Virtual Wards Pilot: Key Themes

Devon Communities Together,

September 2023



THE VIRTUAL WARD VCSE SUPPORT MODEL

Clinical teams informed of help available from voluntary sector

VCSE partners trained to use digital devices

Patient identified by clinical team as being suitable to enter a Virtual Ward (VW)

Patients consent to being admitted to a Virtual Ward and being contacted by a VCSE partner

VCSE partner contacts patient to discuss support needs

Digital

Wraparound

Both

Patient referred to one or more VCSE partner for required support

Clinical and VCSE teams work together to support the patient, ensure correct monitoring and communicate information to all other necessary organisations

Patient is discharged from the Virtual Ward

KEY:

VCSE

Clinical

Support needs

The Virtual Wards Pilot was delivered by a consortium of VCSE organisations:





















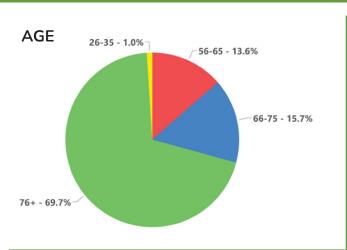
GEOGRAPHICAL COVERAGE

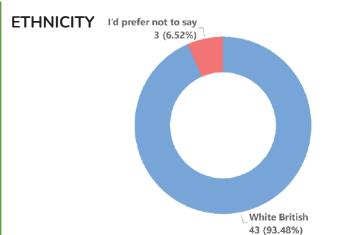
Patient referrals by district:

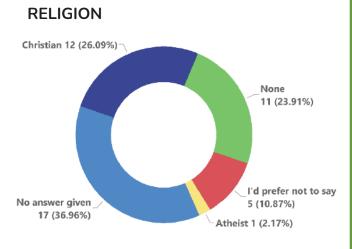
- 22 East Devon
- 8 Exeter
- 8 Mid Devon
- 6 Teignbridge
- 2 West Devon
- 1 Devon/Somerset border

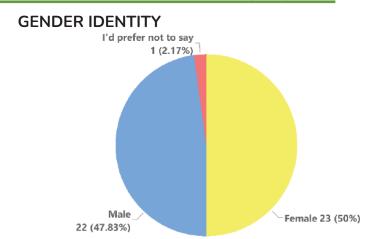
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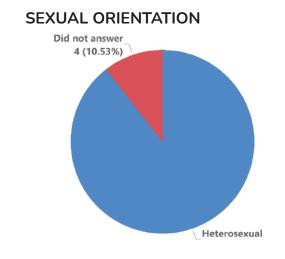
PATIENT DEMOGRAPHICS









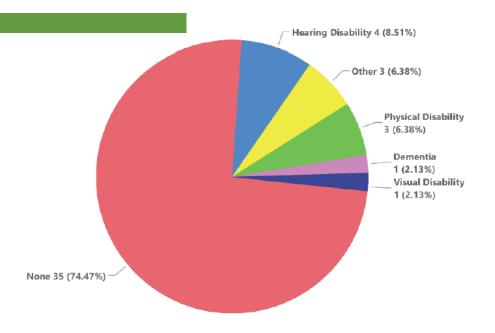




DISABILITY

8 patients (17% of patients referred) had one or more form of disability which limited their day-to-day activities:

- 4 hearing
- 3 physical
- 1 visual
- 1 dementia
- 3 other



REFERRALS

46 referrals received

1 day - average time from the referral to DCT to the date of the first visit (excluding weekends)

9 patients received 2 visits; 3 patients received 3 visits

100% of patients who provided feedback gave positive comments:

Type of support	No. of referrals
Digital only	14
Equipment transport	5
Wraparound care	7
Digital and equipment transport	10
Digital and wraparound	1
Digital, equipment transport and wraparound	1
Wrap around and equipment transport	3
No support required	5
Total referrals	46

Table 1 Total number of referrals per type of support

"I don't think you could've done anything more!"

"Very pleased with the whole shebang!"

"Saskia was so helpful and set it all up for me. Would have not been able to do it without her."

DIGITAL SUPPORT



13 VCSE staff from 9 local organisations given training in digital devices



100% participant feedback scored the training 4/5 or 5/5



Easiest devices to use (patients) - blood pressure monitors (12 patients) and



Most support required (patients) - Apple watches (22 patients) and iPhones (25 patients)



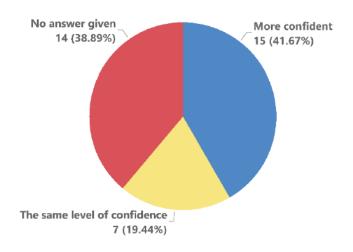
5 patients supported to use Kardia monitors and 8 to use digital scales (25 patients) and fingertip monitors (3 patients)



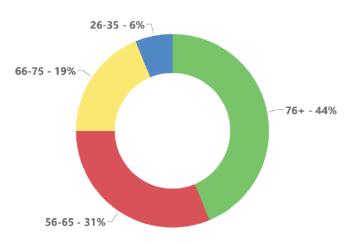
20 patients downloaded and/ or activated at least 1 health monitoring app, with VCSE support

LEVEL OF DIGITAL CONFIDENCE **FOLLOWING SUPPORT**





AGE OF PATIENTS WITH INCREASED **DIGITAL CONFIDENCE**



VCSE COMMUNITY WRAPAROUND SUPPORT

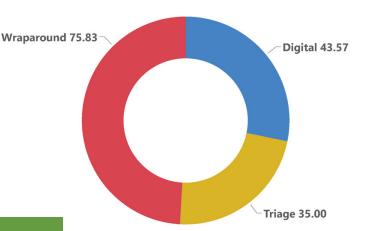
This cross sectoral pilot Virtual Wards model was the FIRST IN THE UK to incorporate parallel referral pathways for hospital at home patients with clinical teams and local VCSE organisations providing digital and wraparound support.

Devon Communities Together led a VCSE co-design process to create a proposed model of VCSE delivery of both digital support and wraparound care for Virtual Ward patients. The result was a joint proposal to NHS Devon on behalf of a collaboration between several VCSE organisations, all of whom are members of the Devon, Plymouth & Torbay VCSE Assembly, delivering services within the Eastern LCP geographic area.

CAPACITY

Most patients were visited only once. The average time the VCSE delivery partner spent with a patient was just over one hour, with a total of 40 hours

AVERAGE VCSE MINUTES SPENT WITH PATIENTS



WELLBEING

17 patients shared feedback on their sense of satisfaction with life and their loneliness, providing a snapshot of how they felt on the Virtual Ward. All patients had support from someone in their household.

In June we began measuring the numbers of unpaid carers in our patient households. Out of 11 referrals, 6 patients had unpaid carers providing significant amounts of support. In 2 cases, the patient was also the carer for their partner.

Satisfaction with life	
1 (often/always)	3
2	5
3	5
4 (hardly ever)	2
Loneliness	
Often/always	1
Some of the time	1
Occasionally	1
Hardly ever	5
Never	9

BENEFITS TO AHAH* TEAM



25 hours of NHS time saved by VCSE providing digital support to patients



AHAH* staff reported that they were able to give more complicated monitoring devices to some patients, knowing they would have the support to use them



The RDUH reported fewer enquiries about devices and the number of patients attending the hospital for problems with devices decreased



Patients supported over 196 nights spent on virtual ward during the VCSE pilot (£519.19 is the average cost of a bed per day so this equates to £101,761)

"I received good feedback, it gave people more confidence with the technology" (staff)

"Definitely more confident using the MyCare App for communication with the hospital, checking own medication records etc." (patient)

*Acute Hospital at Home



AHAH (Acute Hospital at Home) managers reported that since all patients were referred for VCSE support, from the end of May, this has lightened the load on the nurses as they haven't had to make the decisions about whether support was needed or not. From this point onwards, only 4 were determined to not be in need of support.

RECOMMENDATIONS

Continuation of a VCSE co-ordination/ liaison/ patient contact point hub





More specialised digital device training and support service



Offering services in other geographical areas



Building expertise in supporting particular clinical areas such as people on long-term antibiotics or with issues related to frailty





Measuring and focussing on the wellbeing of unpaid carers

FULL REPORT

This snapshot is taken from a comprehensive report produced by Devon Communities Together. To request a full report, please contact info@devoncommunities.org.uk or call 01392 248919.