**Positive feedback from Greater Manchester listening exercise on virtual wards**

Building user experiences and insights into the design and development of virtual wards ensures it is fit for purpose. The Greater Manchester team ran a listening exercise during 2022 to engage with patients, carers and clinicians to learn from their experiences and perspectives to inform their approach.

The results from the listening exercise found that experiences of virtual wards, or hospital at home, tend to be positive for both patients and clinicians. Patients talked less about the benefits of monitoring their physical illness, and more about the benefits of being able to recover surrounded by their home comforts, in a familiar and relaxed environment. Being at home was also said to help with people’s mental health and wellbeing. Patients felt less anxious at home compared to a busy hospital ward and being able to see family and friends when they wanted really helped.

There were some worries about being missed, something going wrong, or suspicions about the technology. Providing reassurance and clear guidance to patients about safety measures, and the fact that there was a professional monitoring the data, was really important.

Patients also had concerns over whether it would add pressure onto their loved ones. Family and carers all expressed initial anxiety over the complexity of the kit and taking ownership of their care, such as doing accurate readings. However, once the kit had been set up and they could see everything working with no issues, their worries were typically alleviated. There were particularly concerns about escalation and what would happen if a patient deteriorated at home.

The onboarding process between the patient and clinician is also crucial for success. In addition, there are also some ‘real world’ issues that people raised: from Wi-Fi connections dropping out, proximity to the kit hub impacting on readings, problems with Bluetooth, some bits being fiddly to use. There were also some inclusion and accessibility issues: people with a lack of dexterity could some of the kit difficult to use, or the potential for readings to be impacted by tattoos or skin colour.

All of these factors need to be considered when identifying people who may be suitable for this type of care at home.

Many clinicians saw the value in virtual wards straight away, however, given this is such a new and transformational model of care, some do not yet have the trust, expertise and confidence to ‘let go’ of face-to-face monitoring. Finding space and time to focus on the people, process and cultural components of virtual wards is just as, if not more, important than technology itself.

There is also a need for clear eligibility criteria, ensuring patients are recovering in appropriate living conditions and have in-home support.

More information about the findings from the listening exercise can be found here [Rapid Evidence Synthesis](https://pubmed.ncbi.nlm.nih.gov/36633298/) .