



Palliative Virtual Ward Review

Independent review of St Rocco's Virtual Palliative Wards.

June 2024

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Disclaimer

This report relates to our findings. Our report does not represent the experiences of all people but only those who contributed at the time.

Background

The Warrington Palliative Virtual Ward pilot commenced in April 2022 and was the first national community Palliative Virtual Ward. This programme was aligned with NHS England’s national ambition for Integrated Care Systems to work towards the comprehensive development of virtual ward beds.

Why have Virtual Wards?

Palliative patients were being inappropriately admitted to acute settings, with long hospital admissions impacting upon patients’ last 90 days of life and time at home.

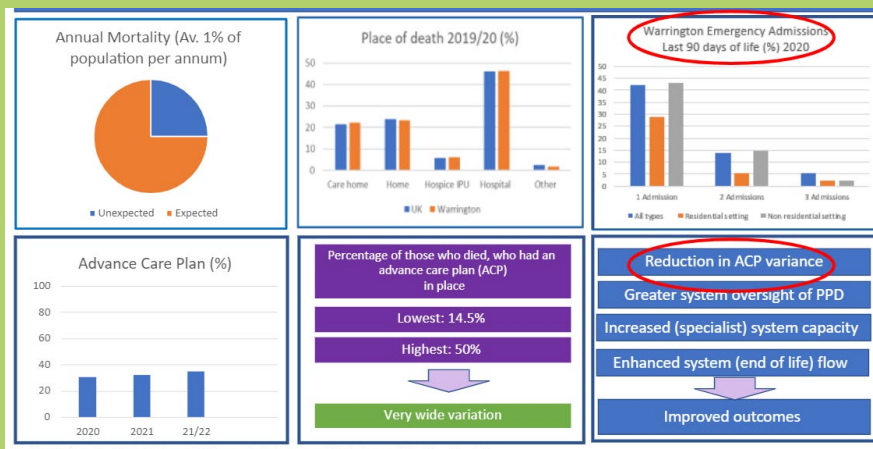
As part of the NHS long-term plan, people will get more control over their own health and personalised care when they need it. The St Rocco's Palliative virtual ward allows patients to spend their last days in the familiar comfort of their own homes while still getting medical help and support.

St Rocco’s saw a need for the service when reviewing Warrington’s End of Life Profile and found:

- Delays in palliative patient discharges from hospital
- Occasions when patients have been unable to be admitted into the St Rocco hospice’s inpatient unit
- Avoidable hospital admissions in the last days of life
- Delayed discharges from hospital in last days of life (Fast Track)
- A need to develop of Integrated Palliative Care Hub and future operating model for (Patient End of Life Care) PEOlC to develop a Palliative Virtual Ward to offer additional support to complex and other palliative patients, their carers and staff involved in their care.

The team at St Rocco’s Hospice in Warrington, Warrington and Halton Hospital and community teams worked with remote monitoring experts Docobo to develop a Palliative Virtual Ward (PVW)

Warrington’s End of Life Profile



<https://fingertips.nhs.uk/profile/end-of-life/departments/9/nc/1988132883/nc/46/par/199000026/at/1465/ana/1918000056/0/0/0> Public Health England

Timeline

- The **Warrington Integrated Palliative Care Hub (WIPCH) launched in March 2020** as a test concept and became an integral part of service delivery
- Service review indicated the next phase would be developing a Palliative Virtual Ward (PVW) offering additional support to complex and other palliative patients at home and preventing hospital admission.
- Following a review of experience and learning, an NHSX bid was submitted to develop a 10-bedded PVW match funded by SRH, offering additional support through a 14-day plan of care.
- This was the **first National Community Palliative Virtual Ward**.
- **PVW 12-month pilot 2022-2023 Nurse Led**
- **Shared model** across ICB – North West and Nationally
- Further **funding 2023/24** – development of Integrated Medical Model
- Model **adopted by other ICB's** – Queenscourt (Southport)



What are the Benefits?

- Early supported discharge- WHHFT and SRH
- Admission avoidance
- Specialist palliative care escalation within a community setting (home first)
- Personalised person-centred care
- Preferred priority of death
- Inclusion of patients living with palliative diagnosis in virtual ward offer
- Financial sustainability of specialist advice from hospice setting (remodelled nursing/medical support to expand 10 IPU beds)





Benefits of Virtual Wards



Consultant in Palliative Care from Warrington Hospital said:



Changes in symptom management plans can be promptly evaluated and changed as symptoms evolve, which can help bridge the gaps between palliative medicine outpatient appointments. Patients' and families' preferences are more likely to be met, and they are more involved in plans for their care. We can better triage who would most benefit from previous hospice beds and bring people in when needed in a timely fashion. We are more likely to be able to support the patient in staying at home and reduce the need for them to come into the hospice or the hospital.



A patient who has used the Virtual Ward said:

The provision of the system allowed real time events to be uploaded, when read in conjunction with the daily question set, provided a full real time overview of my condition. The daily follow up call by the team enabled me to discuss any further concerns and receive appropriate guidance as required. Overall this also assisted with my anxiety.





Challenges

As with anything the virtual ward faced some challenges these were identified as:

- Short lead time for development PVW (24-month learning and development as part of lead time)
- System pressures impact upon 'wrap-around care'
- Integrated approach to care for the success of Virtual Wards across Place
- Understanding of the role of the virtual ward and interdependencies of existing services
- NOT a 24/7 service, but the hope is to provide timely care within hours to avoid out-of-hour demands (although not avoidable)
- Interoperability of DOCOBO system with SystemOne/EMIS limits sharing the information directly onto the system(duplicate recording)
- Use of technology or the idea of frequent monitoring can be overwhelming to some patients ...flexible approach provided
- Early benefits of a virtual ward (impact of unprecedented system pressures)



Review of Service

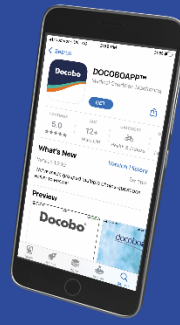
St Rocco's is committed to continuous improvement, using feedback and lessons learned to enhance the Palliative Virtual Ward model consistently.

A review of the service had been carried out in-house, and an overview of stats and figures of how the service has helped and its impact. However, to fully understand the impact of the Virtual Palliative Care Ward on the patient and their families it was decided an independent review was needed.

The management team at St Rocco's commissioned Healthwatch Warrington to impartially review the data received from a survey sent to the patients and their families to assess their performance, identify what they were doing right, and identify areas for improvement.

Over this 12-month period, St Rocco's has supported **147** patients, and those important to them stay at home and are cared for. **90** unique patients were supported during this time. Patients and those important to them were contacted via direct contact from the hospice virtual ward team, and the survey was shared on social media platforms. A total of **39** surveys were completed. which is a **43%** response rate.

Palliative Virtual Ward (PVW) 12 Months on...



Bridgewater Community Healthcare
NHS Foundation Trust

Dr Esraa Sulaivany, Medical Director, St. Rocco's Hospice | Sara-Marie Black, Chief Operating Officer, St. Rocco's Hospice



Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Background

The Warrington Integrated Palliative Virtual Ward, also known as PVW pilot started in April 2022 and was the first national Community Palliative Virtual Ward. This programme is aligned with NHS England's national ambition for Integrated Care Systems to work towards the comprehensive development of virtual ward beds.

The Problem

Palliative patients were being inappropriately admitted to acute settings and there were delays in hospice bed availability to support these patients in a timely manner.

The Solution

- 12 month pilot development of Nurse Led Palliative Virtual Ward April 2022 - March 2023
- Successful implementation of 10 bed Palliative Virtual Ward
- Challenges due to system pressures, medical and advanced nurse capacity, and demand.
- Publication of National Palliative Virtual Ward Guidance
- Further 12 month funding received from ICS (Warrington Place) to develop Consultant led and medical oversight model, aligned to National Guidance for Palliative Virtual Ward

Model Taken

Lead or Named Consultant oversight

Medical and Nursing team

Integrated system approach; hospice, community and hospital cross boundary working

Daily multi-disciplinary team meeting

Day 1 - assessment including Integrated Palliative care Outcome Scale

Plans of care and support throughout journey

Personalised care for 14 days

7 days per week



ICB Cheshire and Merseyside Chosen digital solution
The teams at St Rocco's Hospice in Warrington, Warrington and Halton Hospitals NHS Trust and Bridgewater Community Healthcare Foundation Trust worked with remote monitoring experts Docobo to develop a Palliative Virtual Ward (PVW).

Development of plans of care used as part of the digital monitoring technology, aligned to the IPOS (Integrated Palliative care Outcome Scale). IPOS is a measure of symptoms and concerns which matter to a patient and helps us provide the best care.



Docobo
towards a better quality of life

Patient Cohorts

Aligned to National Guidance Palliative Virtual Ward

Patients:

- who are clinically unstable
- who would otherwise have to be in an inpatient hospital or hospice bed
- who can benefit from daily remote monitoring, e.g. virtual regular check-ins for symptom monitoring
- whose expected required time for the service is short term, i.e. up to 14 days

Moving towards... Agnostic Considerations

Holding/Diagnostic

Monitoring/Maintenance

Independent intervention

Supportive intervention

Rehabilitation intervention

Outcomes

145 Patients

61 patients March 2022 - April 2023
84 patients April 2023 - October 2023

70 Female

75 Male

71 Home

11 RIP

40 Hospice

16 Hospital

7 Currently On-Boarded

Palliative Virtual Ward - Timeline of Events



Benefits

- Step up/ Step down model complementing existing service.
- Early supported discharge.
- Reduced patient anxiety following long length of stay.
- Hospital/ Hospice avoidance enabling patients to have time back with their families.
- Medication optimization and management of symptoms promptly evaluated.
- Patient and families choice supported by early response and assessment.
- Earlier assessment to enable improved triage for admission into hospice beds.
- Sustainability of hospice model - a different way of working/ thinking

Challenges

- Interface needs to be flexible to support digital and personal touch
- System approach to support sustainable model
- Lead time
- IT use by patients and their ability to input using technology
- Understanding of system benefits of a virtual ward
- Understanding of What A Good Virtual Ward looks like
- Complementary to existing services
- Some core services are over stretched
- System pressures and providers engagement

Feedback

“Changes in symptom management plans can be promptly evaluated and changed as symptoms evolve, which can help bridge the gaps between palliative medicine outpatient appointments.”

Patients' and families' preferences are more likely to be met and they are more involved in plans for their care.

We can better triage who would most benefit from previous hospice beds and bring people in when needed in a timely fashion.

We are more likely to be able to support the patient to stay at home and reduce the need for them to come into the hospice or the hospital.”

- Consultant in Palliative Care, Warrington & Halton Teaching Hospitals NHS Foundation Trust

The whole team at Warrington deserves congratulations for this piece of work. Adjusting their ways-of-working by adopting the monitoring technology means that patients can stay at home and experience a more dignified end-of-life and, in most cases, spend that period at home in familiar surroundings with the people they love. It's a privilege for us to be part of it and support their excellent work

- Rob Halhead, Director, Docobo

“Support excellent via telephone and text. I was telephoned daily for a week and it was comforting to know that there was someone there to help and support.”

- PVW Patient Feedback

“I don't think that St. Rocco's needs to improve. Just to say thanks for everything you did for me and all the kindness.”

- PVW Patient Feedback

Contact Details

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Treatment and Care Towards the End of Life (May 2020). GMC. (This guidance provides a framework for good practice when providing treatment and care for patients who are reaching the end of their lives. https://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp)

Amibilities for Palliative and End of Life Care: A national framework for local action 2015-2020 (Sept 2015). National Palliative and End of Life Care Partnership. www.endoflife.org.uk/sites/default/files/Amibilities_for_Palliative_and_End_of_Life_Care_A_national_framework_for_local_action_2015-2020.pdf

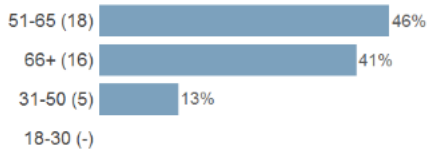
NHS 2022/23 Priorities and Operational Planning guidance (April 2022). NHS England and NHS Improvement

References

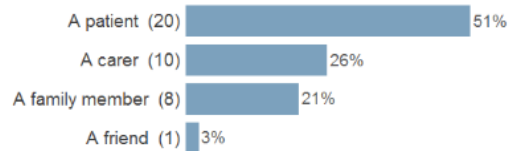
Our Findings

Below is the raw data from the survey patients and relatives filed in.

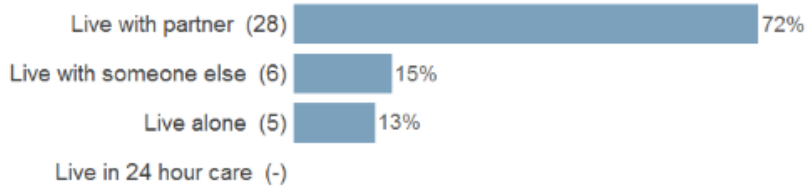
What is your age group?



Are you:



Do you:



“Great Staff and service”

Please say whether you agree or disagree with the following statements (All staff I came into contact with introduced themselves)



“Without the exceptional help and support that my wife and I received, I would not be able to return home. Doctors and nurses along with the volunteers, have been so professional, caring and I can't thank them enough”

Please say whether you agree or disagree with the following statements (Staff treated me with dignity and respect)



My dad and our family were treated with respect and dignity throughout our contact. The Hospice could not do enough for my dad and was also a great support to our family. The doctor even wrote to the GP to request a face-to-face home visit, as the GP often communicated with my dad over the phone.

Please say whether you agree or disagree with the following statements (My privacy and confidentiality were maintained)



“My mum received outstanding care from the Virtual ward. It alleviated so many of our concerns without visits or to reassure her.”

Please say whether you agree or disagree with the following statements (Staff listened to my concerns and responded appropriately)



“The daily follow-up call by the team enabled me to discuss any further concerns and receive appropriate guidance as required. Overall, this assisted with my anxiety.”

Please say whether you agree or disagree with the following statements (Staff listened to my concerns and responded appropriately)



“It was all extremely good”

“I have received plenty of support from the virtual ward. They have been very helpful especially if I needed extra medication at the weekend.”

“My mother used the palliative ward before she went into St Rocco’s, and after she came home, the nurses and staff went above and beyond. It is such a terrible experience to see your loved ones go through, and the palliative ward has been a beacon of hope in many ways. Having a caring and knowledgeable voice at the end of the phone gives comfort and reassurance when hope is lost with other channels.”

Please say whether you agree or disagree with the following statements (Do you feel your condition has been better managed by the Palliative Virtual Ward)



“Having the virtual Ward gave me a lot of reassurance that I was doing all I could for my husband. Their advice helped me in decision making, and I was also supported when I struggled myself. This is invaluable for mental wellbeing.”

“Helped us to remain calm and confident in his care”

Please say whether you agree or disagree with the following statements (I was involved as much as I wanted to be in decisions about my care and treatment)



Please say whether you agree or disagree with the following statements (I was satisfied with the care that I received from the Palliative Virtual Ward)



Do you feel the Palliative Virtual Ward supported your confidence to remain at home?



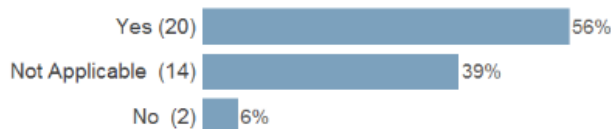
“Helped us to remain calm and confident in his care”

“I am happy that I am able to remain at home”

“It helped her to remain at home so for that we are most grateful.”

“My dad felt in control when he became dependent on others to meet his daily needs. Me and my family were thankful for the excellent support we received. Both directly to Dad and to our family.”

Has the Palliative Virtual Ward reduced the number of contacts made to your (Community Nurse)



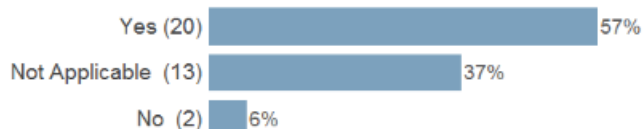
Has the Palliative Virtual Ward reduced the number of contacts made to your (Macmillan Nurse)



Has the Palliative Virtual Ward reduced the number of contacts made to your (GP)



Has the Palliative Virtual Ward reduced the number of contacts made to your (Hospital)



“As a family member and full-time carer of someone with a terminal diagnosis preferring to die at home, this service sounds great. However, it wasn’t something offered or discussed with us. Current access is via a hit-and-miss telephone line/ answer phone with a 50/50 chance of it being answered/receiving a callback. Hopefully, this is something that will be offered to all with a fully coordinated and joined-up service across multiple disciplines, i.e. district nurses and specialist teams such as dieticians, rather than it “not being my team’s responsibility.”

Has your experience of the Palliative Virtual Ward helped you when seeing your (GP)

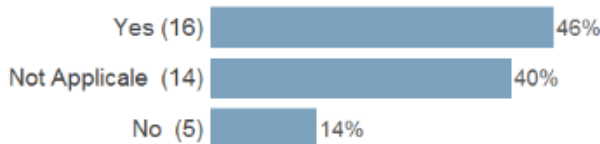


“The Hospice could not do enough for my dad and was also a great support to our family. The Dr even wrote to the GP to request a face-to-face home visit, as the GP often communicated with my dad over the phone.”

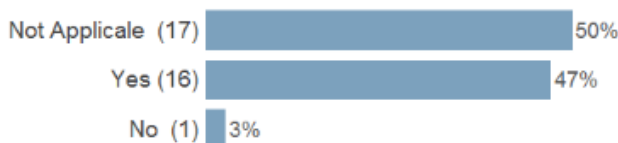
Has your experience of the Palliative Virtual Ward helped you when seeing your (Community Nurse)



Has your experience of the Palliative Virtual Ward helped you when seeing your (Macmillan Nurse)



Has your experience of the Palliative Virtual Ward helped you when seeing your (Hospital)

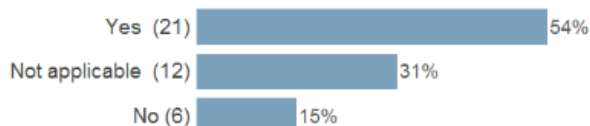


Has the Palliative Virtual Ward service benefited your family/carers?



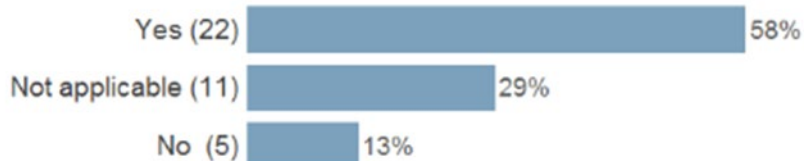
“Me and my family were thankful of the excellent support we received. Both directly to dad and to our family.”

Was the information booklet about the service and how to use the Docobo App useful?



“Point out that there is a monitoring sheet in the booklet. I gave the booklet a cursory glance as the instructions given for Docobo app were clear so I didn't notice if I keep my own records so this was not an issue for me.”

Did you find the Docobo App process easy to use?



“Docobo app was not always easy to use”

“The doctor app we used very rarely as it was only one member of the family that really understood it.”

“Docobo app is less useful as prefer to speak to someone, but I can see how other people may prefer it.”

Would you recommend the Palliative Virtual Ward to Family & Friends?



“If when you select no change [on the Docobo app], you do not get to answer any of the other questions- the introduction of further drop-down menus would allow more general information to be provided and in some cases, provide the patient with a selection of options which may enable them to better describe their condition.”

In the event that you need to raise a concern or make a complaint, do you know how to do so?



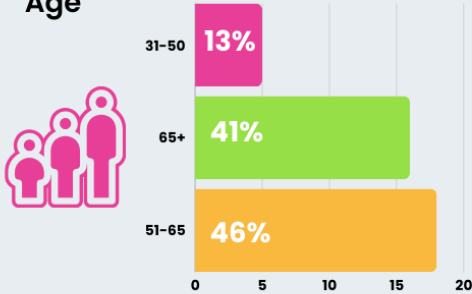
Palliative Virtual Ward

We asked relatives and patients their experiences of palliative virtual wards.

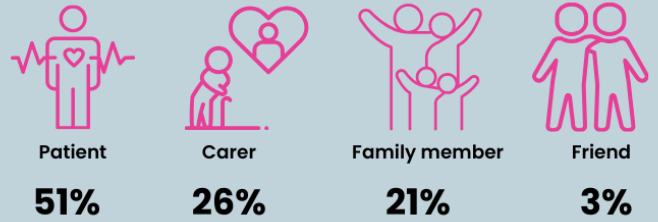
Over the last 2 years St Rocco's hospice, working collaboratively with partners, have developed and implemented our Palliative Virtual Ward.

Our aim is to give people with a palliative diagnosis the best quality of life for as long as they can. Your feedback on how we do this is extremely important to us to ensure we maintain a high standard of care for our patients and their families.

Age



Who filled out the survey?



97% Agreed

that all staff they came into contact with introduced themselves.



100% Agreed

that all staff treated them with dignity and respect.



97% Agreed

that their privacy and confidentiality were maintained.
3% stated Not Applicable



92% Agreed

that they were involved as much as they wanted in decisions about their care and treatment.
8% stated Not Applicable



97% Agreed

that staff listened to their concerns and responded appropriately.



90% Agreed

that their condition was managed better by the Palliative Virtual Ward
10% stated Not Applicable



92% Agreed

felt that the Palliative ward supported patients to stay at home.



84% Agreed

felt that the Palliative ward reduced the number of contacts made to their GPs
5% didn't agree.



56% Agreed

felt that the PVW reduced the number of times they contacted their community nurse.
39% stated Not Applicable

Palliative Virtual Ward



57% Agreed

felt the PVW reduced the number of contacts made to the hospital
37% stated Not Applicable



42% Agreed

felt the PVW reduced the number of contacts made to their Macmillan Nurse
39% stated Not Applicable



89% Agreed

that the PVW helped them when seeing their GP



65% Agreed

that the PVW helped when seeing their community nurse.
32% state it was not applicable



46% Agreed

that the PVW helped when seeing Macmillan Nurse
40% stated Not Applicable



50% Stated Not Applicable

that the PVW helped when visiting the hospital



94% Agreed

that their family/carers benefited from the Palliative Virtual Ward.
10% stated Not Applicable



54% Agreed

found the Docobo App information booklet useful.
29% stated Not Applicable



58% Agreed

that the Docobo App process was easy to use.
29% stated Not Applicable



97% Agreed

that they would recommend the Palliative Virtual Ward to Family & Friends



95% Agreed

they knew how to raise a complaint or concern if needed.

"My mum received outstanding care from the Virtual ward. It alleviated so many of our concerns without visits or just to reassure her."

"I received plenty of support from the virtual ward. They have been so helpful when needing extra medication at the weekend."

"The daily calls were always great and always felt supported."

"Went above and beyond"

Areas for further consideration:

- The phone app is hit and miss.
- Make it easier to increase text size on app.
- Make the virtual ward available for more than 2 weeks.
- More one-to-one support for those not technologically minded.
- Make more of a point for people to fill out the monitoring sheet in the booklet.
- Change the way questions are worded and allow for more options when answering questions on the app.





Case Study 1:

Mr RS – 62Y old gentleman

Mr RS was diagnosed with metastatic prostate carcinoma in 2012 and was subsequently referred to St Rocco's Outpatient Palliative care (OPC) team just after a Covid-19 lockdown. He was supported by the OPC team for 4 years.

Towards the end of his life, he was moved to the Virtual Palliative Ward, as being at home was very important to him and his family.

Mr RS was admitted to the palliative wards (for 14 days at a time) three times between 15th July and 9th December 2023. During this time Mr RS was admitted to the Inpatient Palliative Unit once.

During this time (minus the 32 days when using the PVW) Mr RS was referred and supported within the Outpatient Palliative Care service.

He received multiple visits from medical domiciliary professionals during his care in the Palliative Virtual ward.



Benefits of the PVW for Patient

	<p>Improved his care Allowing early intervention Timely adjustment of treatment Early recognition of deterioration enabled prompt intervention and prevented complications</p>
	<p>Reduced hospital admissions Prevented unnecessary multiple hospital admissions Timely blood tests at home Arranging scans to exclude emergencies</p>
	<p>Flexibility and scalability We quickly responded to fluctuation in his needs Adapted the service provision to match that need</p>
	<p>Enhanced his experience Building on the trust we built Access to advice on DOCOBO Regular and urgent medical visits Timely prescriptions issued</p>
	<p>Efficient resource allocation Supported the healthcare system, taking the pressure off the primary care, District Nurse Team and oncology</p>



Benefits of the PVW for Family

- Continuity of his care by the same Health Care Professional was important and very much appreciated
- Liked the technology side of the care, too, it gave him independence and direct participation in his own care
- The big disappointment on his face when stabilised and discharged from PVW in between episodes
- Achieved his PPC and PPD
- His wife and children were very grateful for all the support they had at home

Conclusion

We were encouraged by the overall feedback from patients and their carers. In particular, the fact that staff readily introduced themselves begins a journey of rapport and trust building. The data also shows that **100%** of respondents felt that staff treated them or their loved ones with dignity and respect. A score such as this, showing complete adherence to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10, should be championed and used as 'best practice'.

The intel on the involvement of patients and their carers in decision-making should also be held in the highest esteem as it fosters patient autonomy and freedom of choice. Two things which are particularly important in End of Life and palliative care.

When looking at improvements to confidence levels that patients and their carers felt the PVW provided, we were encouraged by the fact that 92% of respondents reported this provision had a positive impact. With an already overwhelmed Primary Care system nationally, the provision of the PVW for these families has meant their patient and carer experience has been positive.

There is still room for improvement, as with anything. In this case, the literature provided about the service and how to use the Docobo App requires additional consideration, as does the need for plain English in regard to the daily questions on the App, with respondents noting these questions were most confusing.

In summary, the findings were in the main very positive and reassuring. The service clearly offers both a positive clinical and emotional experience for patients and their families, which is the ultimate aim when looking at end-of-life and Palliative Care.

Recommendations

Recommendations made from findings

1

Providing more comprehensive training on the Docobo App for families encourages patients/their carers to understand the importance of filling out the booklet and offers a sense of self-empowerment.

2

We would recommend the need to offer more bespoke 1:1 calls and support to those for whom digital exclusion is an issue. Some particular groups face a higher risk of being digitally excluded; these groups also generally face a higher risk of health inequalities (Inclusive digital healthcare: a framework for NHS action on digital inclusion, NHS England, September 2023; revised 1st March 2024)

3

Consider an extension to the PVW offer as respondents felt that 14 days was an insufficient length of time.

4

We would recommend revising the questions asked daily on the App as the wording can appear confusing for patients/their carers with non-clinical backgrounds. In keeping with the NHS Accessible Information Standard, we would advise using plain English.

5

Having analysed the qualitative data, we would recommend a full scoping exercise is considered in relation to the current Out of Hours provision



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