Hospice UK briefing on the Health and Social Care Committee's Expert Panel Report - November 2025

The Independent Expert Panel (IEP), commissioned by the Health and Social Care Committee, have published their evaluation of palliative and end of life care (PEoLC) services in England.

Hospice UK's Clinical Quality Lead, Anita Hayes, was a member of the expert panel. We also submitted written evidence to inform the report's findings.

The report follows an evaluation of palliative care services which began in March 2025. The IEP report was produced ahead of the recent Government announcement to develop a Palliative Care and End of Life Care Modern Service Framework for England, with a planned publication date of Spring 2026.

The Health and Social Care Committee plans to hold an evidence session in the New Year with the Minister for Social Care, Stephen Kinnock, to discuss the findings of the IEP's report.

The expert panel concentrated their evaluation on five 'focus areas', the findings from which are summarised below.

Commissioning of palliative and end of life care services

- The IEP found that efforts to commission effective PEoLC services are impacted by the complexity and variability of the landscape, leading to **differences in quality around the country.** This variability is also due to a lack of a nation-wide framework for how Integrated Care Boards (ICBs) should commission palliative care services.
- The report found that most **ICBs are not equipped to understand the PEoLC needs of their populations** well enough to commission the right services, in some cases due a lack of access to data.
- Additionally, competing financial pressures for ICBs have resulted in insufficient funds being allocated to PEoLC, worsening the financial pressures facing the sector.

Delivery of palliative and end of life care services

- The IEP heard evidence of **PEoLC services under significant strain across all settings**.
    - However, it also highlighted examples of good practice, such as effective partnerships between hospices and GPs, helping patients to achieve their preferred place of care and death
- The panel heard that patients and their loved ones struggle to navigate a complex and fragmented PEoLC system. **The system lacks a single point of access and communication.**

- PEoLC patients, service users and their families are also rarely given the opportunity to plan ahead effectively. Patients were too often not identified early enough and offered advice, and when conversations did take place they were not sufficiently meaningful. The panel also identified that some patients and families struggle to engage with advance planning discussions and the prospect of dying.
- **Bereavement services were found to be valuable but frequently inaccessible** due to patchy levels of provision across the country and a high dependence on voluntary organisations.

Shifting to the community

- The report acknowledges that the government's ambition to shift services from hospitals to the community is highly relevant to PEoLC, but that evidence highlights several challenges that may hinder progress in this area.
- These include **current funding approaches**, which are disproportionately distributed towards hospital care, and **inadequate provision of social care** and widespread workforce and skill shortage.
- Integrating care, including through increased communication and information sharing between services, has been identified by stakeholders as a key enabler of shifting PEoLC to the community.

Workforce, education and skills

- Clinicians highlighted that the health and social care workforce is ill-equipped to meet the needs of people at the end of life because of **insufficient provision of education and training.**
- The **specialist palliative care workforce is in a "critical situation"** and there are additional workforce shortages across the generalist workforce, such as district nurses.
- Children and young people's palliative and end of life services, as well as social care services, are also facing serious shortages of trained professionals.

Inequalities and inequities

- The panel received evidence of systemic inequality throughout the country, both in terms of the quality of services available in different parts of the country, but also inequalities experienced by underserved or marginalised communities.

You can find our public response to the report here.

For more information, please email our Policy team at policy@hospiceuk.org.