

Parliamentary Briefing: Fixing End-of-Life and Palliative Care

April 2026

Overview

All older people should be able to die with dignity, comfort, and choice. However, evidence consistently shows that many older people reach the end of their lives without the planning, timely recognition, support, or real choices that would allow them to die in the way they would wish.

The national conversation surrounding assisted dying has brought renewed attention to the urgent need for high-quality, accessible palliative and End-of-Life care. Now that the Terminally Ill Adults (End of Life) Bill has fallen, it is vital this momentum is not lost.

What Age UK would like to see:

The Government must use this moment to truly commit to transformational change in the provision of palliative and End-of-Life care. This includes earlier identification of older people approaching End-of-Life, normalising advance care planning, integrating palliative care within Neighbourhood Health services, 24/7 service provision for palliative care needs, and increased financial investment in End-of-Life care.

Context

Despite deaths occurring overwhelmingly in later life, **older cohorts are less likely to receive specialist palliative care in comparison to younger age groups.**

- Those receiving specialist palliative care, across all settings, falls from 59.3% (aged 18-64), to 51.5% (aged 65-84), and only 38.2% (aged 85+).

The percentage of people who die at home (the preferred place of death) decreases with age from 37.1% (under 65 years) to 22.6% (aged 85+).

Marie Curie's 2024 *Time to Care* report found that **1 in 5 dying people had no contact with their GP in the last three months of life**, and staff across health and social care settings often did not have enough time to provide adequate care for dying people.

Across the UK around 200,000 people are unlikely to get their palliative care needs met each year. Without intervention, around 44,400 more people are unlikely to get their palliative care needs met in 2050, compared to 2025.

Fixing End-of-Life Care: Key challenges and their solutions

1. Delayed identification of older people at the end of their lives frequently leads to unplanned hospital admission and crisis-driven decisions, leaving some older people to die in settings or scenarios they would not choose.

- **Age UK would like to see: Earlier identification of older people approaching end of life, including those without a terminal diagnosis.** Neighbourhood Health models must adopt

tools and protocols to spot increasing frailty earlier. Early identification tools and frailty-based triggers should be mandated within Neighbourhood Health teams.

2. Many older people fall through the gaps, missing the opportunity to have meaningful conversations about their End-of-Life wishes. Older people and their families are often not aware of advance care planning, do not understand it, or are not supported to have this conversation in an appropriate timeframe for meaningful impact.

- **Age UK would like to see: A clear, proactive approach to discussing and recording care preferences.** Advance care planning should be 'normalised' within the system, so older people are encouraged to have these conversations early and have their wishes recorded. To support this, all health and care workers should undertake compulsory training on advance care planning conversations.

3. Postcode lottery in hospice funding and community-based palliative services. Community based alternatives for End-of-Life care are inconsistent, unavailable, or insufficiently resourced, and there is significant variation in the access to and quality of care for older people at the End-of-Life.

- **Age UK would like to see: A shift of End-of-Life care into the community by integrating palliative care within Neighbourhood Health services,** guaranteeing 24/7 community-based support, and establishing a consistent model for community delivery across all areas.

4. Many older people have unmet needs, unaddressed symptoms, lack of pain management, and limited access to GP or community support in their final weeks. Barriers, including digital exclusion, mean some groups of older people are unable to present to the system or access the timely support that they need.

- **Age UK would like to see:** All older people at the end of their life should have access to a single point of contact and 24/7 service provision for palliative care needs, including access to out-of-hours medicines and practical support or advice. There needs to be clear accountability at a national, regional, and local level for unwarranted variation in End-of-Life care and poorer outcomes for symptom management, care coordination, and experience at end of life.

5. Persistent workforce pressures are undermining the system's ability to meet the End-of-Life needs of older people. Challenges including high levels of burnout, ongoing retention issues, and a shortage of specialist palliative care professionals are undermining the system's ability to meet the End-of-Life needs of older people.

- **Age UK would like to see: Increased investment in the health and care workforce, including compulsory palliative and End-of-Life care training, plugging the gap in staff shortages, and funding more specialist roles.** The Palliative and End-of-Life Care Modern Service Framework (MSF) needs to be implemented and monitored within a suitable delivery timeframe and with a fully-costed delivery plan.

6. Hospices are facing significant financial pressures that could result in the loss of crucial services and greater inequity for those needing End-of-Life care.

- **Age UK would like to see: A short-term package of rescue measures** to address the funding crisis facing hospice providers (the sector warns of a funding cliff-edge from April 2026).

What can Parliamentarians do now?

- **Write to the Minister of State for Care** outlining the issues and recommendations in this briefing, including the integration of palliative care within Neighbourhood Health services and improved funding of End-of-Life care.
- **Ask your ICB** about what steps they are taking to ensure palliative and End-of-Life care is being fully integrated into future priorities.
- **Use the Chamber** to raise the issues outlined in this briefing.
- **Join the APPG for Ageing and Older People** to work on cross-party issues affecting older people.

If you have any questions or would like to meet to discuss the issues outlined in this briefing further, please contact publicaffairs@ageuk.org.uk.