To:
- ICS chief executive officers

cc.
- CCGs:
  – accountable officers
  – chairs
- Community provider chief executive officers
- Acute providers:
  – chief executive officers
  – chairs
  – medical directors
  – nursing directors
- NHS111 chief executive officers
- Ambulance chief executive officers
- AHSN medical directors
- PCN clinical directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

22 December 2021

Dear Colleagues,

Supporting patients and bed capacity through virtual wards and COVID Oximetry @home

We are enormously grateful for the work undertaken to prepare for the impact of the Omicron variant and other winter pressures.

Given the rapidly rising Omicron case numbers, we are now asking that **all integrated care systems (ICSs) seek to put in place comprehensive coverage of COVID Oximetry @home (CO@h) and COVID Virtual Ward (CVW) pathways to meet potential demand**.

Specifically you are asked to:

1. **Seek to achieve full step-up of CO@h patient self-monitoring services by 31 December**, building on those established by all clinical commissioning groups (CCGs) last year as a simple non-intensive self-monitoring pathway using pulse oximetry in the community.

   All patients who meet the onboarding criteria within the standard operating procedure (SOP) should be offered oximetry self-monitoring to improve safety for those at risk and to help avoid unnecessary admissions.

Supporting this will involve ICSs working with primary care teams as a COVID-19 response priority, alongside the COVID-19 vaccination programme.

Patients receiving COVID-19 therapeutics should also be considered for CO@h, either through referral into local services or direct onboarding where appropriate through, for example, COVID-19 medicine delivery units (CMDUs).

2. **Expand the CVW pathway**, meeting an initial yardstick that **CVW patients are equivalent to a minimum of 15% of COVID inpatients to enable all eligible patients to benefit by the 31 December, to directly support admission avoidance and earlier discharge**.

   Many systems are already exceeding the 15% yardstick. We encourage systems to **ensure that only patients who would otherwise be in a hospital bed are onboarded onto the more intensive virtual ward model**, as opposed to being considered for onboarding onto oximetry patient self-monitoring.

3. Ensure that all trusts and CCGs **continue to complete the existing separate daily CVW and weekly CO@h sitreps.**

4. Confirm a **board-level responsible director** in each ICS, if you have not done so already, to england.home@nhs.net by Wednesday 29 December.

To support systems to address increasing pressures, we have expanded the CVW SOP to include further guidance on its use as an alternative to admission. This was already feasible in the original SOP and many areas have already deployed it in this way.

The use of CVWs is part of the NHS's wider adoption of Virtual Ward and Hospital at Home models, as set out in the Amanda Pritchard and Stephen Powis letter of 13 December. We are aware that some systems have already been advancing their plans in this area and are seeking further support to do so.

We are therefore making initial guidance available today focusing on acute respiratory infection and frailty pathways, which will support this longer-term expansion for systems requiring this.

We will keep all guidance under review as more evidence becomes available on the impact of Omicron and to support linking pathways for at risk patients including antivirals and monoclonal antibodies.

For further information, please contact your NHS England and NHS Improvement regional lead, or email england.home@nhs.net (including to continue to access oximeters from the national supply).
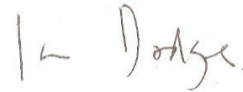
Yours sincerely,

Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement

Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement

Ian Dodge
National Director of Primary Care, Services and Strategy
NHS England and NHS Improvement