



Royal College
of Nursing
Scotland

RCN Scotland briefing: Investing in community nursing



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Introduction

Against a backdrop of increasing patient need, there is widespread agreement about the urgent need to provide more care in the community, to better serve individuals and achieve more sustainable services.

But this has been talked about for years. It is vital that progress is delivered in this parliamentary session.

It's not possible to tackle corridor care and the overcrowding in Scotland's hospitals, without increasing capacity in community and care home settings.

Scottish government must recognise that community nursing is central to achieving this ambitious agenda. From prevention to end-of-life care, community nurses have a vital role in shaping the future of health and care services as the Scottish government shifts care from hospitals to community. The diverse nature of community nursing extends across children, adults, mental health and learning disability, in a variety of settings.

Given the pressure hospitals are under, this shift cannot be achieved by simply moving resources from the hospital sector in the short term. For meaningful progress, capacity first needs to be increased in the right places, and this will require additional funding.

The case for change

Community services already do an excellent job every day in caring for people out of hospital either in or close to their home. However, we know that community nursing is under immense pressure and lacks capacity to lead this shift without significant investment in the workforce.

There is a growing gap between capacity and patient demand within district nursing services, creating pressure which can impact the quality of care, and the number of registered nurses within the health visiting and school nursing workforces has decreased since 2022.

It is imperative that the Scottish government backs its ambitions with fully funded plans to grow the registered nurse workforce for community roles and secure a pipeline of qualified nurses to work in the community. Investing in the learning and development of the existing community nursing workforce, and clear career pathways, is also vital to improving retention as well as enabling the workforce to grow, lead and innovate to meet challenges.

It is important that there are flexible routes into community nursing and those in training and education are exposed to the different areas of the profession – and that it is seen as an attractive 'first destination' for newly qualified nurses where they will gain valuable experiences. The SNP's manifesto commitment to develop more community-based placements for nurses is therefore welcome.

We also need to see funding for digital infrastructure to create more joined-up systems. It is investment in these systems as well as digital tools that will support care delivery and enhance greater efficiency in the provision of care.

Trends in community nursing and primary care

RCN Scotland submitted an FOI request to all NHS boards to determine the level of investment in the community nursing workforce, including district nursing, health visiting and school nursing. The data shows significant variation in education activity, workforce distribution, and leadership across NHS boards. The findings indicate the need for robust workforce planning, stronger leadership roles, and investment in NMC accredited qualification pathways to stabilise and future proof Scotland's community nursing workforce.

District nursing

District nurses are fundamental to the Scottish government's plans to shift the balance of care from hospital to the community, caring for patients with complex health needs in their own home as well as delivering preventative care and supporting long-term conditions and palliative patients.

Our analysis of workforce data shows that while there has been growth in the overall district nursing workforce since 2010, there has been a dilution of the skill mix, and an increasing proportion of the workforce is made up of nursing support workers.

In 2025 registered nurses accounted for 78% of district nursing staff, compared to 93% in 2010.

Conversely, the number of nursing support workers has grown from 7% of the district nursing workforce to over a fifth of the workforce (22%). However, that ranges from 6% in one NHS board, to nearly half of the workforce (47%) in another, showing unexplained variation in the skill mix within NHS Scotland district nursing teams.

District nurses require advanced knowledge and skills to manage increasingly complex care, high-risk situations and independent caseloads in the community. Ensuring that district nurses are supported to gain the Specialist Practitioner Qualification (SPQ) in District Nursing is vital for safely moving more care from hospital to home and for providing effective leadership within interdisciplinary teams.

Yet the FOI data supplied by boards show there has been a decline in the number of registered nurses being supported to complete the SPQ since 2020. 12 boards supplied data, with three of these not supporting any staff over the five years. Of the other boards, the high point was 2021 when around 80 nurses were supported to complete the SPQ. This

had reduced by two thirds by 2024, and was still at less than half this level in 2025.

The NHS Board data indicates that, overall, only 24% of registered nurses within district nursing teams hold the SPQ qualification designed to equip them with the additional knowledge and skills to manage complex caseloads.

Health visiting and school nursing

Analysis of the workforce data shows that, between March 2010 and March 2020, the number of registered nurses and staff in the health visiting workforce grew significantly. But the level has not been sustained - since 2020 the registered nursing workforce in health visiting teams has fallen by 6.7% and is now at its lowest point since September 2017.

Despite a Scottish government commitment to maintain or annually increase numbers of active health visiting students (registered nurses undertaking the specialist community public health nurse qualification (SCPHN) in health visiting), the FOI information we received from NHS boards highlights that the numbers have been in decline since 2022. 12 boards provided data showing that 115 nurses were supported to undertake this specialist qualification in 2022, compared to 55 in 2025.

This is within the context of considerable strain on health visiting teams. The Scottish government acknowledged this in its 2025 health visiting action plan which reported that the proportion of children receiving the health visitor contacts that they are eligible for has been decreasing annually since 2020-21. Meanwhile, there has been an increase in the early identification of developmental concerns which require additional support, and the gap between the prevalence of concerns within the most and least deprived communities is widening.

Urgent action is required to stabilise the health visiting workforce, invest in education to ensure a qualified health visiting workforce across all NHS boards and reverse the decline in numbers, which is at risk of accelerating given a quarter of the current workforce are 55 years old or older.

Between 2010 and 2022 there was growth in the number of nursing staff within school nursing teams, however, just as with health visiting, this growth has not been sustained, and the number has fallen again in the last few years. As with district nursing and health visiting, NHS board data highlights reduced investment in supporting nurses to complete the SCPHN school nursing qualification. From a high of 82 nurses accessing the qualification in 2022, this fell to 16 in 2024 and 13 in 2025.

Given the key role of school nurses in supporting the health and wellbeing of school age children and the rising demand for mental health care, for example, urgent action is required to invest in school nurse education to maintain a skilled workforce across all NHS boards.

General practice nursing

An estimated 1664.8 WTE registered nurses were working in primary care in 2026, down 4% compared to the year before (although some of this change may be due to a change in methodology).

General practice nursing in primary care is an area where data continues to need improvement. Audit Scotland has acknowledged this as an area requiring attention if the Scottish government is to make informed decisions on general practice planning and investment.

There is a pressing need for enhanced general practice nursing development routes, and we also have concerns about the current lack of placement opportunities for nursing students in general practice.

When it comes to pay and valuing general practice nursing staff, there continues to be an issue with some general practice employers failing to pass on pay increases that are funded by Scottish government. Our view is that the Scottish General Medical Services contract should include a mechanism to ensure that funding allocations for primary care staff pay are delivered to those staff as intended.

Responding to growing complexity and increasing population need

Evidence points towards increasing complexity in community health and social care services. More complex care is being delivered outside hospital, increasing numbers of people are living with multiple, complex conditions, there are greater mental health needs across community services and also increased child protection activity.

This is placing increasing demand on community nursing teams and increasing the need for multidisciplinary, neighbourhood-based approaches.

Scottish government and employers must recognise the increasing acuity and complexity in community care and ensure workforce plans reflect increasing levels of population need and complexity.

A key focus for the Scottish government is investing in Hospital at Home. While Hospital at Home has an important role to play in enabling some people to stay at home during a period of acute illness, rather than being admitted to a hospital setting, our view is that more work is needed to ensure better integration with existing community services. We are also concerned that an increased focus on, and investment in, Hospital at Home must not come at the expense of essential community health services, including district nursing, which risk being undervalued and overlooked. District nursing is a cornerstone of community health, uniquely placed to provide anticipatory, relationship-based, person-centred and integrated

care that enables people to stay well at home. However, this potential is not yet fully recognised or adequately resourced by health boards.

The Scottish government is also prioritising GP walk in centres to tackle pressures in primary care. Our view is we need to see greater investment in primary care, including in the general practice nursing workforce and in advanced practice nursing, to increase access and ensure primary care can provide relational and holistic care.

Digital technology

We also need to see funding to strengthen digital infrastructure and create more joined up systems. Investing in these systems – alongside digital tools and the necessary staff training – will enable more coordinated care delivery and improve efficiency across services.

A survey of around 500 RCN Scotland members last year found that:

- 44% are dissatisfied or very dissatisfied with the digital systems and technology they use in their daily practice
- 54% feel that the digital technology they use for patient care is not integrated well with other hospital or clinical systems
- 42% report that lack of access to laptops, tablets or smart phones is a challenge, and 54% report that slow or unreliable internet connection is as a barrier to using digital technology in patient care
- 44% feel that the training provided for using digital systems and technology in their workplace is either inadequate or very inadequate
- 62% feel they would benefit from additional training or support in using digital systems and tools.

What is RCN Scotland calling for?

Community nursing is an incredible area of the profession. To achieve its ambitions for the future, the Scottish government needs to capitalise on the opportunity to reshape community nursing into a more visible, valued and integral part of the health care system with a central role in reducing inequalities, preventing ill-health, and maximising independence.

Strengthening Scotland's community nursing workforce is one of the best investments the government could make. They are key to delivering expert interventions to help people live healthier lives in their communities and prevent costly hospital admissions.

We are calling on the Scottish government to:

- Invest in growing the essential role of the registered nurse in community services - including district nursing, health visiting, school nursing and general practice - to realise the ambition of shifting the balance of care into the community.
- This will require robust workforce planning and investment in supporting community nurses to undertake the NMC accredited qualifications that are needed to ensure appropriately skilled and qualified district nursing, health visiting and school nursing workforces across all health boards.
- Recognise the increasing acuity and complexity in community health and care and ensure this is reflected in workforce planning.
- Expand student nurse placements in community settings, particularly general practice.
- Invest in digital technology and training to ensure nursing staff working in the community have the information and equipment they need
- Introduce a Digital Nursing Lead within Scottish Government to help drive improvements for the profession.



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The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and voluntary sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect our members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 52,000 members in Scotland, we are the voice of nursing.

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October 2026