

Palliative and End of Life Care Commission



Association for
Palliative Medicine
Of Great Britain and Ireland

Palliative and End of Life Care Commission

- How it came about
- Collecting the evidence
- The recommendations

PEoLCC – How it came about

- Sept 2024 Kim Leadbeater tops ballot of backbenchers for private members bill on assisted dying
“You’ve currently got a situation where it is suffering, Switzerland, or suicide”
- Oct 2024 Rachel Maskell asked for Govt Commission into PEoLC – declined

PEoLCC – How it came about



“not sure as a country we have the right end-of-life care available to enable a real choice on assisted dying”.

PEoLCC – How it came about

Gordon Brown backs
commission on end of life
care before MPs decide on
assisted dying



PEoLCC – How it came about



Nov 2024

Rachel Maskell, MP for York Central announces an independent Commission for PEoLC

Supported by Baroness Ilora Finlay

Nov – Dec
2024

TOR written,
Membership
agreed,
Launch

March 2025,
Call for
written
evidence

June 2025,
Second report
(written
evidence)

Jan 2025,
Chair appointed,
First evidence
session

May 2025,
First report
(oral
evidence)



TOR and objectives

- To specify the elements of a core palliative service including end of life care for adults and children, which should form the basis of a commissioning specification to underpin funding considerations.
- To develop means of formally measuring the quality of a core palliative care service to inform funding.
- To take evidence from organisations, service providers, individuals and written documents to inform the work of the Commission.
- To address ways of working in an integrated way with other providers of health and social care.
- To propose solutions to identified problems.

The Commissioners

- Chair Mike Richards
- Baroness Ilora Finlay
- Rachel Maskell MP
- Lord Darzi
- Prof Irene Higginson
- Prof Bee Wee
- Prof Julia Riley
- Nick Carroll TFSL
- Sarah Cox APM
- Sarah Holmes Marie Curie
- Toby Porter Hospice UK
- James Sanderson Sue Ryder

The Commissioners

- Chris McDermott MND
- Baroness Campbell disability rights
- Baroness Fraser CEO Cerebral Palsy Scotland
- Caroline Abrahams Age UK
- Jugdeep Dhesi BGS
- Matt Brown Pain medicine
- Karen Harrison Denning Dementia UK
- Catherine Evans Pall care nursing
- Clare Fuller Speak for Me
- Martin Green CEO Care England
- Dame Caroline Swift Former judge

PEoLC – Collecting the evidence

- 10 evidence sessions held in person and virtually in front of commissioners with 113 witnesses
- 6 roundtable events with lead commissioners
- 532 pieces of written evidence

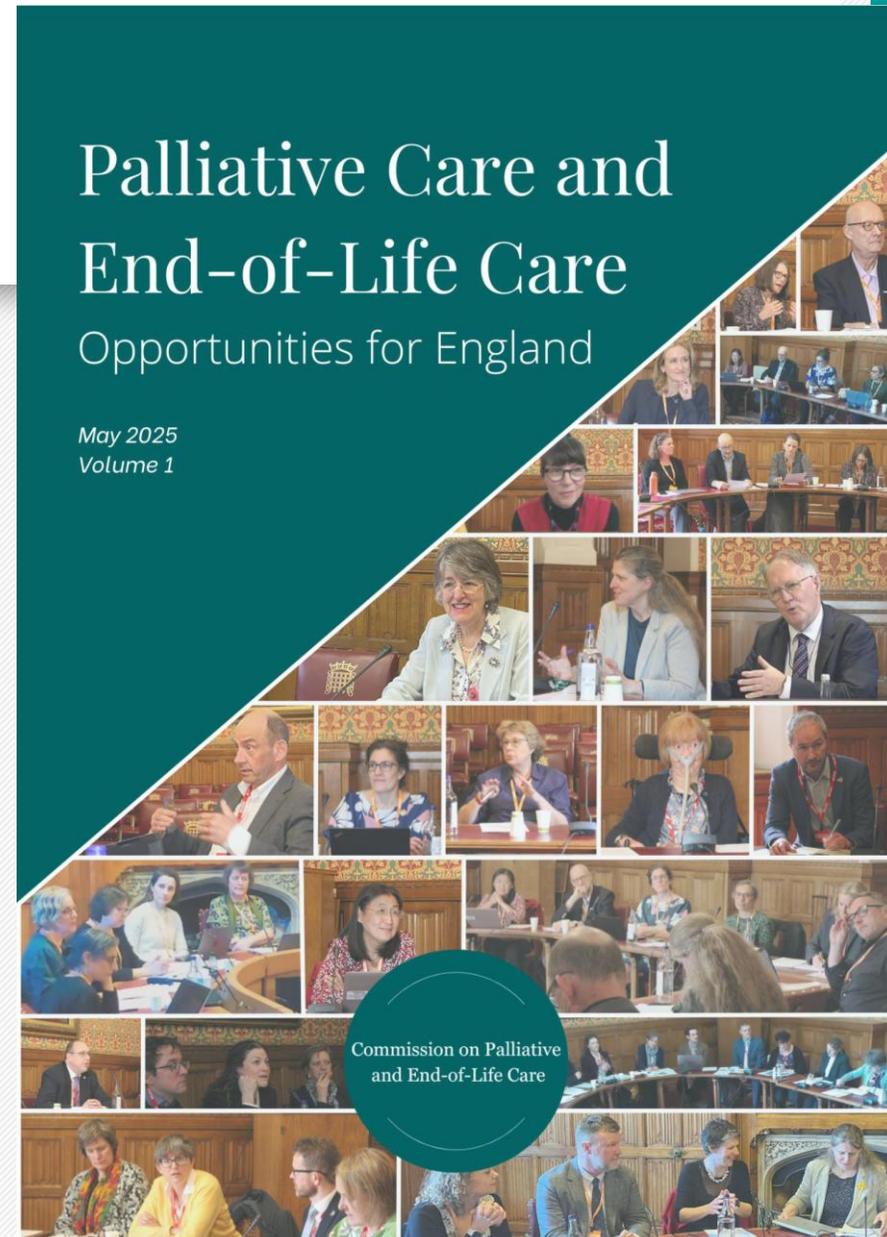


PEoLC reports

Volume 1.

Oral evidence sessions
and Roundtables

In context of 10 year
plan “three shifts”



PEoLC report volume 1

- Prevention
 - Hospital emergency admission
 - Suffering
 - Impact of bereavement

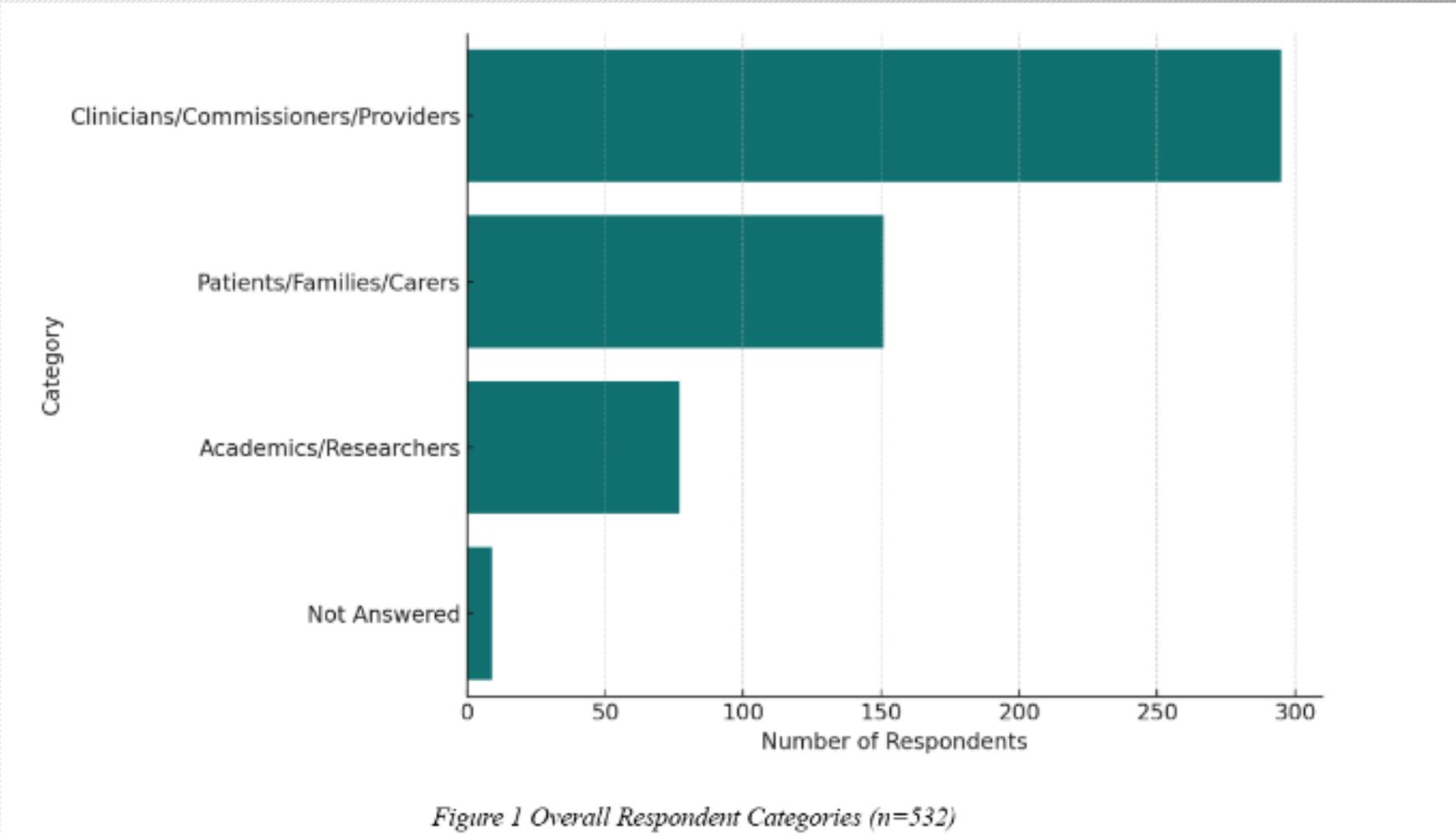


PEoLC report volume 1



- Hospital to community
 - Most impact is EOL care
 - 81% of spend on EOLC is hospital care
- Digital
 - EPaCCs
 - Recognition?

PEoLC Report Volume 2



Themes from written submissions

- Fragmented care pathways
- Inconsistent access to services (esp out of hospital/out of hours)
- Workforce pressures
- Variable funding models
- Lack of public understanding and preparedness around EOL
- Poor recognition of EOL and inadequate communication

Key recommendations

1. Develop a National Strategy for palliative care and end-of-life care
 - For SPC and EOL services
 - Workforce required
 - Annual reporting on milestones by Minister of DoHSc
2. Mandate and fund 24/7 specialist palliative care, working with coordinated general care in every area
 - SPC to be commissioned at a defined level based on local need
 - SPC advice must be sought if pall care needs not better in 48 hours

Key recommendations

3. Improve rapid response to advice and access to community services
 - Expand rapid response OOH support, including access to equipment and medicines in all settings
 - Single telephone point of access for advice to professionals and patients and carers
 - SPC rapid response visiting 8am – 8pm
4. Education and training for all health and social care staff
5. Dual accreditation and recognition of prior experience
 - For GPs to work at senior/responsible level in SPC

Key recommendations

6. Fund research to improve care, especially evaluating community-based interventions and treatments
 - Generate evidence for an Impact Centre to collate and disseminate evidence
7. Support informal carers and families
 - To include bereavement care
8. Integrate health and social care data systems, including with outcomes data
9. Ensure compassionate, open, and timely communication, supporting future care plans
10. Improve understanding around palliative care, hospices and dying

