

Virtual Wards: Achieving the Ambition, Delivering the Benefits

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1. Introduction

Virtual Wards are a crucial part of NHS plans to increase capacity and tackle the increasing operational pressures facing the NHS.

But what is a Virtual Ward? What benefits will they deliver? And how well is the NHS doing in delivering on its ambition for Virtual Wards?

This paper looks to answer these questions and provides a case study of how HomeLink Healthcare, an independent specialist provider of Virtual Ward services, has been working in collaboration with NHS organisations in an Integrated Care Board (ICB) in the East of England to develop and implement a Virtual Ward programme that is tailored to the local context and needs of its local population.

2. What is a Virtual Ward?

Virtual Wards support patients who would otherwise be in an acute hospital bed, to receive the acute care, monitoring, and treatment they need in their own home, or normal place of residence. This can have benefits for individual patients, as well as for the flow of patients through the wider health and care system by helping to prevent avoidable admissions to, and support safe and timely discharges from, hospital.

A safe, efficient alternative to inpatient care, Virtual Wards provide personalised care and patient choice, by combining face-to-face provision and technology to allow hospital-level care in settings outside of the hospital. Patients are managed remotely by a clinical team via a digital platform.

Virtual Wards differ from other community services in a number of ways¹:

- They are led by a named senior clinician or consultant practitioner who could be a physician, nurse, AHP, or GP depending on local arrangements.
- The patients in a Virtual Ward 'bed' are sick enough to otherwise be in hospital.
- There are clearly defined inclusion and exclusion criteria.
- The service has access to hospital-level interventions and diagnostics.
- There is daily clinical input, with equity of access to speciality input as for a hospital inpatient.

The concept of a 'Virtual Ward' has been around for many years, often in the form of 'Hospital at Home' services. However, the rapid development of digital innovations – such as telecare, remote monitoring, wearables and hands-free tech - that allow patients to receive their care and be monitored remotely together with the acceleration of their adoption and more widespread use during the Covid-19 pandemic has led to a much greater focus on Virtual Wards as part of the solution to the pressures facing the NHS.

¹ Making the most of Virtual Wards, including Hospital A Home', GIRFT and NHE England Virtual Ward Programme, November 2023 Update

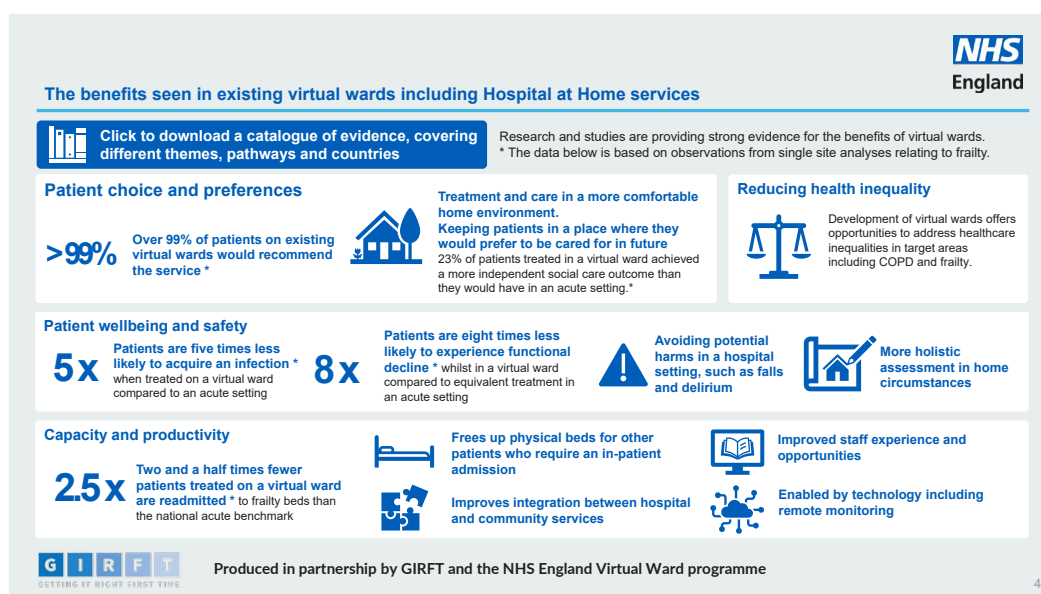
3. The benefits of Virtual Wards

The evidence base underpinning the development of Virtual Wards is growing, with many examples which demonstrate that the implementation of Virtual Wards and Hospital at Home services deliver clear benefits - for patients, carers, staff, and providers, as well as for the wider system. These benefits can be synthesised into three overarching themes:

- patient choice, equity of access and preferences;
- patient wellbeing, safety, and outcomes; and
- system-wide capacity, productivity, and staff experience.

A review of the evidence base recently undertaken by GIRFT² and the NHS England Virtual Ward programme summarised the benefits seen in existing Virtual Wards, including Hospital at Home services – see **Table 1** below:

Table 1: Virtual Wards including Hospital at Home services – The Benefits



4. Where do we want to be?

There is a national policy push by NHS England for ICBs to develop Virtual Wards for a range of conditions, focusing at a minimum on two pathways – acute respiratory infection and frailty – but with the aim of expanding to other conditions and pathways, including surgical recovery. Importantly, the push is for these Virtual Wards to be developed across systems and provider collaboratives and not by individual institutions.

In the short-term, the latest plan for supporting Urgent and Emergency Care Recovery³ set out an ambition to roll out 10,000 Virtual Ward ‘beds’ by the end of September 2023 with a target of maintaining an average occupancy of 80 percent over winter to help speed up recovery, reduce waiting lists and free up hospital beds for those who need them most.

² GIRFT: Get It Right First Time

³ Delivery plan for recovering urgent and emergency care services, NHS England, January 2023

The longer-term ambition, outlined in the 2022/23 priorities and operational guidance⁴ is for each ICB to deliver a capacity of up to 40 to 50 Virtual Ward ‘beds’ per 100,000 registered GP population – a total of 24,000 beds able to manage the acute care for up to 16,000 patients in these ‘beds’ at any one time by the end of 2023/24.

Funding of £200m was made available from the Service Development Fund in 2022/23 with a further contribution of £250m, on a matched-funded basis, available in 2023/24 to support the development of Virtual Wards. But there is no recurrent funding. ICBs will need to ensure future funding, for sustaining the infrastructure already created, and as further expansion and uptake, is built into their financial plans.

5. Where are we now?

The NHS England Virtual Ward programme is well underway with different systems at different levels of maturity. Responsibility and funding for developing the infrastructure sits with the ICBs. Progress is reported to NHS England via monthly Virtual Ward SitRep data submissions. Analysis of this data provides a helpful picture of the progress made in developing and embedding Virtual Ward capacity at national, regional, and local level.

“Significant work is needed to almost double the capacity to achieve the ambition of 40 to 50 virtual beds per 100k population”

Analysis of the latest data shows that, as at the end of November 2023, there were 11,231 Virtual Wards ‘beds’ available, an average of 21.9 per 100k population. A total of 7,886 patients across England were being cared for in these Virtual Ward beds at the end of November, with an average bed occupancy of 70 per cent across England.

Table 2. Virtual Ward Capacity – By NHS England Region

Region	July 2023		November 2023		% Increase
	Virtual Ward Beds	Beds Per 100k GP population	Virtual Ward Beds	Beds Per 100k GP population	
North West	1,287	20.2	1,485	23.3	15.4%
North East & Yorkshire	1,039	13.8	1,228	16.3	18.2%
Midlands	2,031	21.1	2,246	23.4	10.6%
East of England	1,238	21.1	1,538	26.2	24.2%
London	1,707	19.0	1,882	20.9	10.3%
South East	1,624	20.4	1,781	22.3	9.7%
South West	787	15.5	1,071	21.2	36.1%
ENGLAND	9,713	18.9	11,231	21.9	15.6%

Source: Virtual Ward SitRep data submission, NHS Digital

⁴ Enablers for Success: Virtual Wards including hospital at home, NHS England, Version 1, 25 April 2022

Between July and November 2023, there was a **16 per cent increase** in Virtual Ward capacity from 9,713 beds (equivalent to 18.9 beds per 100,000) to 11,231 beds (21.9 per 100,000). Although the short-term target of 10,000 Virtual Ward beds has been achieved, which is good news, **much more work and investment is needed to almost double the capacity nationally and achieve the stated ambition of 40 to 50 virtual beds per 100,000.**

The best performing area for Virtual Ward capacity is East of England, where HomeLink Healthcare set up the first Virtual Ward and continue to provide extensive Hospital at Home services

Table 2 shows that the development of Virtual Ward capacity varies widely across the country. The two best-performing regions - East of England (26.2 beds per 100k) and Midlands (23.4 per 100k) – are well above the national average of 21.1 beds per 100k). Two other regions - North East & Yorkshire (13.8 per 100k) and South West (15.5 beds per 100k) – significantly lag other regions, suggesting even more substantial efforts will be needed in these regions if the NHS England targets are to be achieved.

More detailed analysis at ICB level⁵ shows an even wider variation across the country between individual ICBs, ranging from a low of 8.4 beds per 100k in NHS Sussex ICB to a high of 50.5 beds per 100k in NHS Northamptonshire ICB. This highlights the wide variation in maturity of development of different systems.

And, as at the end of November 2023, **only four ICBs achieved the target of 40 to 50 beds:** NHS Northamptonshire ICB, NHS Black Country ICB, NHS Bedfordshire, Luton & Milton Keynes ICB and NHS Shropshire, Telford, and Wrekin ICB. Half of all ICBs have yet to achieve a Virtual Ward bed capacity of 20 beds per 100,000.

Table 3: Virtual Ward Beds per 100k GP pop'n – No. of ICBs by Bed Range, Nov 2023

Beds Per 100k GP population	No. of ICBs	% of ICBs
40+	4	9.5%
30 to 40	3	7.1%
20 to 30	14	33.3%
10 to 20	20	47.6%
< 10	1	2.4%
Total ICBs	42	

Source: Virtual Ward Sitrep data submission, NHS Digital

But simply creating capacity will not help ease operational pressures or improve patient flow across the system. The Virtual Ward capacity that has been created needs to be used and fully embedded and integrated into end-to-end patient pathways.

Analysis of the latest data on Virtual Ward bed occupancy shows average occupancy increased from **64.1% in July 2023 to 70.2% in November 2023**. This is below the target occupancy of 80% set out in the winter resilience plan, but an improvement.

⁵ Appendix 1: Virtual Ward Sit Rep Analysis, July 2023, November 2023

Again, there is wide variation between regions with two regions - South East (89.8%) and East of England (87%) - having an average occupancy well above 80% and two others having an average occupancy below 55% occupancy - North East & Yorkshire (49.8%) and North West (53.1%).

Table 4. Virtual Ward Uptake – Patients and Virtual Ward Occupancy

Region	July 2023		November 2023		% Change
	Patients in Virtual Ward	Virtual Ward Bed Occupancy	Patients in Virtual Ward	Virtual Ward Bed Occupancy	
North West	591	45.9%	788	53.1%	7.2%
North East & Yorkshire	516	49.7%	612	49.8%	0.1%
Midlands	1,271	62.6%	1,782	79.3%	16.7%
East of England	981	79.2%	1,338	87.0%	7.8%
London	1,058	62.0%	1,153	61.3%	(0.7%)
South East	1,232	75.9%	1,599	89.8%	13.9%
South West	578	73.4%	614	57.3%	(16.1%)
ENGLAND	6,227	64.1%	7,886	70.2%	5.9%
NHSE Target		80%		80%	

Source: Virtual Ward Sitrep data submission, NHS Digital

Three in five ICBs have significant work to do in increasing referrals to and utilisation of the virtual ward capacity that has been created.

And, as with capacity, the variation in bed occupancy is even more apparent at individual ICB⁶ level, where it ranges from a low of 31.3% in NHS Gloucestershire ICB to a high of 100% in NHS Herefordshire & Worcestershire ICB and NHS Kent and Medway ICB.

Overall two in five (43%) ICBs achieved the winter resilience target of 80%+ occupancy. However, as can be seen in **Table 5**, three in five have significant work to do in increasing referrals to and utilisation of the Virtual Ward capacity that has been created.

Table 5: Virtual Ward Bed Occupancy - No of ICBs by Occupancy Range, Nov 2023

Average Bed Occupancy	No. of ICBs	% of ICBs
80%+	18	42.9%
Seventy percent to 80%	6	14.3%
60% to 70%	6	14.3%
50% to 60%	6	14.3%
< 50%	6	14.3%
Total ICBs	42	

Source: Virtual Ward Sitrep data submission, NHS Digital

6. Case Study: HomeLink Healthcare - NHS Norfolk & Waveney ICB⁷

HomeLink Healthcare ('HomeLink'), an independent clinician-led organisation, has been a specialist provider of safe, high-quality Hospital at Home services since 2016 and Virtual Ward services since 2019. HomeLink currently works closely in collaboration with NHS partner organisations in four of the seven NHS England regions.

One of these regions is the East of England, which as stated earlier is the best-performing area in terms of Virtual Ward capacity with 26.2 beds per 100k population. HomeLink has been working across Norfolk and Waveney ICS, which covers a largely rural area, and with the local NHS acute provider organisations since 2019 to respond to exceptional capacity challenges.

The widely dispersed local population and long travel times creates challenges in providing consistent and equitable access to community and home-based care across the ICS. The relatively isolated location makes it hard to attract and retain enough community nurses, physiotherapists, and healthcare assistants to deliver Virtual Wards, and, in common with many systems, it faced a longstanding acute capacity 'gap' that became more severe in 2020.

The partnership with HomeLink began at Norfolk and Norwich University Hospital (NNUH) and expanded to include James Paget University Hospital, the Queen Elizabeth Hospital King's Lynn and Norfolk & Waveney ICB.

A Virtual Ward was developed at NNUH in 2019 and the findings used to inform and improve subsequent developments and to share learnings and benefits across the ICB.

Today, Hospital at Home services are delivered through multiple pathways - Virtual Wards, Reablement, Early Supported Discharge and Discharge to Assess – which are playing a key role in helping Norfolk & Waveney ICB to increase hospital capacity, improve patient flow, reduce delayed discharges, and deliver great patient outcomes.

Key achievements of this partnership include:

- The partnership has saved 45,000 bed days (January 2019 to April 2023).
- Services were delivered at 45% of the inpatient cost ⁸.
- 17% improvement in self-reported clinical outcome measures (EQ-5D-5L January 2019 to February 2023).
- Today the service frees up the equivalent of two hospital wards every day (*56 hospital beds).
- 99+% of patients would highly recommend HomeLink (patients scoring 8+ out of 10).
- The partnership was short-listed for an HSJ partnership award in 2023.



To download the case study and see a video, created by NHS England which features HomeLink Healthcare delivering Virtual Ward services to patients within Norfolk and Waveney ICS, please visit:
<https://homelinkhealthcare.co.uk/virtual-wards/>

⁷ HomeLink Healthcare: Case Study Norfolk & Waveney [add link]

⁸ James Paget University Hospital, January 2021 to August 2022

7. Conclusion:

Virtual Wards are and will continue to be an important part of the solution to addressing the operational pressures facing the NHS and to building resilience into local systems.

Although considerable progress has been made in developing Virtual Ward capacity over the past 18 months and the short-term target of 10,000 Virtual Ward beds has been met, there remains a significant 'gap' between 'where we are now' and 'where we want to be' nationally, regionally, and locally.

“To be truly impactful on both patients’ quality of care and NHS productivity, it must be recognised that there is a severe workforce and skills shortage in the NHS which is impacting on systems’ ability to fully develop, deliver and scale the full ambition of Virtual Wards”

NHS Confederation

Most ICBs will need to invest significant time and effort into developing and expanding their local Virtual Ward programmes if they are to achieve NHS England’s ambitions of 40 to 50 Virtual Ward ‘beds’ per 100,000 population and target occupancy of 80% and fully deliver the benefits of Virtual Wards locally for patients, carers, staff and the system.

“Virtual Wards represent a significant change to the way that the NHS delivers care in the community and will require joined up working across the health and care system. Given the scale of the challenge, access to sufficient funding and support will be essential to ensure that the benefits of Virtual Wards are delivered for patients.”

Chris Hopson, Chief Strategy Officer, NHS England

Access to sufficient and sustainable funding; attracting, developing, and retaining a skilled workforce; collaborative joined-up working between partners from across the health and care system, including independent sector specialist providers such as HomeLink Healthcare; will be all be essential to ensure these ambitions are achieved and the benefits delivered.

About the author

Tracey Barr is a highly regarded independent strategy consultant specialising in healthcare and digital with over 30 years' experience. She provides consultancy and coaching support to clients to help them develop, grow, improve and exit their businesses.

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About HomeLink Healthcare

HomeLink Healthcare is a clinician-led, specialist Hospital at Home service provider. They have been delivering safe, high-quality services to patients in the place they call home since 2016.

By working in partnership with hospitals, ICBs, consultants, local authorities, community providers and GPs to provide 'out of hospital' care they prevent some people being admitted to hospital and enable others to come home more quickly.

Occupancy in HomeLink Virtual Wards is 97%

They provide Hospital at Home services through a number of pathways: Virtual Wards, Early Supported Discharge, Discharge to Assess, Intermediate Care at Home, Reablement, Rehabilitation, Admission Avoidance, and Bridging Packages of Care. They support patients with acute respiratory infection, frailty, surgical recovery, post-stroke care and heart failure amongst other conditions.

HomeLink Healthcare is a named supplier on the NHS SBS Patient Discharge and Mental Health Step Down Beds Services Framework Agreement. By using the framework, organisations can contract with them directly and they can get a new service up and running in around 12 weeks.

For more information visit www.homelinkhealthcare.co.uk

Get in touch

Get in touch to find out more about our Hospital at Home services and how we can help you.

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www.homelinkhealthcare.co.uk