



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 safe to do so, it is preferable to care for patients in their own homes. Virtual wards are an evolving solution and allows 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 (LoS) and their expected inpatient LoS based on their diagnosis, procedure and other conditions present, alongside feedback 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 AHSN, 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.





The issue:

Hospital bed capacity and patient flow are under increasing pressures, as are finances and resources across the NHS. Ambulances queue to transfer patients to hospital, patients who are medically able to go home are kept in hospital due to challenges in arranging the necessary discharge care packages and monitoring support.

Virtual wards offer a bridge between acute care services and discharge home for patients who are well enough to safely continue their recovery out of hospital. This includes preventing hospital admission and allowing people to stay at home. Remote monitoring and the use of technology to support patients at home continues to evolve to support remote care.

As part of a national drive¹ to develop person centred care and support patients at home, HHFT developed its VHH model. This new service connects and integrates acute, primary, community, and care home sectors. The evaluation of the model demonstrated that with primarily frail patients and those recovering from Covid, virtual wards are safe, and positive for both patients and staff and provided workforce cost savings to the Trust of £1.7m.

The solution:

The VHH is led by a Consultant Nurse and covers three services, which includes virtual wards. The primary aim of the VHH is to reduce the need for hospital admission by enhancing care in the community.

The service takes into consideration patient safety, experience, and the reduction of healthcare burden, bringing together recent HHFT transformation and innovation projects.

The principal objectives of the VHH are to

- Enable patients to remain in their usual place of residence (own homes, care homes, prison or other) or reduce length of stay for whom hospital admission is necessary
- Identify deterioration early such that when patients do need to come into hospital, this is quick and efficient and they come to the right place, to see the right person, first time
- Integrate health (physical and mental) and social virtual care
- Enhance existing community pathways, including Hampshire County Council and the voluntary sector
- Improve collaboration across the system in terms of workforce, integration of services and overall strategic vision.

¹ NHS England: Developing patient centred care



Referrer

Virtual Health Hub

Telemedicine for Care Homes

Clinical advice and
treatment for acutely
unwell care home
residents

Who: Residential,
nursing, learning
disability care homes
and SCAS

Coverage: North, mid,
south and south west
Hampshire

Clinical Communication Centre

Single point of access
to secondary care
for urgent advice or
admission

Who: GPs, community
teams and SCAS

Coverage: North and
mid Hampshire

Virtual Wards

Ongoing remote
evaluation and
monitoring to support
early discharges
and prevent hospital
attendance/admissions

Who: GPs, SCAS,
community and hospital
teams

Coverage: North and
mid Hampshire

What we did:

Patients often do not want to be admitted to hospital and prefer to remain within the familiarity and comfort of their own home. June's experience, below, shows how it's not always necessary to be admitted to hospital; for example, for someone who has fallen and called an ambulance.





Patient story: June

June is 80 years old and living with frailty. She was referred to the HHFT Virtual Ward (VW) from South Central Ambulance Service (SCAS) as part of a Call Before Convey initiative. The VW service supports treatment of patients in the best place for them, in a timely manner and by the correct medical specialty. June's case highlights the benefits of integrated working between the ambulance service, acute hospitals, and community providers.

When June got out of bed one morning at 5am, her legs gave way and she fell onto the floor. She struggled to press her Lifeline (personal alarm for older people) and so there was a delay in calling for help. Due to her pendant alarm not being pressed in a timely manner, June was sadly on the floor for four hours before South Central Ambulance Service (SCAS) completed a full physical assessment. No injuries were found. June's observations were within normal range with no sudden drop in blood pressure, and her ECG (heart monitor) showed no acute changes.

June was very clear that she did not want to go to hospital and wanted to stay at home. As part of Call Before Convey, the geriatrician, the virtual ward team and SCAS discussed and agreed that June was safe to remain at home and not to be conveyed to the Emergency Department (ED). Previously, before the Call Before Convey service, SCAS would have transferred June to ED for further assessment and blood tests due to her long lie on the floor. Instead, these were done in June's home to check her kidney function and ensure her long time on the floor was not harmful to her health. June was referred to the VW for ongoing observation and support to ensure she remained safe at home. Ongoing blood tests checked for any deterioration.

June remained well and safe with VW team support for the following five days. The team referred June to the community occupational therapist and physiotherapist to ensure her mobility and home environment were safe. This was also to review and identify any hazards that may cause future falls. It was clear that remaining in the comfort of her own home was in June's best interest. She was grateful for the VW team's support.





“I think it’s imperative really, it’s a vital part of reducing readmissions, reducing admissions pre-hospital and providing a better quality of care post-discharge.”

Virtual Health Hub (VHH) Staff

“...That [awareness of VW care] just comes down to education and making sure that they are aware of the VW and make referrals and know what the processes are.”

Referring Consultant

“They were very approachable, and I just felt, I’m just overwhelmed. I just thought this is a fantastic idea, why didn’t we think of this before? It just gives the carer, i.e., me, the confidence, and the strength to carry on. Because sometimes you feel like giving up yourself, you feel like screaming and going out to the garden and screaming, it’s quite frustrating the conditions that he has...to know that you’ve got this...it was just fantastic, I was delighted, I’m still singing their praises.”

Carer

“I knew that they were there if I ran into any difficulties and as soon as I did run into difficulties they responded.”

Patient

“It was fantastic honestly; it was really reassuring. It was better than being on the ward because on the ward you have healthcare assistants who come and do your observations, whereas here you were talking to a qualified person who was giving you advice all the time.”

Patient





Strategic alignment



Want to find out more?

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