Scottish Partnership for Palliative Care

Helen McDade MSP
Convenor
Health, Social Care and Sport Committee

8th October 2026

Dear Helen,

Follow up to round table on palliative care

Thank you for the opportunity to explore key issues in palliative care with the committee last week. I agreed to provide some follow-up on an assortment of issues:

Palliative care training and education

I mentioned the national Palliative Care Education Framework which was revised and re-launched in 2025. It sets out the skills and knowledge required at five different levels of role, from Informed (required by all health and social care workers) to Expert (required by specialists). The Framework is now supported by a new online Palliative Care Learning Hub.

I also referenced the *End of Life Aid Skills for Everyone* public education course (developed by SPPC) which is delivered by community members in many parts of Scotland. The course builds comfort and confidence to provide informal care and support to people living with a life shortening condition, dying and bereavement. The course also prepares people to deal with these situations when they face them themselves. I mentioned that we have developed a taster version of the course for policy-makers and we would be happy to run a session for committee members.

Identifying people with palliative care needs

We discussed "when palliative care starts" and I mentioned the Supportive and Palliative Care Indicators Tool (SPICT). SPICT can be used by health and social care professionals to help identify people with deteriorating health due to one or

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more life shortening conditions, and who may need palliative care. The tool can also trigger future care planning conversations.

Health Social Care and Sport Committee Inquiry Palliative Care (2015)

I mentioned that the Health Social Care and Sport Committee had conducted an inquiry into palliative care in 2015, and that many of the key issues identified in that inquiry remain to be adequately addressed, and recurred in the roundtable discussion. You asked for examples. They include:

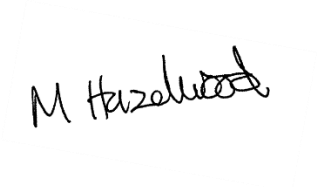
- 24/7 help and support
- Consistency of access to palliative care
- Identification of people with palliative care needs
- Improvement of data on palliative care (including expenditure)
- Systematic gathering of people's experiences of palliative care
- Education of health care professionals

Looking back at the inquiry report I notice that there was little discussion about the effective delivery of recommended changes. The understandable assumption at the time was that a new SG strategy (2015) and the new IJB arrangements would be sufficient. This assumption proved false. In broad terms we know a lot about what good palliative care looks like and the necessary building blocks. What is harder is to ensure that arrangements for leadership, governance, resourcing, planning and accountability are up to the challenge of delivery. Hopefully Public Service Reform provides an opportunity to focus on designing and implementing more effective arrangements.

Funding

I agreed to provide a paper describing features of palliative care funding in Scotland. This is quite a challenge so I will need a little longer.

Yours sincerely



Mark Hzelwood
CEO

Our Values
SPPC aims to embody and uphold the values that underpin palliative care and human rights:
Equity Respect Dignity Compassion Collaboration

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