

## Hospice UK member briefing on the Modern Service Framework (MSF) for Palliative Care and End of Life Care Interim Update

On 4 June 2026, the Minister for Care in England provided [a written update](#) to Parliament on the MSF for palliative care and end of life care, ahead of the publication of the full MSF in Autumn 2026.

In the written statement, the Minister identifies palliative care and end of life care as a top priority for government. He also confirms that the National Director for Primary Care and Community Services will be writing to systems to require them to move to sustainable contracting of hospice services.

With significant political uncertainty in Westminster, commitments on hospice sustainability and the Modern Service Framework are a welcome first step. We will continue fighting to ensure these commitments bring about the changes we need to see, including the delivery of our [four point plan](#) for fair hospice funding.

Hospice UK's reaction to the update can be found [here](#). If you have any questions, comments or require further information please reach out to [policy@hospiceuk.org](mailto:policy@hospiceuk.org).

### Content of the update:

#### Strategic Commissioning

There is an update on hospice sustainability, which government has embedded into the delivery of the [Strategic Commissioning Framework](#). This is separate to the MSF, which the Government say is a clinically led, evidence-based framework to support sustained improvement in outcomes for patients and carers.

The update says Government will oversee a shift to strategic commissioning, with **a requirement for all ICBs to have clear and transparent contractual arrangements for commissioned hospice activity to meet population need.**

It confirms that the National Director of Primary Care and Community Services **will write to systems with two actions, which are:**

- 1) *'Produce an integrated needs assessment and understand service provision and utilisation.'* It indicates that the assessment of palliative care and end of life care needs can form a part of a wider needs assessment, but it has to be all age.
- 2) *'Move to sustainable contracting of hospice services'* based on this needs assessment. There is also a specific **time-bound requirement to move away from short-term grant funding for adult hospice services from 2027/28.**

#### MSF moonshot and goals

- Most of the statement focuses on the direction of travel of the MSF. It confirms that the moonshot goal of the MSF will be *'that every person who needs palliative care or care at the end of life will have equitable access to high quality support, shaped by what matters to them, their families and carers.'*
- The five working sub goals for the MSF are to:
  - o *'Support our staff and our population to better understand palliative care, death and dying.'*
  - o *'Provide a person-centred approach and ensure equitable access to earlier and more effective identification of needs, in all settings of care.'*
  - o *'Prevent distress through proactive and equitable assessment and management of need closer to home.'*
  - o *'Ensure equitable access to personalised palliative care.'*
  - o *'Deliver palliative care response that is timely, effective and equitable, including access to out-of-hours telephone support, within this parliament.'*

### Measurement and accountability

- The update says Government will ensure the MSF succeeds, where other strategies and plans have failed, by setting out metrics to measure change and **mechanisms to hold systems and providers to account.**
- It says there will be a **shift towards patient and carer centred outcome measurement** to understand improvement, including a focus on inequalities in outcomes across different population groups.
- There will be separate outcome measures for adults and for babies, children and young people.

### Broader work

The update refers to the [Neighbourhood Health Framework](#) objectives to increase the number of people identified as approaching end of life by 10%, and reduce their non-elective admissions and hospital bed days by 10%. As well as the [10 year Health Plan](#) commitment to double the number of people offered a personal health budget (PHB) by 2028 to 2029. It also **says trialling PHBs for people with palliative care and end of life care needs will begin by the end of 2026/27.**

### What this means for our sector

- 1) In the short term, we expect systems to receive a letter from the National Director of Primary Care and Community Services **as soon as Monday 8 June** with a direction to produce an integrated needs assessment and move to sustainable contracting of hospice services. This makes next week an optimum time to get in touch with your local system to support this process.
- 2) There is a risk that ICBs respond to this directive by moving hospices from grant agreements to poorly constructed NHS contracts, where services are still not accurately described or funded in line with the cost of delivery. We have highlighted this risk with DHSC and NHSE and will be closely following the situation. If you are aware of any such practice by local ICBs, please do let us know.

- 3) The MSF will have a welcome emphasis on measuring outcome measures, so it is worth considering how your hospice might respond to increased requirements to collect and share outcome measures with systems and government.
- 4) Every MP will receive an email about this announcement from the Minister, so it is a good time to reach out to your local representatives to share your thoughts.
- 5) The full MSF is not due until Autumn and, while this is a positive direction of travel, a lot can change between now and then. Every week, we hear news of more hospices having to cut services. This announcement also only addresses 1 point of our 4 point plan. Hospice UK will continue campaigning for fair funding as well as engaging in the MSF process.