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To:

- ICS CEOs

13 January 2021

CC:

- CCG AOs and chairs
- Community provider CEOs
- Acute provider CEOs, chairs and medical directors
- 111 and ambulance CEOs
- AHSN medical directors
- PCN clinical directors

Dear Colleagues,

Supporting hospital discharge: Establishment of COVID virtual wards

We are enormously grateful for the work undertaken to implement the [COVID Oximetry @home pathway](#) in all systems. This should now be fully scaled up so there is consistent coverage across every PCN footprint.

In addition, given the intense pressure on hospital beds right now, **we are recommending that all integrated care systems (ICSs) immediately establish COVID virtual wards (CVWs) to support the earlier and safe discharge of COVID-19 inpatients.** CVWs have been proven to reduce admissions/bed occupancy and improve length of stay,^{1, 2, 3} mitigating pressure on beds. Many parts of the country have already been implementing this model.

What is the CVW model?

The CVW model is normally operated by **secondary care** and provides a step-down mechanism, to enable earlier and safe discharge of patients with a higher level of clinical support than offered through the COVID Oximetry @home model.

¹ <https://www.bmj.com/content/369/bmj.m2119>

² <https://acutemedjournal.co.uk/wp-content/uploads/2020/11/p183-191-1.pdf>

³ <https://future.nhs.uk/NEWS2CN/view?objectId=89545925> (access requires NHS Futures log in)

Patients are provided with a pulse oximeter, agreed remote monitoring arrangements and additional care and support as required. The [CVW Standard Operating Procedure](#) draws on experience of several trusts that have already implemented the model in response to the pandemic.

Which patients are suitable for discharge onto the CVW?

The CVW model should be an option available to clinicians for adults in hospital with a primary diagnosis of COVID-19 who have an improving clinical trajectory (symptoms, function, oxygen saturation) and have no fever for 48 hours consecutively (without medication to reduce fever). Consideration may also be given to patients who are seen in secondary care or by ambulance clinicians where emergency admission is not warranted, but urgent oximetry follow-up is required.

In this model, subject to completion of a satisfactory exercise test:

- Patients with saturations of 95-100% and low NEWS2 (< 3) and improving clinical trajectories could be discharged to a COVID virtual ward where clinically appropriate.
- Patients with saturations of 93-94% with improving clinical trajectories (symptoms, signs, blood results, CXRs), function can also be considered for COVID virtual ward where clinically appropriate.
- Patients with oxygen saturations of 92% or lower or experiencing moderate/severe shortness of breath are generally unsuitable for early supported discharge, unless the patient is stable and this is their usual baseline saturation.

How is it implemented?

ICs are responsible for overseeing implementation working with acute trusts, CCGs and other system partners to determine how CVW(s) are best organised across hospitals within their system.

The CVW Standard Operating Procedure sets out a base standard and should not supplant existing arrangements where these are already established and working.

What support is available?

CCGs already have access to the national supply of oximeters and trusts can request oximeters directly for use in their CVW. We are also arranging an immediate initial distribution of 300 oximeters to each acute trust in England.

Practical guidance is available including a national learning network and implementation support from local Academic Health Science Networks (AHSNs), who are supporting.

NHSX has also offered support and advice on implementing additional technology which may enhance the CVW model.

ICSSs will be asked to provide to NHS Digital routine information on caseload, length of stay, and details of discharge medication and oxygen therapy where relevant.

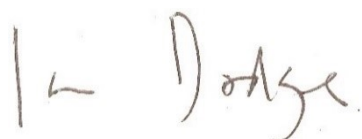
To help access the support offer, including any additional oximeters requirements, ICSSs or trusts should return the attached proforma as soon as possible. We would welcome information about details of where CVWs are already in place and when further CVWs are expected to be operational.

For further information, please contact your NHS England and NHS Improvement regional lead or email england.home@nhs.net.

Yours sincerely,



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National Medical Director



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