



## On the virtual ward

Family carers and relatives experiences of the West Suffolk NHS Foundation Trust virtual ward

Published February 2025

**healthwatch**  
Suffolk

Trusted Insights

# Contents

Navigate this report.

<b>Content</b>	<b>Page number</b>
<b>1. Key learning and recommendations</b>	<b>4</b>
<b>2. Summary</b>	<b>6</b>
<b>3. Results</b>	<b>10</b>
Involvement in decisions	11
Using equipment and technology	14
Case study - David's experience	17
Support from the virtual ward	20
What could be improved about support from the virtual ward?	22
Support in an emergency	25
Case study - Caroline's story	26
The negative impact on family carers and relatives	29
The positive impact on family carers and relatives	30
<b>4. Respondents - who took part?</b>	<b>34</b>
<b>5. Background</b>	<b>36</b>

*“It seemed a bit much when they first left us,  
and we thought, ‘Oh, how are we going to cope?’”*

**“But, you know, it worked.”**



# 1. Key learning

## Let's get straight to the point...

On this page, you will find a summary of our key learning from this research. We will be working with the West Suffolk NHS Foundation Trust to explore actions the service can take to address them, with updates to be shared on [www.healthwatchesuffolk.co.uk/virtualward](http://www.healthwatchesuffolk.co.uk/virtualward) from later in 2025. Please read on to explore our findings in detail.

## Our recommendations

### Promoting the benefits and increasing awareness

#### Ensure family carers and relatives remain involved and included in the care.

Evidence from this report suggests that virtual ward care offers unique opportunities to involve family carers and relatives in providing personalised support for patients at home.

Virtual ward staff should emphasise shared decision-making and actively involve family carers and relatives in discussions about patient care whenever possible. In doing so, the service will gain from the benefits associated with personalised and holistic care.

#### Ensure inclusion in the set-up of equipment and technology.

Family carers and relatives can help people on the ward to gain confidence in using the equipment at home and to manage some technical challenges. Ultimately, this can

reduce the demand on the service from those who may lack digital knowledge or skills. Whilst many family carers and relatives felt virtual ward technology had been easy to use, it was clear they would have valued the opportunity to be included when staff set up the equipment and offered training to patients on how to use it.

Some felt they would have been more confident receiving this information in the patient's home.

#### Continue to gather lived experience.

A continued process of gathering feedback from patients, family members and carers should be maintained (with or without the support of Healthwatch Suffolk CIC). Specific areas of focus could include:

- Feedback from individuals from ethnic minority communities, as these are not represented in the data.
- Continuing to gather feedback using telephone interviews to mitigate 'positivity bias' and gain more meaningful insight.

- Co-producing service delivery, particularly in new settings such as care homes.

By continuing to capture feedback, the virtual ward service can be tailored to meet the needs of patients and families better.

### Provide clear information about support.

Key recommendations include:

- Clear signposting to relevant partner organisations. Only 68% received information about support for their caring role.
- Offer clear information about support for carers or relatives in an emergency, and detail what people should expect.

### Recommendations: Addressing challenges

#### Notify carers and family members of admission as soon as possible.

Some only learned about admission to the virtual ward when they collected the patient from the hospital.

Informing people early ensures carers have more time to prepare and reduces initial feelings of 'overwhelm'. General awareness raising of the virtual ward must also remain a priority of the Trust and wider health and care system (e.g., SNEE ICB).

#### Assess the circumstances of family carers and their ability to provide support.

Services should ensure that staff are trained and have access to resources that help them to appreciate the role and needs of family carers supporting the service. This might be enhanced by building upon existing links with Suffolk Family Carers or other similar organisations.

Family carers must always be included in decisions about caring for patients they

support at home. Many told us they would have valued a conversation about their own ability to provide support.

Understanding carer's circumstances, including factors such as employment, living arrangements, IT skills, and other responsibilities, is crucial.

Some may struggle to anticipate challenges and feel pressured when admission to the ward is discussed. Offering time for in-depth discussion may help virtual ward staff and families to balance responsibilities and adapt levels of care.

Resources such as those provided by Carers UK could assist staff in structuring these conversations: <https://www.carersuk.org/help-and-advice/practical-support/virtual-wards/>

#### Consider scheduling phone calls or visits if possible.

Some family carers and relatives reported that the lack of scheduled contact with virtual ward staff was a source of disruption or added strain to their responsibilities. It was also suggested to provide a contact number for missed consultant calls.

Providing scheduled contact where possible could improve family carer involvement in care and reduce stress.

#### Consider contingency plans for when a family carer or relative is not available.

No family carers or relatives were suddenly unable to support a patient on the virtual ward (e.g., through illness or other responsibilities). Such circumstances could impact communication with the ward, for example, if the patient cannot use the tablet themselves.

This can be managed by ensuring understanding of the extent to which the patient may rely on their family carer to engage effectively in the service.

## 2. Summary



### About Healthwatch Suffolk CIC

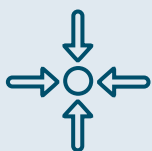
Healthwatch Suffolk CIC (HWS) is a social enterprise delivering insight to shape local NHS and social care. We passionately believe that listening and responding to people's lived experiences is vital to create health and care services that work for everyone.

We collect and share lived experience to improve standards of health and social care in Suffolk, regionally and nationally. Our independent role is enshrined in law, supported by trusted data and embedded in local integrated care systems by established relationships with partners.



#### Our core purpose is to...

collect and share lived experience to influence better standards of health and social care.



#### We live and breathe...

co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

[www.healthwatchesuffolk.co.uk](http://www.healthwatchesuffolk.co.uk)

Learn more about us and find our insights by visiting our website. You can also call us free on 0800 448 8234 or email [info@healthwatchesuffolk.co.uk](mailto:info@healthwatchesuffolk.co.uk) with enquiries.

## Background and methods

Throughout 2024, Healthwatch Suffolk CIC conducted an independent evaluation of the virtual ward service at West Suffolk Hospital NHS Foundation Trust (WSFT). The aim of the project has been to better understand the experience of family carers and relatives supporting patients using the service.

This report summarises the key findings and aims to address the following questions:

1. What are family carers and relatives' experiences of supporting someone using the virtual ward services from WSFT?
2. What are the benefits of the virtual ward for family carers and relatives?
3. What challenges, if any, do family carers and relatives face supporting someone on the virtual ward?

More detail about the project and a description of the virtual ward service model can be found from page 34.

The research consisted of three key methods:

- **A short survey** – family carers and relatives responded to a short survey promoted to people online and by the virtual ward team visiting people's homes. The survey included both quantitative (closed-ended) and

qualitative (free-text) questions.

- **Follow up interviews/ phone calls** – nine people also participated in a short telephone interview lasting between 30 minutes and one hour.
- **Case studies** – two people shared their story as a case study (see pages 15 and 24).

For more information about the methods used, including the design process, co-production, and limitations, see from page 34.

### The definition of a family carer and where to find support



In this research, we asked people to tell us if they were an unpaid family carer based on this NHS England definition:

*"An unpaid family carer is anyone who helps and supports somebody who, due to an illness, disability or mental health problem, cannot cope without their support." (NHS England)*

For information and support regarding family carers, please refer to our signposting page at:

<https://healthwatchesuffolk.co.uk/signposting/carerssupport>

42

This report features insights from **42** family carers and relatives who supported someone on the West Suffolk Foundation Trust virtual ward.

**Twenty-four** identified as unpaid family carers and **15** identified as family members. **Three** people did not say.

## What are the benefits of the virtual ward for family carers and relatives?



### The tech was easy to use

Most respondents had found virtual ward technology easy to use. Respondents often expressed initial concerns about using the technology, notably if they lacked digital skills or confidence. However, most found it easy to use in practice. Two people with limited IT skills were offered the option to record key measurements on paper rather than digitally.

‘friendly’, ‘helpful’ and ‘efficient’. Respondents noted that staff and clinicians understood the patient’s condition well or could access necessary details regarding patients when this had been needed.



### Staff offered good instruction

Respondents were mostly positive about guidance they received from staff to set up virtual ward equipment. Suggested improvements included ensuring that a family carer or relative is present when staff talk to patients about using the equipment, and that this happens in the patient’s home rather than within the hospital environment.



### People were involved in the care provided

Many felt more involved in the patient’s care than in previous hospital stays. This was largely attributed to having more opportunities for conversations with staff, as well as staff having better knowledge of the patient.



### There were some key benefits

Overall, family carers and relatives were very positive about the impact of the virtual ward on both themselves and the patient.



### It’s a responsive service

Family carers and relatives generally felt well-supported by the virtual ward. Respondents praised assistance they had received from the virtual ward team. They said support was easy to access, and the service responded promptly via telephone or chat services.

- Many believed that receiving care at home had aided patient recovery. They attributed this to reduced stress, familiar environments, and home-cooked meals.
- Family carers and relatives generally felt patients had been well monitored, which had reduced their personal stress.
- A key benefit for some was avoiding the need to travel to the hospital for visits, especially for those without a car or access to reliable public transport.



### Positive staff attitude

Family carers and relatives were positive about staff attitudes and knowledge of the patient’s care. Staff were described as



## What challenges do family carers and relatives face supporting someone on the virtual ward?



### Awareness is low

Some family carers and relatives had little or no knowledge of the virtual ward before the patient's admission. Some were only informed about the service when collecting the patient to continue their care at home.

could be on call at night to provide reassurance or respond to emergencies.



### Circumstances matter

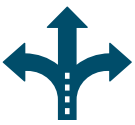
The additional responsibility of the virtual ward could be challenging, depending on people's circumstances.

Most people had continued with daily activities and felt the virtual ward had not brought too much additional responsibility to their lives. However, this general finding should be treated cautiously because people's circumstances vary.

Various factors could influence the experiences of family carers and relatives, including:

- whether they live with the person admitted to the ward;
- employment and similar commitments;
- other caring responsibilities;
- the extent to which they have access to support for their caring role (e.g., other people to share responsibilities, respite or emotional wellbeing support);
- fatigue and burnout.

See Caroline's experience from page 24 for examples of these challenges.



### Involvement at admission

Some carers and relatives were not involved in decisions about the patient's admittance to the virtual ward and, therefore, their return home. Some could not always attend discussions in the hospital, and others were simply 'told' that the patient would be coming home using the virtual ward.



### One way flexibility

Some family carers or relatives suggested scheduling visits and phone calls could improve support from the virtual ward. A few felt pressured to 'rush' to the patient's home for calls or visits. One felt they were expected to be on call '24/7' and mentioned the impact of receiving calls during respite or time to themselves.



### In urgent situations

Very few family carers or relatives experienced an emergency whilst the patient remained on the virtual ward. However, one person suggested a fast-tracked route back into the hospital after experiencing a lengthy wait at A&E. Two suggested a doctor

# 3. Results



## Our methods and response rates (overview)

### Survey response rate

Forty-two responses were received to the survey for family carers and relatives between 17/08/2024 and 03/12/2024.

- All respondents had supported a partner or relative who had been admitted to the virtual ward. Of these, twenty-four identified as an unpaid family carer, and fifteen did not.
- For a detailed description of the demographics of survey respondents, see from page 34.

The survey included two qualitative (free-text) questions to gather detailed insights from family carers and relatives. Responses to both questions were combined for analysis. This made the comments easier to interpret because both questions reflected similar themes.

The two free-text questions were:

1. Please tell us about your experience of supporting someone using the West Suffolk virtual ward service.

2. What advice would you give to the virtual ward team about how to support carers, relatives and friends?

### Interview response rate

In total, HWS completed nine interviews with family carers and relatives. Each interview lasted between 30 minutes and one hour.

Interview participants were selected from survey respondents, so the key findings from both methods overlapped. Instead of repeating the survey results, interview findings are presented alongside the free text data from the survey.

Highlights are included in this report where the interviews supported, contrasted, or added detail to the survey data.

## Involvement in decisions about admittance

Of the 41 respondents to the survey question, 'Did you feel involved in deciding whether the person you support was sent home under the care of the virtual ward?':

- Sixty-one per cent (25) felt involved in deciding whether the person they supported was sent home to use the virtual ward.
- Ten did not feel involved (24%).
- Six had mixed opinions (15%).

### Reflections from the free-text data

- Five respondents were worried about the decision to send their relative home using the virtual ward. Respondents described feeling 'wary', 'apprehensive', 'nervous', or that it had been 'daunting'.

These comments often related to the anxiety of not knowing what it would be like to use the technology or equipment or what to expect from being on the virtual ward. However, many had found it easy once their care had started at home.

- Four survey respondents would have liked to have been informed sooner that the hospital was considering admittance to the virtual ward and continuing the patient's care at home. Some were unaware of the decision until they collected the patient from the hospital.
- One relative illustrated this experience well. They had only received information about the virtual ward an hour before they picked their mum up from the hospital. They suggested that information could be made available whilst on the ward to explain that using the virtual ward service may be an option for some patients.

61% (25) felt involved in deciding whether the person they supported should be admitted to the virtual ward.



National guidance for family carers (see Carers UK) includes that health services have a responsibility to involve people (where appropriate) in the care of the person they are looking after, if they are providing care.



### Interview Insights



Most interview respondents were unaware of the virtual ward before the patient had used the service. This lack of knowledge and awareness of what to expect had contributed to some carers feeling 'overwhelmed' when the patient was admitted to the virtual ward and sent home. Some felt anxious because they had initially confused the process with being discharged from the hospital without further monitoring.

Although all interviewees would have agreed for their family member to continue their care at home on the virtual ward, some would have valued being included in this decision-making at an earlier stage.

Most had not been involved in any conversations about their ability to support the patient on the virtual ward at home. Rather, they were simply 'told' about it by the hospital or the patient. Some only became aware of the service when they were in the discharge lounge

and about to leave the hospital.

One person could not recall being consulted about the decision at all. However, they reflected, 'It was fairly obvious that I'm a fairly confident [person] and that I'd be able to cope.' Despite this, they thought conversing with the team would have been 'helpful' at the time. They were already feeling 'stressed' from difficulty finding parking at the hospital and 'extremely low'. They were then told that the patient was coming home with them, and they 'didn't really have time to prepare'.

Examples of comments about feeling involved in the initial admission and being given information about the ward included:



*"I don't want it to sound like criticism, but I think it would be more helpful [to be included in that conversation]. I'd had a very stressful time getting parked. It had taken me about half an hour. I was extremely low, then I was confronted with 'Well, he's coming home with you'. It all happened so quickly that I didn't really have time to prepare myself. But equally, I was very receptive to it and didn't say that there was a problem." (Interviewee)*

*"Was a bit apprehensive at first, not really knowing what was expected of me using the virtual ward. After the equipment was set up and I started using it, I found it very easy to use." (Survey respondent)*

*"In my case, I felt I should have been contacted prior to my husband's release from the hospital regarding going on the virtual ward and explaining to me exactly how it works. Hospital staff would not have a clue*

*how and if I could cope with modern IT technology due to my age." (Survey respondent)*

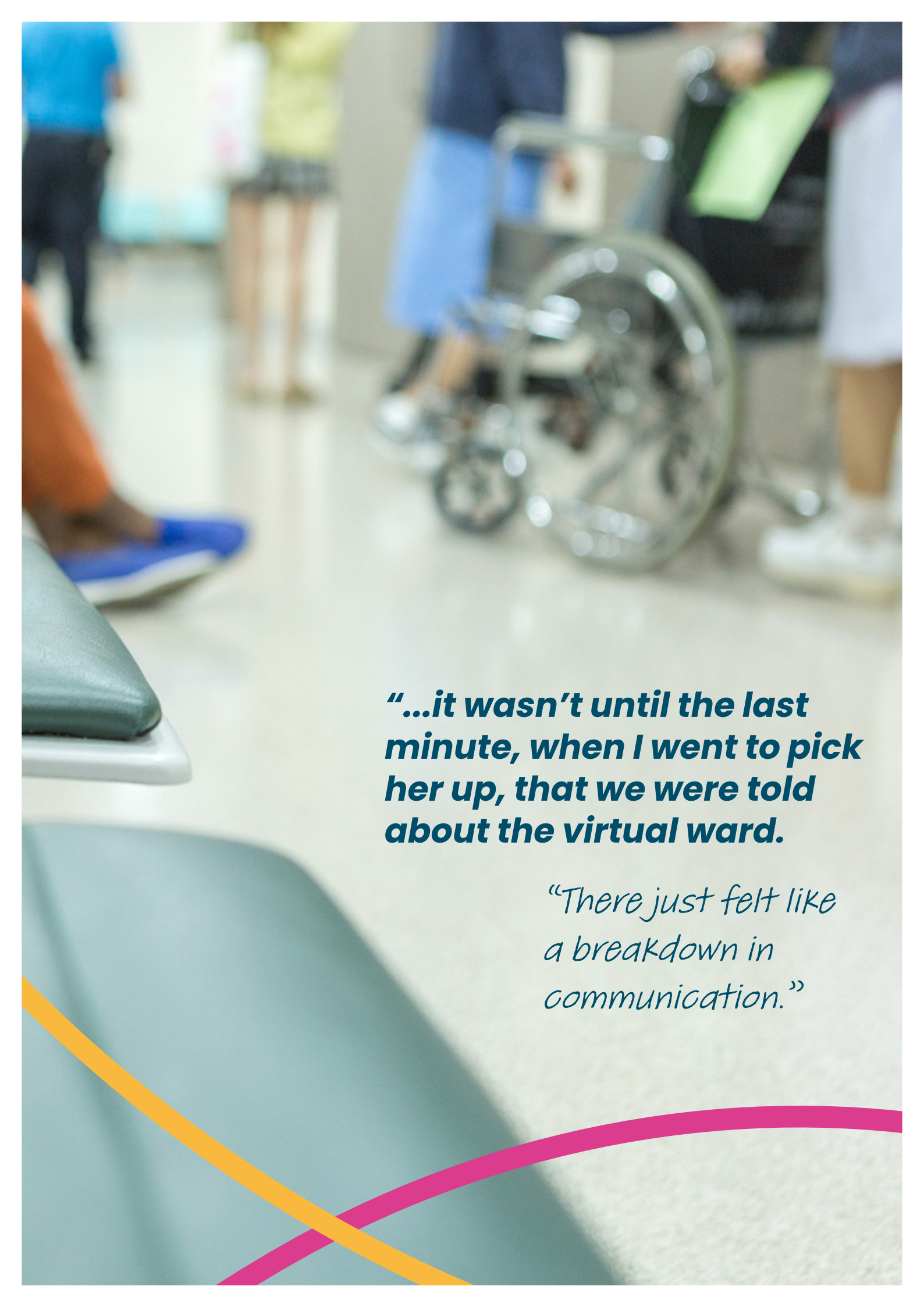
*"I don't recall there being any proper discussion with the hospital staff about Mum being put onto the virtual ward. We thought she was just being discharged, and it wasn't until the last minute, when I went to pick her up, that we were told about the virtual ward. There just felt like a breakdown in communication, and the hospital team and the virtual ward didn't come across as joined up in their approach. I think our expectations could have been much better managed by the hospital." (Survey respondent)*

*"I did not know what the virtual ward was and how it worked until about an hour before my mum left hospital. It could perhaps be explained at some point during the hospital stay, that the virtual ward is an option for some patients and explain the process to the carer and the patient beforehand. I think my mum was told, but I don't believe she understood the process, as all she understood was that she was able to leave hospital." (Survey respondent)*




*"We didn't have a clue what they were setting up and how it was going to work. I'm fairly OK with computers... but I'm not 100% confident. So, I found that a little bit worrying... whether I'd be able to cope with it."*



A blurred photograph of a hospital hallway. In the center, a person is seated in a silver wheelchair. To the left, a person's legs in blue pants and blue shoes are visible. In the background, several other people are standing, some wearing white lab coats. The floor is light-colored and polished. The overall scene is out of focus, emphasizing the text overlaid on the image.

***“...it wasn’t until the last minute, when I went to pick her up, that we were told about the virtual ward.*”**

*“There just felt like a breakdown in communication.”*

Decorative graphic elements at the bottom of the page, consisting of two overlapping, wavy lines. The top line is orange and the bottom line is pink, both curving upwards from left to right.



“I’m very IT-minded and capable, but sometimes the carer is under more stress than the patient, because they’re quite unaware of what is going on in the background. That’s why I use the word ‘daunting’ for it.”  
(Interviewee)



## Using virtual ward equipment and technology

Forty-one survey respondents answered the question: ‘Were you shown how to use the equipment or technology needed for the virtual ward?’. Of these:

- 88% (30) were shown how to use the virtual ward equipment or technology.
- 12% (five) were not shown how to use the equipment.
- One did not know.

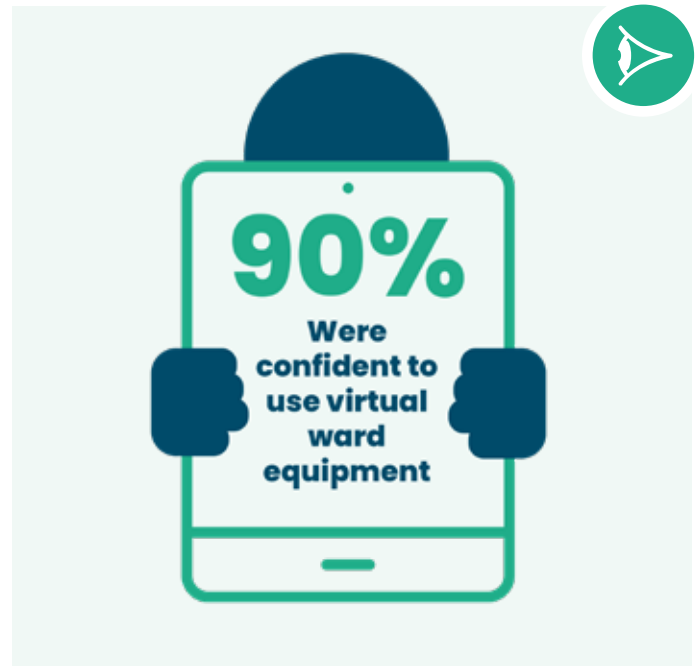
Forty-one people also responded to the question: ‘How confident did you feel using the virtual ward equipment or technology?’. Of these:

- 90% (37) felt ‘Confident’ or ‘Very confident’ using the virtual ward technology.
- 10% (four) were ‘Neither confident nor unconfident’.

Although five respondents said they had not been shown how to use the equipment or technology, all five had felt ‘Confident’ or ‘Very confident’ using it. This may reflect other findings that family carers and relatives have generally found the technology easy to use.

### Reflections from the free-text data

Seventeen survey respondents mentioned using virtual ward equipment in their responses. Respondents were positive about:



- How ‘easy’ it had been to use the technology, including when making and reporting blood pressure or temperature readings.
- The initial setup of equipment (four respondents), or explanations they had received about how to use the virtual ward equipment and technology.

Comments included that staff were ‘thorough’, ‘helpful’, or ‘couldn’t have done more’. Two people had found it helpful to have a visit at home on the first day to set up the equipment.

- Adaptations made to account for a lack of digital skill.

Two respondents said they lacked the digital skills to upload the information needed into the virtual ward system. Instead, they had been given the

flexibility to record the data (e.g., blood pressure measurements) on paper records. The nurses then input the information for them into the system.

When asked what could be improved about using the equipment and technology:

- Two people said blood pressure readings had taken a long time to upload. They did not give any further context, for example, whether they lived in an area with poor internet speeds or coverage.
- One person said it was important that a carer or family member is present when the equipment being given is explained to the patient being discharged.
- One respondent suggested having a guide to use at home, in addition to the instructions provided at the hospital, would have been helpful.
- One person reported a technical issue with connecting the equipment and virtual ward staff had helped them to resolve the issue.

## Interview Insights



Interview respondents were generally positive about using the virtual ward equipment and technology.

One person had worried about the idea of using the technology required for the virtual ward at first, but they had subsequently found it easy to use:

*“For somebody younger who’s used to computers and things like that, I’m sure they wouldn’t think twice about it. When we saw this machinery and the wires, we thought, ‘Oh god, how are we going to cope?’ But, you know, it worked.”*

Some highlighted that this could be improved by 1) ensuring that carers or family members were involved in the explanations provided for how to use the equipment or technology and 2) providing training or explanations in the patient’s home rather than the hospital.

For example:

- One interviewee had difficulty getting the equipment up and running at home after being shown how to use it in the hospital. The explanation provided in the hospital was useful, but it had ‘felt different’ when they got home. They had received support from the telephone service to get the technology running the next day.
- Another interviewee had felt ‘flustered’ when they were shown the technology in the hospital. This meant they did not take in the information as well as they would have at home.
- One person was not shown how to set up the equipment, but their spouse (the patient) remembered being shown when the interviewee was not present. The interviewee often could not be at the hospital to be involved in these conversations.



Comments about using the virtual ward equipment and technology in the survey and interviews included:

*“When I got home, I couldn’t get the IT up and running, but we rang the 24-hour number. They were helpful; they couldn’t help us on that, but they said just leave it until the morning. In the morning, [a staff member] called and talked it through with [another family member]. I had a lot of assistance from them.” (Interviewee)*

*“I/We found it a bit daunting at first but having somebody come the next day to plug it in and explain it all to us was very helpful.” (Survey respondent)*

*“We are both in our seventies and manage technology quite well, but luckily, our older daughter was at the hospital when [we were] given the technical equipment, and she was able to help us set it up at home. The nurse who came the next day asked immediately if we were OK with everything.” (Survey respondent)*

*“My wife and I managed to remember most of the instructions given to us by a confident nurse on leaving West Suffolk Hospital, but it still took a couple of days to become totally confident. Perhaps a ‘Noddy’s guide’ for use of each piece of equipment would help to remember all the instructions given.” (Survey respondent)*

*“Blood pressure, temperature reading and survey was quickly and easily done.” (Survey respondent)*

*“I found the equipment easy to use, however, the cuff sometimes took a long time to send the reading.” (Survey respondent)*



**“I decided not to use the tablet to record information because I wasn’t very confident with technical equipment, but they let me use pen and paper instead. The staff didn’t mind; they transferred my handwritten notes to the tablet.” (Survey respondent)**





# David's experience

---

David's mum was admitted to the virtual ward for ten days following a 12-day stay in the hospital. She lived in assisted housing with care staff who supported her to get out of bed, get washed and have breakfast each morning. Care staff were also on call to provide other support when required.

David lived nearby and tried to visit his mum every day because he was her only local family member. He helped his mum with anything she needed (e.g., food shopping) alongside the care staff.

He felt that he needed to act as a 'translator' when his mum was admitted to the virtual ward because she was hard of hearing. However, he did not need to provide support with using the technology (e.g., for blood pressure readings) because the nurses would manage that for his mum when they visited.

David was not aware of the virtual ward service before his mum was sent home from her hospital stay. He was first told about the virtual ward when he and his mum went to the hospital discharge area and as they were preparing for his mum to go home.

David reflected that they both could have been better prepared with more information about the virtual ward at that stage.

*"It was a bit alarming for my mum because when she was told she was being discharged, she thought she was just going home. When we went to the discharge area [the virtual ward] was mentioned. I feel that perhaps a little bit more explanation from the team about what actually is a virtual ward would have been helpful. It sounded a little bit scary to my mum."*

*"I think a brief little patter from the discharge team to say, you know, you're going on a virtual ward; a bit of a summary about it, 'Great news you'll be monitored in the comfort of your own home, and we're going to get one of my colleagues to come down and talk about how we're going to do that'. There are some confidence-building, comforting, words that could be wrapped around the initial introduction to the ward. It would make that handover so much better."*



**"It was a bit alarming for my mum because when she was told she was being discharged, she thought she was just going home."**

When asked about whether he was involved in the decision for his mum to be admitted to the virtual ward, David said the hospital team had liaised with his mum's assisted living company. They had agreed to provide support for using the virtual ward. Once his mum reached home, David took over the role of communicating with the virtual ward because he visited each day.

David recalled that a staff member at the hospital had taken them into a side room to demonstrate and explain the virtual ward equipment. He described this as daunting for his mum, but felt the staff member had been 'very good at explaining what it was all about'.

David pointed out that his mum was hard of hearing and so the staff member would explain things to David for him to then explain it to his mum. He felt that the nature of the hospital environment may have made it harder to process all of the instructions.

*"The instruction was there. Perhaps I should have asked a few more questions, although I got the hang of it. You just get flustered when you're in hospital."*

David reflected that he should have paid closer attention to the instructions for the tablet provided by the ward because it ultimately went unused. He was aware that there had most likely been messages shared via the tablet they should have responded to.

Proactive telephone communication with the virtual ward worked well for David and his mum. He recalled one instance where the team had called because they were concerned about his mum's oxygen levels and had asked for an ambulance to be dispatched in the middle of the night. David also described an occasion when a member of the virtual ward team made contact because his mum's monitoring device had low battery. This alert meant they could put it on charge and avoid problems with their care.

David had found the service reassuring because he knew his mum was being well monitored. He knew the service would respond to emergencies even without him being there and the ward team had been easy to contact about questions they had.

*"When I went round, if I wasn't sure about something, I would ring them and ask them to clarify. They were very helpful and answered straight away. They were very easy to contact. They always answered the phone within two rings. It may not always be the same person, but they knew exactly what was happening."*

David felt that the communication and information they received had been excellent compared to when his mum was receiving care in the hospital. While he had appreciated the support for his mum from the hospital staff, communication had been quite poor. He attributed this to how busy the ward staff had been at the time. He also felt that ward staff did not always know the details of his mum's case.

In contrast, staff on the virtual ward had always been able to access his mum's notes and information. This had been reassuring for David, and it gave the impression of consistent and more personalised levels of care.

*"There was no consistent level of communication, and that was so different from the virtual ward."*

*"With the virtual ward, you knew you were dealing with a team of people. Before speaking to you, they would bring up my mum's notes on the screen, and they gave you confidence because they knew the last time they had spoken to you and what was going on. In the hospital, you spoke to a different person every time; they didn't always know what was happening, and it was very frustrating. When we were on the virtual ward that was a big positive."*

Virtual ward nurses visited David's mum daily to complete blood tests. David was absent at these times but thought his mum had found the visits comforting.

While they had communicated with a doctor at least five times (either answering their call or making contact themselves), they mainly spoke to the team within the virtual ward hub. David felt he had been kept well-informed and was impressed with the responsiveness of the virtual ward team to their contact.

*"Communication and being kept informed are what I feel are the most important things when a person is in a hospital, and the virtual ward is good at that."*

David was positive about their experience of the virtual ward service. He thought it made sense as a way to care for people and was a cost-effective way of providing the care they needed. Overall, he reflected that



**"With the virtual ward, you knew you were dealing with a team of people."**

**"Before speaking to you, they would bring up my mum's notes on the screen, and they gave you confidence because they knew the last time they had spoken to you and what was going on."**

admittance to the virtual ward had been better for his mum than a continued stay in the hospital. The prior hospital stay had been quite overwhelming for his mum, and the uncertainty about whether or not she would be discharged had been affecting her health and emotional wellbeing. The option to leave the hospital but still feel they were being well monitored had made a big difference.

Furthermore, David felt the virtual ward offered a more comfortable experience for them both. He expressed that most people would wish to avoid a hospital stay if they could, and it had enabled him to visit his mum in a much nicer environment – at home. He also mentioned that not having to travel to the hospital had benefited him personally.

*“I think just knowing there is someone there who is easily accessible. They answer the phone, talk in plain English, nothing too fancy. It’s nice to have that immediate contact, and you also have more confidence knowing that the monitor is sending through readings every minute. It’s pretty impressive really. That makes a big difference.*”

*“Also not having to travel into hospital and go into hospital is a far better experience for me and more importantly, for my mum.”*



**“Communication and being kept informed are what I feel are the most important things when a person is in a hospital, and the virtual ward is good at that.”**



## Support from the virtual ward

Forty survey respondents answered the question: **'Did you need to ask for help from the virtual ward team at any point while the person you support was using the virtual ward?'**

- 56% (23) did not need to ask for help.
- 41% (17) did ask for help.

Of these, 94% were either 'Satisfied' (24%, four) or 'Very satisfied' (71%, 12) with the response from the virtual ward team. One person had been 'Neither satisfied nor dissatisfied'.

There were 40 respondents to the question: **'Were you given information about where you could get support if you are providing care for your relative or friend?'**

- 68% (27) were given information about where they could get support.
- 18% (seven) said they were not given information about where to get support.
- 15% (six) did not know.

### Reflections from the free-text data

Twenty-four family carers and relatives reflected on the visits they had received from nurses, and support via the phone line, tablet, or in calls with doctors or consultants. Most comments about the support respondents received from the virtual ward service were positive (75%, 18).

- Respondents had felt well supported. Some felt reassured because they knew the virtual ward was monitoring the person they supported. Others were confident about finding help if they needed it from the virtual ward team, particularly through telephone support.
- Respondents were positive about the speed of response from the virtual ward

to any questions or issues.

- Staff were praised for being 'friendly', 'helpful' and 'efficient'.
- Respondents felt staff and clinicians had good knowledge of the patient's condition and could easily access essential details about the patient's case when needed.
- A small number of respondents said virtual ward staff had checked on how they were coping as a family carer or relative, which has been welcome.

**68% (27)** had been offered information about where to find support for unpaid family carers.



### Interview Insights

The virtual ward team were described by interviewees as 'wonderful', 'professional', 'efficient', 'delightful', and 'helpful'. Family carers and relatives were in regular communication with the virtual ward team, including during nurse visits and calls from doctors.

Most interview respondents felt confident they could contact the virtual ward team whenever it was needed. One described the availability of support from the ward team as a 'security blanket' and felt reassured that help was always available. Respondents said they could contact the team out-of-hours and typically got fast responses (e.g., within 15 minutes).

Multiple respondents described

instances where the virtual ward team had contacted them because they had been unable to monitor the patient and wanted to check on their welfare. This made family members feel confident that the patient was being well-monitored.

People who identified as a family carer were asked whether the virtual team had signposted them to organisations that could offer them support (e.g., Suffolk Family Carers). Some recalled receiving this information through a leaflet, while others told us they did not receive any information or could not remember.

Two interviewees were signposted to Suffolk Family Carers by Healthwatch Suffolk. This highlights that the virtual ward could serve as an ideal platform to identify and connect family carers with appropriate resources and assistance and suggests that verbal communication about this may be helpful where possible to ensure carers have the information they might need.

Examples of positive comments about the support families and carers received from the virtual ward service included:



*“One day, the telephone went, and they asked whether my spouse was okay. They hadn’t been able to monitor them for about an hour, and they were just concerned about him. What happened was my spouse had moved into another room, which was a long way from the hub, so they weren’t being picked up.”*  
(Interviewee)

*“Their biggest asset is the wonderful*

*staff. They are extremely professional. They seem to be working together as a team. If they said they were going to do something, they did it. It worked. It was very efficient.”* (Interviewee)

*“The communication was excellent, and you had the confidence in knowing that whoever you spoke to in the virtual ward Hub knew about Mum’s circumstances and they had time to read through her notes.”*  
(Survey respondent)

*“There was always somebody on the end of the phone to talk to if I needed help or advice. Twice a week, a nurse came to take blood and make sure we were both okay... I think the team were very supportive. Carry on the good work.”* (Survey respondent)

*“The staff we dealt with were very friendly and helpful. They could not have done any more. They explained things so they could be understood and gave all the follow-up info requested.”* (Survey respondent)

*“The virtual ward staff were very good in helping when both online and visits needed from nurses... Great care was given to me on daily check-ups to make sure I was okay and coping with everything by the virtual ward staff.”*  
(Survey respondent)

*“It was nice to know clinical and technical help was just a phone call away or could be discussed when the nurses visited... I feel the people that visited my dad were good at supporting me and carers.”* (Survey respondent)



*“I felt very much that they were on the end of that iPad. When I did put things in and talk to them, I got a very quick response from them.*”

“When my husband was feeling better six days into the virtual ward, it was a beautiful afternoon, and I messaged and said, ‘I’m just going into the local town. Can I take my husband out in the car for an hour?’. And they said, ‘No problem at all’. I did feel that they were there to back me and help me.”



## What could be improved about support from the virtual ward?

Six respondents suggested how support from the virtual ward could be improved. These suggestions were mostly given as part of a positive experience overall and included:

- Three comments in the survey suggested that nurse visits or consultant phone calls could be scheduled.  
  
They described how unscheduled meant they needed to ‘rush’ or get to the patient’s home quickly to take a call or when there was a visit. One person said this made them feel like they were expected to be with the patient 24/7, which may not always be manageable for those who do not live with their relative on the virtual ward.
- Two survey respondents felt they should have been told that the tablet they received for the virtual ward would be used for communication with staff. They said this may have impacted whether the virtual ward service could contact them, for example, if they had left the tablet in another room.

- One respondent had experienced a delay in the virtual ward team checking the notes that were uploaded to the tablet.

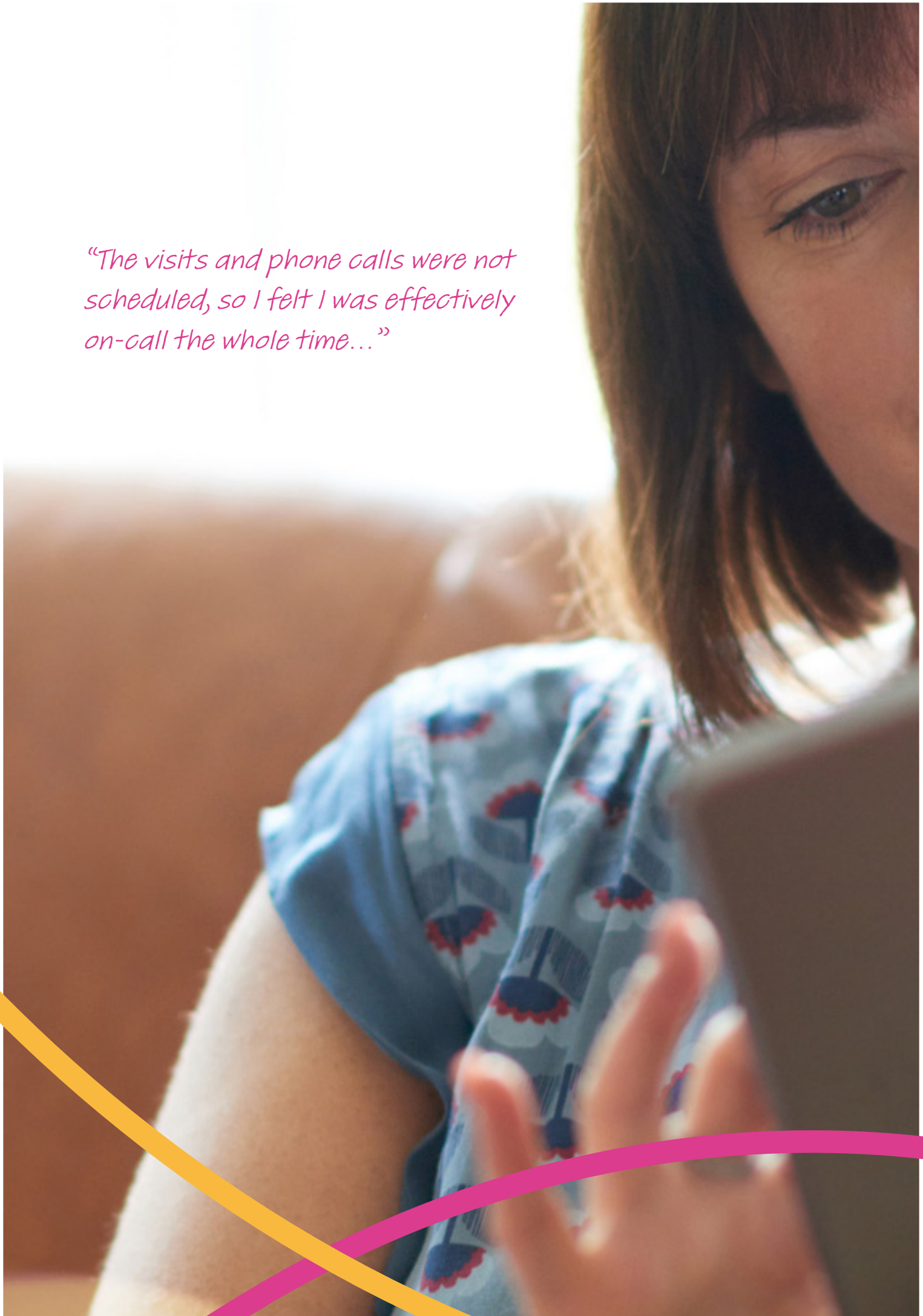
### Interview Insights



Most interviewees were happy with the level of contact they had with the virtual ward. One felt they should have received more regular updates about whether the patient’s condition was improving. They said they were ‘left high and dry in the air, about whether they were actually improving or going downhill’.

One interviewee had been unaware of requirements, such as letting the virtual ward team know when they were leaving home. Another felt that supporting their family member on the virtual ward significantly impacted their daily life. Due to the lack of scheduled calls, they felt they needed to be ‘on call’ during that time (See Caroline’s experience from page 24)

*“The visits and phone calls were not scheduled, so I felt I was effectively on-call the whole time...”*





Examples of comments about things that could be improved about the support family carers and relatives receive whilst on the ward included:

*“It is important that the patient/carer is aware that the ‘tablet’ will also be used as a one-to-one communication device...” (Survey respondent)*

*“We met one very minor difficulty in that the tablet was kept upstairs, and as a consequence, we were late in replying to some requests from the virtual ward hub. In retrospect, that was my fault. I should have brought the tablet into the living room. Seems a very small point, but when setting up, it could be pointed out that it would be helpful to make sure the tablet is in communication distance of patient or carer.” (Survey respondent)*

*“Unfortunately, after the first couple of days, the team seem not to check the tablet notes. We were told because my wife was sick that we should have a blood test, and also we were told she was due an ECG. But, even though I asked when these were happening on the tablet at 9:18, we called at 4:00 as no one had read the notes. They just blamed the miss on the weekend team even though it was Tuesday morning when we put the note on. We then get a call from a doctor who explained when we will get the blood test and ECG, but if the notes we added had been more important, it could have been a real problem.” (Survey respondent)*

*“The only thing that was a slight problem was that sometimes we were not sure if we were getting a visit from a nurse.” (Survey respondent)*

*“I think the virtual ward is a great idea, but I did feel it was a full-time role for me as a carer... The visits and phone calls were not scheduled, so I felt I was effectively on-call the whole time... I received calls at a restaurant when I had a rare night out and also when I was out trying to grab a bit of downtime, so there was no respite. The daily doctor calls were a bit haphazard... I think these could have been a bit more organised, i.e. scheduled at a particular time and people calling when they said they would... it felt like it was presumed I was with my dad 24/7 rather than being aware that I might have other things to do.” (Survey respondent)*



*“It would have been helpful to know a time when the nurses were going to arrive as Dad is very hard of hearing.”*

*“I often had to get round to his house quickly before the nurse had to leave.”*







*“I did feel the responsibility for my dad’s care very much lay with me rather than he was in hospital at home.”*



## What support did families and carers receive in an emergency?

Three survey respondents shared experiences of urgent care while using the virtual ward.

Two suggested that having a doctor on call at night for reassurance or emergency response without going to A&E would be helpful. Another suggested a fast-tracked pathway back into the hospital through the virtual ward would have been helpful. They had experienced a ‘lengthy’ wait in A&E. Finally, one person shared a positive experience whereby virtual ward staff had guided them through calling for an ambulance. They had immediate access to treatment at A&E.

### Interview Insights



Most interviewees had received information about how to contact the virtual ward team with questions or in emergencies. This had been facilitated through conversations with staff or by provision of an information pack.

Examples of comments about emergency support included:



*“Even when my husband was very ill again while on the virtual ward, they talked me through calling for the ambulance immediately with a medical emergency procedure, and he was taken straight to A&E with*

*immediate access to treatment.”*  
(Interviewee)

*“I did feel the responsibility for my dad’s care very much lay with me rather than he was ‘in hospital at home’. When we had a pseudo emergency at night (a nosebleed), I contacted the VW team to inform them. They called an ambulance, but it would be approximately six hours for it to arrive. Luckily, I managed to stop the nosebleed and cancelled the ambulance. But I was considering driving my dad to A&E as the response time of the ambulance was so slow. A phone call from a doctor at this point would have helped reassure me that I was doing the right thing... Having an on-call doctor available for emergencies would reassure that you are not alone.”*  
(Survey respondent)

*“No doctor on call from virtual ward overnight, no fast track back to hospital care in our emergency situation... If, whilst on the virtual ward, blood tests results require the patient being re-admitted to hospital, a fast track method for the virtual staff to allow patient back to a safe and quiet area whilst waiting for a bed on a ward would be a priority... As opposed to having to go through the lengthy and distressing wait in an inhospitable, noisy and intimidating curtained area in A&E. We appreciate a virtual nurse did try to smooth the way, but to no effect.”* (Survey respondent)

# Caroline's experience

---

Caroline's dad was on the virtual ward for three weeks. He was initially admitted into the same-day emergency ward, where he stayed for a couple of days before being discharged back to the GP.

The GP recommended that Caroline's dad should return to the hospital. However, Caroline believed this would not be in her dad's best interest. She felt that he had been feeling cold, and the ward lights had disrupted his sleep at night. When she brought this up, admittance to the virtual ward was offered as an alternative that would allow for the remote monitoring and daily blood tests her dad required at the time.

Caroline was ready to support her dad at home. However, she felt that there had not been enough time to explore the potential commitment involved from her perspective as a family carer.

*"[In the hospital] the lights were on 24/7, he wasn't getting any rest. It was quite stressful for him. He was quite cold, and whilst they were monitoring medical issues, I didn't feel they were taking care of, you know, 'Is he warm enough?' – [those] kinds of needs.*

*"Because I was reluctant for him to stay in, I thought. 'Yeah, [virtual ward] sounds like a great option'. So, I was involved in that... They didn't really explore, or I suppose I didn't really know, the extent of my time commitment. I think the assumption is that there is going to be somebody in the house with the patient 24/7 or at least a big stretch of the day."*

Before her dad's admission to the virtual ward, Caroline did not live with her parents.

However, she had moved in when her dad was on the virtual ward. She considered herself a family carer for him from this point onwards. In addition to this new responsibility, Caroline had other demands on her time. She was self-employed and had other caring responsibilities for family members with dementia and learning difficulties. She emphasised that the virtual ward had been a positive solution for her father's care, but she also felt it had been a lot to juggle during this time. It meant she could not find time for a break.

“I think the assumption is that there is going to be somebody in the house with the patient 24/7, or at least a big stretch of the day.”

*"I don't know that they ever said, 'Would you be okay with dealing with that sort of stuff?'... they didn't really explore, or I suppose didn't really know, the extent of my time commitment..."*

*"If I'd been working, I'm fortunate, I work for myself, I can work from home, but if I was out working, trying to hold down a full time job, I'd probably have got the sack.*

*There's no way I think you could do that. I think the assumption is that there is going to be somebody in the house with the patient 24/7, or at least a big stretch of the day."*

*"For my dad, he thought it was fine, but the impact on me, as I said, particularly because I have other caring duties and I'm trying to work... and I don't actually live with them, so I have my other home, my home life to try and just keep going as well, so it was a lot. But then... I would still have done it, I think they could have just made it a bit easier for me..."*

Caroline did not recall being told that there were going to be daily calls from doctors.



“I never liked to say, ‘It’s not a good time’. I think that whole side of it would have been easier for me if it would have been scheduled and I knew they were going to call at a particular time. All that side I found quite invasive.”



She had felt more involved in communication about her dad’s care than had been possible on the hospital ward, but she described her experience of the virtual ward as being on call ‘24/7’.

She explained that doctors would call the tablet provided to her dad, but he would not answer it and Caroline was not always available to take the call instead. She felt that the expectation was that she could always be available at home, despite her other responsibilities. After a while, virtual ward staff stopped ringing the tablet and began to ring Caroline’s mobile instead.

*“My dad was staying in bed upstairs. The tablet was up there. I didn’t hear it. He wasn’t going to answer it. The doctor got a bit like, ‘Well, you’re supposed to be in hospital’. And I’m like, ‘Well let me know when you’re going to call’. After a bit, they stopped calling the tablet and would just ring my mobile.”*

Caroline recalled instances where she had been busy or trying to get some respite, and she would receive calls from the virtual ward team to talk about something related to her dad’s care. She mentioned that doctors would ring using ‘no caller ID’ and she had felt pressured to answer with no means to return the call directly when it was convenient for her.

She understood that the doctors were busy, but she believed that scheduled calls would have felt less intrusive and given her more

time to tend to her other responsibilities. There were instances when she requested that the doctors call later in the day and hurried home to take the calls, but they did not happen. She was left feeling like communication was one-way, that she was always ‘on shift’ and that she has lost some control over her life.

*“I didn’t like to ever say no [to doctor’s calls] because it was very much a one-way thing. If I wanted to call them back, it was always no caller ID, so you didn’t have a number to just say, ‘I’ve missed the call’, or, ‘I’ll give you a call back in a minute’. I never liked to say it’s not a good time. I think that whole side of it would have been easier for me if it would have been scheduled and I knew they were going to call at a particular time. All that side I found quite invasive.”*

Caroline described an instance late one evening where her dad started to have a nosebleed, so she let the virtual ward service know. The virtual ward team rang her to tell her that they had called an ambulance, with the estimated time of arrival of six hours. During this time, Caroline began to question whether it would be best to take her father directly to the A&E. However, she felt ‘alone’ in coming to a conclusion about whether this was truly an incident requiring emergency care.

Eventually, her father’s nosebleed stopped, and Caroline contacted the virtual ward team to cancel the ambulance. She felt that there should be a priority emergency service

for patient's using the virtual ward, or an on call doctor to provide reassurance in similar situations.

*"It's all this thing of 'hospital at home' - not really. Feels like remote monitoring and that's fine if there's no emergency. It made me feel a little bit like I wasn't getting as much support as there could be around that side of things. Say, a doctor on call could be pragmatic, reassure you..."*

Overall, Caroline felt that the virtual ward had offered an improved level of care for her dad over that he might have received in the hospital and she had generally appreciated increased levels of contact with doctors involved in his care. If it was offered, she would have made the same decision again for her dad to receive this care at home.

Whilst this was the case, she also felt her fathers admittance to the virtual ward had been a difficult and isolating time for her personally. She was thankful when she was able to regain some independence for herself and to worry less about contact that might be needed with the ward day-to-day.

*"I think the overriding thing was, for my dad, it was really really good. I think, with a few tweaks, it could just make it easier for someone like me. You know to just schedule calls more. Don't just assume they're always available, simple stuff like that would have just made it a little easier."*

## The negative impact on family carers and relatives

One of the largest themes that survey respondents discussed in their feedback was the impact the virtual ward had for them, as family carers, and the patient.

In total, 29 survey respondents commented about the impact the virtual ward had on their day-to-day life, travel to the hospital and caring responsibilities. Most were positive about their experience. However, some made suggestions for how it could have been improved.

- Two respondents had a mixed view of the impact of the virtual ward on their daily lives and their responsibility to support the patient. One had found providing support for their spouse tiring because he had limited mobility. Both this respondent and their spouse were in their seventies. Another had felt like the expectation was they could support their relative 'full time', and that there needed to be greater awareness of the other responsibilities people have, such as their employment.
- Similarly, one person had found the service had been a 'bit disruptive' to their daily routine. However, they were able to resolve this by speaking to the visiting nurses. They did not provide further detail about what the nurses had done to help.
- In addition, family carers and relatives reported that a lack of a schedule for phone calls and visits could be a challenge for them to manage.

See the section on 'What could be improved about the support while using the virtual ward?' above for more detail.

### Interview Insights



Most interviewees had been able to continue their hobbies, routines, and day-to-day activities while their relative had been monitored by the virtual ward.

A couple of respondents felt they had needed to miss their usual social activities while caring for their family member on the virtual ward. They would have found this difficult if the stay had been longer than two weeks because the activities allowed them time to 'decompress'. However, they felt that this was not a 'hardship' during the time their partner had been accessing the support of the virtual ward.

Comments giving negative or mixed experiences of the impact of the virtual ward included:



*"Yeah, because I think for the carer they need a break as well. The things I do are particularly therapeutic, singing and painting and gym. I do these for my own mental health as well. It would've become quite difficult for me, I think, if it were going to be long-term - but I knew it was only going to be a week or so."  
(Interviewee)*

*"It was a bit disruptive to our daily routine but worth it, and once I discussed it with the nurses ... with a bit of flexibility on both sides, it was worked out and not a problem..."  
(Survey respondent)*

*"We are both in our seventies... [my husband] was not moving about much, so I found it very tiring 'fetching and carrying' for him but I wasn't travelling to the hospital every*

*day, and it was much easier for him being at home.” (Survey respondent)*

*“Be aware that this is not the carer’s full-time role, and they are possibly having to do everything single handed. They are possibly doing the VW stuff and all the other caring activities (cooking, washing, dressing etc.) as well as their normal ‘day job’.” (Survey respondent)*

Carers are often engaged in important activities to support their wellbeing and to access breaks from caring responsibilities. This may include singing groups, local community networks, clubs, or simply taking the dog for regular walks.



**Our research exploring ‘ageing well’ in Suffolk** has shown the extent to which such activities are critical to maintaining people’s wellbeing.

## The positive impact on family carers and relatives

Twenty-seven respondents described the positive impact and benefits of the virtual ward for them and the patient.

- Many survey respondents felt being at home had improved patient recovery, attributing this to reduced stress and anxiety, improved sleep outside of the hospital, having home-cooked meals and being in a familiar environment.
- Eight respondents felt more included in the care of the patient, compared to hospital stays. Doctor or consultant calls while on the virtual ward had been helpful because they could not always attend discussions in the hospital. Furthermore, they reflected that patients may struggle to recall or relay information correctly to the family carer or relative. In the hospital, some had difficulty finding staff who knew the details of the patient’s case. This had not been an issue on the virtual ward.
- Four were positive about the impact of the virtual ward on their daily life or caring responsibilities. These included comments such as having some ‘additional help’ while their partner was ill or that the virtual ward had a ‘minimal’ impact on them. One person felt able to go out knowing that their partner was in ‘safe hands’. Another considered that their partner’s admittance to the virtual ward was less disruptive to their employment than when they had been in the hospital.
- A key benefit of the virtual ward for family carers and relatives was avoiding travel to the hospital. This was especially important to those who did not have their own car, or lived in an area without reliable public transport. Some also referred to reduced fuel and parking costs.
- Some comments suggested the virtual ward service should be retained or expanded, while others said they would recommend it to others. One said that a service like the virtual ward would be their preferred option for palliative care.



*“I was participating, helping with their recovery...”*



## Interview Insights



Most family carers and relatives had found the virtual ward to be a positive experience overall. Benefits relating to transport were often highlighted by respondents, including eliminating the need for frequent hospital visits. This amounted to both financial and time savings by avoiding the need for travel, fuel, or parking. For some, this had been critical because they did not drive or had difficulties accessing public transport in their area.

One interviewee described how admittance to the virtual ward had been a better experience for the carer overall.

*“For me, it was much, much better than trying to visit the hospital. All a person does in hospital is just sit there and watch their partner. It’s very difficult. In a home situation, it’s entirely much better for the patient and for me as their carer.”*

Being at home was also viewed as better for the patient because it helped them feel more relaxed, to sleep better, and to recover more comfortably. One respondent noted that they could better meet the patient’s needs at home because busy staff in the hospital could not always care in the same way.

*“It was very quick when you wanted something. We all know how stressed the nurses are, and how overworked they are; they can’t always come when you ring that bell. My spouse didn’t need help to get to the bathroom but had basically 24 hours a day nursing. Plus, you have the comfort of your own bed, nice food. Overall, they were much, much happier at home.”*

Like survey respondents, interviewees also talked about feeling more involved in caring for the person they supported. One person emphasised that they had been able to speak with a doctor ‘every day’ on the virtual ward, which they felt they would not have had the opportunity to do if they were in the hospital. Another felt that admittance to the ward had enabled them to participate in the recovery of their spouse.


*“I felt better about it because (my spouse) was under my watch, so I felt much better and like I was participating, helping with their recovery.”*

Examples of positive comments about the impact of using virtual ward service included:



*“Having them home is so much better. It’s so much better for the patient as long as they’ve got support at home. [As a carer], not having to worry about getting the washing and shopping done before I go up to the hospital and sitting in them places. I was freezing. I had to have a blanket over me. It’s so much better at home. I’d never heard of virtual ward before this, but I’d say they’re wonderful.” (Interviewee)*

*“It was certainly stressful for me, but I was better informed and more involved in his care than I would have been. Plus, it alleviated the need for me to drive over two hours every day to see him, park the car, and all the things associated.” (Interviewee)*



*“I found the virtual ward experience positive... Not only did the virtual ward help with my mum’s physical recovery, I think the more important aspect was her mental well being, as she was in familiar surroundings. This, I’m sure, made a large impact with her being able to recover to an extent where she could be discharged perhaps quicker than if she was in hospital.” (Survey respondent)*

*“Having a loved one who is ill can be very stressful, demanding and exhausting. For me, the virtual ward offered a lifeline... The 1:1 service was excellent, giving constant reassurance to know there would be someone on the end of the phone or tablet to support, answer questions and allow me to ask ‘stupid’ questions in a confidential way as there were no other patients or visitors, as in a general ward setting.” (Survey respondent)*

*“Much better for me as I don’t drive, and no bus services.... my husband’s health improved with home cooking, and I felt very involved with his general overall care, much more than I would have felt in the hospital, just*

“

*“Having the daily call with the doctor meant I could get updated and ask any questions. From that point of view, it was much better than having someone in hospital where trying to talk to a doctor is usually difficult.”*

”

---

*sitting with him for an hour.” (Survey respondent)*

*“Occasionally, I needed to go out, and it was comforting to know I could leave him in safe hands... Having the freedom to care for my husband at home, as I am the person who knows him best, and focus on his needs at a time to suit him was perfect. The familiar surroundings kept him calmer, and so did I! This helped me too, as I care for him all the time, but I had some additional help with all the virtual ward team in his acute illness. I slept well, giving me the strength to continue the next day.” (Survey respondent)*

*“I would highly recommend this approach to care for family members who are able to manage the technology. It suited both the patient and the carer, we loved staying at*

”

*“We loved staying at home and avoiding all the risks of a hospital (catching infections), busy, noisy wards.*

**“This must be a way forward.”**



*home and avoiding all the risks of a hospital [catching infections], busy, noisy wards. This must be a way forward. My husband has expressed a wish to die at home when the time comes, and if we can do this with input from the palliative care team, then why wouldn't we do that to keep people out of hospitals or let them home early?" (Survey respondent)*

# 4. Respondents



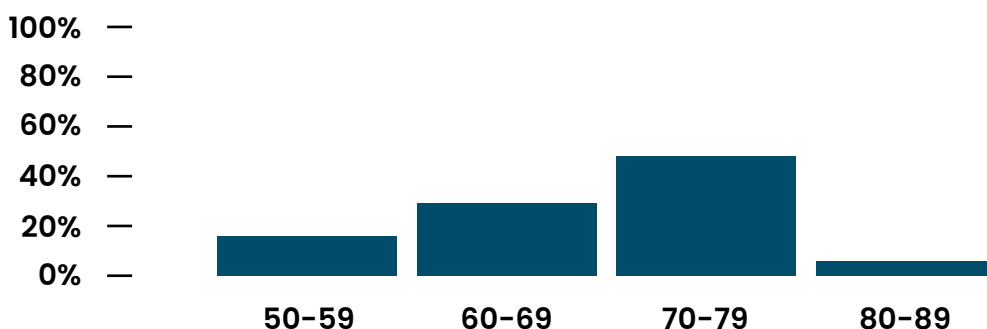
## Who responded to the survey?

Demographic information about respondents to the survey was as shown below.

### Respondent age

Thirty-one respondents gave their age.

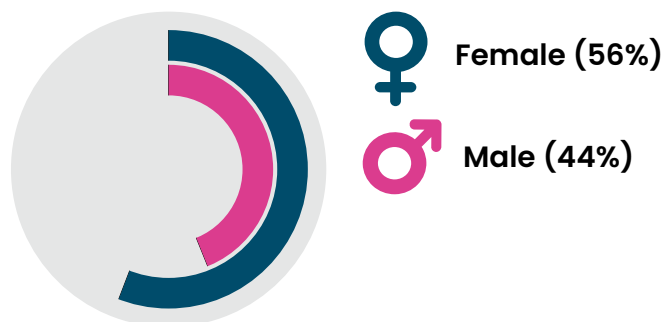
Of these, 16% (five) were aged 50–59, 29% (nine) were aged 60–69, 48% (15) were aged 70–79 and 6% (two) were aged 80–89.



### Respondent gender

Thirty-two respondents gave their gender.

Of these, 56% (18) were female, and 44% (14) were male. No respondents described their gender another way.



## Respondent ethnicity

Thirty-three respondents gave their ethnicity.

Of these, 32 reported their ethnicity as 'White - English/Welsh/Scottish/Northern Irish/British', and one person reported their ethnicity as 'White - Any other White background'.

	Count	Percentage
White – English/Welsh/Scottish/Northern Irish/British	32	
White - Any other White background	1	

# 5. Background



## What is a virtual ward?

The virtual ward service at West Suffolk Foundation Trust (WSFT) launched in November 2022<sup>6</sup>. By October 2024, the service had treated over 7,000 patients<sup>7</sup>.

A virtual ward is a service that provides support and monitoring to patients at home as an alternative to being in a hospital. WSFT<sup>6</sup> describes the service patients might receive on a virtual ward as follows:

*“Patients that are suitable are referred to the virtual ward with a care plan in place that uses technology to monitor their health at home.*

*“Once referred, a patient’s vital signs are*

*recorded and monitored in real-time at West Suffolk Hospital’s virtual ward hub through the technology provided to them. The innovative, wearable monitoring device measures their vital signs, such as blood pressure, heart rate and oxygen levels.”*

Patients are ‘reviewed daily’, and monitored through a combination of home visits, digital ward rounds, and wearable technology. Examples of the types of conditions patients eligible for the virtual ward might have include ‘heart failure, respiratory illnesses and acute kidney injury’<sup>7</sup>.

To learn more about the virtual ward service at WSFT, [watch their YouTube video here](#).

1. NHS England. What is a virtual ward? [Internet].
2. Norman, G; Bennett, P; Vardy, E R L C. Virtual wards: a rapid evidence synthesis and implications for the care of older people. *Age and Ageing*. 2023;52(1).
3. NHS England. Rapid evaluation report: chronic obstructive pulmonary disease virtual ward enabled by technology [2023].
4. Leong, M Q; Lim, C W, Lai, Y F. Comparison of Hospital-at-Home models: a systematic review of reviews. *BMJ Open*. 2021;11(1).
5. NHS England. Virtual wards: resources, guidance, and networks [Internet].
6. West Suffolk Foundation Trust. Virtual ward is making a real difference across West Suffolk. 2023.
7. Suffolk and North East Essex Integrated Care Board. Two years after the launch of virtual wards, more people are receiving care at home. 2024.

The implementation of virtual wards is relatively recent, enabled by the increasing use of digital technology within health and care services. However, there is good evidence (see footnotes 1–7) to suggest that virtual wards may have benefits for both patients and services. These include:

- improved patient satisfaction, experience and comfort from staying in a familiar environment;
- increased independence for the patient and more personalised care;
- improved cost-effectiveness through a reduced length of stay in hospital;
- lower risk of hospital-acquired infections and ‘de-conditioning’;
- improved clinical outcomes;
- lower readmission rates.

## What was this research needed?

Despite growing evidence demonstrating the benefits of virtual wards for patients, there is a gap in the existing evidence about the impact on family carers and relatives supporting a patient using a virtual ward.

This gap in understanding family carers and relatives experiences was recognised by virtual ward staff at WSFT, and the NHS Suffolk and North East Integrated Care Board (SNEE ICB). In July 2024, these organisations agreed to work with Healthwatch Suffolk to develop and launch independent research with family carers and relatives using the virtual ward service at WSFT.

This work has been funded under an existing agreement between HWS and SNEE ICB to complete research and evaluation projects around digital transformation in health and care.

Overall, this research has aimed to answer the following questions:

- What are family carers and relatives experiences of supporting someone using the virtual ward services from WSFT?
- What are the benefits of the virtual ward for family carers and relatives?
- What challenges, if any, do family carers and relatives face supporting someone on the virtual ward?

## Interpreting our data – methods and limitations

### How did this research seek feedback from family carers and relatives?

One of the critical considerations for this research was how to communicate with family members and carers.

Healthwatch Suffolk was reliant on staff at WSFT to contact families using the service directly. Furthermore, as the project targeted family members and carers, communication potentially needed to be ‘passed on’ through the patient to those who supported them whilst using the virtual ward.

To overcome these challenges, the project was communicated widely (including in west Suffolk communities by Healthwatch staff) and used a multi-method approach, detailed below.

- **A short survey:** A short survey, available online and in paper copy made communications about the project easy to distribute for virtual ward staff. The survey included both quantitative (closed-ended) and qualitative (free-text) questions.

Using a survey allowed HWS to quickly capture a broad sample of views from family carers and relatives, as well as consent to contact to take part in a follow-up conversation. WSFT promoted the survey:

- » in person by visiting virtual ward nurses;
- » through an administrator for the virtual awards who has regular telephone contact with patients;

HWS promoted the project on its website and social media, and through partners who may have contact with patients who had used the virtual ward, such as Suffolk Family Carers (SFC).

- **Follow up interviews/ phone calls:**

Some family carers and relatives who responded to the survey were contacted directly by HWS to participate in a semi-structured telephone interview.

Completing these interviews allowed HWS to explore family members and carers' experiences in greater depth.

- **Case studies:** In addition to taking part in a follow-up interview, two family members or carers were invited to share their stories as case studies.

### How did HWS co-produce this research?

A commitment to co-production is a core value for HWS. To co-produce this research HWS:

- Engaged with commissioners in a workshop to develop the aims and survey methods and ensure that the project would meet their needs. Commissioners were offered subsequent opportunities to comment on and review the core survey content.
- Met with representatives from Suffolk Family Carers (SFC), a local VCFSE organisation supporting family carer's needs in the county. SFC staff were able to share their view on what carers needs were likely to be, and how they would approach the conversations with carers. SFC staff also offered comments

on the draft survey.

- HWS co-produced the survey content with a small group of virtual ward service users. This was facilitated by the virtual ward team sharing a draft of the survey with a small group of patients and carers using the virtual ward service.

These early respondents to the survey were then contacted to:

1. Provide feedback on the survey questions and their overall experience of completing the survey.
2. Tell HWS about their experience of the virtual ward more generally to provide context for the design of the survey content and follow up interviews.

### Are there any limitations to the findings?

All research methods have limitations. Transparency about these limitations helps ensure that the findings can be interpreted accurately.

Key limitations of the findings of this report include:

#### Selection bias

The project primarily relied on virtual ward staff to reach family carers and relatives. Staff may have consciously or unconsciously offered the survey to select patients or families.

This is not a criticism of virtual ward staff but reflects a well-documented bias in research which does not use a random sampling methodology<sup>13</sup>. For example, another source of bias could be HWS researchers' selection of carers or family members for a follow-up call.

To try and mitigate for this, HWS:

- communicated independently about

the project through our website, social media and partners.;

- aimed to contact respondents with both positive and negative experiences for a follow-up interview.

### Representativeness

The findings are based on a relatively small sample of family carers and relatives who used the virtual ward service.

While respondents provided high-quality feedback that is likely to reflect people's experiences in general, some gaps remain. For example, the research did not hear from any respondents from an ethnic minority background other than 'White – other'. Future attempts to gather feedback about the virtual ward service could address this by focussing on these communities.

### Social desirability bias

This is a common bias in social research<sup>8,11</sup> in which respondents may frame their answers in a way to avoid negative judgement or present a 'socially acceptable' view of their opinions or behaviour<sup>12,13</sup>. This can distort the findings by masking potential issues.

Within this project, for example, family carers and relatives may have wanted to portray themselves as having coped well with supporting the patient. They may present a more positive view of their experience. Or, they may have downplayed any difficulties or challenges because they did not want to seem ungrateful for the service they had

received.

The main method of mitigating social desirability bias was supplementing the information in the survey with follow-up interviews. Previous HWS research has shown that interviews help to build trust and rapport with participants, encouraging more open and higher-quality feedback (see footnotes 9,10,14, and 15).

In this evaluation, participants were more likely to discuss potential challenges or difficulties during an interview. However, findings from both methods relied on self-reported data and could be open to this bias.

### Participant relationships

Another form of bias may be present where carers or family members have answered a questionnaire or taken part in an interview with the person they support present.

This may influence their responses, for example, wanting to avoid making the patient feel like they had been a burden. While HWS encouraged family carers and relatives to speak to us individually, a small number of interviews were conducted with the patient present at the carers request.

- 
8. SmartSurvey. Response bias in surveys: what it is and how to avoid it [Internet].
  9. Healthwatch Suffolk. "What's it like?": Care and nursing homes in Suffolk. [Internet].
  10. Healthwatch Suffolk. Our trusted insights – Home care services in Suffolk [Internet].
  11. Júnior, J P B. Social desirability bias in qualitative health research. *Revista de Saúde Pública*. 2022; 56(9).
  12. Be-Sense.com. Understanding social-desirability bias: Causes, effects, and how to mitigate it. [Internet].
  13. Krumpal, I. Determinants of social desirability bias in sensitive surveys: A literature review. *Quality and Quantity*. 2013; 47(4).
  14. Healthwatch Suffolk. 'A roundabout without signposts': People's experiences of dementia in Suffolk. [Internet].
  15. Healthwatch Suffolk. "Like drowning in air" – living with COPD in Suffolk. [Internet].

We will be making this report publicly available by publishing it on the Healthwatch Suffolk website.

We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

**If you require this report in an alternative format, or language, please contact Healthwatch Suffolk on 0800 448 8234 or by email to [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk)**

## **Contact us**

### **Healthwatch Suffolk**

**Email:** [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk)

**Tel:** 0800 448 8234

**Website:** [www.healthwatchsuffolk.co.uk](http://www.healthwatchsuffolk.co.uk)