



ARC West

What makes a virtual ward for patients with frailty work well?

2024



As the population ages, more people live with frailty and many are admitted to hospital with a frailty crisis.

Local health and care systems are introducing 'virtual wards' to help these patients be treated at home instead.

Frailty wards aim to prevent and treat crises, stabilise patient's frailty and empower patients and caregivers to manage their own care.

The remote planning of individual patient care by a multidisciplinary team of professionals is key to how wards operate, while care is delivered by community teams.

What was the aim of the project?

We wanted to understand how virtual wards can work to deliver care for people with frailty and improve their outcomes.

We also wanted to know the contexts and patients they work best for, what parts or processes help virtual wards to work well, and how those work.

What did we do?

We carried out a 'rapid realist review' of publications looking at virtual wards for people with frailty, and describing mechanisms relating to how they work.

We also discussed virtual wards with patients, caregivers and health professionals.



What did we learn?

We identified three key themes for frailty wards to function effectively.

- Virtual ward building blocks (inc. common standards agreements, information sharing, multidisciplinary team composition and meetings, ward co-ordination)
- Virtual ward delivering the patient pathway, including proactive care
- Patient and caregiver experience and empowerment

For all virtual ward components to work together to deliver frailty interventions, we found the following features were important:

- The virtual ward operating as a 'team-



of-teams'

- Buy-in from professionals
- Good communication between patients, caregivers and staff

We also identified situations where virtual ward operation may be difficult. For example, when a patient has delirium and caregivers are unable to cope, especially outside virtual ward hours.

We found that a proactive approach—identifying and treating patients at risk of a crisis—is best for virtual ward sustainability.

A whole system approach to frailty is needed, both in terms of patient selection and continuity of care after discharge.

What next?

We are sharing our findings, including our recommendations, with NHS managers and decision-makers, and those implementing virtual wards. See our policy briefing below for more details.

Read the paper by Westby et al.

Virtual wards for people with frailty: what works, for whom, how and why—a rapid realist review

Published in *Age and Ageing*

<https://doi.org/10.1093/ageing/afae039>

Read our policy briefing on virtual wards

<https://www.bristol.ac.uk/policy/bristol/policy-briefings/virtual-wards-frailty/>

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members of the public. Applied health research aims to address the immediate issues facing the health and social care system. We also help bring research evidence into practice and provide training for the local workforce.

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