

Letter to Central Practices re Virtual Ward

Dear Colleagues,

Central Practices are piloting the Virtual Ward system of proactive management of frail elderly patients and are at various stages along the way. Winter is upon us and pressures are rising. There is a lot that we as GPs across the City can do to reduce AVOIDABLE admissions, and reduce pressures on A+E and hospital beds, and improve quality of care for our patients at home.

The following is an appeal to Practice clinical staff:

Please do what you can to try to reduce at least one AVOIDABLE admission a week if at all possible.

- Avoid sending an ambulance unless you have visited and assessed a patient requesting a visit.
- Consider the whole patient when visiting, check O2 sats if appropriate, and refer to Active Recovery if the patient is frail and lacks support to enable them to get over the illness at home. Also consider social prescribing for ongoing needs assessment and advice.
- Follow up all discharged patients who are vulnerable, particularly where medication changes have been made as poor compliance or understanding, errors such as wrong doses, and so on can lead to an avoidable readmission.
- As a GP you may not be able to meet all the needs a patient may have. Use an MDT approach so that the best person sees the patient- this may be DN, Pharmacist, GP, social prescribing, AgeUK, to address the problems identified.

Please let all your GPs see this message and I hope you will be able to try your best. I am happy to attend a clinical meeting at your Practice if you would like me to, to discuss this or any other aspect of the Virtual Ward.

Thanks so much for your co-operation. Practices have a track record for standing up to the plate and I hope that with this you will all do the same, whether you are working in a Virtual Ward way, or not as yet.

Maria Read

PCS Clinical Lead



