East of England
Clinical Senate

East of England Clinical Senate
Virtual Wards Task and Finish Group

Outcomes Report – Final December 2023

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1. Introduction

The East of England Clinical Senate was approached by the Regional Virtual Ward team in June 2022 to support the work they are currently undertaking.

Dr Martin Hawkings, Head of System Improvement – Virtual Wards, East of England Clinical Quality Directorate, NHS England gave a presentation on the Virtual Ward Transformation Programme. The presentation and discussion considered:

- What could be the support from EoE Regional Clinical Senate?
- Clinical review of evidence base and opportunity to benefit from virtual wards.

The Virtual Wards Task and Finish group (a sub-group of the East of England Clinical Senate) was established to bring together opinion from clinicians and experts by experience to develop a template covering aspects of virtual ward proposals the Senate should consider when conducting a Clinical Review or potential Clinical Review. A draft paper was shared with Clinical Senates nationally with feedback incorporated into this final document.

It was agreed that that a checklist will be produced for Clinical Senates to refer to as part of their independent clinical reviews.

The Terms of Reference for this group along with membership details can be found under Appendix 1.

2. Definition of a Virtual Ward

The East of England Clinical Senate fully supports the development of Virtual Wards and considers them to have great potential benefits for patients and staff.

There are various definitions of what is a Virtual Ward. The Virtual Wards task and finish group discussed in length the various definitions of virtual wards and agreed to develop a manageable version, taking account of the NHS England definition as well as an easy read 'Patients and Carers' definition led by patient voice representatives.

The Clinical Senate's definition of what is a Virtual Ward.

Virtual wards enable care to be delivered outside of hospitals to patients in their homes or usual place of residence, can be enabled by technology and can either avoid a hospital admission altogether or enable an earlier discharge from hospital beds. They should have a sufficient number of appropriately trained and skilled staff to provide clinical and care management to patients, (beyond what could normally be provided outside of hospital) in order to provide a safe alternative to hospital inpatient care. The technology can include apps, technology platforms, wearables and devices such as pulse oximeters. Virtual Ward care teams can provide enhanced care, supported by community teams, including investigations such as blood tests and treatments such as intravenous therapy. Virtual wards can help to ensure a better overall patient experience and improve outcomes by; enabling patients to be treated in the more familiar, less stressful and more comfortable environment of their own homes; reducing the risk of deconditioning; reducing the risk of hospital acquired infections; improving nutritional intake; providing improved access to information to support clinical decision making; enabling early discharge from hospital; enhancing contact with family and friends and reducing journeys to hospital (reducing carbon footprint). Virtual Wards will provide additional capacity for the system which may enable lower bed occupancy rates.

Patients and Carers definition of what is a Virtual Ward

The term ‘Virtual Ward’ is used to describe a way of providing care for patients in their own homes as an alternative to hospital inpatient care which uses technology to allow them to be treated effectively at home or in the community, or to be discharged from hospital earlier. The patient continues to receive regular care, but their progress is monitored by using technical devices at home and speaking to their care team by video link or by telephone.

3. Key Themes

The task and finish group discussed in length and agreed on the key themes Senates should be considering as part of a clinical senate independent review panel to review a proposal that includes a virtual ward element.

- Definition, Objective and Scope
- Admission and Discharge
- Quality of Care
- Safety and Efficiency
- Efficiency of Resources
- Governance
- Workforce
- Medicine and Prescribing
- IT, Digital and Data
- Inequalities and mitigating digital exclusion
- Impact upon system

The domains above have been put into a checklist template covering the aspects that Clinical Senate Councils should take into consideration when conducting Clinical Reviews which have a virtual ward element to them.

4. Checklist

Virtual Wards need careful consideration when developing and setting up the service. The Clinical Senate recommends the following domains are considered when undertaking an independent Clinical Senate Review which has a Virtual Ward element.

Draft Checklist

	Domains	Details
1.	Definition of Virtual Ward	Ensure there is a **clear definition, objectives and scope** of the purpose of the Virtual Ward and the **model of care.** Ensure that this is **consistent** with agreed overall system objectives. Ensure there is a clear purpose for the virtual ward which will **enhance care and experience for the patient.**
2.	Objective and scope of a Virtual Ward • Clinical outcomes • Quality of care • Personalised care	Ensure there is **clarity of clinical responsibility** for the patient at all points of their journey through the virtual ward process. Distinguish **difference** between patients being in a hospital/community bed compared to being in a virtual ward. Consult with patients, families and carers, to ensure the virtual ward service goals are **patient specific** and meets their current and future needs. Have a **clear definition** of how the virtual ward service will be set up.

		Identify and clearly define the **targeted patient** groups. Ensure service delivers high quality care which is **safe.** Ensure care is personalised accounting for patient need and patient choice and is culturally sensitive. Ensure interventions apply **evidence-based practice**. Identify clear clinical metrics to **measure clinical quality and service outcomes**.
3.	Admission and discharge criteria for Virtual Ward • Robust criteria and consent process for entry and discharge to the Virtual Ward	Clear referral, admission and discharge **criteria** and policies. Clear **strategy for engaging** potential patients in their potential referral to a virtual rather than physical service. Patients, families and carers involved in the **decision making process.** Clear **discharge and communication at handover** between the virtual team, and any other team involved in the patient's care.
4.	Quality of Care • Patient experience • Patient focussed • Access • Monitoring and Interventions • Clinical responsibility	Patients, families and carers have a **clear route to communicate** with the virtual ward team, commensurate with their IT literacy and digital access. Frame around patient **needs and goals** rather than hospital or community needs. **Equipment** processes and systems are clearly defined.

		Clear **integration and robust links** with other services, including community care and GP led services. Patients have equity of access to other specialty advice as though an inpatient. Easy access to the right person or **providers of care.** Clarity on which team leads on **follow up care** and how frequently.
5.	Safety • Clinical responsibility • Clinical outcomes	Defined inclusion and exclusion criteria. Clearly identified team or clinician accountable and **responsible for daily management** of patient. Clear pathway for the provision of **out of hours** care management for patients. Clear **integration** with other services, to ensure continuity of patient care. **Patient specific goals** and sense checking. Clear process for **escalation** of care if patient deteriorates. Identification and mitigation of **clinical risks** of implementing proposals across the system.
6.	Efficiency of Resources	Evidence that this model is the best use of resources to achieve **high quality care.** Consideration of **broader health of the population** (e.g. relationship to frailty, long term conditions, infection prevention and control).

		Creation of Virtual Ward has **sufficient system and workforce capacity** for delivery to the target population.
7.	Governance • Clinical governance • Co-design and co-production • Service configurations • Evidence & research	The proposed service has a **clear governance structure and reporting lines** within the organisation. Evidence of **clinical leadership and engagement** in development of model and implementation plans. Review of **service configurations** which may be incorporated with Virtual Wards. Demonstration of fit with clinical evidence and **clinical best practice.** Evidence of patient involvement in **co-design, co-production.** Clear plan for continuing **patient experience feedback on quality of care** provided and the service received. **Patient Involvement in evaluation** of service and subsequent redesign. Clarity on key individual or team **responsible for patient** over any course of time with clear transitions or hand-offs. **Research and evaluation** integrated into the Virtual Ward model.
8.	Workforce • Clear clinical leadership • Input required from clinical staff • Effective training	Experienced clinical leadership for effective decision-making and risk management. **Guidelines for safe staffing** including adequate numbers and necessary skill mix to manage and coordinate virtual ward and face to face care.

		Education and training needs clearly identified for all components of service. Staff involvement in **ongoing service design** with clear pathways of communication. Demonstration of attention to factors related to improving **staff retention**.
9.	Medicines and Prescribing • Prescribing responsibility • Information pathways	**Prescribing responsibility** is clear between virtual ward prescribers, primary care and other services involved in the patients' care. The proposed service takes into account the **guidance on pharmacy and medicines** in virtual wards. [1] **Process** for prescribing, dispensing and delivery of medicines to patients is clearly defined and been signed off by the organisation's Chief Pharmacist or equivalent. Identification of **clear pathway for transferring relevant information** about changes to medicines and ongoing medicines requirements to the patient, patients' GP and community pharmacy at the end of the virtual ward spell.
10.	IT, Digital and Data • Technology enabled equipment. • Compatible IT Systems • Communication • Data sets • Avoid clinical information silos	IT systems between trusts, and health and care providers including primary care are **compatible**. Plan for implementation of **mitigation** for any pre-existing incompatibilities identified. Consider **single record keeping** (shared care record). **Develop systems and processes** to prevent key clinical and care information from being held within a **single information system** without appropriate shared access.

[1] Guidance on Pharmacy Services and Medicines Use within Virtual Wards including Hospital at Home (1).pdf (hee.nhs.uk)

		Ability to **communicate** from Virtual Team system to any other relevant providers of health care of the patient. Communication between relevant **different providers** about their patient's treatment and care. Systems able to **collect** relevant data as appropriate.
11.	Inequalities and mitigating digital exclusion. • Equity of access	Evidence of **Equality and Health Inequalities Impact Assessment (EHIA).** Evidence that there is mitigation to **manage digital exclusion**. Evidence that there is **mitigation to manage** those who will choose to not engage.
12.	Evaluation and Impact • Monitoring • Evaluation • Impact	Regular, **integrated, patient-centred** and **evidence-based evaluation** of virtual ward services from the design stage to implementation and their impact on a range of stakeholders as well as the health and care economy. Evaluation should be based on **defined indicators** of activity and performance, both quantitative and qualitative, and include psychosocial as well as clinical and financial outcomes. Depending on the service, these will include **patients, providers and health and care professionals** in primary, community and secondary care settings. Addresses the **greener** NHS Programme supporting **sustainability**.

5. Recommendation

It is recommended that when a Clinical Senate Independent Review Panel is considering a review which incorporates a virtual ward this checklist is used to guide the Panel.

APPENDIX 1 - Virtual Wards Task and Finish Group Terms of Reference

NHS
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East of England Clinical Senate

Virtual Wards Task and Finish Subgroup Terms of Reference

EoE Clinical Senate–Virtual Wards Task and Finish Group: Terms of Reference

1. Role and purpose of the group

The Virtual Wards Task and Finish group is a sub-group of the East of England Clinical Senate and has been established to bring together opinion from clinicians, Heads of Clinical Senates from across England and experts by experience to develop a template covering aspects of virtual ward proposals the Senate should consider in when conducting a Clinical Review or potential Clinical Review.

It is expected that that a checklist will be produced for Clinical Senates to refer to as part of their independent clinical reviews.

2. Objectives of the group

- Define what a virtual ward is, taking into account existing definitions.
- Define what is the objective of a Virtual Ward – what should and should not be considered within the scope of a Virtual Ward.
- Agree a Virtual Ward template/checklist of questions for Senates to consider in all Clinical Reviews.
- Collaborate and engage with other Clinical Senates
- Explore any current research or evaluations to ensure the template/checklist is up to date and contemporary.
- Ensure inequalities, digital exclusion and Quality Impact Assessments are considered and included.
- Ensure the overall patient experience receiving treatment on a Virtual Ward is considered.

3. Membership

Bernard Brett	Chair, East of England Clinical Senate
Jag Ahluwalia	East of England Clinical Senate Council Member Chief Clinical Officer, Eastern AHSN, East of England
Francesca Crawley	East of England Clinical Senate Council Member Associate Post Graduate Dean, Health Education England
Alan Hancock	East of England Clinical Senate Council Member Expert by Experience (PPV)
Christine Hancock	East of England Clinical Senate Council Member Expert by Experience (PPV)

Danielle Harding	East of England Clinical Senate Council Member Primary Care (GP) Quality & Workforce Lead, Cambridgeshire & Peterborough ICS
Christine Moss	East of England Clinical Senate Council Member Deputy Medical Director for West Essex Health Care Partnership.
Mary Parfitt	Head of Senate, East of England Clinical Senate
Anees Pari	East of England Clinical Senate Ex Officio Member Deputy Director, NHS Regional Healthcare Public Health.
Emily Steward	Head of Senate, South East Clinical Senate
Chris Street	East of England Clinical Senate Council Member Chief Pharmacist, James Paget University Hospital
Hazel Stuart	East of England Clinical Senate Council Member Consultant Anaesthetist and Intensive Care Medicine, James Paget Hospital.
Christina Wise	Project Officer, East of England Clinical Senate

Frequency of meetings

Virtual Ward Sub-group will meet at least twice. Meetings will be held virtually from October 2022 to June 2023 to be agreed by members of the sub-group. In between meetings information will be shared electronically by email via the East of England mailbox england.eoeclinicalsenate@nhs.net

4. Outcomes and Timescale

Final Draft to be written and approved by Clinical Senate Council meeting on 29June 2023, presented to the National Clinical Senate Chairs and Head of Senate meeting on 27th June 2023 and published on the EoE Senate website thereafter.

Agreed by Chair Bernard Brett April 2023.

APPENDIX 2 – Virtual Wards Definitions

NHS England

"Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. Virtual wards are in place in many parts of the country, for example, supporting people with frailty or acute respiratory infections. The NHS is introducing more virtual wards to support people at the place they call home, including care homes. In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community, which is sometimes called Hospital at Home.

Age and Ageing 2023 - Virtual wards: a rapid evidence synthesis and implications for the care of older people)

"Virtual wards are a hospital-led and managed alternative to in-patient hospital care that is enabled by technology. They enable the delivery at home of acute care, monitoring and treatment to prevent admissions or support early discharge. They use a variable combination of remote monitoring and face to-face care, and may incorporate remote monitoring, for example, through apps, technology platforms, wearables and devices such as pulse oximeters".