

JUNE 2014

EAST LONDON NHS FOUNDATION TRUST THINK BRIGHTER: VIRTUAL WARDS

What is a virtual ward?

A Virtual Ward Team is a multidisciplinary team made up of GPs, Community Matrons, Allied Health Professionals, District Nurses, Community Psychiatric Nurses, Social Workers, Ward Clerks, with weekly geriatrician input. They also have access to specialists e.g. physiotherapists, tissue viability etc.

East London NHS Foundation Trust have set up four Virtual Wards within four locality based Extended Primary Care teams working in alignment with GP practices across Newham, East London.

The aims of the Virtual Ward are:

- To provide integrated care for mental and physical health
- To avoid unnecessary hospital admissions
- To enable people to come home from hospital earlier to enhanced support at home including Telehealth- electronic sensors or equipment that monitor people's health in their own home e.g. equipment to monitor vital signs such as blood pressure, blood oxygen levels or weight
- To provide End of Life care to individuals who want to stay in their own home, and support their families and carers during this time
- To improve the management of symptoms associated with long term conditions, stabilise and prevent recurrent crisis to enable individuals to get more out of life by self-caring.

What did this mean for the workforce?

The workforce needed to change the way they were previously working and start working in multidisciplinary teams, made up of a variety of different professions. These teams had regular meetings to discuss the virtual ward patients and their needs. Being part of a multidisciplinary team instead of working in silos had many advantages:

- Staff now know what different roles can do. This breaks down barriers between professions and ensures care is fully patient-centred. Thinking in terms of different roles and more joined up care enables all of the team to have a better understanding of their patients.
- Bringing all staff together in one team solved the problems of people only delivering care that their role allowed. For example, if a nurse was in a patient's home and the patient presented with a mobility problem, the nurse would be able to link up effectively with a physiotherapist to ensure the patient was helped quickly, instead of focusing only on their own job role.
- Linking up physical and mental health care also contributed towards better patient care. There is a high proportion of dementia patients who need specialist input and teams can ensure that both physical and mental health needs for these patients are met. In addition to this, the teams treat lots of COPD patients. Input from a CPN is vital as many present with anxiety. Joined up care means patients are treated more effectively and more holistically.

“(We) both felt that staff benefitted from having access to the experience of each other in the team. They had good links to other services achieving a swift referral to a day centre as well as an equally swift recommendation for the provision of a folding wheel chair.”

Challenges faced

We asked Dr. Kate Corlett who works on the delivery of Virtual Wards what challenges she faced as a manager. Was it easy to get staff on board or was there a lot of resistance? How did she engage with all of the staff who had to change their way of working?

“There was some resistance at the start but it was mainly apprehension- as people started to work in multidisciplinary teams, they realised they enjoyed working in this way as it provided better patient care. The staff became more positive over time as they saw the benefits. It was fairly easy to get the staff on board initially, despite the initial apprehension, as there were already huge changes happening within the Trust following the abolition of PCTs – the old PCT management moved to sit within our Trust managing the virtual wards. Each manager held meetings with their team to talk through any concerns and explain the new way of working. There are still challenges around recruiting enough high quality nurses for the role of community matron within the teams. So far we have managed to overcome this by increasing the expertise of Band 6-7 district nurses so that they can step into the role of matron.

It can sometimes be hard to get acute staff to refer people into the wards; there is a small in-reach team who help to facilitate pulling people out of hospital and into the virtual wards. More clinical trust between the virtual ward team and acute Trust consultants is needed- but this will come over

time as the virtual wards continue to demonstrate their success.

And finally, there is also the age-old problem of IT! Not all the IT systems link together so we were finding that team members had to update the main record and then duplicate it onto the hand held record. This needs investing in so records can be shared across the team more easily and efficiently. Boards need to invest in getting the IT right.”

Facts and Figures

- The service treats over 1000 patients per year
- 86% of patients do not go on to acute admission
- In 2013/14, 500 patients benefited from simple Telehealth and 700 from home-based Telehealth

Top Tips for Service Change

The staff at ELFT have offered five top tips for other services thinking of implementing system change.

1. Don't give up! All have to believe in the model including those in senior positions so take time convincing them.
2. Remember to collect data- ours showed that over 1000 patients had a good experience. This is vital for proving the benefits of your service.
3. Focus on patient experience- clinicians need to listen to patient feedback.
4. Be open minded- recognise the need to change direction.
5. Make sure IT is right!



Read more about how it works in their [leaflet for patients](#)

Contact us

NHS Employers
2 Brewery Wharf
Kendell Street
Leeds LS10 1JR
Published May 2014
© NHS Employers 2014.
Ref:

www.nhsemployers.org
enquiries@nhsemployers.org

 @nhsemployers

 NHS Employers

 www.youtube.com/nhsemployers