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Scaling Virtual Wards:

Supporting the 10 Year Plan

November 2025

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Virtual Wards Foreword

The NHS stands at a pivotal crossroads. As we face the dual challenges of an ageing population and rising demand for urgent care, it is clear that the traditional models of care can no longer meet the needs of our communities alone. The government's 10 Year Health Plan sets out an ambitious vision for a sustainable, high-quality health and care system. One that is digitally enabled, community focused, and fundamentally proactive.

Virtual Wards are central to this transformation. By bringing acute-level care into people's homes, they offer a glimpse of a future where technology and multidisciplinary teamwork combine to deliver personalised, preventative care. The COVID-19 pandemic accelerated the adoption of Virtual Wards, but their true potential remains largely untapped. As this White Paper demonstrates, when thoughtfully designed, appropriately resourced, and scaled sustainably, Virtual Wards can be a powerful lever for change.

This White Paper draws on our extensive experience working with Virtual Ward programmes over the last few years and explores the opportunities and challenges of embedding Virtual Wards within the NHS at scale in line with the three shifts.

In doing so we highlight the importance of a robust data infrastructure, integrated neighbourhood teams and a vigilant focus on population health management. It also recognises that success will depend on collaboration across the entire health and care ecosystem: clinicians, operational leaders, technology partners and crucially patients and communities themselves. We hope this report serves as a guide for leaders in navigating the complexities of Virtual Wards from pilot to scaling.

As we look to the future, the scaling of Virtual Wards represents more than a technological innovation; it is a commitment to delivering care that is closer to home, more responsive to individual needs, and better equipped to prevent ill health before it escalates.

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Virtual Wards
Contents

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Virtual Wards
Executive Summary

Virtual Wards play a pivotal role in the NHS 10 Year Plan, however, despite their promise, they remain largely in the pilot phase. This White Paper explores the role of Virtual Wards in supporting the NHS to deliver the 10 Year Plan.

Key Features of Scaling Virtual Wards

Virtual Wards must offer **structured monitoring, co-ordinated multidisciplinary care, and prioritise prevention and early intervention**. Successful models also integrate acute, community and social care.

Digital technologies, such as wearables, AI, and integrated data platforms, enable **real-time monitoring, automate patient pathways and support proactive care**. However, success depends upon robust data infrastructure, digital inclusivity, and clinician engagement.

Integrating **population health management and early intervention** allows for targeted, risk-stratified care and addresses health inequalities. Robust data and collaboration across health and community partners is essential.

Virtual Wards must scale through **deliberate planning, operational and financial buy-in, and standardised processes**. Key enablers include population health strategies, innovative funding models, data and coding standards, interoperable technology and effective knowledge sharing.

Headline Recommendations

Strategic Scaling

- ✓ Scale strategically by setting clear targets and investing in workforce, operations & financial incentives to ensure Virtual Wards reach a critical mass for tangible benefits

Expand Prevention

- ✓ Expand preventative and proactive models by leveraging population health management, community diagnostic hubs and digital front door services

Integration

- ✓ Prioritise the development of multidisciplinary neighbourhood teams to deliver holistic, patient-centred care
- ✓ Promote Knowledge Sharing, leading practice and collaboration locally and nationally

Data & Technology

- ✓ Invest in interoperable IT and standardised data to support analytics and automation
- ✓ Tech functionality should be patient-focused, meet requirements for the future, and reduce need for ‘bespoke’ offerings

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Virtual Wards
Introduction

The NHS is currently grappling with mounting pressures. These include a growing and ageing population with increasingly complex, long-term health conditions, as well as persistent productivity challenges. Demand for A&E services has reached unprecedented levels, as evidenced by July 2025's record 2.4 million attendances (NHS England, 2025) in England. This surge is placing acute hospital beds under immense strain and causing delays in patient discharges, resulting in a system unable to meet demand through traditional hospital-based care.

Context of the 10-Year Plan

The government's 10-Year Health Plan (DHSC, 2025) for England sets out a vision for creating a health and care system that is both sustainable and of high quality, ensuring it can meet future challenges. This ambitious plan is shaped by three fundamental shifts: moving care from hospitals into the community, transitioning from analogue to digital solutions, and shifting focus from sickness to prevention.

At the heart of this vision is the delivery of care closer to patients' homes, using digital innovation and technology to enhance services, and fostering a preventative, integrated approach that encompasses the entire health and care system. Virtual Wards are a key initiative that aligns with these three strategic shifts. By harnessing advanced technology and utilising multidisciplinary teams, Virtual Wards provide acute-level care in patients' homes, supporting the broader move towards community-based, digitally enabled, and preventative healthcare.

Why are Virtual Wards Part of the Answer?

Virtual Wards allow patients requiring short-term (less than 2 weeks) hospital care to get the care they need at home safely and conveniently, rather than being in hospital (NHS England, 2023) and are a key part of the wider spectrum of Virtual Care. Virtual Wards support improving patient outcomes and reducing the risks associated with prolonged inpatient stays, such as physical deconditioning and hospital-acquired infections.

While "Hospital at Home" models have long existed within the NHS, the COVID-19 pandemic acted as a catalyst for the current "Virtual Ward" approach. Since the national rollout in 2022, the maturity and success of Virtual Wards have varied considerably across the NHS.

Virtual Wards

Virtual Wards are defined as a substitute for acute inpatient hospital care, designed to enable early supported discharge and prevent avoidable admissions. NHS England and GIRFT have set clear parameters (NHS England, 2025c, NHS England, 2025e) defining what constitutes a Virtual Ward, including that care should be equivalent to inpatient care, not simply remote monitoring or safety netting, and that the length of stay should not exceed 14 days. However, adherence to these guidelines has been inconsistent across the NHS, leading to ambiguity and debate about what a Virtual Ward is versus what is currently being delivered in practice.

With this in mind, development over the past year reveals several key themes regarding the current state of Virtual Wards:

Acute Focused
Virtual Wards maintain an emphasis on acute care, as reflected in their funding structures.

Pilot Stage
Virtual Wards have predominantly remained at the pilot stage, with limited growth as depicted in Figure 1. Only a small number of organisations have ever achieved the initial NHSE target of 40–50 beds per 100,000 population (NHS England, 2025a).

Length of Stay
There is still great variation in the length of stay across Virtual Ward programmes nationally, with a tendency still to use Virtual Wards for safety netting or remote monitoring.

Facilitation of Early Supported Discharge
More mature Virtual Wards primarily facilitate early supported discharge for patients rather than focusing on admission avoidance.

Limited Quantitative Evidence
Although there is an expanding body of literature, robust quantitative evidence regarding the impact and benefits of Virtual Wards remains limited and inconsistent.

Virtual Wards

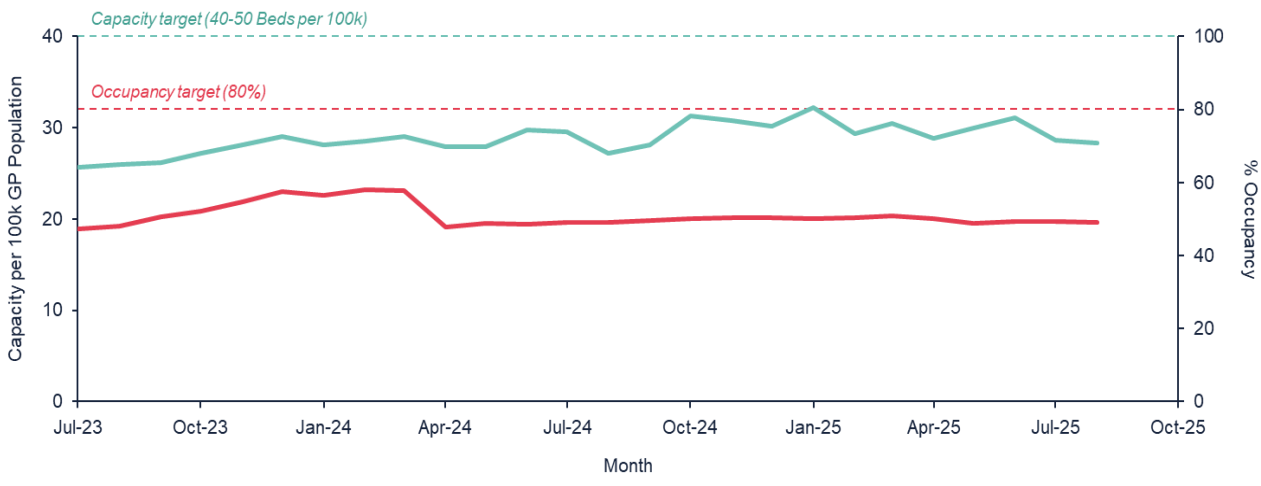

Figure 1 – Virtual Ward Sitrep Data (Data Source: Virtual Wards Sitrep National Time series 2023/2025)

Analysis of national Virtual Ward sitrep data (Figure 1) reveals a concerning trend: capacity and occupancy growth has plateaued. Despite initial momentum following the 2022 rollout, the data shows that Virtual Wards have not scaled at the pace required to meet system-wide ambitions.

Given these observations, there is ongoing debate about whether Virtual Wards represent a "silver bullet" solution (RCN, 2024). In their current form, they appear too small to demonstrate significant impact and lack the investment required to reach critical mass. As a result, substantial scaling is required to realise net benefits. Nevertheless, certain case studies show that, when well executed, Virtual Wards, and virtual care more generally, has the potential to transform how the NHS delivers care. Without decisive action, the model may fail to deliver on its promise of alleviating acute care pressures and enabling care closer to home in a cost-effective model.

This whitepaper explores how the ambitions of the three strategic shifts are embodied within the context of Virtual Wards. In doing so, we reflect on potential future developments of Virtual Wards and examine the challenges and opportunities that must be addressed to ensure successful implementation across the health and care system.

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1. Hospital to Community: A New Model of Care

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Hospital to Community: A New Model of Care

As national demand continues to rise, transitioning care into community settings alleviates pressures on acute hospitals and ensures patients receive the right care, in the right place, and at the right time. Achieving this vision requires a move to a neighbourhood health service (NHS England, 2025b), whereby more care is delivered at home or closer to home, through a more integrated health and care system.

Virtual Wards can serve as a crucial component of this evolving model of care. In this context, we consider the key characteristics Virtual Wards must include to facilitate this transformation, including examples of where this is being effectively delivered within the NHS.

Addressing Demand

When evaluating acute care demand and the prevalence of health conditions (Darzi, 2024), specialties such as Frailty, Respiratory (including Asthma and COPD), Cardiology (including Heart Failure and Coronary Heart Disease), and Diabetes account for a substantial and increasing share of service needs. Within these specialties, three key characteristics consistently emerge:

- Structured monitoring and proactive care
- Comprehensive, multidisciplinary care involving integrated teams
- A focus on prevention and early intervention

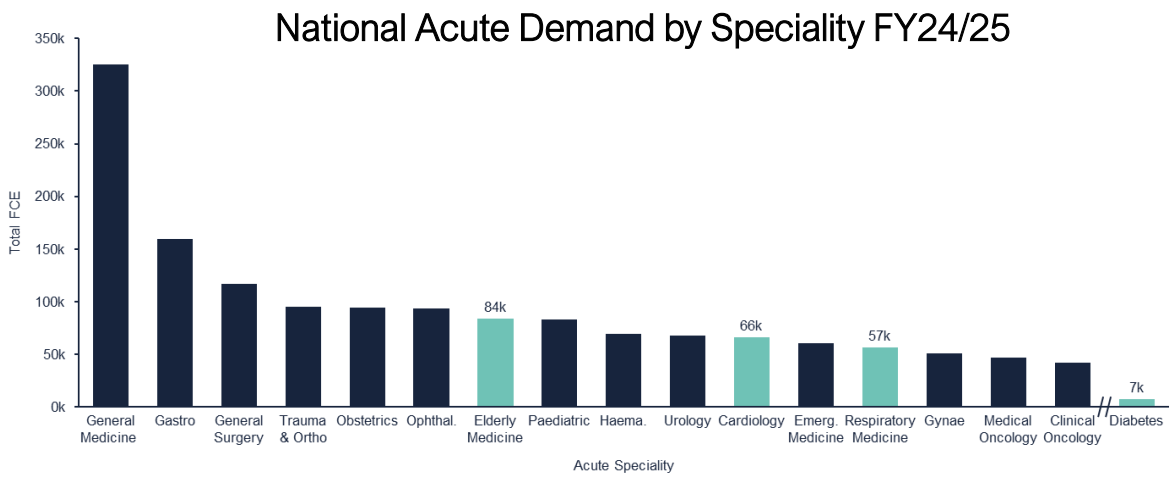

Figure 2 – Full consultant episode (FCE) activity (Data source: Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Emergency Data)

Virtual Wards

1) Structured Monitoring and Proactive Care

Providing acute-level care outside of traditional hospital settings requires carefully balancing patient acuity with available specialist community resources. This can prove challenging for many reasons due to factors such as fragmented services and workforce constraints. As a result, it is often debated as to whether Virtual Wards serve their intended function or simply support short-term remote monitoring. While remote monitoring offers value to both patients and the broader health system, it primarily functions as a preventative intervention alongside Virtual Wards rather than as an equivalent to acute-level care.

To ensure a seamless transition from hospital to community care, Virtual Wards need to support patients requiring low-risk interventions at home (AHSN 2018), such as intravenous therapy, oxygen administration, point of care testing and regular medication review and monitoring, with structured and continuous monitoring. A study by NHS Benchmarking Network, found that equivalent 'in hospital' care corresponds to higher patient satisfaction; achieving this requires collaboration between clinical teams, alignment of care processes, and robust IT infrastructure across health partners (NHS Benchmarking Network, 2024).

Case Study: Wolverhampton Acute Respiratory Infection (ARI) Virtual Ward

In Wolverhampton (NHS England, no date), learnings from the COVID Virtual Ward informed the launch of the ARI Virtual Ward in July 2022. This service supports up to 120 people with respiratory conditions at home, including those with COVID, COPD, asthma, oxygen weaning needs, and acute respiratory infections such as pneumonia.

The Virtual Ward directly addresses acute respiratory infection demand in A&E and provides home-based treatment, supported by pharmacists, therapists, and other hospital departments. At home interventions include oxygen weaning, palliative support and intravenous antibiotics. Key factors for success include clear admission criteria, targeted A&E demand management, and multi-disciplinary teamwork.

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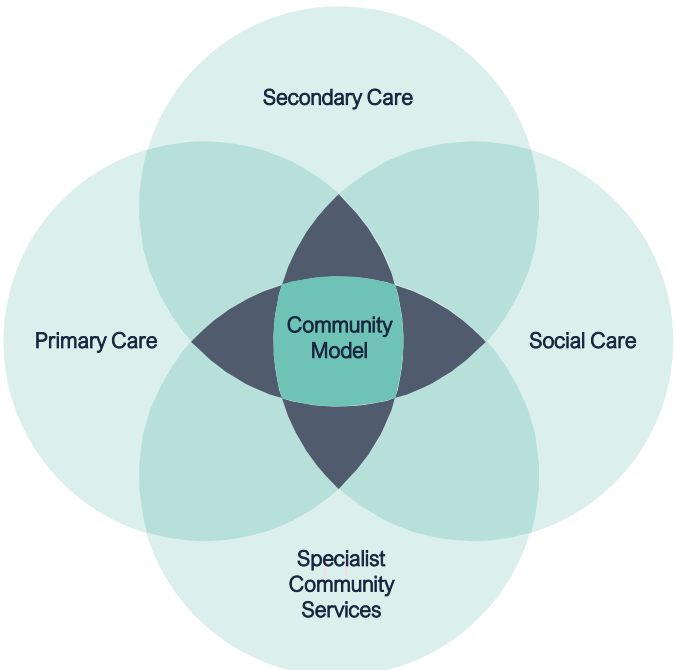
2) Holistic, Multidisciplinary Care and Integrated Teams

Specialities like Frailty are already well-positioned to provide holistic care due to the complex, multi-morbid nature of patient conditions. As patient needs become increasingly complex and diverse (NHS England, 2024), Virtual Wards must adapt accordingly; addressing not only clinical requirements but also social and cultural considerations.

Virtual Ward teams have often mirrored traditional inpatient models, but there is a growing need for enhanced collaboration between secondary and primary care, specialist community services, and social care. This calls for a new model aligning with integrated neighbourhood teams, where multidisciplinary teams comprise of general practitioners, community nursing staff, physiotherapists, pharmacists, social workers, and acute specialists. Involving carers and families in care planning is also essential for coordinated, personalised care. A critical success factor in fostering such collaboration is the establishment of a unified vision and 'compelling story' among key leaders and champions, ensuring robust engagement and commitment within their respective teams.



Case Study: Leeds Teaching Hospitals Trust Frailty Virtual Ward

LTHT's (David et al., 2020) Frailty Virtual Ward is a collaborative effort among NHS organisations (primary, community, and secondary care), Leeds City Council Adult Social Care, and Leeds Oak Alliance (a third sector consortium). Consultant-led, the multi-agency team ensures rapid access to care packages and therapies.

One main challenge is establishing the right community connections and processes for timely discharge, which has been embedded into their core operating model. This embodies the shift from hospital to community care, with staff emphasising the value of multidisciplinary working and a culture of learning and collaboration.

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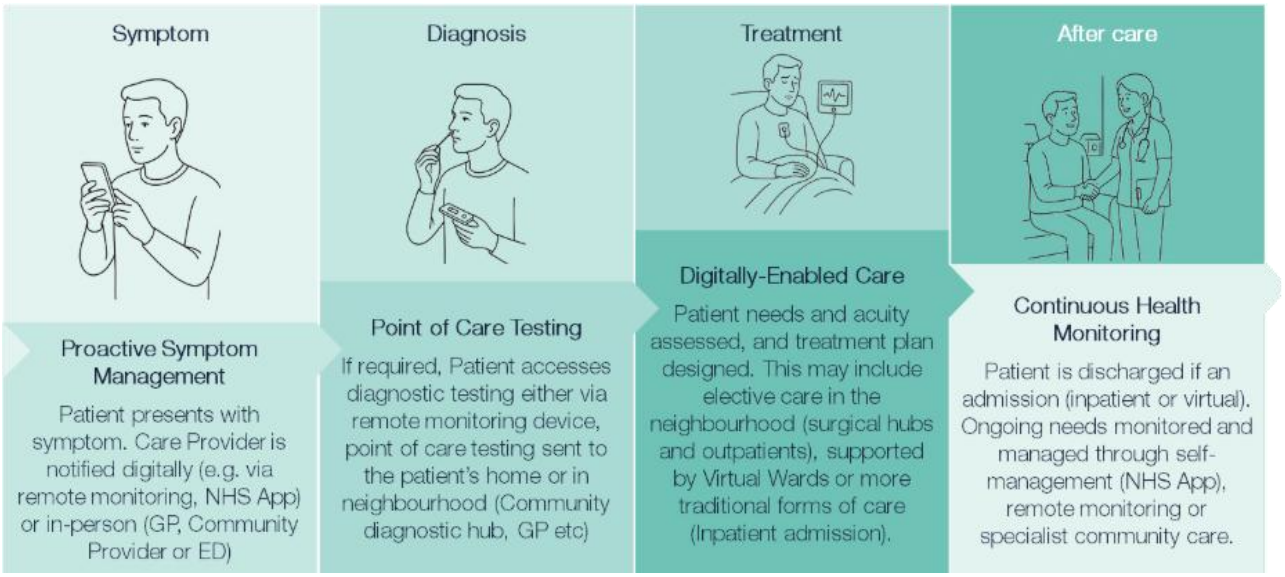
3) Emphasis on Prevention and Early Intervention

To realise the full value of Virtual Wards, greater focus must be placed on prevention and early intervention (University of Bristol, 2024), particularly in how patients access services. Most pathways rely on ED visits or inpatient admissions before transitioning to a Virtual Ward. While this reduces length of stay, it misses opportunities to prevent admissions altogether. Some Virtual Ward models are exploring expansion into Same Day Emergency Care (SDEC), but further development is needed to deliver acute-level care to appropriate patient groups confidently.

Meeting patients “where they are” requires Virtual Wards to be embedded within the wider health and care system. This could include integration with GP practices, care homes, and front-door services such as the NHS App or 111, ensuring patients can access support through familiar channels. Such integration would enhance patient experience and outcomes, particularly for hard-to-reach populations, by reducing barriers to care. In addition, community diagnostic hubs can play a vital role in early intervention, aligning with NHS England’s priorities for proactive care. A community-focused, integrated approach positions Virtual Wards as a unifying element, fostering collaboration across healthcare initiatives and improving continuity of care. Evidence from the University of Bristol (2024) supports combining proactive and reactive models to strengthen frailty care across the system, reinforcing the case for integration.

There are few published examples of successful integration of Virtual Wards that support emergency department admission avoidance, possibly reflecting the gap in secondary and primary care shared working, limited IT infrastructure, and immature processes.



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2. Analogue to Digital: Innovations in Virtual Wards

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Analogue to Digital: Innovations in Virtual Wards

As the NHS faces rising complexity, workforce shortages, and increasing operational demand, analogue ways of working are no longer sustainable. The system still relies heavily on paper processes, manual data entry, and siloed information flows, all of which limit the ability to plan care, optimise capacity, and respond proactively to patient needs. The shift from analogue to digital is not just a technology upgrade; it is a fundamental redesign of how care is delivered and decisions are made.

Digital maturity enables services to anticipate demand, share information seamlessly across organisational boundaries, and automate administrative tasks so clinicians can focus on patient care. Achieving this requires investment not only in modern infrastructure and interoperable systems, but also in culture, skills, and new models of working.

In this section, we examine the critical enablers of digital transformation within the NHS, highlighting examples where digital-first models are improving coordination, efficiency, and outcomes.

Wearables

Wearable medical devices are now commonplace in the UK, with 52% of adults owning (World, L., no date) at least one health-tracking device. This can transform how care is delivered. For example, 39% of people with diabetes use Continuous Glucose Monitors (CGMs) (World, L., no date). The NHS 10-Year Plan highlights the importance of wearables in supporting Virtual Wards. Supplying patients with a wearable device as part of their Virtual Ward care has the potential to provide clinicians with comprehensive, real-time data. This approach enables the generation of automated alerts tailored to each patient's baseline vital signs, thereby mirroring the level of monitoring and responsiveness typically received during inpatient care.

When introducing wearable devices, it is essential to evaluate both their usability and the utility of the data they generate. Digital inclusivity remains a critical consideration in the context of Virtual Wards. Ensuring that technology facilitates, rather than restricts, patient access to virtual care is paramount. Although our studies (Akeso, 2025) have not shown a direct correlation between digital deprivation and patient access, factors such as language barriers and patient perceptions continue to limit uptake.

Empowering patients, carers, and staff with clear information throughout the care journey is fundamental to successfully integrating new technologies.

Virtual Wards

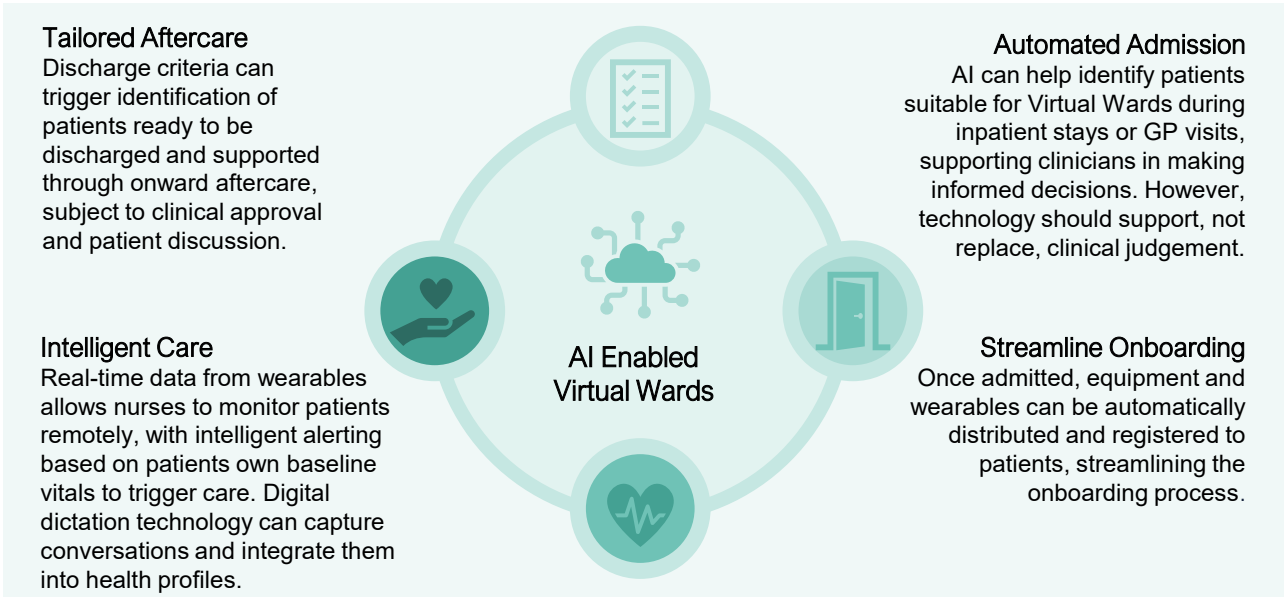
To make effective use of this influx of data, Virtual Ward programmes must ensure access to IT expertise and prepare for innovations such as command centres and smart homes with Internet of Things (IoT) devices. Platforms like the Federated Data Platform (FDP) and Single Patient Record (SPR) are positive initial steps, but further development and clinical buy-in is essential (Akeso, 2025).

Saudi Arabia's National Health Command Centre (NHCC) (Alharbi, M.F. et al., 2024) offers a blueprint for monitoring and tracking patient health trends; applying similar models to Virtual Ward programmes would enable nurses to access centralised patient data at any time. Further, integration with the NHS App would democratise data, allowing patients real-time access to their own health information, and the inclusion of personal wearables would further enrich the data available for clinical decision making.

AI and Automation

The possibilities with AI are endless. Across every industry and beyond, AI is fundamentally changing the way we go about our daily lives. The NHS is no different, from AI-scribes to automated robotic surgery, the NHS is preparing for an AI revolution.

Virtual Wards are well-positioned to support adoption of AI and automation, with several potential applications throughout the patient pathway. The following visual illustrates the potential touchpoints and use cases of AI and the benefit it could bring.



Virtual Wards

Successful implementation of these technologies relies on local expertise and high-quality data. Much of the required technology already exists in healthcare and other industries; the challenge lies in effective application, not invention. Importantly, AI and automation should enhance, not replace, personal care, freeing nurses to focus on patient support. It is important that clinicians perceive AI as contributing to their work without adding unnecessary burden or errors. Gaining clinical confidence and incorporating human validation when appropriate are essential for effective implementation.

AI systems are influenced by the data on which they are trained. If there is bias in the data, AI may reproduce those biases and increase the likelihood of making inaccurate decisions. For instance, for communities with historically low Virtual Ward admissions, there may be an increased chance that AI systems will incorrectly determine patient eligibility due to limited training data. Using equitable and comprehensive datasets in AI development can help to mitigate this risk.

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Data and Infrastructure

Solid data foundations are critical for enabling AI and automation, akin to Maslow's Hierarchy of Needs: robust data collection, processing, and storage form the basis upon which advanced technologies can be built.

- **Data Collection:** Virtual Wards should collect data equivalent to that gathered in hospital settings, including every patient interaction and measurement (Levine, I., 2024). Establishing a national Virtual Wards Data Lake would facilitate large-scale access and analysis, supporting continuous improvement
- **Data Processing:** Countries such as Estonia (Lars, E., 2025) have created single patient records encompassing all health information. Virtual Wards should aim to integrate disparate data sources to build comprehensive profiles for each patient, supporting both automation and the broader SPR initiative
- **Structured Data Storage:** Aggregating data into structured databases (Data Warehouses) (Microsoft, 2025) is the final step for enabling AI and automation, and a single source of truth. The Virtual Wards Minimum Dataset (MDS) and SPR are positive developments, but further integration of additional data sources, like wearables, and robust security measures are essential

A robust data infrastructure relies on effective collaboration across all health partners. From design to implementation, achieving this requires co-design of IT systems and data forms aligned to user needs, user buy-in for accurate data collection, seamless system connectivity, and proactive management of both data and insights.

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3. Sickness to Prevention: Serving Population Health Needs

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Sickness to Prevention: Serving Population Health Needs

The NHS has long relied on a reactive care model, intervening only after patients are referred and subsequently discharging them once their condition has stabilised. This approach assumes that healthcare resources can keep pace with patient demand. However, increasing levels of demand and complexity have begun to outstrip available resources, resulting in considerable pressure on acute services and growing waiting times for patients.

Recognising these challenges, the NHS 10-Year Plan advocates for a fundamental shift in focus from treating sickness to prioritising prevention. While prevention has been a recurring theme in several national strategies over the years, its implementation has largely been limited to small-scale initiatives. This section examines the role that Virtual Wards can play in supporting a preventative model of care and what a more proactive approach could look like.

The Role of Virtual Wards in Preventative Care

There are notable examples within the NHS where preventative care models have been successfully implemented at a system-wide level (Readman, T., 2024). However, despite observed productivity gains, wider adoption remains limited. This is often due to insufficient funding, lack of buy-in, and a shortage of robust evidence demonstrating direct, cash-releasing benefits in the current financially constrained environment.

Virtual Wards can play a pivotal role as intermediaries in promoting a more preventative model of care. Enabled through ‘Admission Avoidance’ or ‘Step-up’ pathways, patients can be identified and managed prior to inpatient admission. However, due to infancy of adoption, current pathways are acute focused and depend on patients presenting in acute care settings (such as the ED or SDEC). A more advanced model would facilitate earlier detection of patient deterioration, ideally within community or home settings, thus supporting timely and effective interventions.

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The Foundation of Prevention: Population Health Management

Central to the development of a preventative care model is the integration of Population Health Management (PHM). PHM enables the segmentation and stratification of population health using clinical, demographic, and socioeconomic variables to optimise and transform services. Looking forward, this will be critical to service delivery in order to address growing complexity of health needs and prevalence of social and health disparities within the population. Without addressing these gaps, new models of care such as Virtual Wards may inadvertently increase inequity in healthcare delivery. Instead of acting as a transformative force for prevention, they risk becoming a digital layer on top of an already unequal system.

Virtual Wards in Context: Linking PHM and Proactive Care

In the context of Virtual Wards, a PHM-enabled Virtual Ward could not only facilitate proactive patient identification and help reveal patterns that contribute to inequality but also support in tailoring care planning according to patient needs (e.g. translation of documentation in common languages and having onboarding nurses to support with digital inclusion in areas of low digital literacy). By employing continuous monitoring, risk-based scoring, and targeted intervention bundles (such as those used in diabetes prevention programmes), patients gain improved access to care. This approach fosters greater autonomy and enhances self-management (Fitzpatrick et al., 2022). Fully realised, Virtual Wards would enable:

- ✓ Early Intervention at the first signs of deterioration
- ✓ Predictive analytics and risk stratification using live data feeds
- ✓ Empowering patients with autonomy and self-management reducing reliance on acute care
- ✓ Tailored care planning and monitoring
- ✓ Generation of valuable data to be collected to inform research into root causes of disease

To operate successfully, PHM depends on two main principles: a robust data foundation to inform decision-making and collaboration across health partners. Achieving these objectives requires comprehensive system-level changes, as the NHS cannot accomplish them independently (Akeso, 2025a). The success of prevention, public health initiatives, and population health management depends on collaboration across sectors. Local authorities, community providers, and voluntary partners must act as equal leaders, not just consultees or service providers.

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Case Study: Frimley's Proactive Model

Frimley Health and Care ICS offers a leading example of how Virtual Care can be embedded within a preventative, population-based model. At the centre of its digital transformation sits the Connected Care programme, underpinned by three core pillars of infrastructure:

- Population Health Platform – enabling segmentation and risk stratification of residents
- Shared Care Record – ensuring real-time information sharing across settings
- Resident-Facing Data Platform – supporting individuals enrolled in remote monitoring with accessible, personalised data

This infrastructure enables Frimley to move decisively towards proactive care delivery. By segmenting their population based on risk factors, they can actively offer interventions to higher-risk groups rather than waiting for deterioration to present in acute care.

A standout example is Frimley's Frailty Programme, which uses the Population Health platform to identify higher-risk patients. GP practices receive proactive lists of residents who can be invited to enrol in remote monitoring. After an initial pilot with 2,500 participants, the programme has scaled to cover nearly 7,000 residents.

Crucially, Frimley is not limiting this to monitoring alone. The Connected Care infrastructure is increasingly being used to inform the design of new services based on demographic markers and to target interventions that reduce health inequalities. This illustrates the potential for Virtual Wards to go beyond step-down care, acting instead as a proactive mechanism to reshape patient flows and drive prevention at scale.

By focusing on population health, early intervention, integrated services, and community engagement, health systems can reduce avoidable hospital admissions and address the root causes of illness. This shift not only enhances patient experience but also ensures sustainability by aligning resources with long-term health needs.

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Pilot to Scaling: Enablers for Virtual Ward Expansion

Virtual Wards
Pilot to Scaling: Enablers for Virtual Ward Expansion

To achieve the objectives of the 10-Year Plan and respond to current financial and operational challenges, the NHS must embrace both short-term piloting and rapid scaling of Virtual Wards. Historically, the NHS has struggled to implement such changes at pace (NHS Confed, 2024).

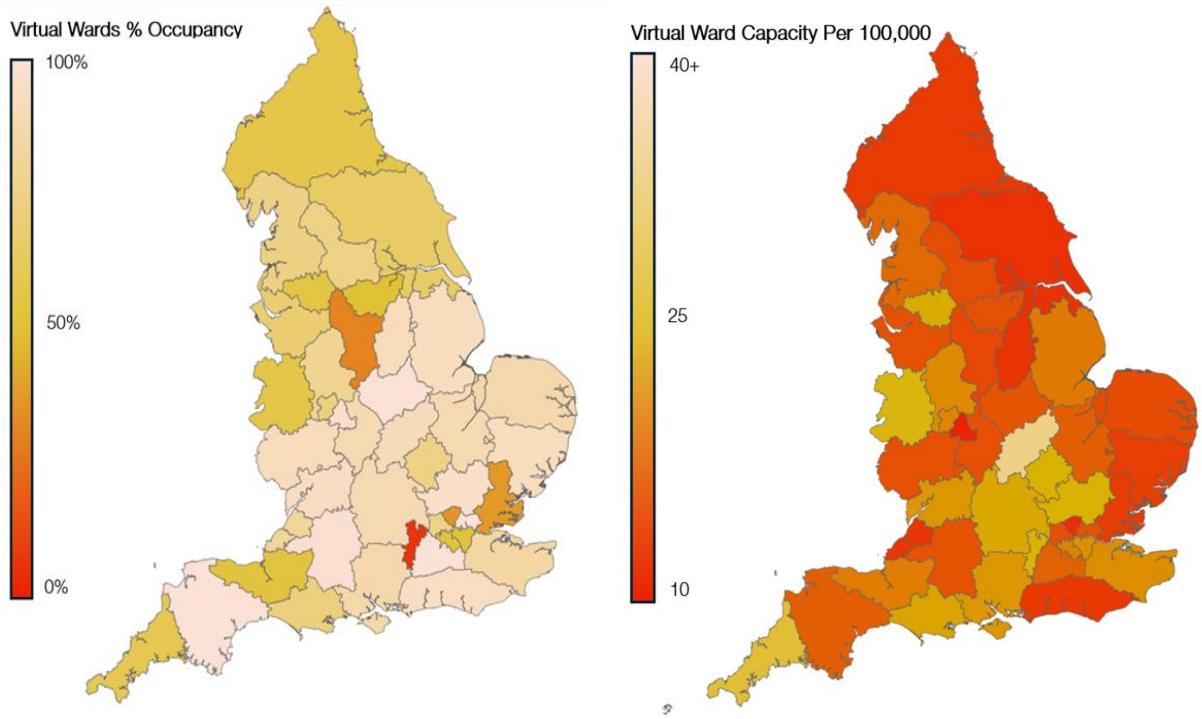

Figure 3 – Virtual Ward Sitrep Data September 2025 (Data Source: Virtual Wards Sitrep National Time series 2023/2025)

As highlighted above, nationally there is a considerable distance to travel in terms of the scale of Virtual Wards, many of which are under utilised and not currently operating at a large enough scale to drive impact.

Our research and experience demonstrates that there are key principles that need to be in place across Virtual Ward programmes to achieve a 'critical mass' to realise meaningful clinical, operational, and financial benefit at scale.

Virtual Wards

Principles For Healthcare Providers (Acute, Neighbourhood, Community, Mental Health, VCSE)

- **Patient-Centred and Outcomes Driven:** Successful Virtual Wards are built around patient needs and demographics. Clear definition of target cohorts, timely identification, and efficient onboarding are key features of effective Virtual Ward models at scale. Technology, streamlined processes, and workforce support form the foundation for scale, while onboarding teams embedded early in the patient pathway enable early proactive identification and engagement (Akeso, 2025b)
- **Operational & Financial Buy-in:** Scaling Virtual Wards depends on integrated leadership across clinical, operational, and financial domains. Standardising processes and aligning financial and operational outcomes boosts visibility, fosters improvement and enables wider standardisation. Representation that reflects the breadth of care, bringing together clinical, operational, and financial partners, ensures sustainability and shared accountability

Principles for System Leaders

- **Population Health Strategy:** Effective use of population health data can transform care by identifying disease prevalence and unmet needs, as well as enhancing patient engagement. When insights on disease prevalence and unmet needs are actively integrated into planning, they enable systems to move beyond reactive interventions toward proactive, connected strategies. True success lies in co-production and collaboration, embedding Virtual Ward and Virtual Care across acute and neighbourhood models to unlock capacity and capability to support a shift in care
- **Funding Models and Governance:** Sustainable change depends on funding models that incentivise behaviours aligned to long-term health objectives set out in the 10 Year Plan. Success is achieved when commissioning frameworks evolve to support emerging care models. Robust governance and rigorous performance management are essential to ensure funding is appropriately allocated and effectively delivers intended outcomes

Virtual Wards

Principles For National Leaders

- **Data & Coding Standards:** Consistency in data and coding is the foundation of reliable Virtual Ward operations. The recognised limitations of data collection in Virtual Wards are being addressed through ongoing FDP initiatives to establish a minimum data set. Uniform coding for symptoms, diagnoses and acuity scoring ensures accurate patient identification and enables meaningful evaluation of Virtual Ward Care. Additionally, capturing intervention data and aligning coding practices with traditional pathways creates a seamless framework for continuous monitoring and outcome measurement; turning data into a driver of quality and transformation
- **Guidance & Best Practice:** Moving from pilots to system-wide adoption depends on effective dissemination of best practice and insights across national platforms. Progressing from pilot projects to wider implementation necessitates effective knowledge and data sharing across national platforms. Although resources are accessible through forums like NHS Futures and GIRFT, there remains notable variation in findings and models of care, and currently, no standardised national directive exists regarding the operation of Virtual Wards and related services. Strategic, timely sharing of guidance and best practice empowers local teams to implement improvements and scale innovation with confidence

Principles For Technology Partners

- **Interoperability:** System interoperability within the NHS presents a significant challenge to broader healthcare transformation. True success depends on systems that communicate effortlessly across providers, eliminating inefficiencies and enabling integrated care. While infrastructure challenges remain, technology must be designed for sustainability and interoperability from the outset to ensure sustainability. Virtual Ward solutions should embody this principle by offering built-in integration with core clinical systems, such as the NHS App, This ensures that digital innovation strengthens care delivery rather than creating fragmentation

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Virtual Wards Conclusion

The expansion of Virtual Wards represents a pivotal opportunity for the NHS to address the growing pressures of an ageing population, increasing prevalence of complex health conditions, and persistent operational constraints. By shifting acute care into the community, harnessing digital innovation, and fostering integrated multidisciplinary teams, Virtual Wards align closely with the ambitions of the NHS 10-Year Plan. The evidence from pilot programmes and case studies demonstrates that, when appropriately structured and supported at scale, Virtual Wards can improve patient outcomes, alleviate demand on acute services, and enable a more proactive, preventative approach to healthcare.

Recommendation:

- **Scale Virtual Wards Strategically:** Move beyond pilot initiatives by setting clear scaling targets and investing in workforce development, operational support, and financial incentives to ensure Virtual Wards reach a critical mass and deliver tangible benefits across the health system
- **Expand Preventative and Proactive Models:** Shift Virtual Ward pathways towards early intervention and prevention, leveraging population health management, community diagnostic hubs, and digital front-door services to reach at-risk populations before acute deterioration
- **Foster Multidisciplinary Integration:** Prioritise the development of integrated neighbourhood teams that span primary, secondary, community, and social care, ensuring holistic, personalised care planning and greater involvement of patients, carers, and families
- **Promote Knowledge Sharing and Best Practice:** Leverage local and national platforms for sharing guidance, data, and learning, enabling rapid dissemination and adoption of effective models and supporting continuous improvement
- **Strengthen Data Foundations:** Accelerate the implementation of interoperable IT infrastructure, national coding standards, and comprehensive data collection to underpin the effective use of AI, automation, and analytics in Virtual Ward pathways
- **Encourage Sustainable Technology Development:** Work collaboratively with technology providers to ensure Virtual Ward solutions are interoperable, patient-centred, and adaptable to evolving care models, with off-the-shelf integration into core NHS systems

By implementing these recommendations, the NHS can transform Virtual Wards to realise their full potential from promising pilots into a cornerstone of future healthcare delivery. This will support the vision of a sustainable, high-quality health system that meets the needs of patients today and prepares for the challenges of tomorrow.

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