

Supporting the health and care system to implement virtual wards

Tara Donnelly
Founder, Digital Care

NICE National Institute for
Health and Care Excellence



Listening to the system



NICE aims to focus on what matters most to the health and care system.



Early discussions with health and care professionals have highlighted the challenges, benefits and considerations of implementing this new model of care.



Discussions are ongoing and insights are being fed into NICE's programme of activity relating to virtual wards.

NICE's resources on virtual wards

- A brand new web resource launches today to support integrated care systems to implement virtual wards.
- This includes a suite of new guidance to help manage acute respiratory infection patients safely in their homes, aiming to reduce pressure on the NHS over winter.

Acute Respiratory Infection in over 16s: Initial assessment and management

- Clinical Guideline
- Quality Standard

Virtual Ward Platform Technologies for acute respiratory infections

- Evidence Generation Plan

Virtual Wards as Alternatives to Hospital Care: Economic Evidence Review

Links to all relevant existing NICE guidelines recommendations

Supporting the health and care system to implement virtual wards

Virtual wards (also known as hospital at home) provide hospital level care at home.

People on a virtual ward are cared for by a multidisciplinary team who can provide a range of tests and treatments and may use simple technology to monitor the person's recovery.



We're listening to the system

Our aim is to ensure that we focus on what matters most to the health and care system. Our early discussions with health and care professionals, about their experience whilst implementing virtual wards, have highlighted the challenges, benefits and considerations of implementing this new model of care. Our discussions are ongoing, but take a look at what we've found to date.

“ I feel indebted to the service and the NHS, for allowing me to go home on the Virtual Ward to be with my cats and my grandchildren. It is game-changing – technology at its best!

Leigh Jones



Setting up a cohesive virtual wards service in Greater Manchester

Dr Bushra Alam is a consultant working in Greater Manchester and the clinical lead for virtual wards across the ICS. Here she describes her experience.



Listening to the system - implementing virtual wards

NICE's Angela Osei sets out to understand some of the challenges, benefits and considerations of setting up and running a virtual ward, from the perspective of teams on the frontline.



Virtual wards providing hospital-level care for people at home

In this video, we join the hospital at home team at North Tees and Hartlepool NHS Foundation Trust as they support patients in their homes.

Our latest virtual wards guidance and advice

We've started by looking at the acute respiratory infection (ARI) pathway, aiming to help reduce pressure on the NHS over winter. We have published a suite of guidance and resources to help manage ARI patients safely in their homes.

Acute Respiratory Infection in over 16s: Initial assessment and management

Clinical Guideline

More people could be treated out of hospital in the NHS's new respiratory hubs and virtual wards following our guidance on the initial assessment and management of suspected acute respiratory infections.

Read the guideline [link TBC]

Quality Standard

The new quality standard contains a set of statements to help improve the quality of

Virtual ward platform technologies for acute respiratory infections

An independent NICE committee has recommended the use of technology platforms used in virtual wards. Virtual ward platform technologies comprise 3 key parts: a patient-facing app or website, associated medical devices and a digital platform for healthcare professionals.

Evidence Generation Plan

This plan outlines the evidence gaps for the technology in ARI pathways and what real-world data needs to be collected for evaluations to address those gaps. It is not

Virtual wards economic evidence review


Our team has analysed the evidence and found that virtual wards and hospital at home models of care are usually reported as cost-saving. A key driver of cost savings is a reduction in hospital bed days achieved and the lower per diem cost of virtual wards and hospital at home.

Our team looked at 1,000 studies and found that there were 15 that met the criteria being used. In 13 out of the 15, the home-based models were found to be cost-saving and in 2 they were found to cost more than the hospital alternative. Most of the included studies, however, have been assessed as having limitations in relation to their methodological quality, so it is

Developing your clinical case to support virtual wards

The NICE team have mapped the most useful, existing NICE guidance recommendations to the stages described in the [Getting It Right First Time \(GIRFT\)](#) and [NHS England Virtual Ward Programme framework](#), recognising that some guidelines and recommendations may span several stages. Existing NICE clinical guidelines will help support your clinical case for virtual wards.


We also produce quality standards that set out priority areas for quality improvement in health, public health and social care. We have not included our quality standards in the resource below, but many will also include useful information that can be applied to virtual wards. [Find out more about our quality standards.](#)



Stage 1: referral points

Referral points to virtual wards are similar to traditional models of care. Our guidance and advice can help you decide where to provide care and what to consider.


- Patient experience in adult NHS services
- Emergency and acute medical care in over 16s: service delivery and organisation
- Older people: independence and mental wellbeing
- Home care: delivering personal care and practical support to older people living in their own homes



Stage 2: clinical assessment

In a virtual ward setting, you make assessments at home to support clinical decision-making. Our guidance can help you give advice by highlighting areas to consider and standards of care.


- Chronic heart failure in adults: diagnosis and management
- Multimorbidity: clinical assessment and management
- Falls in older people: assessing risk and prevention
- Patient experience in adult NHS services
- Emergency and acute medical care in over 16s: service delivery and organisation
- Older people: independence and mental wellbeing
- Home care



Stage 3: admission to the system

In virtual wards, patients remain at home to receive hospital-level care. Our guidance can help you determine if patients are suitable for admission to the virtual wards system.


- Patient experience in adult NHS services
- Older people: independence and mental wellbeing
- Home care: delivering personal care and practical support to older people living in their own homes
- Medicines optimisation
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs
- Falls in older people: assessing risk and prevention
- Shared decision making



Stage 4: treatment, assessment and monitoring

In virtual wards, people can receive virtual and technology-assisted treatment, assessment, and monitoring. Care should be of a similar level of quality to that of traditional models of care. Our guidance can help you deliver evidence-based care within the virtual ward setting.

- Patient experience in adult NHS services
- Multimorbidity: clinical assessment and management
- Falls in older people: assessing risk and prevention



Stage 5: discharge and transferring care

Our guidance helps you hand over care and ensure people are safely transitioned out of the virtual ward environment.

- Chronic heart failure in adults: diagnosis and management
- Patient experience in adult NHS services
- Intermediate care including reablement
- Older people: independence and mental wellbeing

In conclusion



NICE plays an important role in confirming where the evidence and impact is clear, and where more needs to be done.



Includes recommendations for researchers and analysts on what are the most useful measures to track when implementing this new model of care, to aid comparisons.



There is an opportunity to view the new site in the main exhibition hall on the large screen to view the resources available.