

Co-Editors

Dr Tim Cooksley

*Editor-in-Chief**Consultant in Acute Medicine**Manchester University Foundation Trust and
The Christie*

Associate Professor Ben Lovell

*Associate Editor**Consultant in Acute Medicine**University College London Hospitals*

Dr Prabath Nanayakkara

*International Editor**Head of Acute Medicine,**VU University Medical Center,**Amsterdam, Netherlands*

Dr Praveen Bhatia

*Chair**Consultant Respiratory Physician**Tameside Hospital, Manchester***Editorial Board**

Dr Mikkel Brabrand

*Clinical Associate Professor**Department of Emergency Medicine,**University of South Denmark*

Dr Tom Heaps

*Consultant Acute Physician**Birmingham Heartlands Hospital*

Dr Mark Holland

*Consultant Acute Physician**Salford Royal Hospital and Visiting Professor**Health and Social Care,**University of Bolton*

Professor Dan Lasserson

*Professor of Ambulatory Care,**University of Birmingham*

Dr Nick Murch

*Consultant in Acute Medicine,**Royal Free London NHS Trust*

Dr Chris Subbe

*Consultant in Acute, Respiratory & Critical**Care Medicine**Bangor University & Ysbyty Gwynedd Hospital*

Dr Louise van Galen

*Research Fellow in digital health**Nanyang Technology University/VU University**Medical Centre*

Dr Louella Vaughan

*Senior Clinical Research Fellow**Nuffield Trust*

Dr Liz Lees-Deutsch

*Nurse Consultant in Acute Medicine,**University Hospitals Birmingham*

Acute Medicine

Editorial

Virtual wards: A key concept that require careful evaluation to ensure successful in real world

T Coksley

Urgent and emergency care services remain under huge pressures with concerns regarding overcrowding, delays in patient care and exhausted staff with increasing unsustainable workforce pressures. Short term mitigation measures are needed alongside the imperative need to ensure long-term innovative and sustainable measures to ensure that the NHS can deliver high quality acute and emergency care.

Virtual wards are an innovation that have the potential to support acute care and reduce pressures in the long term. Increasing availability and utility of telemedicine services mean it may be possible to observe and manage patients in their own home supported with technological innovations that will enable monitoring of a person's vital signs and blood tests that currently are performed in a hospital setting.

The implementation of virtual wards requires careful clinical and operational implementation. It is important that those with clinical expertise in the field, such as those working in Acute Medicine and Primary Care, are at the forefront of this work to ensure it delivers its potential impacts.

In this edition of Acute Medicine, Gallier et al. assess both patient outcomes and the workforce requirements of a COVID virtual ward.¹ Their retrospective study reported

Acute Medicine is indexed in PubMed and EMBASE and cited in Medline**Published by**

Rila Publications Ltd.

73, Newman Street,

London W1T 3EJ, UK

Tel: +44 (0)20 7637 3544

Website: www.acutemedjournal.co.uk**Design & Production**

Georgina DaCampa

Copyright © 2021

Rila Publications Limited

All rights reserved. No part of this publication may be reproduced without prior permission, in writing, from the publishers. The data, opinion and statements in this journal are those of the contributor(s) and not necessarily endorsed by the publisher, sponsors, editor and editorial board. Accordingly their respective agents accept no liability for the consequences of any such inaccurate or misleading data, opinion or statement.

Enquiries

Circulation and Foreign

Distribution rights contact

Rila Publications Limited

Advertising

Tel: +44 (0)20 7631 1299

Subscription Rates:**Personal**

Print & Online: UK £100

Overseas £140

Online Only: Personal: £60

Students: £45

Institutional/Library

Print Only: UK £140

Overseas £180

Online Only: £500

ISSN: 1747-4884

Virtual wards: A key concept that require careful evaluation to ensure successful in real world

that approximately 25% of patients with COVID19 within the first 24 hours of hospital presentation met NHS England criteria for consideration of virtual ward management.

Virtual wards, in the short-term, will be resource intense. The workforce pressures of virtual wards are likely to be under-estimated and this could lead to a risk to both the success of the implementation and more importantly patient safety. To deliver a COVID virtual ward telephone line require staffing for at least 12 hours a day, seven days a week, with locally arranged provision of out of hours cover. These staff should be supervised by an experienced, clinically registered professional who is also responsible for making the proactive daily calls – a “virtual ward round”.

It is also important to identify patients that will benefit from being managed on virtual wards and not simply creating work that does not ultimately reduce the pressure on the system. Gallier et al. compared COVID patients discharged within 24 hours with and without the support of a virtual ward. They found no difference in key outcomes such as hospital readmission, subsequent ITU admissions and death for those managed on a virtual ward.¹

Virtual wards are a potentially important innovation to support urgent and emergency care. It is essential they are appropriately planned, resourced and importantly staffed. They should not be seen as a short-term mitigation measure and incorrect implementation with inadequate evaluation could significantly impact clinician and patient confidence. It is essential this does not happen.

References

1. Gallier S, Atkin C, Reddy-Kolanu V *et al.* Applying a COVID virtual ward model, assessing patient outcomes and staff workload. *Acute Med* 2021; **20**(4): 266-275