

Opinion: Virtual wards: tech matters, but so do people

Emily Wells is the first Chief Nursing Information Officer to be appointed by Norfolk and Norwich University Hospitals NHS Foundation Trust and was the Digital Health CNIO of the Year in 2021. Here, she outlines her thoughts on how to develop a successful virtual ward, drawing on her Trust's experience of working on new care pathways with HomeLink Healthcare.

NHS England recently issued a letter to give health and care services early sight of its thinking about the coming winter. One of its recommendations is to increase capacity by the equivalent of 7,000 beds, some of which will be on virtual wards.

The letter has renewed debate about the use of virtual wards, and whether they can be safe and effective. Norfolk and Norwich University Hospitals NHS Foundation Trust has considerable experience of setting up and operating this new model of care, during the Covid-19 pandemic and beyond.

Our experience is that they can release valuable bed days: by the end of September, more than 1,530 patients had been through the NNUH virtual ward, releasing more than 11,000 bed days. Just as importantly, they can deliver benefits to patients.

Patients can return home days or even weeks earlier, to recover in the comfort of their own surroundings, sleeping in their own bed, eating their own food, and being in the company of their family, friends and pets.

However, that only applies as long as they also feel safe and cared for. That means virtual wards need good planning and governance. They need to be supported by the right technology. And they may need something that is often overlooked, which is skilled staff to provide at home care. On the Norfolk and Norwich virtual ward, this is provided by HomeLink Healthcare.

Responding to the need for home IV therapy and new services for Covid-19

Our experience of working with this specialist provider of hospital at home services started in 2018. An audit had shown that there were many patients in hospital on IV therapy, who could have been treated at home if there had been a service available.

I worked closely with HomeLink Healthcare to define a pathway for these patients. We worked on the referral criteria and the governance to make sure the service was safe, and then we tested it and rolled it out in the first months of 2019.

Then, I moved into my current role, and in March 2020, Covid-19 arrived. In the first year of the pandemic, we were looking at how remote monitoring technology could support the Trust.

So, when the national ask came through to set up a virtual ward, we were able to respond at pace; initially to support Covid-19 patients who could be safely treated at home but quickly expanding to incorporate additional pathways.

We loaned patients devices that they could use for daily phone or video calls with staff and provided them with devices to measure temperature, pulse, blood pressure and oxygen saturation levels.

The virtual ward was very well received. Patients said that they found the technology easy to use and valued being in control of their routines. So, as we reset after the pandemic, we continue to expand the concept.

Today, the Virtual Ward looks after many patients who would ordinarily require a hospital bed. We have developed a 'waiting for treatment' pathway for patients who would otherwise have to remain in hospital. We can accept oncology and palliative care patients.

In fact, we have around 15 active pathways, and we are still exploring new uses for the concept. For example, we are looking to create a 'front door' service for patients who might otherwise be admitted after attending the Emergency Department. We know that if patients are admitted, they can deteriorate, so the idea is to turn them around and get them home again – while making sure that they still get the monitoring and treatment they need.

Successful virtual wards need the right tech – and the right hands-on care

In all of these cases, we are looking after patients who would ordinarily require a hospital bed and be inpatients. That means our virtual ward is part of the hospital. Patients are not discharged onto the ward; they remain under the care of a consultant and our virtual ward team.

We use Current Health to monitor the observations collected by the remote monitoring devices. We see the readings on a dashboard and have a ward round and do everything that we would do for them in hospital. And where patients need hands-on care, we use HomeLink Healthcare to provide it.

HomeLink Healthcare delivers IV therapy and a specialist wound care service known as VAC therapy. Its staff can carry out blood tests and observations. The technology gives us visibility of our patients, and if they show a sign of deterioration, we can ask HomeLink Healthcare to visit that patient - which might save us an admission to check on an alert.

Of course, we also work closely with our community provider, Norfolk Community Healthcare NHS Trust and existing services, such as the Aylsham Medical Day Unit, which provides a day-case medication, IV therapy, and other treatment service on-site.

There have been other benefits to working with a private provider. It's not just that we would have struggled to recruit the staff required. HomeLink Healthcare understands the NHS and is committed to partnership working.

Right at the start of our NNUH at Home development, we co-created an operational manual that was focused on safety. That really matters in our model, because if the consultants who remain responsible for patients are not confident that they will be safely and effectively cared for, they will not refer to it.

HomeLink Healthcare also has great reporting tools, so we know what is being delivered and what impact it is having. That business approach to things is very helpful, because it gives us visibility of where patients are being seen and what care they are receiving.

Supporting the NHS this winter, and working for patients

As we head into the winter, we will continue to develop our virtual ward and work within the Norfolk and Waveney Integrated Care System to join up a larger model of care across the system.

We started behind other health systems in terms of digital maturity, but these new services are performing exceptionally well; something that has been recognised by senior officials from NHS England and representative bodies.

That's because we were able to focus on the governance, and finding the right model, supported by the right technology, and the right home care.

We know that virtual wards can deliver additional capacity to the NHS, but we also know that they can deliver a great service for patients. Most people would prefer to recover in their own homes, as long as they feel safe and well cared for; and virtual wards can deliver on both.