



— NIHR —
HOSPITAL AT HOME
AND VIRTUAL WARDS
CONFERENCE 2025 DAY 1:
ADULTS

23rd JUNE 2025



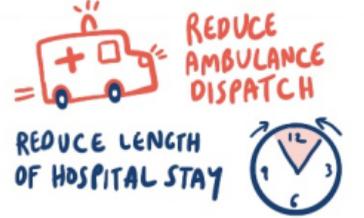
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NATIONAL EVALUATION OF HOSPITAL AT HOME

CHARLOTTE LYNCH



CHALLENGES

- VARIATION
- MATURITY OF SERVICES
- DATA AVAILABILITY
- BUSY PROVIDERS

RESEARCH PRIORITIES

- CHILDREN + YOUNG PEOPLE
- WHAT WORKS
- SYSTEM IMPACT
- ENABLERS
- HEALTH INEQUALITIES

MINIMUM DATASET (MDS)

- DAILY
- AUTOMATED
- PATIENT-LEVEL
- STANDARDISED
- ENHANCED PRIVACY
- FEDERATED PLATFORM

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MAHMODA BEGUM

PATIENT & CARER EXPERIENCES

24 INTERVIEWS WITH LEADS

8 WARDS ACTIVELY RECRUITING

WE SPOKE TO 56 PATIENTS
= 80 PARTICIPANTS
24 CARERS

PATIENTS APPRECIATED FLEXIBILITY PERSONALISED CARE TECHNOLOGY

PATIENTS DID NOT LIKE UNANNOUNCED VISITS COMMUNICATION GAPS SUDDEN DISCHARGE

IMPROVE COMMUNICATION
SUPPORT CARERS INVOLVE PATIENTS

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SUZANNE ABLARD

EVALUATING ADULT VIRTUAL WARDS

4 VIRTUAL WARDS FOCUS ON "STEPDOWN" CARE

MAINLY FACE TO FACE CARE

BUILDING RELATIONSHIPS BETWEEN HOSPITAL + COMMUNITY CARE IS ESSENTIAL

ONE PATIENT COULD = TWO HOSPITAL BEDS

DR JEN LEWIS

QUANTITATIVE ANALYSIS

ACQUISITION AND ANALYSIS

PITFALLS

ELIGIBILITY DELAYS
NON UNIQUE PATIENT IDs
INFORMAL DATA COLLECTION

GETTING OUR DUCKS IN A ROW



TEAM BUILDING LINKING PROVIDERS
DATA WISH LISTS PATIENCE
REGIONAL VARIATION WINTER PRESSURES



IMPLEMENTATION, SAFETY+ACCESS

CLINICAL UNCERTAINTY

MIXED METHODS APPROACH

GREATER MANCHESTER

UNI OF SOUTHAMPTON



COMPARING S.O.P.s STANDARD OPERATING PROCEDURES



CREATING A LOGIC MODEL

WORK PACKAGE 1: UNDERSTANDING IMPLEMENTATION

WORK PACKAGE 2: UNDERSTANDING EXPERIENCES

WORK PACKAGE 3: ASSESSING OUTCOMES

PATIENT AND SYSTEM LEVEL DATA

COMPLETE PICTURE OF PATIENT



SECURE DATA ENVIRONMENT



HAH = "ERROR PRONE" ENVIRONMENT?

F1 PIT STOP MODEL

TEAM-BASED DECISION MAKING



"THEY MIGHT NOT BE COPING HOW I'D WANT TO LIVE, BUT THEY'RE COPING HOW THEY WANT TO LIVE"

CONSTANT COMPONENTS



VARIABLE COMPONENTS



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NIFTY FOX

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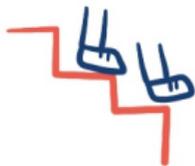
IMPLEMENTATION

ESTABLISHING A
STEP-DOWN
VIRTUAL WARD

NORMALISATION
PROCESS
THEORY

IMPROVEMENTS
EVIDENCE
BASE

NATIONAL
DIRECTION



AIM:
IDENTIFY
FACILITATORS &
CHALLENGES

1 LEADERSHIP
+ ORGANISATIONAL SUPPORT

2 STAFF ENGAGEMENT
+ CO-DESIGN

3 GOVERNANCE

4 PATIENT
UNDERSTANDING

5 INEQUALITY

COMMISSIONERS'
PERSPECTIVES

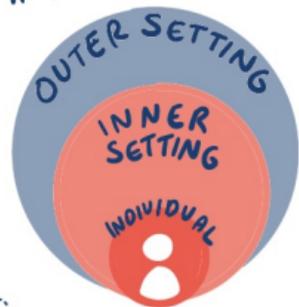
CONCERNS

- COSTS
- LIMITED EVIDENCE
- WORKFORCE SHORTAGE

FACILITATORS

- SHARED LEARNING
+ RELATIONSHIPS
- COLLABORATION

FRAMEWORK FOR
IMPLEMENTATION



CLINICIAN
BUY-IN IS
ESSENTIAL



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EXPERIENCES
OF PATIENTS
+ CARERS
RECEIVING HOME-
BASED ACUTE CARE

CLINICAL
BENEFITS
ARE SAME
AS INPATIENT CARE



? PATIENTS MISUNDERSTAND
STAFF ROLES ? ?
EG "DOCTOR" ≠ "GP"

2 ADMISSION
AVOIDANCE
SERVICES

INTERVIEWED:
4 PATIENTS
5 CARERS



MOSTLY POSITIVE
REPORTS ABOUT
HOSPITAL AT HOME



EPICENTRE
SWFT

WOULD YOU
RECOMMEND IT?



COMMUNICATION IS
KEY!



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FEEDBACK

FROM PARALLEL SESSIONS

KEY TAKEAWAYS

- STAFF BUY-IN 
- CONSIDER SUSTAINABILITY
- INTEGRATION 
- NEW = SKEPTICISM
- WHAT DOES THE FUTURE HOLD?
- COMMUNITY NURSING 



BARRIERS TO
SETTING UP
VIRTUAL WARDS

- MONEY 
- WORKFORCE
- INFRASTRUCTURE
- CONSULTANT BUY-IN
- CAPACITY 

THINK ABOUT CHILDREN:
MAKING VIRTUAL WARDS
SUITABLE SO THEY GROW
UP AS VW-AWARE
ADULTS



PROACTIVE CARE 
FOR PATIENTS WITH FRAILITY

10 YEAR PLAN
HOW DO
VIRTUAL
WARDS
FACTOR?

ASK MIDWIVES!
 **THEY'VE
DONE IT
FOREVER!**

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