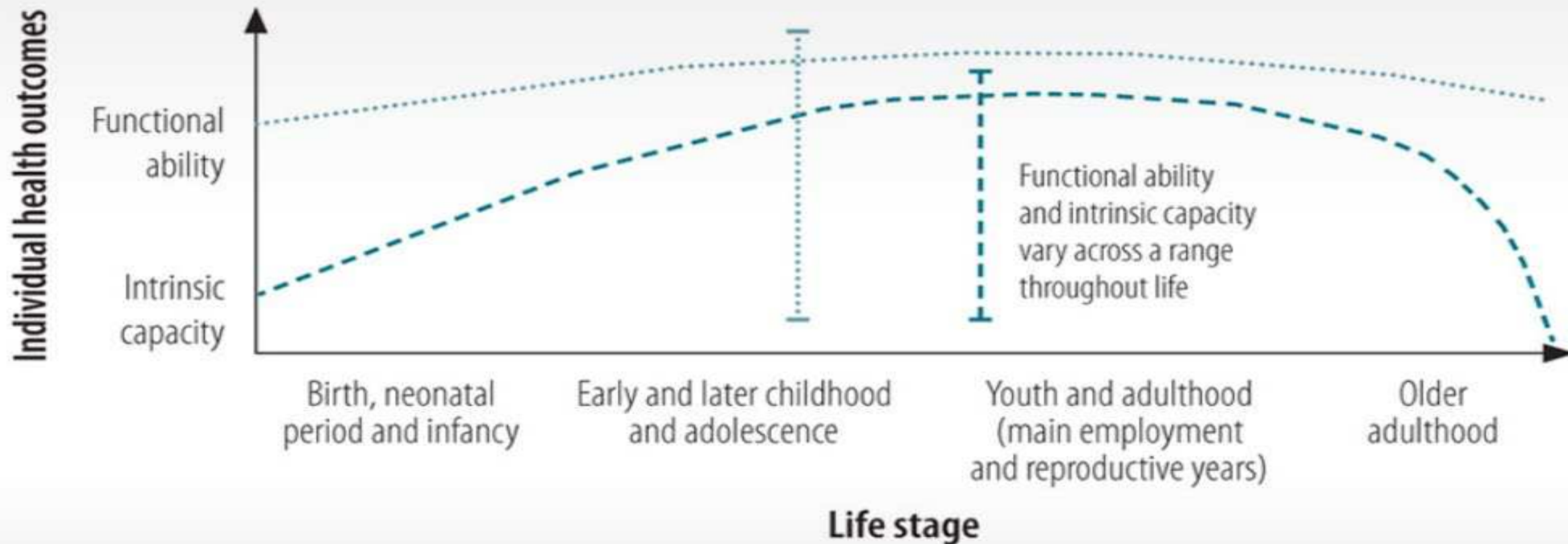


2024

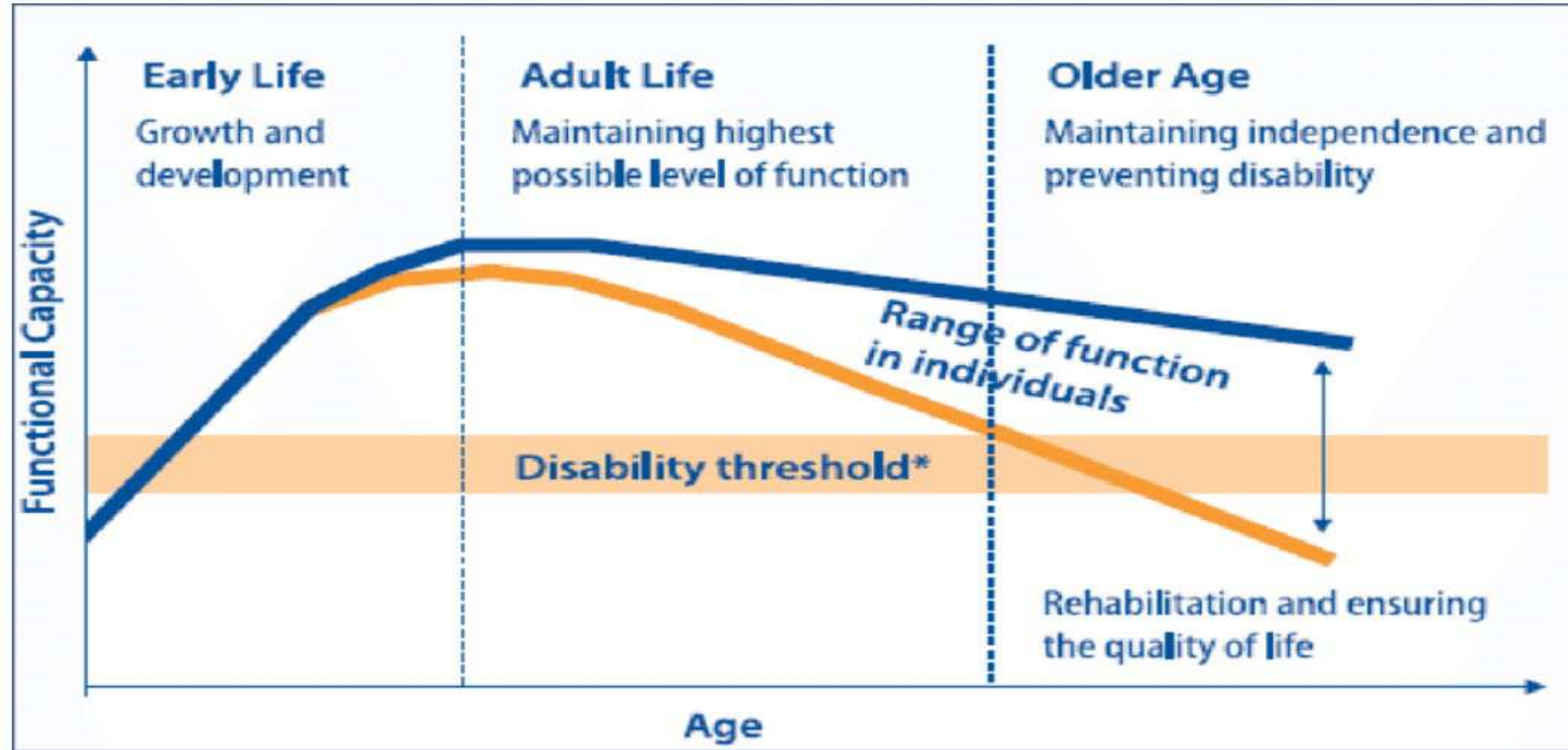


# Public Health

# Conceptual framework for a life course approach to health



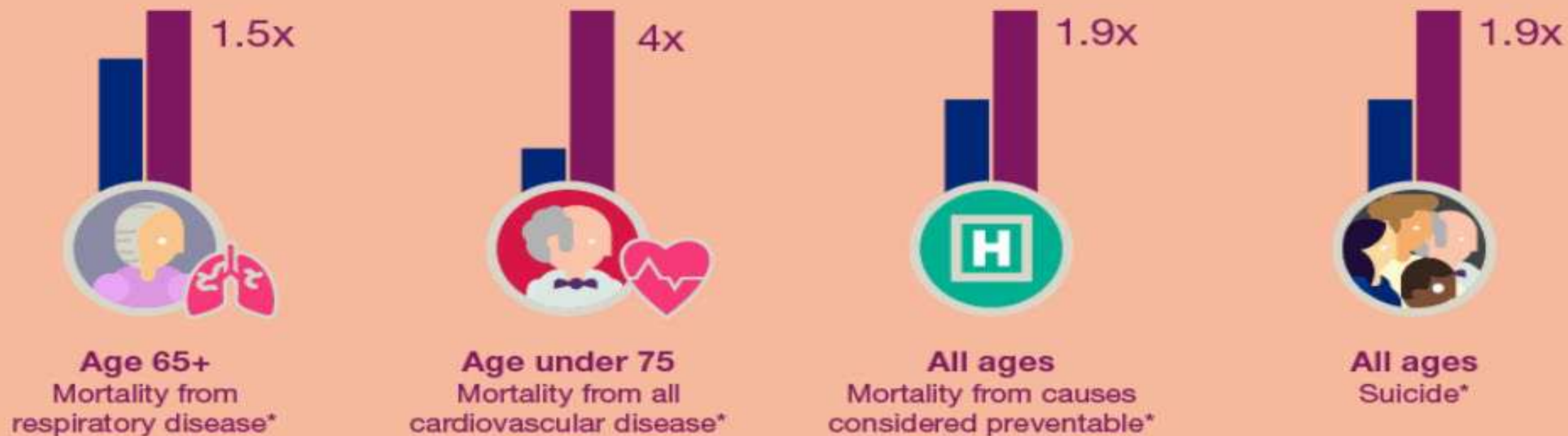
Adapted from: World Health Organization, 2018



# Health inequalities across the life course

Comparison between **the most** and **least** deprived deciles in England

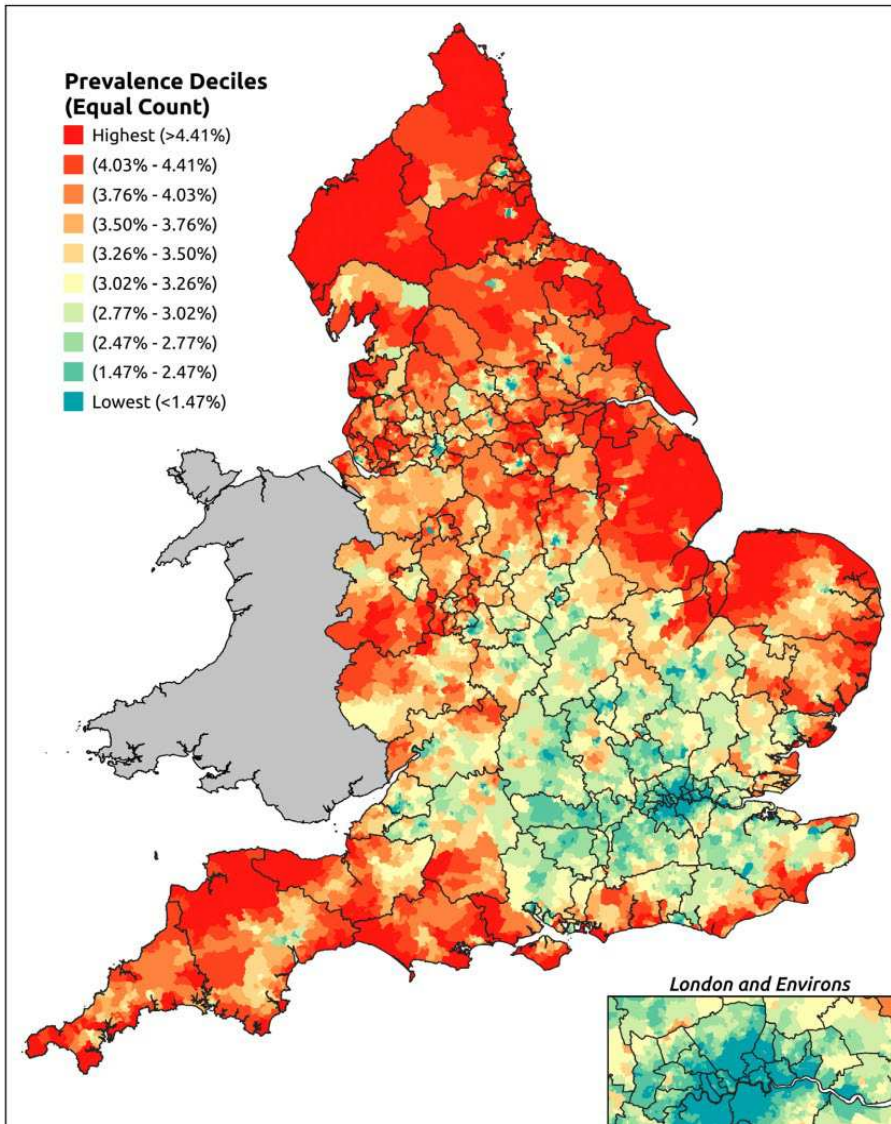
■ the most deprived decile (times higher)    ■ the least deprived decile



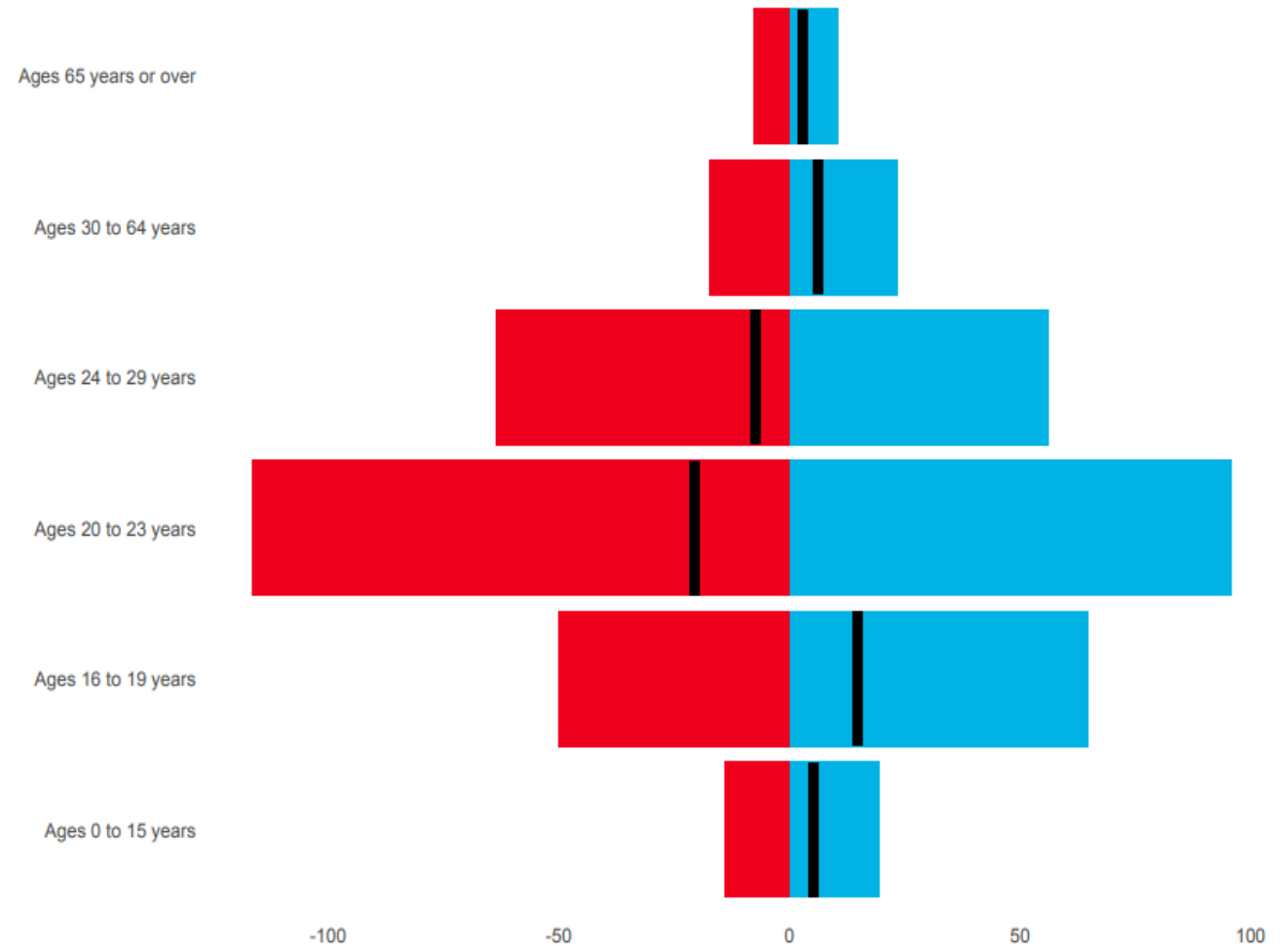
\*Age-standardised rate per 100,000 population

# Geography

**Figure 1:** Crude GP QOF Prevalence of Coronary Heart Disease attributed to LSOAs: 2014/15 – 2018/19



**Figure 5:** Net moves from coastline local authorities to inland, by age group (per 1,000 population), England, 2019



**Source:** Office for National Statistics – Population Estimates

**Figure 6:** Deficit in consultants, trainees and nurses in coastal communities





## Bringing care closer to home:

Introducing palliative care to remote, rural and island communities

Executive Summary



# Not everyone who needs hospice care

# can get it

open up

hospice care

Although we never turn away anyone in need, some of the most vulnerable people in society are missing out on expert and compassionate support.

#openuphospicecare



# Workforce

# Hospice clinical and care staff WTE

In 2023, a WTE of **14,000 clinical and care staff** were employed by hospices in the UK

Of which:

- 11,000** WTE nurses and healthcare assistants
- 750** WTE doctors (employed only)
- 2,250** WTE other health and care professionals

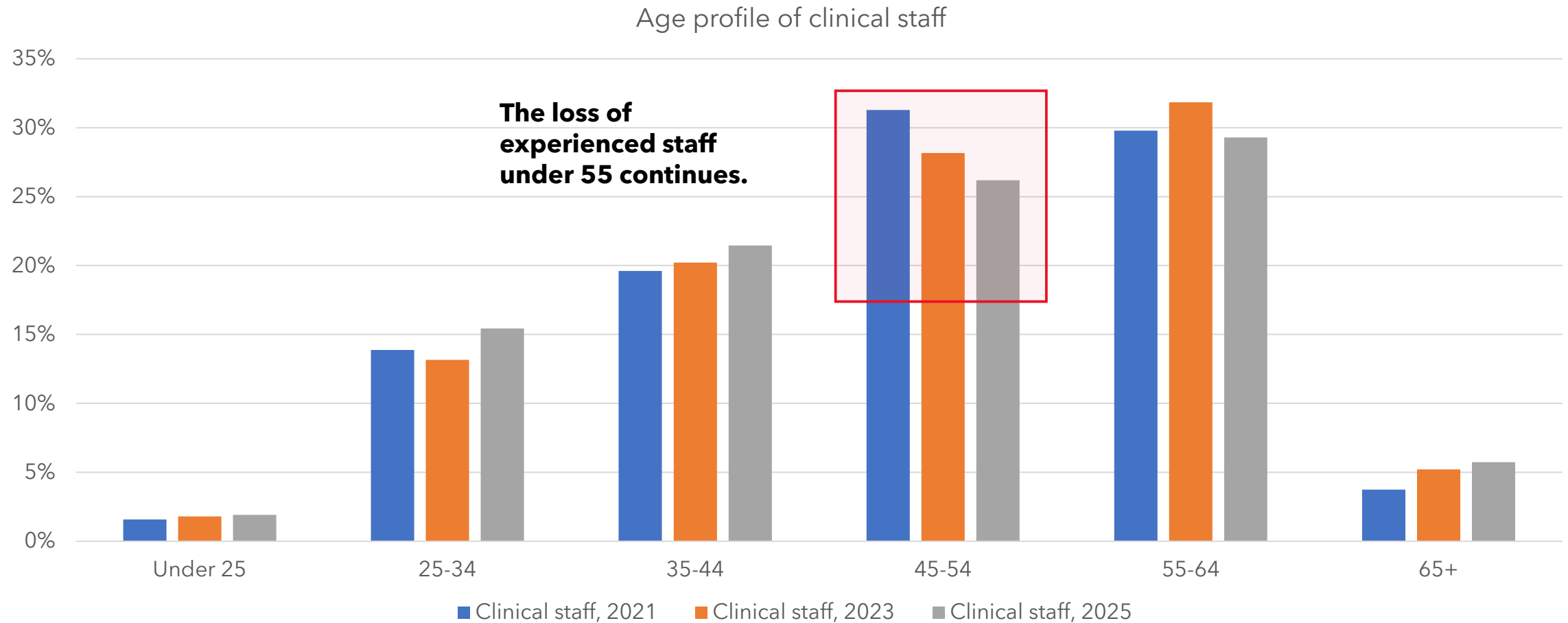
In 2025, a WTE of **13,465 clinical and care staff** were **contracted** by hospices in the UK

Of which:

- 10,603** Nurses and healthcare assistants
- 665** Doctors incl contracted from the wider system
- 2,197** Other health and care professionals

**The establishment of clinical and care staff working in UK hospices has decreased for the first time**

# Age profile of UK hospice clinical staff



Get better at talking about  
death and dying

# The *Lancet* Commission on the value of death: bringing death back into life



# Terminally Ill (Adults) Bill

[AS INTRODUCED]

## A BILL TO

Allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life; and for connected purposes.

BE IT ENACTED by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

*Eligibility to be provided with lawful assistance to voluntarily end own life*

### 1 Assisted dying

- (1) A terminally ill person who—
- (a) has the capacity to make a decision to end their own life (see section 3),
  - (b) is aged 18 or over at the time the person makes a first declaration (see section 5),
  - (c) is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration, and
  - (d) is registered as a patient with a general medical practice in England or Wales,

may, on request, be provided with assistance to end their own life in accordance with sections 5 to 22.

- (2) Sections 5 to 22, in particular, require steps to be taken to establish that the person—

- (a) has a clear, settled and informed wish to end their own life, and
- (b) has made the decision that they wish to end their own life voluntarily and has not been coerced or pressured by any other person into making it.

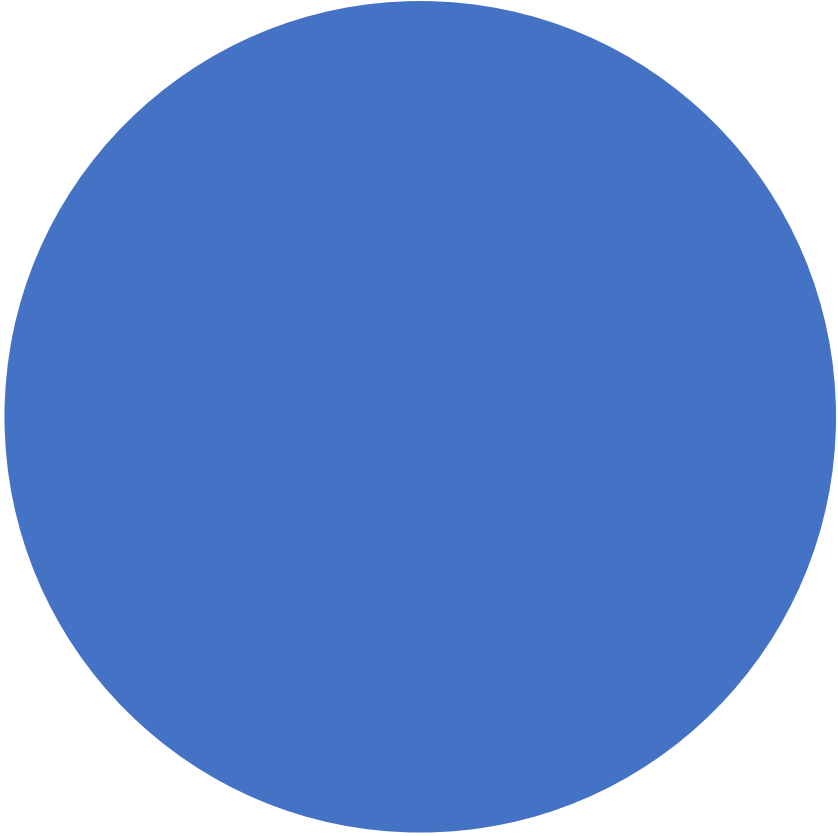
### 2 Terminal illness

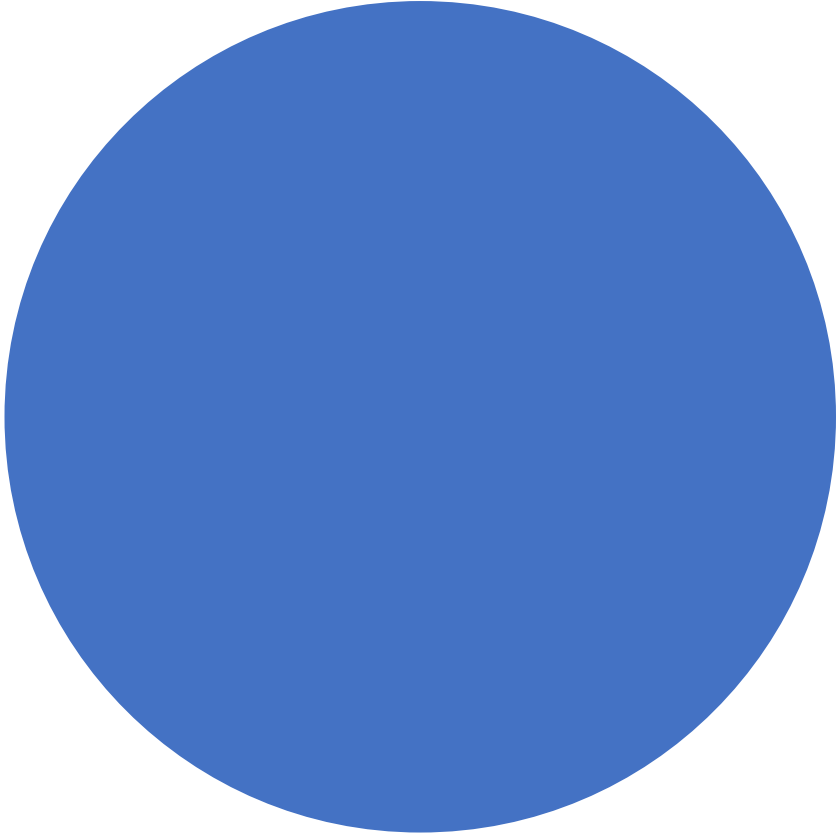
- (1) For the purposes of this Act, a person is terminally ill if—
- (a) the person has an inevitably progressive illness, disease or medical condition which cannot be reversed by treatment, and



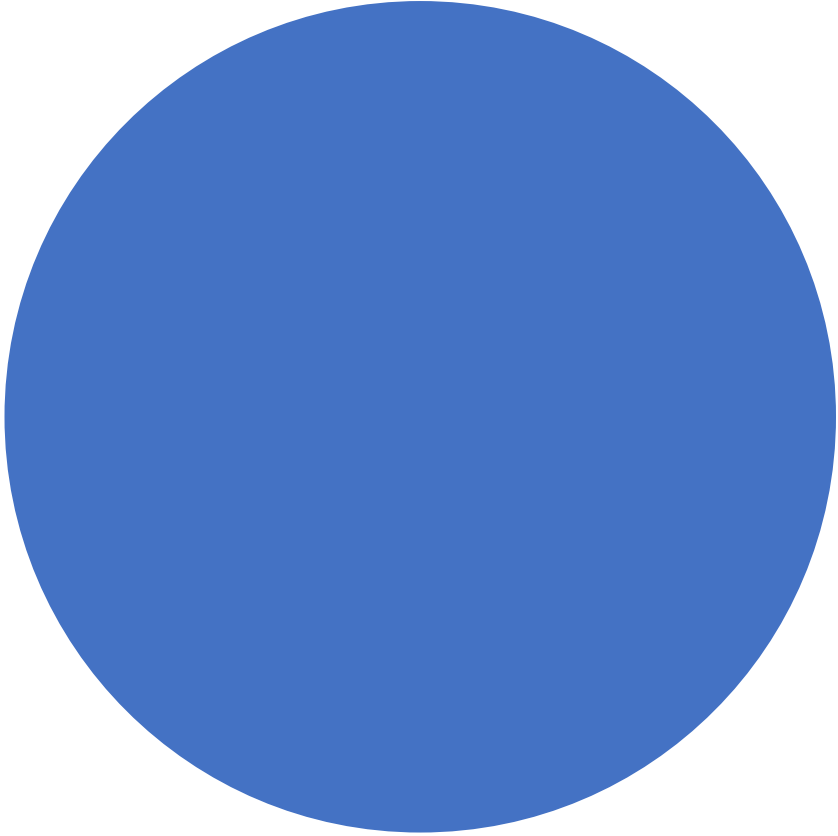
# Terminally Ill (Adults) Bill

- Hospice UK and most individual hospices with published position are neutral on whether the law should be changed
- We are immensely concerned at the operational complexity for hospices, their staff and volunteers, and their relationship with their patients and local community
- We are also worried that hospice charities will (again) be left to work it all out for themselves
- But it has prompted a national discussion about death and dying



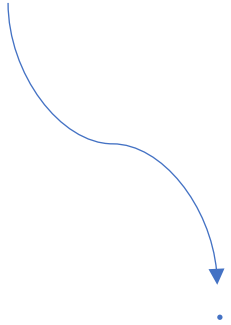


**Approximate number of  
deaths in Essex, 2039**



**Approximate number of  
deaths in Essex, 2039**

**Upper estimate of  
assisted deaths in  
Essex, 2039**

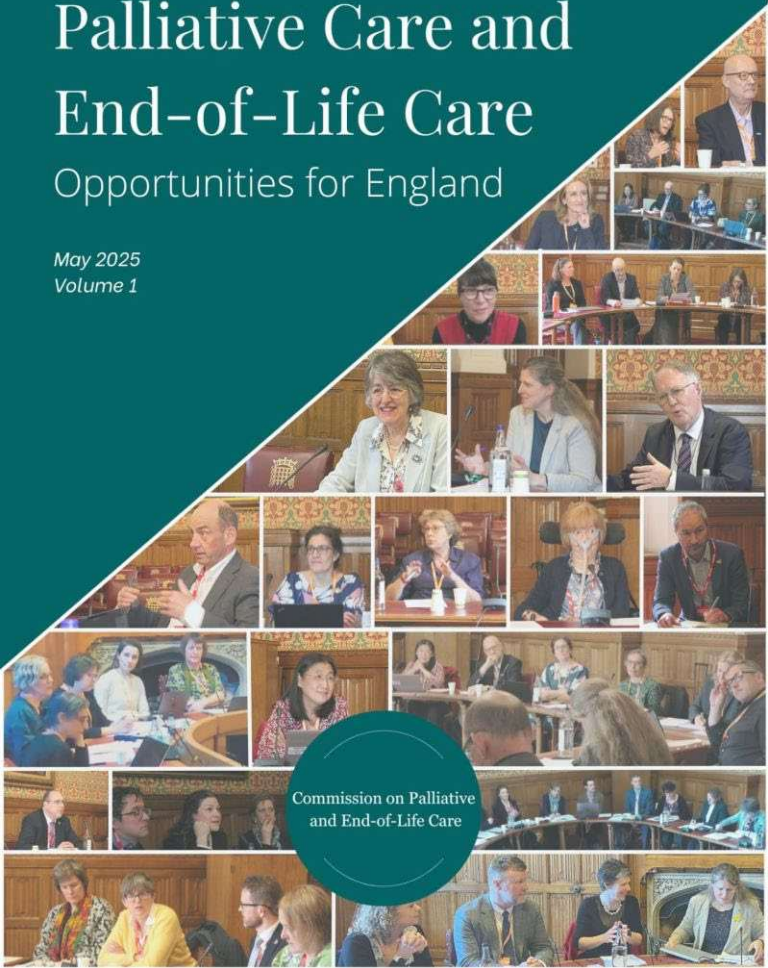


# Politics

# Palliative Care and End-of-Life Care

Opportunities for England

May 2025  
Volume 1



Commission on Palliative and End-of-Life Care



## FIT FOR THE FUTURE

10 Year Health Plan for England



National Audit Office

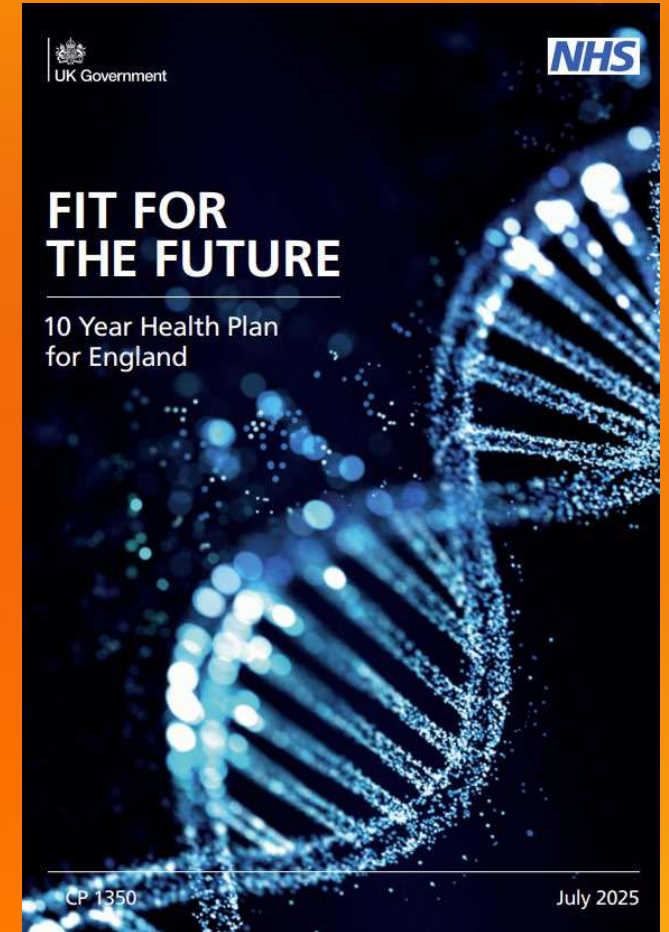
Investigation into the financial sustainability of England's adult hospice sector



HospiceUK

# Ten year plan - frustration and optimism

- There is **no specific section outlining a vision for palliative and end of life care**, and no specific commitments to improving provision, planning or funding of services.
- The plan overall contains **little on operational delivery** - it is a high level document. We expect this detail to follow in planning and commissioning guidance.
- However, patients approaching end of life - and hospices as providers supporting them - are **mentioned multiple times as the vision for integrated neighbourhood teams is set out.**
- Given hospices' strength in neighbourhood and community working, **we have a clear opportunity to press our case to form an integral part of neighbourhood teams and centres in future.**



# Enough for us to work with.....

"The palliative care community had hoped for more, particularly in light of the widespread consensus that palliative care services fall far short in availability, accessibility and quality for current population need, let alone for sustainability and resilience in the face of demographic changes.

Whilst regrettable, this is familiar territory and we are skilled at looking within national policy for hooks on which to hang our service ambitions“

**Dr Suzanne Kite, President APM - BMJ July 2025**

News > UK

# 'Hospices relying on greater income from charity shops than Government funding'

The end-of-life care charity Hospice UK is urging emergency support from Government to 'stem the tide of hospice cutbacks'.

Aine Fox • 22 hours ago

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**Hospice UK**  
@hospiceuk

The hospice funding crisis must end.

Hospice UK's Charlie King was interviewed on @BBCBreakfast, urging for government support so hospices can continue their vital work.

With @StCHospice making cuts, action is needed now.

Watch from 9:14 [bbc.co.uk/iplayer/live/b...](https://bbc.co.uk/iplayer/live/b...)

10:00 AM · Sep 7, 2024 · 4,275 Views

**BBC NEWS**

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Health

## 'It's heartbreaking': Hospices planning cuts to jobs and beds

BBC NEWS  
Kristy Clayton said plans for cuts at facilities in the Midlands are 'heartbreaking'

The Daily Telegraph

## Hospices receive more cash from charity shops than Government

Society

7 Oct 2024 [+14 more](#) By Daily Telegraph Reporter

HOSPICES have revealed they have a larger income from their charity shops than funding from the Government.





# Is this the time?

- Now, two major developments have significantly changed the context we are working in. Together, these provide a significant opportunity for the sector to scale up our campaigning again.
- The **Terminally Ill Adults (End of Life) Bill** passed its third reading. It is currently progressing through the Lords, but Royal Assent is now likely - autumn or possibly spring.
- The **Ten Year Health Plan for England** has been published, setting out a vision for a 'neighbourhood health service'.
- These developments together allow us to take a 'carrot' and 'stick' approach in the coming months - stressing the *opportunity* for hospices to contribute to the vision in the Plan, and the *moral and political imperative* for hospice funding to be strengthened because of assisted dying.

# The UK charitable hospice sector

Key data on reach, capacity, activity, workforce and funding sources

# There are 3 categories of UK hospice charities

## **Independent hospices**

- Make up the majority of Hospice UK members

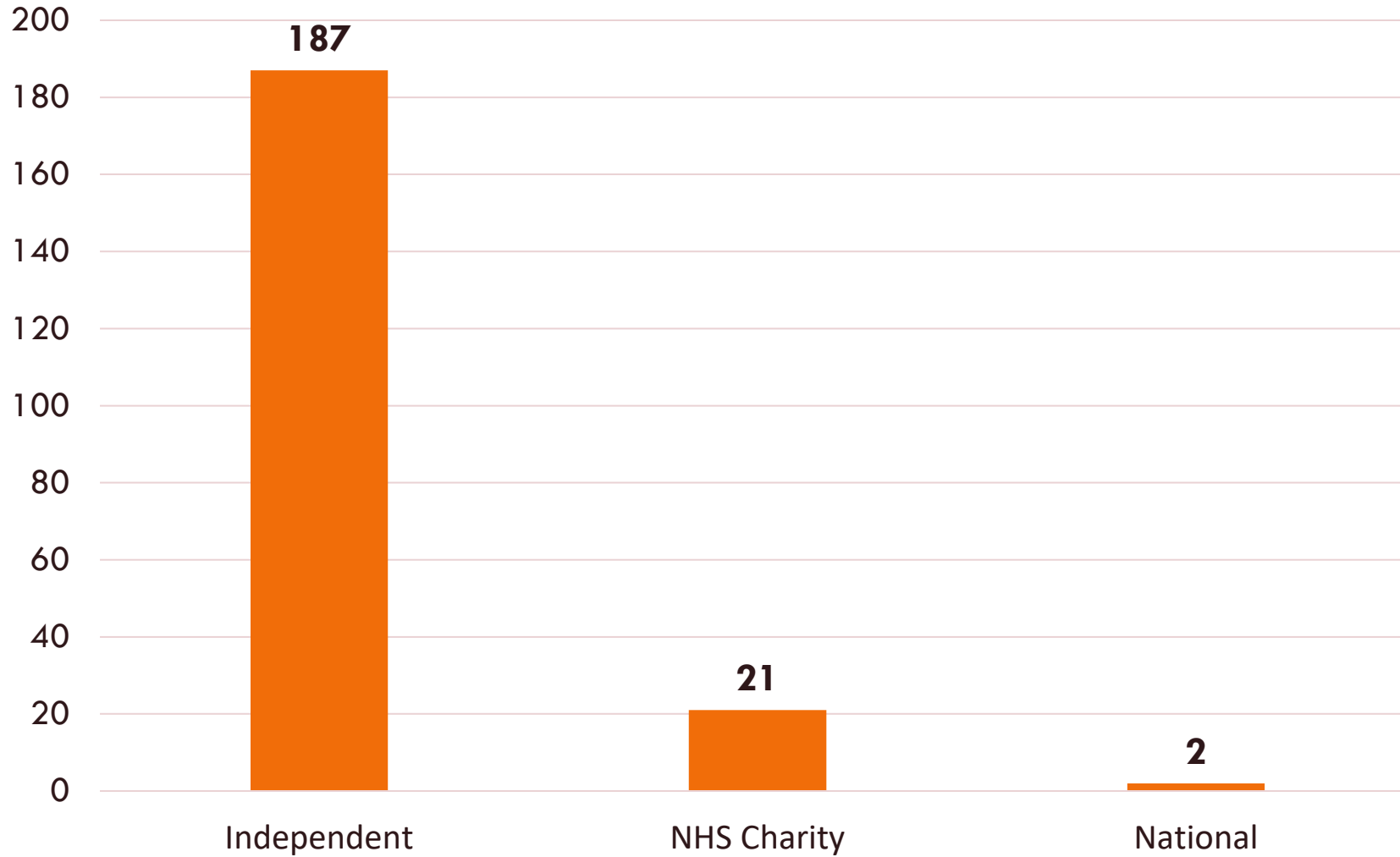
## **National charities**

- Sue Ryder and Marie Curie

## **NHS Hospice charities**

- Dedicated NHS charity and hospice services delivered by NHS

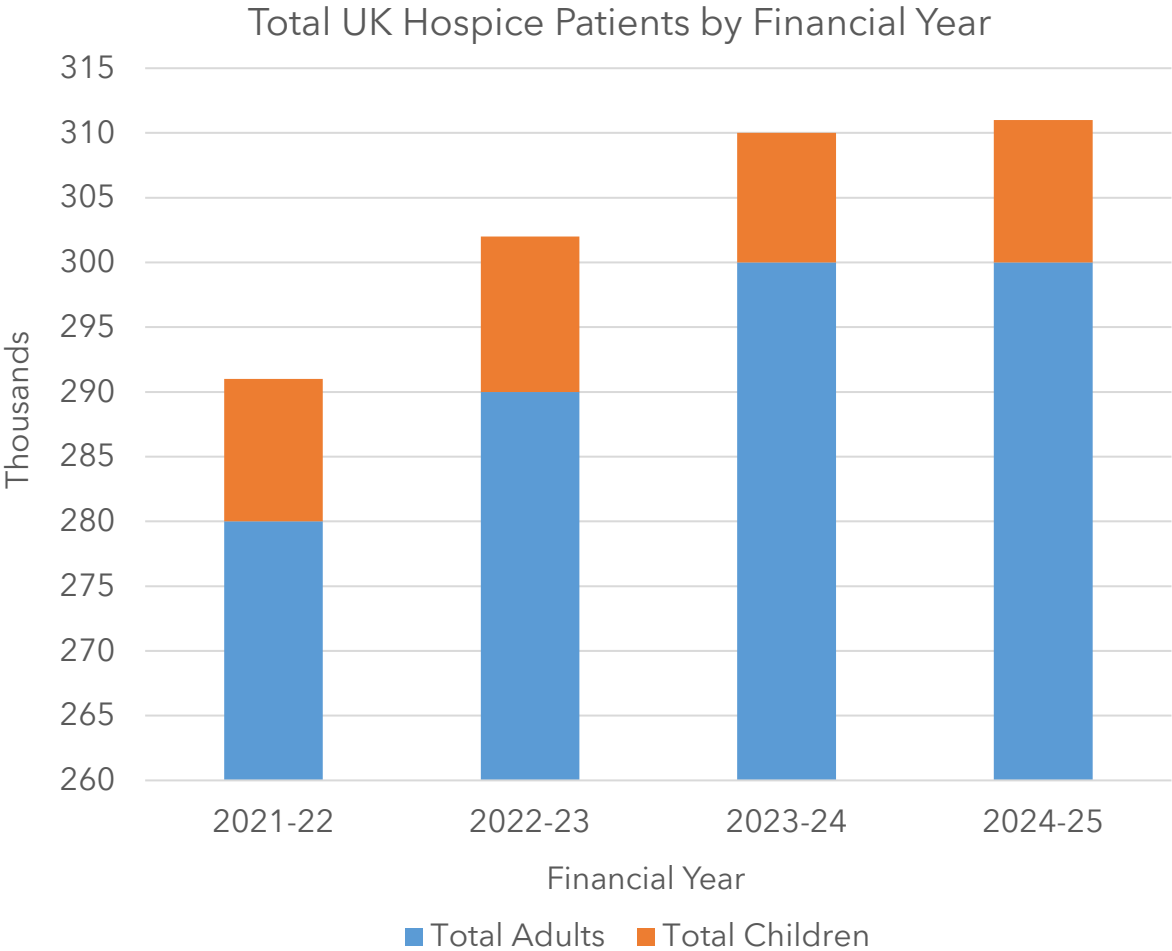
# Hospice UK members



\*Figures from June 2024

# UK Hospices Activity, Demographic and Workforce Data 2024-25

# Total number of patients cared for by UK hospices



Financial Year	Total Adults	Total Children*	Total Patients
2021-22	280,000	11,000	290,000
2022-23	290,000	12,000	300,000
2023-24	300,000	10,000	310,000
2024-25	300,000	11,000	310,000

\*children's figures rounded to nearest 1,000 instead of 10,000 to show variation year on year

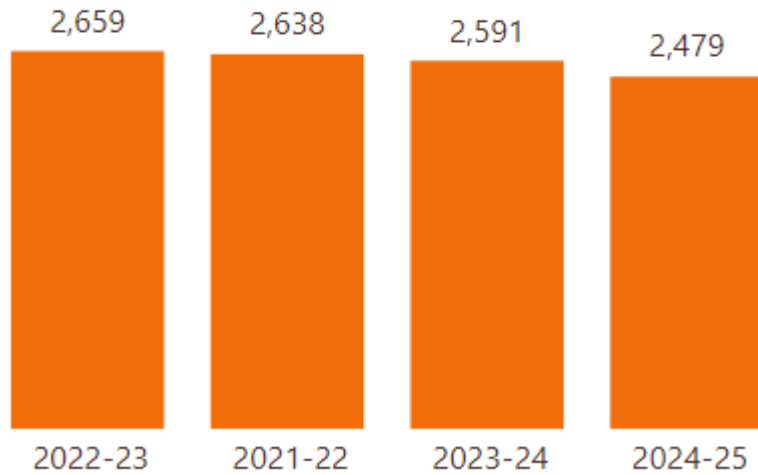
**The number of patients cared for by hospices in the UK has plateaued for the first time.** The need for palliative care continues to rise and demand for hospice services has led to waiting lists and refused referrals.

# Carers and loved ones receiving hospice services

Nation	2024	2025
UK	92,000	89,000
England	80,000	77,000
Northern Ireland	1,100	1,700
Scotland	4,200	5,200
Wales	6,600	5,000

# Hospice beds in the UK system

Total Registered Beds



Beds - Closed or Registered but Unavailable

\*not for external use



Nation	Beds	Not in Use	Closed
England	2,065	<b>195</b>	<b>160</b>
Scotland	236	24	24
Wales	95	9	8

The number of beddays unavailable during the year, due to systemic issues, is equivalent to this number of beds. For 2024-25, there is a separately reported number of beds closed completely within the past 5 years. This figure is only from the responding hospices and may be included in previous years' unavailable bedday numbers.

# Activity contact trends across the UK

- Occupied beddays have decreased for the first time. Significantly in England and Scotland. With Wales showing a slight increase.
- Occupancy of available beds has increased slightly, now 77% in the adult sector.
- Outpatients have returned to increasing. Significantly in Wales and in the children's sector\*.
- The shift to generalist visits continues in the adult sector.
- However, this year **the decrease in specialist visits is significant** and not entirely accounted for by shifts in care location or type.
- Where care is delivered remains broadly the same except where the outpatient increase affects percentages in Wales and in the children's sector\*. This also decreases to 39% the overall care considered specialist.

Year	Number of occupied beddays	Number of outpatient appointments	Number of specialist visits	Number of generalist visits
2021-22	570,000	730,000	840,000	540,000
2022-23	580,000	820,000	880,000	540,000
2023-24	630,000	810,000	740,000	740,000
2024-25	590,000	860,000	590,000	790,000

\*the outpatient increase in Wales and the children's sector is partly down to one Welsh children's hospice reporting significantly higher activity than last year. **This is currently being queried so these figures and messages are subject to correction.**

# The charitable hospice sector - assets

- Hospices enjoy exceptionally strong appreciation & support from their local communities and MPs. Recent experience has shown the impact of scaling this to national political engagement and public campaign activity
- With their estates and their funds from charity shops and fundraising, hospices are clear net financial contributors to their health and care systems
- Hospices have tremendous leeway to provide enhanced services in line with their ethos and values, and independent from the care rationing we see in the statutory sector

# The charitable hospice sector - assets

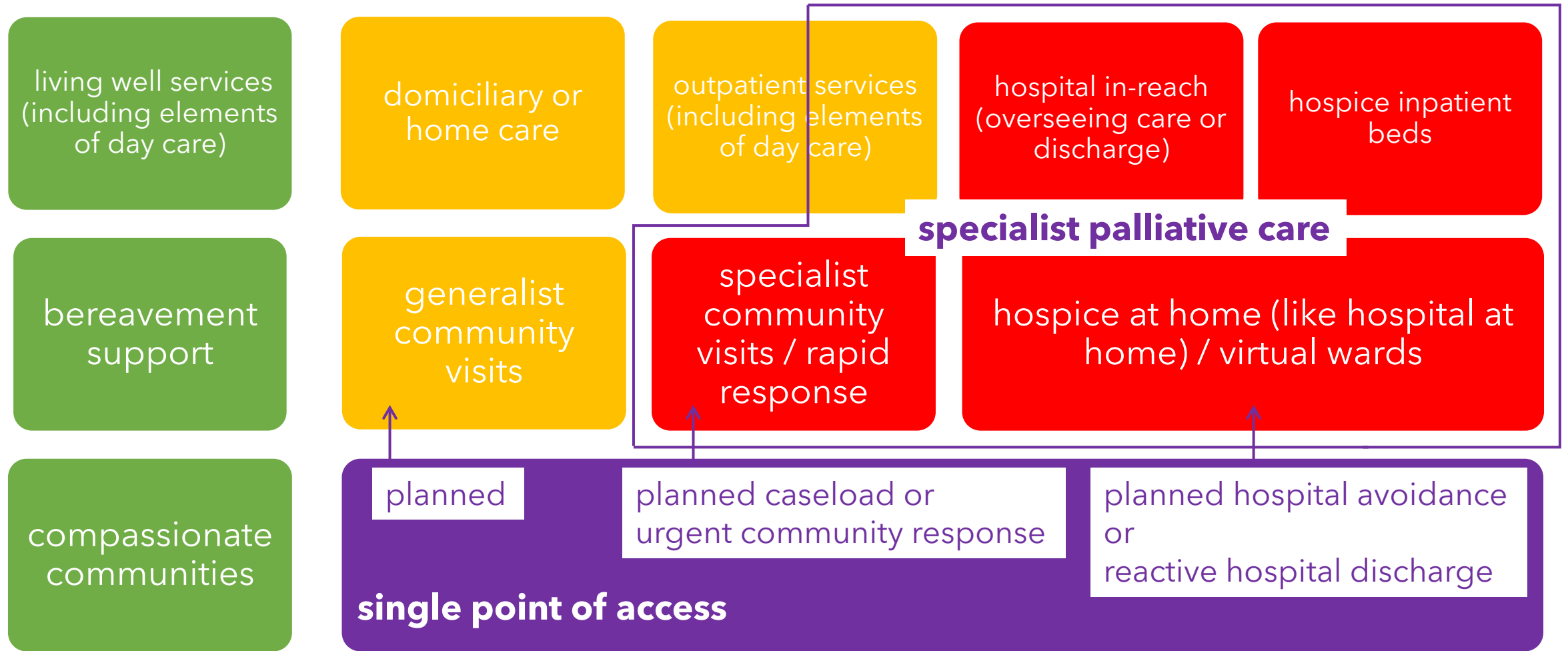
- The UK hospices are well-placed to help meet the rise in demand for PPEoLC, and to continue to galvanise awareness and support for the importance of the care we offer
- The hospice workforce is a very significant national cohort, experienced, knowledgeable, skilled & committed
- Volunteers are a huge part of the hospice patient experience, business model, and ethos. The large number of volunteers across our care services, retail and fundraising operations aligns the hospice sector with some of the best models of how community services should be resourced and delivered

# The charitable hospice sector - challenges

- The cost of providing services is going up, while more children need palliative care.
- Statutory sector (and economy in general) under immense pressure
- Hospices are not always well understood by their system partners.
- There is considerable unmet need, and some groups and communities are missing out on essential hospice and palliative care.
- Many hospices face a severe shortfall of clinical staff, placing pressure on services even where the charity is exceptionally well supported by the local community
- Some hospices under invested in collaborative and system working

# Hospice service models

by acuity (green, amber, red) and urgency (planned, reactive)



# Hospice UK commissioning pack

## Commissioning independent hospices in England – a guide to sustainability

February 2025

## Hospice service models

A practical guide to the principles and resourcing of care for adults and children

September 2025

## Safe and effective staffing

For palliative care inpatient services: an improvement resource

## Hospice costing model

*for six service lines by unit capacity and by unit activity*

Out to pilot in September 2025

# Context - local

- A startlingly mixed picture with commissioners under significant pressure and making sometimes strategic, sometimes panicked decisions
- Some ICBs making positive and more strategic decisions
  - **NW London** - 50% funding / £10.7m boost
  - **West Yorkshire** - uniform costins for activity and move towards 50% funding
  - **Cheshire and Merseyside** - agreed costings with hospice collaboration, looking at funding
  - **Lancs and South Cumbria** - agreed to work towards 35% funding for agreed specialist services
- Others making arbitrary decisions to cut/refusal to invest
  - Arbitrary attempts to 'rebalance' hospice funding by Hampshire and Isle of Wight ICB
  - Milton Keynes, Bedfordshire and Luton ICB producing an EOL strategy, business case to increase investment in Willen, and then failing to do so
  - Complete misunderstanding of Ashgate service costs relative to NHS provision by Derby and Derbyshire ICB
  - Edinburgh - IJB has reversed its decision to pay a 3% uplift to St Columba's and Marie Curie as a result of central government £5m injection

# Strategic approach

- In spite of some breakthroughs, progress is still too patchy. Palliative and end of life care has remained a low political priority for national government and ICBs.
- We're starting to change this. Our approach is **bottom up** and **top down** - neither works without the other.
- Autumn 2025 will see the culmination of 18-24 months of work to refine this approach.
- **Bottom up** - launch of the commissioning pack for members
- **Top down** - campaign launch with a new 'four-point plan' for fair funding for hospices in England, with complementary strategies in Scotland, Wales and Northern Ireland.
- **Overall, we are aiming to increase political accountability at national levels while evidencing need and hospice contribution at local level**

## Hospice UK Strategy 2024-2029

### To achieve this, we will

- Mobilise members, supporters and the public to lobby governments to provide fairer funding so everyone who needs end of life care receives it.
- Work with decision makers in the four nations to secure sustainable, long-term, statutory funding solutions. These will be built on the value and contribution made by hospices to the wider health and care system.
- Support hospices to integrate fully into their local health and care system and secure fair commissioning deals to meet the needs of patients and families.

# New national campaign asks - England

## Hospice UK's four-point plan for fair hospice funding

1. Full funding of specialist palliative care services
2. Proper NHS contracts for hospices (plus the CHG renewed)
3. NHS pay deals that reflect the cost of hospice staff
4. National accountability for equal provision of hospice care, wherever you live

### Hospice UK's four-point plan for fair hospice funding



# The future of end-of-life care in the UK

