Key themes across discussions

Session 1

Key themes from across discussions

- Clinical buy in, medical responsibility when pts interfacing between 2 services and governance around that
- Start small when staring a project and build on it slowly
- Getting acute trust on board with the model is one of the highlighted challenges. It's something about trust in terms of how they can have confidence in something like this to discharge people sooner
- Information governance challenges, when in silos as providers it makes IG more simpler but as you across organisations and have patients in virtual wards there are issues in how we share that data and we support mutual aid and IG challenges that brings
- Use of honorary contracts as a workaround on access to systems
- ICS- being a potential solution. Few people are working on ICS level and its still a challenge
- ICS compounds the problem because trying to bring 31 PCNs and 4 trusts together for step up and step down makes the problem worse. If we treat each PCN as an individual then the problem becomes much simpler
- Breaking challenge down into step up (admissions avoidance) and step down (early supported discharge) models within primary, secondary and community areas

Session 2

- Importance of communication and engagement with MDT particularly referring clinicians. Engagement with referring clinician
  Present the results e.g. patient doing well to increase confidence
- Sharing common pathways and reducing duplication
- Using clinical reference groups for example to get buy in to drive those pathways for remote monitoring and virtual wards

- How information governance is key enabler – (NHSX commissioned some work on this and we will keep you updated)
- How to support multiple languages through virtual ward solution to ensure fully inclusive
- How we can extend the sessions as one hour not enough for these conversations. Potential space to keep the conversations, and connections going

Session 3

- Getting clinical engagement including GP, nurses in primary care given recent letter from NHS England to put normal activity on hold, Clinical Consultants at senior level within the trusts
- How care sector could be incorporated into LTC
- Need to have clear and defined definitions of virtual ward, LTC, NHS@Home as it means different things to different people and how this is included within the guidance, so we all have the same view
- In-year funding is a bit of hiatus in terms of transformation and getting projects off the ground- next year will be the last that funding will be managed that way. We are listening to what you are saying about the how tricky the funding can be at times
- How care sector could be incorporated into LTC
- Need to have clear and defined definitions of virtual ward, LTC, NHS@Home and how this is included within the guidance so we all have the same view

Session 4- meeting stood down

Tech enabled guidance shared and members encouraged to connect via NHS futures online collaborative platform

Session 5 – Feedback session

Members were happy to keep the same format of sessions

Benefits of NHS futures

- Extension space for members who find that one hour is not enough for the sessions
- Useful for those wanting to keep the conversations, and connections going
- Good for checking and sharing information on other projects

What benefits/value that have been realised so far as a result of implementing technology-enabled remote monitoring of LTC or virtual wards?

- Benefits to patients sharing information and earlier discharge admission avoidance
- Less travel for clinicians and patients
- Improved patient experience, reduction admissions, started to collate information into ESD and reduced LoS

- Estimated benefits but we could do with a clinician going through to determine actual benefits
- Bed day savings and reduction in LoS, prevention of admission
- Some reduction in LAS callouts and no-elective admissions, strong partnership working
- Avoided F2F visits, PGs, ANPs, home visits, A&E, admissions
- Early supported discharge for covid patients and admission avoidance for Asthma patients
- Clinical time sharing information
- Plus links to ICS