Royal College of Occupational Therapy Response to Consultation on Palliative and End of Life Care

September 2025

Introduction

Occupational Therapists (OTs) play a vital role in delivering personalised, high-quality palliative and end of life care (PCEoLC) across England. As part of multidisciplinary teams, OTs support people to live well until they die, focusing on what matters most to individuals and their families. This submission outlines key mechanisms to improve access, quality, and sustainability of PCEoLC, drawing on frontline experience and aligned with the priorities of the 10-Year Health Plan.

This response was written in collaboration with RCOT's Palliative and End of Life Care Practice Network.

1. **Increasing Access**

Mechanism: National Standards for Equipment Provision

- Equipment delays are a major barrier to timely care. Inconsistent delivery times across regions result in avoidable harm, such as pressure ulcers and hospital admissions.
- Some areas around the country have equipment services that can deliver equipment in 3 hours, while in other areas the wait time is far longer.
- 33% of respondents to RCOT's Workforce Survey said that being 'unable to provide equipment or adaptations when needed' is impacting their ability to provide occupational therapy support to meet people's needs.
- Recent disruption caused by the collapse of NRS Healthcare has significantly increased waiting times for specialist equipment in many areas, exacerbating existing inequities and placing further strain on already stretched services.
- **Case Example:** A patient with lung cancer was unable to sleep in her own bed due to pain and breathlessness. She required a profiling bed to sit upright and improve her breathing. Despite three follow-ups, the equipment took five weeks to arrive. During this time, she was forced to sleep in a chair, resulting in a pressure ulcer and significant distress - a preventable harm caused by systemic delay.
- **Recommendation:** Introduce national minimum standards for equipment delivery in palliative care, supported by performance monitoring and efficiency-driven commissioning. Timely provision reduces hospital admissions, carer strain, and costly complications such as pressure ulcers.

Mechanism: Early Identification and Referral Pathways

- OTs are often involved too late in the palliative care journey, limiting their ability to support people to live well before they die. This delay results in missed opportunities to alleviate symptoms such as pain, fatigue, and breathlessness, and to support meaningful activity and connection. Current capacity constraints mean patients are often only seen when they are actively dying. This prevents OTs from delivering interventions that could significantly improve quality of life earlier in the disease trajectory.
- **Recommendation:** Embed OTs into early-stage referral pathways through Integrated Care Board (ICB) commissioning guidance and Neighbourhood Health team protocols, ensuring timely identification and intervention. This would allow OTs to:

- Support symptom management through education and adaptive strategies
- Enable people to maintain purpose, routine, and social connection
- Reduce crisis care and hospital admissions

2. **Improving Quality**

Mechanism: Recognition and Development of Specialist OT Roles

- Despite leading complex care planning, symptom management, and service improvement, OTs in palliative care are often not recognised for their specialist skills. There is a lack of parity with other advanced roles, such as Nurse Practitioners.
- OTs play a vital role in palliative care, leading complex interventions that support independence, digity and symptom management. However, their specialist contributions are often undervalued compared to roles like nurse practitioners.
- A key issue is the inability of OTs to complete SR1 forms, which fast track access to benefits such as PIP, Attendance Allowance and Universal Credit. Although OTs are often the lead professional in a patient's care, current regulations limit SR1 completion to a narrow group of clinicians, causing delays and missed opportunities for support. OTs already complete documentation like DNACPR orders and are well-qualified to assess SR1 eligibility. Authoritsing OTs to complete SR1 forms would:
  - Speed up access to essential financial and mobility support
  - Reduce pressure on GPs and hospital doctors
  - Improve continuity of care
- Support workforce reform by enabling AHPs to work at the top of their scope.
- **Recommendation:**
  - Enable OTs to sign SR1 forms via regulatory change led by DHSC
  - Develop an Advanced Practice framework in collaboration with NHS England and Health Education England (HEE), including:
    - Access to specialist training and prescribing rights
    - Inclusion in strategic workforce planning
    - Equal recognition alongside other advanced clinical roles

Mechanism: Integration into Public Health Approaches

- OTs are uniquely positioned to support public health strategies in palliative care, particularly in enabling people to live well in their communities. Their work aligns directly with the 10-Year Health Plan's commitments to:
  - Shifting care from hospital to community
  - Delivering Neighbourhood Health
  - Advancing population health management
- OTs work across boundaries — including with hospices, voluntary sector partners, and ICSs - to deliver holistic, preventative care. Their role should be recognised as central to system-wide transformation, not as a stand-alone workforce.
- **Recommendation**: Include OTs in commissioning guidance for PCEoLC services, with:
  - Defined staffing ratios and service expectations
  - Targeted investment in training and retention to reduce turnover and improve continuity of care
  - Integration into community-based models of care
- The 10-Year Workforce Plan should reflect the need for more OTs to deliver these services.

3. **Embedding Sustainable Approaches**

Mechanism: Workforce Planning and Commissioning

- Demand for OT services in palliative care is growing, but capacity is limited, leading to delays and missed opportunities for early intervention.

- **Recommendation:** Develop commissioning guidance that includes OTs as core members of PCEoLC teams, with workforce modelling to support sustainable staffing and service delivery. This should be reflected in the 10 Year Workforce Plan.

Mechanism: Contracting and Funding Reform

- Current funding models do not adequately support community-based OT services in palliative care.
- **Recommendation:** Align new contracting models with the 10YHP by incentivising community-based, multidisciplinary care, including OTs, through bundled payments or outcomes-based commissioning.

Conclusion

Occupational Therapists are essential to delivering high-quality, personalised, and sustainable palliative and end of life care. By addressing systemic barriers and enabling earlier, more equitable access to OT services, the Government can realise the ambitions of the 10-Year Health Plan and improve outcomes for people at the end of life.

We welcome the opportunity to work with DHSC and NHSE to further develop these proposals and ensure that Occupational Therapy is fully embedded in future plans for PCEoLC.

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