Technology Enabled Care @ Home

Benefits Realisation for Virtual Wards

Why?

The evidence base for the implementation of Technology Enabled Care @ Home is very weak. It is often seen as part of a project process and not as longitudinal activity once a project moved to Business as Usual.

A collaboration was formed to analysis the issue between:

















As a collaboration we set about looking for the gaps in then evidence and what metrics both qualitative and quantitative would be needed to prove the value of Virtual Wards and how they could be monitored over years.

We have two years to prove the investment from NHSE was effective.

Outputs

This has fed the development in Cheshire and Mersey of a CIPHA Business Care for a benefits dashboard.

The development of a true cross region collaboration that has developed and is evolving with a common aim.



Qualitative coproduction summary

This is developing into a full qualitative research piece to be conducted over next 12 months.

Literature review
of current
benefits
this supported the coproduction summary
development.



Key Quantitative Findings

Increased Capacity in Secondary care Reduction in Readmissions **Decreased Waiting Lists Increased Urgent Care Capacity** Workforce efficiencies Reduction in Symptom Burden Reduction in unplanned Admissions

Key Quantitative Findings



Next steps



Full qualitative research piece across Cheshire and Mersey Virtual Wards project

Dashboard created and monitored for 6 – 12 months and new benefits added as necessary

work with our colleagues in ARC to apply causality analysis over the collected data

Develop report of impact of Virtual Wards

TECHNOLOGY ENABLED CARE @ HOME (TEC@H) - C&M

Aims: TEC@H aims to deliver safe and quality care for patients in their own residence

Objectives: Improve patient outcomes and satisfaction, increase efficiencies in the workforce and increase capacity for secondary care

CONTEXT	INPUTS	OUTPUTS	IMPACTS (ST) OUTCOMES (MT) OUTCOMES (LT)
TEC@H include all programmes that provide appropriate and targeted care for patients in their own homes, including those with the use of technology to support self-management. There are a wide range of programmes that fit under this umbrella term, all providing increased convenience and high-quality alternatives to face-to-face care for patients when it is appropriate, including Virtual Wards (VWs) TEC@H aims to combat the large waiting lists in secondary care, increase urgent care capacity and improve patient's quality of life. TEC@H require less staff to see more patients by enabling technology in with patients care at their own homes. Services are both to provide a safe alternative to admission and early supported discharge working with other service developments as part of the system transformation programme and aligned to the developing digital and data strategy.	Funding from NHS England (£?) 344 staff (by Q4 23/34) 900 VW beds commissioned (by Q4 23/24) Digital Buddy service technology Telehealth gold standard RM Collaboration across providers in C&M and Docobo Identify clear health system leadership	Growth in number of patients on TEC@H Increase in case findings Increase in escalation procedures given to patients and explained Increase in data collection of patients using telehealth RM Growth in number of staff trained for TEC@H Increase of new staff integrating with existing staff	PATIENTS & CARERS Increase of patient's awareness of TEC@H More patients being cared for remotely Increase confidence in self-management and escalation procedures Increase in confidence for carers to manage patients at place of residence Patients optimised for surgery STAFF Staff to patient ratio increased staff knowledge and awareness Ability to work remotely Increased confidence in telehealthand TEC@H Increased confidence in accessing a patients information Increased of patient's awareness Improvement in targeted health behaviours Reduction in deconditioning Increased staffs to patient ratio discharge patients Increased workload Increased of staff returning to work Increased confidence in telehealthand TEC@H Increased confidence in accessing a patients information Improvement targeted health target
	Case finding for early supported discharge on wards Clinical engagement Escalation procedures produced Use of agency and bank staff (interim measure) 4 VW specialities specified	Increase in clinical system interoperability enabling electronic referral, escalation and sharing of information. Growth of interest in TEC@H Networks and digital resources to share best practice Growth in levels of investment streams secured	Increase in TEC@H patients being able to 'step down' to a VW bed at home Average LOS for TEC@H patients in hospital will decrease TEC@H patients and their visitors are not travelling to hospitals Medicine optimisation for TEC@H patients Medicine and their visitors are not travelling to hospitals Medicine and their signal step admissions Medicine and their signal step admissions Medicine and their step and their signal step admissions Medicine and their step and their s

- · New staff are hired to fit demand and all duties doesn't fall to existing staff
- Ensuring digital literacy is not a barrier to TEC@H
 Ensuring patients that are not suitable for TEC@H receive the correct services appropriate