Hospice UK briefing on DHSC and MoJ Impact Assessment of the Terminally Ill Adults (End of Life) Bill – 6 May 2025

The Impact Assessment (IA) and Equality Impact Assessment (EIA) for the Terminally Ill Adults (End of Life) Bill highlights significant uncertainties in how the proposed system would work in practice. The IA is based on a number of assumptions and estimates, including costs, uptake, and savings. It anticipates the Bill will receive Royal Assent in October 2025 and come into effect around 2029, with much of the detail to be set out later in regulations and guidance.

Key points relevant to hospices:

- **Acknowledgement of the Impact on Hospices:** The IA acknowledges the likely impact on "organisations delivering palliative and end-of-life care" including "hospices which may be funded through NHS or local authority funding or charitable donations." It says, "hospice staff… would need to familiarise their workforce with the VAD service and its processes, including safeguarding, which may entail opportunity costs on staff time."

- **State of Palliative Care**: The IA acknowledges the ICB "duty to provide palliative care services" as well as "unmet need" and known "variations in service provision". It also acknowledges "high levels of demand for end-of-life and palliative care across England and Wales". It cites research saying only 50% of people requiring palliative care in 2021 received it. The EIA cites regional variation in palliative care as a potential reason "for some patients to consider assisted dying… where they may not have done so if appropriate palliative care was available".

- **Workforce and Resourcing:** The IA notes that implementing VAD could affect staffing and resources, but that the extent of this is uncertain. There is concern about how a high level of opt-out among professionals may affect service delivery. While it suggests possible reduced pressures on the palliative and end-of-life care workforce, it notes that any reduction in workload just results in "replacement activity, rather than reduced expenditure." It also suggests there could be "new or increased uptake of care as a result of the preliminary discussion with the registered medical practitioner"

- **Healthcare Costs:** The IA estimates assisted dying could reduce some end-of-life care costs, potentially by up to £59.6m annually by Year 10 of the Bill, based on assumptions about reduced need for palliative care. However, this is based on early and unpublished research by the Palliative and End of Life Care Policy Research Unit.

- **Training Costs and Requirements:** Three tiers of training are proposed, with costs for NHS staff estimated up to £11.5m in Year 1. Training for hospice and other non-

NHS staff has not been costed. Training would include awareness, in-depth service delivery and leadership of VAD services.

- **Equalities Considerations:** The EIA raises concerns about access for disabled people, alongside the impact on women (who provide much unpaid care and make up most hospice staff), and those from different socioeconomic backgrounds. It notes some safeguards in the Bill but says further measures may be needed.

- **Monitoring and Data:** The IA highlights a lack of data on terminal illness and palliative care and says new systems will be needed to track and evaluate the service if the Bill passes.

The full Impact Assessment can be found here and the Equality Impact Assessment can be found here.

Please get in touch with our Policy Team at policy@hospiceuk.org if you'd like to discuss further.