

Evaluating the early implementation of digitally enabled virtual wards: A case study approach

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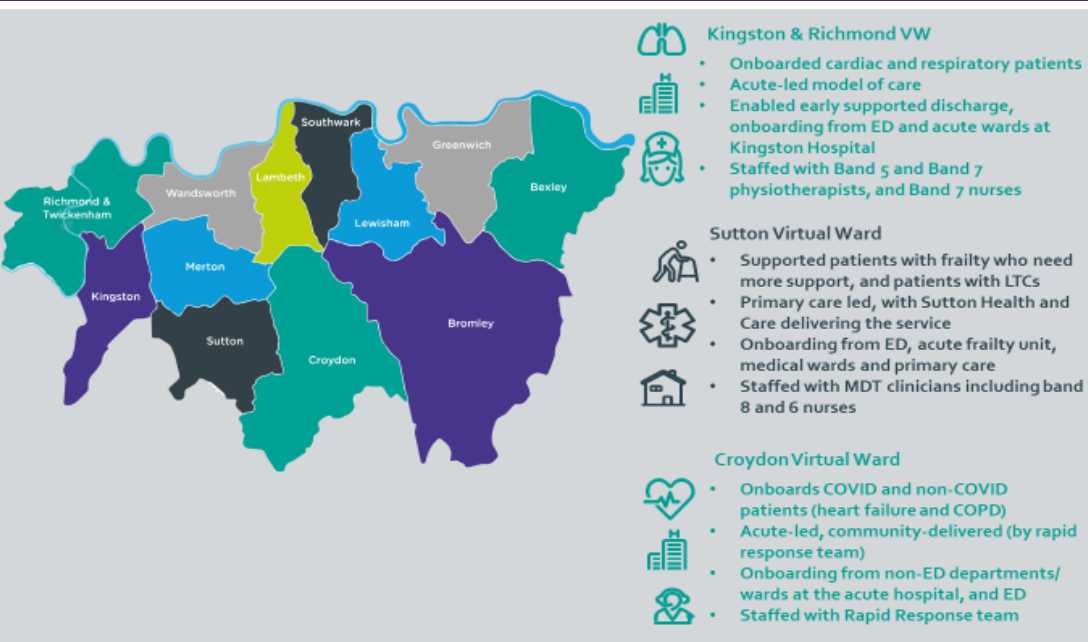
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Background

Virtual wards (VWs) support patients to receive the acute care, monitoring and treatment in their own home, which would otherwise be provided in hospital.

There is an ambition in England for the expansion of the model i.e. [40–50 'virtual ward beds' per 100,000 population by December 2023](#). There still is limited evidence about all aspects of VWs. This evaluation explores the **early implementation of VWs in South West London (SWL)** in 2021-22.



Aim

The aim of this evaluation was to assess the role of VWs in reducing hospital (re)admission and supporting early discharge of high acuity patients in SWL. In doing so, it also sought to understand **what factors have supported the successful implementation of the VWs**.

Methods

A **mixed-methods case study approach** was used of three NHS VWs across SWL using in-depth interviews with clinical staff in/working directly with VWs (n=14), patients admitted and treated on VW (n=14), documentation, and routinely collected demographic, activity and outcome data.

Findings

A number of key enablers for VWs were identified:

- **Offering continuous monitoring to all patients**, as it was generally preferred by patients over spot monitoring.
- **Referring a small but targeted cohort of patients**, with a focus on respiratory and cardiovascular conditions and symptoms, which can be monitored using the range of monitoring devices.
- **Having established clinical and referral pathways**, ideally from a range of sources including ED, inpatient wards and community services.
- **Having in-reach VW staff based in acute settings**, so they can help with identifying suitable patients and referring them onto the ward when clinically appropriate.
- **Strengthening relationships with acute trust staff**: although it is not essential for the VW to be hosted by an acute trust to treat patients successfully, the development of strong relationships between VW and acute staff is a key factor to reducing admissions and getting patients onboarded onto the VWs quickly and smoothly.
- **Building multi-disciplinary teams**, with a mix of skills among VW staff, to increase job satisfaction, and enhance staff ability to provide holistic care to patients.
- **Having clear clinical governance arrangements in place**, in order to protect both patients and staff, and avoid any confusion around who is responsible for a VW patient's care.

Conclusion and further reflections

- Common factors enabling implementation were identified across three different VWs models.
- In addition to the routine collection of data, **evaluations should be repeated to determine if/ how the benefits of VW implementation and delivery change overtime**. As part of this, it will be important to identify implementation success factors on ongoing basis to support future business cases.