Resource impact summary report

Resource impact
Published: 12 October 2023

www.nice.org.uk

Virtual ward platform technologies can be used in the NHS while more evidence is generated to monitor people over 16 with acute respiratory infection in their usual place of residence. They can be used for people who have been:

- referred for hospital admission or
- admitted to hospital and their condition is stable or improving but needs ongoing monitoring.

These technologies can only be used once they have appropriate regulatory approval, including CE mark, and meet the standards within NHS England's Digital Technology Assessment Criteria (DTAC).

Virtual ward platform technologies should have these key features:

- interoperability with electronic patient record systems and associated medical devices
- appropriate regulatory approval for associated medical devices (devices must also meet local testing standards and be validated for use in a place of residence)
- validated accuracy in people with black or brown skin for devices that measure oxygen saturation
- risk-stratified alerts (for example, red, amber or green) for healthcare professionals for when readings go outside of the agreed range (alerts can be based on device-measured vital signs or questionnaire responses)
- trend-based alerts (to increase specificity) for continuous monitoring using wearable devices
- patient interface with a user-centred design that is easy to use.

As the guidance is an early value assessment, the resource impact tools are not directing organisations to assess the cost of full rollout of these technologies. If there is an unmet need, these technologies could be a solution. Organisations may therefore wish to identify the potential resource impact.

Depending on current local practice, recommendations/areas which may require additional resources and result in additional costs include:

- the virtual ward technology including specific hardware/software and upgrades to support the technology
- time required for training and support
- any costs associated with a lack of interoperability of the virtual ward technology with electronic patient record systems and associated medical devices
- costs associated with the delivery, collection and repurposing of the virtual ward equipment.

Implementing the guidance may:

- be cost saving because people are having their healthcare managed at home or in their usual place of residence instead of in hospital
- reduce pressures on hospital in-patient care
- improve patient flow.

These benefits may provide savings to offset against technology and implementation costs.

Virtual ward services should be developed across systems and provider collaboratives, rather than individual institutions. Services can be based on partnership between secondary, community, primary, social care and mental health services and in many cases partnerships with the independent sector. Non recurrent national funding is available in 2023/24 to provide financial support to systems for the establishment of virtual wards but is not intended to cover the ongoing cost of the service. Integrated Care Systems will have local determination over their allocation, provided that it relates directly to the development of virtual wards.