NHS
Lancashire and South Cumbria
Integrated Care Board

# Lancashire County Council
# Health and Adult Services Scrutiny Committee

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| **Date of meeting** | 8th May 2024 |
| **Title of paper** | Virtual Ward Update |
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| **Agenda item** | |
| **Confidential** | No |

| **Purpose of the paper** |
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| Following previous presentations to the county council's Health and Adult Services Scrutiny Committee, most recently on 12th July 2023, this paper will outline the current position of virtual ward service delivery in Lancashire and South Cumbria and focus on capacity and demand, as requested by members of the committee. |
| **Executive summary** |
| The virtual ward programme across Lancashire and South Cumbria is still developing. 409 beds are available across 17 virtual wards which is above the national average of capacity available. Action plans are in place to increase the utilisation of this capacity which include raising awareness, cultural change and a review of the service model. Integrated Care Board (ICB) oversight remains through a system wide programme group who share and learn together. The development of virtual wards remains a priority for the ICB with an intention to commission 425 virtual wards beds across our system from April 2024 whilst improving delivery to maximise utilisation, which is the number one priority for the programme and needs to be achieved before there is any further expansion of capacity. |

# Virtual Ward Update- April 2024

## 1. Introduction

1.1 What is a virtual ward?

- A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology.
- Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home.
- This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital.

1.2 In 2022/23 the NHS priorities and operational planning guidance asked systems to deliver virtual ward capacity equivalent to 40-50 virtual ward 'beds' per 100k population aged 16+ by December 2023.

1.3 The *delivery plan for recovering urgent and emergency care (UEC)* was published in January 2023, this asked for expansion of new services in the community. In July 2023, virtual wards were identified as one of the 10 High Impact Interventions that would support emergency departments and ambulance services to achieve national ambitions. Integrated Care Systems were asked to standardise and improve care across all virtual ward services to prevent admission to hospital and improve discharge.

1.4 The ICB took the ambitious decision to aim for 746 virtual ward beds by March 2024, the top end of the national expectation. The ICB wrote to Acute Trusts outlining that resources would be allocated on a fair-shares basis, and detailing the bed trajectory expectation. However, during 2023/24, it became clear that providing 746 virtual ward beds was unrealistic and there would not be the demand currently for this level of provision.

1.5 In March 2024, NHS England published the 2024/25 priorities and operational planning guidance, which asks systems to improve access to virtual wards by ensuring utilisation is consistently above 80%. The ICB's 2024/25 commissioning intentions for virtual wards, which were drafted prior to the publication of this guidance, focus on maximising utilisation of existing capacity.

1.6 This paper will outline the current position of virtual ward service delivery across Lancashire and South Cumbria (L&SC) and detail the current challenges and opportunities in relation to capacity, utilisation, and the service model.

## 2. Capacity and Utilisation

2.1 Virtual wards are available across all places in L&SC. As of 15th April 2024, there were 409 beds available across 17 wards. From December 2022 – March 20224, 19,525 patients were admitted to our virtual wards. Please see appendix A

2.2 L&SC have the 13th highest capacity available of the 42 ICBs in England, with 26.6 beds per 100k population. Only two ICBs have achieved the national minimum capacity expectation of 40 beds and only one has achieved 50 beds per 100k population.

2.3 Utilisation varies from place to place and across ward types, for example demand for respiratory virtual wards is higher over winter than summer. Nationally utilisation ranges from 38-100%. The average utilisation across L&SC is shown below and should be considered in the context of a higher than average capacity:

| November 2023 | December 2023 | January 2024 | February 2024 | March 2024 |
|---|---|---|---|---|
| 59.4% | 57.0% | 61.7% | 56.8% | 55.0% |

## 3. Monitoring and Assurance

3.1 The ICB implemented a programme management approach to the development of virtual wards which continues. Providers support each other through challenges and the ICB encourages consistency as the services develop. The ICB regularly assesses the maturity of services through a locally developed matrix and a national 10 High Impact Interventions self-assessment.

3.2 The programme team has developed local reporting to enable visibility of the capacity and utilisation twice a week. This is shared with the ICB's System Control Centre to enable a rounded conversation with acute trusts about demand and capacity. More detailed data is submitted bi-weekly and a North West dashboard allows for comparison against peers on multiple levels.

3.3 Patient experience is evaluated through a number of methods, and a comprehensive patient experience evaluation report is in development collating providers quantitative and qualitative data together.

3.4 Virtual wards were established on an 'invest to save' basis with national guidance and tools suggesting that they will reduce the demands and pressures placed on hospitals. We are trying to evaluate a service whilst it is expanding and still in its relative infancy. We are in an environment where the demand and pressures on our hospitals is growing and demonstrating the impact of virtual wards as a direct correlation is difficult to do. Data is available which demonstrates the levels of service being delivered but doesn't robustly evidence cash-releasing/tangible benefits from the acute trusts to redirect into community provision.

## 4. Service Model

4.1 Virtual wards do not operate in isolation across L&SC, they are integrated with the established acute and community service provision. They support a range of admission avoidance initiatives such as the community 2-hour Urgent Community Response. Because of this, virtual wards have developed at difference paces. The agreed L&SC clinical model has been previously shared.

4.2 Currently, there is a variation in the operational models as providers started from different baselines and encouraged enthusiastic clinicians to take a lead. However, pathway specific models, which accept limited conditions such as Frailty, Respiratory or Palliative Care, can be restrictive. Throughout 2024/25 we will work towards generalist models who can accept a range of clinical conditions and patients which should increase utilisation.

4.3 The implementation of virtual wards is a significant culture shift for both acute and community colleagues, developing new ways of working and testing pathways takes time, but it allows for confidence to grow and success to be shared which encourages more interest and enthusiasm. A monthly Clinical Reference Group commenced in October 2023 led by ICB Clinical Leads to support implementation.

4.4 Nationally there are multiple models of virtual ward delivery. The L&SC model is mostly face to face provision. Implementing the remote monitoring technology and digital platform has been a challenge for a number of reasons, including the lack of clinical appetite, difficulty in identifying suitable patients who would otherwise need to be in hospital, a lack of existing digital provision to align with service delivery, and service user willingness. For example, an elderly, acutely unwell patient is not always in the right mind-frame to learn about an app and can be cautious of taking their own physical observations. This will take longer to embed and we are learning from other systems as to how this is successful through a range of ‘Communities of Practice’.

## 5. Next Steps

5.1 The development of virtual wards remains a priority for the ICB to support UEC recovery and as a genuine alternative in-hospital care. As such, for 2024/25 the ICB intends to:

- Ensure we target virtual ward support to the highest level of need – either patients in hospital needing discharge of in the community needing support without being admitted to hospital.
- Commission capacity of 425 virtual wards beds across our system from 1 April 2024, and incrementally increase utilisation to 80% during 2024/25. Should the national 80% utilisation target be achieved over a sustained period, the ICB may seek to expand capacity further, equivalent to up to 40 beds per 100,000 population aged 16 or over (611 beds), by 31 March 2025.

- Ask providers to progress to a generalist service model in areas where this is not already in place, at the earliest opportunity, as opposed to continuing with pathway specific models which can restrict utilisation.
- Collaborate with providers to: review the current remote monitoring system and delivery model; explore how the flexing of capacity during periods of lower demand may be achieved; and place greater focus on clinical engagement and buy-in to enable culture change and the promotion of virtual wards.

## 6. Recommendations

6.1 The LCC Health and Adult Services Scrutiny Committee are asked to note the current position.

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# Virtual Ward Highlights

December 2022 - March 2024

**19,525** Total patients admitted to Virtual Wards

**409** Current Virtual Ward beds (26.6 per 100k of population)

**425** March 2024 Target

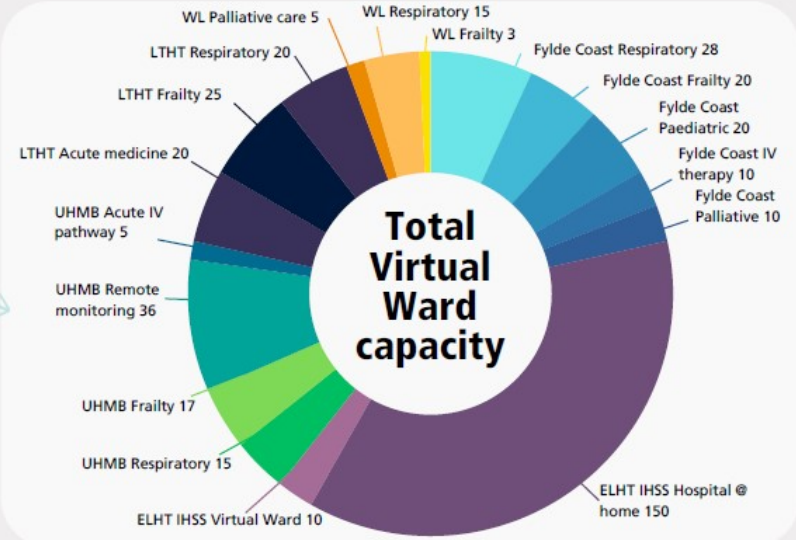
Patients discharged without further care (89%)

## Average bed occupancy

55.6%
(National average = 72.7%)

**4.57 days** Average time on Virtual Ward before discharge

Total bed days **66,203**




## Referrals

Step up (75%) | Step down (25%)

"Great service, feel supported, easy to contact if any concerns, always knowledgeable helpful and friendly.."

"The Virtual Ward works. I wholeheartedly agree with this kind of home care. It's the best thing that could have happened to us. I've got my wife back, and I can't thank them enough for that."

"Have to say I'm a fan of this service; for someone with anxiety it works really well for me plus takes some of the pressure off our nurses."

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