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Workforce Pressures and Retention in District Nursing: A Policy Perspective

Current literature suggests that there are workforce challenges across the UK that are representative of the global picture, with an anticipated shortage of 4.5 million nurses by the year 2030 (While, 2024). There has been an increase in nursing staff in recent years, but patient demand has outstripped this modest growth, so nurses themselves feel that staffing levels are inadequate when patient numbers are so high (RCN, 2023).

We have an ageing population with a growing burden of ill health which will put pressure on hospital staff, but as more care moves to the community, there will be additional pressure on primary care and community based services (While, 2024).

There are additional issues with retaining our workforce and recruiting a range of individuals into any vacant posts; indeed, the QICN (2024) have acknowledged this as one of the biggest challenges of the 21st century. If the NHS are prioritising more care in local communities via the neighbourhood health services, at a time when we know that a robust community nursing workforce is essential to the provision of a range of diverse services in the home, then the workforce numbers will need to be there to support this vision (UK Government, 2025; Parkinson et al, 2014). It is alleged that there will be '*proportionally greater investment*' in out-of-hospital care in the next 3 to 4 years, with a New Model Neighbourhood Framework expected imminently, but what this will actually look like remains to be seen.

Current policy guidance

NHS England (2025) have stated that delivering the 10 year Health Plan will require an empowered and engaged workforce. The intention is to use survey information in a

better way for a more innovative approach to gathering staff data and then utilise this information to provide a detailed analysis of the three most prominent issues with staff dissatisfaction. This sounds rather idealistic, and perhaps too optimistic to imagine that workforce issues could be resolved so easily to increase community health service capacity by 3% each year (NHS England, 2025). Community health service accounts for a fifth of the workforce in NHS trusts so it is no surprise that they have retaining and developing the community health workforce as a priority in the *Medium Term Planning Framework*. However, without the sustained improvements of reduced caseloads and better working conditions, it will be hard to address this. It will be interesting to see how integrated care boards (ICBs) will align and develop integrated community health services and how exactly this will apply to community nursing teams, as the 'high priority cohorts' that the new planning framework is focusing on are the exact population groups that community nurses spend a great deal of their time with (Kings Fund, 2025). The NHS Long Term Workforce Plan (2023) does recognise a shortfall in community nurses and intends to increase adult nursing training places by 92% and district nursing training places by 41% by 2031/32, which in some way might appease the pressure but will not address the real problem. Further measures have been implemented such as the NHS National Retention Programme and the People Promise which go some way to meet the needs of local staff within organisations, but whether that will translate into keeping more nursing staff in their posts, working flexibly, receiving all the support they require with high levels of job satisfaction; only time will tell.

Current Workforce pressures

As Drennan (2018) has highlighted, there have been recent reports of a steady decline in numbers of district nurses, in some regions there has been a mass exodus, with the average numbers of full time equivalent district nurses falling by 43% between 2009 and 2024 (Senek et al, 2023; Palmer et al, 2025). Ironically this is at a time when their hospital counterparts have increased by 24% between 2011 and 2021. Some of this can be attributed to the merging of services, the creation of new multi-disciplinary teams or the re-alignment of services but all of this contributes to challenges within recruitment and retention. In fact, the NHS in England is facing the greatest workforce crisis in its history, with shortages across all working groups (Parkinson et al, 2024.) Studies have indicated that there can be a high turnover of staff, high levels of burnout, issues with salary and supplements, unclear career pathways, unsafe skill mixes and a higher volume of patients which can lead to 'task orientated' work (Drennan 2018; Senek et al, 2023). If these factors are further compromised with underinvestment and strained professional relationships, one can see that there are a multiplicity of factors affecting workforce development and staff satisfaction. Although the direct impact on quality of care is hard to quantify, these issues are even more prominent in rural areas which then negatively impacts the populations who are already facing inequalities in access to community health services (Parkinson et al, 2024; Senek et al, 2023).

Why is retention an issue?

There is a reduced number of staff entering the UK workforce which will undoubtedly have an impact on the community, so we need to have a focus on attracting and retaining a diverse workforce (While 2024). Recent profiling of the community nursing

workforce has suggested that 46% of survey respondents indicated they would be retiring in the next six years, which will have a significant impact on the effectiveness of community nursing teams (QICN, 2024). It is a real concern that many district nurses decide to leave their profession before they get to retirement age and the reasons for this range from growing workloads, having to work unpaid overtime, to unrealistic skill mixes, but whatever the cause the policy makers and commissioners need to explore these serious issues. Recent surveys have also indicated that community nurses are caring for more complex patients and using more technology but often do not have the resources and are at risk of burnout (QICN, 2024). There is currently no national oversight of the struggles that are being endured within community nursing and the possible risk to patient safety and for the shift of care from hospital to community to take place successfully, this needs to be explored (QICN, 2025).

What are the solutions?

Following the survey in 2024, the QICN acknowledged that many nurses are dissatisfied with their current roles, they have a desire for career progression that is not being met, they feel undervalued, frustrated and are experiencing low morale. It was suggested that some of these needs could be met by sustainable investment, improved IT systems, recognising the values of the district nursing service and improving work-life balance including fairness and reward. Although there are numerous studies on retention strategies, the majority of these seem to focus exclusively on acute care (Senek et al, 2023). In a community setting access to education, enhanced teamwork, and improved work-life balance have been cited as factors that increase retention; however, one significant difference could be to restore safer staffing levels (Chamanga

et al, 2020). Alkan et al (2025) explored the perceptions of the effectiveness of retention strategies of nurses in district nursing services and suggested there was striking disparities in experience. However, what did seem to be effective was attention to manageable caseloads and financial aspects, flexible working patterns and tailored induction and support for those new to the community. There is no question that we have an issue with recruitment and retention in community nursing, we also need to provide more experience for student nurses in community settings, but there are some links between progression and retention, so a focus on professional development for junior community nurses would be a valuable area to focus on (Rolewicz, 2025).

Proactive measures to support those staff feeling burnt out or are off sick may also be of some benefit, whilst initiatives like the job guarantee scheme might entice some new blood in as we wait for the revised NHS Workforce plan next year.

Although the future holds many uncertainties, what is clear is that we have a paradox between what the health policies are actually aiming for with care closer to home and the actual reported decline in our district nursing and community nursing workforce (Drennan, 2018). The RCN (2025) clearly support the vision that district nurses need to be in the driving seat if the neighbourhood health services are to be successful. There is a continued emphasis on hospital avoidance and moving care away from overcrowded hospitals, but without the adequately funded community nursing workforce that addresses capacity gaps, the NHS 10-year plan will just become wishful thinking.

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