Evidence Brief: Community Healthcare Workforce

Contents

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: September 2025

Please acknowledge this work in any resulting paper or presentation as:
Evidence Brief: Community Healthcare Workforce. Hannah Wood and Jo McCrossan. (September 2025). UK: Workforce, Training and Education Knowledge Management Team

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:
- Complete Evidence Brief list – link for Workforce, Training and Education staff
- Complete Evidence Brief list – link for External staff

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support england.knowledgemanagement@nhs.net

Key publications – the big picture

[Standardising community health services: Codifying core community health services](#)
NHS England, March 2025
This publication supports improved commissioning and delivery of community health services. Codifying community health services will help to better assess demand and capacity. It will also help commissioners make investment choices as they design neighbourhood health provision that shifts care to community-based settings.

[Community is Key: Invest in Health Outside Hospitals](#)
Queen's Institute of Community Nursing, October 2024
Under-investing in the community healthcare workforce and services has led to staff burnout and acute care services being clogged up. The over-focus on hospitals and secondary care has also skewed our understanding of health towards more acute needs, which runs the risk of neglecting early intervention.

[The state of the adult social care sector and workforce in England](#)
Workforce Intelligence, October 2024
This report provides a comprehensive analysis of the adult social care workforce in England and the characteristics of the 1.52 million people working in it. Topics covered include: recent trends in workforce supply and demand, employment overview, recruitment and retention, demographics, pay, qualification rates, and future workforce projections.

[Community health services explained](#)
The King's Fund, July 2024
Compared with other parts of the NHS, community health services are often poorly understood by policy-makers, national and local health service leaders, and staff working in other parts of the system, and have not always received the same national profile as the rest of the NHS. The way these services are structured and delivered is complicated, and as a result, data about them is hard to aggregate. In this explainer we outline what we know about community health services in England.

[The NHS workforce in England](#)
House of Commons Library, February 2024
This briefing discusses the NHS workforce in England, focusing on the clinical professions, including doctors and nurses. It gives an overview of workforce demographics and workforce policy and planning since 2019. It also looks at turnover and vacancy rates, the use of temporary staffing and how safe staffing levels are decided.

[The NHS Long Term Workforce Plan](#)
NHS England, June 2023
While training more staff is critical, if the NHS does not embed the right culture and improve staff retention, then NHS workforce shortfalls will continue to persist. Various factors influence why people leave the NHS workforce. In 2022, where people have chosen to leave an NHS trust, some of the most common reasons were pay and reward, work-life balance, progression and continuing professional development (CPD), as well as health and wellbeing.

[Retaining NHS nurses: what do trends in staff turnover tell us?](#)
The Health Foundation, April 2023
Workforce shortages are one of the biggest challenges facing the NHS and adult social care in England. In the quarter to December 2022, vacancies in NHS trusts stood at around 24,000 full-time equivalent (FTE) staff, which is well above pre-pandemic levels. Nursing remains a key area of shortfall: in NHS trusts, while registered nurses and health visitors make up round a quarter (26%) of FTE roles, nurse vacancies accounted

for more than a third (35%, around 43,600 FTE) of all vacancies in the quarter to December 2022. While seriously understaffed, the NHS continues to grapple with spiralling elective care waiting lists and ongoing industrial action.

Realising the potential of community-based multidisciplinary teams
The Health Foundation, February 2023
This briefing summarises evidence from IAU evaluations of three MDTs and wider evidence to inform current efforts to develop integrated care in England. It reflects on what this evidence means for local leaders looking to implement MDTs, as well as for national leaders seeking to support these models of integrated care.

Improving the retention of registered nurses and midwives: A toolkit for line managers and employers
NHS Employers, October 2022
This toolkit enables organisations to undertake a self-assessment against the seven elements of the NHS People Promise.

The long goodbye? Exploring rates of staff leaving the NHS and social care
Nuffield Trust, February 2022
In this explainer, Billy Palmer and Lucina Rolewicz take stock of what is known and not known about the numbers of staff leaving NHS and social care roles, and the reasons given for moving on.

Case Studies

Neighbourhood health – case studies of good practice
NHS England, March 2025
These case studies provide examples of existing good practice that forms the foundations of neighbourhood health.

Piloting a community health and well-being worker model in Cornwall: a guide for implementation and spread
BMC Primary Care, October 2024
This paper evaluates the introduction of ten Community Health and Well-being Workers (CHWW) in four pilot sites across Cornwall. The CHWWs were introduced into an already established, successful social prescribing (SP) system by the time the CHWW project began. CHWWs can access some of the same training and office space as SPs, with overlapping meeting schedules allowing them joint input on some topics. It seemed that all the pre-work in terms of relationships and learning about a similar role helped a rapid implementation.

Community providers innovating to tackle workforce crisis
NHS Confederation, August 2024
Community providers are pioneering initiatives that are reducing staff turnover rates, increasing routes into the sector and boosting opportunities for career progression. Examples include:
- Wirral Community Health and Care NHS Foundation Trust, where a dedicated staff engagement plan and recognition of the importance of learning and development has contributed to falling turnover rates.
- Social enterprise Livewell Southwest, which has invested in 'growing its own' workforce, working closely with local communities, establishing new routes into employment and breaking down barriers to progression.

- Norfolk Community Health and Care NHS Trust, which has focused on staff engagement on career pathways to promote retention, alongside forensic analysis and action on its NHS Staff Survey results, and a successful apprenticeship scheme.
- Derbyshire Community Health Services NHS Foundation Trust, which has developed programmes of work to embed a positive staff culture throughout the organisation, which has a positive impact both on staff wellbeing and patient outcomes.

[Building a systems-thinking community workforce to scale action on determinants of health in New Zealand](#)
Health & Place, May 2024
This article describes findings from the evaluation of Healthy Families NZ (HFNZ), an equity-driven, place-based community health initiative. Implemented in nine diverse communities across New Zealand, HFNZ aims to strengthen the systems that can improve health and well-being. Findings highlight local needs and priorities including the social mechanisms important for reorienting health and policy systems towards place-based communities. Lessons encompass the importance of local lived experience in putting evidence into practice; the strength of acting with systems in mind; the need for relational, learning, intentional, and well-resourced community organisation; examples of how to foster place-based 'community-up' leadership; and how to enable responsiveness between communities and local and national policy systems.

['Saviours': how community health and wellbeing workers are helping to tackle health inequalities in England](#)
NHS England, April 2024
The CHWWs initiative is a relatively new model. It is based on the Brazilian model – called the Family Health Strategy – which has been running successfully at a national scale in that country since the early 1990s. Evidence has shown the model in Brazil

has led to sustained improvements in hospital admissions, hospitalisations and mortality for chronic diseases, as well as improvements in immunisation and screening uptake.

[Community Health and Wellbeing Workers (CHWW Case Study)](#)
National Association of Primary Care, March 2024
The model was devised in Brazil in the 1990s and has been hugely successful where it is described as 'the eyes and ears of the GP in the community'. Churchill Gardens, a large housing estate in Westminster, London, is the first location to trial the model in the UK. Specially recruited Community Health and Wellbeing Workers get to know families in their patch and assess their health, social and wellbeing needs, promote healthy living, signpost to appropriate services and make referrals to NHS services.

[Recruiting and retaining healthcare support workers from your local community](#)
NHS Employers, September 2023
To widen participation Leeds and York Partnership NHS Foundation Trust (LYPFT) developed and tested several initiatives. First, was the Kickstart programme, a government funded scheme to create new job placements for 16-24 year olds who are at risk of long-term unemployment. The recruitment team was able to create several videos of successful Kickstart recruits, including a walkthrough example of an employee who began as an apprentice and progressed to trainee nursing associate level.

[Optimising health system capacity: A case study of community care staff's role transition in response to the coronavirus pandemic](#)
Health and Social Care in the Community, November 2021
This case study aimed to explore the influence of health system governance on community care staff experiences of role

transition in response to the COVID-19 pandemic in England. We used criterion sampling to include community care staff initially recruited to deliver a community integrated model of dementia care at two facilities repurposed in March 2020 to optimise hospital critical care space. Six community care staff participated in the narrative correspondence inquiry. A lack of control over resources, limitations in collective action in decision making and lack of a voice underpinned staff experiences of role transition in contexts of current crisis preparedness, transition shock and moral dilemmas. Health system governance influenced the disposition of community care staff's role transition in response to the COVID-19 pandemic. Staff's mere coping clouds the glass of wider issues in health system governance and capacity.

[Optimising the community-based approach to healthcare improvement: Comparative case studies of the clinical community model in practice](#)
Social Science & Medicine, January 2017
Central to the efficacy of clinical communities as an architecture for healthcare improvement is the dynamic, symbiotic tension between vertical and horizontal forces that drives commitment and action for change. A credible, well-embedded core team and the incorporation of directive, hard tactics into programme design are needed not only to drive change from the top, but also because they play a central role in cultivating the horizontal ties that give a community its power. Effective use of the clinical community approach does not only depend on optimising the model itself, however; the context and improvement objective for its application must also be carefully considered. Our study suggests its potential advantages are more likely to be realised where evidence-based interventions with some degree of standardisation across the community are feasible, and where change primarily depends on those aspects of healthcare delivery susceptible to peer-influence and norming effects.

The Star for workforce redesign

More resources and tools are available in [the Star](#)

Statistics

[NHS workforce statistics](#)
NHS England, July 2025
This report shows monthly numbers of NHS Hospital and Community Health Services (HCHS) staff working in NHS Trusts and other core organisations in England (excluding primary care staff). Data are available as headcount and full-time equivalents and for all months from 30 September 2009 onwards.

[Community Pharmacy Workforce Survey](#)
Health Education England, June 2025
The Community Pharmacy Aggregated Dataset represents a quantitative overview of the entire community pharmacy workforce, undertaken in 2017, 2021, 2022, 2023 and 2024.

[Continuing Healthcare and NHS-funded Nursing Care](#)
NHS England, 2025
This section contains statistics relating to the activity of NHS Continuing Healthcare and NHS-funded Nursing Care in England. Categories of activity covered are: eligibility, referrals, conversion rates, local resolutions and decision support tools.

[The healthcare workforce across the UK: 2024](#)
Office for National Statistics, March 2024
A summary of the cross-UK comparability of official direct NHS employment statistics and other relevant data sources, including non-official data, on specific healthcare professionals across the UK.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse (NDL)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced Practice

Journal articles

[Exploring the role of advanced clinical practitioners in the UK](#)
Abstract only*
International Journal for Advancing Practice, January 2025
The article has been written from the perspective of ACPs working in urgent community response services in the north west of England. The author has critically appraised the challenges faced by ACPs, factors that shape the role of ACPs and the importance of the four pillars of advanced clinical practice in underpinning patient care. The author raises concerns regarding the lack of regulation of the ACP role and advocates for the implementation of policies and procedures that both define and protect the role.

[The changing context of advanced practice nursing within the UK community care setting](#)
British Journal of Community Nursing, December 2021
In community care settings and general practice, an advanced nursing practitioner is generally understood to mean a nurse who has undertaken additional education and training in clinical assessment, including history-taking and physical examination, clinical reasoning and independent prescribing, so they can

safely manage patients presenting with undifferentiated and undiagnosed conditions. Capabilities in the Skills for Health framework cover everything from communication and consultation skills, practising holistically and personalised care, to working with colleagues and in teams. The framework is intended to ensure advanced nursing practitioners work to an advanced level. It is also designed to support them to demonstrate and evidence their capabilities to service commissioners, employers, people accessing healthcare and the public.

Allied Health Professionals

Journal articles

[Physiotherapists' perspectives of barriers and facilitators to effective community provision after hip fracture: a qualitative study in England](#)
Age and Ageing, September 2023
Four themes were identified: ineffective coordination of care systems, ineffective patient stratification, insufficient staff recruitment and retention approaches and inhibitory fear avoidance behaviours. To enhance care coordination, participants suggested improving access to social services and occupational therapists, maximising multidisciplinary communication through online notation, extended physiotherapy roles, orthopaedic-specific roles and seven-day working.

[Increasing capacity by moving away from one-to-one clinical supervision: using peer-assisted learning and a group model of student placements in community paediatric speech and language therapy to enable student-led service delivery](#)
International Journal of Language & Communication Disorders, July 2023
This placement model increased the capacity for SSLT placements by using PAL in a group model of student placement to enable student-led service delivery. The model provided high standards of clinical care and student experience and was an efficient use of SLT time. Wider use of this placement model would increase placement capacity and could also address vacancies in services.

Attrition, retention, recruitment

Reports, guidance, blogs, etc.

[Inspire, Attract and Recruit Toolkit](#)
NHS Employers, August 2025
This resource has been developed for NHS HR professionals, recruitment teams and managers to help inspire, attract and recruit your future workforce.

[Top tips for retention – A briefing for adult social care providers](#)
Local Government Association, no date
These top tips capture some of the approaches taken by organisations to reduce staff turnover and help retain people in the care and health workforce. Through sharing these tips, the Care Provider Alliance, ADASS and Local Government Association invite you to share what successes you have had with retention across the social care workforce or lessons that may help others.

Journal articles

[Building Public Health Workforce Capacity: Longer-Term Effectiveness of a Capacity Building Intervention to Improve Community-Based Public Health Prevention Work](#)
APJM Focus, August 2024
Public Health Essentials, a cohort-based facilitated asynchronous online capacity building intervention, was designed to build public health workers' strategic skills and professional confidence. Earlier research reported on the short-term learning outcomes of the intervention; in this paper, the authors report on results from a longer-term outcomes evaluation, including skill retention, skill application, and possible indicators of workforce retention and community health improvement. Successful completion of Public Health Essentials provides learners with durable skills applicable to public health work and may spur interest in continuing to work in the field of public health. The importance of developing and retaining a competent community-focused public health workforce cannot be overstated. Comprehensive-facilitated, online asynchronous capacity building programs may be an effective tool.

[Barriers and Facilitators to Implementing an Evidence-Based Community Health Worker Model](#)
JAMA Health Forum, March 2024
General barriers included economic and policy constraints, including insufficient funding for CHW programs, clinical integration challenges, and CHW difficulty with maintaining boundaries. Program-specific barriers included insufficiently tailored materials for certain populations and upfront and ongoing program costs. General facilitators included CHWs' interpersonal skills and life experiences. Program-specific facilitators included the model's strong evidence base, supportive implementation team, and program design that enabled relationship building and engagement.

[Retention of Community Health Workers in the Public Health Workforce: Public Health Workforce Interests and Needs Survey, 2017 and 2021](#)
American Journal of Public Health (AJPH), January 2024
Improving organizational support, pay satisfaction, and job security satisfaction in public health agencies can significantly improve CHW retention, potentially lowering overall organizational costs, enhancing organizational morale, and promoting community health.

[Should I stay or should I go? Why nurses are leaving community nursing in the UK](#)
BMC Health Services Research, February 2023
Our findings imply that low nurse retention will fuel an even higher exodus because job dissatisfaction is highest on teams with lowest permanent staff ratios. Poor management that is inept at supporting frontline staff means that the fundamental retention issues are exacerbated and will not stop the unprecedented crisis that is predicted to lead to a collapse of care provision in community settings.

[Recruiting a Person-Centered Direct Care Workforce Through Situational Judgement Tests: A Pilot Study in the Community Support of Older People in England](#)
Innovation in Aging, October 2023
The findings indicate support for the use of SJTs in direct care work. Its psychometric properties appear satisfactory, and collectively give confidence in the use of SJTs for assessing the suitability of candidates during recruitment. Further research should corroborate these findings in a new sample, and examine the relationship between test scores and job performance.

[Retrospective observational study of ethnicity-gender pay gaps among hospital and community health service doctors in England](#)
BMJ Open, December 2021
Pay gaps relative to white men vary with the ethnicity-gender combination. Indian men slightly out-earn white men and Bangladeshi women have a 40% pay gap. In most cases, pay gaps can largely be explained by characteristics that can be measured, especially grade, with the extent varying by specific ethnicity-gender group. However, a portion of pay gaps cannot be explained by characteristics that can be measured.

[Plan, recruit, retain: a framework for local healthcare organizations to achieve a stable remote rural workforce](#)
Human Resources for Health, September 2020
The Framework consists of nine key strategic elements, grouped into three main tasks (plan, recruit, retain). Five conditions for success are recognition of unique issues; targeted investment; a regular cycle of activities involving key agencies; monitoring, evaluating, and adjusting; and active community participation.

[Factors influencing the recruitment and retention of registered nurses in adult community nursing services: an integrative literature review](#)
Primary Health Care Research & Development, July 2020
Data synthesis and analysis revealed individual and organisational factors influencing the retention of community nurses with the following three dominant themes: (1) work pressure, (2) working conditions and (3) lack of appreciation by managers.

CHC: Continuing Healthcare

Reports, guidance, blogs, etc.

NHS Continuing Healthcare: delivering excellence
NHS Confederation, June 2022
NHS Continuing Healthcare (CHC) is a sensitive and contentious area of health and social care. To consider an individual's eligibility for CHC, there is a complex assessment process to determine their needs. Collaborative working between clinical commissioning groups (CCGs) and local authorities (LAs) plays a major role in completing assessments and effectively delivering the service.

Children and young people's continuing care national framework
Department of Health & Social Care, January 2016
Process for assessing, deciding and agreeing continuing care for children with complex health needs.

Journal articles

Assessment and provision of continuing healthcare: an integrative literature review
Nursing Older People, September 2019
Healthcare professionals – including nurses – should receive further training in caring for older people, especially in relation to continuing healthcare. Since there is an increasing ageing population, there is an increasing requirement for continuing healthcare, and thus further research examining all aspects of this care is required.

Optimal NHS service delivery to care homes: a realist evaluation of the features and mechanisms that support effective working for the continuing care of older people in residential settings
Health Services and Delivery Research, October 2017
NHS services work well with care homes when payments and role specification endorse the importance of this work at an institutional level as well as with individual residents. GP involvement is important but needs additional support from other services to be sustainable. A focus on strategies that promote co-design-based approaches between the NHS and care homes has the potential to improve residents' access to and experience of health care.

Dentists and oral health professionals

Reports, guidance, blogs, etc.

Our CDS Vision
British Dental Association, November 2024
The vision is a 'call to action' from community dentists themselves on how to end a crisis that has gone under the radar of decision makers for far too long. Some of the actions that the Government, NHS England, and all parties involved with community dentistry must deliver are:
1. Deliver rapid waiting list transparency on access to CDS services
2. Commission additional activity
3. Provide accurate and comprehensive workforce data on CDS dentists and dental teams
4. Tackle the relentless workload on CDS
5. Improve pay and conditions to make the CDS an attractive career destination
6. Clearly define the CDS and strengthen its links with the wider NHS system

[Dental Workforce](#)
NHS England, 2024
This publication aims to help understand the facilities available for the provision of NHS dental care in England and numbers of staff across a range of professions. It also aims to illustrate providers' experience in staff recruitment and retention, as well as instances of long-term absences.

See: [Dental Workforce Dec 2024 Community Dental subset](#)

Journal articles

[At the Deep End of dental inequality](#)
British Dental Journal, August 2025
Dental teams should consider establishing their own Deep End networks which could be a powerful movement for identity, advocacy and action for socioeconomically disadvantaged communities and the dental practice teams that serve them. This article provides interested dental team members with practical advice on how to set up a local Deep End network, including the publicly available data and methods required to identify potential members, important collaborators in policy and academia, and an approach to setting network objectives.

[Valuing and retaining the dental workforce: a mixed-methods exploration of workforce sustainability in the North East of England](#)
BMC Health Services Research, May 2025
Findings highlight critical systemic barriers that threaten workforce sustainability in NHS dentistry. Addressing career progression pathways, improving collaboration, reforming contracts, and enhancing professional support systems are essential for sector stability. Without coordinated action from employers and policymakers, NHS dentistry will remain unsustainable, necessitating urgent interventions to support workforce retention and service provision.

[Five years in the community dental service: clinicians' perspectives](#)
British Dental Journal, August 2024
CDS dentists have become increasingly satisfied with the care they provide, though workload and job stress increased. Satisfaction with job terms and conditions increased significantly, though job satisfaction, with high and low morale, decreased over the period of interest. Working conditions and motivation were described as deteriorating, alongside increasing satisfaction with job terms and conditions, and fewer dentists reporting low morale. Factors cited as contributing to lower job satisfaction and morale were staffing, workload and working conditions.

[A sustainable oral health workforce: time to act](#)
British Dental Journal, June 2024
Health workforce stewardship is critically important for the NHS overall. However, it appears that government, particularly in England, is focused largely on finding more dental 'workers' and short-term actions, such as golden hellos, handcuffs for graduates and pre-registration for international dentists. We need more fundamental reform to tackle the deep issues affecting NHS systems and professional careers.

[Oral health ambassador scheme: training needs analysis in the community setting](#)
British Dental Journal, October 2022
In total, 91% (n = 120) of staff members had seen a patient who displayed oral health concerns, 68% (n = 90) of responders had never received training for assessing a patient's mouth and providing mouth care and 9% (n = 12) of staff had received internal trust training regarding oral health. Lack of training

impeded 56% (n = 74) of participants from providing oral care and 92% (n = 121) of participants expressed they would benefit from further oral health training.

[The community and public dental services: a mixed-method exploration of the workforce](#)
British Dental Journal, November 2020
Overall, dentists were satisfied with their role but did not feel secure in their job and worked more hours than they were contracted to. Interviews identified three key themes: 1) personal - aspects affecting the interviewee on a personal level; 2) patients - aspects affecting patients; and 3) service - aspects relating to the service. Services had changed and were seen, in part, to have become more efficient, but some clinicians thought the focus had moved away from patients.

[Swapping drills for dressings: redeployment of dentists to community nursing](#)
British Journal of Community Nursing, June 2020
Despite differences in healthcare delivery, both professions share skills surrounding professionalism, communication, raising concerns and consent. Community nurses have supported dentists through specific training and competencies so that the latter are equipped with skills to support roles including wound care, catheter care and medication administration. Dentists have been well-received by community nursing colleagues and patients during redeployment. This experience has enabled redeployed dentists to establish new skillsets while improving their appreciation for the fundamental role that community nurses play within society.

Health Visitors

Journal articles

[Health visitors' psychological and emotional responses to service change](#) Abstract only*
Journal of Health Visiting, November 2024
A qualitative study was carried out to investigate how service changes implemented by one NHS Trust in England affected health visitors' professional identity. A comprehensive professional identity for health visitors was established, as discussed in a previous article ([Seaman, 2022](#)). A second article ([Seaman, 2023](#)) outlined the effects of service changes as described by the participants. These were mapped onto the core dimensions of their perceived professional identity and recommendations for health visitor managers, employers, policy, and decision-makers offered. This final follow-up article charts the participants' psychological and emotional responses to the service changes.

[Career progression opportunities and the retention of health visitors](#) Abstract only*
Journal of Health Visiting, November 2024
A systematic search strategy was conducted and four main themes emerged following a reflexive thematic analysis. It found career progression opportunities improve staff retention, while barriers to career progression, including a lack of structured career pathways and progression opportunities, staff shortages, unavailable funding for staff training and gender inequalities, have a negative impact on staff retention. It is concluded that providing structured career pathways could improve the retention of health visitors.

[Health visitor workload: an integrative review of the literature](#)
Abstract only*
Primary Health Care, August 2023
This article discusses the findings of an integrative review that aimed to summarise the literature on health visitor workload and to ascertain how such literature might inform future workload planning and development. A total of 23 studies were included in the review from which four main themes emerged: organising services; measuring workload; supporting workload; and practice issues affecting workload. No consensus emerged on how best to organise and measure health visitor workload. Locality-based workload tools had minimal programmatic research directed towards establishing their reliability and validity. These tools merit closer examination to determine how they might inform future health visitor workload planning and development.

[Health visiting teams and children's oral health: a scoping review](#)
BMC Oral Health, December 2022
Thematic analysis identified the following themes: (1) professional knowledge, education, and training; (2) involvement of HVs in the delivery of oral health interventions; (3) effectiveness of interventions; (4) perspectives of HVs providing oral health advice and acceptability; and (5) barriers and facilitators to promoting oral health.

[Undergraduate student nurses' perceptions of health visiting as a future career choice](#) Abstract only*
Journal of Health Visiting, December 2022
There is a shortage of health visitors in the UK due to attrition and a lack of new recruits to training. Until now, there has been little research into why qualified nurses are not training to become health visitors. Therefore, an online survey was conducted among undergraduate nursing students at a university to explore their perceptions of health visiting. The survey results show a lack of knowledge about health visiting and some

misconceptions, particularly among mental health nursing students. Conclusions drawn from the study are that undergraduate student nurses would benefit from further exposure to health visiting during their nursing programmes.

[A collaborative approach to develop an intervention to strengthen health visitors' role in prevention of excess weight gain in children](#)
BMC Public Health, September 2022
Theoretical analysis of the workshop findings revealed HVs' capabilities, opportunities and motivations related to prevention of excess weight in 0-2 year olds. Intervention strategies deemed most likely to support implementation (enablement, education, training, modelling, persuasion) were combined to design an interactive training intervention. Measures to test acceptability, feasibility, and fidelity of delivery of the proposed intervention were identified.

[Using an integrated competence model to evaluate a health visitor cascade training programme for the Family Resilience Assessment Instrument and Tool (FRAIT)](#)
Nurse Education in Practice, March 2022
This paper reports on an evaluation of health visitor trainers' experience of a cascade training programme delivered in Wales, UK. Health visitors used Driscoll's model (What, So What, Now What) to organise their feedback and an integrated competence model developed by Weeks et al. was used to analyse the feedback via category analysis of free text. As well as feedback on the logistics of running the training, the evaluation allowed for cognitive and functional competence to be identified along with personal and meta competence. There was limited scope for identifying ethical competence in the Health Visitor cascade trainer feedback. Suggestions are made for how this may be addressed.

[Building the English health visitor workforce as a result of the Health Visitor Implementation Plan 2011–2015: a survey study of career progression and retention for newly qualified health visitors](#)
Primary Health Care Research & Development, September 2019
When approaching qualification as HVs, students may require extra support with transition to the role, to effectively manage work–life balance and to mediate expectation and reality. Scrutiny of the work environment by service leaders to determine the elements could be enhanced to meet novice HVs' needs may also encourage retention.
Strategically, the findings indicate that retention may be improved by developing pathways for career progression, including opportunities for increased remuneration and recognition of value within the workforce. Ring fenced reinvestment in the service has the potential to improve work conditions and the attraction of the specialist public health nursing role.

[Making a difference for children and families: an appreciative inquiry of health visitor values and why they start and stay in post](#)
Health and Social Care in the Community, November 2015
In exploring personal meanings of health visiting, participants spoke about the common aspiration to make a difference to children and families. To achieve this, they expected their job to allow them to: connect with families; work with others; use their knowledge, skills and experience; use professional autonomy. The study offers new insights into health visitors' aspirations, showing consistency with conceptual explanations of optimal professional practice. Psychological contract theory illustrates connections between professional aspirations and work commitment.

Medical students

Journal articles

[Evaluating the Impact of Community-Based Medical Education on Health Literacy and Patient Empowerment in Underserved Populations: A Pilot Cohort Study](#)
Clinics and Practice, May 2025
This research illustrates that not only do CBE programmes have the ability to build student skills but also that they have the capacity to measurably enhance health literacy among underserved patient groups. Through the inclusion of structured patient education within placement, the medical students were able to enhance their communication skills while, in turn, enabling the patients to gain greater knowledge and manage their health.

[Can a training hub deliver undergraduate medical education with patient educators?](#)
Education for Primary Care, December 2022
Working with training hubs may be part of the solution to issues medical schools face when organising undergraduate education about primary care. This small evaluation suggests that this model could be tested further.

[Experience adds up! Questionnaire study: attitudes of medical students towards a career in general practice](#)
Education for Primary Care, January 2020
Students saw GP as intellectually stimulating and making key contributions to the NHS. The main reason for the choice of GP was interest in the speciality, with positive influences attributed to contact with GPs and general practice as a setting during their course. These results suggest course design and presence of GP faculty in core teaching have crucial influences on career choices. GP can be a popular career choice, but the perceptions

which lead to that choice are course-and experience - dependent. Reforms towards community-based learning and the involvement of GPs in training are crucial levers for change if workforce needs are to be achieved.

[Delivering medical education for future healthcare needs: a community-focused challenge](#)
Education for Primary Care, September 2020
Medical schools are required to train the workforce needed to care for the population they serve. In the UK, we are expected to produce more graduates choosing to be general practitioners and to equip all graduates with the ability to care for an ageing population with increasingly complex care needs. These doctors need to be effective members of multi-professional teams, possessing generalist skills including an understanding of uncertainty and risk. Curricula where a significant proportion of clinical learning is based in general practice are best placed to address this pedagogic need. The authors evaluate the sociocultural factors which impede the expansion of undergraduate medical education in general practice. These include historic cultural divides between secondary and primary care, medical school leadership, funding, contractual arrangements and capacity in general practice to deliver increasing education of medical students alongside other established and emerging health professions. The piece concludes with two recommendations: undergraduate student teaching should be incorporated into contract negotiations and there must be urgent UK-wide investment in appropriate placement tariff for students.

[Facilitators and barriers to teaching undergraduate medical students in general practice](#)
Medical Education, April 2019
Communities of practice theory illustrated that teachers negotiate membership of three CoPs: (i) clinical practice; (ii) the medical school, and (iii) teaching. The delivery of clinical care and teaching may be integrated or exist in tension. This can depend upon the positioning of the teaching and teacher as central or peripheral to the clinical CoP. Remuneration, workload, space and the expansion of GP trainee numbers impact on this. Teachers did not identify strongly as members of the medical school or a teaching community. Perceptions of membership were affected by medical school communication and support. The findings demonstrate gaps in medical school recruitment.

Mental Health Workforce

Reports, guidance, blogs, etc.

[Community Mental Health Services](#)
NHS Confederation, February 2025
A key obstacle to delivering the ambitions of the [Community Mental Health Framework] is workforce shortages. While the mental health workforce grew by 9.6 per cent from 2019 to 202321, mental health nursing levels did not: in fact, numbers have not significantly changed since 2010.

Journal articles

[Identifying Solutions for the Workforce Challenges Facing Community Mental Health Support Workers: A Qualitative Study](#)
Community Mental Health Journal, May 2025
To improve staff recruitment, subthemes included revising recruitment processes and standards, dispelling misconceptions and promoting the field and leveraging existing networks and resources. Staff retention subthemes included offering competitive salary packages and incentives, fostering a positive work culture with engaged leadership and encouraging supportive and effective practices. Lastly, upskilling staff subthemes included engaging in regular or mandatory training

and supervision, encouraging resource sharing and networking and supporting and granting opportunities to upskill. The findings offer insights and recommendations for policymakers, administrators, and practitioners to strengthen the community mental health workforce.

A Qualitative Review of Community Health Workers' Training, Supervision, and Service Delivery Needs
Administration and Policy in Mental Health and Mental Health Services Research, April 2025
Community Health Workers (CHW) are part of an emerging workforce in the field of mental health, but few studies have examined their training, supervision, and service delivery needs in the United States. Individual semi-structured interviews were conducted with CHWs (n = 9) and their administrators (n = 6) affiliated with a medical center and school districts in Southern California. Findings pointed to high rates of stress, primarily attributed to role ambiguity, and need (and desire) for more training and supervision related to mental health interventions, and more systematic structures for data-informed decision-making.

Caregiving and receiving experiences in UK community mental health services during COVID-19 pandemic restrictions: A qualitative, co-produced study
Journal of Psychiatric and Mental Health Nursing, December 2023
Recovery-focused interventions and relationship building need evaluating in the light of ongoing hybrid working. Teams need to consider the well-being of nurses engaged in complex service-user interactions from home.

Analysis of changes in the national mental health nursing workforce in England, 2011–2021
Journal of Psychiatric and Mental Health Nursing, March 2023
Nurse numbers declined from 2011 to 2017, subsequently returning to near 2011 levels, but remaining below national targets. Nurses in community settings increased to constitute more than half of all nurses, whilst inpatient numbers declined, although more slowly than bed numbers. The ratio between nurses and support workers changed due to more support workers in inpatient settings. New advanced skills and roles for nurses have increased, but are unevenly distributed, constituting a small proportion of the total workforce.

A physician associate-led clinic for people with severe mental illness in the United Kingdom
Journal of the American Academy of Physician Assistants, August 2021
PAs can be integrated into a community mental health multidisciplinary team and support the physical health of people with severe mental illness. Mental health trusts should consider roles for PAs in their workforce planning.

Mental health street triage: Comparing experiences of delivery across three sites
Journal of Psychiatric and Mental Health Nursing, December 2019
Mental health nurses are well positioned to lead awareness and education of officers in relation to mental health crisis response. Staff need to develop communication strategies that extend beyond those immediately involved in MHST.

Multi-disciplinary or collaborative working and education

Journal articles

[The role and functions of community-based multidisciplinary teams in two integrated care and support Pioneers: Perspectives from local system leaders](#)
Journal of Health Services & Research Policy, July 2025
This paper concentrates on one of the principal local care coordination mechanisms: community-based multidisciplinary teams (MDTs) involving NHS and social services staff. It reports local leaders' perceptions of MDTs' current and future contributions to more coordinated care and support systems in two integrated care Pioneer sites.

['It's the stuff they can do better than us': case studies of general practice surgeries' experiences of optimising the skill-mix contribution of practice-based pharmacists in Wales](#)
BMJ Open, November 2023
Three foundations to pharmacists' effective contribution to general practice were identified: defining the role (through identifying the right pharmacist, mapping skillset to demand and utilising the increasing need for specialist skills), appropriate infrastructure and workforce review, and an appropriate employment model.

[Practitioners' views on community implementation of point-of-care ultrasound (POCUS) in the UK: a qualitative interview study](#)
BMC Health Services Research, January 2023
Participants identified key considerations and facilitators for wider implementation of POCUS in community settings in the UK: resource requirements for deployment and support of working devices; sufficient time and a skilled workforce; attention to training, education and support needs; ensuring proper

governance, guidelines and quality assurance; workforce considerations; enabling ease of use in assisting decision making with consideration of unintended consequences; and more robust evidence to support perceptions of improved patient outcomes and experience.

[Making every contact count with seldom-heard groups? A qualitative evaluation of voluntary and community sector (VCS) implementation of a public health behaviour change programme in England](#)
Health and Social Care, February 2022
This paper reports the findings from an external evaluation of voluntary and community sector (VCS) delivery of MECC in the North East of England, which focused on engaging under-represented client groups.[…] The research highlights clear successes of the VCS delivery model. However, it is presented as a 'double-edged sword,' in light of associated challenges such as sector-level funding uncertainty and accessibility of MECC resources to diverse client groups.

[Healthcare Professionals' Experiences of the Barriers and Facilitators to Pediatric Pain Management in the Community at End-of-Life: A Qualitative Interview Study](#)
Journal of Pain and Symptom Management, January 2022
Partnership working and trust between healthcare professionals and parents, and within healthcare teams, is needed for effective at-home pediatric palliative pain management. Community healthcare professionals require more education from experienced multidisciplinary teams to effectively manage pediatric pain at end-of-life and prevent emergency hospice or hospital admissions, particularly during the COVID-19 pandemic.

How can skill-mix innovations support the implementation of integrated care for people with chronic conditions and multimorbidity?
European Observatory on Health Systems and Policies, July 2022
Establishment of teamwork and collaboration in multi-professional teams enabling different professions (GPs, specialists, nurses, therapists, social workers, community health workers, housing staff) to work together across sectoral boundaries to organize and coordinate joint care and link health and care services.

Barriers and enablers to collaborative working between GPs and pharmacists: a qualitative interview study
British Journal of General Practice, March 2020
A good working relationship between the GP and pharmacist, where each profession understood the other's skills and expertise, was key. The importance of face-to-face meetings and feedback should be considered in future studies of interdisciplinary interventions, and by GP practices that employ pharmacists and other allied health professionals.

A case study evaluation of a community multidisciplinary team in South East England using a mixed-method approach
British Journal of General Practice, June 2020
The concepts of the MDT were generally clear, and participants could see the potential benefits of the programme, though this was found to be lower in GPs. Certain professionals, particularly mental health and nursing professionals, found it difficult to integrate the MDT into normal working patterns because of a lack of resources. Participants also felt there was a lack of training for MDT working. A lack of awareness of evidence supporting the programme was shown particularly within management, GP, and nursing roles.

Multi-disciplinary training hubs in North West England: the training hub lead perspective
Education for Primary Care, September 2019
Four themes were identified: Motivation and Expectations of Establishing THs; Benefits to Learners and Practice Staff; Implementation Challenges and Barriers to Scale-Up; Sustainability and Wider Implementation. TH Leads highlighted that the establishment of THs enhanced the multi-disciplinary learning experience. However, several barriers for sustaining the quality of the TH learning environments were identified. Difficulties recruiting 'Spoke Practices' were greater than expected. Findings identified the following factors for consideration for wider implementation: the maintenance of TH Lead support networks; appropriateness of funding to encourage practices who may be reluctant to take on this additional responsibility; the importance of communication channels between THs and HEIs; careful management of students numbers.

Nursing Associates

Journal articles

Staff experiences of the nursing associate role in a community setting
Nursing Standard, September 2023
Three themes were identified from the data: nursing associate training and support; the nursing associate role in development; and nursing associate role recognition and prospects. Overall, the findings showed that trainee nursing associates enjoyed the academic aspects of their training, but support was variable. Additionally, the nursing associate role was viewed as being 'in development' and, while wider recognition of nursing associates is required, the nursing associate role offers a unique career opportunity.

Other community workers

Journal articles

[A comparative case study process evaluation of a Community Health and Wellbeing Worker pilot in three settings in England](#)
University of Liverpool, August 2025
In 2021, three localities in England implemented Community Health and Wellbeing Worker (CHWW) pilot programmes aimed at enhancing preventive public health within primary care. Modelled on the Brazilian Family Health Strategy, the initiative was founded on four key principles: 1) recruiting, training, and paying local laypeople to deliver the intervention; 2) implementing proportionate universal outreach based on geographical area, with each CHWW assigned approximately 150 households to visit monthly, regardless of demand or need; 3) providing support to the entire household, without differentiation by age or health condition; and 4) integrating the workers into primary and community care services. A process evaluation was essential to understand this innovative and complex healthcare intervention. The evaluation examined the pilots' planning, delivery, and uptake, identified causal pathways, and documented contextual factors influencing implementation and outcomes.

[Piloting a community health and well-being worker model in Cornwall: a guide for implementation and spread](#)
BMC Primary Care, October 2024
This paper evaluates the introduction of ten Community Health and Well-being Workers (CHWW) in four pilot sites across Cornwall. The period evaluated was from the initial start in June 2022 until June 2023, covering the project setup and implementation across a range of Primary Care Networks (PCNs) and Voluntary sector partners (VSCO).

[Learning from the universal, proactive outreach of the Brazilian Community Health Worker model: impact of a Community Health and Wellbeing Worker initiative on vaccination, cancer screening and NHS health check uptake in a deprived community in the UK](#)
BMC Health Services Research, October 2023
Despite the short study period these are promising findings in this deprived, traditionally hard to reach community and demonstrates potential for the Brazilian community health worker model to be impactful in the UK.

[The role of community health workers in primary healthcare in the WHO-EU region: a scoping review](#)
International Journal for Equity in Health, July 2023
This scoping review indicated that CHWs provide a wide range of health-related services in the WHO-EU region, albeit in a limited number of countries. This review found substantial variability in recruitment, training and remuneration. In general, most studies reported a trend in favour of locally recruited CHWs, with some form of training and payment in most of the included studies. Their roles were classified into one or a combination of the following: educational, navigational and supporting roles. The most important aspect of CHW-based programmes was the social embeddedness in the communities they served. Further research on CHW programmes in the WHO-EU region is necessary to prepare for their integration into broader national health systems.

[Delegation of insulin administration to non-registered healthcare workers in community nursing teams: A qualitative study](#)
Leading Global Nursing Research, April 2023
Analysis resulted in three themes: (i) Acceptance and confidence, (ii) benefits and (iii) concerns and coping strategies. Delegation was accepted by stakeholders on condition that appropriate training, supervision and governance was in place. Continuing contact between patients and registered nurses, and

regular contact between registered nurses and healthcare support workers was deemed essential for clinical safety. Services were reliant on the contribution of healthcare support workers providing insulin injections, particularly during the COVID-19 pandemic. Benefits for service and registered nurses included: flexible team working, increased service capacity and care continuity. Job satisfaction and career development was reported for healthcare support workers.

[Barriers and facilitators to implementation of non-medical independent prescribing in primary care in the UK: a qualitative systematic review](#)
BMJ Open, June 2022
In order to address global deficits, there is increasing need to optimise use of IP capability. Although the number of independent prescribers continues to grow, numerous barriers to implementation persist. A more coordinated and targeted approach is key to overcoming barriers identified in the four stages of implementation and would help ensure that IP is recognised as an effective approach to help alleviate workforce shortfalls in the UK, and around the world.

[Risk work or resilience work? A qualitative study with community health workers negotiating the tensions between biomedical and community-based forms of health promotion in the United Kingdom](#)
PloS One, July 2019
The key findings were that, first, being a critical insider enabled community health workers to make sense of the diverse constraints on health and lifestyles within their community. Second, they understood their own public health role as limited by operating within this context, so they articulated their occupational identity as focused on supporting clients to make small but sustainable changes to their own and their families' lifestyles. Third, the uncertainties of translating population based

risk information to individual clients were (at least partially) resolved at an embodied level, with the community health workers identifying as accessible and trusted role models for the value of changed lifestyles.

[A conceptual framework for understanding the mechanism of action of community health workers services: the centrality of social support](#)
Journal of Public Health, March 2019
We identified the provision of social support to be central to the mechanism of CHW-mediated health gain. Appropriate social support provision comprised three inter-related elements; needs assessment, social support delivery and client engagement. This mechanism is dependent on the personal characteristics of CHWs and of the roles they are employed or volunteer to carry out. A range of CHW characteristics can influence the social support process, but these are context-dependent and move beyond simple notions of CHW similarity to the client.

Pharmacists and pharmacy workers

Journal articles

[Perspectives of patients on the role of general practice pharmacists: a systematic review and meta-synthesis of qualitative studies](#)
BMC Primary Care, March 2025
Four main themes were identified: awareness of the GPP (patients were unaware of the GPP's role), accessibility to the GPP (some patients had difficulties arranging appointments with GPPs), benefits and challenges (medication review conducted by GPPs reaffirmed patients' trust in taking their medicines, although some were dissatisfied with the medication review process), and GPP integration into general practice (successful integration of GPPs was attributed to their skills and teamwork).

[What are the priorities for improving quality for community pharmacy professional services? Nominal group technique discussions with multiple stakeholders](#)
BMC Health Services Research, December 2024
Five key themes emerged from qualitative analysis across all NGDs: quality service design, sustained funding, integration with the wider healthcare system, positioning community pharmacy as a hub for patient needs, and adequate workforce training, optimising staffing and retention. Participants emphasised the need for long-term commitment to quality service design centred on addressing local patient need, sustained and predictable funding. Community pharmacy staff having some access to patient records for making informed clinical decisions was discussed.

[Workforce development in community pharmacies in England: Opportunities and tensions for a private sector provider of NHS services](#)
PLoS ONE, November 2024
The Pharmacy Integration Fund (PhIF) was established in 2016 to support the development of clinical pharmacy practice in a range of primary care settings, including community pharmacy. bThis study sought to determine how PhIF funded learning pathways for post-registration pharmacists and accuracy checking pharmacy technicians enabled community pharmacy workforce transformation, in what circumstances, and why.

[Providing care to marginalised communities: a qualitative study of community pharmacy teams](#)
British Journal of General Practice, January 2024
There are opportunities to better utilise the skills of community pharmacy teams. Resources, such as access to translation services, and interventions to enable better communication between community pharmacy teams and other primary care services, such as general practice, are essential.

[Pharmacy users' perceptions, awareness and future expectations of community pharmacy in England: a focus group study](#)
International Journal of Pharmacy Practice, January 2024
There was evidence that GPs were perceived to have greater knowledge, training, and authority compared with community pharmacists, which could affect public willingness to seek care from the community pharmacy sector. Most participants however were supportive of closer collaboration between community pharmacies and general practice. Lack of training has been identified by others in the UK and internationally as a barrier to service development, but participants highlighted the need for training to promote public confidence in pharmacy-based urgent care services.

[Making community pharmacies psychologically informed environments (PIE): a feasibility study to improve engagement with people using drug services in Scotland](#)
Cambridge University Press, March 2023
Three pharmacies (16 staff) participated. Training evaluation was positive; all participants rated training structure and delivery as 'very good' or 'excellent'. There was no statistically significant change in attitudes. […] However, the study found that training pharmacy teams in PIE was feasible, well received, and further development is recommended. There was evidence of the four NPT domains to support change (coherence, cognitive participation, collective action and reflexive monitoring).

[Professional stakeholders' expectations for the future of community pharmacy practice in England: a qualitative study](#)
BMJ Open, October 2023
Community pharmacy as a sector could and should be developed to increase health service capacity to address its current challenges. Numerous modifications are required from a

range of stakeholders to create the environment in which these changes can occur.

[Preparing pharmacists for the Community Pharmacist Consultation Service: a questionnaire survey](#)
International Journal of Pharmacy Practice, January 2023
The learning programme resulted in increased confidence and a recognition of a shift in the policy vision for community pharmacist roles. Although some pharmacists appeared to embrace this, others have yet to fully appreciate the need to adapt to be ready for the opportunities that this service can provide.

[Well-rounded pharmacists: a longitudinal evaluation of a multi-sector pre-registration programme](#)
International Journal of Pharmacy Practice, June 2022
Pharmacists maintained that they benefited from the multi-sector training programme and would choose this option again. Pharmacists, tutors and line managers considered that the programme provided a more holistic perspective of pharmacy than single-sector programmes and a greater understanding of patient journeys and transfer of care. Nonetheless, there remains a lack of consensus on how the programme is best structured, and there is scope to increase the hands-on experience in primary care settings.

[Evaluating UK Pharmacy Workers' Knowledge, Attitudes and Behaviour towards Antimicrobial Stewardship and Assessing the Impact of Training in Community Pharmacy](#)
Pharmacy, July 2022
This evaluation supports the value of the AG pledge-based approach to engage and educate pharmacy workers. Reflections show its impact on increasing evidence-based stewardship for pharmacy workers and their response to mandatory training

requirement by employers highlights the effectiveness of the AG campaign to promote AMS within pharmacy teams.

[Community Pharmacist Consultation Service: A Survey Exploring Factors Facilitating or Hindering Community Pharmacists' Ability to Apply Learnt Skills in Practice](#)
Pharmacy, September 2022
This study demonstrates that community pharmacists can extend their practice and contribute to the enhanced provision of urgent care in England. This study identified barriers, both interpersonal and infrastructural, that may hinder service implementation.

[Quality improvement in community pharmacy: a qualitative investigation of the impact of a postgraduate quality improvement educational module on pharmacists understanding and practice](#)
International Journal of Pharmacy Practice, February 2021
Three themes emerged: pharmacists' motivation for learning about QI, conceptual understanding and translation into practice. Pharmacists expressed positive views about learning new skills but expressed logistical concerns about how they would accommodate the extra learning. Prior knowledge of QI was found to be lacking and its application in practice ineffectual. Following completion of the QI module, significant improvements in comprehension and application were seen. Pharmacists considered it too soon to make an assessment on patient outcomes as their improvements required time to effectively embed changes in practice.

[Pharmacy services and role development in UK general practice: a cross-sectional survey](#)
International Journal of Pharmacy Practice, February 2021
General practice pharmacy professionals deliver clinical and non-clinical services which may benefit patients, general practice and the healthcare system. General practices and national

organisations should provide GPPPs with tailored support and exploit the combined strengths of pharmacists and pharmacy technicians to tackle increased workload.

[Learning from community pharmacists' initial experiences of a workplace-based training program](#)
Currents in Pharmacy Teaching and Learning, August 2020
The model has merit in supporting community pharmacists to develop the confidence and competence required for extended clinical and patient-focused roles. While this model of learning seems to provide educational value, further research is required to determine whether the additional resources required to provide workplace mentoring, use work-based assessment tools, and encourage inter-professional working are justified.

Nursing and nursing education

Journal articles

[Experience and Perceptions of Retention Strategies in District Nursing Services: A Web-Based Mixed Methods Cross-Sectional Survey](#)
Journal of Advanced Nursing, August 2025
This web-based cross-sectional survey found wide variation in experience and perceptions of retention strategies in nurses in district nursing services. Nurses working in affluent areas were statistically significantly more likely to report experiencing more types of retention strategies than those working in socio-economically deprived areas. Views on effective strategies were mixed but attention to financial aspects (particularly concerned with travel costs), manageable workloads, flexibility in work scheduling, plus tailored induction/support for those new to district nursing were given the most testimony as effective.

[Preparing tomorrow's student nurses: experiences and support strategies](#)
Journal of Community Nursing, July 2025
This article explores strategies to engage student nurses in community careers at the point of registration, drawing on the experiences of two recently qualified nurses who have chosen to begin their careers in community nursing. Their insights, combined with available evidence, highlight key factors influencing career decisions, including mentorship, exposure during training, and awareness of the benefits associated with community nursing.

[Supporting the future community workforce: perceptions from undergraduate student nurses](#) Abstract only*
British Journal of Community Nursing, June 2025
The key themes identified were intimate relationships, cultures, perceptions, skills and learning. The study found that students felt part of the team in the community setting and that there was a willingness to support and teach student nurses during clinical placement, particularly in relation to clinical skills and proficiencies. Close working relationships between nursing students and qualified staff presented opportunities to discuss, reflect on and consolidate their knowledge and apply it to patient care.

[The role of community and district nurses](#) Abstract only*
Clinics in Integrated Care, December 2024
This article highlights the critical role of nurses working in the community, delving into their wide-ranging responsibilities and their significant impact on both individual and community wellbeing. It offers valuable insights for those considering a career in community nursing.

[Improving equitable healthcare resource use: developing a neighbourhood district nurse needs index for staffing allocation](#)
BMC Health Services Research, November 2024
Key predictors of need for district nursing services were age, deprivation, chronic diseases such as, cardiovascular disease, chronic liver disease, neurological disease, mental ill health, learning disability living in a nursing home, living alone, and receiving palliative care. Need for district nursing services was highly weighted towards older and more deprived populations. The current distribution of staff was, however, more correlated with age than deprivation. Moving to a needs-based staffing distribution would shift staff from less deprived areas to more deprived areas potentially reducing inequalities.

[Regional Variation in the Community Nursing and Support Workforce in England: A Longitudinal Analysis 2010-2021](#)
Journal of Nursing Management, June 2024
The size of the community services workforce has fallen relative to population needs, contradictory to the policy priority to enhance care in the community. There was substantial regional variation in the size of the workforce, which has persisted throughout the decade. Workforce provision was higher in more deprived areas but lower in rural areas, potentially impacting equitable access in rural areas.

[Community children's nursing: developing a bespoke model of post-registration education](#)
Nursing Children and Young People, May 2023
This article discusses an approach that one community children's nursing service in Scotland took to address these challenges by liaising with a local university and accessing a bespoke advanced practice programme.

[Competency assessment for community health nurses: a focus group expert panel discussion](#)
BMC Nursing, May 2022
Four themes emerged: 1) International equivalent core competencies components; 2) Multi-methods approach to assessment; 3) Definitive guidelines as framework for assessment; and 4) Understanding and acceptability of the competency assessment tool.

[First year pre-registration nursing student perceptions of community nursing roles: a thematic analysis](#) Abstract only*
British Journal of Community Nursing, March 2022
Four questions were considered relating to students' knowledge of community nursing. Results uncovered knowledge gaps, and community roles were perceived to be less dynamic than secondary care roles, correlating to clinical tasks and popularised media sources. Results provided insight into student nurse perceptions, offering an understanding from which to construct a more inclusive, community-focused nursing curriculum.

[Core competencies for family and community nurses: A European e-Delphi study](#)
Nurse Education in Practice, March 2022
The results of this study will provide the basis for universities across Europe to develop their own post-graduate teaching programs with common educational goals for Family and Community Nurses and a cadre of nurse practitioners with transferrable skills across the continent.

Enhancing the clinical supervision experience of staff members working within primary and community care: a best practice implementation project
JBI Evidence Implementation, March 2022
A total of 16 participants enrolled on the project. Receiving basic training and participating in clinical supervision was much higher than the baseline audit with both increasing to 100% compliance. Furthermore, 94% of participants were aware of clinical supervision activities and 88% knew of existing records on clinical supervision. The project results show a large increase in compliance with all of the criteria.

Co-developing and implementing a community nursing simulated learning resource for undergraduate nursing students
Nurse Education in Practice, October 2021
This paper describes the co-development and implementation of a pilot, community nursing focused, simulated learning resource within an undergraduate adult field nursing programme in Wales, UK.

Perceptions, practices and educational needs of community nurses to manage frailty
British Journal of Community Nursing, March 2021
A total of 18 nurses described the meaning of frailty as vulnerability, loss and complex comorbidity and identified processes of caring for people with frailty. They identified existing educational needs necessary to support their current efforts to build capability through existing adversities. Our study indicates that current practice is largely reactive, influenced by professional judgement and intuition, with little systematic frailty-specific screening and assessment.

Challenges and opportunities: the role of the district nurse in influencing practice education
British Journal of Community Nursing, March 2020
With a move towards an apprenticeship model to achieve the SPQDN, DNs must engage with and influence curriculum development to confirm courses deliver requirements of the workplace, commissioners and the 2019 NHS Long Term Plan. Expectations of the DN role within practice education have changed, moving away from the practice teacher standards to the new Nursing and Midwifery Council Standards for Student Support and Assessment. This poses new challenges in DN education in practice. The implications of this transition threaten to de-value the quality of the assessment process by removing the high standards of preparation previously demanded; ultimately, this is a risk to the provision of the quality practice education that previously existed.

Preparation and support for students in community placements: A mixed methods study
Nurse Education in Practice, March 2020
Community nursing needs to expand its workforce in the United Kingdom in the immediate future, to accommodate the requirements of an ageing population and the rationalisation of care delivery to community settings resulting from Sustainability and Transformation Plans. It has been reported internationally that student nurses do not always value or learn from their community placements and that this may contribute to an apprehension regarding working in the sector after graduation. […] The triangulated data indicate that students enjoyed their community placements as learning environments, had excellent relationships with their clinical facilitators, and would welcome a more structured information package as an approach to preparation and placement learning.

[Developing a community-based nursing and midwifery career pathway - A narrative systematic review](#)
PloS One, March 2019
There is a paucity of research that identifies community nursing and midwifery as a discreet scope of practice. Twelve papers were eventually included in the review. Verbatim findings were extracted from the papers and clustered into categories based on the chosen theoretical framework. Major themes were 'the self' (professional and personal); 'transition processes'; and, a 'sense of belonging'. Sub themes included narrative identifying inhibitors and enablers in each theme.

[More care out of hospital? A qualitative exploration of the factors influencing the development of the district nursing workforce in England](#)
Journal of Health Services Research & Policy, May 2018
There is an apparent paradox between health policies which promote more care within and closer to home and the reported decline in district nursing services. Using the lens of workforce development theory, an explanatory framework was offered with factors such as the nature of the nursing labour market, human resource practices, career advancement opportunities as well as the contractual context and the economic environment.

[The challenges of upskilling health care assistants in community nursing](#)
British Journal of Community Nursing, June 2017
Challenges included fears around delegation, accountability and the responsibilities involved in supporting the development of health care assistants. Recommendations suggest that community health care assistants offer a valuable and much needed contribution to health care delivery and are enthusiastic to upskill in catheterisation. However, reluctance from community registered nurses around delegation delayed the process. Registered nurses will need to address these fears and engage

in workforce planning to proactively influence role developments and safe practice.

Competency Frameworks

[Standards of proficiency for community nursing specialist practice qualifications (SPQ)](#)
NMC, April 2024
These standards represent the skills, knowledge and attributes all community nurses with specialist community qualifications (SPQs) must demonstrate.

[Workforce development framework for care co-ordinators](#)
NHS England, December 2023
The framework includes competencies for the role and links to resources to support employers to recruit and embed care co-ordinators in services. Organisations employing care co-ordinators, including primary care networks, can use this framework to support recruitment and retention. It will help them develop a greater understanding of the role, its scope of practice and the training and development care co-ordinators need to enable them to practice safely and effectively.

[Standards of proficiency (list of AHP competencies)](#)
HCPC, 2023
They set clear expectations of our registrants' knowledge and abilities when they start practising. Once on the Register, registrants must continue to meet the standards of proficiency that apply to their scope of practice.