

Virtual ward conference evaluation

The event was held on Wednesday, 8 February 2023 to examine the expansion and roll-out of virtual wards.

More than 100 attendees came together with representation from carers, patient groups, the voluntary sector, health and social care and the local authority.

The overall aim to move more acute care into the community was very well received, however, there were concerns raised which need to be addressed, including:

- hours of operation and 24/7 support
- the ability of people to use technology for home monitoring
- non-medical support needed to keep people at home, including support for family and carers
- general recognition that carers should be key partners in developing the pathways
- although virtual ward is the nationally recognised term, strong feedback suggested an alternative term would describe the service better.

This report contains the detail which will be used to inform the planning for more acute hospital care at home.

How do we decide whether a patient should be on a virtual ward or in an acute hospital and how do we involve individuals, families and carers in this decision making?

Technology/equipment

- Fear of technology
- Patients knowledge of using technology

Hours of working

- What happens during 8pm to 8am?

Record sharing

- Regular review of plans and by who
- Full medical history
- Preferred place of death discussed and recorded

Assessment and treatment of patient

- What can be practically delivered safely at home
- Home environment suitability
- Short hospital stays and early discharge home
- Clinical triage – considering existing condition and symptoms
- Treatment escalation plan to be in place
- Building on existing care plan

Resources and partnerships to provide care (including carer resource)

- Are there resources and support for the family or carer who is supporting the patient
- Does the patient live alone?
- Need for partnership between clinical and non-clinical services, including voluntary sector

Safeguarding

- Is there a lasting power of attorney?
- Clinicians need to visit home properties
- Capacity and consent

Escalation for decision making

- Availability of out of hours support

Personalisation

- Need to address what matters to individuals
- Patient wishes
- Knowing baseline and thresholds for individual to be monitored
- Holistic assessment
- Kindness and trust
- Preferred place of death discussed and recorded
- Anticipatory care plan

Communication

- Clear information of what a virtual ward is and what is expected
- How patient prefers to receive information, such as written, verbal etc.
- Regular conversations for joint decision making
- More films and wider communication methods for general population
- Consistently reported people did not like the terminology virtual ward
- Mutual collaboration and understanding

Quality

- Consistency in approach

What can we do to provide safe and effective virtual ward care?

Technology/equipment

- Shared IT system
- Results available and visible to all
- Have technology to monitor and observe people
- 24-hour helpline for IT equipment
- Technology champions
- IT education and support for those using it
- Back up provision for equipment failure

Hours of working

- Access to prescribing for timely medication
- 24-hour helpline

Record sharing

- Access to prescribing for timely medication
- Safe handover
- Results available and visible to all
- Transfer of care
- Patient record tagged for them being on virtual ward

Assessment and treatment of patient

- Access to timely medication
- Early access to specialists
- Point of care testing
- Social care needs as well as medical needs
- Mental health assessment
- Fast track testing for possible infections

- Face to face visits as well as remote monitoring
- Ease of access to acute diagnostics without having to go to emergency department

Resources and partnerships to provide care (including carer resource)

- Include carer and family in decision making
- Clinical leadership
- Skilled and competent workforce
- Multi-disciplinary team meetings
- Terminology for carer – employed and paid or friend or family member

Safeguarding

- Mental health assessment
- Back up for tech failure, or example use of own phone and/or neighbour contact details

Escalation for decision making

- Access to prescribing for timely medication
- Regularly reviewing the personalised care plan
- Results available and visible to all
- Ease of access to acute diagnostics without having to go to emergency department

Personalisation

- (no comments in this section)

Communication

- Common language
- Safe handover
- Clear information of what a virtual ward is and what is expected
- Ability to have difficult and honest conversations (end of life care)
- Transfer of care
- 24-hour helpline for carers
- 111 and ambulance service are aware of patient being on virtual ward (patient record tagged somehow)

Quality

- Governance
- Outcomes
- Evaluation
- Quality improvement for change
- Shared agreement and understanding between organisations
- Transfer of care
- Adequate staffing numbers to meet trajectory

Who needs to be involved in the care of people on virtual wards and what support would they need?

Technology/equipment

- IT
- Transport
- Equipment providers (NRS)
- Life line providers

Hours of working

- Overnight cover

Record sharing

- Transcription of medicines

Assessment and treatment of patient

- Referral for carer support built into the virtual ward pathway
- Transcription of medicines

Resources and partnerships to provide care (including carer resource)

- Staff from health and social care
- Family
- Patient
- Carers
- Voluntary and care sector
- Hospices
- Clinicians from all disciplines
- Transport
- Faith groups and leaders

Safeguarding

- Chaperone

Escalation for decision making

- Transcription of medicines

Personalisation

- Support for carers including bereavement support
- Referral for carer support built into the virtual ward pathway

Communication

- Transcription and translation

Quality

- Transcription of medicines
- Consistent team for continuity of care
- Training academy

What are the key challenges to providing virtual wards and how can we work differently together to overcome them?

Technology/equipment

- Patients resistance to using technology
- Power failure and back up IT

Hours of working

- Delivery over 24/7

Record sharing

- (no comment in this section)

Assessment and treatment of patient

- Medication changes and issues, it can cause
- Gaps in care (shared care)
- Acute physicians having confidence in having patients on virtual wards

Resources and partnerships to provide care (including carer resource)

- People who live on their own, no family or carers to support
- Resources to meet geographical challenges of visiting patients in own homes
- 999 waiting times if have to call an ambulance
- Bed capacity
- Finance and reinvestment
- Acute physicians having confidence in having patients on virtual wards
- Compassionate communities
- Risk threshold of different clinicians

Safeguarding

- (no comments in this section)

Escalation for decision making

- (no comments in this section)

Personalisation

- Disabilities
- Access to people's homes, for example by key safe

Communication

- Understanding roles and responsibilities
- Disabilities
- Virtual ward terminology – request to change the term
- Public health education for having conversations about illness and dying
- Co-ordination for smooth partnerships

Quality

- Adequate workforce
- Organisational boundaries, barriers and duplication
- Finance and reinvestment
- How do we measure outcomes?