

Life beyond virtual wards

This whitepaper explores the huge successes of virtual wards across the NHS, including the positive impact on patients. But what's next? Virtual wards have been a gamechanger in safely discharging patients from hospital, but how can we replicate similar successes in primary and community care?

Virtual wards – a gamechanger in digital health

Across the UK, the NHS is introducing virtual wards to support patients in the place they call home, including care homes, primarily to free up beds and save money. The benefits of virtual wards are significant. This can be seen from our recent case studies with Leeds and North West Anglia where the Trusts have saved thousands of bed days, increased operational efficiency, enhanced patient care and made financial savings. The pandemic turbocharged the adoption of virtual wards and brought about years of change in the way the NHS delivers its services – and it's been so positive to see.

In Leeds, the teams have developed virtual wards for cardiology, urology, oncology, neurosciences and more – and the successes have been astounding. In the first 8 months, 278 patients went through the virtual ward, saving 1589 bed days and generating financial savings of more than £616,000. In North West Anglia, over a 6 month period 596 patients were admitted onto the virtual ward, saving 2300 bed days and £810,000. What's more, patients love it with 98% of patients rating the service as good or very good.

We know that being looked after at home can have a hugely positive impact on patients. It means they're receiving hospital-level care, but in a place that's convenient to them, surrounded by those they love.

One of the first patients to use the service in Leeds was Toni Bailey, a 28-year-old mother of two young children from Leeds who was admitted to hospital after Christmas with severe abdominal pain. After two weeks in hospital undergoing treatment for pancreatitis, she joined the virtual ward. She said the virtual ward contributed to her recovery and allowed her to be at home with her husband and two young children. Morgan Wallace, another patient on the oncology virtual ward at Leeds, jumped at the chance to join the programme, saying 'there's no place like home.'

"Patients love being at home instead of hospital and feel safe knowing a nurse regularly contacts them. We have all had friends stuck on a ward desperate to get home. We now actively enable that safely. There are far more benefits for patients who are medically appropriate to be monitored and regularly contacted from the comfort of their home, rather than in a hospital bed. These include patients being less likely to acquire an infection or experience a decline in functionality if they are in their own home surroundings. Our virtual ward is able to provide the safety and security of professional clinical care, provided within a familiar and safe setting for the patient. Virtual wards have massive potential as a fourth dimension of care with patients at home, alongside primary, secondary, and community care."

DrDeyo Okubadejo, Lead Clinician for Virtual Wards, North West Anglia Foundation Trust:

Patient case study: Toni Bailey



Home is the best hospital in the world. I was desperate to get home to my family. It meant I could be in my own bed, eat my own food and be with my children to lift my spirits while being closely monitored by a brilliant team of nurses. If I hadn't had the opportunity to join the virtual ward, I believe I would have been ill a lot longer.

It allowed me to go home to my kids. The staff were amazing, always there when I needed support and went the extra mile to help me. The system is super easy to follow and takes only a few minutes, allowing me a proper rest at home. I would recommend virtual wards to anyone and would definitely use this service again.

"The remote monitoring virtual wards have been a gamechanger for expeditiously managing patients in a different way safely and effectively. We have for many years held on to a varied set of patients in hospital beds awaiting investigations, interventions or just for ongoing observation. By using the bespoke pathways, we have managed to facilitate earlier discharges and streamline ambulatory care of patients, vastly improving patient experiences."

Adam Peckham-Cooper, lead consultant for emergency general:

Life beyond virtual wards – what’s next?

The potential of virtual wards is increasing, having now successfully expanded into further conditions, including heart failure, paediatrics, oncology and recovery after surgery. Many providers have been quick to roll out solutions and the evidence behind them is continuing to grow. From freeing up bed days to the huge financial savings, virtual wards are playing a key role in enabling the NHS to do more.

The opportunity to fix hospital capacity is vast, but virtual wards are not the only solution. We need to put focus into prevention and address the challenges facing many community services also. It requires a whole system digital health approach – not just a focus on acute care.

Remote patient monitoring – getting back to basics

Remote patient monitoring has been around for years – with equally excellent statistics and savings. Similar to virtual wards, the patient completes readings at home, using devices and simple technology. It saves time for clinical teams and it works around the patient – no need to travel to an appointment, take time out of work or pay for parking. It can all be done at home. A benefit of remote monitoring is that by patients maintaining their health at home, it can prevent hospital admissions further down the line. Take for example our heart failure service at Norfolk Community Health and Care NHS Trust that’s reduced bed days by 88% and A&E admissions by 89%. Patients relay readings to the healthcare team at a place convenient to them and they have access to a range of resources and behavioural change content.

In Scotland, the pioneering remote health initiative for hypertension management has reached a major milestone, with 100,000 patients now using the system – making it one of the largest programmes of its kind globally. It is estimated the programme has saved more than 400,000 face-to-face appointments. The service empowers patients to take control of their blood pressure, reducing the risk of heart attacks and strokes while easing the burden on the NHS.

At Surrey Heartlands ICS, a remote monitoring service for blood pressure saw 53% of users move from high to normal threshold blood pressure within five months. 56% of these achieved this through adopting lifestyle changes such as increasing exercise or changing their diet.

CEO of Inhealthcare Bryn Sage says ‘Our virtual wards aim to reduce admissions, speed up discharge and ease pressures on hospital beds and emergency departments. Our customers are seeing successes after just a few months of going live and its great to see. The potential of virtual wards is huge – but combine them with remote patient monitoring in areas of prevention and in community settings – and that’s where it gets exciting. If we give patients the tools to manage their own health in the first instance, we’re reducing the chances of them ending up in hospital and spending time on a virtual ward.’



“Connect Me is another example of how we’re embracing technology to help tackle the challenges facing health and social care.

“It’s extremely encouraging to see that over 100,000 patients have benefitted from the platform to date saving an estimated 400,000 appointments.

“I would encourage health boards to increase the roll out of Connect Me and for people who have hypertension to ask their GPs if they might be eligible for the programme.

“By empowering patients to take control of their wellbeing we are not only improving health outcomes but also significantly reducing pressure on primary care services.”

Health and Social Care Secretary Neil Gray

Customer example: Health Call

Health Call epitomises the pinnacle of working together.

A collaboration of seven NHS trusts, Health Call provides a wide range of digital health and remote monitoring services for a population area of three million people across the North East of England.

Inhealthcare provides the software infrastructure to the partnership. By bringing together clinical, technological and commercial expertise, Health Call can provide the best technical and clinical solution, at the best price for the region. The region no longer consumes resources by carrying out the same task multiple times. Our joint work with County Durham and Darlington Foundation Trust (CDDFT) also demonstrates how individual pathways developed and deployed by one trust can quickly and efficiently be rolled out to other organisations within the region.

The NHS England backed self-testing service for patients who take anticoagulation medication was introduced in CDDFT and has now been deployed from Newcastle in the North East to Medway in the South East. In addition, the undernutrition service was piloted in CDDFT and then rolled out to Northern Ireland. Subsequently it has also been introduced by Health Call to Northumbria and South Tees.

Customer example: Scotland

The Scottish Government's Connect Me team is responsible for scaling up remote patient monitoring across the country. Partnering with Inhealthcare, we've developed and expanded a range of pathways to help patients safely manage their health needs at home, across the 12 health boards.

The blood pressure programme has reached a major milestone, with 100,000 patients using the system and it is estimated the programme has saved more than 400,000 face-to-face appointments.

Building on its success, Connect Me has expanded the blood pressure pathway into secondary care to help patients attending clinics for dietary problems, heart failure, hypertension, kidney disease, and strokes. Other live pathways include asthma, heart failure, undernutrition, prostate cancer and more.

Summary

The successes around virtual wards and remote patient monitoring are clear to see. The shift to support more people at home as an alternative to a hospital is exciting, but it's important to look at the wider digital priority at an ICB level, and not just focus solely on virtual wards. The evidence for virtual wards is here and we know they're here to stay, but let's start to think outside the box and create a whole system digital health strategy, from prevention right through to acute care. NHS providers need to ensure the technology providers can achieve this wider vision of providing care right across the NHS.



Achieving a successful digital health strategy

NHS organisations need to ensure technology providers can achieve this wider vision of providing care right across the NHS. From interoperability to digital inclusion, we list some key requirements to look for when choosing a technology partner.

At Inhealthcare, we understand that interoperability is fundamental to joined up, person-centred care. Standards and interoperability underpin data sharing so that, crucially, the right information is available at the right time. We integrate with leading GP and hospital systems, meaning potentially lifesaving patient data can be accessed by the right individuals when they need it. A full list of our unrivalled integrations can be requested from our team.

Digital inclusivity is paramount – not everyone has a smartphone or can use a smartphone. Not everyone has easy access to mobile data or Broadband. Technology providers must come up with suitable alternatives – it should not be a one-size-fits-all approach.

A broad range of services is vital, as well as an ability to create new services in a timely manner. We have a library of more than 150 digital health services from hypertension management in primary care, heart failure management in community and respiratory virtual wards in acute.

Inhealthcare has more than 12 years of experience working with the NHS delivering remote patient monitoring and hospital @ home solutions. Our technology is tried, tested and proven.

- Digital inclusivity at the heart
- MHRA registered Class I device
- Vast range of proven services – virtual wards, remote patient monitoring, appointment bookings, video conferencing etc.
- Unrivalled interoperability
- EMIS and SystemOne integration
- NHS number validation
- Industry standards such as HL7v2/v3/FHIR
- Spine validation
- Open APIs
- NHS login
- MESH
- Industry leading reporting and analytics

For a full checklist of our capabilities that are essential for procurement frameworks, get in touch.

“I’m really impressed with Inhealthcare. I can go to the company and get a same day-response. The clinicians really rate the kit. We really enjoy working with the team.”

Kim Ashall, Programme Lead for Virtual Ward for Cambridgeshire & Peterborough ICB