

GM Hospices

Provider Collaborative

●●●●●●●● Caring Together

Adult & children's hospice services 2026/29



Greater Manchester Hospices Provider Collaborative Strategic Plan 2026-29

Vision

No matter their borough or background, every person in Greater Manchester with life-limiting illnesses and complex care needs can access the support required to live well and to die well.

Mission

Hospices in Greater Manchester will work together, and with health & care partners, to ensure high-quality Specialist Palliative Care is available to all those who may need it, when they need it – and that Hospices are recognised, valued & fairly funded as a core part of that provision.

Strategic priorities 2026-29

This strategy sets out how, in a unified approach as a Collaborative, the GMHPC can most effectively complement and add value to our individual hospices' own strategies & work plans:	
1. Financial sustainability & fairer funding	We will fight to ensure the long-term future of hospice care in Greater Manchester by championing fair, stable and sustainable funding arrangements, which enable us to meet increasing demand and protect vital services for local people
2. System leadership & collaboration	We will strive to ensure everyone in Greater Manchester receives timely, high-quality palliative care, adopting a central and influential role in shaping policy, funding, and service design across the health and care system
3. Inclusive, accessible & culturally sensitive care	We will work closely with a wide range of partners to better understand and meet the diverse needs of all communities in Greater Manchester, and to address known inequalities in end-of-life care
4. Data, outcomes & intelligence	We will integrate meaningful, consistent hospice data into Greater Manchester's intelligence framework, in order to evidence impact, improve planning, and secure sustainable funding for palliative care capacity across the whole system
5. Workforce development & planning	We will help ensure everyone affected by life-limiting illness accesses the skilled, confident care they deserve, working together on education, planning & partnership to build and support a well-trained, sustainable workforce across GM
6. Clinical governance & quality improvement	We will work together to provide safe, modern, and high-quality care, constantly innovating and improving how we support patients whilst also making the best use of our limited resources
7. Empowered communities	We will help people with life-limiting illnesses, and their loved ones, understand their choices; and support communities to talk openly and positively about palliative care, death, and dying



"The Greater Manchester commitments to palliative and end of life care provide the foundation for working collaboratively to ensure people can live well as they approach the end of their life, and die as comfortably as possible in the place of their choice.

Equitable access to high quality, holistic, personalised palliative and end of life care, at home and through our hospices and other providers, not only ensures a more positive experience of death and dying for Greater Manchester individuals and their families, but also protects other health care services"

GM Integrated Care Partnership strategy:
'Improving health and care in Greater Manchester 2023-2028'

"As people live longer with complex and often changing needs, there is a growing need for palliative care that can help manage symptoms, support decisions about treatment and care, and address physical, emotional, social and spiritual concerns. This approach helps people live as well as possible, throughout the course of serious and often fluctuating illnesses and at the end of life..."

Improved palliative care and end-of-life care has the potential to be a prime example of the 'three shifts' advocated by the Secretary of State for Health and Social Care, delivering benefits both for patients and for the NHS"

Commission on Palliative and End-of-Life-Care recommendations (2025)



Aligned to key National/GM standards, strategies & resources

National	Greater Manchester
<ul style="list-style-type: none"> • UK Gov't: Modern Service Framework for Palliative Care & End of Life Care (due Spring 2026) • NHS 10 Year Plan: 'Fit for the future' (2025) • NHS England: Ambitions for palliative and end of life care: a national framework for local action (2021) • Commission on Palliative and End-of-Life Care recommendations (2025) • Lord Darzi: 'Independent Investigation of the NHS in England' (2024) • Hospice UK Strategy, 2024-29: 'Hospice care for all, for now and forever' • National Institute of Clinical Excellence (NICE) – clinical guidelines & quality standards • Care Quality Commission (CQC) Assessment Framework • CQC EoLC review: 'A different ending' (2016) • National Audit of Care at the End of Life (NACEL) • Gold Standards Framework • Royal College General Practice (RCGP) / Marie Curie Daffodil Standards • Leadership Alliance for the Care of Dying People: 'One Chance to Get it Right' (2014) • Parliamentary & Health Service Ombudsman report: 'Dying without dignity' (2015) 	<ul style="list-style-type: none"> • GM Commitments to palliative care individuals approaching or within the last year of life (2019 - linked to Ambitions) • GM Integrated Care Partnership Strategy: 'Improving health and care in Greater Manchester 2023-2028' • Greater Manchester Strategy: 'Together we are Greater Manchester' (2025) • North West End of Life Care Model & Good Practice Guide



Metrics against which our impact & progress can be monitored

The following data metrics will enable us to establish a baseline for where we are, and then track meaningful progress as a Collaborative moving forwards:

1. Shared KPIs across quality, access, sustainability
2. Activity data: GM Hospices' internal activity data set, and integration of hospice data into the population-level End of Life Care activity dashboard (GM Intelligence Hub)
3. Equity metrics to identify and address health inequalities
4. Real-time capacity/operational risk data
5. Impact/outcomes data, e.g. OACCS/IPOS, at population level.



GMHPC Strategic Priorities 2026-29

1. Financial sustainability & fairer funding

"We spend five times as much on supporting people in the final year of life as hospital inpatients, as we do supporting them with primary care, community health and hospice care"
(Nuffield Trust report 'Public expenditure in the last year of life', 2025)

"Shifting resources towards community-based and anticipatory palliative care prevents emergency hospital admissions"
(Commission on Palliative and End-of-Life-Care, 2025)

<p>Why this matters</p>	<ul style="list-style-type: none"> Prospects for individuals in GM to experience good outcomes of care are greatly dependent on the capacity of local SPC services (e.g. hospice inpatient beds) to consistently meet local demand However, rapidly rising demand and service costs, together with an increasingly precarious funding model, are not just preventing further expansion of services – they are also endangering current provision. This prevents optimal support being available to those who need it Securing long-term, fairer statutory funding is vital to the ongoing viability of hospice services, and our ability to respond to current and future demand GM Hospices must engage proactively with the right stakeholders and decision-makers, regionally and nationally, to make the case for long-term commitments to a fair & sustainable statutory funding model for hospices We must also collaborate to identify & deliver any shared cost-saving or revenue-generating opportunities, over and above our individual efforts 	
<p>Priority actions</p>	<p>1. Seek new deal with GM ICB, highlighting how 2024 SPC recommendations on hospice funding/contracts have been implemented locally, and limited impact they have had (ongoing variability of funding levels; financial fragility; impact on hospices' reserve levels; erosion of vital patient services; outstanding need for more sustainable funding reform to protect patient care)</p>	<p>Spring 2026</p>
	<p>2. Engage with Gov't, via NHSE working groups, GM MPs and Hospice UK, to influence development & delivery of new Modern Service Framework for PEO LC (defining what good looks like, providing support for commissioners, e.g. contractual guides & clearer payment mechanisms focused on consistency, outcomes and VfM)</p>	<p>2026</p>
	<p>3. Business case development: submission of proposal(s) to ICB for GMHPC-led solutions to system problems, which may well require additional targeted statutory funding (e.g. to deliver Nursing Career Pathway/Framework)</p>	<p>2026</p>
	<p>4. Identify & explore new ICB funding models, e.g. use of fast-track CHC funding</p>	<p>Ongoing</p>
	<p>5. Data: explore methodologies for quantifying hospices' Return On Investment, e.g. admissions avoidance/opportunity cost; 'social value' of hospice care (working with Hospice UK/academia)</p>	<p>Summer 2026</p>



	6. Income generation workshops: set up workshops/training across the group to make sure we're all maximizing our charitable revenue opportunities	Summer 2026
	7. Joint procurement/tendering opportunities (North-West level)	Ongoing
	8. Marketing & Comms strategy to support the above: national messaging, ICB messaging, engagement with local communities	Spring 2026

2. System leadership & collaboration

'Too little, too late': People with life-limiting conditions deserve excellent palliative care from the moment they need it, which for many is from the time of diagnosis. However, many people across the UK do not receive specialist palliative care when they need it... This is despite strong evidence to show that it improves quality of life, is cost effective, and decreases emergency admission to hospital"

(Commission on Palliative and End-of-Life-Care, 2025)

<i>Why this matters</i>	<ul style="list-style-type: none"> Statistics show there is considerable variability in the provision of palliative care services to support individuals in the last year of life across Greater Manchester It is essential that GM's hospices – recognized as essential and expert system partners, not supplementary providers – have influential positions and voices in the system to drive the changes required, e.g. addressing the growing demand for SPC (especially inpatient beds), ensuring all people with SPC needs can access timely and appropriate care We must be actively embedded in the right strategic conversations, forums, and decision-making groups locally, regionally, and nationally – in order to influence policy, secure fairer funding, and ensure hospice care is fully integrated into wider system transformation so we can deliver timely, equitable and boundary-less care for those who need us 	
<i>Priority actions</i>	1. Map GMHPC services & offer to key national/GM strategies & agenda – to ensure our offer aligns with the system's own strategic commissioning priorities	Spring 2026
	2. Map our key stakeholders/hospice 'champions' at both GM and locality system level, paying heed to the increased neighbourhood focus nationally	Ongoing
	3. Local system leadership: representation on local Boards to influence PEOLC decision-making and resource allocation	Ongoing
	4. Business case development: submit menu of options to the ICB for GMHPC-led 'test of change' pilots (scaled-up pan-GM solutions to shared system challenges, aligned with key GM/national strategies & priorities)	Summer 2026
	5. Facilitate Children's Hospices' vital role supporting community face-to-face care, focusing on gaps in out-of-hours services (e.g. supporting 3-year funded Kentown model)	Spring 2026
	6. Marketing & Comms strategy to support this, e.g. finalise plans for a GM Hospices website	Spring 2026



3. Inclusive, accessible & culturally sensitive care

"A person's diagnosis, age, ethnic background or social circumstances should not affect the quality of care they receive at any point, but certainly not at the end of their lives"

(Prof Steve Field, Chief Inspector General Practice)

"Where commissioners and services are taking an equality-led approach that responds to people's individual needs, people receive better care. Although some commissioners and providers of end of life care are doing this well, many are not"

(CQC report "A Different Ending", 2016)

<p>Why this matters</p>	<ul style="list-style-type: none"> • There is evidence in GM that certain groups & individuals in society are experiencing poorer outcomes of palliative care (e.g. failing to achieve preferred place of death) because providers & commissioners do not always understand or fully consider their specific needs (CQC: 'A different ending', 2016) • GM Hospices must ensure we are delivering consistently personalised, appropriate and culturally sensitive care - easily accessible to anyone who needs it regardless of their diagnosis, social circumstances, background or identity. This is crucial to their quality of life and autonomy, and impacts greatly on those who are close to them and care for them • GM Hospices maintain a critical role in engaging with and understanding the needs of our diverse communities, and working with system partners to develop inclusive & culturally-sensitive pan-GM solutions • National policy strongly supports this direction, and it remains a pressing operational challenge across GM 	
<p>Priority actions</p>	<p>1. Workshops for individual hospices to share best practice, e.g. approaches to comms & outreach for traditionally under-served groups/individuals</p>	<p>Spring 2026</p>
	<p>2. Data/equity metrics to identify and address health inequalities: perform baseline 'Year 1' exercise to self-assess whether our patient population appropriately reflects the populations we serve, e.g. comparison to PopNAT data (this will also enable us to implement & monitor future improvements)</p>	<p>Spring/ Summer 2026</p>
	<p>3. Marketing & Comms strategy: engage with service users, loved ones & communities to hear about their experiences of PEOLC/ hospice care, and any barriers which may have prevented them or others from experiencing good, personalised PEOLC</p>	<p>Spring/ Summer 2026</p>
	<p>4. Collaborate with local community engagement groups to reach into under-served communities, and listen to their perspectives/ experiences</p>	<p>Ongoing</p>



4. Data, outcomes & intelligence

"Hospices are something of an intelligence black hole"

(NHS GM Integrated Care commissioning lead to GM Hospices Collaborative, 2021)

"In the NHS what gets measured, gets funded"

(Lord Darzi report: 'Independent investigation of the NHS in England', 2024)

<p>Why this matters</p>	<ul style="list-style-type: none"> • A robust data & intelligence strategy is needed to help us evidence our reach and impact, identify gaps, and influence commissioning and statutory funding decisions • Particularly urgent is the need to integrate our data into population-level GM Intelligence Hub dashboards, to support better system-wide planning and visibility • Joining these secure, well-established data flows will not only reduce the burden on our own internal analysts, and ensure IG compliance - but also ensure our numbers are pooled with data from other providers to achieve a Whole System view (e.g. what's really happening, what's working and what isn't, where might system resources be more effectively and efficiently reallocated) 	
<p>Priority actions</p>	<p>1. Facilitate submission of hospice activity data to Intelligence Hub, to populate End of Life Care Activity dashboard: to evidence our reach/impact in the context of system-wide provision, and inform system-wide decision making</p>	<p>Ongoing</p>
	<p>2. Facilitate submission of real-time Capacity & Operational Pressures Escalation (COPE) data to the ICB: to maximise the utilization & integration of Hospice services (key part of any funding commitment), and enable escalation of issues (e.g. capacity, staffing) by the GM System Coordination Centre</p>	<p>Spring 2026</p>
	<p>3. Work with NHSE and Hospice UK to support any national data flows informing delivery of the Modern Service Framework for PEoLC, e.g. Community Faster Data Flows</p>	<p>Summer/ Autumn 2026</p>
	<p>4. Engage with impact/outcomes data opportunities, e.g. OACCS/ IPOS: both to help inform individual patient care and service-level improvements; and to help evidence the complexity of hospice patients and positive impact of hospice care at a population level (i.e. a critical investment for the system)</p>	<p>Ongoing</p>
	<p>5. Improve GMHPC detailed activity data aggregation & benchmarking – with new dashboards and therefore improved visualization/ analysis of data</p>	<p>Spring/ Summer 2026</p>
	<p>6. Create 'coding dictionary': first step to agreeing consistent coding across our hospices for all these data sets, to help the smoother extraction of data and more meaningful aggregation/comparison</p>	<p>Spring/ Summer 2026</p>



5. Workforce development & planning

"When asked to identify the top three barriers to delivering optimal palliative and end-of-life care, academic respondents most frequently cited workforce-related issues, including staff shortages, insufficient training, and difficulties retaining skilled professionals"

(Commission on Palliative and End-of-Life-Care, 2025)

<p>Why this matters</p>	<ul style="list-style-type: none"> To ensure people affected by life-limiting illness receive timely & effective care, information & support, GM's health & social care workforce needs the numbers, capacity, skills, competence, confidence and psychological safety to deliver it Meeting the ICB's statutory PEOLC responsibilities requires a Whole Population approach, involving generalist and specialist services across all settings Effective PEOLC education & training is key in all care sectors to building & sustaining a workforce that is fit for purpose, ensuring better outcomes for patients and families, and reducing needless pressure on acute services. As the experts in PEOLC GM Hospices could play a vital role in delivering this Smarter workforce planning is also essential to future-proof hospice care models. Hospices must be able to recruit, and then successfully retain, the staff and volunteers required to sustainably meet the specialist needs of the communities we serve. This requires effective succession planning and retention strategies that go beyond training alone 	
<p>Priority actions</p>	<p>1. Lead on GM delivery of SPC Nursing Career Pathway & Education Framework, incl training on the ground, and closer partnerships with universities/academia to support co-design/ delivery of courses</p>	<p>Summer 2026</p>
	<p>2. Engage with system-wide GM/national workforce mapping & data</p>	<p>Ongoing</p>
	<p>3. Mobilise Dr Dave Waterman's discussion paper: a review of current evidence of the minimum SPC workforce required for ICBs to meet the National SPC Services Spec, enabling localities to self-assess and undertake gap analysis</p>	<p>Ongoing</p>
	<p>4. Partner up with L&SC Hospices Together and Hospice UK to align activities, e.g. joint design & streamlined delivery of 'core' education & training to Hospice staff</p>	<p>Ongoing</p>
	<p>5. Explore joint Volunteer training programme: to boost take-up, effectiveness & retention</p>	<p>Spring 2026</p>
	<p>6. Succession planning: develop joint strategy to identify high-risk roles/staff groups and proactively manage that pipeline</p>	<p>Autumn 2026</p>
	<p>7. Shared Business Continuity agreement, to help us support each other through individual crises</p>	<p>Autumn 2026</p>
	<p>8. Closer partnerships with universities/academia to promote clinical research as a recruitment & retention enabler ('university hospices')</p>	<p>Summer 2026</p>
	<p>9. Support local T-Level qualifications in PEOLC: partner up with local colleges to co-deliver T-Level programmes and boost future pipeline of nurses</p>	<p>Autumn 2026</p>
	<p>10. Facilitate hospices' access to UK Apprenticeship Levy</p>	<p>Summer 2026</p>
	<p>11. Support hospices to manage ongoing impact of Assisted Dying legislative process on staff & volunteers</p>	<p>Ongoing</p>



6. Clinical governance & quality improvement

"The will, determination and innovation of organisations working collaboratively to find new ways of delivering better care will, and must, make a difference"

(NHS England's 'Ambitions framework for palliative and end of life care', 2021)

<p>Why this matters</p>	<ul style="list-style-type: none"> As hospices we must be responsive and evidence-led organisations, seeking and maintaining models of care delivery that are modern, fit for purpose, safe, compliant and sustainable, whilst embracing innovation and technology This is critical for us to continually adapt to the rapidly changing needs of the PEoLC communities we serve Collaborative working and mutual learning as a GMHPC group enables us to define and level up our standards as a collective, meet our shared regulatory compliance responsibilities, minimise unwarranted variation, and avoid needless duplication of effort – in short, to help ensure high-quality patient experience & outcomes while making every penny of our stretched resources count 	
<p>Priority actions</p>	<p>1. Share core KPIs: align our key quality, access & sustainability metrics, for the purposes of consistent ICB reporting and meaningful internal benchmarking</p>	<p>Spring 2026</p>
	<p>2. Digital integration & innovation strategy: shared roadmap for identifying and taking advantage of new technologies / shared opportunities in IT, digital and cyber (e.g. safe and effective use of AI)</p>	<p>Spring 2026</p>
	<p>3. Freedom To Speak Up: joint work on creating an inclusive culture and environment in which our employees feel empowered to speak up</p>	<p>Ongoing</p>
	<p>4. Identify, through our Quality & Governance Network, any shared opportunities for quality improvement and/or compliance with ever-changing regulatory requirements (e.g. immediate focus on patient safety/PSIRF; exploration of opportunities for joint thematic clinical quality audits)</p>	<p>Ongoing</p>
	<p>5. Clinical research: closer partnerships with universities/academia as an enabler for meaningful, evidence-led service improvement & development</p>	<p>Spring/ Summer 2026</p>
	<p>6. Improved transition from Children's to Adult Hospice services: support relationships and the development of appropriate transition services</p>	<p>Spring/ Summer 2026</p>



7. Empowered communities

"Society needs to restart the conversation about how to die well: with dignity, compassion, and preferences respected"

(Lord Darzi report: 'Independent investigation of the NHS in England', 2024)

<p><i>Why this matters</i></p>	<ul style="list-style-type: none"> Individuals experiencing a life-limiting illness should be fully involved in shared decision making. Conversations about their condition & future care should be open and honest, so they are fully informed of their choices and empowered to plan meaningfully for their future care needs in accordance with their wishes and beliefs Hospices have long-since understood that we and our system partners must empower our communities to talk about palliative care, death and dying in an open, healthy and constructive way. We are particularly well placed to promote public and professional understanding of what palliative care can offer, and how to access timely support - and thus shift the culture around how we talk and prepare for death 	
<p><i>Priority actions</i></p>	<p>1. Marketing & Comms strategy for a joined-up public awareness campaign around PEOLC and Hospice care, myth-busting and ensuring our communities are aware of their choices and entitlements</p>	<p>Spring 2026</p>
	<p>2. Engagement with service users, e.g. aligned patient experience surveys, to understand what they want and need from us (what problems are we actually trying to fix?)</p>	<p>Summer 2026</p>
	<p>3. Engage with service users and local community engagement groups to identify and address any barriers to equitable care, in particular for traditionally underserved individuals and groups [see 'Inclusive, accessible & culturally sensitive care']</p>	<p>Ongoing</p>
	<p>4. Explore ways we can expand/level up our community support forum offer, e.g. Death Cafes, Grief Cafes, Dementia Cafes, etc</p>	<p>Spring 2026</p>
	<p>5. Explore possible joint revenue generation campaigns, e.g. refresh of joint legacies work</p>	<p>Spring 2026</p>

