

26th January 2026

Letter sent via email

Dear Ian

Re: Representation to ICB

Thank you for your letter on behalf of the North Derbyshire PPG Chairs regarding the situation at Ashgate Hospice. We appreciate the time taken to gather and reflect the views of local patients, and we value the important role that PPGs play in representing community perspectives, particularly on issues as sensitive as end of life care.

First, we want to acknowledge the deep respect and affection that patients and families hold for Ashgate Hospice, as highlighted in your letter. We fully recognise the significant reassurance that hospice providers can offer at what is often an extremely difficult time for individuals and their loved ones.

We also recognise the concerns that proposed service changes have caused. The ICB has been clear from the outset that Ashgate is a valued partner and that we remain committed to ensuring safe, specialist end of life and palliative care for the population of North Derbyshire. For many years, the NHS in Derbyshire has commissioned a comprehensive range of services from Ashgate Hospice, including inpatient beds, community nursing, Care at Home, day hospice support, physiotherapy, occupational therapy, lymphoedema care, and education for the wider system.

As you will appreciate, the ICB must operate within the financial guidance set nationally. NHS England sets out the types of specialist palliative and end of life services that ICBs should fund, and it also confirms that hospices normally provide a level of service above what is commissioned, which is supported through charitable fundraising.

There is no national requirement for a specific funding amount per head of population, and there is no expectation from NHS England that ICBs underwrite the full operating costs of independently run charitable hospices such as Ashgate Hospice.

Nevertheless, Derby and Derbyshire ICB has increased its core contract value with Ashgate by 55% since 2022/23, which is significantly higher than uplifts applied across most other NHS providers. The ICB's funding to Ashgate Hospice compares well nationally, as highlighted in the table below.

	DDICB 22/23	DDICB 23/24	DDICB 24/25	UK average ICB % funding*
Funding as a proportion of Ashgate's direct spend on charitable activities (ie regardless of funding source)	33%	34%	33%	25%
Funding as a proportion of Ashgate's spend on NHS commissioned services (ie services within scope of contract, including virtual ward funding)	70%	74%	70%	54%

We understand Ashgate's position and the challenges it has described. We have been engaging closely with the hospice since early 2025, including extensive meetings and financial discussions, as well as offering an ICB-funded independent financial review, which the hospice declined.


We welcome Ashgate's cooperation in providing additional financial information. The ICB finance team has analysed this information alongside the hospice's publicly available 2024/25 Annual Report, and we have shared the findings of this review with Ashgate Hospice.

Alongside the financial review, we have also committed to developing a new Strategic Commissioning Framework for palliative and end of life care across Derby and Derbyshire. This will inform contracting for 2026/27 and will be aligned with the ambitions set out in the NHS 10-Year Plan, including improving community-based care, ensuring equity of access, and strengthening neighbourhood-level support.

We would like to reassure you, and the patients you represent, that our focus is on working with Ashgate and wider system partners to ensure continuity of safe, high-quality services. We fully recognise the anxiety felt by patients and families, and we are committed to communicating openly as this work progresses.

Thank you again for sharing the views of the PPG Chairs. We value this engagement and remain committed to ensuring that the voices of patients and communities continue to inform our approach.

Yours sincerely,



Amanda Sullivan
Chief Executive