



Case Study

Virtual wards behaviour
change campaign

Background



Integrated Care Systems (ICS) across England have been asked to develop comprehensive plans to deliver virtual ward capacity equivalent to 40-50 virtual ward 'beds' per 100k population by December 2023. This equates to around 1,250 'beds' for Greater Manchester.

To achieve the desired level of system change, Ethical Healthcare Consulting was commissioned by Health Innovation Manchester to design and deliver a behaviour change and communications campaign to support the optimisation of virtual wards across Greater Manchester.

The Need



The NHS and wider health and care system is facing unprecedented challenges. Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. The NHS is increasingly introducing virtual wards to support people in the place they call home, including care homes.

Virtual wards are one of Greater Manchester's top priorities. The task is to enhance, standardise and optimise existing services launched in response to the Covid-19 pandemic. Success involves bringing staff, patients and their families and carers on the journey from the outset, ensuring positive experiences and outcomes for all.

Health Innovation Manchester is leading the transformation in Greater Manchester and took a forward-thinking approach to do things differently. They quickly identified the need to focus on people and behaviour change as a critical success factor. This is where Ethical Healthcare Consulting came in.



ETHICAL
HEALTHCARE CONSULTING

The Solution



Our approach combined the expertise of experienced NHS communications practitioners with the unique insight of a behaviour change specialist.

The challenges of adopting and scaling virtual wards were different in each area, but, as independent consultants, we were able to remain impartial, making no assumptions. We dedicated the protected time and headspace that unfortunately in-house communications teams often don't have the capacity to do. Our impartiality was rewarded with openness and honesty from those we met, which may have been more difficult to achieve between colleagues within the same organisation. This resulted in authentic and meaningful findings.

Our solution centred around engagement – with patients, carers, public and clinicians, both those working within the service and those referring to it. This principle was applied during both the discovery and campaign development stages.

Discovery

A 10-week discovery focused on gathering insight and synthesising findings to inform recommendations and next steps. The process is outlined below.

This was all considered within the wider context of the political landscape and public sentiment.

1. Carried out a series of meetings with **key people** and reviewed relevant documents and data

3. From this, developed high-level flow of stages in the **clinician and patient journey**, recording all perspectives, concerns and benefits

5. Filtered and sorted through **1,000+ soundbites** and pieces of insight

7. Identified **what needs** to be in place at each stage to enable more people to move to the next stage

9. Prioritised the communications actions which will have an **early impact**



2. **Captured notes** in Miro (online collaboration tool) from all meetings and reviews

4. Identified **who is involved** in the virtual ward service journey at each stage

6. **Organised** this information according to stage of the virtual ward pathway

8. Identified the **communications content** and activity that will contribute to this end goal



From the discovery, it was clear communications has a significant role to play in providing clarity, raising awareness, increasing confidence, providing reassurance, and celebrating success.

Challenges

There were some challenges reaching frontline clinicians who were still dealing with recovery following the Covid-19 pandemic. The campaign testing phase of the work fell during winter, when staff were under additional pressures, while also navigating multiple periods of industrial action.

Working with Health Innovation Manchester, we agreed alternative engagement processes, which were successful and gave us the valuable insight we needed.

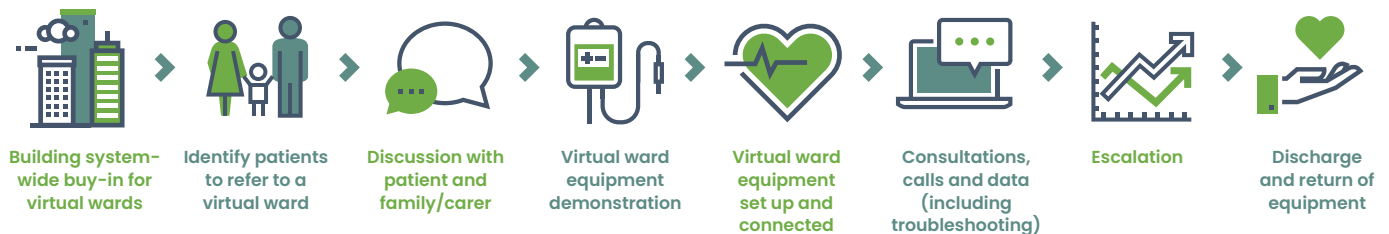
We also hoped to engage with and tell the stories of more people who had experienced virtual wards. However, the route to these people was through the operational virtual ward teams who were already under significant pressure, with competing priorities. Again, timing was a factor. There were many positive contacts made during the project, both by the team and the client, which we hope will provide leads in the future so that additional case studies can be captured and shared.



Impact

Extensive engagement and insight gathering across multiple stakeholders – including clinicians, patients, families and carers – provided a relatively consistent picture of where different groups of people are, what they know and how they feel in relation to virtual wards.

Aligning feedback and insight with the eight stages and touchpoints along the virtual ward's pathway enabled us to understand what barriers and challenges are preventing people moving through each stage of the process. And what the opportunities are to influence behaviours and attitudes.



Across all stakeholder groups there is a need to clarify what a virtual ward is and isn't.

Patients told us they see virtual wards as an attractive option.

“

At home, you don't feel you're asking for things all the time. You can eat when you want, drink when you want. You don't need to rely on a busy nurse coming to do things for you.

”

“

Sleep helps me get better and I can sleep better at home. At hospital it's too noisy and I can't sleep well.

”

“

Being looked after at home is something I would really appreciate in future.

”

However, **carers and family** members have concerns about escalation process, the extra burden they might experience and what support would be available to them.

“

Professionals could miss something when they are in hospital. Because we know the person, we know if something isn't quite right.

”

“

If something goes wrong at home, would an ambulance attend quickly?

”

“

Fully appreciate caring for a frail person at home is easier for healthcare services, but not for the family.

”

Feedback from **clinicians** included:

- Lack of resource
- Difficulty in identifying suitable patients
- Risk appetite of clinicians
- Resistance to change

“

Medical consultants thought it would be more work – that negativity filtered down.

”

“

I personally go to A&E to find suitable patients so they can see the whites of my eyes.

”

“

It's great for beds. But it's no less resource intensive to monitor people at home or on a hospital ward.

”

Changing behaviour at scale

When faced with uncertainty, especially in complex situations and under pressure, people rely on a suite of subconscious heuristics and biases to help them make decisions and work out the best path to take.

Our findings highlighted four strong behavioural biases visible in the virtual ward eco-system:

- **Risk aversion** – the instinct to move towards a lower risk option
- **Identifiable victim effect** – when overwhelmed with the scale of a problem, to focus on one individual or case
- **In-group bias** – the greater liking and trust we have for people in our own identifiable group (and the reduced liking and trust we have for those outside of it)
- **Familiarity bias** – greater liking for things we are more familiar with

Using behaviour change science in the development of communications tactics provided the best chance of enacting real behaviour change, moving more people along the virtual ward pathway and ensuring all those involved have a positive experience.

Campaign development

Informed by the discovery findings, three campaign concepts were developed and tested with patients, carers and clinicians. Both groups leaned towards the same design and messaging, which were refined in line with views and feedback. The 'care of hospital, the comfort of home' campaign was born.

Language was also tested, with a resounding preference to use the more relatable terminology of 'Hospital at Home', as opposed to 'virtual wards'.

We engaged with clinicians and members of the public throughout the campaign development to ensure messages and materials would resonate and meet needs.

Patient case studies feature those who have experienced virtual wards, while staff profiles featuring virtual ward clinicians aim to build trust between referrers and the teams running the service.

A suite of posters and social media assets, including an animation, were accompanied by a practical patient 'what to expect' guide and an animation to explain the benefits of receiving the care of hospital in the comfort of home.



Feedback

“

The campaign certainly reflects the comments of our focus group and my interview. I'm particularly impressed with the stages of 'Hospital at Home' assessment and subsequent treatment. Well done to the team.

Tania, virtual ward patient, Salford

”

“

This is amazing, I hope it helps patients and our staff to understand hospital care at home a little better.

Karl Guttormsen, Interim Virtual Ward Lead, North Manchester General Hospital

”

“

The team at Ethical Healthcare brought a fresh perspective and specialist expertise to a really challenging task. Their insight not only helped us understand the bigger picture relating to operationalising virtual wards, it also supported the project team and me to improve our engagement with colleagues across Greater Manchester, enabling us to bring people together on a more cohesive journey.

The campaign is brilliant! I'm looking forward to seeing it rolled out and the impact it has on embedding understanding fully into the Greater Manchester Virtual Ward Programme.

Dr Paula Bennett, Chief Nursing Information Officer, Health Innovation Manchester

”

Next steps, sustainability and scaling



The campaign is being rolled out to both the public and clinicians. This is being led by Health Innovation Manchester, in partnership with communications leads from trusts across Greater Manchester. Impact will be measured through regular pulse surveys which will evaluate levels of awareness, understanding and sentiment. Other measures include data relating to virtual ward referral rates, bed occupancy and patient experience feedback.

If you have similar challenges in your area and would be interested in exploring how our behaviour change approach could help, please contact Chloe Watson, Head of Design and Change:

chloe@ethicalhealthcare.org.uk



This public-facing [animation](#), produced as part of the campaign, explains what virtual wards are and how they work in a clear and simple way to help public understand what to expect.

This [video](#) shows how virtual wards are helping patients recover and relieving system pressure in Greater Manchester.