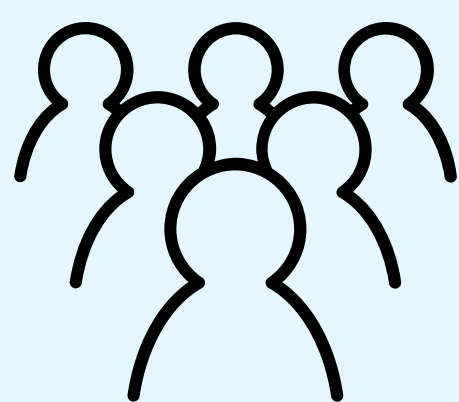


From innovation to inclusion

Examining Accessibility of Virtual Wards in Lancashire

Summary report, April 2024



At a glance

Virtual wards (also known as 'Hospital at Home') have expanded rapidly since becoming a priority for NHS England in 2022. These services allow patients with acute conditions to receive hospital-level care in their own homes - including care homes - who would otherwise be in hospital as an inpatient. NHS England

hopes that virtual wards will help lower healthcare costs, ease pressure on hospitals by preventing unnecessary inpatient referrals, and improve patient outcomes by delivering high-quality, personalised care in a familiar setting.

However, as with any new and expanding healthcare service, there is a risk that virtual wards could introduce unforeseen health inequalities and barriers to access. Therefore, between September and December 2024 Healthwatch Lancashire conducted a study to examine accessibility in virtual wards in Lancashire. The study involved engaging with NHS trusts delivering virtual ward services in the region, the Lancashire and South Cumbria Integrated Care Board, and members of the public. Our aim was to identify barriers to inclusive care, evaluate efforts to address them, and assess public perceptions and understanding of virtual wards.



[Read our full report here](#)



What is a virtual ward?

In 2022, NHS England announced a plan to offer more healthcare services outside of hospitals. This was in response to growing pressure on services, such as long waiting lists and a lack of hospital beds. One of the main ways they did this was by committing to the expansion of virtual wards across the country.

Virtual wards allow people with serious and sudden acute conditions to receive hospital-level care in their own homes. Instead of staying in a hospital, patients are given basic medical devices to take vital readings (e.g. pulse, blood pressure), which they send each day to healthcare professionals who monitor the information remotely. Health professionals consult with patients via phone or video call, and can visit patients at home if needed.

The number of virtual ward 'beds' in England has grown quickly, from about 4,500 in mid-2022 to around 12,700 by the end of 2024. There are currently 373 virtual ward beds in Lancashire. This equates to 20.1 beds per 100,000 people, a figure which aligns with the national average.

At first, NHS England asked local Integrated Care Boards to focus on setting up virtual wards for people with frailty and for those with acute respiratory infections. However, many NHS trusts have gone further, creating new virtual ward services for things like heart failure or end-of-life care. Some are even developing more general services so they can treat people with a wider range of conditions.



Our key findings

After speaking to stakeholders and healthcare professionals involved in virtual wards across Lancashire, and members of the public, we found that:

- There is generally good awareness of barriers to access to virtual wards among sector leads, but more remains to be done to ensure equitable access.
- People are commonly overlooked for referral into virtual wards because the service is not yet fully embedded and understood in the primary and secondary care sectors.
- Public awareness and understanding of virtual wards is poor, limiting their engagement with the service.
- Most people find the term 'virtual ward' confusing.
- Referral pathways into virtual wards remains generally too narrow and exclusive.
- There is a lack of standardisation across virtual wards which can create inconsistencies in access.
- There is an underrepresentation of ethnic minority people in virtual wards.
- Funding challenges prevent some of the necessary expansion of virtual wards.

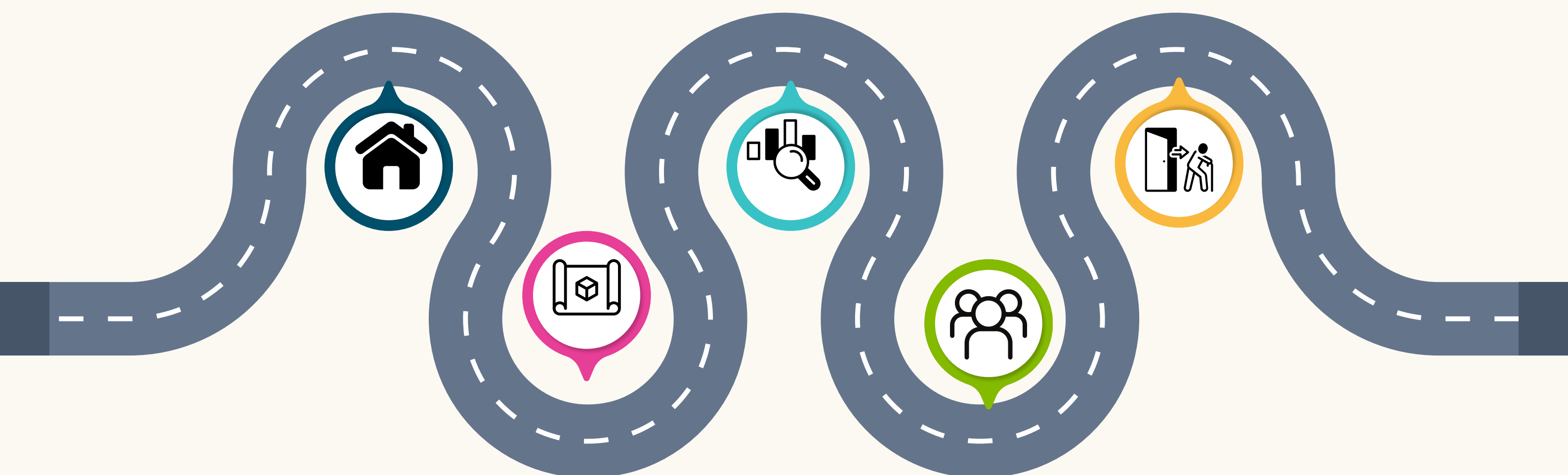
VIRTUAL WARDS ROADMAP

FROM ASSESSMENT TO DISCHARGE

1 Patient is assessed to determine whether they are suitable for virtual ward care.

3 Patient receives remotely monitored care at home. Clinicians check-in daily by phone or video call.

5 Patient is discharged and an ongoing care plan is returned to their GP and community care providers.



2 A personal care plan is developed for the patient. If remote monitoring equipment is necessary, the patient will be instructed on how to use it.

4 When clinicians are satisfied that the patient no longer needs virtual ward care, they are readied for discharge.