

## **CASE STUDY – VIRTUAL WARDS.**

Central and North West London NHS Foundation Trust (CNWL) has been using Virtual Wards since December 2022 to provide support to residents in Milton Keynes and further afield. Provided by Milton Keynes Community Health Services, in partnership with Milton Keynes University Hospital, the Virtual Wards provide residents with the level of safe and effective care that they need – predominantly from the comfort of their usual place of residence, rather than the hospital.

CNWL currently have a total of 75 Virtual Ward ‘beds’ where they support residents whose conditions can be managed remotely, allowing the trust to reduce the demand for physical hospital beds and use their resources more effectively.

Care and support for the Virtual Ward is provided through a hybrid model of technology and face-to-face care. The cutting-edge technology uses state-of-the-art equipment, such as video consultations and remote monitoring, to provide personalised support to residents – allowing them to live independently for as long as possible. This is achieved through early discharge for those who no longer need regular intervals of physical care, but also, by completely avoiding the need for hospital admission in some cases. This allows urgent admissions to be prioritised for physical beds, which in turn helps reduce waiting times and reduce pressure on already stretched healthcare resources.

Virtual Wards use remote monitoring to observe patients’ conditions, through systems such as *Doccla*, *Whzan* or the support of carers undertaking observations and reporting into the Virtual Ward clinical team. This technology provides an end-to-end service, allowing Virtual Ward teams or carers to monitor patients’ oxygen levels, blood pressure, heart rate and temperature remotely. These key diagnostics are then compiled into a health dashboard where clinicians can continually monitor a patient’s wellbeing without the need for physical appointments. They can easily support patients if they detect any deterioration or anomalies in monitoring data.

Patients and carers can easily contact the Virtual Ward team with any concerns or if they need extra advice from the team. The Virtual Ward also has oversight from a consultant geriatrician from the hospital. A multi-disciplinary team meeting is held twice a week to discuss the care of individual patients, with escalation being available as required.

### **Beryl’s story.**

Beryl, from Milton Keynes, has seen the benefits of Virtual Wards first-hand.

Her husband Nigel was initially seen by the Urgent Community Response team for symptoms of a urinary tract infection (UTI). While being reviewed, the team noted that Nigel was presenting with further symptoms such as shortness of breath, wheeze and weight gain. Nigel’s bloods were taken and reviewed by the Urgent Care Centre (UCC), and he was started on diuretics. Nigel was referred to the Virtual Ward to monitor his kidney function – enabling him to be observed closely in the comfort of his own home while his diuretic regime was being titrated.

Prior to being admitted to the Virtual Ward, Nigel was required to attend a wide array of face-to-face appointments which proved difficult due to his deteriorating mobility. Beryl claimed the remote monitoring provided by the Virtual Ward offered the perfect solution, allowing her to take Nigel’s readings conveniently in their own home – saving them both valuable time and effort while ensuring that Nigel remained as comfortable as possible.

Beryl was tasked with undertaking Nigel's daily observations using *Doccla's* end-to-end remote monitoring system. She was asked to take key diagnostic measures including Nigel's temperature, blood pressure, oxygen levels, pulse rate and his weight, and input this data into a digital healthcare dashboard. Beryl received a wealth of informative and interactive onboarding support for the technology she was required to use, which included a smartphone device to log all of Nigel's observations. The smartphone was powered by its own data plan, as opposed to Wi-Fi, to ensure the technology remained accessible to all users regardless of their current technology infrastructure. Once inputted into the digital system, Nigel's data was then sent electronically to be monitored and reviewed by the Virtual Ward team.

Praising the system for being easy to use, Beryl also added that the Virtual Ward provided her with invaluable reassurance for looking after Nigel. While she was initially apprehensive about the concept of using remote-monitoring technology, she said the software was extremely user friendly and gave her peace of mind that Nigel was receiving the best possible care. She added:

*"It's a daunting feeling being tasked to look after someone, especially alone. I found it really comforting knowing there was always someone to talk to, and there was always someone looking after Nigel."*

*"If there was anything I didn't understand with the technology, I had a point of call to help me. Likewise, if I had a concern about Nigel's health, I knew there was always someone at the end of the phone monitoring his condition who had access to his daily observations. You can cope so much better knowing there's someone there."*