

Briefing

Adjournment Debate - Palliative Care, 4 November 2015

29 October 2015

What is the purpose of this briefing?

To provide you with further information ahead of Maria Caulfield's adjournment debate on palliative care, which is scheduled for Wednesday, 4 November 2015.

What is Marie Curie's position?

We have been running a campaign across the month of October to secure a debate on palliative care in the House of Commons and we welcome this debate.

Though the UK was recently ranked number one in the world in the Economist's [Quality of Death Index](#), each year around one in four people who need specialist palliative care are missing out ([London School of Economics, 2015](#)). That's about 110,000 people each year who aren't getting the full care they need to manage distressing symptoms like pain, breathlessness and nausea. Without access to high quality palliative care services – like Marie Curie Nurses – people are also more likely to use A&E services and spend longer in hospital ([Nuffield Trust, 2012](#)).

The Government needs to take action to ensure that high quality palliative care is available to everyone who is dying. Our population is growing older and more people are dying with more complex conditions. By 2040 there will be 100,000 more people dying each year. ([Changing the Conversation, 2015](#)). If we don't take action now then more people will miss out on the care they need.

We are calling for everyone to have a right to access palliative care no matter where they live or what their personal circumstances are.

Why are so many people missing out on palliative care?

These are the key reasons that people are missing out on palliative care:

- **Health and social care professionals have trouble identifying when someone with a non-cancer diagnosis needs palliative care.** The majority of specialist palliative care (88% of palliative care inpatients) is delivered to people with terminal cancer despite over 70% of deaths being due to causes other than cancer. If people aren't identified as having a palliative care need they are either not referred on to palliative care services or referred very late.
- **Health and social care services aren't currently co-ordinated or flexible enough to meet the people's palliative care needs.** Just over 20% of hospitals in England are meeting NICE's standard of providing face-to-face access to specialist palliative care consultants on a 9-5, 7



day a week basis ([National Care of the Dying Audit of Hospitals, 2015](#)). This standard has been in place since 2004. The Parliamentary and Health Service Ombudsman's report [Dying without Dignity](#) highlighted a number of care failings that occurred because a specialist palliative care consultant could not be reached, including the case of one gentleman who endured 14 attempts to insert a central line before he died because doctors did not recognise that his veins were collapsing.

What are the solutions?

There are a number of things that the Government could do to start improving access to palliative care. At a high level, the **Government should commit to a right for everyone who is in need to have access to palliative care**. The Government should also:

- Ensure that Health Education England accepts and progresses the recommendations of the Democratic Society's report on [Training and Education in End of Life Care](#), particularly around upskilling generalists in palliative care. A well-trained workforce is key to ensuring that more people get access to palliative care.
- Accept and progress the [Choice Review](#)'s recommendations. In particular, Government should commit to investing the £130m that the Choice Review has identified as being needed to offset growing demand while ensuring that more people can die in the place of their choice. FOI requests by Channel 5 indicate that 45% of CCGs who responded were either cutting or freezing the funds they allocate to end of life care.
- Ensure that all CCGs and Health and Wellbeing Boards have palliative and end of life care as a priority. Everyone dies and most people benefit from palliative care at the end of life, but only 43% of Health and Wellbeing Boards include the needs of dying people in their strategies ([National Council for Palliative Care, 2014](#)).

We would be grateful if you could raise these points during the debate. If we can provide any further information, then please do get in touch.

About Marie Curie

Marie Curie is the leading charity for people with a terminal illness and their families. We:

- Provide direct care to people in our nine hospices across the UK and in their own homes;
- Offer a dedicated information and support service to people affected by terminal illness;
- Run the UK's largest research programme into improving care for people with a terminal illness and their families;
- Campaign to ensure that everyone living with a terminal illness and their families and carers get access to the care and support they need.
- Work as part of the end of life care coalition to ensure everyone can get high quality care at the end of life.

Scott Sinclair
Head of Policy & Public Affairs
Marie Curie
020 7599 7116
scott.sinclair@mariecurie.org.uk