

# Feedback on Virtual Wards

August 2022

## About Healthwatch Surrey

Healthwatch Surrey CIC is an independent community interest company that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

## Background

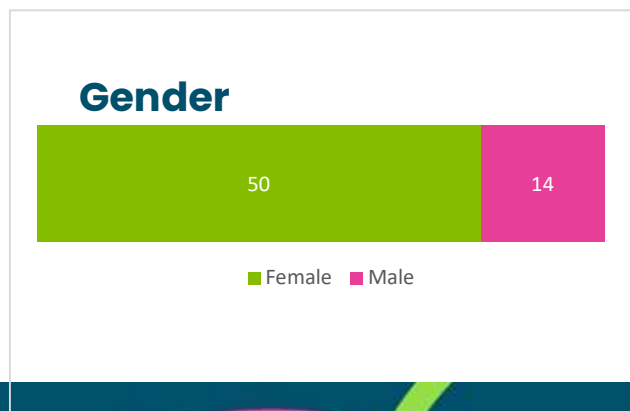
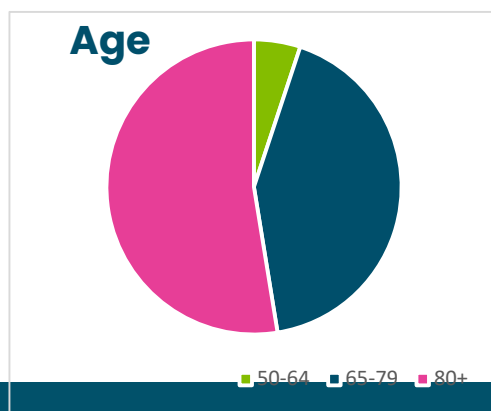
We were asked by Alliance for Better Care to explore the idea of virtual wards across a number of locations in East Surrey. We focussed on older people in the community, who were more likely to be virtual ward patients.

The aim was to have immersive discussions with people about their initial thoughts about the concept of virtual wards. We gave them a brief description of the service and showed visual examples of the equipment involved. We also wanted to understand their living situations, whether they had any care needs and whether they had any experience of self-monitoring at home, such as for blood pressure or oxygen levels etc.

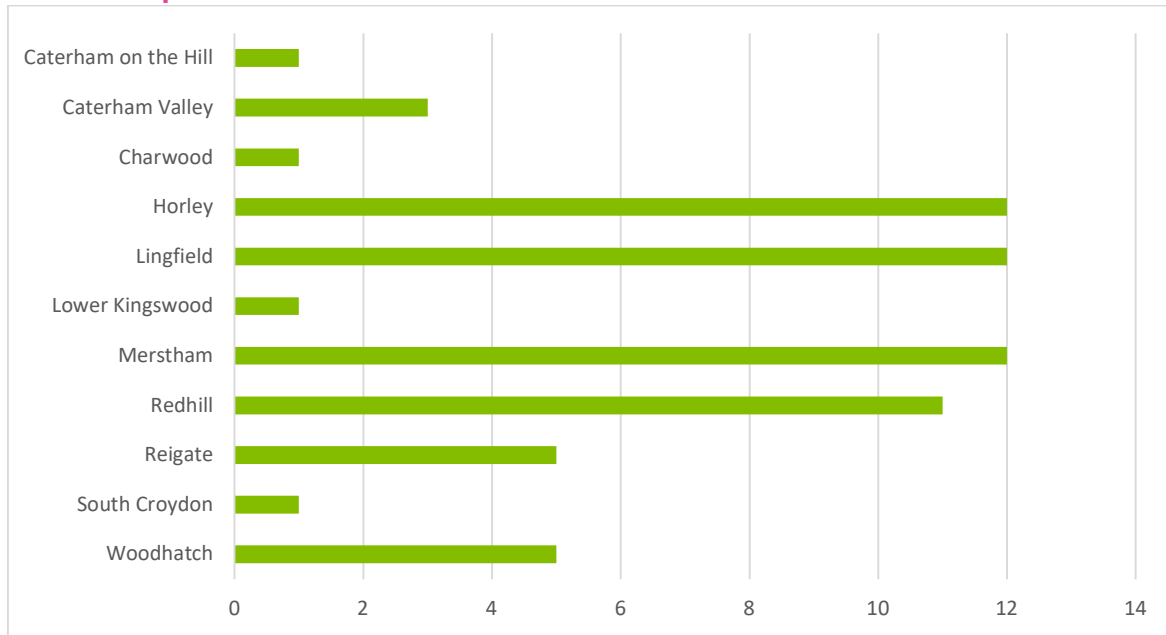
## Engagement overview

We held 6 engagement events in total, gathering 64 in-depth experiences. We ensured our engagement reached residents who live in the key neighbourhoods (deprived wards).

Location	Number of respondents
Lingfield & Dormansland Community Centre	12
Woodhatch Centre	11
Regent House Community Centre	11
Caterham Dene Hospital, Minor Injuries Unit	7
Merstham Day Centre	15
Merstham Community Hub	8



**Where respondents lived**



**Ethnicity**

White British	58
White Other	1
Black Nigerian	1
Mixed Background	1
Other	1
Prefer not to say	2

# Executive Summary

## 1. Overall, people were receptive to virtual wards

Most people stated that they would prefer to be at home rather than in hospital. (This was after they had been given a brief description of the service and shown some images of the likely equipment. Only one person we spoke to had previously heard of virtual wards.)

### 60% of people were positive because they:

- Preferred the idea of being at home – less stress, more comfortable
- Felt confident they could monitor themselves – either they were already doing this, or they had someone who could help if needed such as partner, child or carer
- Had a long-term condition and preferred the idea of spending less time in health care settings

### 24% were negative because they:

- Lived alone and didn't want to do the wrong thing
- Would feel more comfortable seeing a doctor/nurse
- Had underlying mental health problems which meant the thought of not being in hospital when they were very unwell made them anxious
- Weren't confident with technology

### 16% were unsure because they:

- Generally liked the thought of being at home but were frightened by the responsibility of looking after their own monitoring
- Would be happier if a health professional came to check on them/saw them in person or if they could have the checks at their GP surgery
- Had tried some monitoring before and it hadn't been a good experience

A key concern raised was that many of the people we spoke to live alone and those without family living nearby felt isolated and less confident. Being in hospital was both a place where they would receive the right care but also was important in providing reassuring human contact.

## **2. Support needed to manage equipment/monitoring**

Most people who were happy to be at home still acknowledged that they would need support for managing any equipment needed for monitoring.

The people who were unsure felt they could be reassured if they see the equipment is easy to use or if they are offered support with how to use it.

Any information about the equipment and monitoring would need to be available in a number of formats to ensure it is as accessible as possible for the individual being cared for and any carers they may have.

## **3. Clear information will be required and consider a name change**

The term virtual wards were confusing to many that we spoke to, however when we were able to explain the concept, process and how it worked some changed their minds and were more open to it. The word 'virtual' had for many online/digital connotations which made them nervous and worried about the level of skill needed.

Communications in every form will need to be consistent, clearly worded as to what is being offered and what is required of patients. Community organisations, family and carers will be important in offering support to help deliver the care, as most of the people we spoke with, relied heavily on these for support and advice.

## **4. Mental health needs to be considered**

Many residents cited mental health as a deciding factor in whether they liked or disliked the idea of virtual wards. While some people said that being at home would be more relaxing, others found the thought of not being in hospital rather stressful.

Some residents who lived at home found remote consultations and not seeing health professionals in person rather difficult and said they felt isolated.

## **5. Wider support & Carers**

It is vital that any carers (paid and unpaid) are identified and are involved in any conversations regarding virtual wards. Carers need to be notified with all necessary details, be part of any demonstration of equipment and given all necessary signposting to support if required.

## 6. Recommendations for further engagement

While the majority were happy with the concept, there were several uncertainties for people about how they would manage with equipment, what exactly this service would be like and whether they would be comfortable using it.

It will be vital to continue to gather feedback from individuals during the initial stages of the service to better understand what people on a virtual ward need in terms of support, whether the information they are provided with is adequate and if any additional information is required in future.

We would also suggest that some engagement is conducted with unpaid carers to assess their view of virtual wards, particularly in the case of family members supporting relatives they don't live with, as they will be able to provide some insight regarding how best to involve them in conversations about care.

## Summary of Feedback

### Happy to monitor

*'When you are in hospital, all you want to do is go home'*

### Prefer being at home than in hospital

A resident expressed that being at home was always preferable, however living alone meant they would need support:

"If given some kit and I was shown how to use it, would give it a go. This sounds good if it meant I could be discharged earlier. When you are in hospital, all you want to do is be home. I live on my own so don't have anyone to help so would need support from the hospital to help". 174270, Merstham, Lives alone,

"Would have home visit over a hospital inpatient stay any day".  
164505, Lives alone

Other people told us that being at home meant they were more relaxed:

"I hate hospitals so would rather be at home all day long than be admitted for more time as an inpatient. I have friends and my sister who could help me and offer me support with using any kit.. Also, when you go to the surgery or elsewhere for blood pressure check, your rate goes through the roof so might be lower as more relaxed at home". 174266, Merstham,

"I'd feel so much more relaxed at home versus being in hospital."  
174267, Redhill, Lives alone,

"I'm confident already at doing my blood pressure plus being at home I'd feel more relaxed which is good for my blood pressure!"  
164504, Redhill

"Care at home sounds a great idea to me. I live on my own now that my husband has died. I would rather be in my own home then have to go into hospital for longer or visit to get checked".  
174272, Reigate, Lives alone,

However, even though one resident highlighted that their preference was to be at home, they acknowledged that they weren't consistent with self-monitoring:

"I'd rather be at home any day - here I feel safe and comfortable. Going into hospital makes me feel very anxious. My carer can explain stuff too. However, I am supposed to monitor my blood sugars as part of my Diabetes but I don't so I need to be told."  
172182, Horley, Lives alone

For some residents, prior experience of being inpatients made the thought of being at home more appealing:

"I have read about Virtual Wards. I've been an inpatient before at East Surrey and I would honestly prefer to be at home. The care was good so it isn't because of that but if I can be in my home, it would be better." 174176, Caterham Valley, Lives with partner

"I was in hospital a while ago, it was such a bad experience that if I needed any pre / post op or monitoring I'd rather be here at home". 164500, Redhill, Lives alone

### **Managing Long term conditions**

We spoke with residents who are managing long-term conditions, who preferred to have more care at home

"Would be open to virtual ward but need to be shown how to use any equipment and would like someone to call if need help. Live on own, recently lost my partner and have bad association with hospitals." 164503, Redhill, Lives alone,

And a resident who was being treated for cancer:

"Been in and out of hospital recently and just want to be in my home". 164497, Reigate, Lives alone

Another resident with long-term conditions would prefer more treatment, closer to home:

“If I was given a kit to monitor myself at home, I'd do it. Happy to take blood pressure and check my oxygen levels. I was in hospital a while ago, it was such a bad experience that if I needed any pre / post op or monitoring I'd rather be here at home. Currently have oxygen levels checked at Caterham Dene by the respiratory team every 3 months. I'd rather this be done at home. I currently go to the GP to have blood tests by the nurse but they could come to my house”. 164500, Redhill, Lives with partner

### **Other priorities**

Some residents liked the idea that they could remain at home as they had someone else to look after:

“In theory virtual wards is not a problem but I live alone, it's just me and the cat. Being at home would mean I can care for my cat and feel safer”. 174274, Reigate, Lives alone

“I would be receptive to the virtual ward concept because I have a dog at home so don't like to be away”. 172852, Lingfield, Lives alone

### **Support from partner**

People living with a partner were more confident they could manage:

“I think myself and my husband would help each other with any monitoring if necessary. We could manage it between us. As long as we were given support, we'd be ok”. 174272, Redhill, Lives with partner

“Virtual Wards sounds a wonderful concept! More chance of being ill in hospital after an op than being home I feel. My husband could always help me if I needed support. I would expect this to be the future. It makes sense that we care for ourselves more at home and do things remotely if we can”. 174176, Warlingham, Lives with partner.

“Not been an inpatient at East Surrey but I know I'd prefer to stay at home. My wife can help me figure out a machine if I needed help but also wouldn't be afraid to call a support number”. 174187, Lives with partner

### **When given more information**

Some people who were sceptical, changed their opinion when they saw pictures of the equipment/ when we described what they would need to do:

“I’d give it a go. I’m ok doing things if it’s shown to me. I do inject insulin on my own so I’m ok with that.” 174115, Merstham, Lives alone

### **The importance of access to support**

“It’s important to have telephone contact for someone in the hospital, would hate to be stuck without support”. 174275, Merstham

### **Anxious about using technology**

One resident had attempted self-monitoring before but struggled to get to grips with it, but still preferred the idea of being at home:

“I have tried to monitor my blood pressure but it never bloody works. Or I always read it wrong. Prefer to be at home though, don’t want to be in hospital. My neighbours would help me if I needed it. I would definitely use it”. 172186, Horley, Lives alone

While some residents told us they struggled with technology and wondered how easy equipment would be to use:

“Would give monitoring at home a go. I am on the internet but just can’t get to the grips with technology. Hopefully it is easy and straightforward.” 174271, Reigate

Another resident suggested that they would prefer any demonstration of equipment to happen at their home:

“I’d be ok with instructions as long it was all explained to me. Hopefully the demo would be in person at my house”. 164504, Redhill

### **Not happy to monitor**

#### ***‘My house isn’t a hospital!’***

### **Being seen in person was important to some**

For one resident, support from medical professional was fundamentally about the reassurance of human contact:



"I live on my own and couldn't manage. I don't want to use a machine and certainly not at home. I'm not clever enough. My house isn't a hospital! I find it reassuring to see a nurse, she knows me. It is important to have human contact, she's almost like a friend to me". 164484, Redhill, Lives alone

One resident felt that being at home would be too stressful and they would be reassured by being in hospital:

"I would honestly rather go into hospital for monitoring. I live on my own and I'd just worry and be all muddled up. If I went in, I'd feel I know that I will be looked after, fed and they can see me with their own eyes. I just don't like or trust myself with the technology. I'd be so worried that I'd get it wrong. It would stress me out."  
172185, Horley, Lives alone

People who lived alone said they would prefer to have monitoring done at a hospital:

"I live on my own and couldn't manage. I don't want to use a machine and certainly not at home. I'm not clever enough. I find it reassuring to see a nurse, she knows me. It is important to have human contact, she's almost like a friend to me. But it costs me a fortune every time I have to have a text in taxis [£12]. I don't want people coming into my house. I don't know them. My house isn't a hospital!" 164484, Reigate, Lives alone

"I live in retirement flats, so we're looked after there. If I need any help my daughters would help me, they live nearby. But I don't want to deal with any [self-monitoring]. I wouldn't feel confident I'm doing it right." 174292, Caterham, Lives alone

Another resident was concerned how it could impact on their family:

"I wouldn't know how to use the machine or technology. Even if I was shown how to use it, I would forget. It would also really worry my children if they saw medical equipment in my house. They will think I've become sicker." 164486, Reigate, Lives alone

Other residents who felt supported at home, and were confident managing long-term conditions would still prefer to be treated in hospital:

"I think my family would have to look after me if I did a virtual ward as I live on my own. I would prefer to be in hospital. Even though I have been in hospital twice this year and my family have moved in with me each time to support me. I am a diabetic and I monitor

myself. I'm confident in using blood pressure monitoring machine so I guess this is a good thing." 172192, Horley, Lives alone

"As I'm, on my own, I would just prefer my care in hospital. I am 93 and I'm so tired. I'm perfectly capable I'm sure but sometimes I just don't want to think, I want the care done for me. I'm also not at all into modern technology. I have a mobile panic device that calls my daughter but that is all. It would worry me so much that I wouldn't know what to do." 164501, Merstham, Lives alone,

### **Mental Health challenges**

Mental health was a barrier for some people:

"I would prefer someone to do it at the hospital. I live at home on my own. Unless they are going to send someone to come and help it might be difficult for me. My daughters do help me, but I get terrible anxiety if they're late. I also have severe OCD which drastically impacts my life." 174115, Merstham, lives alone

"I would not want to any monitoring myself. I don't trust anyone to virtually monitor me. I need someone looking after me that I can see. This would make me extremely anxious and stressed and just add to my mental health issues. I live on my own and have no friends or neighbours I can ask as my neighbour is trying to make me move out. I am isolated and only get peace when I come to the community hub to volunteer." 174264, Redhill, Lives alone

### **Confusion with community services**

When describing virtual wards some residents thought it was related to other community services:

"Is that like the nurses that come out to your house? I have friend who is being treated at home by community nurses not sure what for." 174292, Caterham, Lives alone,

"Sounds like the old days when you got the care you need at home. When the doctor used to come to your house and treat you there. I like that." 174116, Merstham, lives alone

### **Undecided...**

The concept was initially intimidating to some, however they suggested that they prefer the thought of being at home rather than being in hospital:

"I'd be petrified of monitoring myself on a virtual ward but I've never ever had an operation or been an inpatient so more time at

home the better. I live on my own but have friends I could ask for help from." 174276, Redhill, Lives alone

One resident who was relatively self-sufficient, preferred the thought of being in hospital:

"It's a difficult one. I generally look after myself. I am on my own and think I would feel more confident if I was in hospital being looked after rather than doing it from home. I can check my own blood pressure so I could probably use the equipment ok." 172191, Lives alone, Horley

While another resident would also prefer to be at home, the thought of monitoring themselves was 'frightening':

"If you could be at home, all the better. I wouldn't want to monitor myself. It would frighten the life out of me. I'd rather go the doctor if I want anything checked." 174120, Woodlands, lives with partner

And for one person, they felt being at home would be an undue burden on their family:

"I live on my own and don't want to be a burden on my children that would have to help me with the monitoring. I have done my blood pressure before so guess I could do it again. Maybe I'd try." 164502, Redhill, Lives alone

Another resident would be happy to be at home providing their GP could monitor them:

"I wouldn't want to go into hospital. Would always prefer to have this monitoring not at home but at my doctor's surgery. I am a 5-minute walk to the doctors. I live on my own so making me in charge of monitoring myself is scary. I'd wonder if I was doing it right." 174269, Redhill, Lives alone

"If I should have to. But I'm not very keen. I'd rather a doctor looked after that." 174117, Merstham, lives alone

### **Other monitoring at home - Blood pressure monitoring etc**

People who live with a partner felt more supported as they had someone on hand to help:

"I do have an Oxi-monitor and blood pressure machine and feel confident to use. These are just for my husband and me. He

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supports me if I don't know what I am doing". 174176, Caterham Valley, Lives with partner

We spoke with a number of residents familiar with blood pressure monitoring and were confident doing it themselves:

"I have a blood pressure monitor at home. I just found the cheapest one on Amazon. Its' really easy to use so I am confident doing that." 174118, Horley,

"I use blood pressure machine myself currently at home. Sometimes I call the surgery if it goes too low and think have called the Community Matron before." 174274, Reigate, Lives alone

Some receive support from family for self-monitoring, particularly for blood pressure:

"I have a blood pressure monitor at home. My daughter gave it to me and showed me how to use it. She works for the NHS at St Mary's and she's trying to get me to use it more. It's very easy to use, I can do it." 174116, Merstham, lives alone

"My daughter gave me her [blood pressure monitor], she showed me how to use it. She lives [nearby] and I have another daughter but she lives [a couple of hours away]. If someone can show me how to use [the equipment] then I would be happy to." 174136, Horley, Lives alone

We spoke with a husband and wife who would be open to more support to look after themselves at home:

"We [husband and I] should do blood pressure monitoring but no one at my surgery reminds us to. We aren't getting any younger so am keen to take charge of my health a bit more. I am more comfortable in own home and would self-test if given the equipment but would say people have to feel capable." 174191, Lives with partner

### **Cost of equipment**

One resident we spoke with was not happy with being asked to conduct their own blood pressure checks and preferred to go to the nurse. Cost was also a factor:

"GP said I need to get a blood pressure machine and start monitoring myself. Why should I? They are expensive, rather just go in to see nurse." 174276

### On wider use of technology

General view was that training would be required to support people with equipment:

“I don't have broadband or a computer so if I didn't need this then I would give it a go. Any kit I'd have to use would want training on and support. I live on my own and have a phone but can only receive text or calls and have 1 app.” 164505, Horley, Lives alone,

Most people we spoke with favoured phone calls as their primary means of communicating with health care services:

“I have medication for cholesterol. If I need a GP appointment I call them. I don't use the internet. I have a smart phone but I only use it for calls. My daughter tried to get me to use Zoom but I can't do it. I'd rather she visits me instead.” 174116, Merstham, lives alone

Some residents were unable to use digital technology:

“I'm a dinosaur. I don't like modern technology. I don't have a mobile phone, I don't even have a debit card.” 174120, Woodlands, lives with partner

“I'm not really good with any technology. I don't know what to do with all [the apps on a smart phone]. When I went to the shop, I told them that I just wanted something an old person like me could use. Just something simple for calls. Even had problems with my new hearing aid.” 174297, Merstham, Lives alone

### Living Alone

#### Community Support

A resident shared that they feel finding support locally without family on hand can be a challenge

“I live on my own and my son lives abroad. I have no one really to ask for help other than neighbours. I would ask but when they go away on holiday, I feel really vulnerable.” 174271, Reigate, Lives alone

Sheltered housing offered some reassurance and support:

“I used to have a husband until the big c got him 8 years ago. It's just me now. I live in sheltered housing now and there's a warden

there if I need anything. She's really good and helps me out a lot."  
174297, Merstham, Lives alone

Some people expressed that they feel a bit isolated in their community:

"I have a friend who lives nearby who comes in and helps me sometimes. Where I live has changed so much, it's not so friendly as it used to be. I used to know everyone." 174136, Horley, Lives alone.

### **Carers and Support at Home**

We spoke to residents who had family members care for them and as such they didn't feel confident doing things by themselves:

"I'm not interested in doing any monitoring myself. I'm at home on my own. My son does it all, I'm too old. He books my GP appointments and sorts out all my medication." 174134, Redhill, Lives alone

"I have a sight problem....I can manage things at home, and I don't wish to move. Fortunately I have family that live close by, any care like virtual wards would fall to my family. I can't use a tablet or a computer." 172190, Horley, Lives alone.

"I live with my daughter and her children. I'd happily do anything at home to avoid being an inpatient. I've had to monitor my blood pressure before. If I was shown with my family, they could help me but I'd be very happy to learn." 164488, Redhill, Lives with family

### **Dementia**

Some of the residents had various forms of dementia and were heavily reliant on the support from carers, often family members, to support their needs:

"I need help with everything. I have carers come in everyday to look after me and cook my meals. My sons live nearby and they help me. I give them a call if I need anything. They keep an eye on me and sort me out with what I need. They sort my doctor's appointments." 174119, Merstham, Lives alone,

We heard from a resident who was concerned about what would happen to their relative if they needed to be admitted to hospital:

"I look after my sister who has dementia, so that's always a worry if I had to go into hospital." 174118, Horley, lives alone

## Care homes

For residents in care homes, nurses coming to the home help them manage their health:

“There’s a nurse that comes to the home and helps if you have any problems. She checks my blood pressure and makes sure I’m still going.” 174288, Merstham, Care home resident

## Transport

Travel costs were a factor for some, which could be alleviated by virtual wards. One resident highlighted their bus pass was only valid at certain times:

“It would help me not having to get to a hospital for tests as don’t drive and bus passes are not accepted round here until after 9.30am. Some appointments I get offered for Crawley means I’d have to pay to get there it is unfair.” 174266, Merstham,

Some require taxis to get to the hospital which is a considerable expense:

“I have a pacemaker fitted and have check-ups at ESH but to get there in a taxi, it is so expensive.” 174274, Reigate, Lives alone

## Communications

Residents expressed that some messages from health organisations encouraging self-monitoring can come across the wrong way:

“I had a text from my GP today it was quite aggressive saying last day to get blood pressure survey completed. So they are wanting me to monitor my blood pressure but are they giving me a machine?!” 172187, Horley, Lives alone

Some residents were confused by the term virtual wards and others felt that it described the service accurately:

“Think virtual wards are a good idea and now you have explained it, the name does what it says it does”. 172184, Horley, lives alone

“I used to be a district nurse. Think the virtual wards are a great idea. Don’t like the name, think it should be home wards”. 172180, Horley, Lives alone,



### Raw Data

The quotes in this summary report have been extracted to illustrate the key discussion points for this project. As we had in-depth conversations with the people, we engaged with they told us about other aspects such as staff attitude, appointment booking etc. The full experiences can be found in the raw data spreadsheet.

This was a one-off engagement project and the experiences in this report are reflective of what we heard on the day at the different engagement events.

### Thanks

Healthwatch Surrey would like to thank everyone who shared their experiences with us and the community providers that welcomed us for our events

### Images from the engagement



Regents House, Horley & Woodhatch





Caterham Dene Urgent Care Centre

Merstham Hub (Library, café, food bank )



Merstham Day Centre