

Palliative and End of Life Care – 10 asks

1. **Public awareness** Advocate for a public information campaign about death and dying, building on Dying Matters week, which de-medicalises death and encourages people to discuss mortality, better understand 'ordinary dying' at the end of life, plan ahead and express personal wishes.
2. **Recognition of end of life** Improve timely recognition of terminal decline due to underlying disease processes including multimorbidity, advanced dementia and severe frailty; and use tools and data to determine who may have needs associated with being in the last phase of life.
3. **Realism** Ensure all clinical care for people with multiple long-term conditions is informed by an awareness that the end of life may be close, including realistic assessment of the benefits and harms from further treatment.
4. **Personal priorities** Encourage evolving honest conversations with people in the last phase of life and their families and loved ones about what matters to them, enabling discussion about physical, mental, spiritual, psychological and social needs, and benefit versus burden of active treatment; and document preferences through Advance Care Plans.
5. **Legal rights** End of life care is a right in law – this should be universally accessible, person-centred, recognising the individual experience and desires of the person dying, and the informal care provided by loved ones.
6. **Symptom management** Provide support at the end of life by ameliorating unpleasant physical, psychological and existential symptoms which otherwise cause end of life to be distressing and burdensome.
7. **Preferred place of death** Enable more people to die in their preferred place of death; currently 75% do not die in the place of their choosing; ensure the right workforce is in place across acute, community, primary and social care to support dying in someone's preferred place.
8. **Skilled workforce** Make education and training on end of life care available for all generalist health and social care professionals supporting people at the end of life, including training on managing uncertainty and parallel planning for different scenarios.
9. **Shared information** Deploy effective health communication systems to share information, including advance care plans incorporating advance decisions to refuse treatment and preferred place of death, between specialists, generalists and informal carers who are involved at the end of life.
10. **Aligned services** Ensure alignment of services to optimise seamless transfers of care, share information across services, minimise avoidable delays and deliver appropriate, timely palliative and end of life care 24/7.