

## Provision of palliative and end-of-life care by community health nurses: A scoping review on the challenges and potential solutions

### Background

- Demand for home-based palliative and end-of-life care is increasing, driven by a growing and ageing population.
- Community health nurses are essential to the delivery of palliative and end-of-life care, providing highly skilled holistic care in people's homes and in communities.
- Their frequent contact and long-term relationships with patients and families from birth to end of life uniquely position them to manage changes in care needs and deliver responsive person-centred care.
- Access to home nursing care is central to shifting care from hospital to the community and improving the availability of home-based services is likely to better support people to die at home (if preferred and/or possible).

### What we did

- This scoping review aimed to provide an in-depth view of UK-based evidence to: (i) understand the roles and responsibilities of community health nurses in delivering palliative and end-of-life care and (ii) identify the challenges facing this workforce in providing such care and potential solutions to mitigate these challenges.
- Thirteen electronic databases and grey literature sources were searched from 2009 to 2025 for sources of evidence reporting on the palliative and end-of-life care provided by community health nursing services. Included sources of evidence were grouped thematically.
- An established Community Nursing Expert Panel (senior nurses, nurse managers, or nurses in advanced roles) and Patient and Public Involvement Group (patients and family carers) joined regular online meetings and helped to shape the scoping review (e.g. developing the search strategy).

### What we found

- 239 sources of evidence were included and synthesised.
- Community health nursing teams roles and responsibilities are increasing and becoming more complex (e.g., more advanced clinical decision making and advance care planning).
- Standards and competency frameworks have limited mention of palliative and end-of-life care.
- Palliative and end-of-life care education and training is inconsistent or not present.
- Community health nurses may face challenges with identifying people approaching the end of life, discussing death and dying, knowing when to initiate advance care planning, managing psychological symptoms and palliative medicines, and having good knowledge of different diseases/conditions.
- Demand is outpacing capacity, with increasing caseloads, workforce shortages and insufficient resources, which can lead to care being left undone or deferred, is reactive rather than proactive services, and risks to quality of care.
- Community health nurses are central to coordinating, managing and reviewing care alongside and between other professionals within the multi-disciplinary team delivering palliative and end-of-life care. However, they are not always involved as early as they would like or receive limited information from other teams/services to inform care.
- Professionals within the multi-disciplinary team can be uncertain of their roles and responsibilities in delivering palliative and end-of-life care, which can impact collaborative working, streamlining care and avoiding duplication of work.

## Potential solutions identified in the evidence

- **Roles and responsibilities:** Palliative and end-of-life care could be more comprehensively included in standards and competency frameworks. Standards and competency frameworks need to be regularly reviewed to ensure they reflect evolving roles and responsibilities. In addition, they need to resonate with patient and family needs, be practical and relevant, and easy to follow.
- **Expertise needed:** Community health nurses need more standardised pre- and post-registration education and training in palliative and end-of-life care. Training should be locally relevant and maintained to support continuing professional development, focusing on areas identified as challenging and barriers to attending training.
- **Rising demand and caring under pressure:** Investment is needed in the community health nursing workforce. In addition, there needs to be clear career development to maintain the workforce and skill mix to confidently deliver palliative and end-of-life care. It is also important to define what a safe caseload is and improve data collection around the palliative and end-of-life care they provide.
- **Effective integration with other teams:** There needs to be a shared understanding of what high-quality palliative and end-of-life care is and clarity around the responsibilities of each member of the multi-disciplinary team. Community health nursing teams could be involved earlier and information-sharing across electronic platforms could be improved.

### Key messages

- Investment is needed in community nursing.
- Standardise pre- and post-education and training in palliative and end-of-life care.
- Improve shared understanding of what high-quality palliative and end-of-life care is and define what a safe caseload is.
- Ensure each member of the multi-disciplinary team knows their role and responsibilities in delivering care.

## About this study and policy briefing

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