Sue Ryder Submission: Professional Strategy for Nursing and Midwifery

September 2025

NHS England

a) Working in Neighbourhoods and Communities

Services are shifting to deliver care closer to home, delivered in local communities as multi-professional teams, reducing the need for hospital visits and making care more accessible and personalised. This will end fragmentation of care and teams will be empowered to target support where it's needed most, helping to reduce inequalities.

Nursing and midwifery has a key role to play in working in and with local communities. This area will explore the role of our professions working in this new landscape.

a. What do you see as the opportunities for nursing and midwifery in this area?

For people who are dying or require palliative care, a joined-up community approach is a progressive and welcome move. This shift represents a significant opportunity to deliver true integrated care and improve the experience of those who are dying at home.

A move to more integrated models of care and the use of multi-professional teams creates a significant opportunity for upskilling nurses in palliative and end-of-life care (PEoLC). For example, close joint working between district nurses and specialist palliative healthcare professionals will enhance their knowledge and confidence in providing high-quality PEoLC. Other generalist healthcare professionals involved in the delivery of PEoLC in the community, such as GPs, will also benefit from this upskilling.

This approach also creates the opportunity for nurses to play a key role in innovative and effective models of care. For example, nurse-led PEoLC outpatient clinics in GP surgeries.

b. What are the barriers to delivery in this space?

There are a number of barriers to shifting care effectively into the community, with workforce shortages being one of the most significant.

The delivery of high-quality PEoLC at home relies on many services working together, with generalist practitioners - particularly district nurses and social care professionals - providing the bulk of the day-to-day support.

However, the number of district nurses has fallen sharply in recent years. Between 2009-2024 the number of staff recorded in NHS district nurse roles fell by 43%, from 7,643 to 4,322.[1] The Commission on Palliative and End-of-Life Care recently reported that there is only one district nurse for every 62 deaths each year which occur out of hospital and with

[1] https://www.nuffieldtrust.org.uk/resource/the-lamentable-decline-of-district-nurses-in-the-nhs-in-england

palliative care needs.[2] This shortage represents a major barrier to expanding community-based PEoLC, particularly as demand for PEoLC continues to grow.[3]

Social care shortages are also a significant barrier. The Ambitions for Palliative and End of Life Care framework sets out that people must be supported with rapid access to needs-based social care.[4] Social care is fundamental to enabling people to die at home with dignity, yet workforce shortages in the sector pose a threat to more PEoLC in the community. The Independent Commission into Adult Social Care is expected to recommend reforms to transform adult social care, however this is not due to report until 2028. There is also a risk that the social care needs of people nearing the end of life will be overlooked. The Commission will consider older people's care and support for working age disabled adults separately, recognising that these services meet different needs. While people nearing the end of life may fit into one of these two groups, this will not always be the case.

Workforce shortages are particularly pronounced in rural and remote areas. Research from Hospice UK found that two thirds (65%) of rural health and care staff said there were not enough staff with the right skills to support people with life-limiting conditions in the rural community they worked in.[5] The most consistent workforce shortages highlighted were a lack of social care staff and community nurses, particularly out of hours. The report found that, in some rural communities, hospice care organisations are filling gaps where there is a lack of care workers to provide social care.

Commissioning of hospice services continues to be a significant barrier to delivering care in the community. One major concern is the underfunding of 24/7 specialist palliative care. Marie Curie's Better End of Life 2022 research found that only 27% of areas surveyed had a designated out-of-hours telephone line for patients with PEoLC needs and their informal carers.[6] This is despite a National Institute for Health and Care Excellence (NICE) recommendation that a designated telephone line should be available for people with palliative and end-of-life care needs 24/7. Such services are essential in supporting people to remain at home at the end of life.

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[2] Commission on Palliative and End-of-Life Care (2025), Palliative Care and End of Life Care: Opportunities for England. https://img1.wsimg.com/blobby/go/e5bbd9ef-01fd-45c0-b4f4-1cf6b62157b9/VOLUME%201%20REPORT%20FINAL%20170625.pdf

[3] Sue Ryder (2021), Modelling demand and costs for palliative care services in England. https://media.sueryder.org/documents/Modelling_Demand_and_Costs_for_Palliative_Care_Services_in_England_1.pdf

[4] National Palliative and End of Life Care Partnership (2021), Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026. https://www.england.nhs.uk/wp-content/uploads/2022/02/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf

[5] Hospice UK (2025), Bringing care closer to home. https://www.hospiceuk.org/publications-and-resources/bringing-care-closer-home

[6] Marie Curie (2022), Better End of Life 2022. https://www.mariecurie.org.uk/globalassets/media/documents/policy/beol-reports-2022/better-end-of-life-report-2022.pdf

More broadly, hospice funding varies considerably across the country and hospices are not being commissioned on an equal footing with NHS services.[7] The consequences of this are stark: as many as two in five hospices are expected to cut services within the next year.[8] There is also variation in the types of services that are funded, creating a 'postcode lottery'.[9] To ensure palliative care professionals can fully contribute to multi-disciplinary teams, these funding disparities must be urgently addressed.

Poor sharing of patient records, care plans and Advance Care Plans, caused in part by different IT systems being used across healthcare, creates a barrier to providing patient centred care in the community. As an example, many patients at the end of life carry printed ReSPECT forms to ensure that any healthcare professional they encounter has access to their care preferences. Relying on printed forms should not be the most effective method - digital systems should provide a more efficient, accessible, and reliable solution.

Nurses working in the community should have ready access to a patients' relevant information. Current limitations result in wasted time and resources, as nurses often need to locate information that has already been recorded elsewhere.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

The Professional Strategy for Nursing and Midwifery must tackle the shortage of nurses required to deliver more PEoLC closer to home. It should set out clear plans for building a sustainable workforce pipeline to meet growing PEoLC demand, while ensuring the right balance of skills and experience within multi-disciplinary teams.

Plans should consider both specialist roles (such as Palliative Care Clinical Nurse Specialists) and generalist practitioners who are integral to the delivery of PEoLC in the community. A particular priority should be the urgent rebuilding of the district nursing workforce.

Workforce planning must also account for regional needs. For example, more non-medical prescribers can help increase the use of anticipatory prescribing and access to medications in rural communities.

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[7] APPG on Hospice and End of Life Care (2024), Government funding for hospices. https://hukstage-new-bucket.s3.eu-west-2.amazonaws.com/s3fs-public/2024-02/APPG%20Report%20-%20Government%20funding%20for%20Hospices%20HUK.pdf?VersionId=0l8T4jC5V2C0zRKQLFs9ClZ5QZ5xEiOs

[8] https://www.hospiceuk.org/latest-from-hospice-uk/2-in-5-hospices-planning-make-cuts-year

[9] APPG on Hospice and End of Life Care (2024), Government funding for hospices. https://hukstage-new-bucket.s3.eu-west-2.amazonaws.com/s3fs-public/2024-02/APPG%20Report%20-%20Government%20funding%20for%20Hospices%20HUK.pdf?VersionId=0l8T4jC5V2C0zRKQLFs9ClZ5QZ5xEiOs

With most people in the UK wanting to die at home, the commitment to move care from hospital into the community is welcome. However, with 42% of deaths still occurring in hospital[10], delivery of high-quality PEoLC in acute settings remains equally vital. Workforce planning must therefore also account for nurses who provide PEoLC in hospitals.

b) Education reform

Education is the cornerstone of modern practice for all nurses, midwives and nursing associates. The context in which our professions work continues to change, with a greater focus on working within our communities, prevention and population health management and the impact and opportunities of digital and technological advancements. As these changes take place, we need to ensure that how we educate and train our professions move with them to reflect and meet the needs of modern practice.

We have also seen advancements in the delivery of training with greater opportunities provided through the use of simulation and exposure to clinical placements in a wider range of settings.

This area will explore how we ensure education from pre-registration to post-registration supports modern practice and reflects the skills and competencies needed of nursing and midwifery.

a. What do you see as the opportunities for nursing and midwifery in this area?

Healthcare professionals often do not receive adequate training and education in PEoLC. For example, the National Audit of Care at the End of Life recently reported that only 62% of staff respondents had completed training specific to end of life care within the last three years.[11]

The Professional Strategy for Nursing and Midwifery presents an important opportunity to equip nurses with the skills, knowledge and competence to provide effective and compassionate care to dying people and those important to them.

b. What are the barriers to delivery in this space?

The current nursing curriculum for all pre-registration students does not sufficiently address PEoLC. To address this, the curriculum must be urgently reviewed and revised to:

- Embed both theoretical and practical learning related to PEoLC.
- Provide clinical placements where students gain direct experience under the supervision of palliative care professionals in hospitals, hospices and the community.

[10] NHS Futures, ICB PEoLC Dashboard. (Last accessed 01.10.2025.)
[11] NACEL (2025), 2024 State of the Nations Report. https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/NACEL%202024%20State%20of%20the%20Nations%20Report%20-%20FINAL.pdf

c. **What would you expect to see included in this area of the professional strategy for nursing and midwifery?**

All nursing staff must feel confident and well-prepared to care for patients with a terminal diagnosis and those who are at the end of life. As demand for PEoLC continues to grow, the Professional Strategy for Nursing and Midwifery must strengthen PEoLC education at both pre-registration and post-registration stages.

As laid out in the 10 Year Health Plan, the Strategy will ensure every nursing student spends sufficient time across a range of clinical settings, including a requirement for all students to have a high-quality experience in neighbourhood and community settings. We support this. However, the Strategy should also ensure that nursing students gain sufficient PEoLC experience. As a minimum, it should be mandated that every nursing student has a three-month placement in PEoLC, either in a hospital, hospice or within the community.

The Government should support improved training provision on PEoLC across nursing to ensure patients can be identified and receive the appropriate care. This education must include the importance of taking a holistic approach, finding out what is important to patients and helping them make the right decisions around treatments and investigations.

Sue Ryder is uniquely placed to support improvements in nurses' training and education through the Sue Ryder International Learning Academy. This delivers evidence-based education and practical training designed to enhance the quality of life for patients and their families. This should be a key tool in supporting all nursing staff to best support patients at the end of life.

c) Career pathways and post-registration development

Effective career pathways are critically important to both the individual and the health and care system. Individually, they provide opportunities for professional development and growth, supporting people to maximise their skills, improve wellbeing and support people in their roles. More broadly, they provide opportunities for skills development that supports workforce retention, skills mix and improve patient outcomes.

This area will explore the development of co-ordinated career pathways that reflect the breadth and depth of modern health and care roles and how this is supported by a career long approach to learning as a foundation for career progression, supporting staff retention, talent development, and a sustainable workforce equipped to meet evolving service needs.

a. **What do you see as the opportunities for nursing and midwifery in this area?**

Sustainable delivery of PEoLC is contingent on workforce. The Nursing and Midwifery Strategy presents a valuable opportunity to develop career pathways in PEoLC and build workforce capacity.

b. What are the barriers to delivery in this space?

Apprenticeships play an increasingly important role in developing the hospice workforce; however, financial constraints often limit their feasibility. While the apprenticeship levy funds training and assessment, it does not cover the significant costs associated with releasing staff. Hospices must absorb the expense of backfill during periods of academic study and external placements, as well as placement fees payable to NHS Trusts. These costs create a substantial barrier to expanding apprenticeship opportunities in nursing. Furthermore, hospices often face greater challenges in securing the full range of placements that are routinely available within larger NHS Trusts.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

The Professional Strategy for Nursing and Midwifery should ensure that hospices are enabled to offer and sustain nursing apprenticeships. To make apprenticeships a viable workforce route for hospices, the Strategy must seek to address the unfunded costs of backfill and external placement fees, and to strengthen partnerships that enable equitable access to required placement opportunities.