

Supplementary written evidence submitted by Sue Ryder (ADY0521)

Hospices provide palliative and end-of-life care to people with life-limiting conditions. This includes specialist medical care to manage pain and other symptoms, along with emotional and practical support. They receive around **a third of the funding required** to deliver these vital services from Government and are reliant on fundraising activities and voluntary donations to cover the remaining costs.

In England, demand for palliative care is projected to **rise by 55% in the next ten years**.¹ This is due to a number of factors, including increased mortality rates and a growing desire by patients to die at home rather than hospital.

In 2021, Sue Ryder commissioned independent research to examine the cost of meeting the growing demand for palliative care services over the next ten years.² The research found that, if Government funding continues in line with its current model of covering 37% of costs, hospices will be required to raise **£597 million each year through fundraising**. This is simply unrealistic.

Costs have increased significantly since this modelling. In order to keep pace with recent increases to NHS pay, it is estimated that the UK hospice sector would require an additional £120 million each year.³ Sue Ryder has also seen around a 10% increase in the cost of running our palliative care services as a result of cost-of-living increases. The costs presented within this position must be viewed in this context and regarded as a very conservative estimate – the reality of these recent developments means the situation is far worse than in 2021.

Without a Government commitment to significantly increase levels of statutory funding to cover clinical costs for palliative care services, there is a genuine and serious risk of services being withdrawn and patients and their families losing out on the specialist, holistic support that hospices offer. The collapse of the independent hospice sector would be disastrous, with the NHS forced to take on the extra demand.

Hospices can receive additional funding at the end of the financial year in the form of ad-hoc payments, to help plug the deficit of the previous year. However, this is by no means guaranteed and simply acts as a sticking plaster.

A commitment to fund 70% of total palliative care costs (in line with inflation and pay-related increases) is the minimum required to ensure the sustainability of the hospice sector and these vital services in the medium-term.

¹ Sue Ryder (2021), Modelling demand and costs for palliative care services in England. https://www.sueryder.org/sites/default/files/2021-03/Modelling_Demand_and_Costs_for_Palliative_Care_Services_in_England%20%281%29.pdf

² Ibid.

³ <https://www.itv.com/news/2023-03-31/uk-hospices-face-funding-crisis-and-need-extra-120m-to-pay-staff>

The alternative is likely to be hospice closures, resulting in the overstretched NHS having to provide end-of-life care services at an additional cost of **£484 million each year for the Government**, or a total of £834m, before accounting for inflationary costs and pay increases since 2021.

Cost-of-living

The sustainability of the hospice sector has become even more uncertain in the face of the cost-of-living crisis.

Sue Ryder has seen **around a 10% increase** in the costs to keep our palliative services running. This is not reflected in the Government funding we receive via the NHS to deliver these services, which have increased by only 1%, on average.

A real-terms decrease in statutory funding further threatens the continuity of existing services and leaves no room for extending care to meet growing demand. The impact of the cost-of-living on fundraising activity also means that charitable income is less able to plug the widening funding gap.

To help secure the future of palliative care provision, Government and the NHS must ensure that commissioning rates rise in line with the increase to costs that providers like Sue Ryder are facing.

Health and Care Act 2022

The Health and Care Act 2022 introduced a statutory duty for Integrated Care Boards (ICBs) to commission palliative care services that meet their population's needs.⁴ This includes a duty to commission bereavement support, yet we know that this is not funded consistently. Sue Ryder's research, *A better route through grief*, has found that there are disparities in the availability of bereavement services across the country, creating a patchwork of support.⁵

Sue Ryder does not receive any funding for our bereavement support services, which are widely accessed and demonstrate positive outcomes. For example, in 2021/22 over 150,000 people visited Sue Ryder's online bereavement community and we delivered over 4,700 free online bereavement counselling sessions.⁶ 96% of people agreed that counselling sessions helped to improve their emotional wellbeing and 82% felt better equipped to cope with their grief and bereavement following their sessions.⁷

Hospices and bereavement support services must be sustainably funded in order for Integrated Care Boards to meet population health needs and comply with the Health and Care Act 2022.

⁴ NHS England (2022), *Palliative and end of life care: Statutory guidance for Integrated Care Boards (ICBs)*. <https://www.england.nhs.uk/publication/palliative-and-end-of-life-care-statutory-guidance-for-integrated-care-boards-icbs/>

⁵ Sue Ryder (2022), *A better route through grief: Support for people facing grief across the UK*. <https://www.sueryder.org/sites/default/files/2022/06/A%20better%20route%20through%20grief%20report.pdf>

⁶ Sue Ryder (2022), *There when it matters: How we made an impact 2021-22*. <https://www.sueryder.org/about-us/impact-and-annual-reports/impact-report->

[2021-22](#) ⁷ Ibid.

Workforce

The hospice sector is a key part of the healthcare system, delivering vital palliative and end-of-life care services that the NHS would otherwise have to provide.

Like much of the health and care sector, hospices have been negatively impacted by a workforce shortage. Systemic problems in the health and care sector workforce are compounded by the lack of adequate statutory funding, which impacts the hospice sector's ability to ensure that pay remains in line with the NHS. UK hospices would need to raise an additional £120 million pounds a year to match the recently announced increased pay awards for NHS nurses and other staff.⁸ This in turn makes it more difficult and expensive to recruit and retain staff.

What's more, even when funding is made available to support contracted healthcare providers to keep pace with NHS pay, it does not always reach the intended recipient. This has been the case for Sue Ryder with the 1.7% uplift announced in July 2022, in which NHS England stated, "The allocation will also take account of cost increases on services provided by non-NHS providers...Funding must be flowed appropriately to all providers".⁹

Workforce shortages create salary competition within the hospice sector, as well as a reliance on agency staff. This means that hospices often spend more money on delivering the same level of care, adding to cost pressures and reducing the funding available for expansion of services to meet growing demand.

In order to address workforce shortages in the hospice sector and the increased financial pressures they create, Government must plan for the workforce as a whole system across health and social care, including for charitable providers of essential services. Workforce plans must consider all parts of the system as equal players to prevent unintended consequences for vital services that sit outside the core NHS structure.

There must be appropriate arrangements in place to ensure that additional funding is made available to Integrated Care Systems (ICSs) to support NHS contracted care such as palliative and end-of-life care services with rising pay inflation and that this funding is allocated and spent as intended.

⁸ <https://www.itv.com/news/2023-03-31/uk-hospices-face-funding-crisis-and-need-extra-120m-to-pay-staff>

⁹ <https://www.england.nhs.uk/wp-content/uploads/2022/07/B1863-2022-23-Pay-Award.pdf>