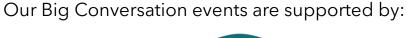
# UK Hospices Data 2024-25

Hospice UK Big Conversation 23<sup>rd</sup> October 2025 (updated 13<sup>th</sup> November 2025)







### Housekeeping



Please keep your mic muted unless you are asking a question



Please note that the presentation (excluding the Q&A) is being recorded



The recording and slides will be on the Big Conversation website after the event



Please use the Chat function to ask any questions as we go along



Al bots are not permitted in these meetings and will be removed



Population data

- <u>PopNAT tool</u> (including hospice catchments)
- Future and unmet needs calculations

Service activity data

- Activity and patient demographic data collation
- Patient safety measures

Workforce data

Workforce data collation

Financial data

- Hospice accounts and financial benchmarking
- Financial sustainability index

Outcomes / impact data

- <u>PCOM360 tool</u> (patient outcome measures)
- Making Data Count (trends and outliers)



### Hospice survey return rates

Survey	2023	2024	2025
Activity	80%	82%	90%
Workforce	73%	N/A	84%

- Activity survey: 21 didn't return data; of which 14 didn't respond to request
- Workforce survey: 35 didn't return data; of which 27 didn't respond to request
- Of the non-responders, 10 didn't respond to either survey request
- 7 have not responded to any of the activity surveys

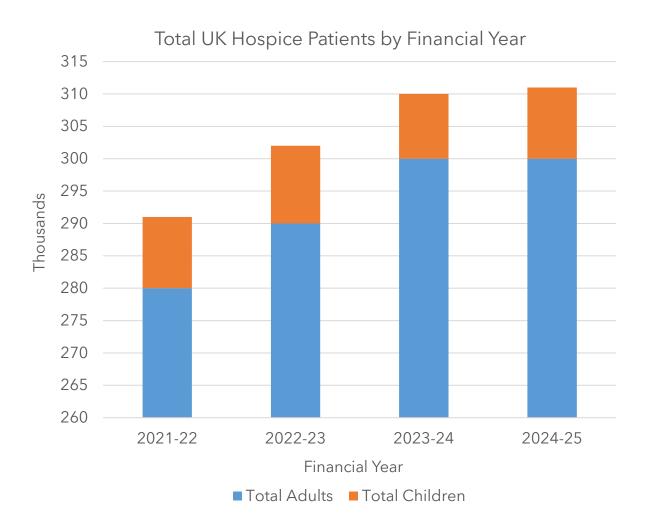


### Using the data

- The more returns, the more accurate the data
- Gaps are filled with data from other sources (eg Charity Commission reports) and extrapolation based on hospice size and averages
- Where complete and with consent, hospice collaborations can receive back the raw data for further analysis
- Locally, shows local hospice picture in context of national one
- Nationally, describes the state of the sector, underpins all Hospice UK's policy, advocacy, campaign and media work
- On that, this presentation contains some figures and messages that are currently UNDER EMBARGO FOR UPCOMING NATIONAL MEDIA, so please DO NOT SHARE PUBLICLY until December 2025



### Total number of patients cared for by UK hospices



Financial Year	Total Adults	Total Children*	Total Patients
2021-22	280,000	11,000	290,000
2022-23	290,000	12,000	300,000
2023-24	300,000	10,000	310,000
2024-25	300,000	11,000	310,000

<sup>\*</sup>children's figures rounded to nearest 1,000 instead of 10,000 to show variation year on year

### The number of patients cared for by hospices in the UK has plateaued for the first time.

The need for palliative care continues to rise and demand for hospice services has led to waiting lists and refused referrals.

This is the case across all nations.

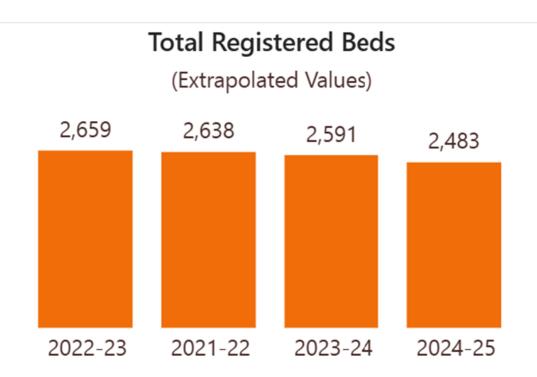


### Carers and loved ones receiving hospice services

Nation	2024	2025
UK	92,000	89,000
England	80,000	77,000
Northern Ireland	1,100	1,700
Scotland	4,200	5,200
Wales	6,600	4,900



### Hospice beds in the UK system



#### **EMBARGOED FIGURES AND MESSAGE**

Nation	Beds	Not in Use	Closed
England	2,065	218	160
Scotland	240	24	24
Wales	95	9	8

For 2024-25, there is a separately reported number of beds closed completely within the past 5 years. This figure is only from the responding hospices and may be included in previous years' unavailable bedday numbers.

The number of beddays not in use during the year, due to systemic issues, is equivalent to this number of beds.



### Activity contact trends across the UK

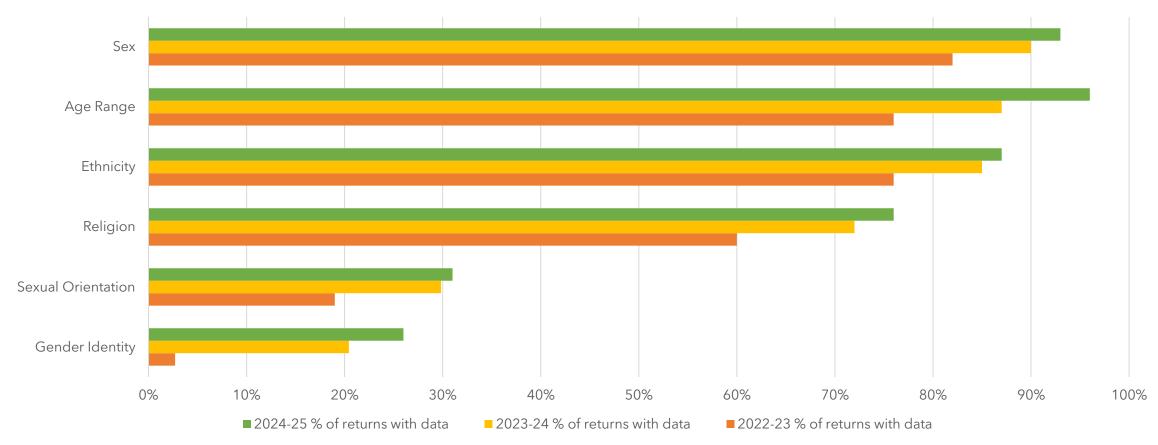
- Occupied beddays have decreased for the first time. Significantly in England. With Wales showing a slight increase.
- Occupancy of available beds has increased slightly, now averaging 77% in the adult sector. Northern Ireland is higher and Wales lower.
- The shift to more generalist services continues across both sectors and all nations. For a variety of reasons.
- However, this year the decrease in specialist visits is significant and not entirely accounted for by shifts in care location or type.
- Care location remains broadly the same except where the outpatient increase means 71% of children's activity is now delivered in a hospice or hospital building. Compared with a stable 44% of adult care activity.

	Number of occupied		Number of specialist	Number of generalist
Year	beddays	appointments	visits	visits
2021-22	570,000	730,000	840,000	540,000
2022-23	580,000	820,000	880,000	540,000
2023-24	630,000	810,000	740,000	740,000
2024-25	610,000	830,000	590,000	790,000



### Demographic data completeness trend





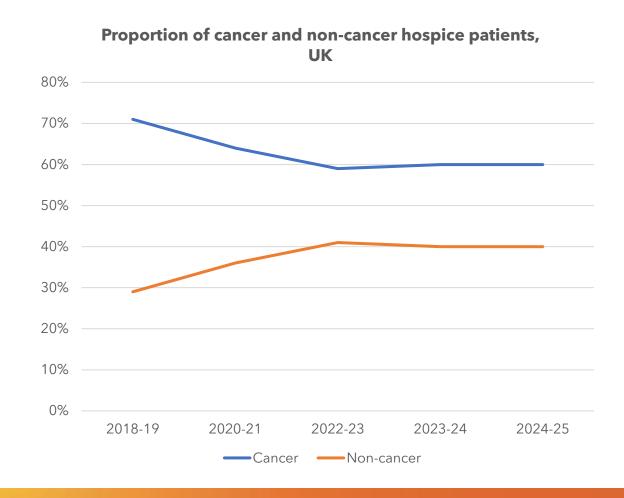


### Cancer / Non-Cancer diagnosis trend

The proportion of cancer and noncancer patients in hospices remains 60% cancer and 40% non-cancer

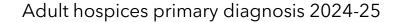
For children's hospices, the proportion of **congenital** and haematology diagnoses is higher this year. Although neurological conditions remain the highest.

In adult's hospices, the proportion of **dementia** diagnoses is slightly higher this year and has overtaken respiratory as the highest non-cancer condition.

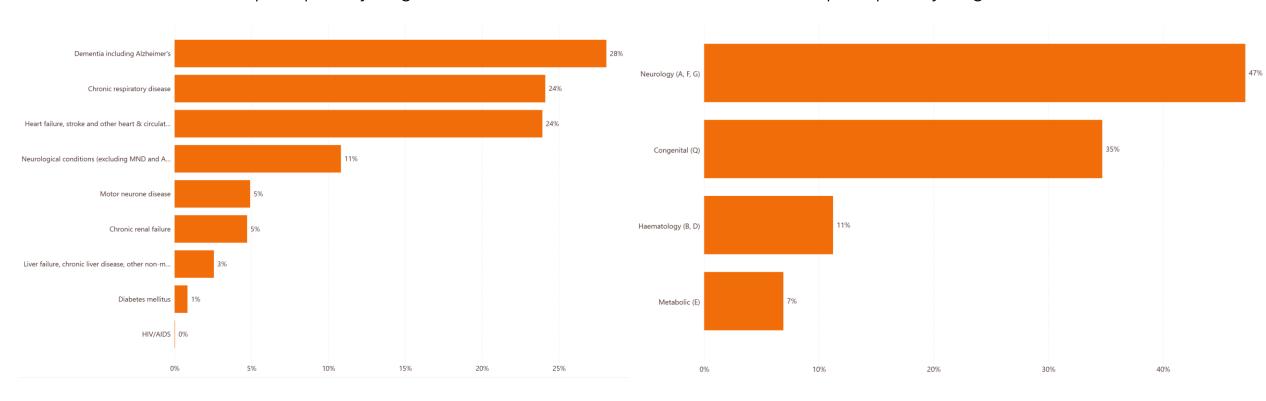




### Non-cancer conditions



#### Children's hospices primary diagnosis 2024-25





### Outcome measures and living alone status

### Patient centred outcome measures (PCOMs):

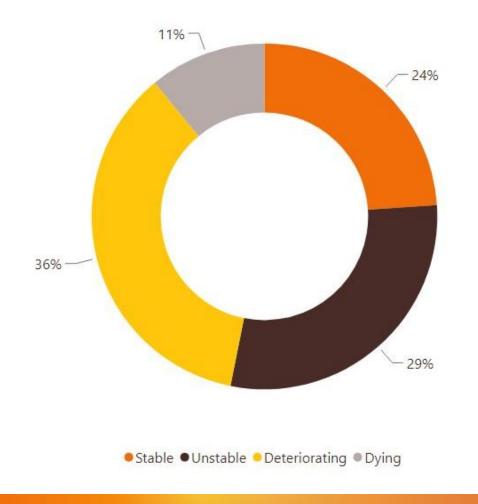
- 94% of hospices record some combination of PCOMs
- 82% are using IPOS and 80% are using Karnofsky
- With a reported 75% average completeness level

#### **Record of living alone:**

- 40% of hospices record if a patient is living alone, up from 31% last year
- 29% of adults being cared for are living alone, similar to the figure recorded last year and with a more accurate dataset

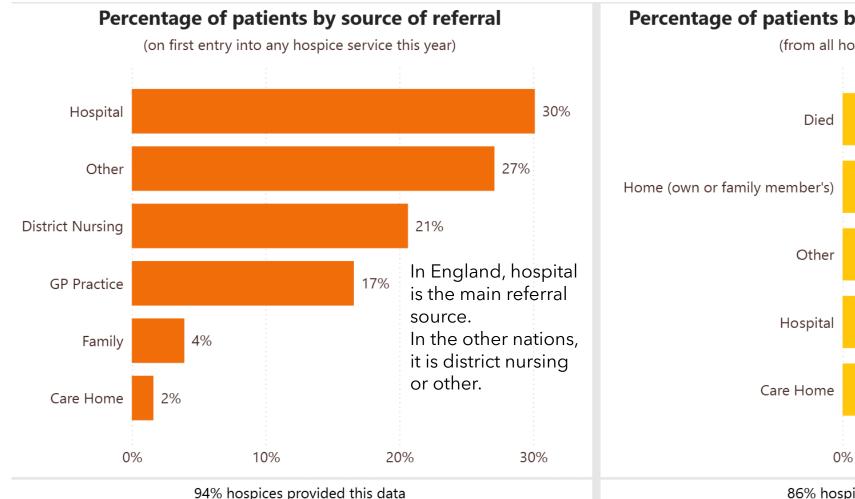


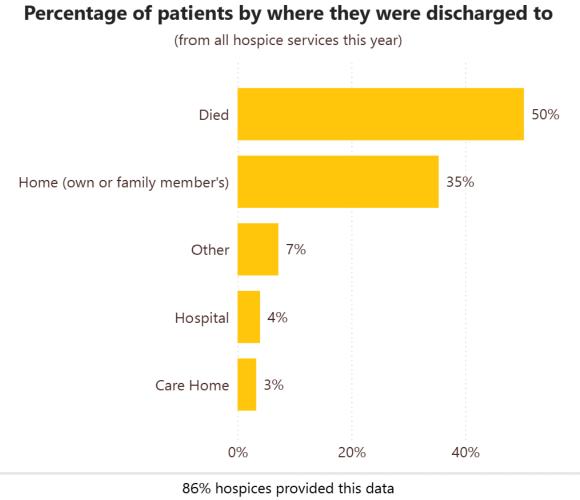
### Phase of illness on entering hospice care





### Referral and discharge sources for adults







### Referral and discharge sources for children

60%

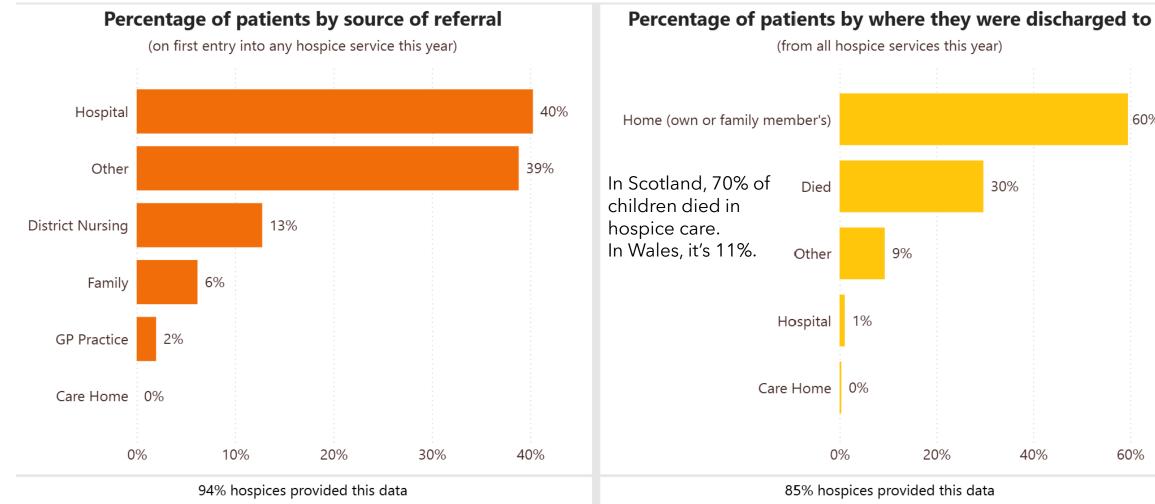
60%

30%

40%

9%

20%





### Length of stay

#### In the adult sector:

- average length of stay in inpatient unit is 19 days (range of 11 to 116).
- Scotland has an average length of stay of 32 days.

#### In the children's sector:

• average length of stay in inpatient unit is 3 days (range of 1 to 55).

Shows the different bed uses. Survey questions need tweaking to disaggregate these in the data returns eg respite, enhanced. Additional question needed regarding time from first referral to death.



### Hospice clinical and care staff WTE

In 2023, a WTE of **14,000 clinical** and care staff were employed by hospices in the UK

#### Of which:

**11,000** WTE nurses and

healthcare assistants

**750** WTE doctors (employed

only)

2,250 WTE other health and

care professionals

In 2025, a WTE of **13,250 clinical** and care staff were contracted by hospices in the UK

#### Of which:

10,450 Nurses and healthcare

assistants

**650** Doctors incl contracted

from the wider system

2,150 Other health and care

professionals

The establishment of clinical and care staff working in UK hospices has started to decrease for the first time

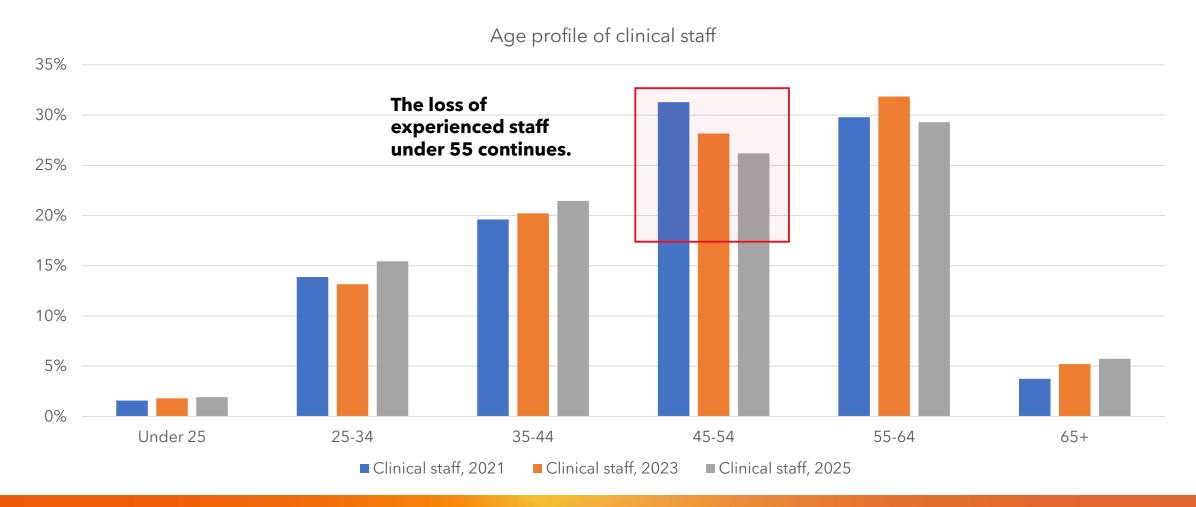


### Hospice workforce breakdown

- Over a quarter of the hospice medics are not directly employed
- Hospices report using 10% additional bank/agency nurses to those employed
- Of the WTE **nursing** workforce: 18% are ANPs / above; 40% are nurses; 42% are HCAs / NAs
- Of the 800 AHP WTE workforce: around 200 each are Physiotherapists, OTs and Social Workers; 57 are Paramedics; 38 are Psychologists
- Operational workforce: 6,800 WTE (not including Marie Curie and Sue Ryder head office staff)
- Income generation workforce: 7,720 WTE (not including Marie Curie and Sue Ryder head office staff)
- Total hospice workforce: 36,350 headcount; 27,780 WTE
- Volunteers: 89,000 headcount



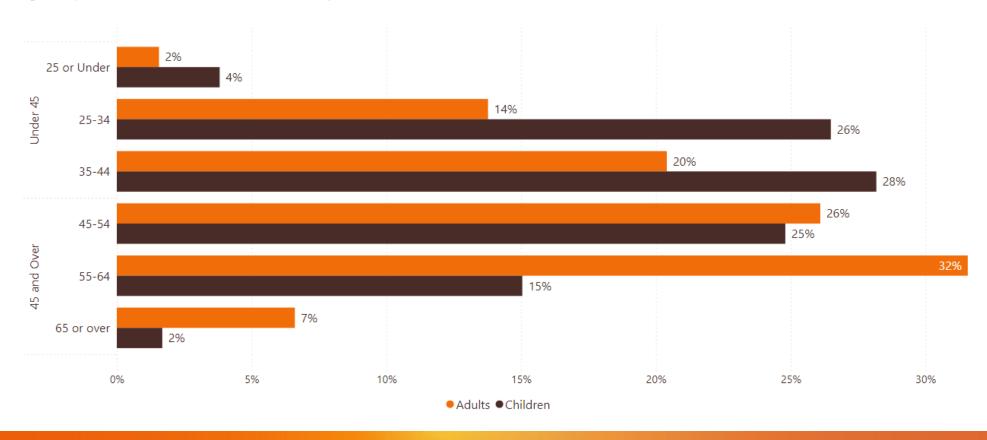
### Age profile of UK hospice clinical staff





# Age comparison between adult and children's hospice clinical staff

Age Comparison of Staff in Adult's and Children's Hospices





### Demographics of hospice clinical staff

- In the children's sector, there has been a 10% swing from staff over 45 to staff under 45
- In the adult sector, the proportion of staff over 55 continues to rise to 38-39% except in Scotland where it is level at 35%. Wales continues to have an increasing and higher proportion at 44%.
- In Northern Ireland, Scotland and Wales, however, there is an increasing proportion of 25-34 year olds. But this may be as much to do with losing the experienced 45-54 year olds as it is younger recruitment.
- The proportion of female care staff is now at 95%.



### HR indicators

- Turnover rate was 17.3%; with Scotland lowest at 14.9%
- 8% of days were lost to sickness. But other than in England, it was around 4%. By comparison, NHSE nursing sickness rate was 5.3%.
- Vacancy rates were on average 4.6%; and vacancies took on average 6 weeks to fill. Survey question needs tweaking to disaggregate vacancies from active recruitment. By comparison, NHSE nursing vacancy rate was 6%.
- The majority of joiners are from NHS hospitals and join because they want to provide PEoLC
- Most leavers also go to an NHS organisation and often because they want a 'career pathway'; but 19% retire



### Data in the media - campaigning





Newly released research reveals nearly 6,000 hospice nurses funded entirely by gifts in Wills National World



### Data for commissioning and funding - consistency

From our data collations:

**Know REACH** 

Who we are seeing

**Know ACTIVITY** 

How much we deliver

**Know COST** 

How much we spend

Working with clinical leads:

**Describe SERVICE MODELS** 

What we provide

Comparing with PopNAT:

**Revisit POPULATION NEED** 

How much is needed

- head of population
- prevalence

Commissioning pack:

**Toolkit STAFFING** 

How many staff

**Toolkit COSTINGS** 

How much per service

Funding asks:

**Local CONTRACTS** 

Plugging the gaps

- based on activity
- based on cost

**National FUNDING** 

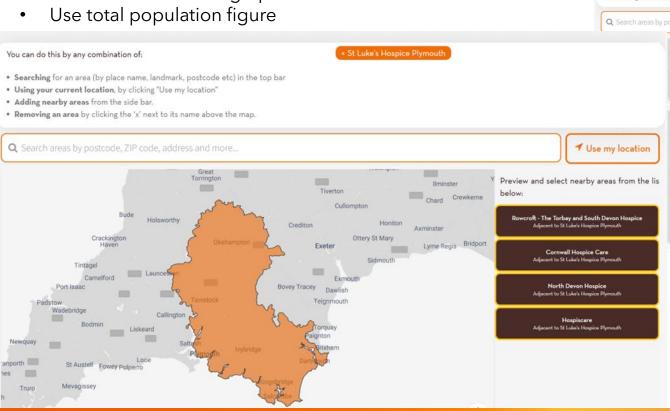
Paying by currencies

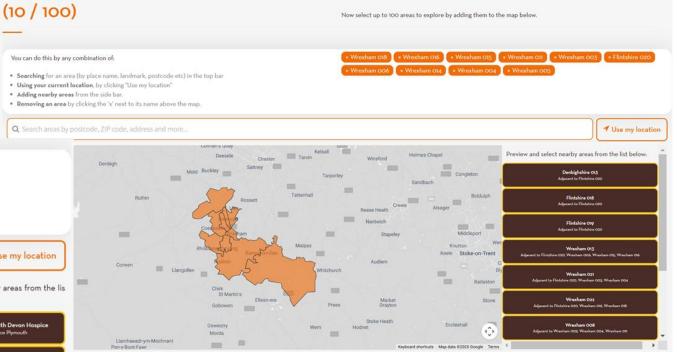


# Catchments and populations in PopNAT - equity Select the Area(s) of Interest

#### Choose hospice catchment area:

- Built on Local Authority Districts
- Dashboards of demographic and health data





#### Build MSOA catchment area:

- Save dashboard URL link
- Use this total population figure instead



### Outcome data for currencies - complexity

- NHSE is rolling out the use of <u>community currencies</u>, including for adult 'last year of life' (LYoL), and children and young people's end of life support
- These currencies have been proposed since the 2011 <u>Palliative Care Funding Review</u> and <u>developed and tested</u> since 2016
- Currencies create units of activity that can then be priced and their costs monitored across service providers
- Palliative care currencies are built on patient casemix segmentation that take account of complexity of need and care
- These are referred to in the ten-year plan, as is 'year of care' funding and personal health budgets
- Similar conversations regarding paying by outcomes / complexity / currency are happening across the UK nations



### Understanding Faster Data Flows – Big Conversation

14:30 – 16:00, Thursday 6 November 2025

Hospices on NHS contracts in England are contractually obliged to report data to NHS England via what was the Community Services Dataset (CSDS) and is now Faster Data Flows (FDF). Over the past couple of years, we, as the hospice sector, have been considering and consolidating our data definitions, recording and reporting. Hospice UK has been engaging with NHS England about national reporting requirements.

At this Big Conversation workshop, we will hear from the FDF team about:

- what the dataset is
- how it is reported from clinical systems
- which hospices are in the phase one roll out
- how other hospices can get involved.









### Feedback Survey

Please consider sparing a few minutes to answer this survey, so that we can continue to improve future Big Conversation events:

https://www.surveymonkey.com/r/2QZG9FV







# Thank you



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