



**It's time to
#FundHospiceCare properly**



**palliative,
neurological
and bereavement
support**

England's palliative care funding crisis

What is the issue?

Palliative care is the care and support given to people with life-limiting conditions like cancer, heart failure and lung disease. It aims to give people the best quality of life possible. It can be provided in a variety of different settings, including at home, in a hospice or hospital depending on a patient's needs and preferences. In addition to clinical care, it can include giving practical and emotional support to patients and those close to them.

The number of people receiving palliative care services is set to **increase by 55% over the next ten years.**¹ This is due to a number of factors such as increased mortality rates caused by demographic changes, as well as a growing desire by patients to die at home rather than in hospital.

Such a significant increase in demand for these services is leading to a **crisis in the charitable palliative care sector**, and it does not take into account the number of people who are thought to need palliative care, but don't receive it. Less than 50% of all people dying in England receive palliative care and support, yet up to 90% of all people dying in England may have palliative care needs.

Government and the hospice sector

In the NHS Long Term Plan, the government has recognised the essential role of the hospice sector in the delivery of personalised care. However, despite this, no significant new long-term investment has been forthcoming. The one-off funding for hospices as part of the coronavirus response was welcomed, but it did not address the fundamental, serious long-term funding issues facing the hospice sector.

If funding continues at current levels, many providers will simply be unable to meet the demand required over the next decade. Sue Ryder is calling on the government to urgently review the funding settlement for palliative care and commit to a significant real-terms increase in statutory funding for clinical palliative care services across England.

On average, **statutory funding currently covers just over a third (37%) of total charity expenditure on palliative care services** – or approximately £350m per annum. Whilst government funding has slowly increased over the past seven years, as a proportion of total expenditure, it has largely remained static.²



Not only is this unsustainable for hospices in the medium-term, but the crisis has also been made worse in the short-term by the impact of the Covid-19 pandemic which resulted in income from shops and fundraising activities plummeting. This has exacerbated the gap between resources and increasing demand for palliative care.

Before the pandemic, **a fifth of hospices were thought to be at risk of imminent closure due to extreme financial difficulties.**³ Against the current backdrop, there are now increased concerns from palliative care service providers over their ability to raise the required funds to meet future demand.

What needs to change?

Given the expected increase in demand and subsequently, the cost of £947m per year to meet that demand over the next decade, if funding continues in line with its current model, **hospices will be required to raise £597m each year** through fundraising alone. This is far from realistic.

Hospices raise funds through generous charitable giving from the public, including through shops and fundraising events. To put this in context, Sue Ryder needs to sell 48 second-hand cardigans to pay for just one hour of our expert care.

Without a government commitment to significantly increase levels of statutory funding to cover clinical costs for palliative care services, **there is a genuine risk of services being withdrawn**, with patients no longer being able to benefit from these essential services that provide so much vital support to them and their families.

Without the charitable hospice sector, the NHS would be forced to take on the extra demand and patients would no longer be able to benefit from the holistic and person centred support, or the increased patient choice that the hospice sector provides.

A commitment to fund 70% of total palliative care costs is the minimum required to ensure the sustainability of the sector and these vital services in the medium-term. The total expenditure at this level would amount to less than 0.5% of the total NHS budget for 2019/20.⁴ Whilst Sue Ryder recognises the difficulties facing the public finances, it is essential that the government takes this important step now and sets the charitable hospice sector on a positive and sustainable path for the future.

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1 London Economics commissioned by Sue Ryder, Modelling demand and costs for palliative care services in England, 2021 – www.sueryder.org/hospicefunding
2 Hospice UK, Hospice Accounts Report 2020 – www.hospiceuk.org/what-we-offer/hospice-finance/benchmarking
3 Information gathered from Hospice UK in 2019 and reported by Sue Ryder
4 The King's Fund, The NHS in a Nutshell, 2021 – www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget

How you can support

- Seek a parliamentary debate to raise awareness of the funding crisis facing palliative care;
- Table written questions or raising the issue at departmental question time in Parliament;
- Write to the minister to raise your concerns about the future of palliative care funding;
- Tweet your support using the hashtag **#FundHospiceCare**;
- Raise the issue with your parliamentary colleagues and support Sue Ryder's efforts to build parliamentary support.

[Draft PQs and letters can be found here](#)

Contact

For further information or resources to support with the above, please contact:

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There when it matters

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassion and expert care they need to help them live the best life they possibly can.

We take the time to understand what's important to people and give them choice and control over their care. This might be providing care for someone at the end of their life, in our hospices or at home. Or helping someone manage their grief when they've lost a loved one. Or providing specialist care, rehabilitation or support to someone with a neurological condition.

We want to provide more care for more people when it really matters. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

For more information about Sue Ryder

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