Scottish Partnership for Palliative Care

To Scottish Party Leaders:

Alex Cole-Hamilton MSP, Leader, Scottish Liberal Democrats
Russell Findlay MSP, Leader, Scottish Conservative and Unionist Party
Gillian Mackay MSP & Ross Greer MSP, Co-leaders, Scottish Green Party
Malcolm Offord MSP, Leader, Reform UK Scotland
Anas Sawar MSP, Leader, Scottish Labour
John Swinney MSP, Leader, Scottish National Party

16th July 2026

Dear Leaders,

Palliative Care: a call for cross-party action

I know that you all understand the immense importance of care for people living with life shortening conditions and those approaching the end of life.

In the last Parliament the debates around the Assisted Dying Bill highlighted a remarkable cross-party consensus that Scotland must do better in its provision of palliative care. This consensus was also evidenced in the range of very welcome commitments contained in party manifestos at the recent election.

THREE-POINT SUMMARY

1. *SPPC asks that all parties build on this consensus and work collaboratively over the life of this parliament to achieve the step change that is so urgently needed.*
2. *SPPC asks that all parties support* the development of national standards for palliative care.
3. *SPPC asks that all parties support a review of the resources required for meaningful change.*

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BACKGROUND AND MORE DETAIL

A large and complex challenge

Palliative care is provided to people of all ages with any life-shortening condition and can improve quality of life at any stage of disease from diagnosis onwards. It is provided in multiple settings - homes, care homes, hospitals, hospices, prisons, neo-natal units etc. These settings span the statutory sector, Third Sector and Independent Sector. Palliative care is provided by multiple different health and social care professionals, some of whom are specialists but the majority of whom are not. Alongside formal services of course people also rely on the support of family, neighbours, schools and workplaces. Since serious illness often exacerbates financial hardship, the benefits system also has a role to play.

Because of this diversity and complexity improving palliative care and people's experiences of serious illness, dying and bereavement is a large and multi-faceted challenge.

What will help improvement?

SPPC asks that you support and facilitate two "system-level" actions which will enable tangible change for the Scottish public:

1. Agree National Standards There are no current national standards for palliative care[1]. It seems incredible that such a major area of activity lacks a set of standards. The current situation leaves the public unclear about what they can expect. The absence of standards also leaves planners and commissioners unclear about what they are expected to deliver. It also makes it harder to assess progress, and it weakens accountability. Agreed standards can also provide a framework for collaborative improvement.

2. Review the Resources Required for Change - SPPC contributed to the development of *Palliative Care Matters for All* the current national strategy. The strategy describes broad and ambitious outcomes which we welcome. However, whilst we support the outcomes in the national strategy it is not clear how service providers can possibly achieve many of these outcomes given that the strategy also states *"The strategy delivery plan is not based on substantial additional funding…"*. Of course change and improvement is not all about money. However, there is a need for a *realistic assessment* of the resourcing required to deliver the changes identified in the strategy.

Aside from the need for "new money" there is an opportunity for existing resources to be moved around the health and social care system and deployed more effectively to deliver better outcomes for people. There is good evidence that palliative care interventions can reduce expenditure on time in hospital when it is likely to be ineffective, whilst also shifting care closer to home[2] and improving people's outcomes and quality of life. However, the

[1] In 2002 standards covering specialist palliative care only were published but these have not been updated or reviewed

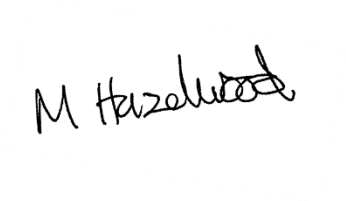
[2] Clarke, May et al Costs and cost-effectiveness of adult palliative and end-of-life care Evidence briefing (2025) NIHR Policy Research Unit in Palliative and End of Life Care

mechanisms do not seem to exist to make such shifts in investment possible. New models such as revolving funds and Investment Standards need to be considered. There is a need for imagination, innovation and risk-taking.

In thinking about resource issues all parties need to remember that care towards the end of life is a major component of what our health and social care system delivers. Take a walk through your local acute hospital anywhere in Scotland and look around - one in three beds is being used by people who are within their last year of life[3]. Not surprisingly, given this huge scale of activity, improving resource use in this phase of life can make a substantial contribution to addressing the aims of the *Health and Social Care Renewal Framework*.

SPPC hopes that you will give serious consideration to how we can all work together to enable these changes. Everyone is affected by serious illness, death or bereavement at some stage in their life. Everyone dies. Everyone loses people they care about. Everyone is deeply affected by these experiences. How Scotland supports people through these most difficult times is a true litmus test of our values as a nation and our determination to put those values into action.

Best wishes



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Appended – Members of Scottish Partnership for Palliative Care

[3] Clark, Graham et al (2016). Likelihood of Death Within One Year Among a National Cohort of Hospital Inpatients in Scotland. Journal of Pain and Symptom Management.
[4] This letter voices the corporate view of SPPC but may not reflect the exact position of each and every member organisation across all issues.

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