

The experience of Virtual Wards at Croydon University Hospital

September 2024

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Executive Summary

Healthwatch Croydon conducted a phone survey with patients who were currently or recently had used virtual wards and remote monitoring between January and May 2024 to gather patient experiences about this service.

This survey aimed to understand patient perspectives on the shift from traditional hospital care to receiving care at home through advanced technology. Thirty patients participated, sharing their thoughts and experiences.

Most of these patients were already familiar with the concept of virtual wards and felt comfortable with the technology. When asked about their preference for treatment location, 87% of the patients expressed a preference for being treated at home in a virtual ward rather than in a hospital.

The survey reveals a strong preference for home-based care, with 87% of patients favouring treatment at home over hospital care. This preference underscores the importance of considering patient needs and preferences in developing remote monitoring and virtual care services. The findings highlight the benefits of virtual wards, such as convenience and personalized care, and emphasize the need for accessible and user-friendly technology to ensure all patients can benefit from these advancements.

This strong preference for home-based care indicates that many patients are open to and see the benefits of virtual wards. They appreciate the convenience and personalized care that comes with being treated at home instead of in a hospital. These insights are crucial for planning the future of healthcare. They highlight the need to focus on patient preferences when developing new remote monitoring and virtual care services. By aligning healthcare services with what patients want and need, we can achieve better overall care and satisfaction.

Our Findings

Understanding of virtual wards: Most of participants were familiar with the term “virtual ward” and “remote monitoring” and what it meant to them. **See pp. 13-16.**

Preference for treatment location: While most participants preferred hospital treatment, they recognized that virtual wards effectively complement hospital services. **See pp. 17-20.**

Set up: Generally, the installation was easy for some. However, there were concerns raised around the set up, as patients had not been medically trained, and about lack of reliability, data security and technology. **See pp. 21-23.**

Ease of use: Generally, participants found the virtual ward installation easy to use, though some encountered navigation difficulties. **See pp.23-24.**

Sources of information: 89% learned about virtual wards through the hospital, 19% were informed by their clinician and 4% discovered it digitally. **See pp. 24-27.**

Usefulness of information: 63% found the information on virtual wards and the technology useful. **See pp. 28-31.**

Communications accessibility: Most found the information on virtual wards accessible. **See p. 32.**

Access to specialist advice: Most felt they had access to specialist advice when they needed it. **See pp 33-37.**

Experience ratings: 60% rated their experience as very good, 30% rated it as good and 10% were undecided. **See pp. 38-40.**

Improvements: Patients suggested improvements to communication and personalisation, equipment, technology, coordination and training. **See pp. 41-44.**

Accessibility recommendations: Participants suggested special accommodations for individuals with visual impairments and enhanced accessibility features for Patients with disabilities. **See pp. 45-47.**

Recommendations

Based on the findings and analysis of this survey, Healthwatch Croydon suggests some recommendations which can help improve the overall experience and accessibility of virtual wards:

Increase awareness and understanding:

- Continue educating patients about virtual wards through hospitals and clinicians, as these are the primary sources of information.
- Enhance digital outreach to increase awareness among those who may not visit hospitals frequently.

Improve ease of use:

- Simplify the navigation and user interface of virtual ward installations to ensure all users, including those who are less tech-savvy, can use them easily.
- Provide clear, step-by-step guides and tutorials to assist users in navigating the system.

Enhance information accessibility:

- Ensure that information about virtual wards is available in multiple formats (e.g., written, audio, video) to cater to different preferences and needs.
- Make information accessible in multiple languages to support those who do not understand spoken English.

Support for disabled participants:

- Implement special accommodations for individuals with visual impairments, such as screen readers and high-contrast text options.
- Enhance accessibility features for Patients with disabilities, including voice commands and easy-to-navigate interfaces.

Gather and act on feedback:

- Regularly collect feedback from users to identify areas for improvement and address any challenges they face.
- Use this feedback to continuously improve the virtual ward experience, ensuring it meets the needs of all users.

Promote the benefits of virtual wards:

- Highlight the complementary role of virtual wards alongside hospital services to encourage acceptance and usage. Share success stories and positive experiences to build trust and confidence in the technology.

Background

Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital.

The NHS is increasingly introducing virtual wards to support Patients at the place they call home, including care homes.

As Virtual Ward/ Remote Monitoring is a new initiative, we were looking to hear from patients on the experience of the service, from the information they were given to how it has worked for them. This aimed to help Croydon University Hospital improve its service using insights we heard from patients.

Themes for the survey that we focused on:

- What the term "virtual wards" or "remote monitoring" means to patients.
- If the term virtual wards or remote monitoring made sense.
- Whether patients would rather be treated in a hospital or at home in a virtual ward.
- What their concerns (if any) would be around the home installation of a virtual ward or remote monitoring.
- How they heard about virtual wards.

- How useful was the information they received on virtual wards and remote monitoring.
- To what extent do they agree that the communications they receive from the NHS about their care or treatment are accessible.
- How they rate their experience of virtual ward and remote monitoring.
- The improvements they think could be made to virtual wards and remote monitoring.
- Their views on whether virtual wards and remote monitoring are helping the NHS deliver a more effective service to its patients.
- The role for home visits by NHS staff.

Standard demographics on gender, age, ethnicity, disability, long-term conditions were also recorded.

Limitations

- We only spoke to people who agreed to be interviewed via the Virtual Wards team, so there may be bias towards those willing to be interviewed.
- The sample is 30 people which was a good representative sample of the overall numbers of patients using virtual wards within the timescale.
- As this service is provided by Croydon Health Services NHS Trust for South West London, 44% respondents came from outside Croydon.

Insights

1. What does the term “virtual wards” or “remote monitoring” mean to you?

Please note that for authenticity, the quotes throughout the report are direct from the interviews and have not been edited.

- Patients found the equipment easy to use and, self-explanatory, and knew what virtual ward meant. The quotes below have been themed to have a better understanding of their narratives.
- These themes highlight the various aspects of virtual wards and remote monitoring, from the comfort and convenience they provide to the understanding and safety they offer.

Positive experiences and appreciation

“I think it an amazing piece of equipment, made my life easy better than hospital, everyone has been amazing.”

“According to what I heard, it is a lot, but I appreciate what they have done for me they were brilliant.”

Comfort and convenience of home treatment

“Receiving treatment at home as I was in the hospital, same level as in hospital.”

“As it says on the tin, remote caring from the comfort of your home.”

“Well, your discharged from the hospital and still have the monitoring of my heart rate but in the comfort of my own home. It’s kind of like having a safety net of the hospital with you.”

“Well, so you are at home instead of at the hospital.”

“It means that you can have the hospital at home same treatments as if you are in hospital, that’s what it means to me.”

“Hospital ward which is virtually at home.”

“It’s like been in the hospital ward but at the comfort of your home.”

“Virtual wards mean receiving follow-up medical care from the comfort of your home.”

“It means a hospital at home with care.”

Understanding and explanation of virtual wards

“Observation at home did not know about it before I don’t think that it replaces a ward in any space or form.”

“Well, it means ward at home, pretty self-explanatory.”

“This concept was new to me when I first heard it, but healthcare professionals explained that it involves continuous monitoring of patients health conditions and providing necessary interventions without the need for frequent hospital visits.”

“The terms virtual wards were unfamiliar to me until a nurse explained their meaning. I learned that they involve receiving healthcare services remotely, such as monitoring and care, typically explained to me as a way to track one’s health condition and receive support without needing to visit a healthcare facility frequently.”

“The term virtual wards are a way of monitoring and giving feedback. Virtual Ward is health service at home.”

“The term Virtual ward is a replicate of what a patient gets at the hospital in the comfort of their homes.”

“What I understand by remote monitoring from home is receiving care at home just like the hospital.”

“Remote monitoring means using technology to keep an eye on a patient’s health information, like their vital signs, symptoms, whether they’re taking their medication, and how active they are. Doctors and nurses can still check up on them even if they’re not in the same place.”

“Remote monitoring is when healthcare providers keep track of a patient’s health data, like heart rate or blood pressure, from a distance using technology.”

“Virtual wards involve receiving medical care at home, while remote monitoring entails tracking health data from a distance using technology.”

Feeling of safety and support

“It means there is someone at the end of the telephone that cares and i feel safer.”

“I would say a medical virtual home service.”

“Understood the information easily.”

2. Does the term Virtual wards or remote monitoring make sense to you?



Responses from participants of why virtual ward makes sense.

A majority understood what virtual ward means while 7% (2) initially did not understand until it was explained to them. The themes highlight the various aspects of virtual wards and remote monitoring, from the comfort and familiarity they provide to the initial confusion and subsequent understanding, as well as the mixed feelings and challenges some patients' experience.

Comfort and familiarity of home treatment

"Because whether you are in are hospital being monitored, but you have freedom at home, I'm much happier that way."

“For me I think it’s more comfortable, emotionally you are around things that are familiar to me, it is easy to understand what it means.”

“Yes, once you are all logged in it makes perfect sense, made sense in the beginning.”

“Yes, I think it does especially relate to the hospital.”

“Yes, well I have been asked these questions before by the hospital, but yes I understood that in a general sense it means that i will be cared for virtually from home.”

“I was surprised it existed. I heard of it from the respiratory team and asked if i would be interested and i said yes. I was given exercises, and I rate it high.”

“I had a good time with them. My blood pressures are checked, and I feel very comfortable. I have had two visits, and the people are very lovely, helpful, excellent at what they do.”

“Yes, the term virtual wards do make sense. It’s good and I can remotely get my health checked.”

“I do have a better understanding of the term virtual ward.”

“Yes, virtual wards do actually make sense. It refers to providing healthcare and monitoring health conditions from the comfort of one’s home.”

Initial confusion and subsequent understanding

“And this did not mean anything to me at first, but once they explained it, it’s genius. I don’t think anyone really wants to be at the hospital, and then if anything does go awry, you can call on somebody for help.”

“It didn’t at first but now it does make sense.”

“It wasn’t something I knew before however I understand what it meant.”

“It didn’t make sense initially until when the Nurse talked me through what it meant it makes sense and all I think of cares at home.”

“The term actually makes sense. We were contacted during the day to ask about oxygen level and blood pressure. we understood this when a nurse in the hospital had told us what virtual ward meant.”

“Certainly! Virtual wards or remote monitoring refers to the process of monitoring patient’s health remotely from their homes, rather than in a traditional hospital setting.”

“Yes, it makes sense. Virtual wards or remote monitoring involve continuous monitoring of patients at home, typically with healthcare professionals checking in regularly, such as every 15 minutes, to ensure their well-being and monitor their condition.”

Mixed feelings and challenges

“Bit of both, yes and no because ward at home brings to mind hands on care always someone there to talk to. Virtual means the opposite you don’t have that personal element.”

“When it was explained to me it did, i was very happy not to stay at home, have to be a carer at home, all my conditions would have gotten worse if i had to stay at home.”

“I found it difficult to navigate even though i was told how to use it at the hospital. I called a nurse who came from the hospital to assist me. its a total new experience for me.”

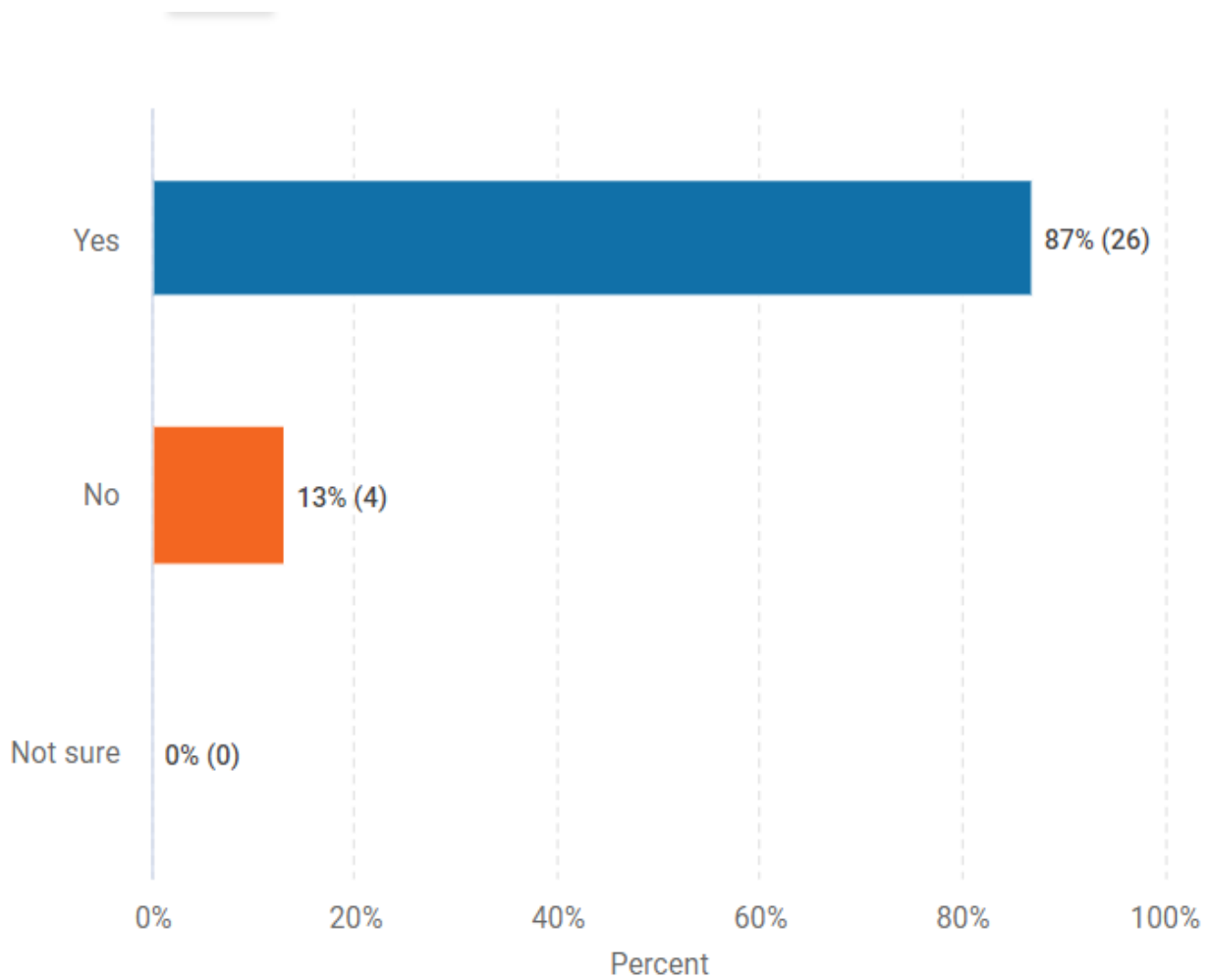
Understanding and explanation of virtual wards

“Yes, the term makes sense. Virtual wards or remote monitoring refer to healthcare services that allow patients like <<patient>> to receive care and monitoring from their homes, similar to what they would receive in a hospital. This means <<patient>> gets medical attention without having to physically go to a hospital.”

“Virtual wards make sense, because doctors and nurses can still check up on patients even if they’re not in the same place.”

“Yes, virtual wards do actually make sense. It refers to providing healthcare and monitoring health conditions from the comfort of one’s home.”

3. Would you prefer be treated in a hospital rather than at home in a virtual ward?



87% (26) preferred to be treated in the hospital, but did say the virtual ward service still complemented the hospital treatment depending on the circumstance of each patient.

Preference for home or virtual ward

1. Comfort and familiarity

“At home, because feel much more secure and comfortable, being around familiar things, help in making me feel better.”

“Definitely virtual is far better, feel more relaxed more comfortable, getting stronger and better quicker, respond better really far more comfortable.”

“At home, more positive at home depends on your home conditions, but it is better at home. So much more comfortable at home to be honest, I feel as though I recover better at home so yes at home again if possible.”

“At home in a virtual ward. I spent three days in the hospital in a chair with no food. I feel safe with a personal nurse contacting me.”

“I prefer being at home in a virtual ward because of the privacy and convenience it offers compared to the noisy environment of a hospital.”

“I prefer the comfort of a virtual ward, but if my health worsens, going to the hospital would be the best choice.”

2.Support and care

“When my husband was unwell, I preferred him to be in the hospital ward, especially due to the need for close monitoring of his oxygen levels. However, as he improved, I preferred him to be at home in a virtual ward, where I could provide care and support.”

3.Convenience and efficiency

“When I was originally taken into the hospital, at that point, I needed to be in the hospital. But then it comes to a point when they are just doing monitoring; it makes sense to be at home and still be managed by the hospital.”

“Both are two different things, While the hospital provides the opportunity to interact with physical practitioners, I would prefer the hospital setting for direct access to healthcare professionals. However, if the condition allows, I will opt for a virtual ward as it saves time and offers a convenient alternative, which I find impressive.”

“Both options have their benefits and work well together. Being treated in a hospital or at home in a virtual ward are both good choices, and they can support each other nicely.”

Preference for hospital

1. Need for close monitoring

“Depend on how serious the condition is when you go home but it is better as you get better quicker. Rather be at hospital.”

“I would prefer to be in the hospital. The virtual ward did not work for me and my blood pressure was 200 over 90. If I went to the hospital, I would have been calm I would rather be treated at hospital because the monitoring did not work with virtual ward. But every time I asked a question, they would say they don't know. No supervision was given at all after discharge. I had a lung function test last week.”

2. Direct access to healthcare professionals

“Both are two different things, While the hospital provides the opportunity to interact with physical practitioners, I would prefer the hospital setting for direct access to healthcare professionals.”

“We prefer the hospital treatment because of the personal attention is readily available however we might miss out on vital information at home in a virtual ward.”

3. Concerns with virtual ward:

“At home, well I do have someone I have to look after, I was happy with virtual wards, was happy at first but then I was not, I was given blood pressure tablets/ was given nebulisers, was told someone was going to see me, but after the instruction to take all of this I was then told to stop the medication and nebulisers, was getting confusing information from the virtual wards teams vs the consultants. at home I have my wife at home so it's far more comfortable.”

Mixed preferences

“Both options have their benefits and work well together. Being treated in a hospital or at home in a virtual ward are both good choices, and they can support each other nicely.”

“When my husband was unwell, I preferred him to be in the hospital ward, especially due to the need for close monitoring of his oxygen levels. However, as he improved, I preferred him to be at home in a virtual ward, where I could provide care and support.”

“If I need the hospital especially when am throwing up blood, I go to the hospital however if I don't need urgent treatment, I prefer to be treated at home via the virtual ward to keep an eye on me.”

4. What would be your concerns (if any) around the home installation of a virtual ward or remote monitoring?

Generally, the installation was easy for some. However, there were concerns raised around the setup; as patients are not medically-trained and do not know what to do in challenging situations. The lack of reliability to do with data security and technology was also a concern.

Ease of setup and use

“I think it was easy to set up, all I did was check my blood pressure and let them know.”

“Mostly, it has been okay; I have scales in the bathroom, and that goes right to the monitoring.”

“Nothing really, it was really easy to do honestly.”

“No, it was pretty simple to set up, no issues for us, was set up with ease.”

“I had no concerns at all about the home installation of a virtual ward or remote monitoring. In fact, I felt reassured and confident with the installation process.”

“I had no concerns, it’s just that I had difficulties navigating the whole equipment.”

“I have no concerns around the home installation of a virtual ward.”

Concerns about care quality and communication

“My worry and problem were the continuity and perhaps thoroughness of the care team. I don’t know how well-trained they are. There was an incident, and one of the care team did not know what I was suffering from and misdiagnosed me. Competent care is crucial.”

“There does not seem to be much communication between the hub and the consultant, confusion on medication.”

“No doctor contacted me on what to do and what not to do. I didn’t know what to do as I am struggling.”

“It just needs to be complementary for face-to-face treatment.”

Technical and equipment issues

“Had a wearable; the only thing that I found cumbersome was the blood pressure cuff. It was a little bit challenging to get the cuff on. Attached to the cuff is a device like a mobile phone, so it makes it a bit weird to use.”

“No problems but my concerns will be when the WIFI is down or power cut.”

“My concerns around the home installation of a virtual ward or remote monitoring would be related to the noise generated by the monitoring equipment. Although the machine operates 24/7, the noise it produces could be disruptive. Additionally, the monitoring machine has a long oxygen tube extending out of the room due to space, which might pose inconvenience or potential safety hazards.”

“One concern with home installation of a virtual ward or remote monitoring could be ensuring that patients have the necessary technological literacy to use the equipment effectively and safely.”

“My concerns would include ensuring reliable technology, maintaining privacy and security of health data, and providing adequate support for patients to use the equipment effectively.”

Emotional and psychological impact

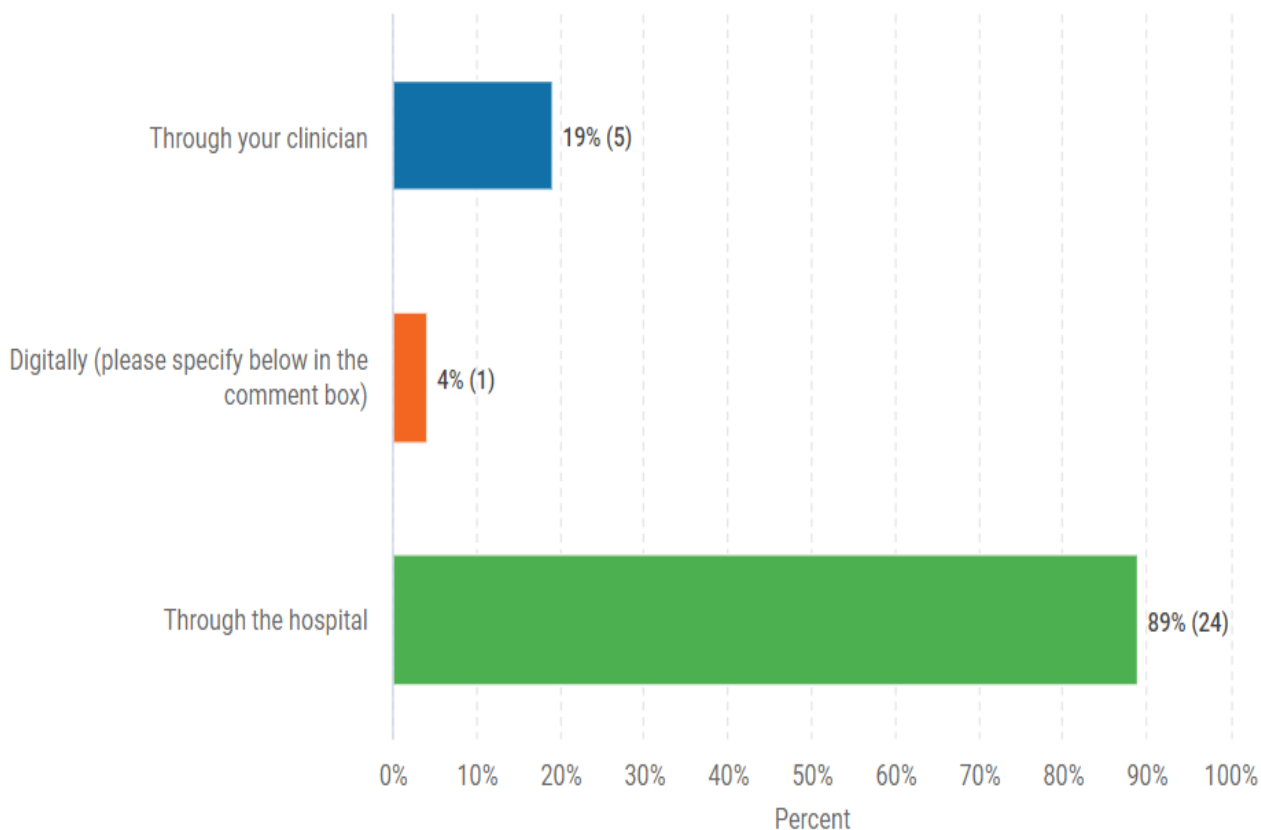
“It was stressing me out. I was not mentally ready for this as I was just discharged from the hospital.”

“I had no concerns, but we might miss out especially if my wife is not around to keep an eye on my mum who is partially deaf.”

“My concern would be if I’m not medically trained, as managing a virtual ward or remote monitoring system might be challenging. This is especially true as I’m dealing with my husband who currently has an infection that has affected his mobility and cannot walk or reach the equipment set up downstairs.”

“My concerns around the home installation of a virtual ward or remote monitoring would revolve around the potential risks associated with certain medical conditions, particularly those that could deteriorate rapidly, such as breathing problems. In such cases, the absence of immediate medical intervention available in a hospital setting could pose a significant concern

5. How did you hear about virtual wards?



Most participants – 89% (24) – had heard of virtual ward from the hospital while 19% (5) found out from their clinicians and the rest 4% (1) knew about it from a digital source.

General impressions and benefits of virtual wards

“How amazing that they were such a brilliant idea, a lot of people were not aware of virtual wards, easier on staff and best all-round, as it reduces stress.”

Learnt about virtual wards through GP or consultant

“Through my GP...can't really remember. ”

“The consultant I was seeing suggested it, and then someone from virtual wards came and explained it.”

“I heard about the Virtual ward At Epsom and was directed to Surrey down however because the Virtual wards is GP led, my GP recommended us to Croydon.”

Learnt about virtual wards during hospital admission or discharge

“Yes, at Kingston hospital, was admitted then on the same day was given virtual ward. through mayday, my wife was there too so we decided homecare was the best way to go. ”

“The doctor mentioned it whilst I was on admission. I was concerned as I was unwell Kingston Hospital.”

“I was informed about it at the hospital.”

“I was told by the clinicians and excited I would experience Virtual ward, as I wanted to get out of the hospital.”

“The person at the hospital issued me with the device to use at home and talked me through the virtual ward.”

"I learned about virtual wards during my hospital discharge process. Hospital staff explained to me how virtual wards are utilized for remote monitoring and care coordination after discharge."

"I learned about virtual wards from a nurse while we were at A&E (Accident and Emergency), and they suggested that we consider giving it a trial."

"We heard about virtual wards from the hospital. we were also given instructions on how to navigate it."

"I was admitted into the hospital and heard about virtual wards."

"Did not know about until the hospital."

"I heard of Virtual Wards from one of the nurses in the hospital and she told me how to use it We first learned about virtual wards through the hospital when my husband was diagnosed with pneumonia. After his condition improved, the hospital arranged for oxygen to be set up at home as part of the virtual ward care."

"When he was in the hospital, a healthcare professional came to us and provided us with instructions on how to use the equipment. Now, it's all set up in the bedroom, and we receive notifications when he needs to check his blood pressure and other things."

"I heard of virtual wards at the hospital."

"I heard of virtual wards from a nurse before I was discharged from the hospital."

"I learned about virtual wards when I was admitted to a regular hospital ward, and after a few nights, the heart nurse informed me about them."

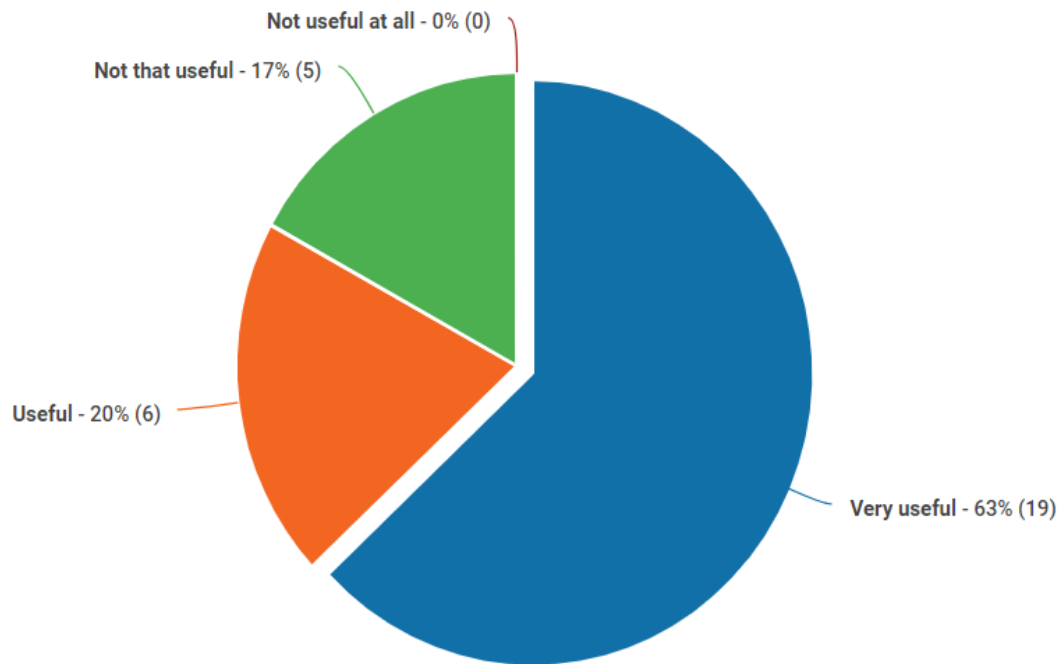
"I heard about it through the hospital. I was given everything in a box, and she explained how to use it including the instructions. I was told not to

panic as it was new to me. We heard about virtual wards through a nurse in the hospital whilst Miss T was on admission.”

Learnt about virtual wards through various sources

“I learned about virtual wards through various sources, including healthcare professionals, news articles, and discussions about advancements in remote patient monitoring technologies.”

6. How useful was the information you received on virtual wards and remote monitoring? This includes information before you made the decision to agree to this and also information about how to use the technology.



Most people -83% (25) - said the information received about virtual wards was useful or very useful, even before the decision to use the service.

Clarity and comprehensiveness of information

“Well, it makes you more aware of how to use the tech and how it works, lots of information.”

“Brilliant very clear, made sure I understood what needed to be done, felt empowered in what I needed to do.”

“Yes, they gave enough information it was clear to understand so not a problem really Yes I got everything I needed for the understanding of the set up and what I needed to do with videocalls so i say very useful.”

“The information provided on virtual wards and remote monitoring was invaluable. Before consenting, I learned the principles and benefits, received guidance on technology use, and remained organized throughout the monitoring process, benefiting from the initial instruction.”

“The information I received on virtual wards and remote monitoring was very useful in helping me understand the benefits and how to utilize the technology effectively.”

“The information we received about virtual wards and remote monitoring was incredibly valuable. Before agreeing to it, we were provided with clear explanations about how the system worked and its benefits. Additionally, the instructions on how to use the technology were comprehensive and easy to follow.”

Ease of use and user experience

“Easy to use.”

“It was very easy for me to operate, and you found it very user-friendly.”

“It was useful and not difficult to use at all.”

“It was extremely useful and amazing. Every member of staff was supportive and friendly.”

“It was useful. We were given a brief demonstration of how to use the equipment. The information and instructions received on virtual ward was very helpful when I got the box. I agreed to this option.”

Support and assistance

“My blood pressure was high, and I had to contact the hospital as the monitor did not work and someone was sent at 3am to assist. Having said that CUH are great and Purley.”

“It was difficult for me to use at first but got assistance from the nurse who came to my house.”

“The regular calls we received, especially when his oxygen levels were being monitored, demonstrated that the healthcare team was closely monitoring his condition, providing reassurance and support throughout the process.”

Areas for improvement

“It was done too quickly, was not given the full picture, was not comprehensive, did not show me what the equipment went wrong, more timing, and what is needed in terms of patient commitment.”

“I would have preferred a daily feedback of my wellbeing and more information about the usage of the monitor.”

“The information I got about virtual wards and remote monitoring was helpful. Before I agreed to it, I had to buy an equipment myself to see how

it worked. Once, I thought I was cold and went to the hospital, but they said I was fine. I bought a thermometer, but it showed I was cold too. Using the monitoring equipment was difficult, and I couldn't get accurate readings."

Benefits of virtual wards

"The tablet was useful for the video call, for the daily update, which was handy."

"There were not any beds in mayday, available also so that was the other thing, so it was the best decision to make I was shocked there was a service like virtual ward that existed"

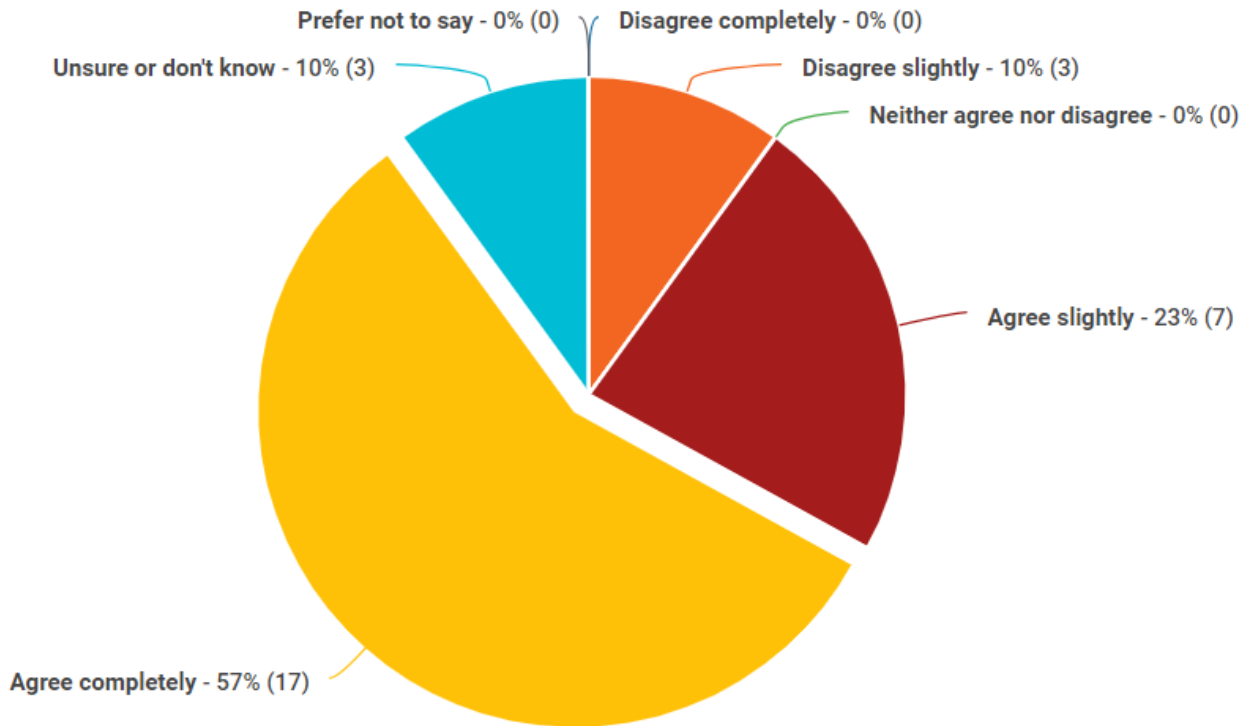
"I prefer to be within my own environment as it's easier to be at home."

"The information on virtual wards was very useful and re-assuring."

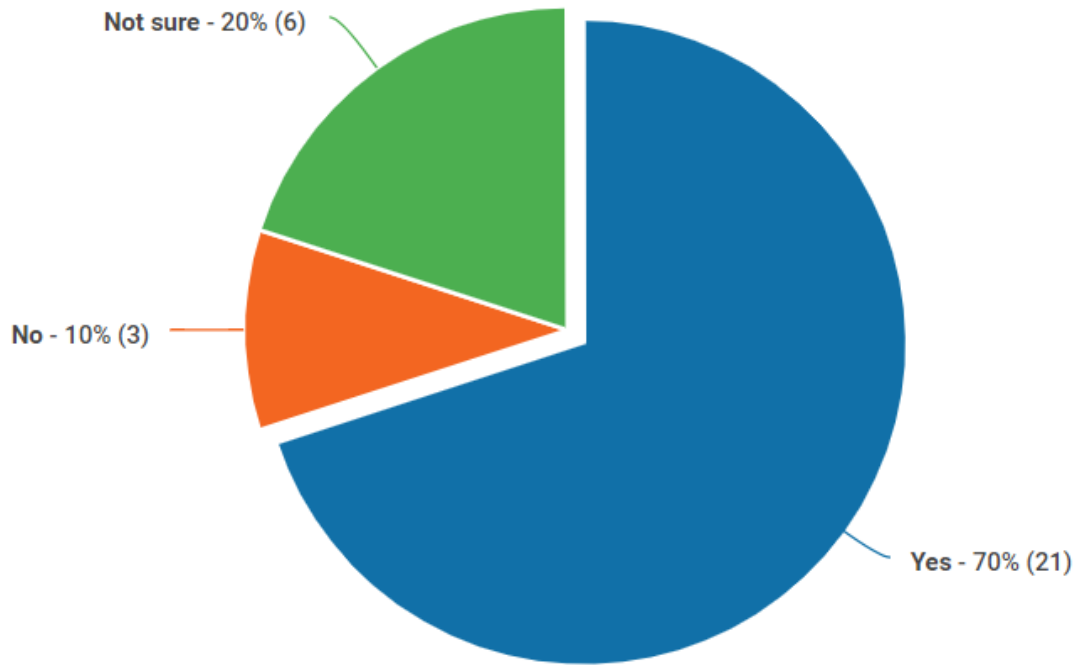
Negative feedback

"Not supportive at all."

7. To what extent to you agree that the communications you receive from the NHS about your care or treatment are accessible (i.e. appropriate for your needs e.g. language, braille, BSL, large print, easy read)?



8. One of the goals of virtual wards is for patients have the same access to specialty advice and diagnosis as if they were in hospital, do you think this is achievable?



Most – 70% (21) said access to these services is its achievable due to the comfortability of the care received at home, while 10% (3) said it was not and 3% (1) was not sure.

The themes below highlight the various perspectives on the effectiveness and challenges of virtual wards:

- Comfort and preference for home care,
- Accessibility and communication,
- Monitoring and response,
- Some challenges and limitations.

Comfort and preference for home care

“Because anything is achievable really, getting the same treatment and the freedom of being at home.”

“It is similar, at home, you can do what you like, at hospital you have to stay watching the others you are with, I hate it.”

“Yes, well you are more comfortable at home really, so unless it is something serious then should not be a problem.”

“Patients feel comfortable at home.”

Accessibility and communication

“Because of the availability, never get a chance to speak to a consultant daily, need to go through various gatekeepers to communicate.”

“Yes, we had 24/7 contact so felt very comfortable, the manager also contacted us as well, so the service was very good.”

“Yes, achieving the goal of providing patients with the same access to specialty advice and diagnosis as if they were in the hospital is achievable through virtual wards.”

“Yes, this is achievable because in my wife’s case, when her oxygen tube became dislodged, the monitoring centre detected it and she received prompt attention, illustrating the potential for achieving this goal.”

“Yes, it’s definitely achievable for virtual wards to provide patients with the same level of specialty advice and diagnosis as in hospitals. We experienced our daughter received better care and support through virtual wards compared to the hospital.”

“It is achievable, but my mum cannot speak English hence it is difficult for her to liaise with the nurses as there are no interpreters.”

Monitoring and response

“Because there was an occasion; I had a couple of really bad nosebleeds. So, the Virtual Wards then spoke to the consultant, and I feel it was actually quicker than in the hospital.”

“They keep an eye on you 24hrs a day which is not always the case at the hospital.”

“Virtual wards can’t replace hospitals even though both are complementary. It can get patients out of hospital beds more quickly and some people can be best monitored at home. I had to do CT scans at the hospital which obviously could not be achieved remotely.”

“Yes, it’s possible for virtual wards to give patients access to specialized advice and diagnosis similar to what they’d get in the hospital. Thanks to advances in telemedicine and remote monitoring, specialists can consult with patients online, look at test results, and offer guidance, making hospital-level care available at home. However, making sure there’s good internet connection, strong technology, and proper training for healthcare workers is crucial for making this work well.”

“Yes, it’s possible. Specialists can use technology to give advice and review tests remotely, just like in the hospital. This means patients can get specialized help wherever they are. But making sure all parts of healthcare work well together is really important for this to happen smoothly.”

Challenges and limitations

“Because someone came to my home to tell me my chest was very closed up, then someone who is not medical is telling me something else via the hub.”

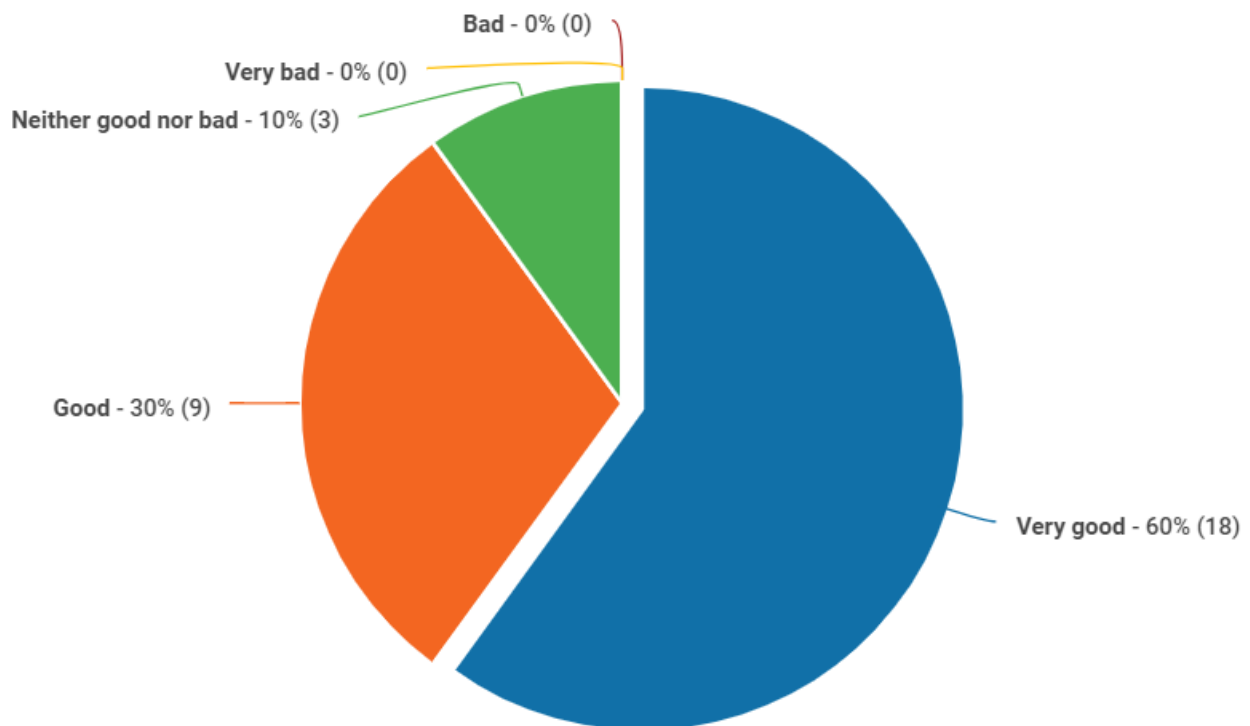
“I think so in most cases. I have chest infection however it was the best. If it was more complex, we would have gone to the hospital.”

“I had no confidence at all as the machine did not work for me.”

“Achieving the same level of access to specialty advice and diagnosis as in a hospital setting may not always be feasible, especially for patients with severe or critical conditions.”

“While virtual wards aim to provide patients with access to specialty advice and diagnosis similar to being in a hospital, achieving this may be challenging as there might not always be a medically trained professional present at home.”

9. How do you rate your experience of virtual ward?



A majority – 60% – (18) rated it very good while 10% (3) said it was neither good nor bad as they felt unsupported and confused. These themes highlight the overall positive reception of the virtual ward, with some areas for improvement in support and consistency.

Very good or good

“I was happy using it and it worked for me”

“The virtual ward is fantastic. The fact that I get monitored at 3.00am and check all my reading are alright.is a tick in the box for me.”

“Remote monitoring empowers patients to actively participate in managing their health by providing them with tools and resources to

monitor their own health status and make informed decisions in general its good.”

“My experience of Virtual ward was rewarding. I got a daily call which was reassuring.”

“Our experience was superb and excellent.”

“Easy to use while we are there, I would rate my experience with the virtual ward as very good. It’s a relief knowing it exists because without it, I would have had to stay in the hospital for several more weeks. Happy with how it went Easy to navigate.”

“My experience with the virtual ward was very positive overall. It’s great for managing non-critical conditions, but not suitable for patients with severe health issues, especially those with breathing problems.”

“My experience with the virtual ward has been positive overall. The setup is straightforward and user-friendly. However, my current limitation of being unable to walk due to an infection has presented a challenge as I cannot access the equipment located downstairs.”

“My experience with virtual ward has been excellent. It provided me with convenient access to medical care and support from the comfort of my home. The virtual consultations were efficient and thorough, allowing me to discuss my concerns with healthcare professionals promptly. Additionally, remote monitoring technology enabled continuous tracking of my health status, providing reassurance and timely interventions when needed. Overall, virtual ward exceeded my expectations and significantly enhanced my healthcare experience.”

“My experience with the virtual ward was good. It was convenient and helpful.”

“The virtual ward user-friendly.”

“My experience with the virtual ward was positive. For instance, I received regular check-ins from healthcare professionals via video calls, allowing me to discuss my symptoms and receive guidance on managing my condition from the comfort of my home.”

Neither good nor bad

“Virtual wards worked well for me. There were a few issues setting up, a bit of inconsistency in terms of someone calling me on the tablet for video conference and others called on the phone. best to call one device as it was confusing.”

“I eventually got assistance from the nurse. I had to adjust understanding the whole thing at the end.”

It was average, as there were no answers to questions I asked. I felt unsupported.”

10. What improvements do you think could be made to virtual wards and remote monitoring?

Read below improvements suggested by participants that could be made to virtual wards and remote monitoring.

The themes were from quotes are as follows:

- Positive feedback
- Communication and personalisation
- Equipment and technology
- Coordination and training
- General feedback

Positive feedback

"I'm not even sure there are any improvements everything was there had info pack contact numbers and tablets."

"No can't think of any, they even called at night."

"I can't see any to be honest."

"Am happy no improvement."

"No at all seems to be pretty good."

"My experience was fine."

“No improvement it was ok for me.”

“I have nothing to comment on. i love the virtual ward experience.”

Communication and personalization

“People, the care team, actually reading my notes and doing the prep not continuously. The questions are too doctrinaire, we are like numbers, so that care team needs training on how to engage with the patient. Pastoral care is not engaged, more entangled with a list of questions than a human being. It’s the same question every day. Becomes quite offensive actually.”

“Should be medically trained people in the hub, records need to be kept up to date to the minute.”

“Accessibility to doctors which gives patients assurance.”

“If patients are to be contacted via remote monitoring it’s best to inform them beforehand whether it’s a direct call or video conferencing. I got contacted on both devices at the same time which caused a lot of confusion.”

“Improvements could be made to virtual wards and remote monitoring by ensuring that the people calling you every day pay attention to the feedback you’ve given previously. If they keep asking the same questions, it shows they haven’t read your feedback. If they did, they would ask more relevant questions.”

Equipment and technology

“If I had to really pick the blood pressure cuff.”

“Monitors to work correctly especially for frail elderly.”

“The equipment for virtual wards and remote monitoring needs improvement. It didn’t work properly and couldn’t send data, even though our Wi-Fi is good. The blood pressure cuff was too big and didn’t fit, and the person on Zoom confirmed it was too large.”

“Virtual wards and remote monitoring could be better by using wearable gadgets that keep an eye on important health signs like heart rate and fluid levels.”

Coordination and training

“I needed oxygen, and the virtual ward had my wife’s number, and the oxygen company contact me. There should be more coordination as they were slow to pick up equipment.”

“Providing patients with educational resources and interactive tools can empower them to take an active role in managing their health. This can include personalized feedback on lifestyle choices, medication adherence, and self-care practices based on remote monitoring data.”

“To make virtual wards and remote monitoring better, they could explain what virtual wards are before you start. They could also give you a booklet with instructions on how to use everything. The booklet could include FAQs about common health issues people have.”

“In-person Care and visits”

“I think that maybe nurses could periodically visit you at home, that might be one thing during the initial phases of trying to roll out more virtual wards?”

“One improvement to virtual wards and remote monitoring could be offering services like administering IV drips at home instead of in the hospital. This could reduce the risk of infections and make the experience

even better for patients like Tanya who receive superb care in virtual wards.”

General Feedback

“I can’t really think of any I think it is depressing in hospital, and maybe I think that you get better more one to one attention at the hospital so many distractions.”

“Virtual wards and remote monitoring are beneficial for long-term illnesses, but they aren’t suitable for serious or life-threatening conditions.”

11. Can you think of any special requirements that would make it difficult to implement virtual wards, for example thinking about those with disabilities.

Medication and equipment need

“Maybe getting the medication, when medication is prescribed, I have to arrange a way for getting it. Better if the hospital could get this to me.”

“Taking blood pressure might be difficult for people with disabilities.”

Adjustments for various disabilities

“Of course, needs adjusting for various disabilities as there are so many maybe i think if you have disabilities depends on how bad they are then you might need to stay in hospital but i don't know about this subject.”

“Some people with disabilities might struggle to use virtual wards. They might find it hard to navigate the technology. It's unclear if the hospital would provide assistance, but in my case, someone came to our house to help us get set up and checked People with disabilities would require extra assistance.”

“Implementing virtual wards might be challenging for people with disabilities or those who aren't very comfortable with technology. For example, elderly individuals who may not be tech-savvy or who have disabilities could find it difficult to use the equipment. If they can't read or have trouble with certain movements, operating the devices could be a struggle for them. Making virtual ward technology more accessible and user-friendly for everyone is important.”

“Special requirements, like catering to individuals with disabilities, could pose challenges for implementing virtual wards. For instance, people with visual impairments might need information in Braille or audio formats.

Those with hearing impairments may require sign language interpretation or captioning during virtual appointments. Ensuring that virtual ward platforms are accessible via assistive technologies and that home monitoring devices are easy to use for those with limited dexterity are also crucial. Meeting these needs effectively is essential for ensuring everyone can access virtual ward services equally, regardless of disabilities.”

“Accessibility needs for disabilities could pose challenges for virtual wards. One example could be ensuring virtual ward platforms are accessible for individuals with visual impairments, such as providing options for screen readers or audio descriptions.”

Hearing impairments

“Hearing would be a big problem, as a lot of the time they were so many text messages were hard to manage as i was on a zoom call so i was not alerted to the messages as there is no notification sound so it would be difficult for some to hear them text messages.”

“It could be difficult for a deaf person, I have hearing impairment, and it takes a reasonable amount of technical coordination, implementing the virtual wards.”

Positive feedback on virtual wards

“None however Virtual wards it’s a good idea and it helps to rehabilitate quicker especially at the comfort of one’s home.”

“Having a home environment tailored for our daughter’s comfort makes the virtual ward experience less stressful for us as we stay with <<relative>> most of the time. This setup addresses any special requirements related to disabilities, ensuring a smoother implementation of virtual wards.”

Braille and visual Impairments

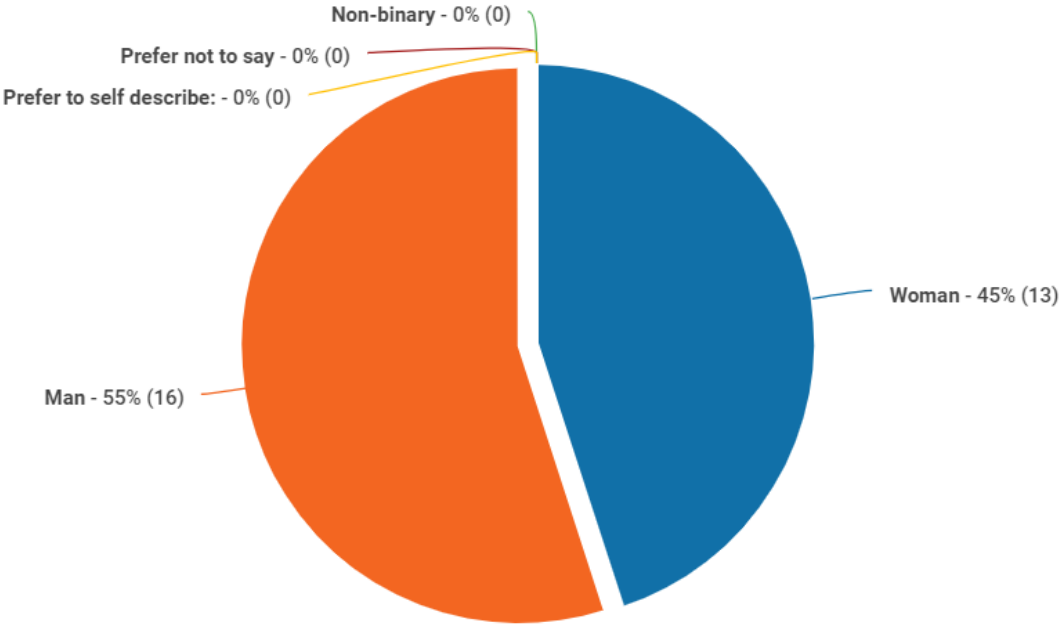
“i think maybe braille could be a good idea maybe, but I’m not disabled so I cannot really comment on this.”

Dependence on patient’s condition

“It depends on the patients on whether it would be good or not.”

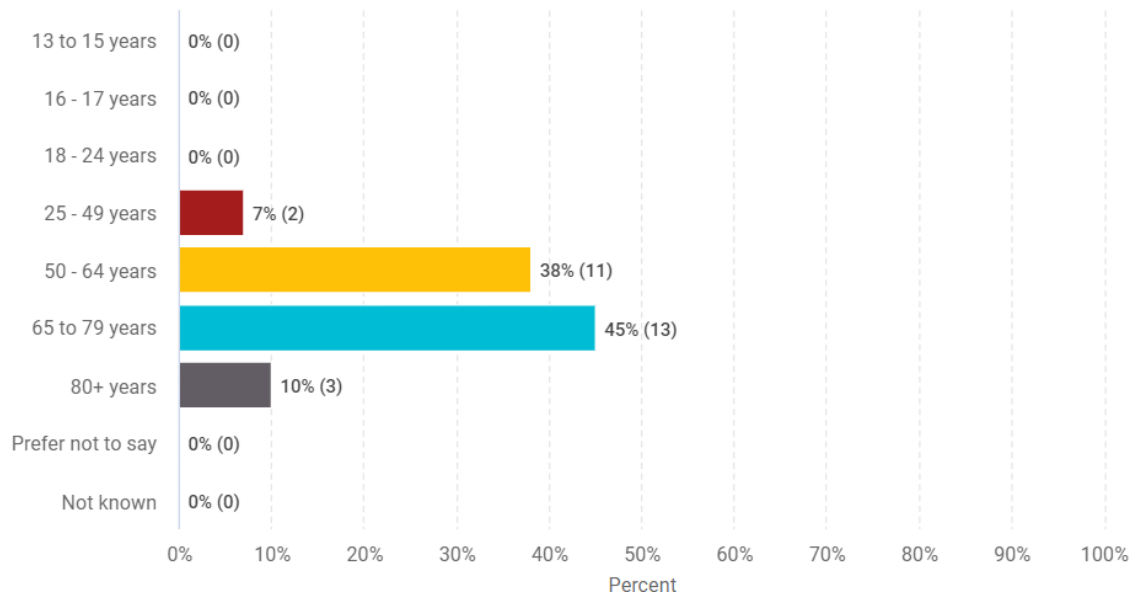
Demographics

12. Please tell us your gender



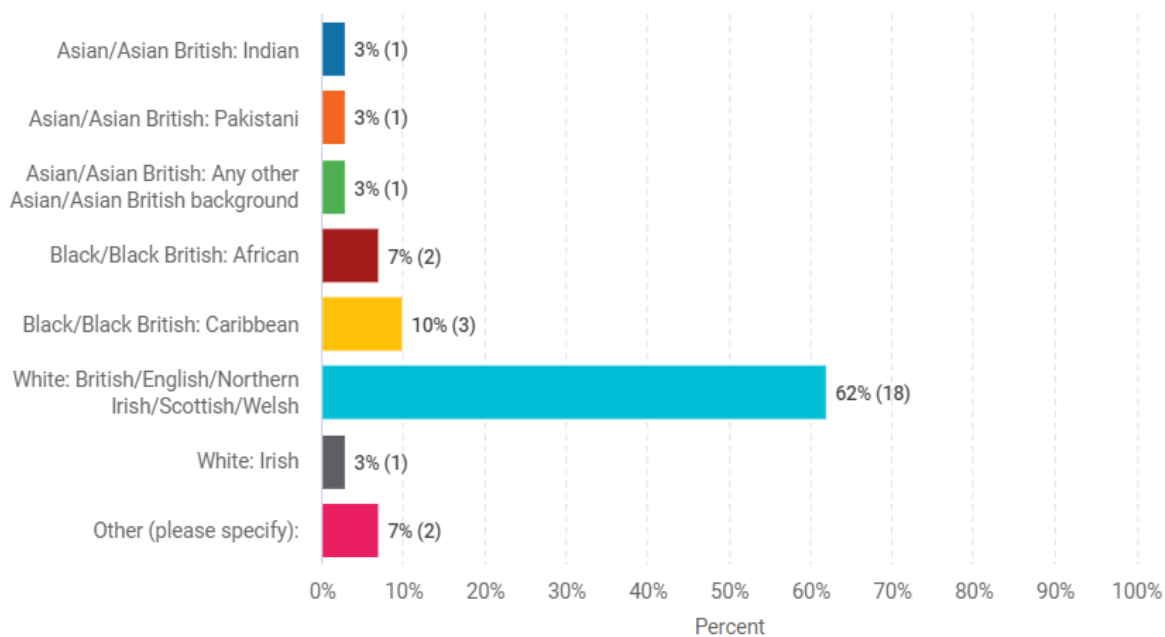
More men were interviewed than women.

13. Please tell us your age



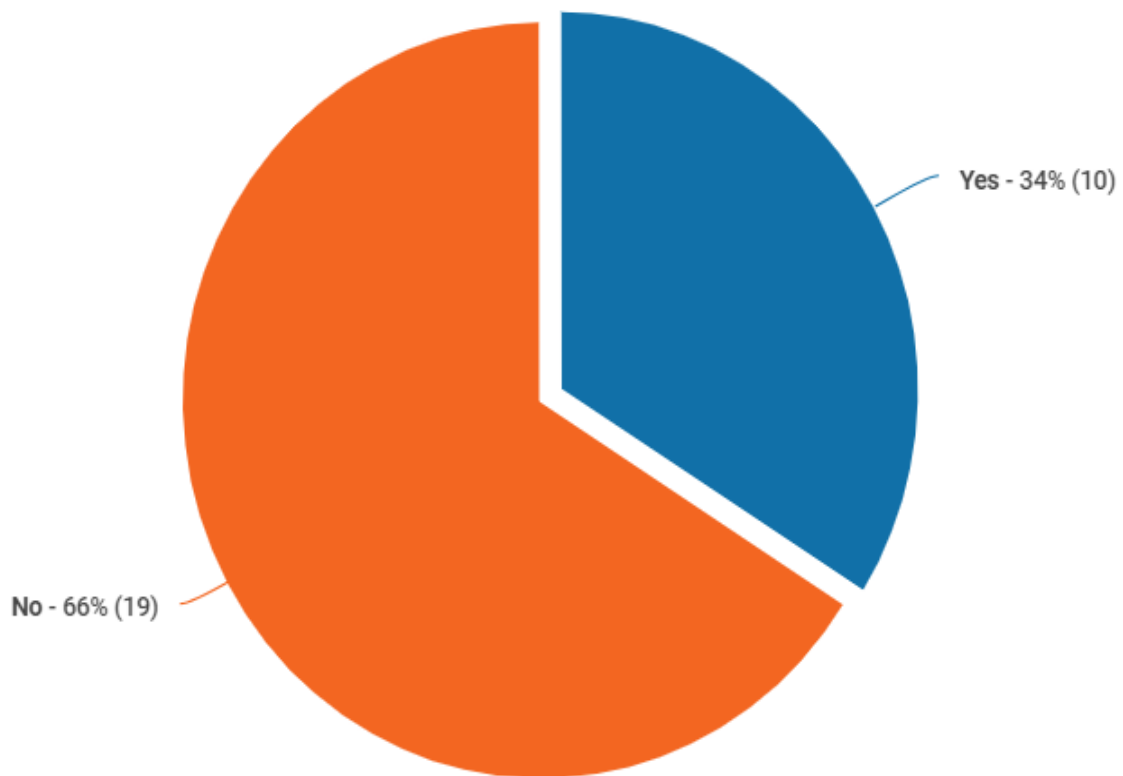
Most respondents were 65–79 years old, with a significant number at 50 -64 years old, a smaller number were over 80.

14. What is your ethnicity?



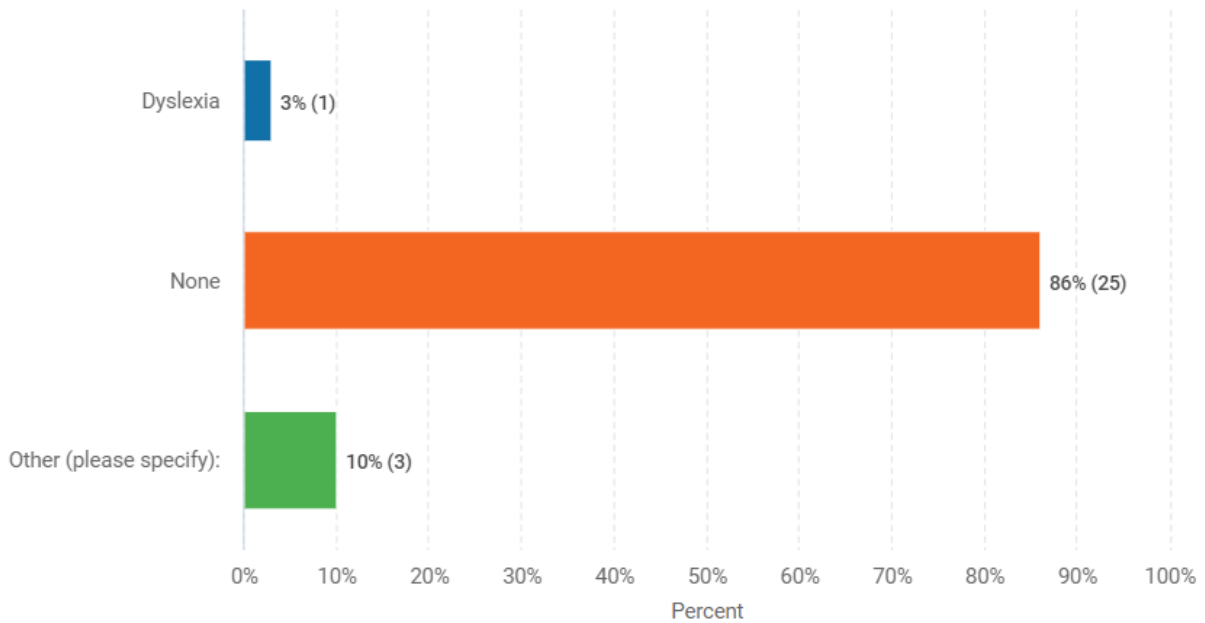
Most respondents were White, but 17% were Black African and a Black Caribbean.

15. Do you have a disability, impairment or sensory loss that can make accessing information challenging?



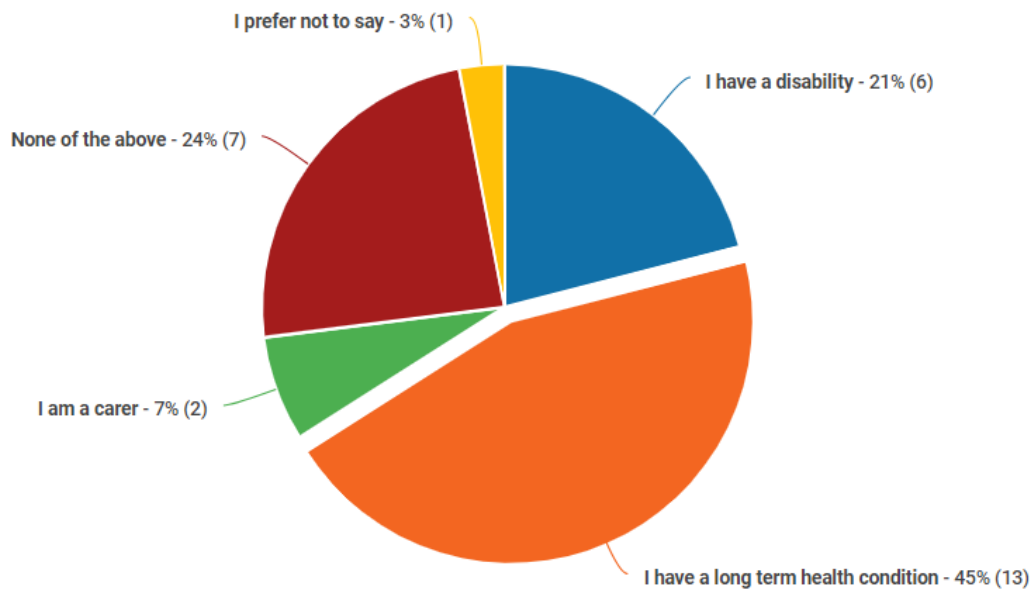
A third did have some disability that could affect accessing information.

16. Have you been diagnosed with any of the following?



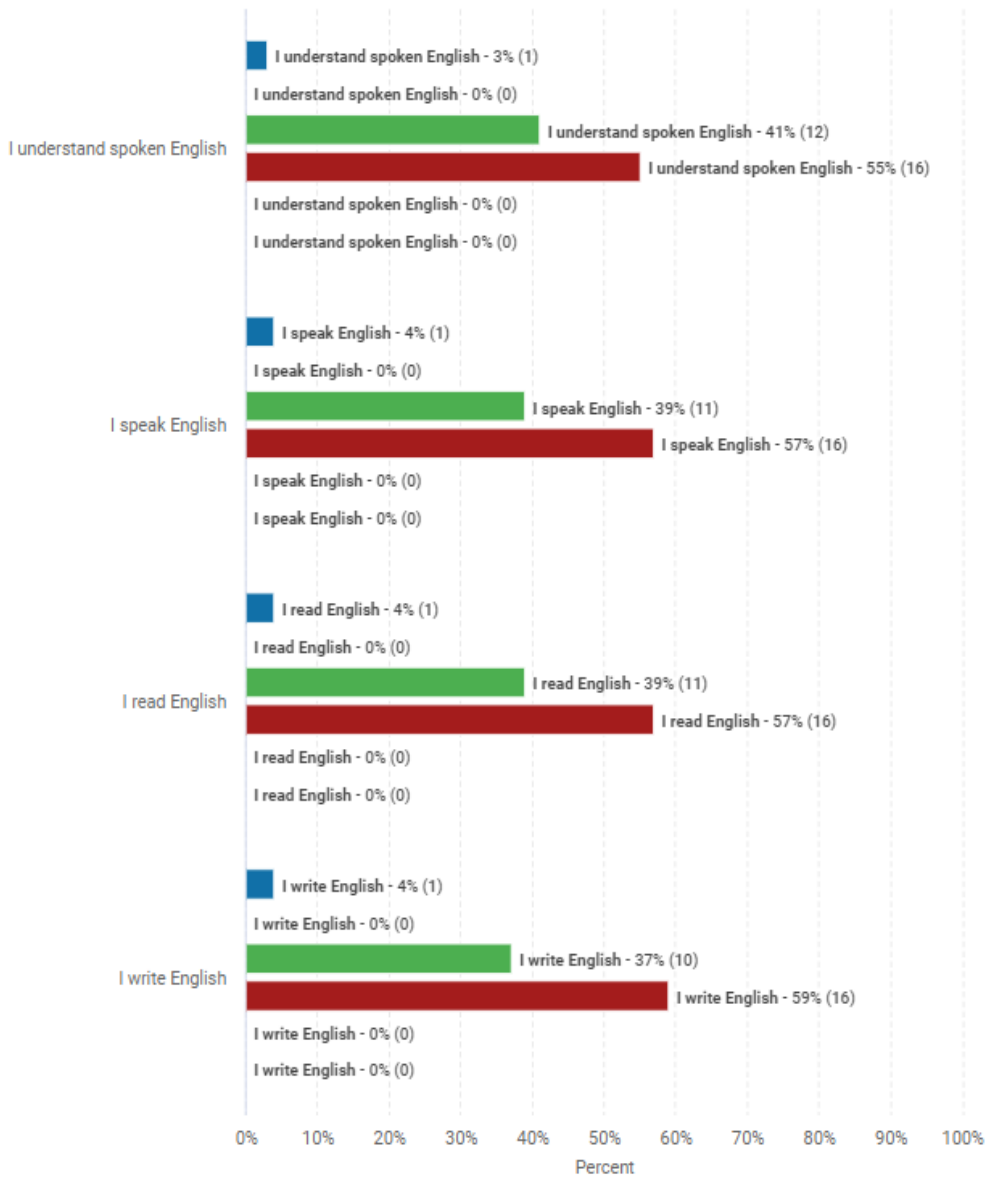
86% of the individuals do not have any neurodiverse conditions, but 3% were dyslexic. Among the remaining individuals, have been 10% are diagnosed with Rett syndrome, a neurodevelopmental disorder, Chronic Obstructive Pulmonary Disease (COPD), and osteopenia.

17. Please select any of the following that apply to you.



In the survey below, 45% of participants reported having a long-term condition, 7% identified as carers, 21% had a disability, 24% had no medical conditions, and 1% preferred not to disclose their status.

18. How well do you speak, read or write English?

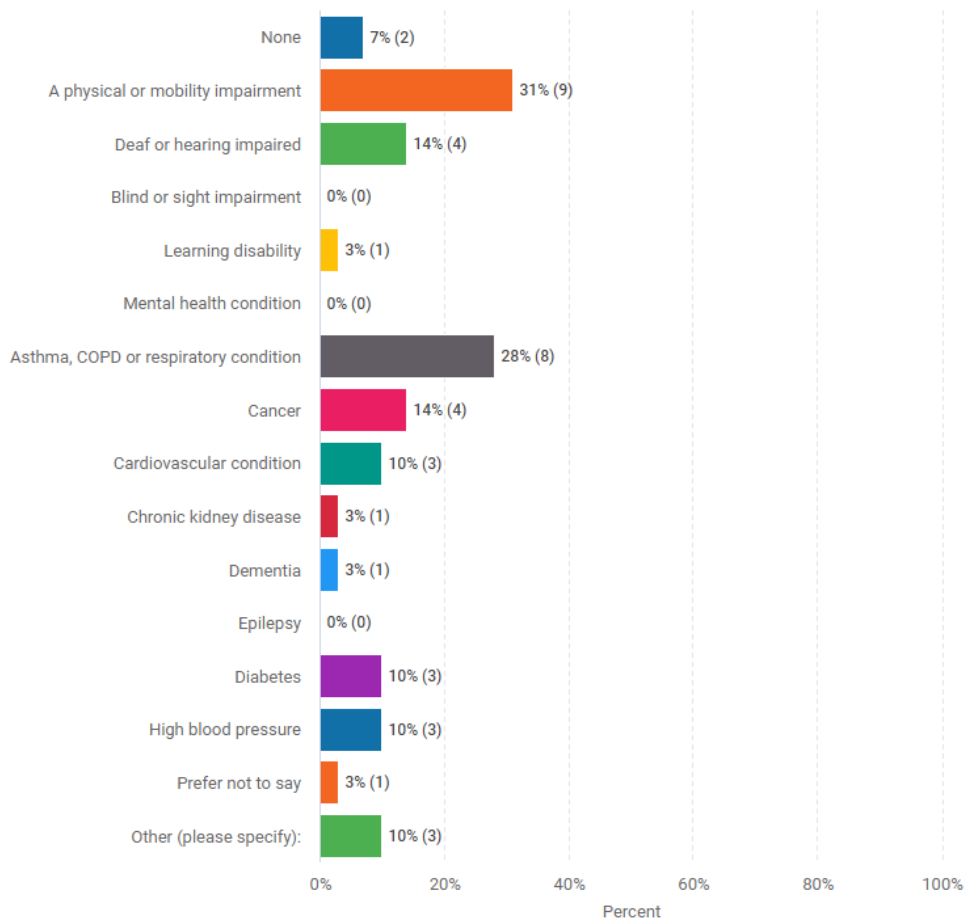


Answer Choices	Not at all well	Not well	Well	Very well	Unsure or don't know	Prefer not to say	Response Total
I understand spoken English	3.45% 1	0.00% 0	41.38% 12	55.17% 16	0.00% 0	0.00% 0	29
I speak English	3.57% 1	0.00% 0	39.29% 11	57.14% 16	0.00% 0	0.00% 0	28
I read English	3.57% 1	0.00% 0	39.29% 11	57.14% 16	0.00% 0	0.00% 0	28
I write English	3.70% 1	0.00% 0	37.04% 10	59.26% 16	0.00% 0	0.00% 0	27

Answered: 29 Skipped: 1

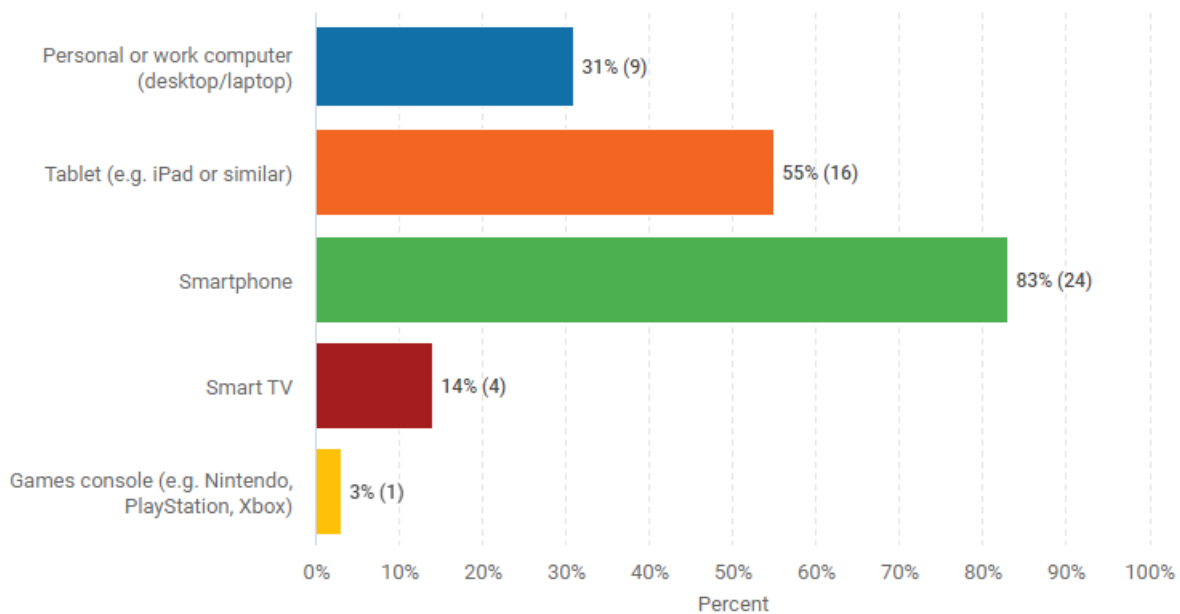
Most could speak, read and write English well.

19. Which of the following disabilities or long-term health condition do you have?



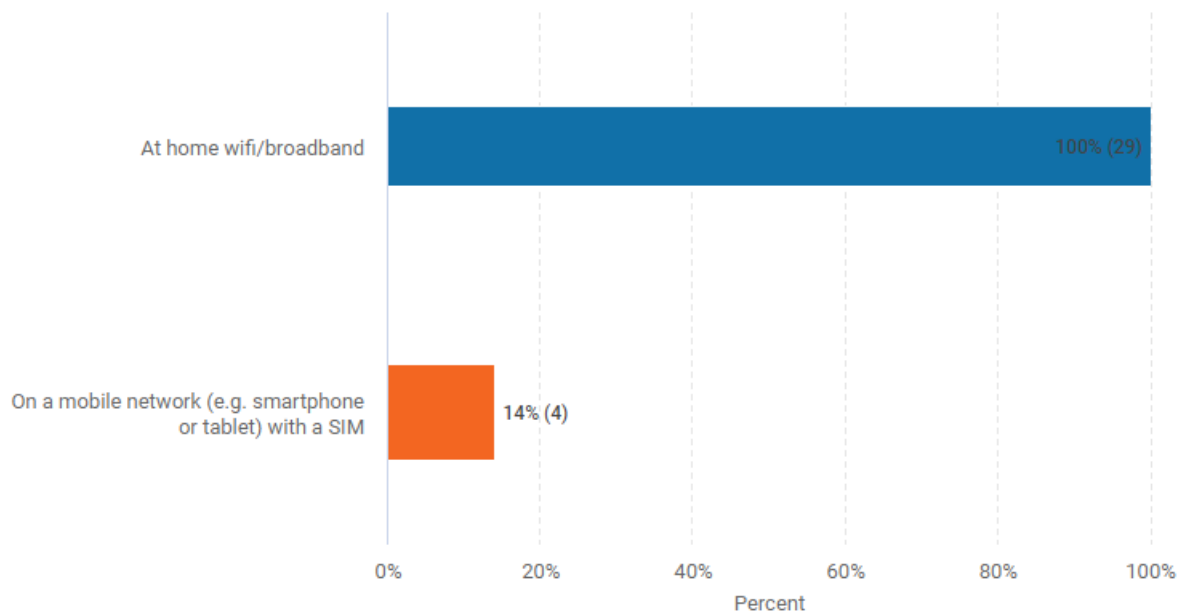
Physical or mobility impairment is that largest group of disability, followed by asthma, CPD and respiratory conditions, hearing impairments and cancer.

20. Which of the following devices do you own or have regular access to?



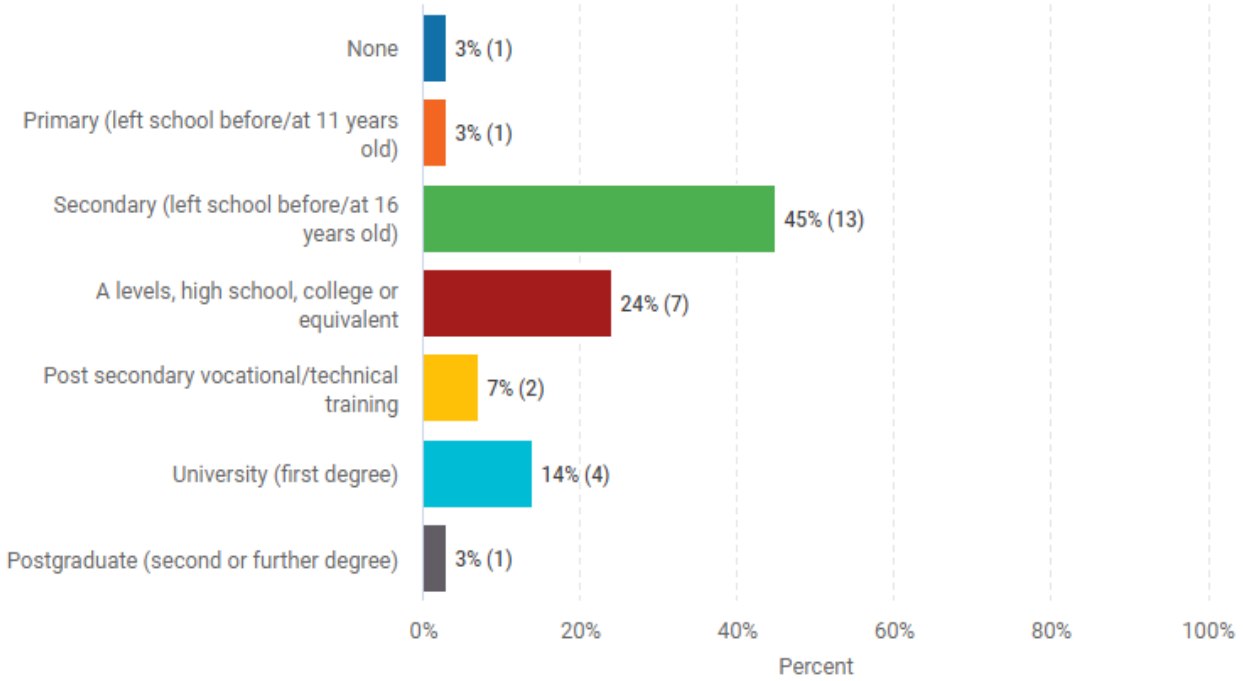
Most have a smartphone, and tablets with some using personal computers or other devices.

21. Do you have access to the internet on a regular basis at any of the following:



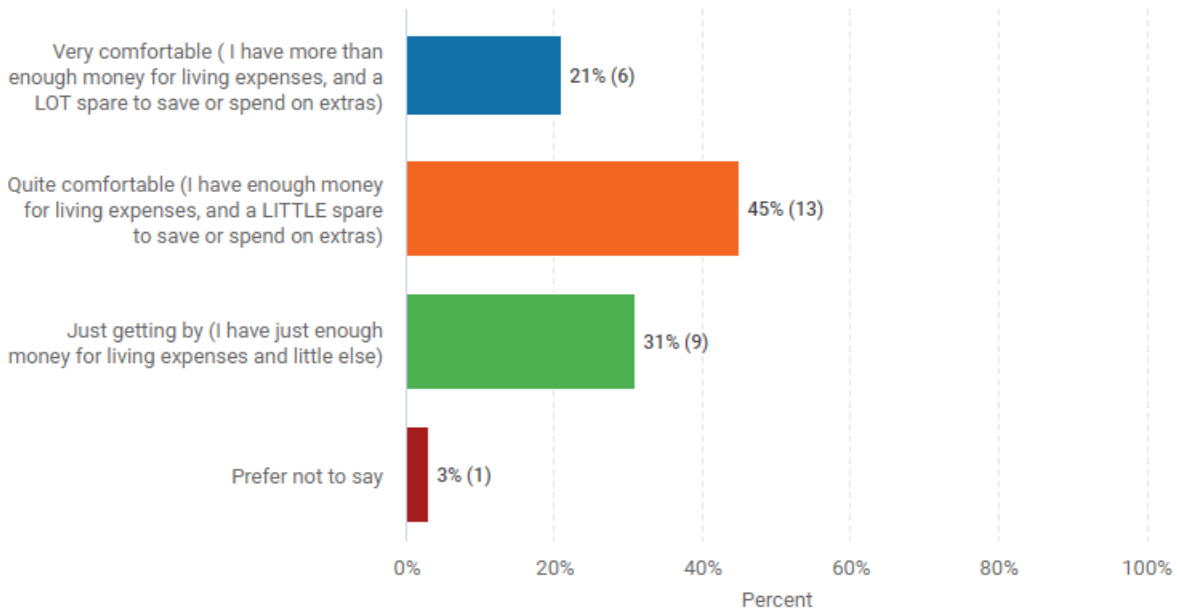
Most have at home wifi and broadband, but some did use a SIM.

22. What is the highest educational level you have achieved?



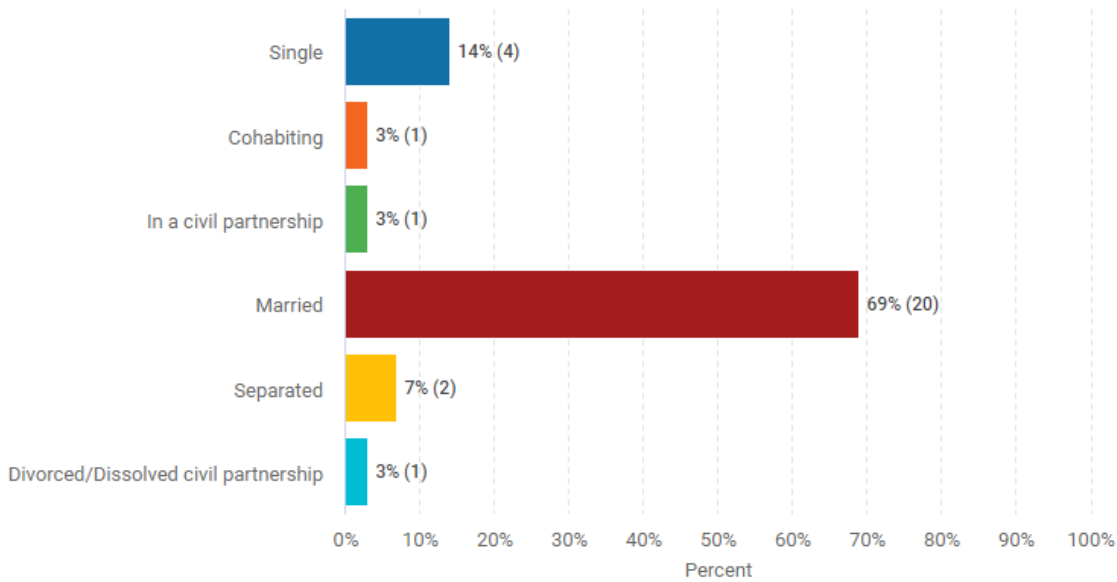
A majority had left school at 16 and nearly a quarter have A-levels.

23. Which of the following best describes your current financial situation?



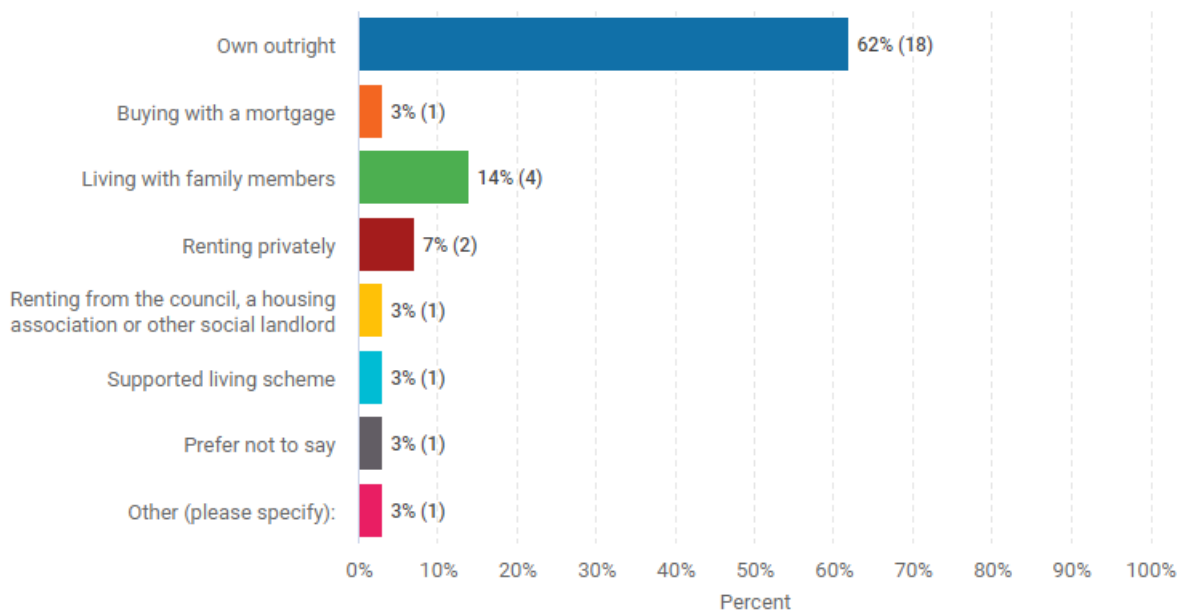
Most were comfortable but 30% were just getting by.

24. How would you describe your marital or partnership status?



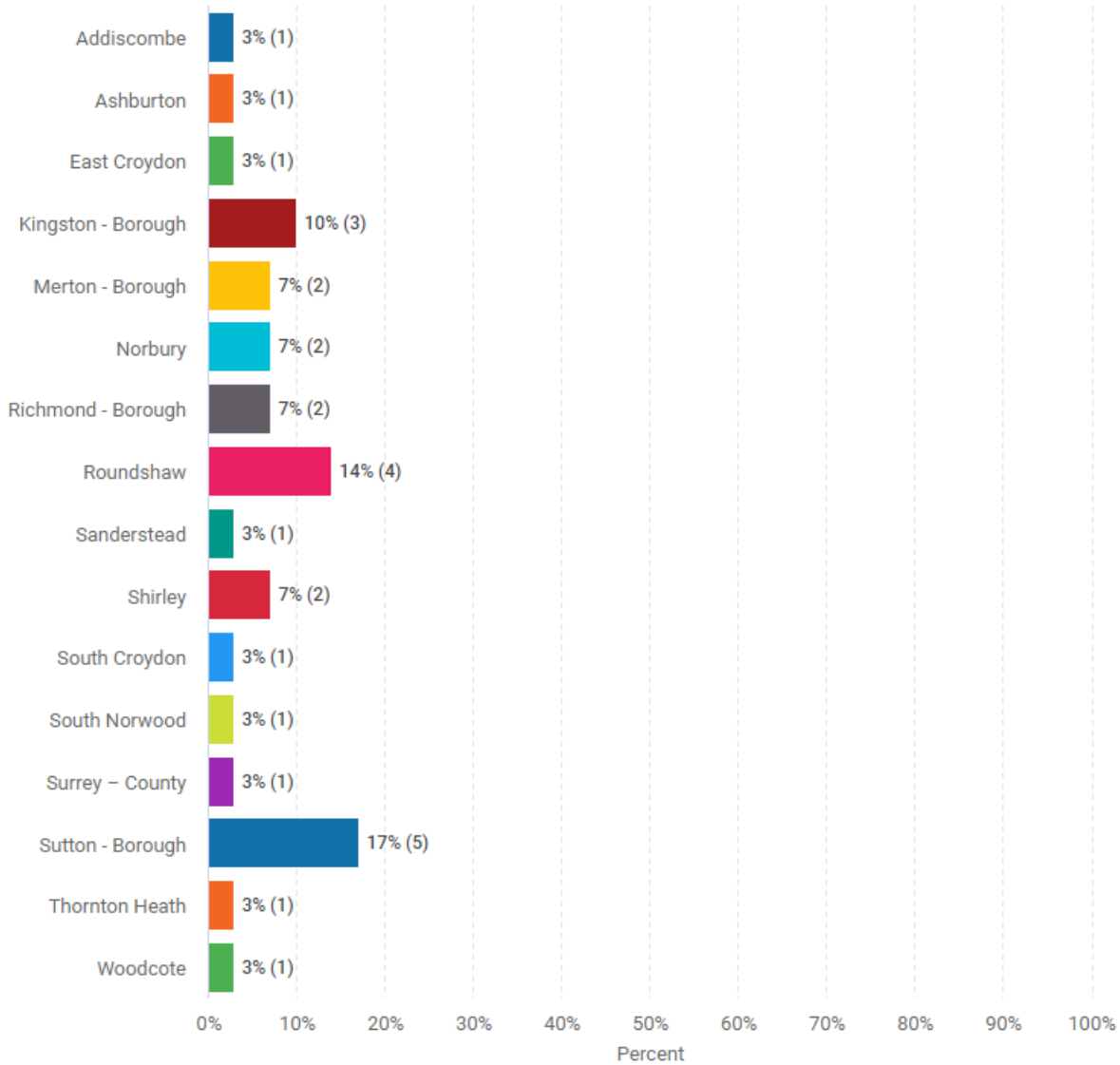
Most were married, with others either single or separated or divorced.

25. Which of the following best describes your housing situation?



Most live in their own house outright with some living with family members.

26. Where do you live?



Respondents came from a range of places including some out of borough at 43%(13) as Croydon University hosts this across South West London.

Statement from Croydon Health Services NHS Trust

Matthew Kershaw, Chief Executive at Croydon Health Services NHS Trust and Place-Based Leader for Health said:

“We welcome the publication of this report and would like to thank both Healthwatch Croydon for their research and those who took the time to share their experiences of being cared for by our virtual ward teams.

“We are pleased to see that that patients being cared for through our virtual ward community service had a positive experience and note that we are moving in the right direction, delivering more care closer to home; a wish of many of our patients.

“We are committed to continuously improving how we deliver this care, including how we communicate with patients about the service and are already taking steps to improve the functionality and accessibility of our remote monitoring technology, which helps to compliment, but not replace, the face-to-face care provided by our experienced community clinicians.”

Appendix

The survey

Virtual wards (also known as hospital at home) allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most.

Just as in hospital, patients on a virtual ward are cared for by a multidisciplinary team who can provide a range of tests and treatments. This could include blood tests, prescribing medication or administering fluids through an intravenous drip.

Patients are reviewed daily by the clinical team and the 'ward round' may involve a home visit or take place through video technology. Many virtual wards use technology like apps, wearables and other medical devices enabling clinical staff to easily check in and monitor the person's recovery.

[NHS England » What is a virtual ward?](#)

Introduction and consent

As Virtual Ward/ Remote Monitoring is a new initiative, we are looking to hear from patients like yourself on the experience of the service, from the information you were given to how it has worked for you. This will help Croydon University Hospital improve its service using insight we hear from patients.

Consent

I understand that the information I provide will be used for analysing patient experience of virtual wards and remote monitoring to inform better service delivery.

I have read and understood the study information about the project. I have been able to ask questions about the project, and you have answered my questions to my satisfaction.

I voluntarily consent to participate in this project and understand that I can refuse to answer questions. I can withdraw from the study without having to give a reason.

I agree that my information can be quoted in your final report, as you will remove any information that would identify me from any of my quotes.

I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the project team.

I give permission for the information I provide to be archived and reused for up to 3 years.

I understand that you are collecting information about my healthcare, health conditions, ethnicity, and location because it helps us understand the context of the information and how different groups are affected by using virtual wards and remote monitoring. I can answer 'prefer not to say' to any of these questions

Yes

No

1. Having heard the consent terms, are you happy to continue?

Yes

No

2. What does the term "virtual wards" or "remote monitoring" mean to you?

3. Does the term virtual wards or remote monitoring make sense to you?

Yes

No

Why is this?

4. Would you prefer be treated in a hospital rather than home in a virtual ward? *

Yes

No

Not Sure

Why is this?

5. What would be your concerns (if any) around the home installations of a virtual ward or monitoring?

6. **How did you hear about virtual wards ***

Through your clinician

Digitally

Through the hospital

7. How useful was the information you received on virtual wards and remote monitoring? This includes information before you made the decision to agree to this and also information about how to use the technology.

Very useful

Useful

Not that useful

Not useful at all

Why is this?

8. To what extent do you agree that the communications you receive from the NHS about your care or treatment are accessible (i.e. appropriate for your needs eg language, braille, BSL, large print, easy read)?

Disagree completely

Disagree slightly

Neither agree nor disagree

Agree slightly

Agree completely

Unsure or don't know

Prefer not to say

9. One of the goals of virtual wards is for patients have the same access to specialty advice and diagnosis as if they were in hospital, do you think this is achievable?

Yes

No

Not sure

Please say why:

10. How do you rate your experience of virtual ward? *

Very good

Good

Neither good nor bad

Bad

Very bad

Why do you give this answer?

11. What improvements do you think could be made to virtual wards and remote monitoring? *

12. Can you think of any special requirements that would make it difficult to implement virtual wards, for example thinking about those with disabilities.

13. Currently in Croydon they are utilising Virtual Wards and remote monitoring for cardiac, respiratory, heart, abdominal and kidney conditions. What other conditions do you think could be monitored using these methods? *

14. Do you feel that virtual wards and remote monitoring are helping the NHS deliver a more effective service to its patients? *

Yes

No

Tell us why?

15. Do you see a role for home visits by NHS staff? *

Yes

No

Don't know

If yes, then under what circumstances?

16. Please tell us your gender

Woman

Man

Non-binary

Prefer not to say

Prefer to self describe:

17. Please tell us your age

13 to 15 years

16 - 17 years

18 - 24 years

25 - 49 years

50 - 64 years

65 to 79 years

80+ years

Prefer not to say

Not known

18. Please select your ethnicity

Arab

Asian/Asian British: Bangladeshi

Asian/Asian British: Chinese

Asian/Asian British: Indian

Asian/Asian British: Pakistani

Asian/Asian British: Any other Asian/Asian British background

Black/Black British: African

Black/Black British: Caribbean

Black/Black British: Any other Black/Black British background

Mixed/multiple ethnic groups: Asian and White

Mixed/multiple ethnic groups: Black African and White

Mixed/multiple ethnic groups: Black Caribbean and White

Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background

White: British/English/Northern Irish/Scottish/Welsh

White: Irish

White: Gypsy, Traveller or Irish Traveller

White: Roma

White: Any other White background

Prefer not to say

Other (please specify):

19. Do you have a disability, impairment or sensory loss that can make accessing information challenging?

Yes

No

Don't know

Prefer not to say

20. Have you been diagnosed with any of the following? *

Autism or ASD

Dyspraxia

Dyscalculia

Dyslexia

ADHD/ADD (attention deficit hyperactivity disorder, attention deficit disorder)

Tourette's

Prefer not to say

None

Other (please specify):

21. Please select any of the following that apply to you:

I have a disability

I have a long-term health condition

I am a carer

None of the above

I prefer not to say

22. How well can you understand, speak, read and write English?

I understand spoken English

I understand spoken English Not at all well

I understand spoken English Not well

I understand spoken English Well

I understand spoken English Very well

I understand spoken English Unsure or don't know

I understand spoken English Prefer not to say

I speak English

I speak English Not at all well

I speak English Not well

I speak English Well

I speak English Very well

I speak English Unsure or don't know

I speak English Prefer not to say

I read English

I read English Not at all well

I read English Not well

I read English Well

I read English Very well

23. Which of the following disabilities or long-term health condition do you have?

None

A physical or mobility impairment

Deaf or hearing impaired

Blind or sight impairment

Learning disability

Mental health condition

Asthma, COPD or respiratory condition

Cancer

Cardiovascular condition

Chronic kidney disease

Dementia

Epilepsy

Diabetes

High blood pressure

Prefer not to say

Other (please specify):

24. Which of the following devices do you own or have regular access to?

Personal or work on a computer (desktop/laptop)

Tablet (e.g. iPad or similar)

Smartphone

Smart TV

Games console (e.g. Nintendo, PlayStation, Xbox)

Basic phone

None of the above

Prefer not to say

25. Do you have access to the internet on a regular basis at any of the following:

At home wifi/broadband

On public wifi (e.g. in a cafe or library)

At work

On a mobile network (e.g. smartphone or tablet) with a SIM

None of the above

Prefer not to say

Other (please specify):

26. What is the highest educational level you have achieved?

None

Primary (left school before/at 11 years old)

Secondary (left school before/at 16 years old)

A level, high school, college or equivalent

Post secondary vocational/technical training

University (first degree)

Postgraduate (second or further degree)

Not known

Prefer not to say

27. Which of the following best describes your current financial situation?

Very comfortable (I have more than enough money for living expenses, and a LOT spare to save or spend on extras)

Quite comfortable (I have enough money for living expenses, and a LITTLE spare to save or spend on extras)

Just getting by (I have just enough money for living expenses and little else)

Really struggling (I don't have enough money for living expenses and sometimes run out of money)

Prefer not to say

28. How would you describe your marital or partnership status?

Single

Cohabiting

In a civil partnership

Married

Separated

Divorced/Dissolved civil partnership

Widowed

Prefer not to say

29. Which of the following best describes your housing situation?

Own outright

Buying with a mortgage

Living with family members

Renting privately

Renting from the council, a housing association or other social landlord

Informal living arrangement (no contract sublet, staying with friends)

Supported living scheme

Care home

Temporary accommodation/hostel

Homeless/sleeping rough

Prefer not to say

Other (please specify):

30. What area do you live in? *

Addington

Addiscombe

Ashburton

Beddington

Broad Green

Bromley – Borough

Coombe

Coulsdon

Crystal Palace

East Croydon

Forestdale

Hamsey Green

Kenley

Kingston – Borough

Lambeth – Borough

Lewisham – Borough

Merton – Borough

Monks Orchard

New Addington

Norbury

Norwood New Town

Old Coulsdon

Pollards Hill

Purley

Purley Oaks
Richmond – Borough
Roundshaw
Sanderstead
Selhurst
Selsdon
Shirley
South Croydon
South Norwood
Southwark – Borough
Surrey – County
Sutton – Borough
Thornton Heath
Upper Norwood
Upper Shirley
Waddon
Wandsworth – Borough
West Croydon
Whyteleafe
Woodcote
Woodside



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