

# Carers UK Policy Briefing: Virtual Wards including Hospital at Home – updated Jan 2024

## **The purpose of this document:**

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This briefing document has been created by Carers UK to provide an initial overview of virtual wards (sometimes referred to as Hospital at Home) – including what they are, why they are being established, the level of funding virtual wards will be afforded and what they mean for carers and local carer organisations in England.

Carers UK forms the Carers Partnership within the Health and Wellbeing Alliance, along with Carers Trust. We have produced a [checklist](#) for unpaid carers with suggested questions and issues to raise with professionals if the person they care for is being discharged into a virtual ward. We have also produced a template [carer information leaflet](#) to be used by local organisations with their own branding to help carers better understand what virtual wards are.

If you are a local carers organisation and are involved with virtual wards and supporting unpaid carers or if you've been part of any virtual wards work, we'd like to hear from you. Similarly, we'd also like to hear from carers that have experienced virtual wards or hospital at home. Email [policy@carersuk.org](mailto:policy@carersuk.org) so that we can talk to you in more detail.

Alternatively, if you are happy to share an overview of what you think is good about virtual wards or anything you would like us to consider, please leave a comment on our forum post [here](#).

## **What are virtual wards including Hospital at Home?**

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**A virtual ward, or Hospital at Home, is an alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute (i.e., short-term) care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.<sup>1</sup>**

The NHSE guidance state that virtual wards are not intended for enhanced primary care programmes, long-term condition management, intermediate or day care, safety netting, proactive deterioration prevention or social care for medically fit patients for discharge. Wider virtual care supported services, including NHS @home, are scaling up to enable these cohorts to be increasingly supported both at home and within the wider community.

## **How many virtual ward or Hospital at Home schemes are there?**

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<sup>1</sup> [Enablers for success: virtual wards including hospital at home](#), NHS England, April 2022

The number of virtual wards or Hospital at Home schemes is changing all the time. In March 2023, there were 340 virtual wards across England with over 7,000 “beds” and by September 2023, this had risen to over 400 virtual wards and 10,000 beds. Overall, 240,000 patients have been treated on a virtual ward since April 2022.

The expectation is that each Integrated Care Board (ICB and there are 42 of them in England) has at least one frailty virtual ward and one Acute Respiratory Infection virtual ward, but some have more and they are expanding into other areas.

## Why are virtual wards being established?

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With COVID-19 having rapidly spread across the world and leading to unprecedented pressure on healthcare systems, virtual wards grew in popularity and were established to:

1. Avoid unnecessary hospital admissions (‘appropriate care at the appropriate place’).
2. Escalate cases of deterioration at an earlier stage to avoid invasive ventilation and ICU admission.<sup>2</sup>

Some studies have shown that patients have found such remote monitoring to be a positive experience<sup>3</sup> – suggesting virtual wards supported increased patient choice and personalised care, allowing patients to be treated in a more comfortable home environment.<sup>4</sup> There is however yet little in-depth evidence specifically of carers’ experience of virtual wards.

Virtual wards can be implemented quickly, and according to NHS England and NHS Improvement analysis of hospital admission data, a virtual ward of 50 beds could deliver the equivalent of 31 additional secondary care beds through more effective utilisation of staff.<sup>5</sup> Data has also shown that virtual wards reduce emergency department presentations and hospital admissions.<sup>6</sup>

## How much government funding do virtual wards have?

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Integrated Care Systems (ICSs) have been asked to develop comprehensive, multi-year plans and deliver virtual ward capacity equivalent to 40-50 virtual ward ‘beds’ per 100,000 population. Whilst the original hope was that this would be achieved by December 2023<sup>7</sup>, the current focus is to continue to grow capacity and maintain 80% utilisation.

In the first year, £200 million of funding was made available from the Service Development Fund (SDF) in 2022/23. The current Urgent and Emergency Care (UEC) guidance states that of the £1 billion to improve UEC performance, £590 million of UEC capacity funding can be spent on a mix of physical and virtual beds. In 2023/4 £590 million of Urgent and

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<sup>2</sup> [Remote home monitoring \(virtual wards\) for confirmed or suspected COVID-19 patients: a rapid systematic review](#), Cecilia Vindrola-Padros, Kelly Singh, Manbinder Sidhu, et al., June 2021

<sup>3</sup> [Triage into the community for COVID-19 \(TICC-19\) patients pathway: service evaluation of the virtual monitoring of patients with COVID pneumonia](#), Joseph Nunan, David Clarke, Afsaneh Malakouti, et al., November 2020

<sup>4</sup> [Supporting information: virtual ward including hospital at home](#), NHS England, March 2022

<sup>5</sup> *ibid*

<sup>6</sup> [A community virtual ward model to support older persons with complex health care and social care needs](#), Clare Lewis, et al., June 2017

<sup>7</sup> [2022/23 priorities and operational planning guidance](#), NHS England, February 2022

Emergency Care capacity funding can be spent on a mix of physical and virtual beds. million notionally allocated in the Urgent and Emergency Care plan (published January 2023).

## What do virtual wards mean for carers and local carer organisations?

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Early case studies from Leeds,<sup>8</sup> Kent<sup>9</sup> and Hull and East Riding<sup>10</sup> have suggested that the consensus is that virtual wards patients and their carers felt listened to, treated with dignity and respect, and they have improved trust and confidence in virtual ward professionals.

*“The people we care for, and their carers, are saying they’re more satisfied too.”*

However, some research in the area has flagged that if not done well, virtual wards could pose potential risks for unpaid carers – as they may be expected to pick up even more caring responsibilities (“burning out”, as one research paper describes it), without being identified, or being supported for their own needs as carers.<sup>11</sup>

With virtual wards being frequently used by people who have existing care needs prior to acute illness, NHS England has acknowledged that evaluations of virtual wards should include carer outcomes and experiences as a priority.<sup>12</sup>

Carers UK’s survey, State of Caring 2023, asked carers about their views about virtual wards whether they had experienced them or not. Only 3% had experience of a virtual ward.

- 56% of carers felt that a virtual ward would mean receiving care in a more comfortable environment
- 48% felt it would prevent a unnecessary trip to hospital
- 46% felt that it would give them more personalised care and
- 45% considered it would give them more ownership over care.

However, not all carers felt that virtual wards would be positive for their caring situation:

One in six carers felt virtual wards would not provide personalised care

One in six (17%) felt they would not provide more ownership of care

A majority (55%) felt that virtual wards would also involve them providing more care. This could be a concern when the majority of respondents to Carers UK’s State of Caring survey are providing substantial care and are also in poor health, both mentally and physically.

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<sup>8</sup> [Case study: providing rapid care to people in their own home rather than going to hospital, through a frailty virtual ward in Leeds](#), Angela Gregson, March 2022

<sup>9</sup> [Case study: virtual wards empower the people we care for in east Kent](#), Sharel Cole, Shelley Sage, Shelagh O’Riordan, March 2022

<sup>10</sup> [Case study: supporting people living with frailty in Hull and East Riding](#), Dan Harman, Anna Folwell, March 2022

<sup>11</sup> See, [Virtual wards: a rapid evidence synthesis and implications for the care of older people](#), Gill Norman, Paula Bennet, Emma Vardy, June 2022, and [Perceptions of hospital-at-home among stakeholders: a meta-synthesis](#), Crystal Min Siu Chua, Stephanie Qianwen Ko, Yi Feng Lai, et al., August 2021

<sup>12</sup> [Enablers for success: virtual wards including hospital at home](#), NHS England, April 2022

Where a virtual ward follows hospital discharge, unpaid carers providing substantial care do not have consistently positive experiences of being involved and consulted, despite legal requirements on NHS Trusts to do so. Source: Carers UK, State of Caring 2023 Health and Wellbeing of Carers.<sup>13</sup>

- Only 38% of unpaid carers providing substantial care agreed that they were involved about the care and treatment needed by the person needing care.
- One in five carers were asked about their willingness and ability to care (legal requirement in the Care Act 2014)
- 14% said they received sufficient support at the point of hospital discharge to protect their own health and wellbeing as well as that of the person they cared for.

It is critical, therefore, that the virtual wards set up and delivery must involve carers.

**NHS England recognises this in a [guidance document](#) that to “mitigate any potential risk associated with virtual wards that unpaid carers will be asked to pick up more caring responsibilities, virtual wards must be designed in such a way that enables professionals to”:**

- Identify unpaid carers;
- Signpost carers to carers’ assessments and further support, such as advocacy and respite care;
- Involve carers as equal and expert partners in care
- Be aware of carers’ rights under the Care Act 2014, and young carers’ rights under the Children and Families Act 2014
- Have informed discussions with carers about the choices available for care including having the right to choose the level of care they can provide, including the right not to provide care if they are unable or unwilling to do so.<sup>14</sup>

**NHS England’s guidance further elaborates that the delivery of virtual wards must consider the needs of carers. Those delivering virtual wards should:**

- Recognise unpaid carers as equal partners in care who can provide vital information about the person with care and support needs
- Include unpaid carers in all aspects of the virtual ward care – from discharge planning and support, to whether the person with care and support needs should remain in a virtual ward if situation changes
- Respect carers’ wishes in terms of which aspects of care they are able and willing to provide, if any
- Make carers aware of their rights
- Ensure that carers have access to information about what to do if:
  - they are no longer able to provide care on a virtual ward;
  - their needs have worsened;
  - the needs of the person receiving care have worsened.<sup>15</sup>

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<sup>13</sup> <https://www.carersuk.org/policy-and-research/state-of-caring-survey/> State of Caring 2023, the impact of caring on health

<sup>14</sup> ibid

<sup>15</sup> ibid

**Local carer support organisations are also mentioned as being integral to bringing a voluntary, community and social enterprise (VCSE) service perspective to system and service design.**

NHS England states that local carer support organisations will also be well placed to support unpaid carers, and many – if commissioned – will also be able to provide vital respite breaks that so many carers need.<sup>16</sup>

## **Questions to ask for local carer organisations**

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In addition to the points above, Carers UK want to ask the following questions:

- How are local carer organisations, local carers' support and local carers' lead commissioners involved in virtual wards?
- Are there robust mechanisms for identifying carers, including them on the patient's care record?
- Is the carer prompted to register with the GP practice as a carer and enabled to do so?
- Is there a proper check that the carer is willing and able to care?
- Is the carer given the right information and advice?
- Are there clear referral pathways to local carers' organisations?
- Are they also being provided with the right learning or training to understand the services that are supporting as part of the virtual ward?
- Are there clear lines of communication so that the carer knows who to contact if they have worries or concerns?
- Are there contingency plans in place, including if the carer is not able to provide care, and are these made with and shared with the carer?
- Are you encouraging carers to use digital resources that support care coordination, such as [Jointly](#)?
- Are carers made aware of their employment rights if they are juggling work and care?
- Have all staff involved with virtual wards had carer awareness training?
- Are there "discharge arrangements" once a patient leaves the virtual ward, and is the carer involved (Health and Care Act 2022).

## **Contact:**

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