THIS. Institute The Healthcare Improvement Studies Institute

Research summary

Hospital at Home (virtual wards)

Understanding how they work for people living with frailty

Hospital at Home services (also known as frailty virtual wards) are rapidly growing in number. More and more people who are frail are being cared for in their own homes rather than in hospital. Researchers at The Healthcare Improvement Studies Institute (THIS Institute) set out to find out more about how these services work.

What did we do?

We carried out a study to understand how Hospital at Home services work in real-life settings. To guide this work, we first developed a "theory of change" for Hospital at Home services for people with frailty. This is like a roadmap that outlines what these services aim to achieve, why they are designed the way they are, and what the people involved expect to happen.

To create and refine the theory of change based on what happens in practice, we spoke with key people involved in designing, running, or supporting these services, and reviewed documents about how they are planned. We also worked with a patient and public involvement group, who provided valuable insights into what matters most to patients and carers using Hospital at Home services.

What did we find?

We interviewed 42 professionals who helped to design, run or support Hospital at Home services (frailty virtual wards). We found that the people we interviewed generally agreed on the overall goals of these services. These goals include:

- Avoid hospital stays, reducing risks like deconditioning and infections
- Provide tailored, person-centred care
- Free up hospital beds for those needing admission.

Those interviewed suggested Hospital at Home services could achieve these goals by providing patients with hospital-level care in their homes, which was tailored to their individual needs.

Differences between services

We also found that while Hospital at Home services share the same goals, their design and delivery can vary significantly.
Some of the key differences we found included:

Referral and admission criteria

Patients can be referred to hospital at home by a range of professionals – for example GPs, hospitals, ambulance services, or community teams. Some wards have strict criteria while others are more flexible, accepting people with a broader range of medical conditions.

Use of technology

Not all Hospital at Home services caring for people with frailty use remote monitoring technology, for a range of reasons. One of these is issues with the technology itself. In addition, healthcare professionals are not always agreed that remote monitoring is suitable for this patient group – and not all patients or their carers are keen either. When remote monitoring is used, it is often used in addition to face-to-face care, rather than instead of face-to-face care.

Staffing models

Staff teams running virtual wards are set up in different ways. For example, they can be staffed by a variety of professionals.
Some services may have dedicated teams, while others share staff with existing services like urgent community response teams.

Access to diagnostics

Access to point-of-care testing (testing near or at a patients' home) and other diagnostic tools can differ between different services. For example, some services might be able to use an Electrocardiogram (ECG) to check how someone's heart is functioning, other teams may not have this available.

Out-of-hours support

Patients on some wards may call dedicated lines for advice after hours, while others are directed to NHS 111 or emergency services.

Benefits and challenges of hospital at home services

In interviews, people working on Hospital at Home services suggested that there were benefits to these services, and they felt that it was often a good option for patients. Staff highlighted several positive aspects, including:

- Patient satisfaction: staff say that patients and carers often express high levels of satisfaction.

- Person-centred care: patients value being able to stay at home when they are unwell.

- More freedom for patients: patients had more choices over their meals and movements.

On the other hand, some common challenges that people experienced when setting up and running Hospital at Home services, included:

- View on best place of care: some healthcare staff view hospital care as safer, making them more hesitant to refer patients to Hospital at Home services or accept clinical responsibility for patients for Hospital at Home patients.

- Workforce issues: as is the case with all services across the NHS, staffing shortages and variability in the availability of specialist expertise were seen to limit service quality.

- Variability in resources: access to technology, diagnostics (e.g. point of care testing) and community services (e.g. community pharmacies, community-based healthcare teams) varies across different services, affecting care consistency across the country.

- Carer involvement: carers, family or friends often take on additional responsibilities, which can be stressful.
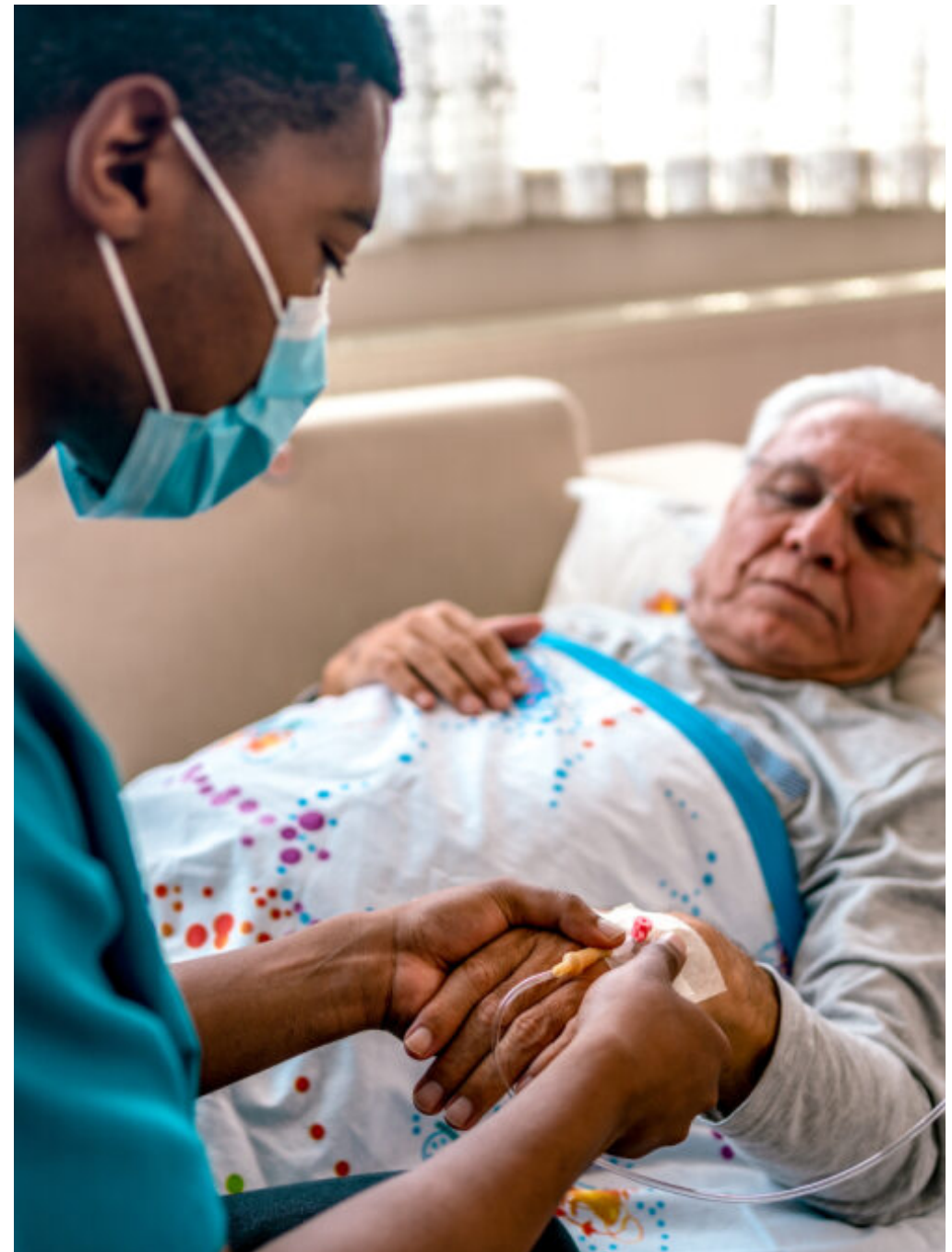
Understanding Hospital at Home services (frailty virtual wards)

Our patient and public involvement group emphasised several important factors that they felt were important when establishing Hospital at Home services, including:

- Clear and effective communication about how the services work
- Addressing concerns about the reliability of technology and availability of out-of-hours support
- Having a genuine choice between receiving care as part of Hospital at Home or in a hospital setting.

If you or someone you care for is admitted to one of these services, you may have similar concerns, and questions like these to help in understanding and making decisions:

- What happens if I choose to be in hospital instead of being care for at home?
- How will care be provided?
- What technologies, if any, are used?
- If remote monitoring is used, who is responsible for overseeing the remote monitoring?
- What to do if technology issues arise?
- What support is available after hours?
- How do I request changes in care plans or escalate concerns?
- What will happen if there is a change in medication while being cared for at home?
- What support is available for those who are caring for someone while they are being cared for at home? What can they do if they change their mind?

More information

We have created a range of resources that can help you to understand more about how Hospital at Home services (frailty virtual wards) work, and key considerations for services when implementing remote monitoring.

For further information, visit **ths.im/3AzkUkK**
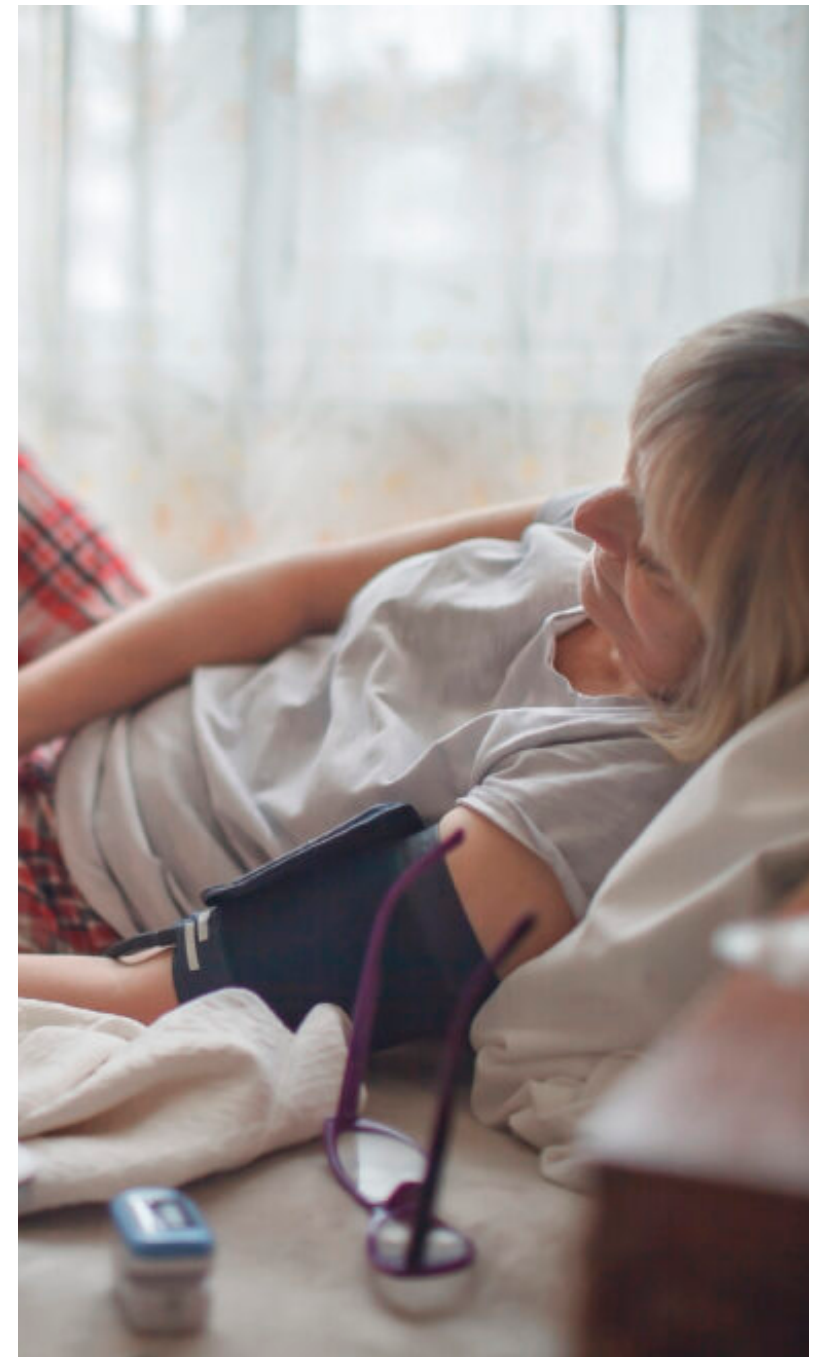
At THIS Institute (The Healthcare Improvement Studies Institute), we're boosting research activity to provide more clarity on what works in improving healthcare, what doesn't, and why.

Our highly inclusive approach combines academic rigour with the real concerns of patients and healthcare staff. We bring people together to understand problems, create shared visions, co-design solutions, and evaluate them.

THIS Institute is part of the University of Cambridge and made possible by the Health Foundation.

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