**Briefing Paper: National Strategies for Palliative and End-of-Life Care**

**First Oral Evidence Session**  
**Date:** Wednesday, 22nd January 2025

**Key Witnesses:**

1. **Dr. Sarah Mitchell (England)** - National Clinical Director for Palliative and End-of-Life Care, NHS England
2. **Dr. Idris Baker (Wales)** - National Clinical Lead for Palliative and End-of-Life Care, NHS Wales
3. **Dr. Alan McPherson (Northern Ireland)** - Consultant in Palliative Medicine, Northern Ireland Hospice
4. **Dr. Feargal Twomey (Ireland)** - Consultant in Palliative Medicine, UL Hospitals Group

**Key Points from Witness Testimonies**

**1. Dr. Sarah Mitchell (England)**

* **Challenges:**
  + Increasing demand for palliative care, with deaths projected to rise from 500,000 annually to 650,000 by 2040.
  + Of the 500,000 people who die every year, at least 90% have palliative care needs
  + Inequities in access to palliative care; evidence that people with cancer who are white, British and from affluent areas are most likely to have access to specialist palliative care services, including hospices
  + Hospital bed days: In 2022, 61% of all people who died had at least one emergency admission in last three months of life
  + Over 2/3 of all people who died in England spend time in hospital during the 6 months before they died, 8.4 million bed days
* **Achievements:**
  + A 1% reduction in hospital deaths and a 27% increase in GP palliative care registrations in 2022/23.
  + £26 million allocated for children’s hospices (2024-2026).
* **Recommendations:**
  + Develop sustainable and equitable integrated care systems.
  + Improve timely identification of palliative care needs and continuity of care.
  + Mandate comprehensive training for health professionals in palliative care.

**2. Dr. Idris Baker (Wales)**

* **Achievements:**
  + Access to 24/7 palliative care across Wales.
  + Development of a quality statement for palliative care focusing on safety, effectiveness, and equity.
* **Challenges:**
  + Persistent inequities in care access.
  + Complexity of cases and number of cases are rising
* **Recommendations:**
  + Timely identification: enhance systematic advance care-planning with accessible shared records.
  + Develop a commissioning framework and outcome measurement tools.
  + Invest in integrated health and social care services.

**3. Dr. Alan McPherson (Northern Ireland)**

* **Challenges:**
  + No national lead or strategy for palliative care.
  + Significant underfunding (5% of health budget spent on primary care) and staff retention issues.
  + Complex healthcare navigation and inequities in service access.
  + Waiting lists: patients starting cancer treatment within 62 days of urgent GP-Referral 35.8% (target 95%)
  + 93% of RPMG members concerned assisted-dying will be influenced by cost-saving
* **Recommendations:**
  + Simplify care pathways and introduce a key-worker system for care coordination.
  + Increase funding for hospice services and improve staff pay to retain talent.
  + Develop a regional palliative care strategy.

**4. Dr. Feargal Twomey (Ireland)**

* **Achievements:**
  + Publication of a National Policy for Adult Palliative Care (2024).
  + A 12.5% increase in funding for specialist palliative care services.
* **Challenges:**
  + Limited integration between health and social care sectors.
  + A need for better data collection and outcome measurement.
* **Recommendations:**
  + Recognise palliative care as a core health service.
  + Ensure equitable access to palliative care services regardless of diagnosis.
  + Increase government funding for palliative care to reduce reliance on charitable donations.

**Key Statistics**

* **England:** 90% of annual deaths involve palliative care needs, but referrals occur too late to provide full benefit.
* **Northern Ireland:**
  + Only 36% of patients seen in ED within four hours (2024).
  + One in eight citizens has significant informal caregiving responsibilities.
* **Ireland:** Funding for specialist palliative care increased by 12.5% in 2024.
* **Wales:** Evidence suggests rising case complexity outpaces overall patient growth.

**Recommendations Summary**

1. **Integrated Care:**
   * Develop systems that prioritise seamless care coordination across generalist and specialist palliative services.
   * Expand 24/7 access to palliative care through integrated health and social care teams.
2. **Workforce Development:**
   * Increase training opportunities for health and social care professionals in palliative care.
   * Provide incentives to retain staff, especially in underfunded regions.
3. **Data and Measurement:**
   * Standardise data collection across regions to track patient outcomes and service equity.
   * Use outcome-based data to guide service improvement.
4. **Funding and Policy:**
   * Increase government funding to ensure sustainable palliative care delivery.
   * Mandate policies that address inequities and expand access to underserved populations.
5. **Public Awareness:**
   * Promote advance care planning and public understanding of palliative care benefits.