NIHR | Applied Research Collaboration Greater Manchester

Preliminary Exploration of Patient and Caregiver Experience of Virtual Ward Care. Theme: Organising Care/Digital Health

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Background

- I currently work as an Advanced Clinical Practitioner (nursing discipline) with experience of Primary Care, Virtual Ward/Hospital and Care at Home, and Same Day Emergency Care.
- Within my role I work across the four pillars of Advanced Clinical Practice: Clinical, Leadership, Research and Education. I trained on a Virtual Ward Team and then moved to Same Day Emergency Care (SDEC) on qualifying in 2024.
- Successfully applied for a ARC-GM Research Internship which I commenced in November 2024.
- Worked alongside ARC-GM team who have been undertaking a Virtual Ward Evaluation across Greater Manchester services, with supervision provided by Dr Fay Bradley.
- Specific focus on caregiver experience and burden in Virtual Ward care due to this being observed in practice but with limited available evidence.
- I have a keen interest in pursuing a career as a Clinical Academic and have used the Internship to support development and prepare for future study.

Starting Point/Goals

I started at a point where I had limited previous exposure to clinical research in practice, and on auditing my skills, arrived at the following goals:

- Increase theoretical knowledge around clinical research, particularly focusing on qualitative research.
- Gain practical experience.
- Development of skills: literature searching, data extraction and organisation, evidence appraisal and academic writing.
- Clinical development – research improving practice.
- Gain exposure to clinical research teams.
- Networking.
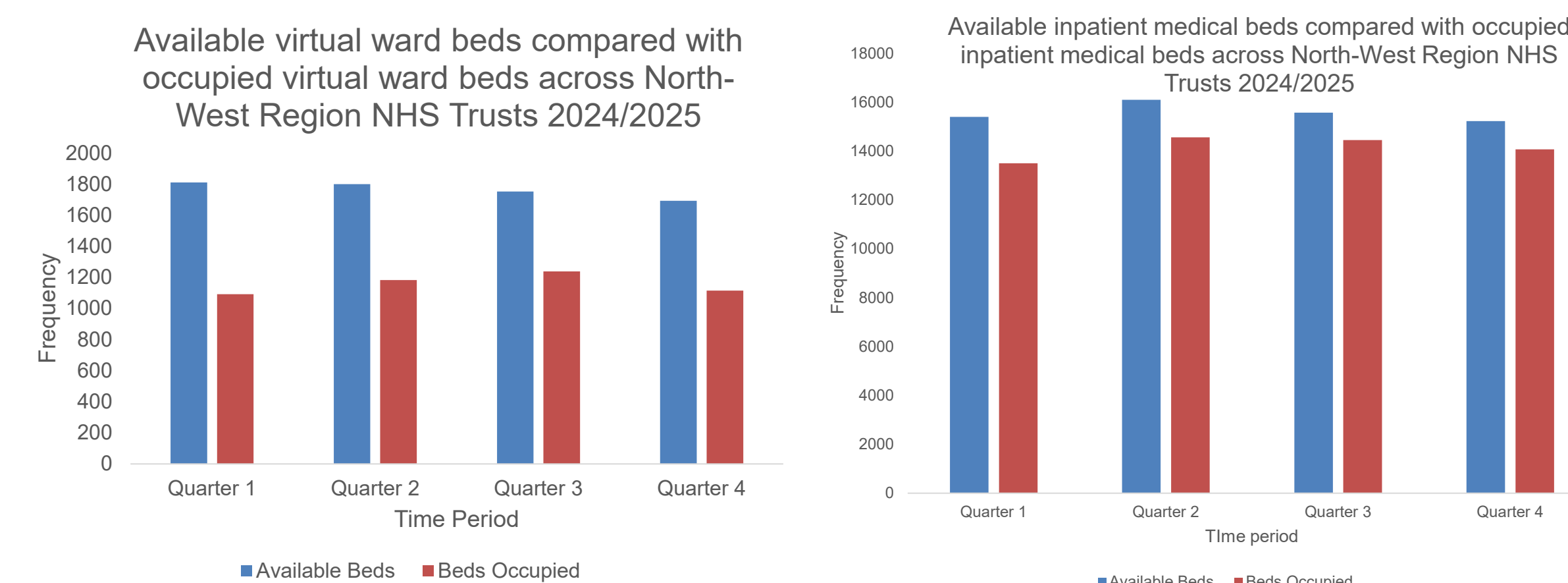- Preparation for future study – Pre-Doctoral Fellowship?

Outcomes

- Theoretical knowledge: audit of University of Manchester Qualitative Research module.
- Practical experience: limited practical exposure due to project timing however participated in organisational meetings, connected with researchers, and learned how data is extracted/coded.
- Practical development: literature searching, evidence appraisal, extraction of themes, application to practice, familiarisation and use of NHS statistics for research purposes.
- Supportive training: undertook literature search and evidence appraisal courses
- Academic writing skills – evidence synthesis and write up.
- Networking: engagement with ARC-GM research team, attendance at virtual ward forums, attendance at RCN International Research Conference in Exeter (September 2025), developing local, trust-based network.

Virtual Wards

- Provide hospital level care to patients in their own homes.
- Provide multidisciplinary input – medical and social (NHS England, 2025)
- Facilitate early hospital discharge and admission avoidance.
- Aim to reflect inpatient care: diagnostics, medication, monitoring, virtual ward rounds.
- Currently underutilised: mean bed occupancy for virtual ward beds across the Northwest Region was 65.63% during 2024/2025 period compared with 90.82% of general medical beds. Implications for further research?
- Benefits: improved patient/staff experience, potential cost benefits, improved capacity within healthcare service (NHS England, 2025b).
- Barriers: patient engagement, digital literacy, inequitable provision, isolation, staff expertise, potential carer burden (Cucurachi, 2025).
- Challenges: lack of available evidence to underpin service provision (Norman et al. 2023).
- My interest: caregiver experience/burden – literature review conducted (findings below).

Available virtual ward beds compared with occupied virtual ward beds across North-West Region NHS Trusts 2024/2025

Available inpatient medical beds compared with occupied inpatient medical beds across North-West Region NHS Trusts 2024/2025

Source: NHS England (2025c), NHS Engand (2025d)

Findings from literature review

- Virtual ward/hospital at home services currently operate in numerous formats, difficult to compare.
- Limited data available – emerging evidence base.
- Grey literature useful in current service analysis due to lack of published evidence.
- Patients appear to like virtual ward/hospital at home provision – promotes comfort, safety, recovery and autonomy. Some fears around deterioration of condition.
- Caregivers express mixed views – reduced stress incurred due to care setting; care can be more personalised. Others overwhelmed by technology, feel burdened by acute needs of patients, can feel unsupported.
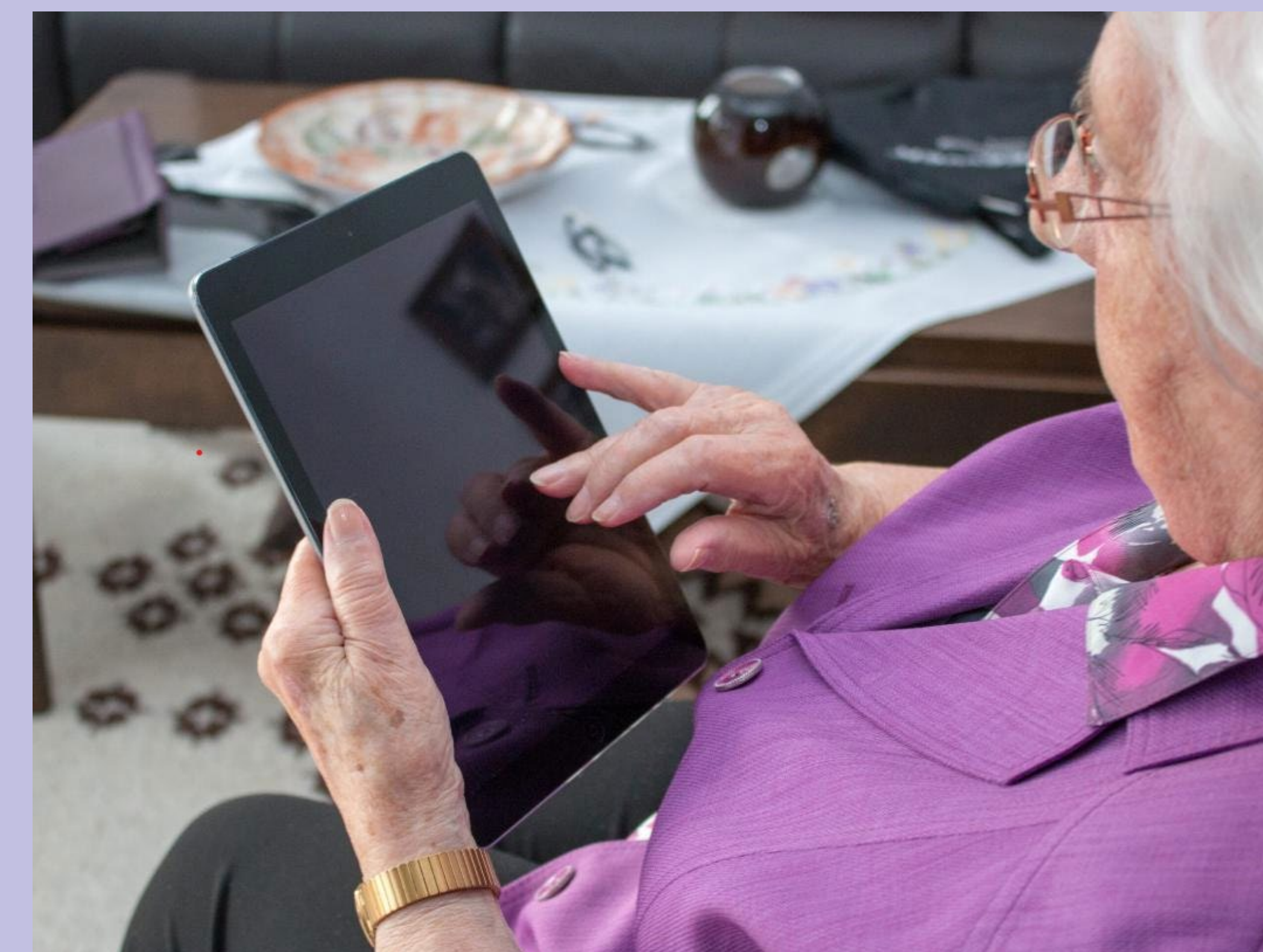
Take Aways

- Careful patient assessment/selection required.
- Improve communication with caregivers.
- Involve caregivers in decision to admit patients to virtual ward/hospital at home services.
- Further research required around caregiver burden required.

Personal Growth

- Developed confidence both personally and academic.
- Increased self belief.
- Inspired to pursue career as clinical academic.
- Developed networks which will be invaluable within my career going forwards.

What Next?

- Pre-doctoral fellowship application.
- Further training around research methodologies/application in practice , and statistical analysis.
- Development of proposal for locally based research
- Prepare application for funding.
- Continue to develop local research networks.
- Support others within my clinical setting to develop research skills.

Source: Health Innovation Manchester (2025)

With Thanks/References

References:

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Norman, G., Bennett, P., and Vardily, E.L.C. (2023). 'Virtual Wards: a rapid evidence synthesis and implications for the care of older people'. Age Ageing, 52(1): afac319.