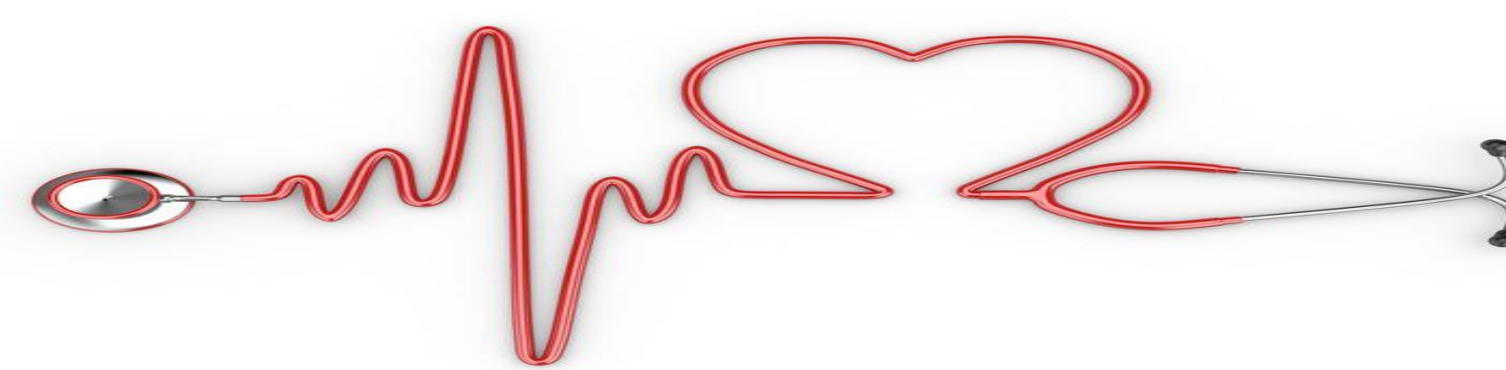# Linking Virtual Ward with General Practice

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1-Background

- Virtual wards are a model for delivering multidisciplinary case management to people who are at high predicted risk of unplanned acute care hospitalization. First introduced in Croydon, England, in 2006, this concept has since been adopted and adapted by health care organisations in other parts of the United Kingdom and internationally. Virtual wards have been modified and implemented in 6 sites in the United Kingdom, United States, and Canada where they are subject to formal evaluation. Like hospital wards, virtual wards vary in terms of patient selection, ward configuration, staff composition, and ward processes. Policy makers and researchers should be aware of these differences when considering the evaluation results of studies investigating the cost-effectiveness of virtual wards. Virtual wards are a model for delivering multidisciplinary case management (Population Health Management 2012; 15:315–321).

- In Southampton city in England United Kingdom (UK) the virtual ward has been used with the aim of preventing frequent hospital admission and as a means of planning care using a multi-disciplinary team (MDT) approach. The standard operating procedure(SOP) devised by Solent NHS Trust (2017) informs the standard which the virtual ward process should take. This process has not been evaluated. This service evaluation aims to identify whether the aims of the SOP are being met and whether frail elderly people in the community are benefiting from the current available communication with general practice.

- The risk stratification tool used by the case management team in Southampton city now includes a frailty index score using the Rockwood scale

2-Aims/Objectives

- To evaluate whether there is effective communication between the virtual ward in Southampton City and General Practice.

- To evaluate whether the Solent SOP for virtual wards meet the needs of frail people living in the community.

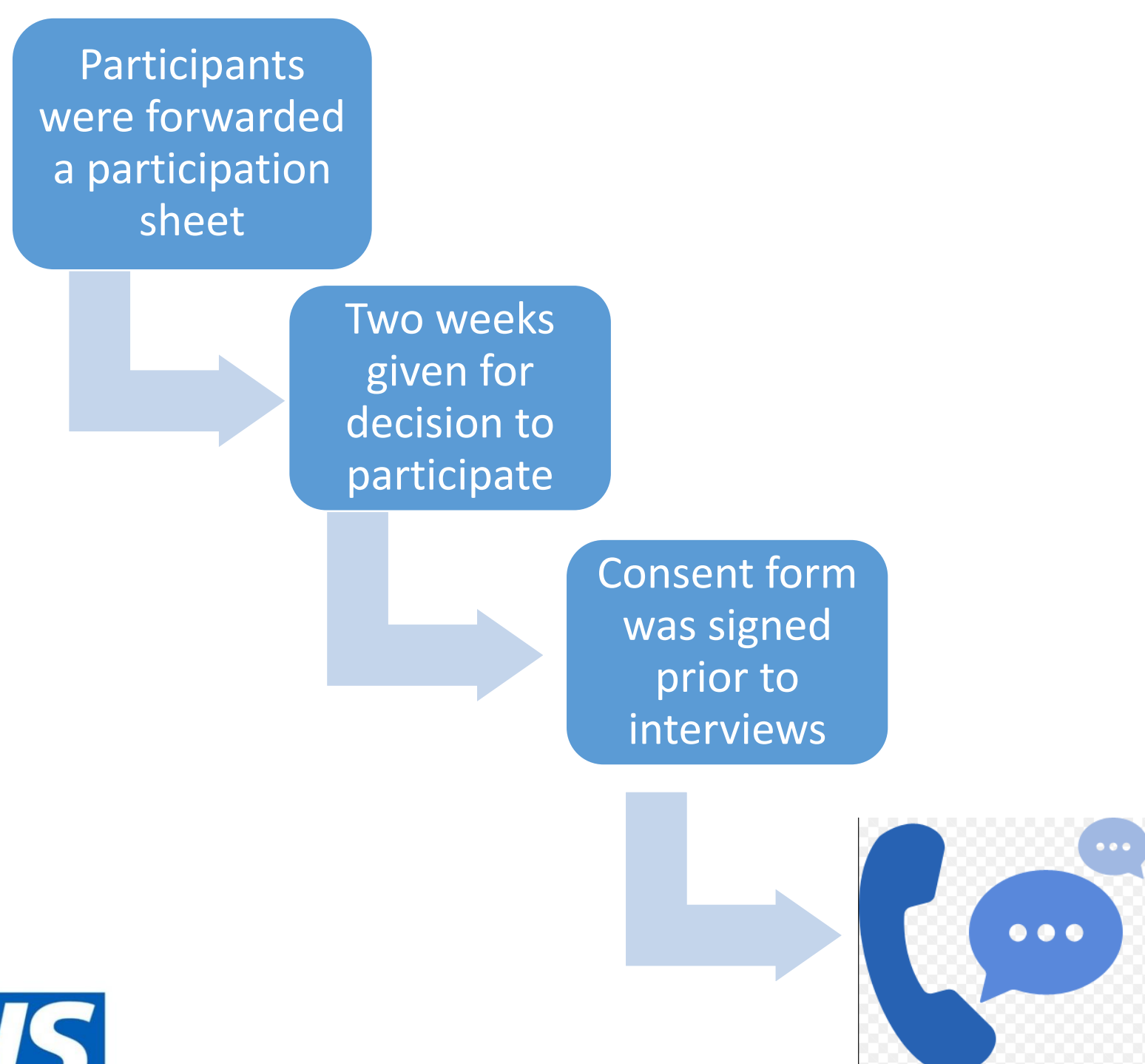- Findings of this evaluation to contribute to service development.

3-Standards/Guidelines

- The standard operating procedure for virtual wards.

- The Risk Stratification Tool for referral to case management.

4-Sample/Data Source

- Two General Practitioners, including GPs who have had patients discussed in one virtual ward meeting.

- Observation of one virtual ward meeting.

5-Methodology – Data collection and recruitment of participants

6-Data Analysis

Questions asked of the two GPs	GP Responses
1.Are you aware your patients were taken to virtual ward?	'No' from both GPs (GP 1 and 2)
2.Have you received Anticipatory Care Plans?	'No information' from both GPs (GP 1 and 2)
3.Are you aware of the discharge date?	GP 1 said 'sometimes' GP2 said –'no'
4.Is there anything else you can tell me?	GP 1 said ' there needs to be a development of how we communicate about the virtual ward between GPs and the virtual ward MDT.' 'I get told when they are discussed only if I ask, and I ask because I have a vested interest in virtual wards, otherwise I will not know'. GP1 said 'we get information from district nurses about our patients, but we do not get informed that they are on a virtual ward, I ask because I have an interest in virtual wards.'

7. Observations from Virtual Ward Meeting

- Patients from both cluster six and five who were vulnerable were discussed and this was according to the Solent NHS Trust SOP for virtual ward.

- There was collaboration around the table regarding patients' activities of daily living including social, psychological physical and mental situation .

- There was good interaction between the elderly care practitioners, geriatric consultants and the rest of the MDT about patient care in the acute sector and in the community.

- There was no consideration of whether General Practice were aware of their patients being discussed in the virtual ward

- There was no discussion about whether information about patients in the virtual ward will be forwarded to their GPs

- There was no discussion about whether patients had Ambulance Anticipatory care plans (AACPs)or whether the AACPs had been forwarded to patients GPs.

8-Overall Summary

- The local SOP and case management risk stratification tool has acted as a driver for this evaluation. This evaluation demonstrates a robust collaboration within MDTs in one community setting. However how this communication is shared with General practice remains unknown. Further evaluation of a wider nature is required to obtain a full picture about communication between General Practice and community care teams. There are limitations in this review, as the review demonstrates a picture of one virtual ward in Southampton City in Solent NHS Trust.

9- Lessons Learnt

- Time management – allocated, sufficient time needed to do project

- Project needed commitment and dedication of all stakeholders

- Time plan to be put in place for service implementation with collaboration multi-disciplinary team