FROM THE VIRTUAL TO REALITY: ESTABLISHING A PALLIATIVE CARE VIRTUAL WARD IN A HOSPICE/COMMUNITY SETTING

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Background Virtual wards (VWs) are being developed to support people at home and avoid hospital admission (NHS England. World-leading NHS virtual wards treat 100,000 patients in a year [News item] 2023 Mar 11). Their development in palliative care is evolving (Black. BMJ Support Palliat Care. 2022;12:A35), however, there is little evidence on optimal processes involved in palliative VW set up.

Aims To describe the process of establishing a palliative care VW and report on its impact.

Methods PDSA methodology used. A task and finish group formed to oversee process. A literature review of evidence on palliative care VWs and a scoping exercise with other hospices with established VWs undertaken. Qualitative feedback undertaken with patients, GPs and hospice staff about their views on palliative care VWs. Evaluation methods for pilot developed including:

1. Service data collection including demographics, IPOS, Phase of Illness, AKPS, potential inpatient unit (IPU) bed days saved and outcomes.
2. Cross-sectional survey of patient, hospice staff/GPs’ experience.

Results Qualitative feedback from three patients, three GPs and three hospice staff identified the following themes: need for daily service coordination and senior specialist palliative care clinician oversight, concern over who is responsible for tests/prescriptions and service delivery overnight and at weekends. Patients’ themes focused on coping with technology and what would happen if it deteriorated. A bespoke electronic patient record template was created. Agreement for internal nursing secondment/coordinator was achieved. Admission criteria developed from literature review and scoping exercise included: complex unstable patients with no new daily care needs and on existing hospice caseload. VW admission for up to 14 days. Daily face-to-face/virtual patient contact. Patients discussed at daily huddle. Weekend cover via existing community nursing team. Deteriorating patients considered for IPU admission/other setting. Patients discharged back to usual level of hospice care after 14 days. Results from the evaluation to follow.

Conclusion A palliative care VW pilot using existing resources and reconfiguration has been developed. Evaluation will report on the feasibility and impact of the service.

P-90 EXPERIENCES OF A PALLIATIVE CARE VIRTUAL WARD – A VIABLE, SAFE, SUPPORTIVE ALTERNATIVE TO DYING IN A HOSPICE

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Those wishing to die at home are frequently unable to do so. The enhanced medical and nursing support provided by the ‘Virtual Ward’ (VW) offers an alternative to in-patient care, creates a similar sense of ‘emotional safety’ that coming into a hospice can have for patients and family members and facilitates death at home. We aimed to evaluate the experience of VW care involving daily specialist medical and nursing assessment of needs, Monday-Sunday, 8am-8.30pm with overnight support from community colleagues. Quotes from cases collated from patient feedback and family interview findings, illustrate the experience of VW. ‘S’, who was supported to care for his wife and young children through her death at home, recounted “how amazing each and everyone of the team is. From the initial referral, access team, to the nurse’s visits to the frequency we attended and to each member of staff. I have never known such attentiveness and compassion, it was seamless. I cannot thank everyone enough; I couldn’t have done it without everyone at the Hospice”.

‘G’ supported his wife at home; he wrote “after many nightmare experiences for us both – it was all handed over to your team, she is close to the end of the road now, I cannot thank you enough for weight you have taken from me, you get a gold star in your jotter from me – she is dying now but we feel so grateful.”

‘R’ lived in a care home. His profound agitation prevented his grandchildren from visiting and meant staff struggled to support him safely. His wife recalled “After just 8 hours of your service in place – he became so calm and settled, as did the care home staff. His grandchildren were able to visit him as he was dying – you gave my husband his dignity back”. The enhanced support of VW extended the emotional safety of hospice care to those dying at home and their families.

P-91 PALLIATIVE VIRTUAL WARD – ONE YEAR ON

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St Rocco’s Hospice was commissioned by ICB Place following a successful bid from the Digital Health Partnership to develop and deliver a 12-month pilot for a virtual ward for specialist Palliative Care beds across Warrington. This model was the first pilot to provide a Community Virtual Palliative care Ward. The development of which and outcomes have influenced the national roll-out from NHSE guidance which sought to deliver over 100,000 VW beds that would have positive patient outcomes and system impact. NHSE Guidance (Supporting Information for ICS leads Enablers for Success: virtual wards including hospital at home; April 22) details that a two-year comprehensive roll-out of the concept before longer term re-current funding would be considered. This is in line with the system ‘ask’ to make plans to expand VW capacity as fast and as safely as practicable, taking into account local circumstances, workforce availability and existing services as well as building on existing digital forms and platforms where these are established.

The Palliative Care VW currently contributes significantly to the ICB Place implementation of the national VW model of care with a high number of patient numbers and high value outcomes that will contribute to a positive evaluation in relation to an early adopter, especially from a palliative care perspective.