



General data

POPULATION, 2023
68,350,000

PHYSICIANS / 1,000 INH, 2021
3.17

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
49,463

HEALTH EXPENDITURE (% GDP), 2021
12.36

UNIVERSAL HEALTH COVERAGE, 2021
88



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC



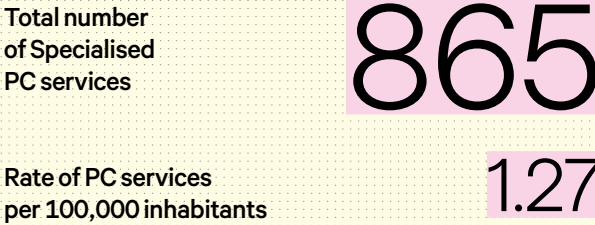
Consultants: Nancy Preston; Joseph Clark; Victoria Hewitt; John Ellersaw; and members of the APM.

National Association: The Association of Palliative Medicine for Great Britain; Hospice UK.

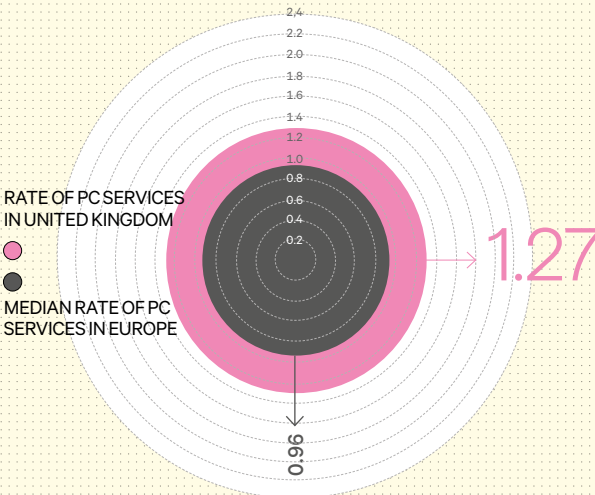
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

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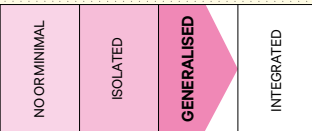
F Provision of PC (Specialised Services)



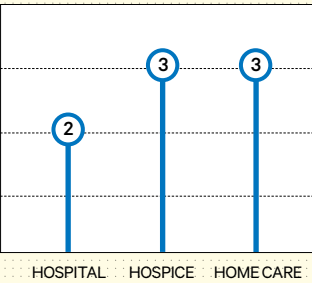
United Kingdom in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



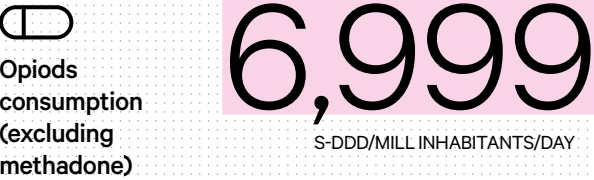
TOTAL NUMBER

40

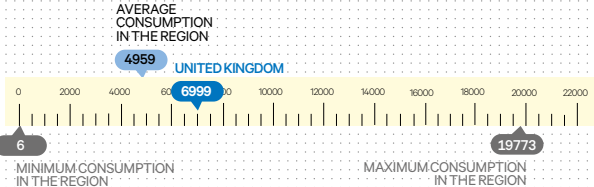


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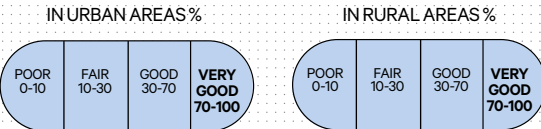
D Use of essential medicines



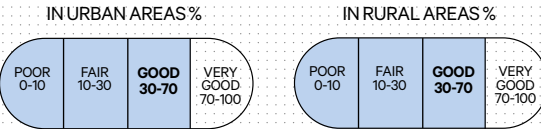
United Kingdom in the context of European region



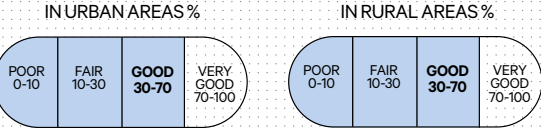
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



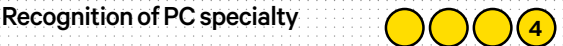
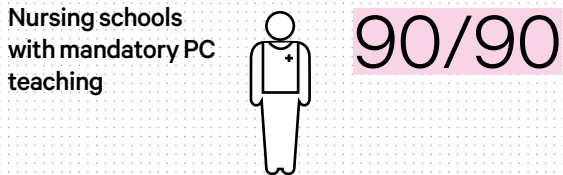
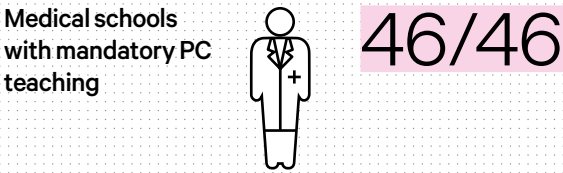
Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training



B Policies



A Empowerment of people and communities



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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div></div><div></div><div></div><div>4</div></div> Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	There are numerous organisations promoting the interests of people with PC needs: 1) the Association of Paediatric PC, 2) the Association for Palliative Medicine of Great Britain and Ireland, 3) the Association for Paediatric Palliative Medicine for United Kingdom and all Ireland, 4) Hospice UK, (national champion for hospices), 5) Macmillan Cancer Support (Cancer information and support to patients and families), 6) Marie Curie (investigate and report on palliative and end of life care), 7) Sue Ryder (Care and support at the end of life and bereavement support); and 8) Together for Short Lives (Support for children with serious illnesses and families). A range of organisations contributed to NHS England's Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026, representing professionals and users. Others include: Age UK (older people), PC for People with Learning Disabilities Network, the National Bereavement Alliance.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	<div><div></div><div></div><div></div><div>4</div></div> There is a national policy on advance care planning.	All four nations have policy and guidance on advance care planning: NHS England, Health Improvement Scotland, NHS Wales, and NHS Northern Ireland. The UK's National Institute for Health and Care Excellence has published guidance on ACP: Advance Care Planning: Guidance for care home managers, Decision making and mental capacity: Quality Standard 2 Advance Care Plans, and NHS England has also issued Advance decisions to refuse treatment (living will). In Paediatrics there is a national Advance care plan document with supported website and education.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div></div><div>2</div><div></div><div></div></div> Developed over 5 years ago. <div><div>1</div><div></div><div></div><div></div></div> Not known or does not exist neither standalone nor is included in another national plan.	The last palliative care strategy for England was published in 2008, while Northern Ireland has no current strategy following the conclusion of its 'Transforming Your Palliative and End of Life Care Programmeme' in 2016. Northern Ireland also lacks statutory obligations for palliative care, regional DNACPR protocols, and health-related powers of attorney. An inquiry is underway to address disparities in palliative care compared to the rest of the UK. Scotland's last strategy ran from 2016 to 2021, with a children's palliative care strategy extending to 2026. A draft strategy is in progress. Wales leads with a National Palliative and End of Life Care Programmeme that provides leadership, monitoring, and evaluation, aligning with government priorities. In England, the Health and Care Act 2022 mandates integrated care boards to address palliative care but lacks strategic depth. National frameworks like 'Ambitions for Palliative

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div>1</div><div></div><div></div><div></div></div> Not known or does not exist.	and End of Life Care' aim to guide local action but do not replace a comprehensive strategy.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	<div><div></div><div></div><div></div><div>4</div></div> Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	PC is included in general health laws of all four nations at the primary health care level. In England, The Health and Care Act 2022 introduced a statutory requirement for Integrated Care Boards to commission PC services as part of their legal duty. There will be a debate in parliament regarding legalisation of assisted dying and this has forced acknowledging wide gaps in access across settings to PC. In Scotland, PC is a delegated function of Integration Authorities (local authorities, health boards, or joint boards) under Scotland's health and social care integration model and a proposed 'Right to PC' bill seeks to establish a statutory right to equitable access. In Wales, the Health and Social Care (Wales) Act 2025 governs the regulation and provision of health and social care services. While it does not specifically focus on PC, it provides a legal framework for delivering integrated health services, including end-of-life care.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	<div><div></div><div></div><div>3</div><div></div></div> There is a coordinating entity but has an incomplete structure (lack of scientific or technical section). <div><div></div><div></div><div></div><div>4</div></div> There are concrete functions, staff and budget.	The Minister of State for Care is responsible for: adult social care (workforce, funding, system assurance and data, markets, technology and innovation, continuing healthcare); hospital and community discharge, health and social care integration, dementia, primary care: general practice, pharmacy, eye care, dentistry, community health, including neighbourhood health services, end of life and PC, disabilities and SEND (special educational needs and disabilities). Part of the Department of Health and Social Care includes: the PC and End of Life Care policy team, Department of Health and Social Care. This year a Policy Research Unit was also established which is a collaboration between universities and the Dept of Health NIHR Policy Research Unit in Palliative and End of Life Care. The Government funds some proportion of PC services. Although, hospices remain charities, raise some of their own funding and operate slightly independently of the formal healthcare system. Thus, they are not subjected to decision-making processes guided by cost-effectiveness (using QALYs).

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> <div>At least one national conference specifically dedicated to palliative care every year.</div>	Several national conferences take place annually; the Association of Palliative Medicine organises regular conferences and events (often national-level events) and also Marie Curie has a national annual conference Research Conference 2025, as well as Hospice UK, whose last conference was held in Glasgow. The Association for Paediatric Palliative Medicine holds a two-day annual conference (with alternate year research days).
Ind7:1 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div></div><div></div><div></div><div>4</div></div> <div>Denotes an extensive number of articles published on the subject.</div>	United Kingdom is responsible for the highest number of submissions to EAPC conference and one of the leading publishers. According to a recent publication, UK was one of largest producers of palliative care publications in the world (subscribed by other bibliometric analysis), and several research groups in the UK publish hundreds of articles each year.
Ind7:2 Inclusion of PC topics in national research calls.	<div><div></div><div></div><div></div><div>4</div></div> <div>There is a palliative care-specific national research call.</div>	UK Research and Innovation has regular funding calls for which palliative care clinical, social and applied health research are eligible. Palliative Care research received a low proportion of funds disbursed, but there is regular and predictable funding.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div>6,999</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>UNITED KINGDOM</div><div>6999</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>	



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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	There is no per capita cap on opioid dose in the UK. However, there are access issues to opioids and other symptomatic medications, particularly for patients at home. Pharmacies may not stock drugs or have to order them, and may not be open when the patient requires the medication. Availability of appropriate route of administration for children is limited with loss of production of key opioids to manage paediatric population.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div>	Immediate-release oral morphine is available but access varies particularly in rural areas in the United Kingdom.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div>	Opioids are available, as set out in the British National Formulary and most prescribers use a limited range of opioids (morphine, oxycodone, fentanyl, buprenorphine, codeine). There were anecdotal reports of some brands and formulations being more difficult to obtain in the community than in hospitals (oxycodone 50mg/ml), with longer supply lead times. The Association for Paediatric Palliative Medicine wrote a national formulary which has been used for over a decade. This formulary support prescribing and awareness of available formulations. Often these formulations are sought from hospitals.

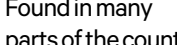
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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>46/46</p> <p>46/46</p> <p>90/90</p> <p>90/90</p> <p>35</p> <p>Yes</p>	<p></p> <p>All medical and nursing schools teach palliative care across undergraduate programmes. The General Medical Council, which regulates medical education, outlines core competencies for medical students, including skills related to palliative and end-of-life care. It is therefore a requirement at the 'Outcomes for Graduates.' Likewise in the nursing field, education is regulated by the Nursing and Midwifery Council, and palliative care is a core aspect. Furthermore, nurse practitioners may specialise in palliative care and are able to prescribe opioids.*Despite this, both in medical and nursing schools, coverage is highly variable in terms of time and depth and, in the paediatric particular field, education is very limited. Doctors who opt to train as General Practitioners have palliative and end-of-life care as a core part of their vocational training as GP trainees to a variable extent. As for nurses, it is not part of mandatory training once they have qualified. Nurses and GPs have the option to undertake further training or continuing education in palliative and end-of-life care throughout their careers, alongside the many other areas of clinical care. There are approximately 35 full professors distributed as follows: Lancaster (4), King's (5), Hull York (3), Liverpool (2), Edinburgh (3), Wales (4), UCL (3), Oxford (1), Sheffield (1), Leeds (2), Nottingham (1), Newcastle (1), Cambridge (1), and two Professors of nursing and palliative care and another 2 paediatric in UCLH and 1 Kings.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine is a speciality under the name: Specialist training and Consultant in Palliative Care.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>Specialised teams are present in all areas of the country, but access is still a problem, with some geographical differences and better provision in the south according to the report 'Better End of Life Report 2024'. Provision is not equivalent to need and there remains regional variations. In 2022 the UK introduced an amendment to the Health and Social Care Act and stated that Integrated Care Boards (ICBs) have a legal responsibility to commission palliative care services to meet the needs of the populations they serve. This includes "non-specialist palliative care delivered by primary, community, acute and urgent care services, as well as specialist-level palliative care services to enable the system to provide personalised care to the person". In spite of commissioning mandates, palliative care, and particularly hospices, rely heavily on charitable funding. Specialist Paediatric Palliative care teams exist in some paediatric hospitals and children's hospices. There is still significant disparity of access to services across the country ranging from no service to a fully functioning service.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>UK</p> <p>1.26</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>865</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p>40</p> <p>PPC TEAMS</p>	<p>Specialist Paediatric PC teams exist in some paediatric hospitals and children's hospices. There is still significant disparity of access ranging from no service to a fully functioning service. There are around 38 children's hospices and the provision at home is patchy - about 30% of services have 24-hour home care provision. Children's PC services rely largely on charitable funding for key posts and services, geographical coverage is variable and provision is not equivalent to need. Community and Primary care services lack training and experience in children's PC. The Association for Paediatric Palliative Medicine supports healthcare professionals and produces an annual conference, national formulary (widely used internationally), topic specific symptom guidelines, and education. There are 42 whole time equivalent paediatric consultants working in the UK.</p>