



2023

Headlined by:  CONTENT GURU

Thursday 2nd November | 15Hatfields, London

Agenda for today:





Welcome to the NHS Virtual Wards
Conference!



2023

Headlined by:  CONTENT
GURU



2nd November 2023
8am – 4pm
15Hatfields, London



Chairs Opening Address



2023

Headlined by:  CONTENT GURU



Mrs Sara Fenner

Head of Facilitated Discharge and
Urgent Care - Sutton Health and Care



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Speaking Now...



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Adam Fitzgerald

Head of Nursing, Integrated Local Services
- Guy's and St Thomas' NHS Foundation
Trust

Lambeth and Southwark Virtual Wards

Adam Fitzgerald

Harriet Slade

Aimee Venner

NHS VIRTUAL WARDS SOUTH CONFERENCE

2nd November 2023

Overview

Creating the opportunity to develop integrated place based Virtual Wards

- Some definitions
- Our journey
- Current models of care
- Our next steps

What is a 'Virtual Ward'?

Virtual Ward

A virtual ward is a safe and efficient **alternative to NHS bedded care**.

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.

- **The acuity and complexity of the patient's condition differentiates virtual wards from other community and home-based services**
- It provides **urgent access to hospital-level diagnostics** (such as endoscopy, radiology, or cardiology) and may include bedside tests such as **point of care (POC) blood tests**
- It provides **hospital-level interventions** (such as access to intravenous fluids, therapy, and oxygen)
- It requires **daily input from a multidisciplinary team**, either in person or enabled by technology e.g. virtual consultation, and sometimes **multiple visits and provisions** for 24h cover with the ability to respond to urgent visits.
- It requires **consultant practitioner specialist leadership and clear lines of clinical responsibility**
- **Defined inclusion and exclusion criteria**, with defined target population and deliver a **time-limited short-term intervention** of 1–14 days.
- **VW patients have equity of access to other specialty advice as though an in-patient.**

NB: A virtual ward **is not** a mechanism intended for enhanced primary care programmes; chronic disease management; intermediate or day care; or proactive deterioration prevention. Wider virtual care supported services (including NHS@home) are scaling to enable these cohorts to be increasingly supported at home / in the community.

The benefits of Virtual Wards

For patients:

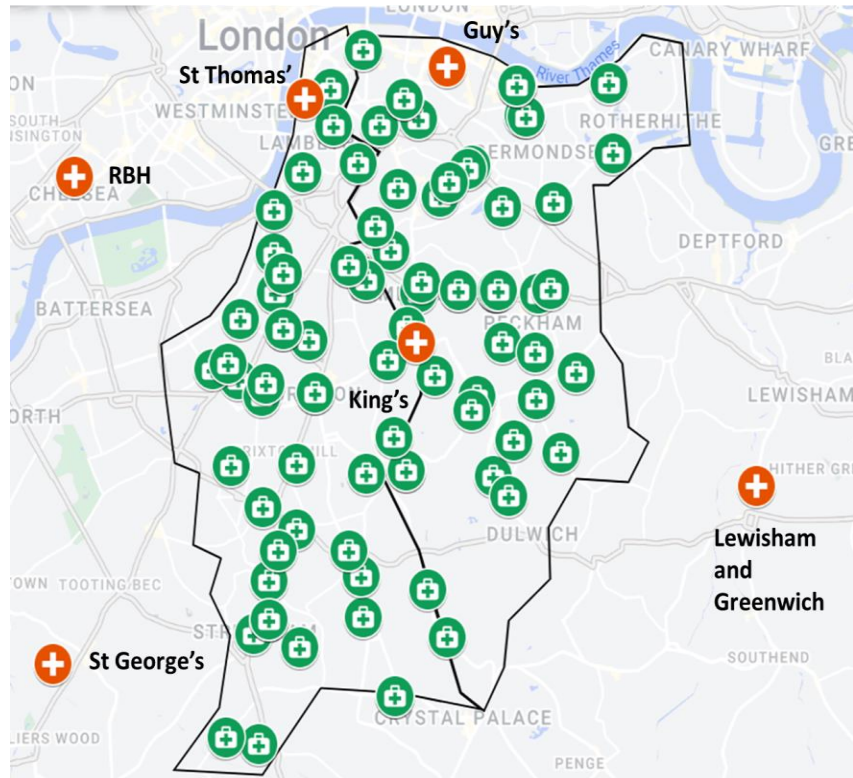
- Improving access to care in the right place at the right time by the right people
- Improved patient activation/self-management by providing urgent care to patients in the comfort of their own homes
- Improved patient satisfaction by offering the choice regarding the most appropriate place for care and providing options that offer care with the minimal impact on their lives

For the system and service delivery:

- Improved integration and reduction in GP appointments
- Improved hospital discharge pathways leading to better hospital flow and hospital admission avoidance.
- Improved patient data for clinicians and facilitation of remote working
- Development of specialist expertise in community models of care

Local Context

Our Population: Lambeth and Southwark



- Population 625,300
- High levels of deprivation
- Significant health inequalities
- Challenges with digital literacy
- >150 different languages spoken
- Aging population
- Population set to increase by 5.2% over the next 5 years

Local Context

Our Workforce

- Multi-disciplinary and integrated with community services, acute medicine, general practice, and social services
- Reflective of our population
- We have recruitment challenges in all professions, including nursing, AHP and medicine. These vary at different levels of seniority and different teams
- Virtual Wards are an emerging specialty – there is a lack of dedicated training at undergraduate and postgraduate levels for all profession
- In times of Trust bed escalation we find it a challenge to find staff who can rapidly deploy into ILS services at times of need
- We don't have a pool of confident staff who feel able to leave their usual bases on wards and clinics to see people in their own homes

How Virtual Wards Work: Local Response

- Guy's and St Thomas' NHS Foundation Trust (GSTT), with our partners Kings College Hospital (KCH) and primary and social care colleagues in Lambeth and Southwark are in a mature position. The Trust was an early national exemplar of virtual ward services, establishing its @home service in 2014.
- To support SE London ICS Lambeth and Southwark Local Place are building upon the current core and established services provided by our NHS community services and other established pathways and partnerships, including:
 - GSTT @Home expansion.
 - Expand GSTT Integrated Respiratory Team (IRT) Oxygen weaning and telephone support to enable admissions avoidance and early support discharge pathways which was stood up during the pandemic
 - Significantly expansion of GSTT community Palliative and End of Life care by providing 24/7 service including night sitting / Virtual Ward
- Building further capacity with the development of a viable remote monitoring (RM) offer

How Virtual Wards Work: Local Response

GSTT @Home Service

- The **@home** service provides acute clinical care to patients at home that would otherwise be carried out in hospital
- The MDT consists of highly skilled Nurses, Therapists, Doctors, Social Workers, Support Workers and Administrators
- Interventions are delivered in the usual place of residence in order to provide the best possible patient experience and outcome, and enable the patient to benefit from holistic integrated care.
- There are few exclusions however @Home focus predominantly on elderly, frail, and vulnerable. This leads to some inequalities i.e. younger BAME with Sickle cell
- GPs tend to be risk averse telephone triage.



How Virtual Wards Work: Local Response

Aims of the @Home service

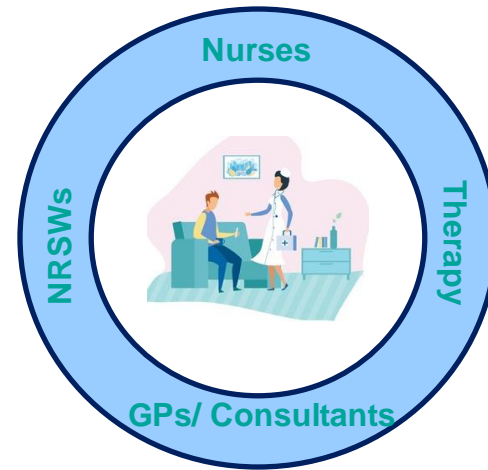
The service has three main aims:

- 1) Identifying people at risk of a hospital admission and delivering care which prevents their condition getting worse
- 2) Providing a high level of clinical care at home to prevent an avoidable hospital admission
- 3) Facilitating advanced discharge out of hospital, so patients can recuperate in the comfort of their home while receiving high quality clinical and personal care

How Virtual Wards Work: Local Response

The expansion of the team

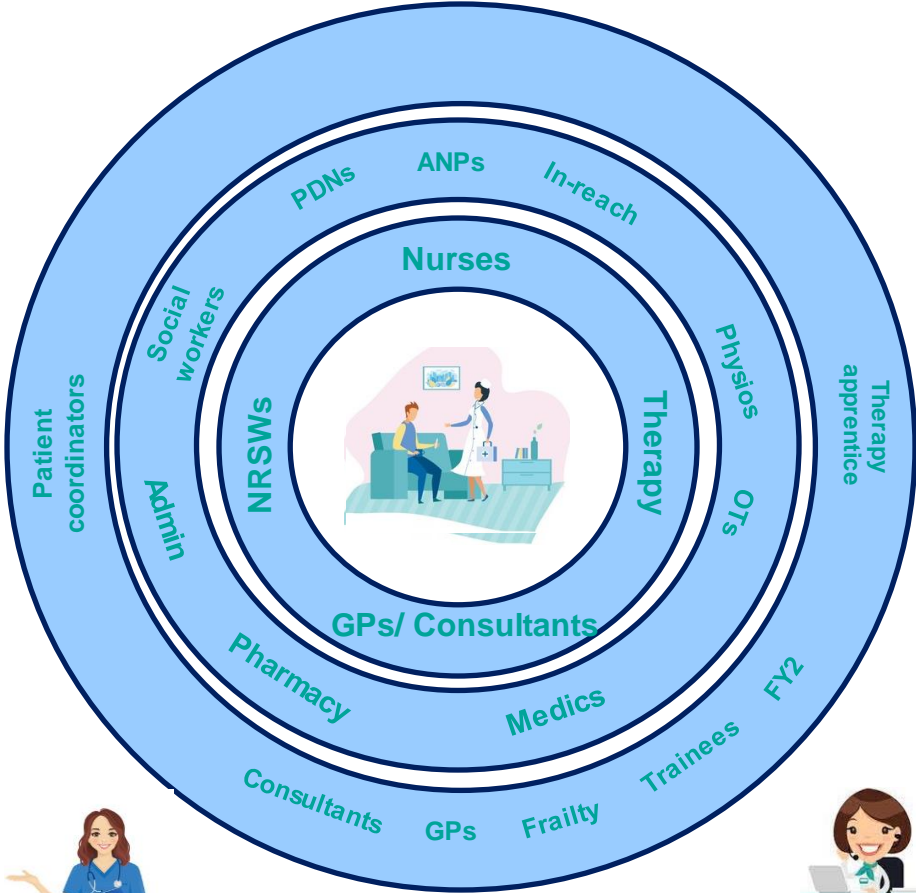
2014



How Virtual Wards Work: Local Response

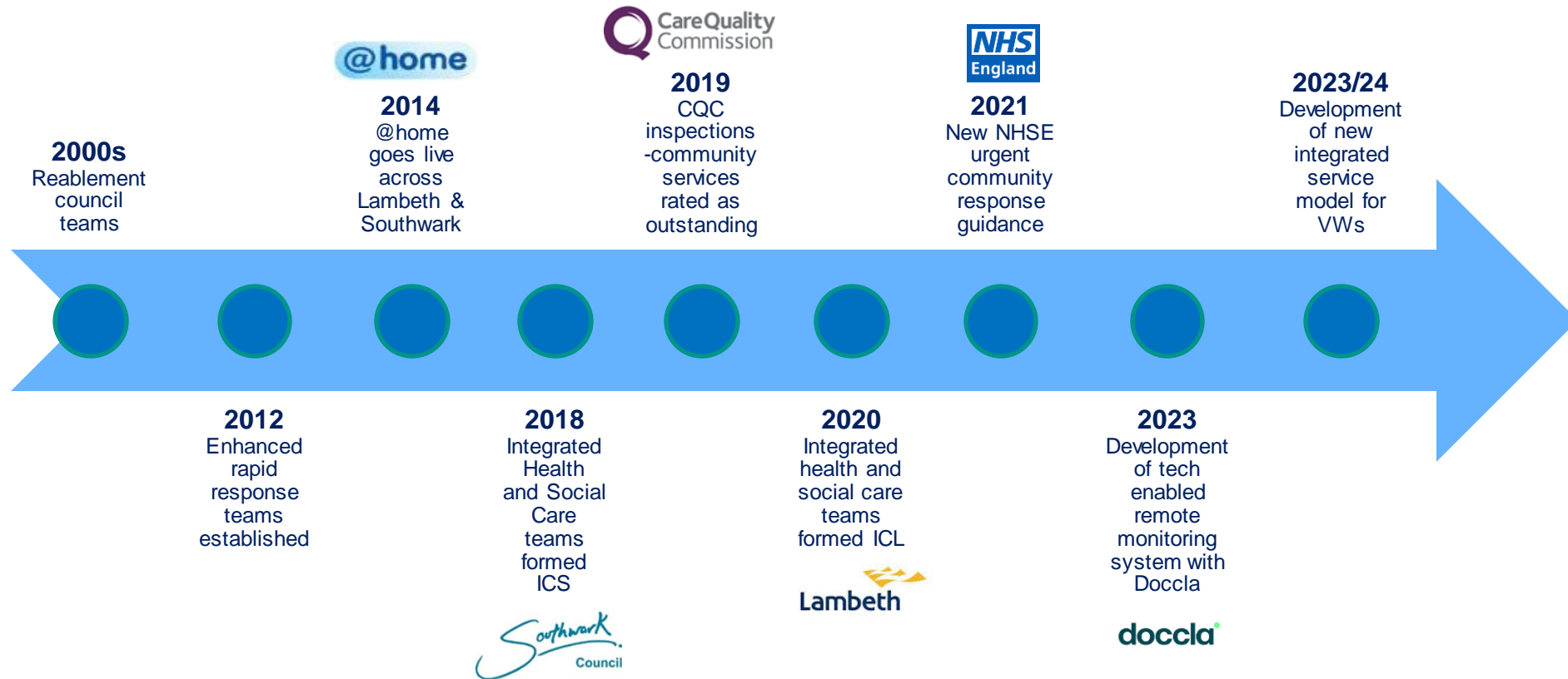
The expansion of the team

2023



How Virtual Wards Work: Local Response

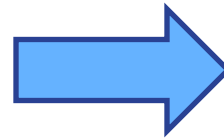
Transforming the Urgent Community Response



How Virtual Wards Work: Local Response

The expansion of the service

2013	
Workforce	Nurse led, GPs, Therapy, support workers
Capacity	250 patients per month
Service scope	<ul style="list-style-type: none">• Expedite hospital discharge• Admission Avoidance• Supporting acute medical needs
Length of stay	>7 days



2023/24	
Workforce	Nurse led, GPs, Therapy, Social workers, Rehab Support Workers, Trainee GPs, Clinical Fellows, Pharmacy, Patient Pathway Coordinators
Capacity	400 patients per month
Service scope	<ul style="list-style-type: none">• Expedite hospital discharge• Admission Avoidance• Supporting acute medical needs• Provide Urgent Community Response, Medical Therapy and Social care
Length of stay	5.2 days average

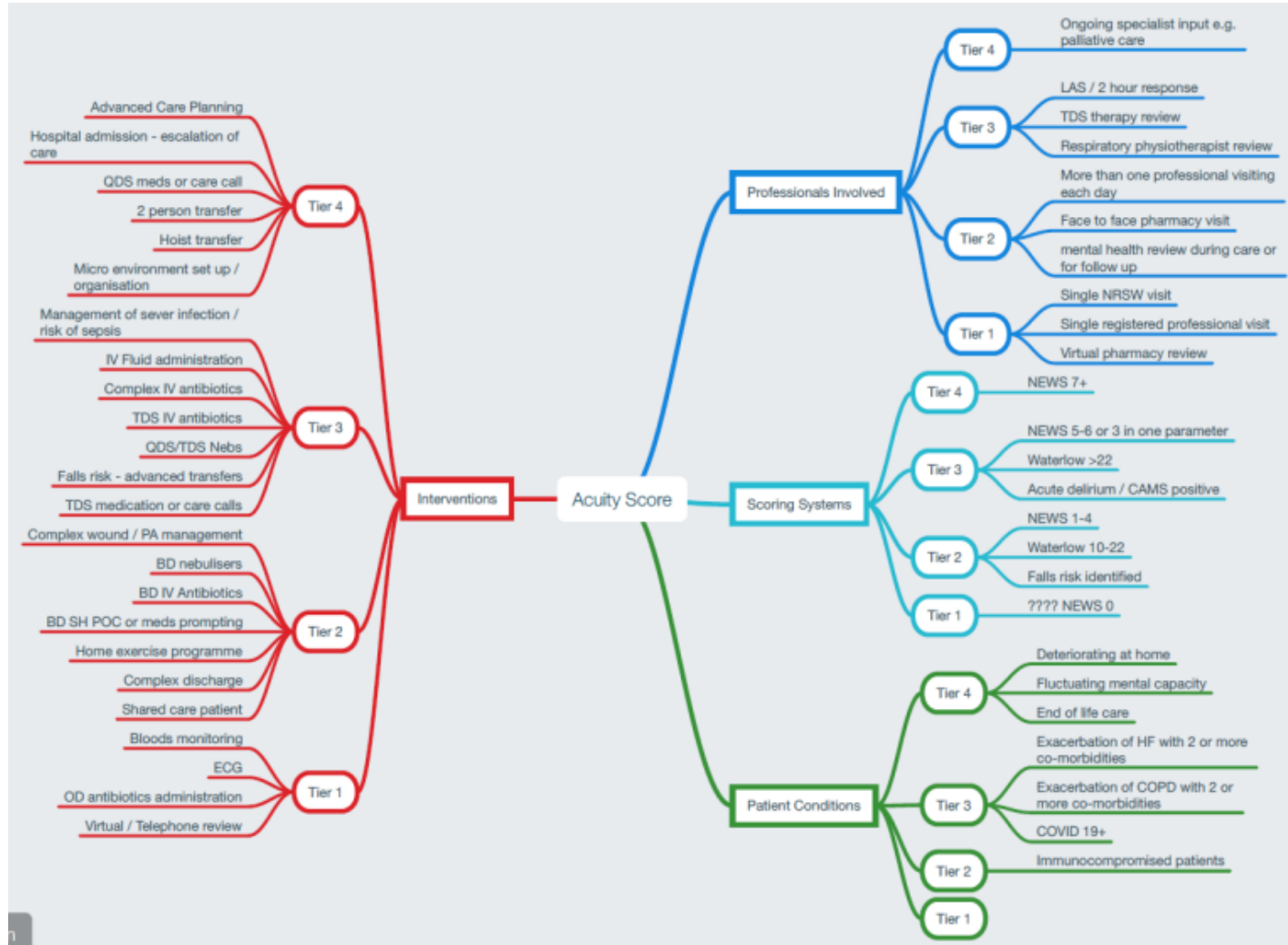
How Virtual Wards Work: Local Response

Validated acuity tool

- Initial acuity tool developed in 2019 – A new tool to measure acuity in the community: a case study
- Devised to quantify acuity in a non hospital based setting within @home.
- Due to natural evolution of the service and new pathways added to the team this has been reviewed and republished in 2021 and is currently under-review since becoming an Integrated Care Service.

How Virtual Wards Work: Local Response

Validated acuity tool



How Virtual Wards Work: Local Response

How we work now

- **Triage**
 - Single point of access
 - Multi-disciplinary triage team
 - Strong admin support
- **Response types**
 - 0-2 hour
 - Same day
 - Next day response
- **Visits types**
 - Face to Face visits
 - Telephone Virtual Visits

Expansion Plans Overview

Developing integrated place based Virtual Wards

Aims	<p>Each ICS has been requested to develop and extend its virtual ward capacity in line with a national ambition of developing 40 – 50 virtual ward ‘beds’ per 100,000 population by December 2023, as outlined in the 2022/23 Priorities and Operational Planning Guidance.</p> <p>A Virtual Ward enables people who have an acute condition that would normally require hospital-level care, to receive this care in the place they call 'home'. The target service users are adult patients resident in the London Boroughs of Lambeth and Southwark who require acute clinical care which includes components of admissions avoidance and early supported discharge.</p>
Objectives	<ol style="list-style-type: none"> 1. 240 – 300 virtual bed capacity (Lambeth and Southwark) by December 2023 2. 80% bed occupancy by end of September 2023
Impact	<p>The intended impact is to improve patient experience and outcomes, as evidence shows that they recover better when staying in a familiar environment. Technology will also allow Acute sites to dedicate their increasingly pressured capacity for patients in need of complex Acute care whilst addressing inequalities and barriers of access by providing care closer to home.</p> <p>This programme fits into the wider NHS strategy to provide care in an integrated way across health and social care, and across primary, secondary and community care.</p>
Place Leads:	<p>Jane Bowie (Lambeth) and Martin Wilkinson (Southwark)</p>

Virtual Ward expansion plans at GSTT

Summary expansion plans

Phase 1 – Expand current services

Phase 2 – Digital service offer, Remote Monitoring

Phase 3 – Optimise, Scale-up and Integrate

Opportunities	Challenges
New opportunity to develop a coordinated approach to caring for more patients outside of hospital in an environment familiar to them such as their own home.	The term 'Virtual Ward' creates a conceptual challenge – services are mainly delivered face to face and not 'virtual' using video conferencing, for example, though that is a tool to be utilised.
Provides an alternative to hospital attendance/admission which does not mean a shift in care but an expansion of potential capacity to alleviate pressure on the system.	Staffing presents an enormous challenge which is why the wider use and implementation of digital technology is being tested.

Capacity Targets and Trajectory

Provider	April		July		September		November		
Total bed capacity	137		167		185		220+		
					↑ 35%		↑ 60%		
GSTT	@Home	70						82	
	PaI@Home	12						22	
	OPAT	25						25	
	IRT	10						20	
			Doccla	30		Remote Monitoring		30	
						Evelina @Home	18		18
KCH	OPAT	25						25	
	IRT	?						?	

A balance of approx. **20 beds** to reach expected capacity by December 2023

Remote Monitoring

30 Beds available from July 2023

Contract has been developed with Doccla, chosen as provider through competitive tender process using CCS Procurement Framework. Doccla provide the technical platform, devices, customer support to on-board patients and provide on-going tech help as well as clinical monitoring.

- To support the existing @home and IRT service to enable earlier safe and supported discharge from hospital and/or to provide a safe and supported alternative to hospital admission for patients.
- Quantitative and qualitative observations enabling clinicians to make more informed decisions about patient care
- To help support patient choice, address sustained pressure on urgent and emergency care services and support elective recovery by supporting patients to access clinical monitoring in their own home.

New remote monitoring care pathway went live in mid-July initially receiving referrals via the @home triage matrons identifying suitable patients. A respiratory pathway will be live in late October via GSTT IRT with the clinical SOP and pathway open to KCH.

Virtual Ward expansion plans at GSTT

Collaborative place-based work

Funding flow from NHSE to Integrated care System level (South East London) and allocated to local care partnership based on proposals developed in Summer 2022

GSTT main provider of Virtual Ward services within the Integrated and Specialist Medicine clinical group delivered in the community across the Lambeth and Southwark footprint

Lambeth and Southwark have distinct governance structures and we have built a collaborative governance and assurance structure with strong links to the local place reporting lines



Partnership
Southwark



Virtual Ward expansion plans at GSTT

Collaborative place-based approach

Project governance and assurance structure within the Local Care Partnership allows us to develop an integrated, holistic VW model taking into consideration the needs of the diverse local populations we serve.

Through co-design we are addressing the following:

Domain	Capability
DEMAND AND ACCESS	Assessment of demand and access by ethnicity, IMD, geography and insight to inequality and unmet need
PATIENT ENGAGEMENT AND CO-PRODUCTION	Designing services with patients and communities and involving patients in supporting care delivery
PARTNERSHIPS, LEADERSHIP & WORKFORCE	Partnership working, leadership and workforce skills and roles
MANAGEMENT OF CLINICAL RISK	Supported by integrated Multi-disciplinary team with input from local care partnership providers ensuring appropriate referrals are received for patients who otherwise would have stayed in hospital, not building an additional safety net

Maturity Matrix Report: Summary of findings

68% overall maturity

Where are we now in terms of overall “maturity” across the system?



Maturing

Category	Maturity %	Comments and suggestions
Service model	70%	<ul style="list-style-type: none"> Each service has robust and established service models Service models are currently working in isolation Referrers report current processes challenging to navigate A single point of access to VW services could make access more streamlined, and would promote integration of referral routes and delivery.
Integration	62%	<ul style="list-style-type: none"> Further integration with place-based partners across the PCN is required to enable joined-up care to be delivered as an holistic response to patient needs, and improve system flow Patients moving from acute beds should be seamlessly “transferred” to a VW bed rather than discharged or stepped down from services. This concept will require a change in cultural mindset across the system.
Digital technology	50%	<ul style="list-style-type: none"> A method to integrate and expand services should consider the wider use and implementation of digital technology, of which it’s use is emerging across the services Further evaluation of safety, effectiveness and usability is required to scale the use of digital innovations to support patients care in their own home.
Staff & workforce	65%	<ul style="list-style-type: none"> A robust and sustainable workforce is required to deliver a “thriving” virtual ward There is good evidence that some integrated workforce models have been developed, but in consideration of further integration, workforce models, recruitment, retention, and training and development need review and redesign with place-based partners.
Patient safety	80%	<ul style="list-style-type: none"> Patient safety is a high priority across the current services and systems, however due care is needed to ensure that VW services are not used as a safety-netting provision. Robust escalation routes and governance structures should remain a high priority.
Population	59%	<ul style="list-style-type: none"> The needs of the diverse local populations we serve need to be considered in development plans Access to population data could support this and aid further understanding of unmet need Inequalities and inclusion should be considered throughout plans to ensure equity of access.
Data & information	75%	<ul style="list-style-type: none"> Robust data metrics and qualitative patient feedback need to support the oversight of VWs and all services should report into a SitRep and an automated dashboard developed to enable scrutiny of service quality and delivered
Finance	65%	<ul style="list-style-type: none"> Funding should be allocated and combined from the different teams and organisation to develop a joined-up model to deliver an integrated VW at scale to improve patient outcomes and flow

Summary of our next steps

Phase 3 : Scale-up, Integrate, Optimise

1. Use learning from Doccla pilot to inform digital offer
2. Agree *additionality* to scale up capacity to meet the NHSE ambition
3. Population health approach
4. Integration: access, delivery supported by specialisms and direct access to hospital level diagnostics

Summary of our next steps

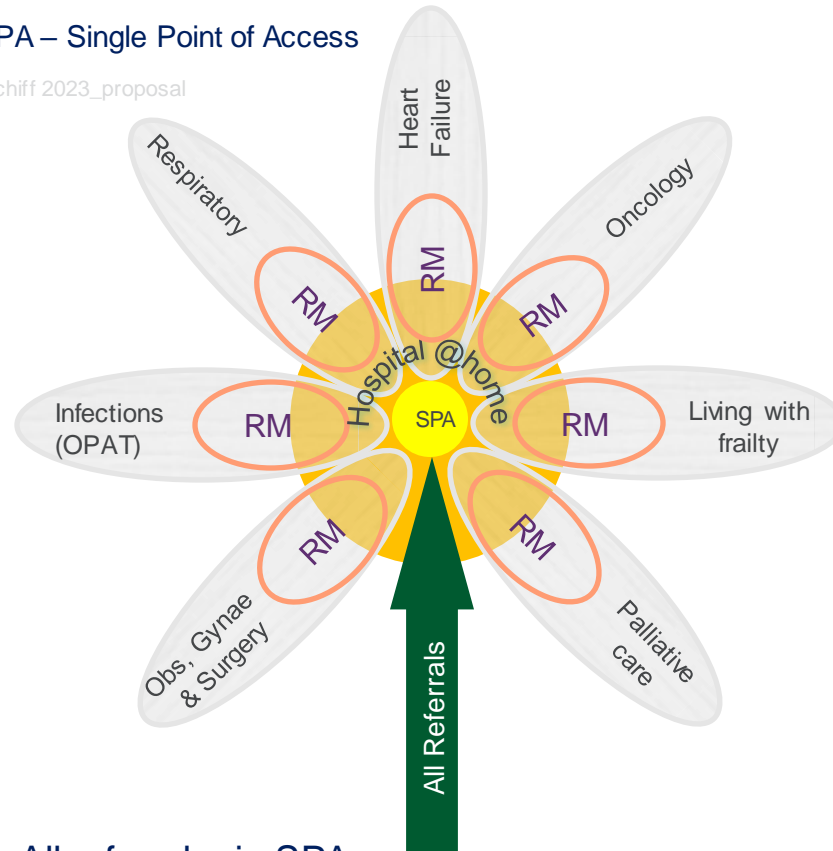
To be addressed

- An understanding of the mechanism for identifying actual demand for VW beds from the additional pathways. Can we determine the hospital step down trim points and expected community demand to understand how many VW beds would be required to manage the patient flow?
- What does Population Health data tell us about prospective numbers of people at risk of hospital admission?

Integrated Virtual wards with Single Point of Access across Lambeth and Southwark

SPA – Single Point of Access

Schiff 2023_proposal



Appropriate Level of care

RM	Hybrid	Hospital @home
Virtual monitoring only with ongoing clinical responsibility via relevant specialist team or VM company	Intermittent visits by Hospital @home team and virtual monitoring Clinical responsibility hospital@home with advice from specialist team	At least daily home visits by @home team +/- VM as clinically indicated
		Initial UCR within 2 hrs

Increased clinical and functional acuity

Increased in-person visits

- All referrals via SPA
- SPA triage and “admitted” to appropriate level of virtual ward depending on intensity of need.
- UCR via Hospital@home then ongoing care as deemed clinically appropriate via hospital@home, hybrid hospital@home and VM or VM only.
- Patients may move between different levels of virtual ward as clinical picture changes

Thank you

Adam.Fitzgerald@gstt.nhs.uk



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Panel Discussion - Role and impact of virtual wards in freeing up capacity in healthcare

Within this panel discussion our panel of experts will be discussing:

- 1. Definition and Purpose of virtual wards in healthcare.**
- 2. Implementation challenges and considerations.**
- 3. Patient populations suitable for virtual wards and remote monitoring.**
- 4. Outcomes and efficacy compared to traditional care models.**
- 5. Future prospects and integration of virtual wards in healthcare systems**



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Speaking Now...



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Martin Taylor

Deputy CEO - Content Guru



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Q&A Panel



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Morning Break



Chairs Morning Reflection



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Mrs Sara Fenner

Head of Facilitated Discharge and
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Up Next...

docclaⁱ



Speaking Now...



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Jen Tomkinson

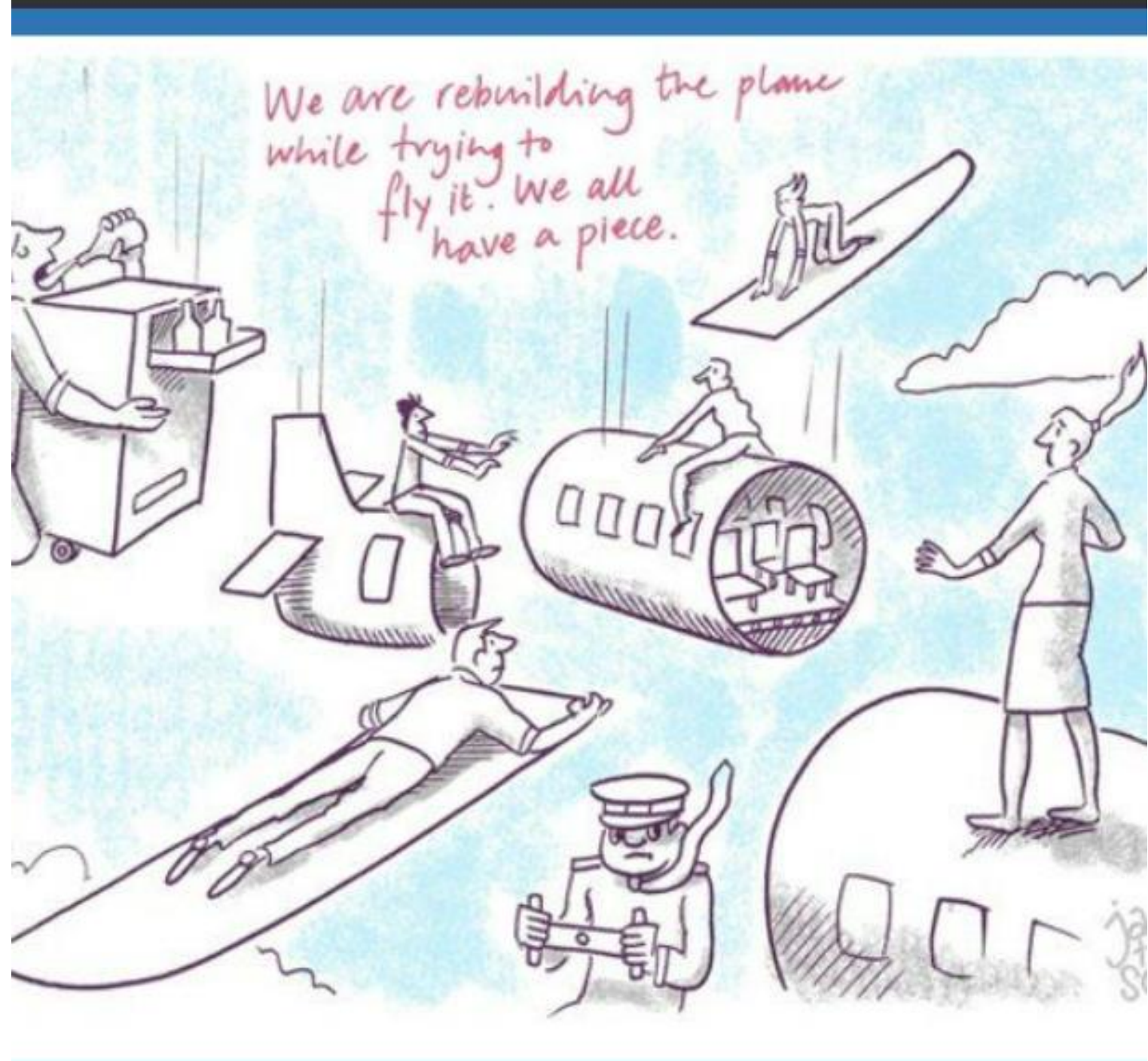
Head of Specialist Services - Sirona
(Bristol, North Somerset and South
Gloucestershire ICS)

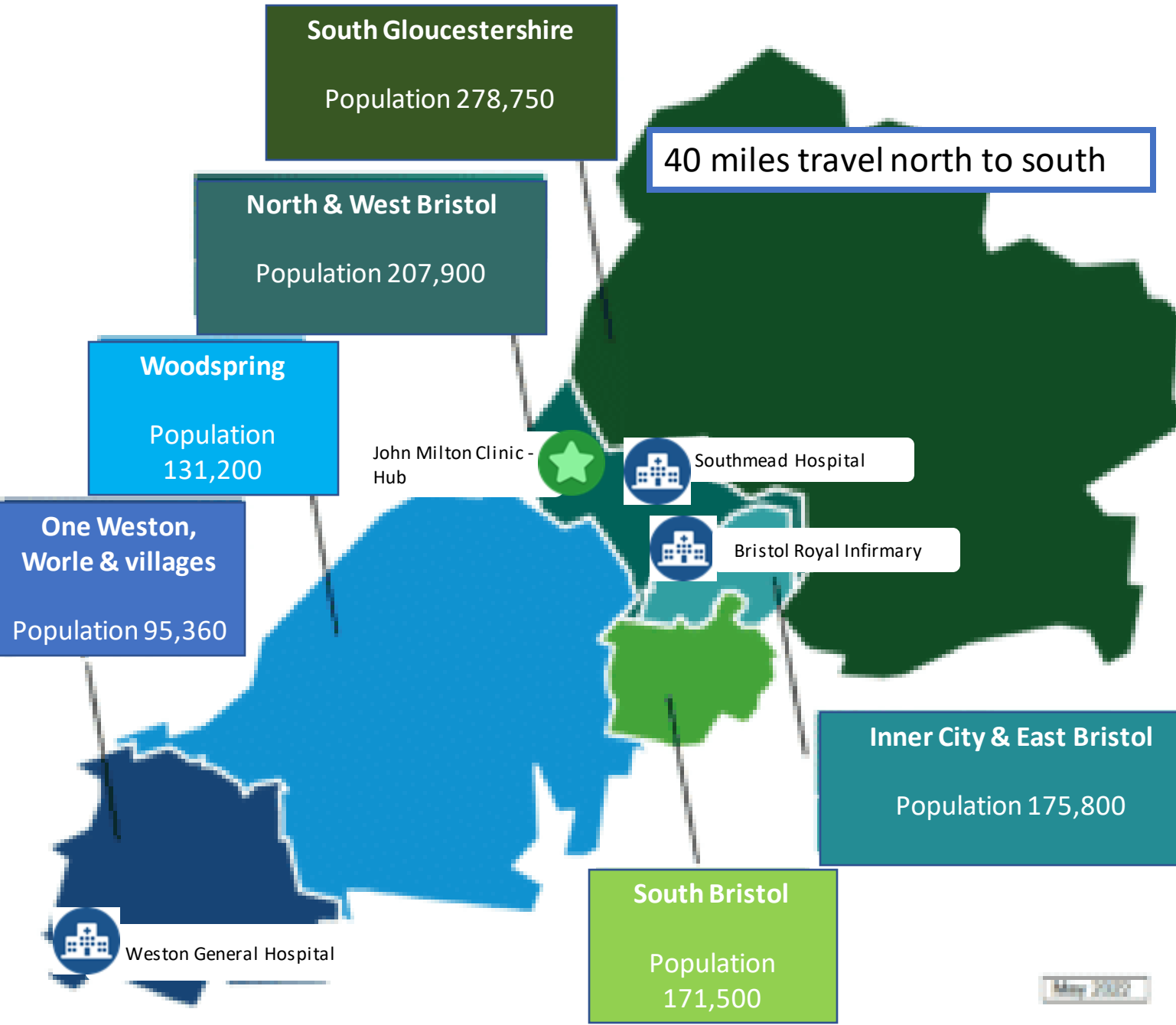
Flying the plane whilst building it

Jen Tomkinson

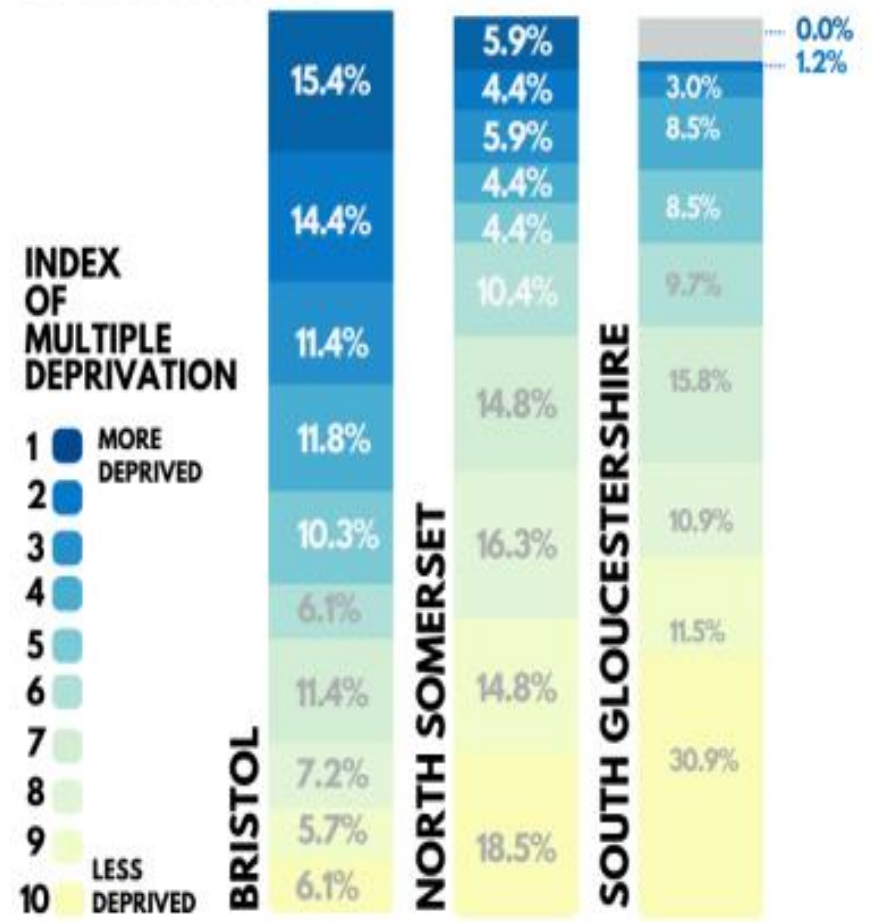
Associate Director
NHS@Home

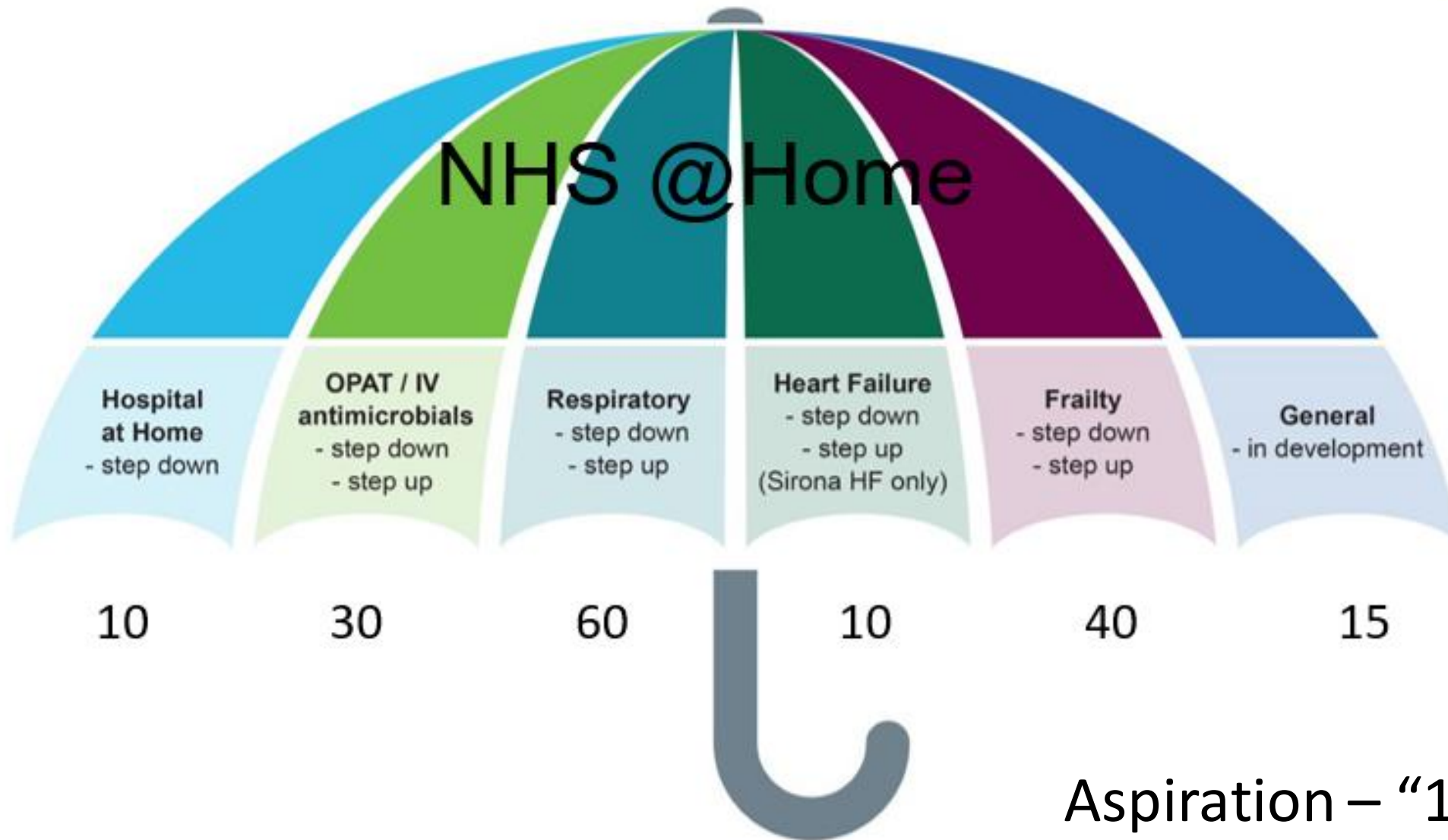
Sirona care & health



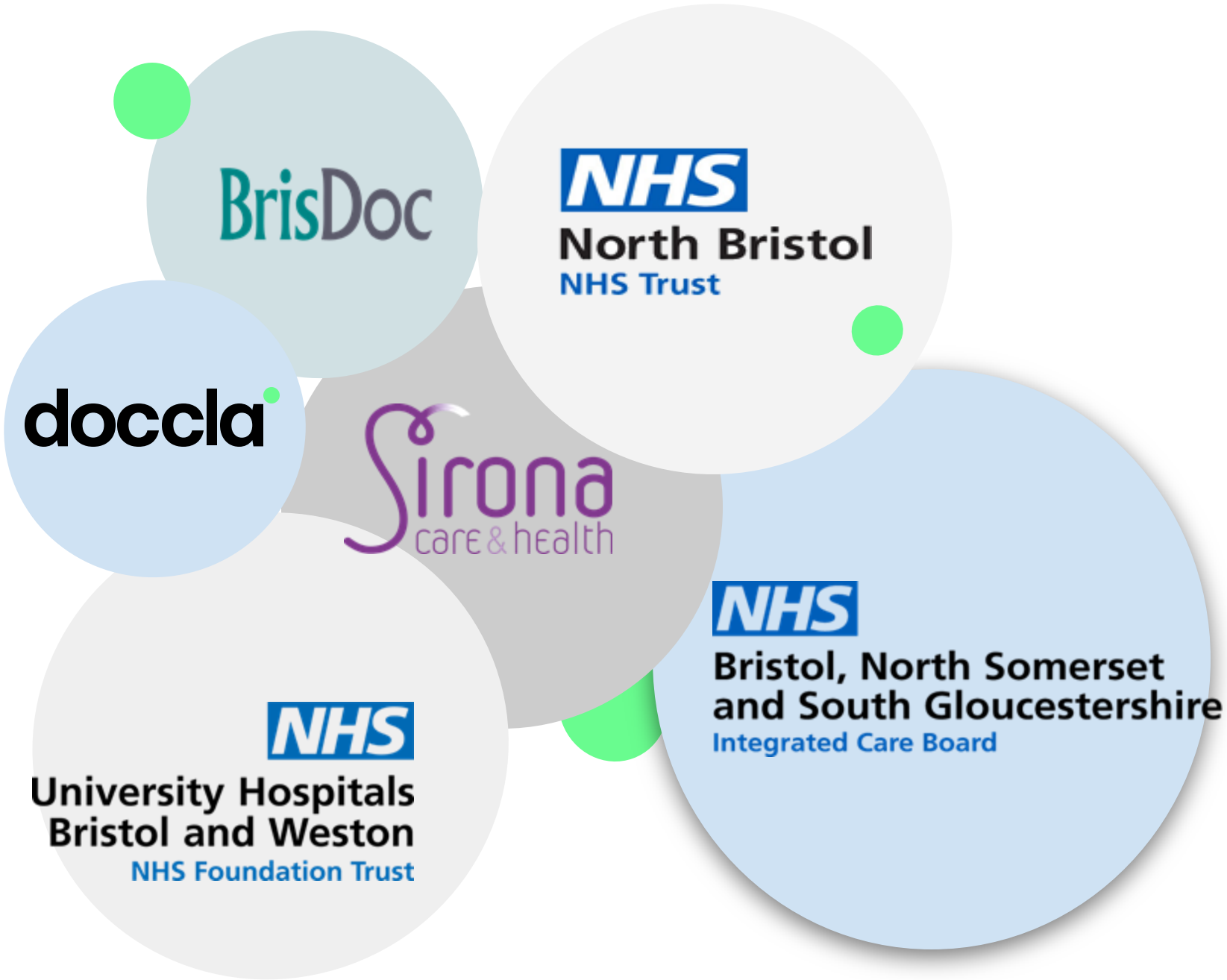


THERE ARE WIDE VARIATIONS IN DEPRIVATION

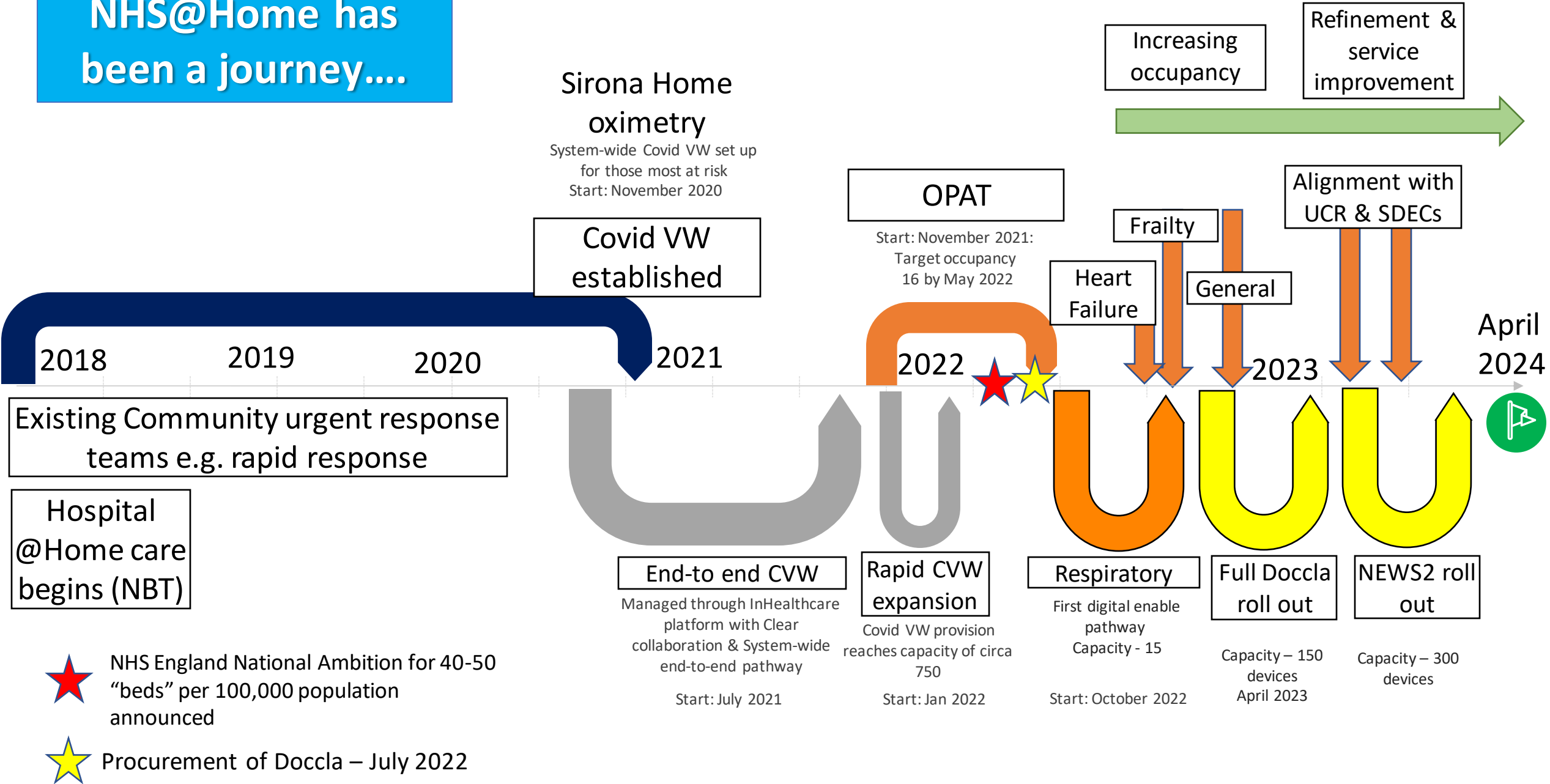




Aspiration – “165 beds”



NHS@Home has been a journey....

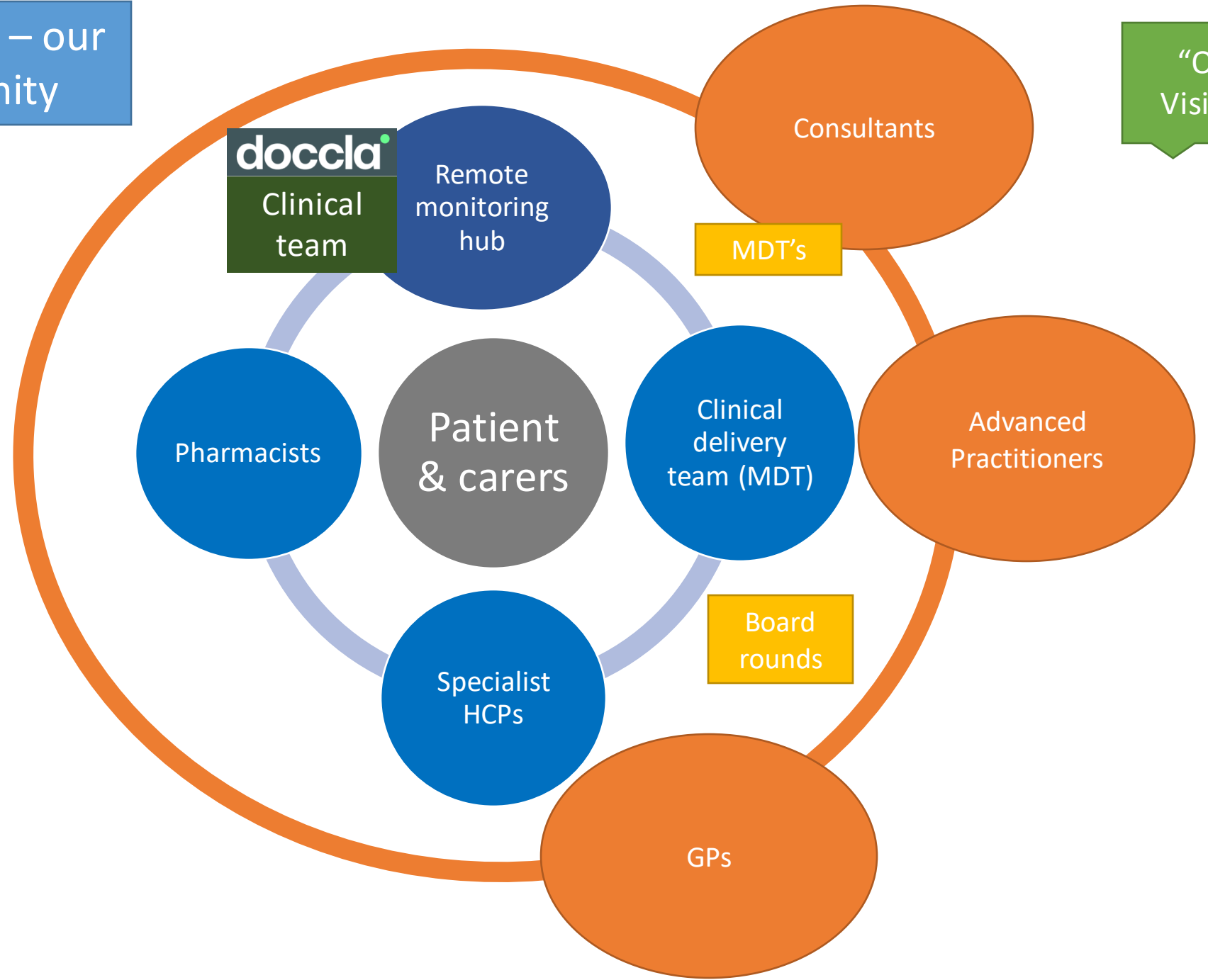


★ NHS England National Ambition for 40-50 “beds” per 100,000 population announced

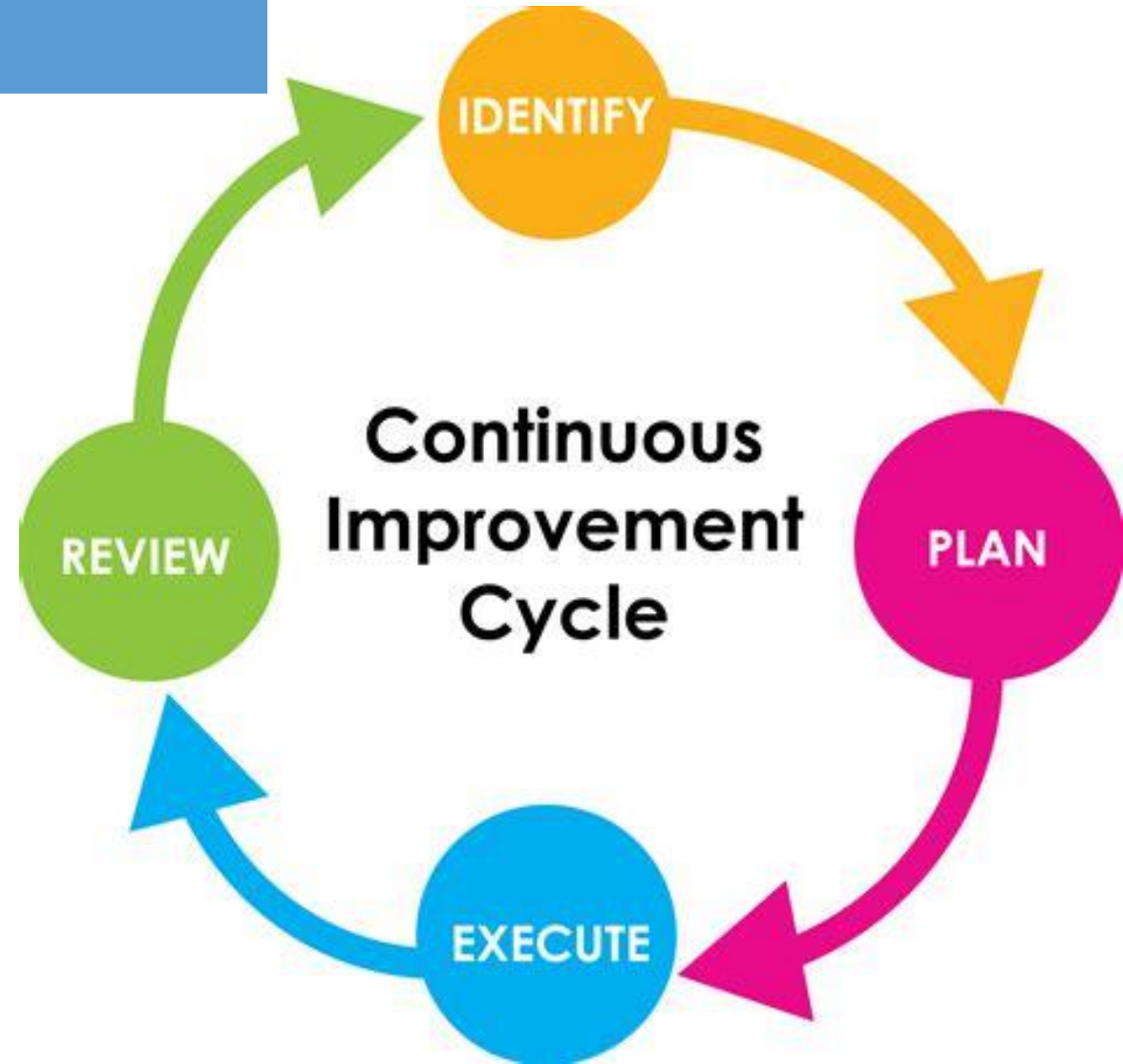
★ Procurement of Doccla – July 2022

Developing a workforce – our challenge & opportunity

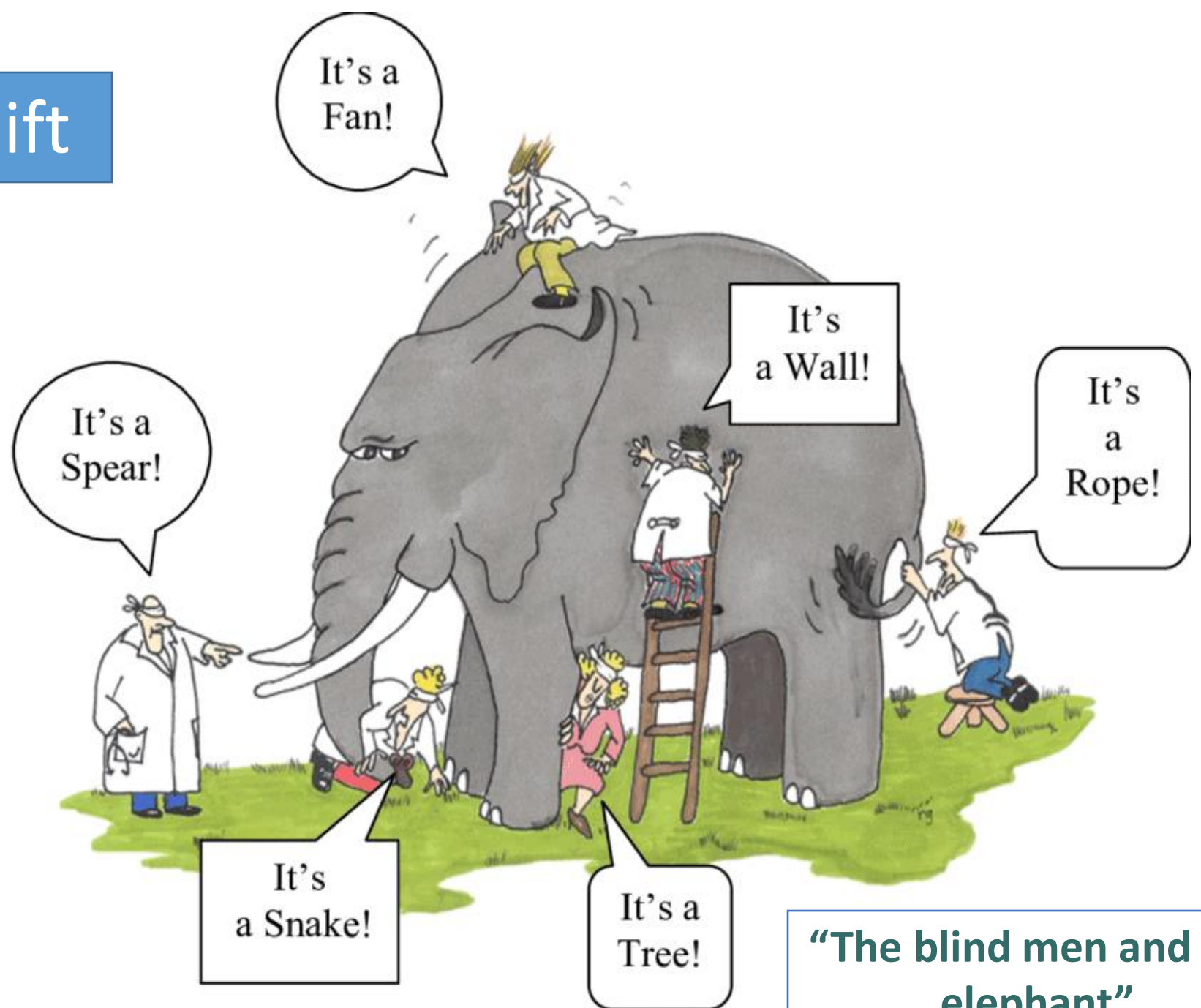
“Our Vision”



“Designing” the technology solution



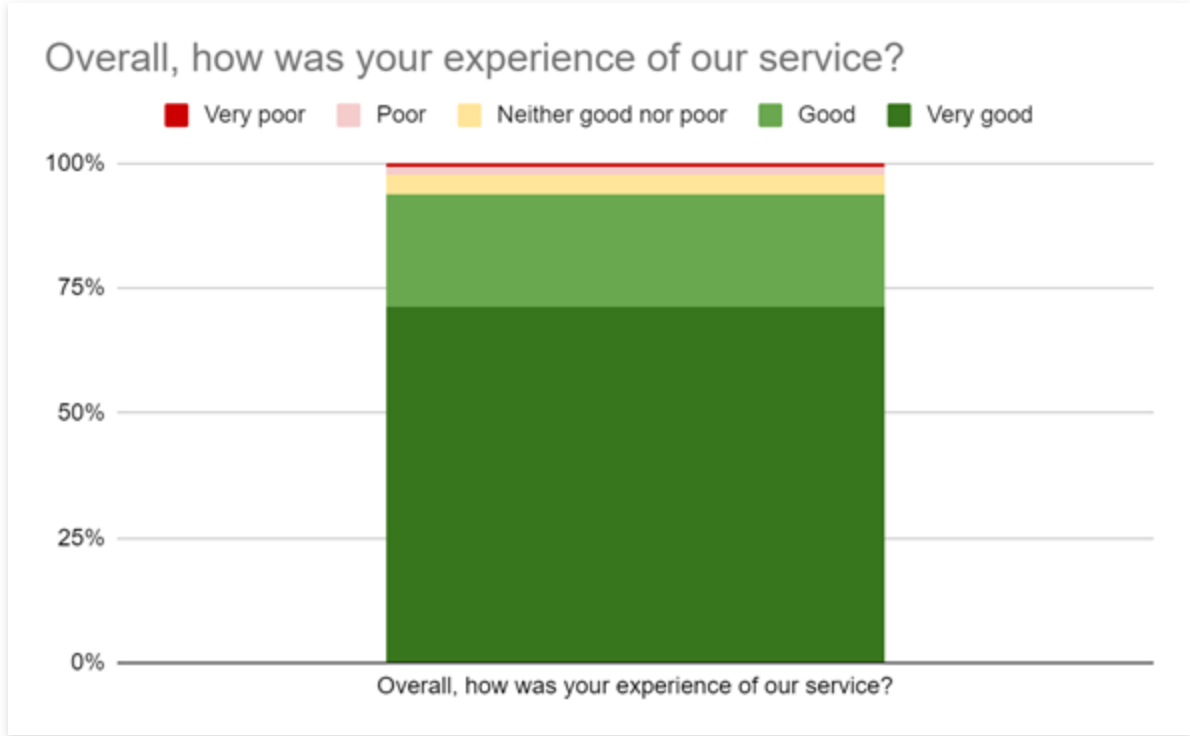
It's a culture shift



“The blind men and the elephant”

However it is all worth it!

- 5 organisations involved
- 6 pathways live
- 920+ patients have used Doccla
- 100+ staff working for NHS@Home
- Since Jan 23 had approximately 1700 patients referred to the service



“
‘Kept patient out of hospital, needed to be around family’”

“I have more information so I have better clinical oversight and can hold more risk.”

“
‘So nice to be able to come home and not be admitted to hospital, as well as feeling safe. Because I was being monitored it put my mind to rest. Good that I could message them when I was in distress and how quick I was contacted was mind blowing. I have a disabled son at home so I felt I could put my health first while still looking after him.’”

“
‘If everything was like this a lot of us older people would be very happy people. Regular phone calls, nurse visits made me feel relieved and safe. Excellent service.’”

Key things for reflection

- This is shifting the paradigm of healthcare
- Workforce
- Technology as an ENABLER not the solution
- Leadership & behaviours

“ I think I’ve recovered quicker as I feel more comfortable in my own surroundings, I’m able to rest in my own bed and I have my family around me.”

Eileen, service user

Thank you for listening...



jenny.tomkinson@nhs.net



@jen_tomkinson

<https://youtu.be/2zdOJdOP2GE>





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Up Next...





Speaking Now...



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Myles Murray (Mr.)
Founder - PMD Solutions



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Speaking Now...



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Ben Jeeves

Associate Chief Clinical Information Officer, AHP professional Lead, Advanced Practice Physiotherapist - Midlands partnership NHS University Foundation Trust

VIRTUAL WARDS (AND EVERYTHING ELSE...) AND BENEFITS REALISATION

ARE WE LOOKING WIDE ENOUGH?

02.11.2023



BACKGROUND

Associate CCIO

Clinical Safety Officer

AHP Professional Lead

Advanced Practice MSK Physio



BENEFITS REALISATION

THE THING WE NEED MORE OF

- A difficult thing to do
- Under measured
- Under resourced
- Not (always) resourced fully



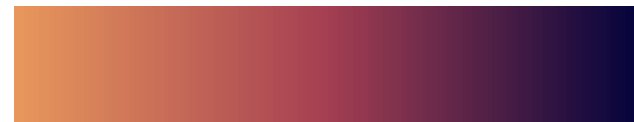
WHAT METRICS MIGHT BE MISSING?

LET'S DIVE IN



GREEN

- Delivering 'Net Zero'
- The NHS Carbon Footprint: For the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: For the emissions we can influence, net zero by 2045.





THE HOW?

- New models of care
 - The virtual ward
- Our transport and Travel
- Our innovation
- Our values and governance
 - Does your organisation have a net zero lead?

Delivering a 'Net Zero' national
health service



CARBON REDUCED VIRTUAL WARD

- Reduced milage
- House keeping
- Food chain
- Supply chain
- Less PPE
- Reduced waste
- Pharmacy
- Carbon costs
- Milage disbenefit?
- Additional equipment needs
- Additional I.T equipment
- Network infrastructure
- Data storage



CARBON COST OF I.T EQUIPMENT

- Laptop and screen
 - 778kg CO₂e (85% manufacturing & shipping)
- Laptop and dual screen
 - 928kg CO₂e (85% manufacturing & shipping)
- Screen 602kg CO₂e +/- 129kg CO₂e
- Laptop 315kg CO₂e +/- 65kg CO₂e
- Dock 35.74 -40.95kg CO₂e



CARBON COST OF I.T EQUIPMENT

- Carbon Reduction Strategies
- Carbon Reduction Devices



SWITCH IT OFF



"Embrace the power of benefits realisation, for in it lies the alchemy to turn intentions into triumphs and ambitions into accomplishments."

CHAT GPT 2023



WHAT SHOULD YOU HAVE?





A DEFINED BENEFITS MANAGEMENT APPROACH

PRINCE 2

BENEFITS MANAGEMENT APPROACH



Scope

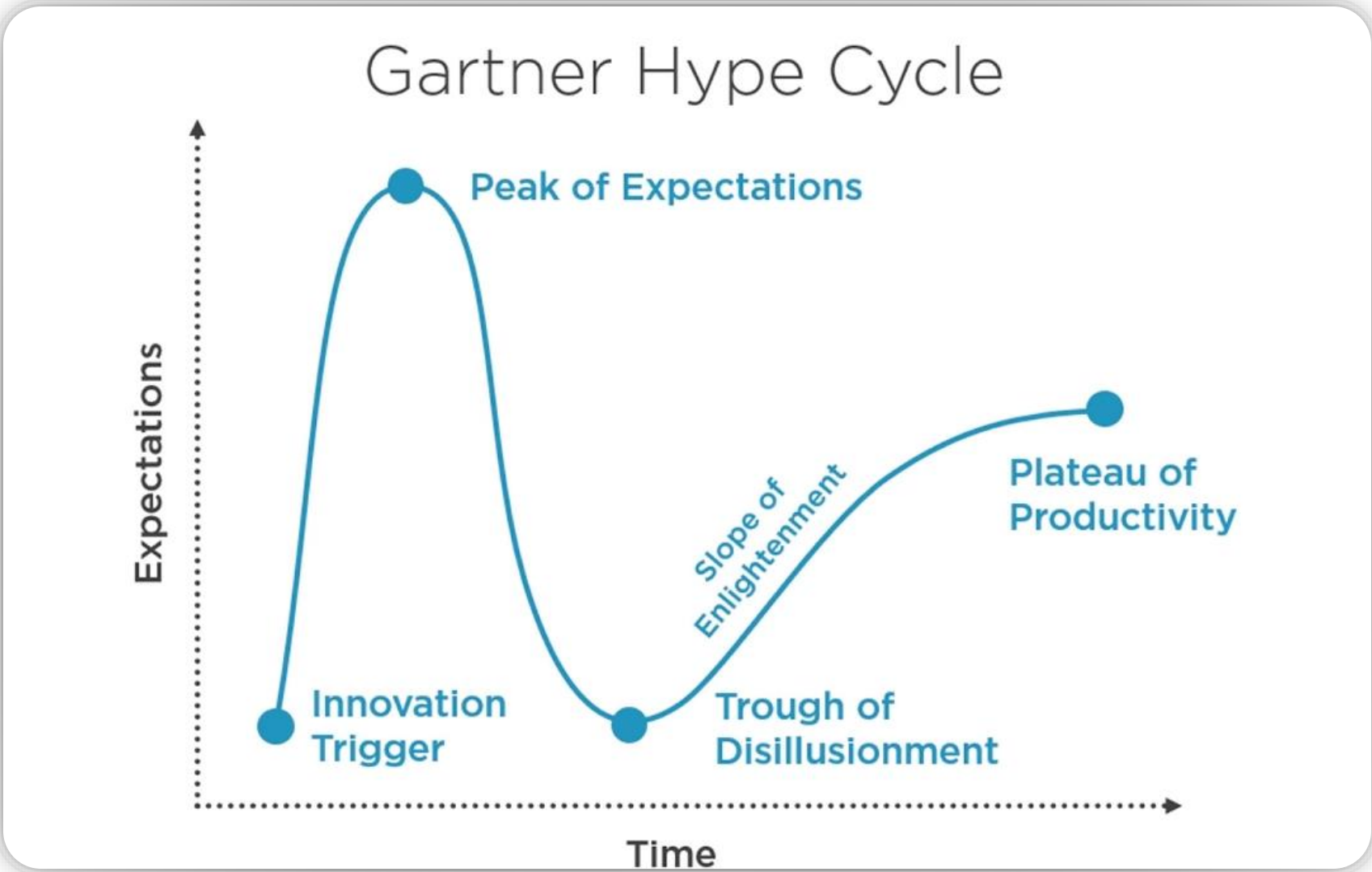
- What is in scope of benefits management?
- What are you setting out to measure?
- Can it be measured?
- SMART



Categories

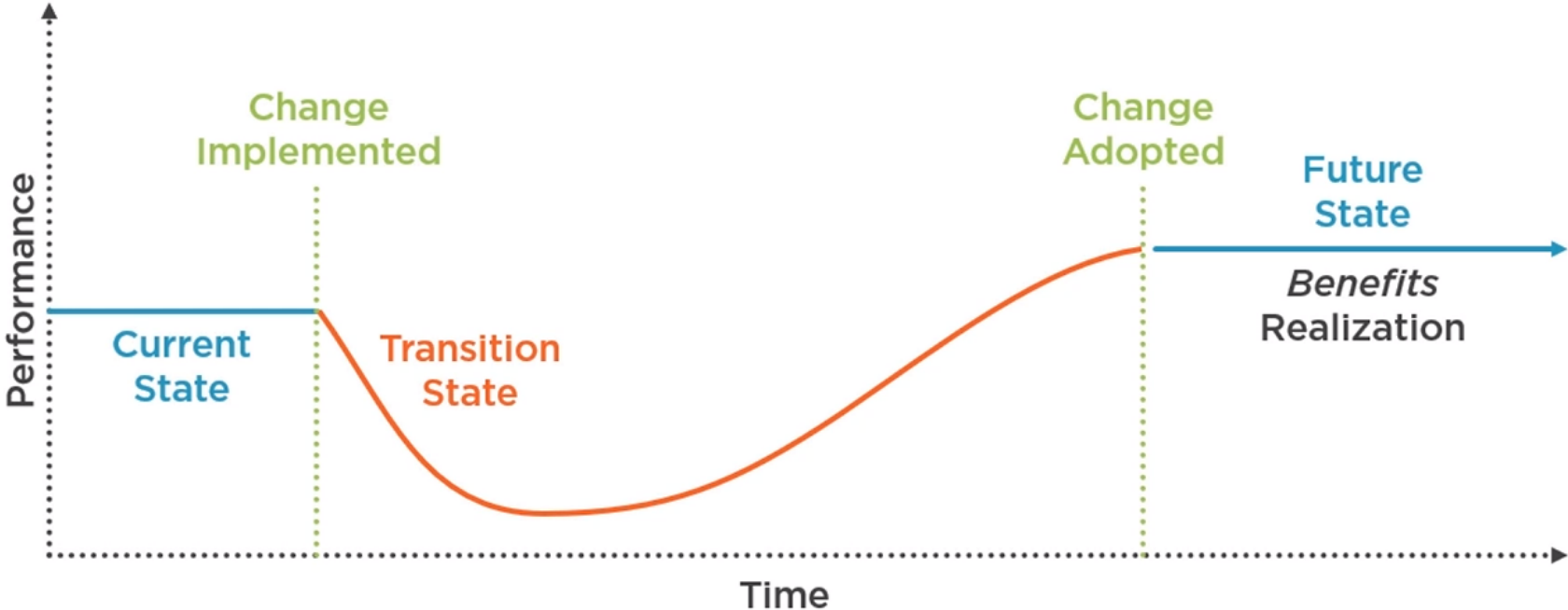
- Cash releasing
- Non-cash releasing
- Environmental/public/societal
- Quality

THE WHEN



THE WHEN

The Transitional Process





THE WHY

ACCOUNTIBILITY AND TRANSPARENCY

Good governance.

CONTINUOUS IMPROVEMENT

Because.

QUALITY ASSURANCE

Has the “project” delivered?

DATA INFORMED DECISIONS

Has it worked?



“The only way to do great work is to love what you do”

Steve Jobs

THANK YOU



ben.jeeves@mpft.nhs.uk



[@BJEEVES](https://twitter.com/BJEEVES)



[Ben Jeeves](#)



REFERENCES

- University of Oxford – [Environmental impact of IT: desktops, laptops and screens | IT Services \(ox.ac.uk\)](#)
- Dell- [Product Carbon Footprints | Dell USA](#)



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Q&A Panel



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Lunch & Networking



Chairs Afternoon Address



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Mrs Sara Fenner

Head of Facilitated Discharge and
Urgent Care - Sutton Health and Care



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Panel Debate...



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Jardine Barrington Cook
Head of Interoperability
and Data - The Access
Group



**Professor Lionel
Tarassenko CBE FREng
FMedSci**
Professor of Engineering
Science / President -
Reuben College



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Hadleigh Stollar

CEO - Healthcare Innovation Consortium



**Healthcare
Innovation
Consortium**

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Innovating Healthcare: The Transformative Role of Virtual Wards in the NHS

Hadleigh Stollar | Chief Executive Officer
Healthcare Innovation Consortium

NHS Virtual Wards in UK Government Policy

2014

NHS England's "Hospitals at Home" initiative



Promoted the use of virtual wards to provide acute care services in patients' homes.

This approach aims to reduce hospital admissions, improve patient outcomes, and enhance resource allocation by leveraging digital technology and remote monitoring solutions.

2016

The "Enhanced Health in Care Homes" (EHCH) framework



Encouraged the use of virtual wards in care homes to improve residents' health outcomes and optimise care delivery.

This framework promotes better integration of health and social care services, fostering collaboration between care homes, healthcare providers, and local authorities to support the implementation of virtual wards.

2019

NHS Long Term Plan



Highlights the adoption of virtual wards as a key strategy for modernising healthcare by 2023/24.

The plan emphasises the need to shift towards community-based care, offer more personalised and integrated services, and utilise digital technology to enhance patient monitoring and support, underlining the crucial role of virtual care in the future of the NHS.

2020

The Pandemic

The onset of Covid-19 led to an increase in the adoption of virtual care solutions.

Virtual wards became the primary responsive approach to providing care when in-person interactions were limited during this time.

2023

National Rollout

NHS England's call for a national rollout of 25,000 virtual ward beds is a direct response to the capacity challenges faced by hospitals up and down the country.

The current system simply cannot continue to care for the volume of patients needing acute and chronic care.

The Role of Virtual Wards

Monitoring patients with chronic conditions remotely

The increasing prevalence of chronic conditions strains the NHS. Virtual wards provide a practical solution, enabling remote monitoring and timely interventions, helping patients manage their conditions effectively and potentially reducing hospital visits.



Enhancing patient experience and convenience

In a patient-centric healthcare landscape, virtual wards bring care to patients' homes, improving satisfaction and empowering them to actively participate in their healthcare, ultimately supporting better health outcomes and treatment adherence.



Optimising resource allocation by prioritising high-risk patients

Virtual wards help the NHS allocate resources by prioritising high-risk patients. This saves costs and ensures timely, appropriate care, leading to better health outcomes and a sustainable healthcare system.



Reducing the risk of hospital-acquired infections

Hospital-acquired infections are a significant concern for patient safety and healthcare costs. Virtual wards can help the NHS minimise hospital stays, lower infection risks, improve patient outcomes, and reduce related costs.



Enabling healthcare professionals to make more informed decisions

Virtual ward technology provides real-time health information, enabling healthcare professionals to make data-driven decisions for individual patients. This can improve clinical outcomes and efficiently use NHS resources by identifying potential issues early and initiating suitable interventions.

Case Studies from across the UK

Hampshire Hospitals NHS Foundation Trust

Successful implementation of virtual wards for heart failure patients.



Hampshire Hospitals NHS Foundation Trust - The value of virtual wards

Overview:
NHS seeks greater flexibility in the health care system to ease pressures on acute trusts and primary care services. Where able to do so, it is preferable to care for patients in their own homes. Virtual wards are an evolving solution and allow stable patients to be monitored at home enabling an early response to deterioration and support for those in recovery.

NHS England funded an evaluation of Hampshire Hospitals NHS Foundation Trust (HHFT) virtual ward programme, which forms part of its new Virtual Health Hub. This evaluation examined patient and staff experience, patient care provision, cost, safety and the care pathway.

Patients on virtual wards were compared to the monthly average length of stay (ALOS) and their expected equivalent LOS based on their diagnosis, procedure and other conditions treated. Discharge records from staff and service users. A one-month audit also recorded care of all virtual ward admissions from referral to discharge.

The evaluation, supported by Wessex A&ES, found patients were at no greater risk whilst on a virtual ward and that they and their carers felt supported and reassured by the service provided.

Staff appreciated the skills development opportunity and were positive about the benefits that virtual care offered to patients. The evaluation established the ongoing potential for integrated care between acute, primary and community services. However, acute and primary care clinical staff and patients would benefit from greater awareness and understanding of the advantages of virtual care. In addition, the Virtual Health Hub (VHH) staff are confident in taking patients from a wider range of clinical groups beyond those with frailty or recovering from Covid.





- NHSE funded an evaluation of **HHFT's virtual ward programme**.
- The evaluation found no increased risk for virtual ward patients, who felt supported and reassured. Staff appreciated skill development and virtual care benefits.
- The evaluation highlighted potential for integrated care between acute, primary, and community services.
- However, greater awareness of virtual care advantages is needed for acute and primary care staff and patients.

Doccla and NHS Partners

Remote monitoring available to community urgent response teams.



Recently, the **technology was deployed** to HCT's urgent care and response teams to tackle ambulance wait times.

Early pilot evaluation showed promising results:

- Reduced ambulance conveyance rate to **33%** (from an anticipated 100%).  **36%** ↓
- Reduced ambulance attendances by **18%** at East and North Herts NHS Trust.  **18%** ↓
- Increased time** for crew to respond to acute emergency calls.
- Reduced handover delays** outside hospital.

Greater Manchester's "COVID Oximetry @home" model

Utilising virtual wards for COVID-positive patients at risk of deterioration.

- The programme, managed by NHS England and NHS Improvement, is in partnership with NHSX and NHS Digital
- COVID Oximetry @home** uses pulse oximeters for patients to safely self-monitor their condition at home.
- 100%** of CCGs had established a fully operational COVID Oximetry @home pathway by early February 2021, up from **20%** in Nov 2020.
- 94%** of acute trusts now have access to a COVID virtual ward, an increase of **69%** since the beginning of the year.  **94%** 

Evaluating the Benefits of Virtual Wards with Health Innovation NWC



HEALTH INNOVATION
North West Coast

HIC Case Study: Health Innovation NWC

Working alongside Health Innovation North West Coast and supporting NHS England to evaluate the benefits of Virtual Wards across the North West of England.

Virtual wards play a crucial role in modern healthcare, they enable remote monitoring and improve patient outcomes.

The ongoing project has a focus on heart failure, frailty and other longterm conditions pathways.



Challenges

- Limited access to data
- Silo working causing inconsistent clinical pathways
- Different technology across pathways
- Stakeholder engagement
- Clinical pathways vary in complexity around systems and service models



Solutions

- Stakeholder engagement including site meetings and interviews
- Implemented a robust governance structure
- Creation of a Business Case Template
- Building Treasury Green Book Business Case
- Building a Health Economic Model
- Benefit Realisation Model and Analysis



Benefits

- Partnership and collaboration between national, regional and academic organisations to produce Health Economic Model and Business Case
- Business case to secure funding for onwards service delivery
- Business case template is transferable across other healthcare settings

Getting the Model Right

The Different Models

Admission Avoidance

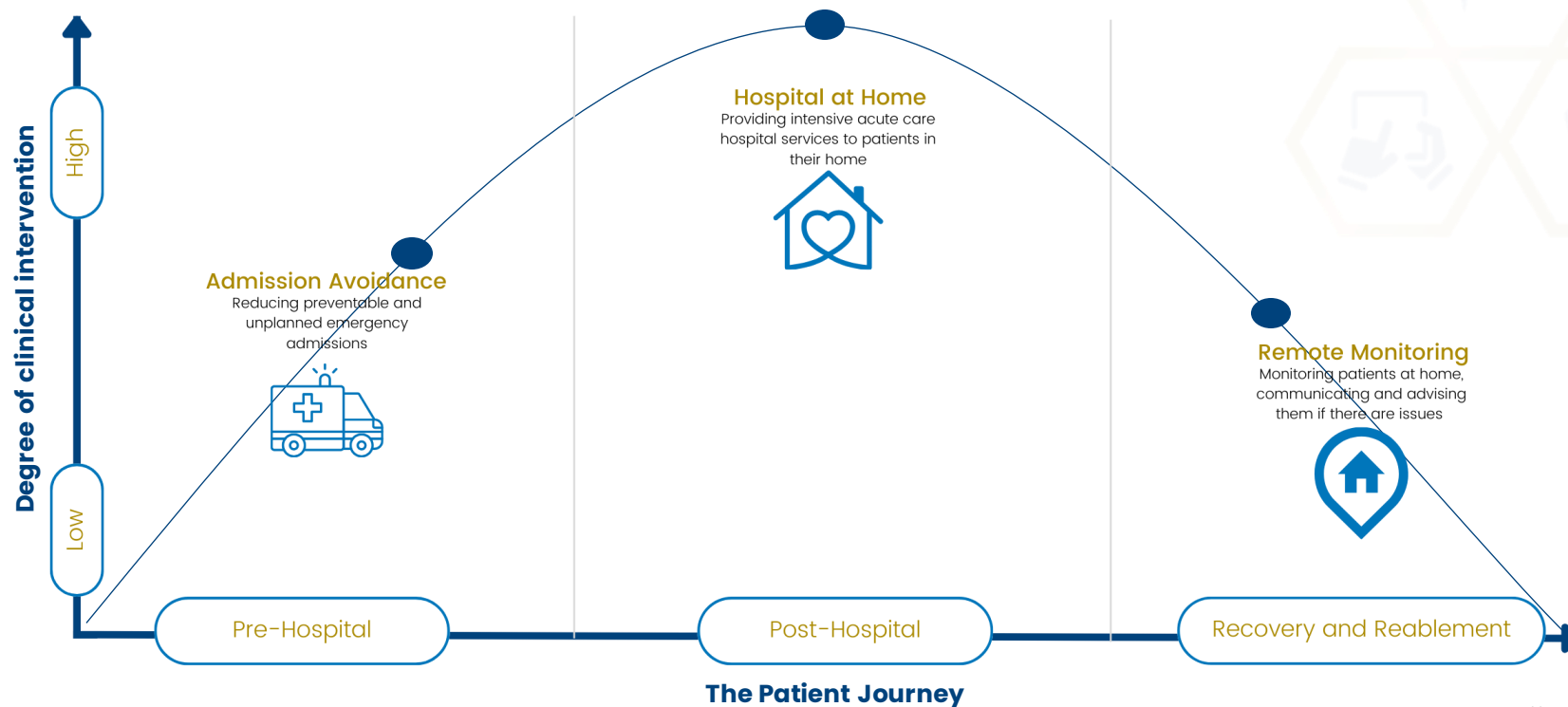
Focusing on patients most at risk for emergency, unplanned, and recurring admissions. Qualification for virtual care is determined by predictive modelling and clinical decisionmakers, including the virtual ward team and the patient's primary doctor.

Hospital at Home

The core elements of this model are remote monitoring, telehealth or home visits from clinical staff to deliver care, allowing specialist clinicians to frequently check patients, and intervene quickly, if necessary,

Remote Monitoring

A component of the Hospital at Home. Although sometimes a stand alone model. Remote monitoring conducted by clinicians, patients, or both makes it possible to release a patient who would otherwise need to remain in the hospital.



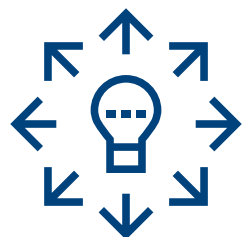
Source: HSJ Intelligence

What's Next and How to Truly Transform Services

Future Considerations

Benefits

How to Realise Potential



Expansion of virtual wards to cover a broader range of conditions and patient groups



NHS can better manage seasonal outbreaks, chronic conditions and emergency care by reducing admissions and improving access for remote or underserved communities.



Past focus has been on respiratory infection. NHSE should allow local systems more flexibility to deliver and monitor virtual ward models that reflect specific population health needs.



Further investment in telemedicine technology and infrastructure



Enhances NHS ability to provide remote care. Investment bridges the gap between providers and patients, ensuring continuous support for individuals and optimising NHS resource use.



Investment in virtual wards need to be long-term and flexible. In addition, adequate social care support is essential in delivering fully integrated successful virtual wards.



Enhanced integration of virtual wards with existing electronic health record systems



Access to up-to-date patient information leads to informed treatment decisions and better coordination among multidisciplinary care teams.



Local data should be used to make bespoke, local healthcare decisions that address the needs of that population in every ICS.

What's Next and How to Truly Transform Services

Future Considerations

Benefits

How to Realise Potential



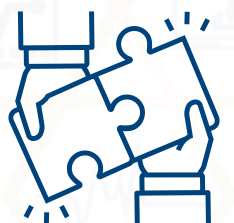
Development of a robust evaluation framework to measure outcomes and effectiveness



Tracks success and identifies areas for improvement to inform future investment in digital health solutions.



NHS England should approach virtual ward expansion as a coherent larger-scale and holistic digital project.



Collaboration between healthcare providers, policymakers, and technology partners



Strong partnerships among key stakeholders mean innovative solutions in virtual care can continuously be explored and developed.



Local providers should ensure that clinicians and patients are involved in co-design from the start of development.

How do the public and NHS staff feel about virtual wards?



Public

- UK public supportive of virtual wards (45% to 36%), with 19% unsure
- Disabled people and those with a carer show higher support for virtual wards
- Socioeconomic groups D and E (low) express less support, requiring further understanding and addressing of concerns
- 71% of the public open to being treated through virtual wards under the right circumstances
- 78% of the public willing to monitor health at home using technology; potential terminology influence on support levels



NHS Staff

- NHS staff generally **supportive of virtual wards** (63% to 31%)

Top factors for successful virtual wards among NHS staff:

- Expedited patient admission to hospital if flagged as required through remote monitoring channels.
- Patient accessibility to health professionals if help is needed.
- Patient choice between 'traditional' hospital ward or virtual ward
- Confidence in using technology at home through training



Key Takeaways

- There has been rapid growth of virtual wards as an alternative to traditional in-patient care pathways in the UK NHS.
- Virtual care, taking many forms, has been widespread in the NHS for some time. But necessity dictated growth during the COVID-19 pandemic, accelerating virtual care adoption.
- Lengthy backlogs, staffing shortages and ongoing capacity constraints **require innovative solutions**.



NHS England target
delivering **40-50 virtual
wards per 100,000 people**
by end of 2023



Benefits

In-home care, reduced
clinical time, patient
autonomy and choice



Challenges

High staff vacancy rates,
sustainable long-term
investment, local autonomy
in design



Key to Success

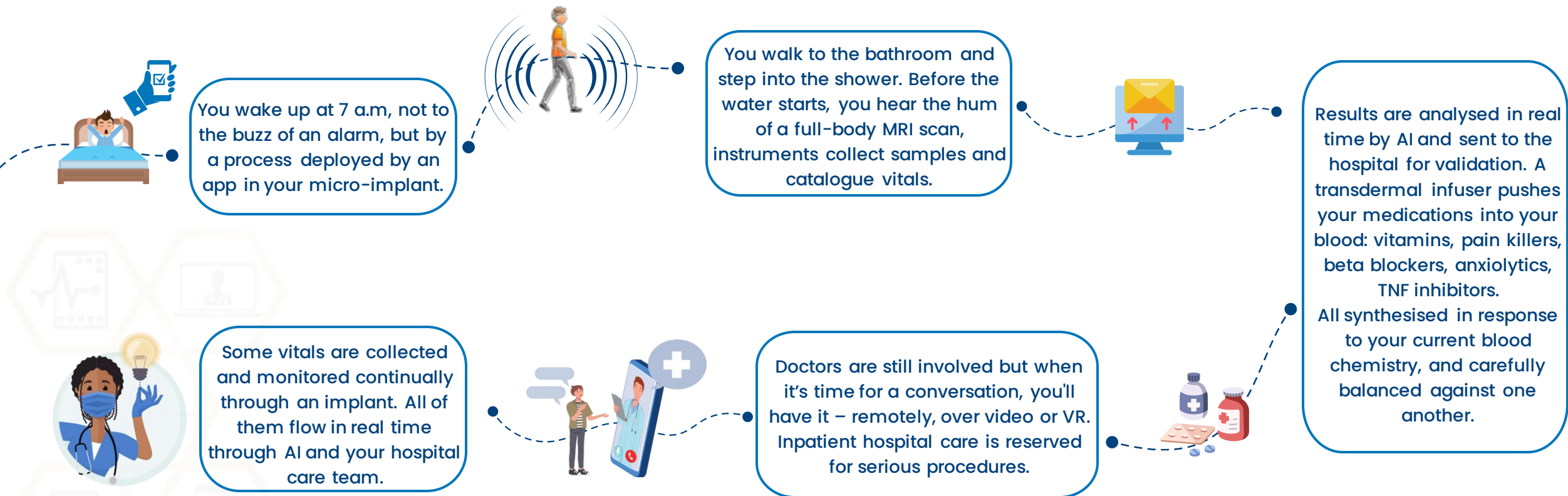
Understanding care pathway drivers,
co-design with patients and
clinicians, virtual ward champions

The Future of Virtual Care

In the future, The lines between remote care and traditional hospital treatment will become blurred.

“Virtual care,” won’t exist, it will just be “Care.”

Here’s what it could look like:



THANK YOU



Healthcare Innovation Consortium

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**Professor Louise Rose, MBE,
RN, PhD**

Professor of Critical Care
Nursing and Research
Division Head / Honorary
Professor in Critical Care and
the Lane Fox Respiratory
Unit - King's College London
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Michel Paquet
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Emil Pohl

Transformation Project Lead -
Whittington Health

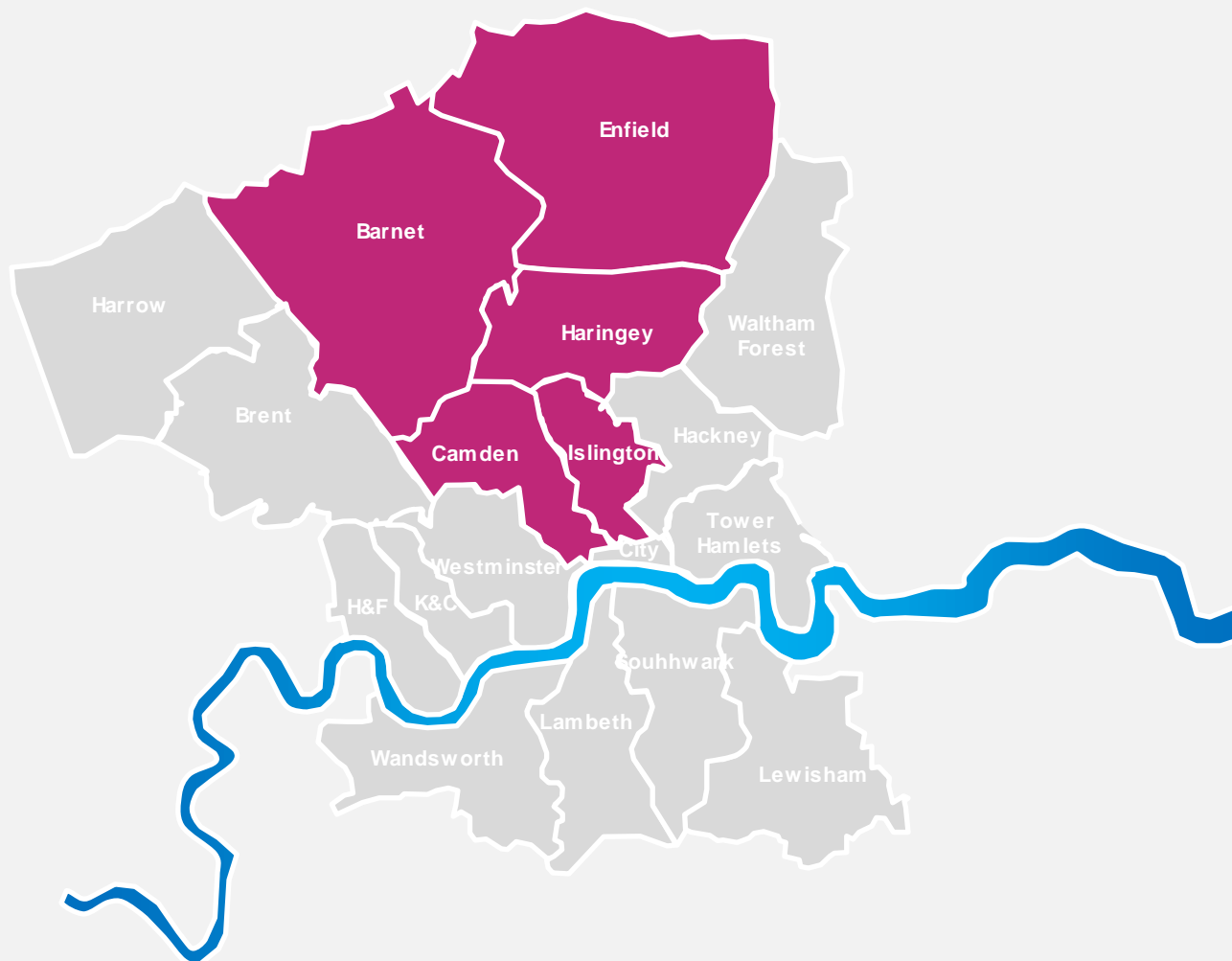
The Expansion and Delivery of Virtual Wards in an ICS with Heterogenous Organisations

Virtual Wards National Conference

2 NOVEMBER 2023

Whittington Health 

NCL ICS Overview



Providers delivering Virtual Wards within North Central London ICS

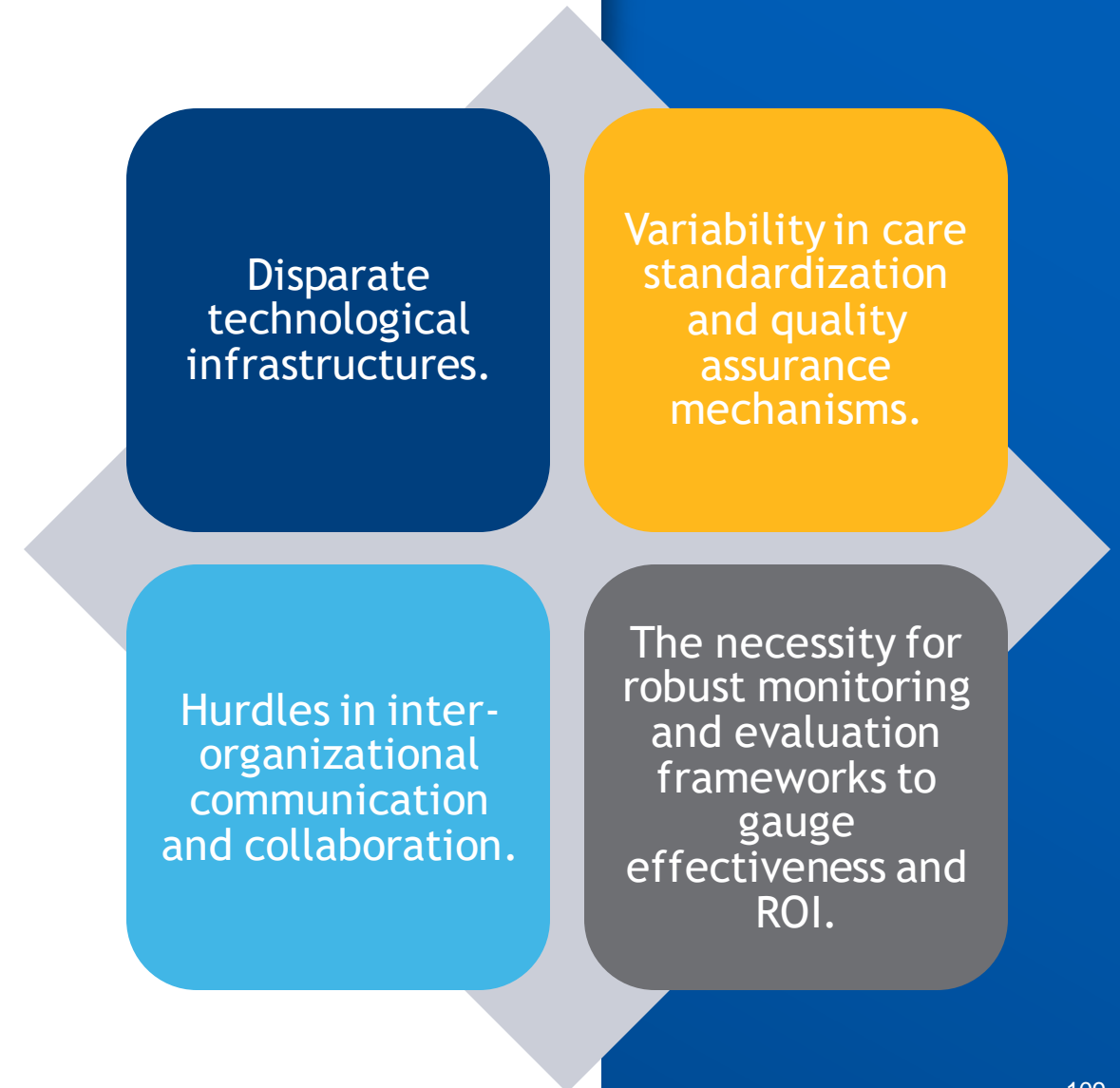
- The Whittington (**Lead Provider**)
- Royal Free Hospital
- University College London Hospital
- North Middlesex University Hospital
- Barnet Hospital
- Central Northwest London Trust
- Central London Community Health

The delivery of Virtual Wards across NCL is a collaborative effort between all the organisations involved and the design and delivery is provider led.

Introduction to the Problem

The journey of integrating and expanding virtual wards within a heterogenous system is filled with diverse challenges, primarily arising from four separate domains:

- Disparate technological infrastructures.
- Variability in care standardization and quality assurance mechanisms.
- Hurdles in inter-organizational communication and collaboration.
- The necessity for robust monitoring and evaluation frameworks to gauge effectiveness and ROI.

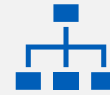


Critical Domains guiding our Virtual Wards Expansion



Technological Harmonisation:

Streamlining tech
platforms for
seamless
operations.



Standardisation of Care and Quality Assurance:

Establishing uniform
care standards.



Inter-organisational Communication and Collaboration:

Fostering a culture
of shared learning
and synergy.



Monitoring and Evaluation:

Assessing the impact
and effectiveness
through structured
frameworks.

Technological Harmonisation

Embarking on Tech Harmonisation

Provider-led Approach via Digital Reference Group:

- Engaging providers in a collaborative forum to address technological harmonization, ensuring the alignment of technological platforms across organizations.

Single System Procurement Strategy:

- Advancing towards a unified procurement strategy, informed by learnings from five digital system pilots, to achieve seamless technological integration.

Insights from Five Digital System Pilots:

- Gleaning valuable insights from pilot projects to inform decision-making and guide the procurement process.

Engagement and Collaboration

Engaging Providers in System Development:

- Collaborating with providers to develop and tailor systems that meet the unique needs of Virtual Wards, enhancing the functionality and user-friendliness of technological platforms.

Tailoring Systems for Virtual Wards:

- Customizing technological solutions to meet the specific operational requirements of virtual wards, ensuring optimal performance and user satisfaction.

Anticipated Dividends from Unified Technological Platforms:

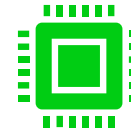
- Expecting significant benefits from a unified technological platform, including enhanced interoperability, operational efficiency, and improved patient care delivery.

Envisioning the Tech Future



Future Roadmap for Technological Integration:

Outlining a forward-looking plan for further technological integration across the NCL ICS, aiming to bolster the digital healthcare landscape.



Enhancing Interoperability and Operational Efficiency:

Striving to improve interoperability and operational efficiency through seamless technological integration, facilitating smoother workflows and better coordination among healthcare teams.



Scalability and Sustainability of Technological Solutions:

Ensuring the scalability and sustainability of technological solutions to meet the evolving needs of the healthcare landscape.

Standardisation of Care and Quality Assurance

Laying the Foundation for Standardisation

Early Consensus on a Core Service Offer:

- Achieving early agreement on a core service offer across five boroughs to ensure a consistent level of care delivery, setting a foundation for uniform care standardization.

Utilizing HEE Funding for Skill Enhancement:

- Leveraging HEE funding to upskill frontline teams in crucial clinical areas, enhancing their competence and ability to deliver high-quality care.

Crucial Areas of Training:

- Focusing on key areas of training such as ECG interpretation, Advanced Diagnostic Reasoning, and Long Term Condition Management to enrich the skill set of healthcare teams.

Enhancing Skills and Collaboration

Recruitment
of a B7 CNS
for IV Skills
and OPAT
Delivery:

Bringing on board a specialised clinical nurse specialist to focus on Intravenous Skills and Outpatient Antibiotic Therapy delivery, exemplifying cross-trust collaboration for enhanced patient care.

Cross-trust
Collaboration
for Skill and
Knowledge
Enhancement:

Fostering a culture of cross-trust collaboration to enhance the skill and knowledge base of healthcare teams, elevating the standard of care delivery across organizations.

Elevating
Standard of
Care:

Striving to elevate the standard of care through collaborative efforts, ensuring a patient-centric approach and improved clinical outcomes.

Quality Assurance and Future Directions

Upholding and Elevating

Upholding and Elevating Care Quality and Patient Safety:

- Continually working to uphold and elevate the quality of care and patient safety standards across the virtual ward system, ensuring a patient-centric approach in care delivery.

Exploring

Exploring Future Directions for Quality Assurance:

- Identifying future directions to achieve comprehensive quality assurance across the NCL ICS, ensuring consistent, high-quality care delivery that meets and exceeds regulatory standards.

Ensuring

Ensuring Consistent, High-quality Care Delivery:

- Striving to ensure a consistent, high-quality care delivery across all virtual wards, aligning with the overarching goals of enhanced patient satisfaction and improved clinical outcomes.

Inter-Organisational Communication and Collaboration

Fostering Communication and Collaboration



Establishment of a Monthly Steering Group:

Setting up a monthly steering group to foster a culture of shared learning, open communication, and robust collaboration among various stakeholders.



Shared Learning, Communication, and Collaboration:

Encouraging a culture of shared learning, open communication, and robust collaboration to drive the project forward and overcome operational hurdles.



Collaborative Venture in Setting Up a New Islington Virtual Ward:

Embarking on a collaborative venture to set up a new Islington virtual ward, exemplifying the power of inter-organizational synergy in enhancing healthcare delivery.

Models of Engagement and Support



Two-provider Model for Extended Medical Cover:

Adopting a two-provider model to extend medical cover and clinical staff, broadening service outreach and ensuring a more inclusive, patient-centric approach in care delivery.



Proactive Engagement of the ICB:

Experiencing proactive engagement from the Integrated Care Board in addressing system concerns, supporting barrier resolution, and fostering a supportive environment for inter-organizational collaboration.



Addressing System Concerns and Supporting Barrier Resolution:

Actively addressing system concerns and supporting barrier resolution to ensure smooth project progression and achievement of shared objectives.

Achieving Synergy in Operations

Effective Communication in Overcoming Operational Hurdles:

- Highlighting the pivotal role of effective communication in overcoming operational hurdles, ensuring all stakeholders are aligned and engaged towards shared objectives.

Anticipated Outcomes from Enhanced Collaboration:

- Anticipating positive outcomes from enhanced inter-organizational collaboration, steering towards

Monitoring and Evaluation

Structuring Assessment Frameworks

Standardized assessment matrix for Remote Monitoring:

Developing a structured framework for objective assessment of remote monitoring effectiveness.

Informing future procurement plans:

Utilizing insights gained to inform procurement strategies, ensuring alignment with organizational goals.

Laying foundation for a unified Remote Monitoring system:

Building a robust foundation for a harmonized remote monitoring system across NCL.

Feedback on Performance Metrics



Emphasis on collecting staff and patient feedback:

Valuing feedback as a crucial component for continual improvement.



Standardized performance metrics across organizations:

Establishing uniform metrics to objectively evaluate performance and impact.



Objective evaluation and continual improvement:

Fostering a culture of continual assessment and improvement to ensure project success.

Acuity Study Insights



ICS-wide Acuity Study: A retrospective evaluation shedding light on patient acuity levels, informing training needs and pathway development.

Evaluations based on interventions, patient condition (utilizing NEWS2, CFS, and 4AT for delirium patients), and clinical input.



Identifying potential training needs and pathway development:

Utilizing study findings to identify areas for training and development.

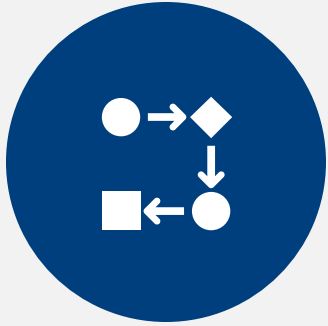


Reflecting on comprehensive insights for virtual ward expansion:

Gleaning insights to inform future strategies for virtual ward

Summary

Summary



Technological Harmonisation: Our journey has seen the fruitful initiation of a provider-led approach, embarking on a path towards a unified technological platform that promises seamless operations and interoperability across the NCL ICS.



Inter-organisational Communication and Collaboration: The establishment of a monthly steering group and proactive engagements has fostered a culture of shared learning and collaboration, enabling successful ventures like the new Islington virtual ward.



Standardisation of Care and Quality Assurance: Through collaborative consensus, upskilling initiatives, and strategic recruitment, we are elevating the standard of care and ensuring consistent, high-quality care delivery across the virtual ward system.



Monitoring and Evaluation: The development of a standardized assessment matrix for Remote Monitoring and the ongoing ICS-wide Acuity Study are laying a solid foundation for robust evaluation and continual improvement, guiding us towards informed future strategies.

Looking Ahead

As we reflect on our accomplishments and learnings, we remain committed to navigating the challenges ahead with a collaborative, patient-centric approach. Our collective efforts will continue to drive the expansion and delivery of virtual wards, advancing towards a cohesive, efficient, and high-quality virtual ward model across the NCL ICS.



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Q&A Panel



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