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NIHR Policy Research Unit: Palliative and End of Life Care

Contributions to palliative and end-of-life care by community and district nursing services: improving care through national and regional service evaluations

What is the challenge?

Community and district nursing teams are pivotal to the delivery of palliative and end-of-life care in the community, especially with an ageing population, growing prevalence of long-term health conditions, and a policy imperative to move more care into the community.

Despite this, there is limited evidence on the scale and nature of community and district nursing teams' contributions to palliative and end-of-life care in the community.

What did we do?

We analysed existing national and regional data from England on community and district nursing services to understand the scale and nature of palliative and end-of-life care delivered in the community, using national NHS Benchmarking Network data (from between 2013–2024) and detailed regional activity data from 27 community and district nursing teams in Birmingham (from between 2023–2025) to examine patterns in service provision over time and time spent on palliative and end-of-life care in the context of all nursing care provided.

The NIHR Policy Research Unit in palliative and end of life care (PRU-PEOLC) is hosted by King's College London in collaboration with the University of Hull, Lancaster University, the University of Leeds, and the University of Cambridge.
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What did we find?

- Nationally, there has been ~50% increase in all referrals to community and district nursing services between 2015–2024, but a reduction in 'time on caseload' (from an average of 157 days to an average 51 days).
- The regional data indicates that palliative and end-of-life care accounts for ~10% of all care provided. Between 2023–2025, the time spent on palliative and end-of-life care activities has been stable (at 30–32 hours per 1,000 population), despite the total time spent on all nursing care falling during this time period.
- Palliative and end-of-life care more commonly occurs outside of normal working hours, with a noticeable increase in out-of-hours crisis management between 2023–2025.

Key messages

- Referrals to community and district nursing services are increasing, while time on caseload has markedly reduced.
- Community and district nursing teams spend about one in ten of all care hours providing palliative and end-of-life care in the community in England.
- Models of community nursing care are changing; from longer-term relational care to shorter episodes of care.

What does this mean?

- Together, these findings indicate a system under considerable pressure.
- Models of community and district nursing care are changing; from longer-term and sustained relational care toward shorter episodes of care.
- Workforce planning, increased out-of-hours provision and better data are needed to support high-quality end-of-life care at home.

"From our own experiences, we know how difficult and distressing it can be when support is hard to access, particularly at nights, weekends or in a crisis. These findings highlight the vital contribution that community and district nursing services make to help people to stay comfortable at home, and the importance of workforce planning so that everyone can access the care and support they need when they need it."

Patient and Public Partners

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