

Whole system working to tackle palliative prescribing complexities in Hospital at Home / Virtual Ward

Dr Hannah May-Miller

Specialty Registrar in Palliative and Internal Medicine, St Christopher's Hospice
Darzi Fellow 2024/25– Virtual Ward at Croydon Health Services NHS Trust

Ms Siobhan Abrahams

Advanced Pharmacist for Hospital at Home/Virtual Wards
Buckinghamshire Healthcare NHS Trust

Overview

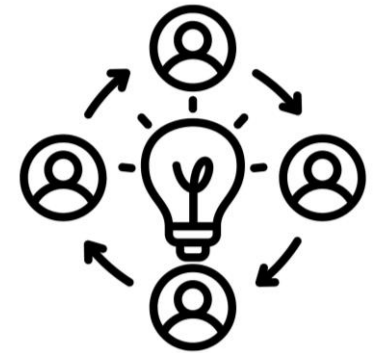
Background

Virtual Wards, Hospital at Home
& Palliative Virtual Wards.



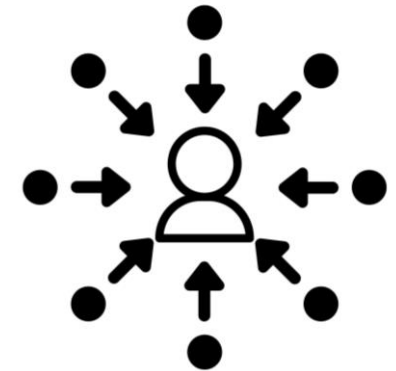
Approach to
Improvement

Solving problems in complex systems



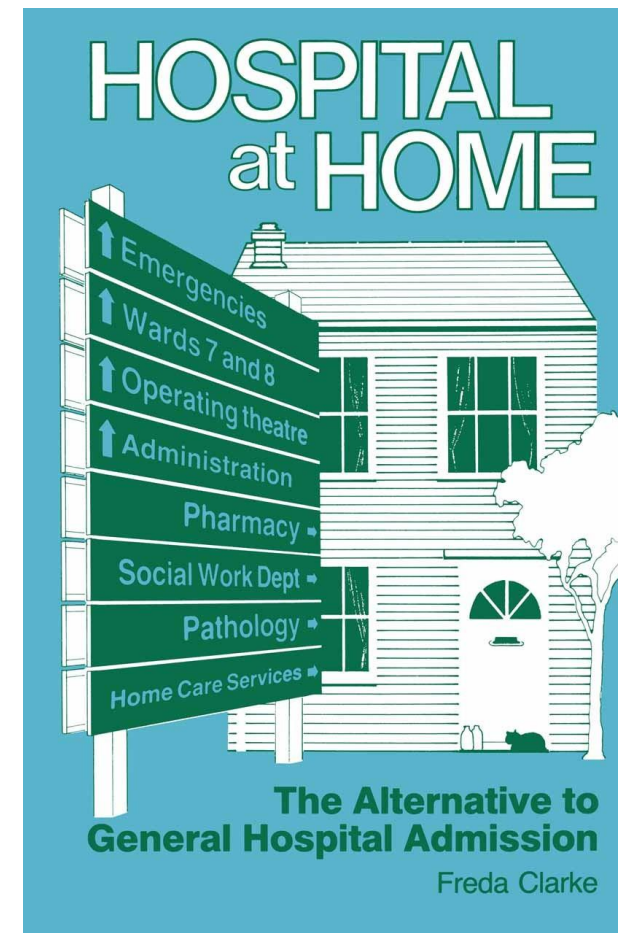
Real life
examples

Why prescribing gets complicated, how
different approaches have been used



Virtual Ward / Hospital at Home

- Not very new! ([Clarke, 1984](#); [Lewis, 2006](#))
- Mobilised virtual care during COVID-19 pandemic.
- NHSE Virtual Ward Programme launched April 2022 ([Chappell et al. 2024](#))
- Operational Framework released August 2024 ([NHS England, 2024](#))



Virtual Ward / Hospital at Home

“Virtual Ward” = an acute clinical service with staff, equipment, technologies, medication and skills usually provided in hospitals delivered to selected people in their usual place of residence, including care homes. It is a substitute for acute inpatient hospital care. ” (NHS England, 2024)

- **“Hospital at Home”** preferred by many professionals and patients ([RCP, 2024](#))
- Many different varieties of VW/H@H.
- Prescribing challenges impact medicine safety due to cross-organizational working.
- Senior pharmacy lead in VW/H@H recommended, to manage/develop all aspects of medicines access, delivery and safety within a virtual ward ([NHS England, 2022](#))

Palliative Virtual Wards

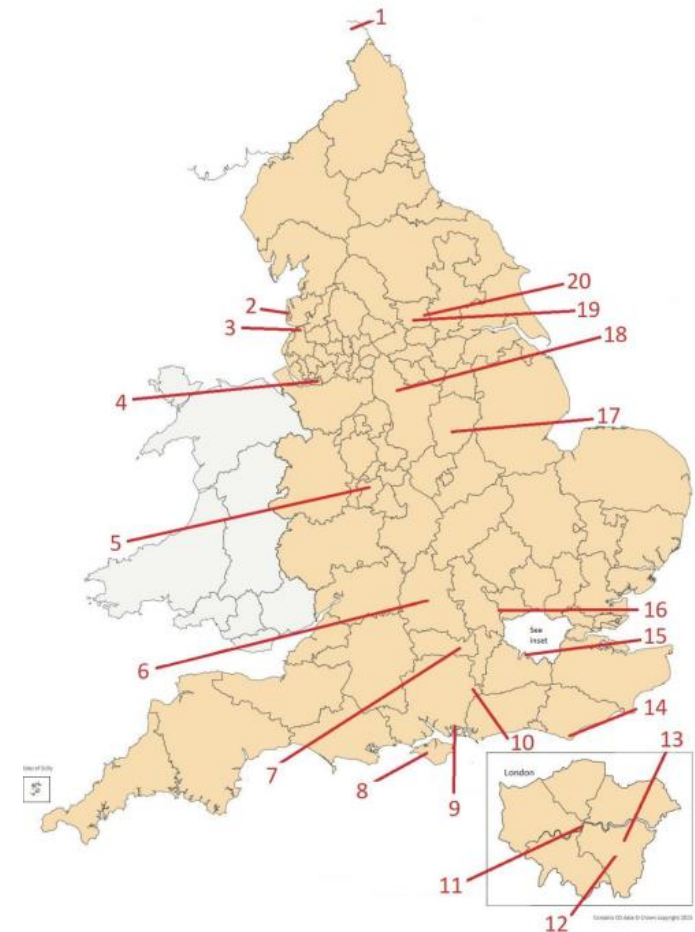
= an acute clinical service providing **intensive** palliative specialty input for patients who would otherwise need a hospital or hospice admission, usually because of unstable symptoms or a high level of complexity.

- Many case studies / abstracts at conferences
- Distinct from care provided by a community palliative care team, hospice at home and end-of-life care services.
- Ongoing research to determine what works best and determine impact and cost-effectiveness ([University of Oxford, ongoing](#)).

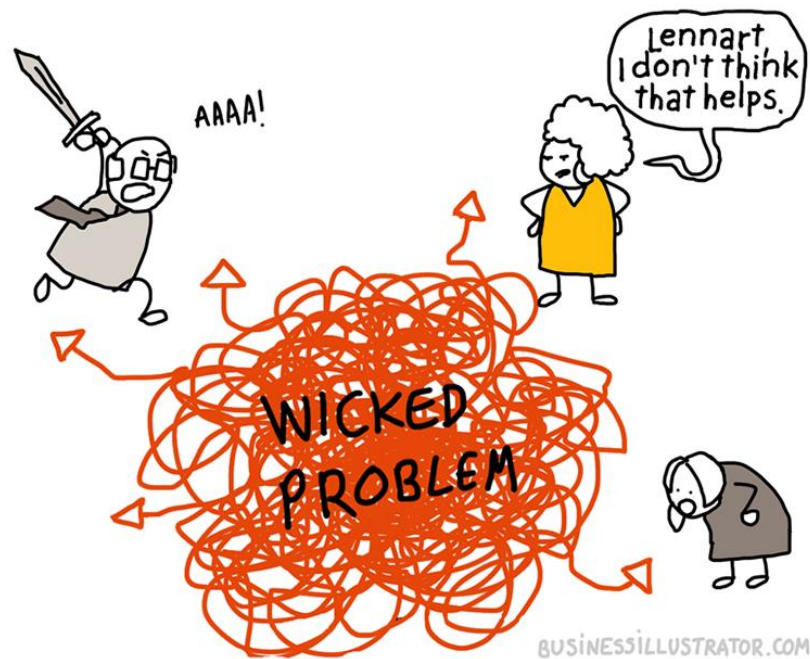
UK survey of Palliative Virtual Wards 2024

(May-Miller & Swann, 2025)

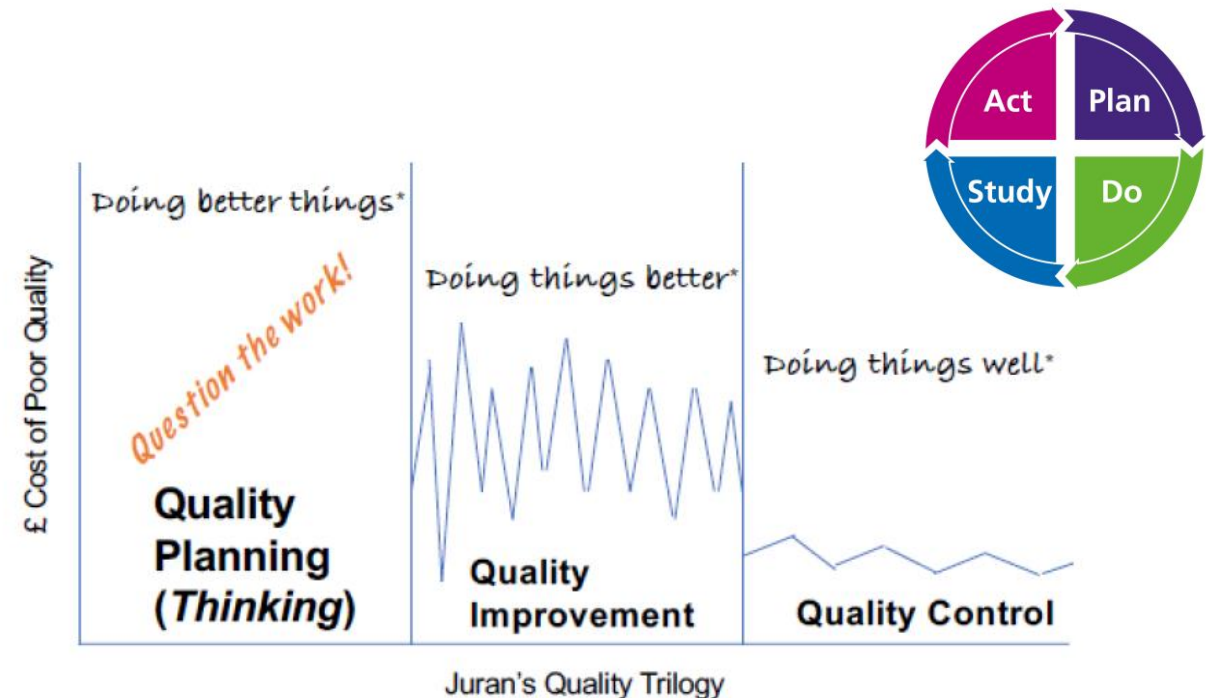
- 22 palliative VW identified (20 providers)
- Detail about each service, its referral criteria, provisions and reported outcomes and challenges.
- PVW focus on symptomatic management; fewer had arrangements in place for acute investigations and treatments such as IVABx and fluids.
- Only 44% of PVW respondents had access to a pharmacist (13% daily, 3% weekly, 28% ad-hoc).
- Community of Practice established January 2025
- Lots of challenges around access to palliative medications in VW
> Marie-Curie research grant > ACTMED-VW study
(University of Southampton, ongoing).



Darzi learning: a system-approach to improvement

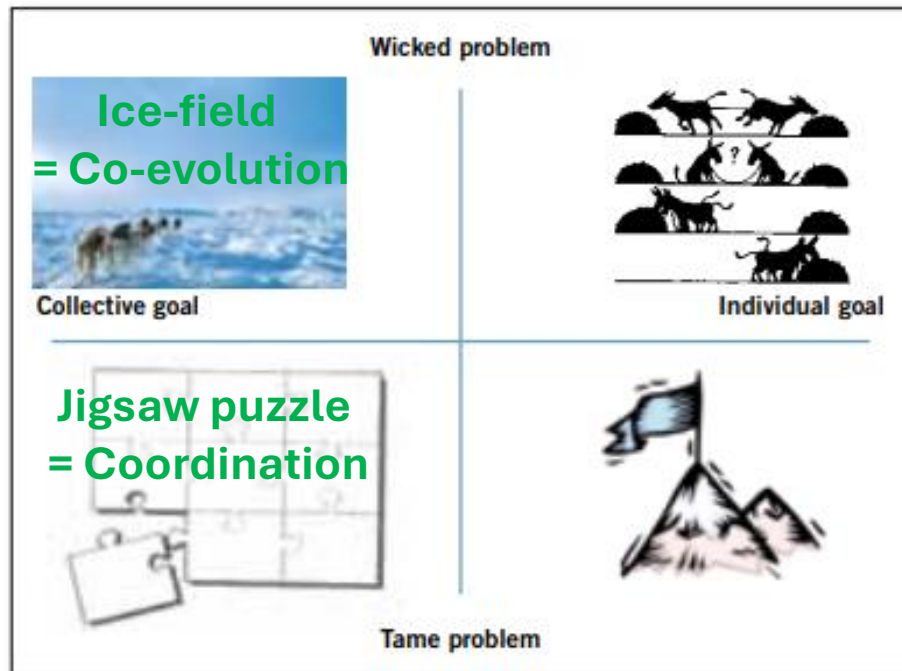


Tame vs. Wicked problems
(Rittel & Webber 1973,
cited in Grint 2008)

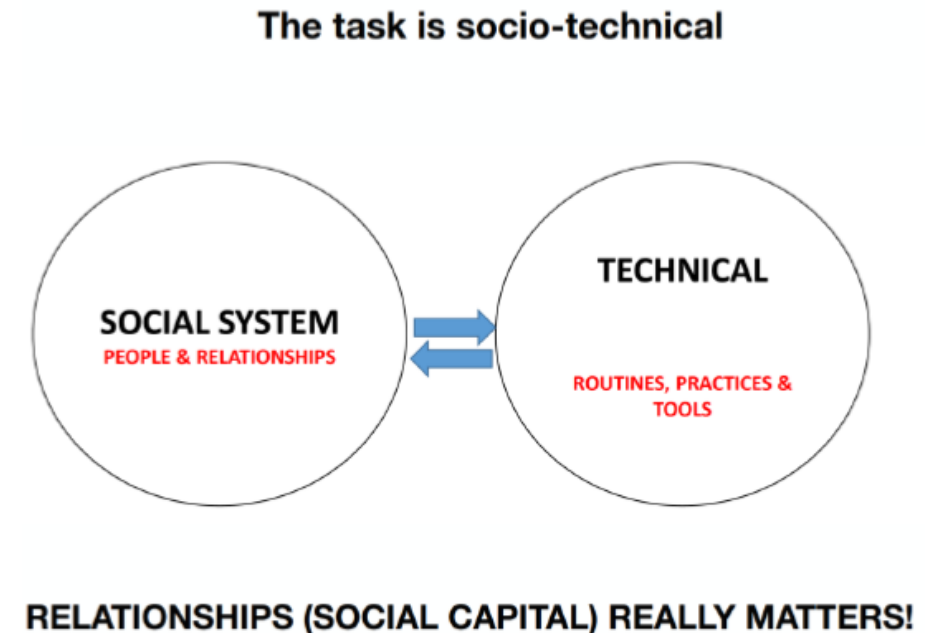


3 modes of organising quality improvement
(Juran, 1989, adapted by Anderson-Wallace &
Downham, 2024).

Darzi learning: a system-approach to improvement



The Landscapes Framework
- Working in the Ice Field
(Pratt, Gordon & Plamping, 2010)



In Core Concepts of Quality I
Anderson-Wallace & Downham, 2024

Palliative prescribing in Hospital at Home



Palliative Prescribing and Supplies as an In-Patient

Hospital: MDT discussions and decisions documented on Trust notes system and paper notes



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graph TD; A[Hospital: MDT discussions and decisions documented on Trust notes system and paper notes] --> B[Hospice: MDT discussions and decisions documented on paper notes]; B --> C[Prescribe on the drug chart]; C --> D[Medicines supplied as stock on the ward/ hospice]; D --> E[Supplied through inpatient pharmacy];
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Hospice: MDT discussions and decisions documented on paper notes

Prescribe on the drug chart

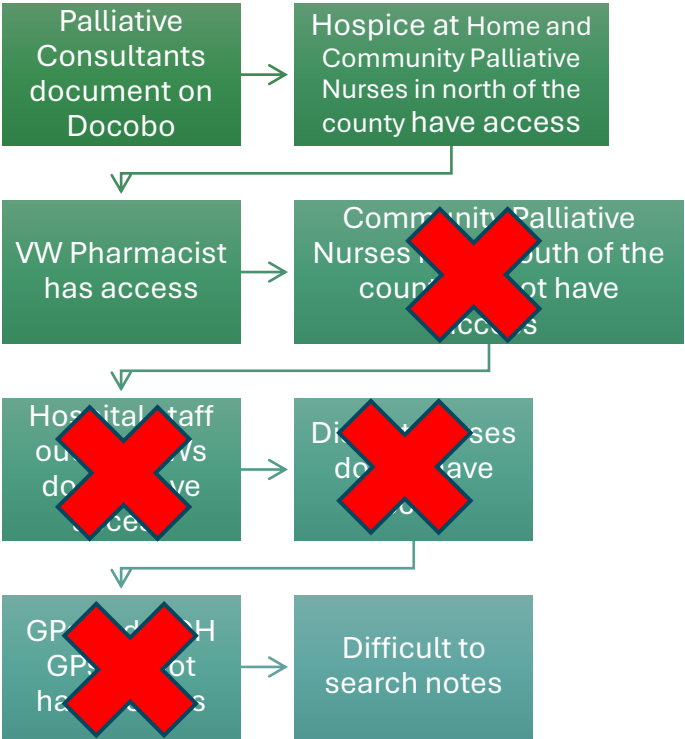
Medicines supplied as stock on the ward/ hospice

Supplied through inpatient pharmacy

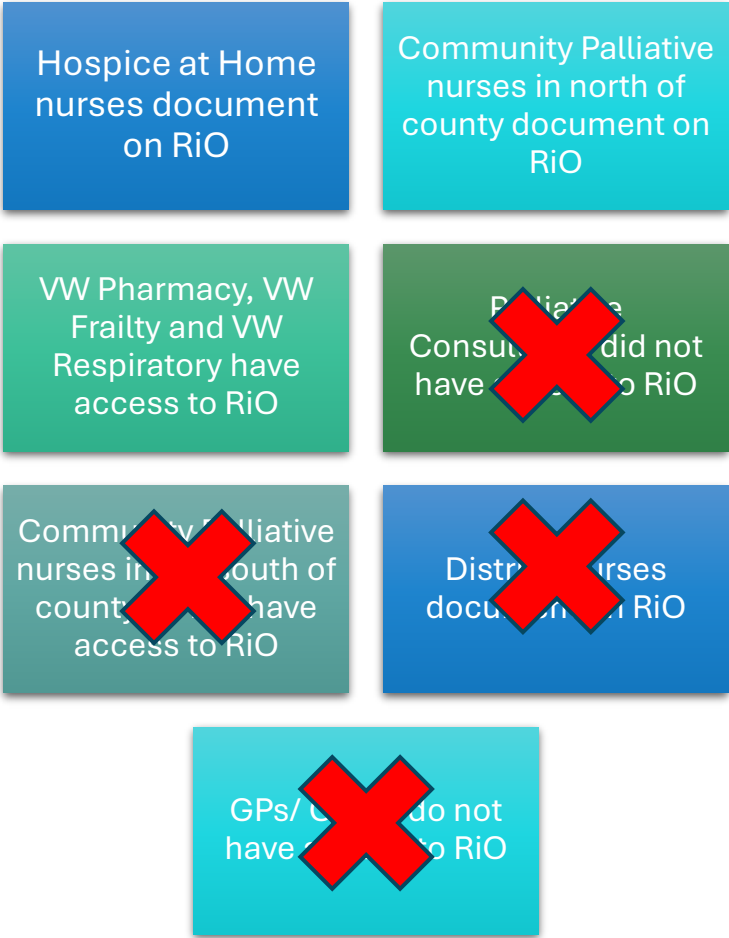
BUT due to cross-
organisational systems...



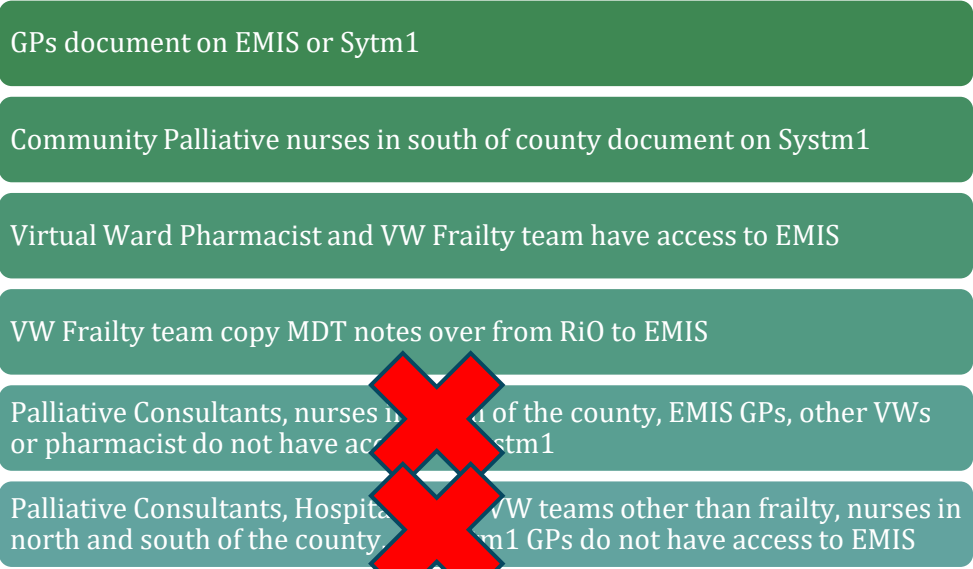
Docobo



OpenRiO (RiO)



EMIS and Systm1





Limited
access to
private
medical
records and
prescribing
information



Due to
shape of
county
many
patients
have out of
county care
so limited
access to
discharge
summaries
etc for our
teams

Discharge from Hospital or Hospice


Hospital/ Hospice prescribed and supply medication for patients being discharged



Hospital/ Hospice supply Prescription
Authorisation Record (PAR)/ Medication
Administration Record (MAR) for patients being
discharged

Prescribing and MARs/PARs from GPs

Decision on
prescribing made at
VW MDT but
prescribed by GP



Post virtual ward MDT, palliative nurses contact GP for medication changes, medication supplies and updated MARs/PARs
GPs Prescribe on EMIS
2 GP surgeries prescribe on System1

Authorisation to
Administer needed for
palliative nurses to
administer



MAR/PAR supplied by GP for patients in the community
Just in Case Medicines may already be in patient's homes but may not have a current MAR/PAR

Supplied by
Community Pharmacy

Some delays with non-standard orders e.g. levetiracetam injection



Non-GP Methods

If GPs not able or willing to prescribe in necessary timeframe then Hospice can prescribe emergency medications as FP10 (via Community Pharmacy) or as a Out-patient prescription

MAR/PAR supplied by Hospice for patients if GP unable / unwilling to provide new/updated version in necessary timeframe

VW Frailty - patient is actively dying, can prescribe JIC and MAR/PAR via EMIS or Out-Patient prescription if there would be delays with GPs– supplies from Community Pharmacy or Hospital Pharmacy if supply issues



When not able to get supplies from Community Pharmacy

‘Red’ medicines cannot be prescribed by GPs so supplied through hospital pharmacy

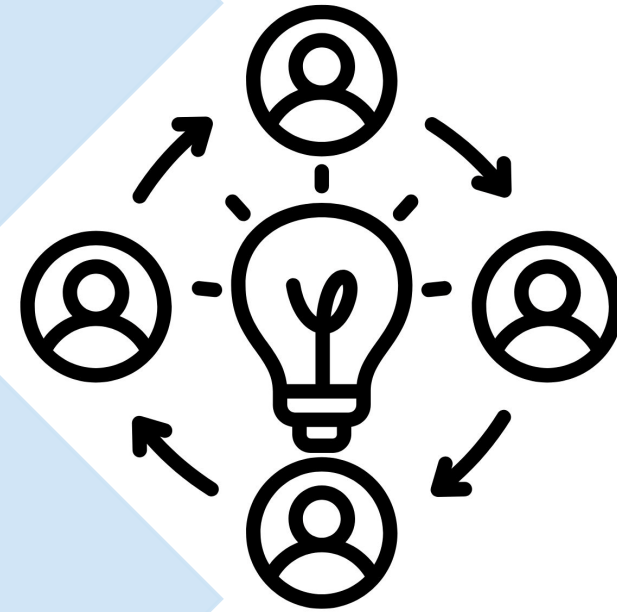
Stock supply issues in community – may need to get supplies through hospital pharmacy

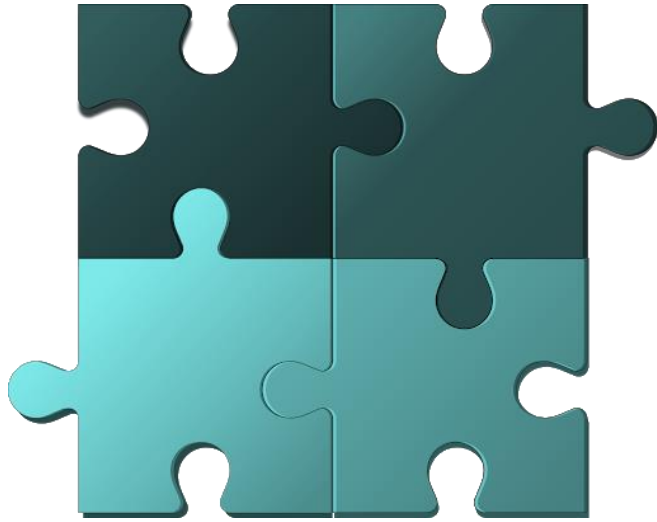
Problem

- GP refusing to complete MARs/PARs
- Nurses needed completed MARs/PARs to administer medication

Solution

- Cross sector working party
- Overcoming fears
- Pharmacy as the 'neutral' in negotiation





Case Study – Managing a patient with a history of substance misuse

31 year-old female

Substance misuse –
on Methadone

7 year-old son

Diagnosed with Breast
Cancer July 2020

Initial Presentation

March 2024: Extensive metastases

Daily supervised Methadone moved to twice weekly collection

Smoke crack cocaine and heroin

Needle phobic

Issues

- Physical: Pain control
- Psychological: Engagement with teams, perception that teams think she is not worthy of care and support
- Social: Living with her mother, son living with partner's mother due to safeguarding
- Substance misuse: Heroin (locally cut with benzodiazepines), Crack cocaine, Cannabis, treatment Methadone

Management

Building relationship
– encourage honesty
with no judgement

Pain relief – equity of
care

Safety of medication
in house – locked box

Risk to patient of
others accessing her
medication/ syringe
driver

Single point of
prescribing

Single pharmacy for
Methadone and
regular meds

Communication: GP,
community drug and
alcohol team and
community
pharmacies

Other considerations

Risk of prescriber anxiety

Separate substance misuse treatment and pain relief

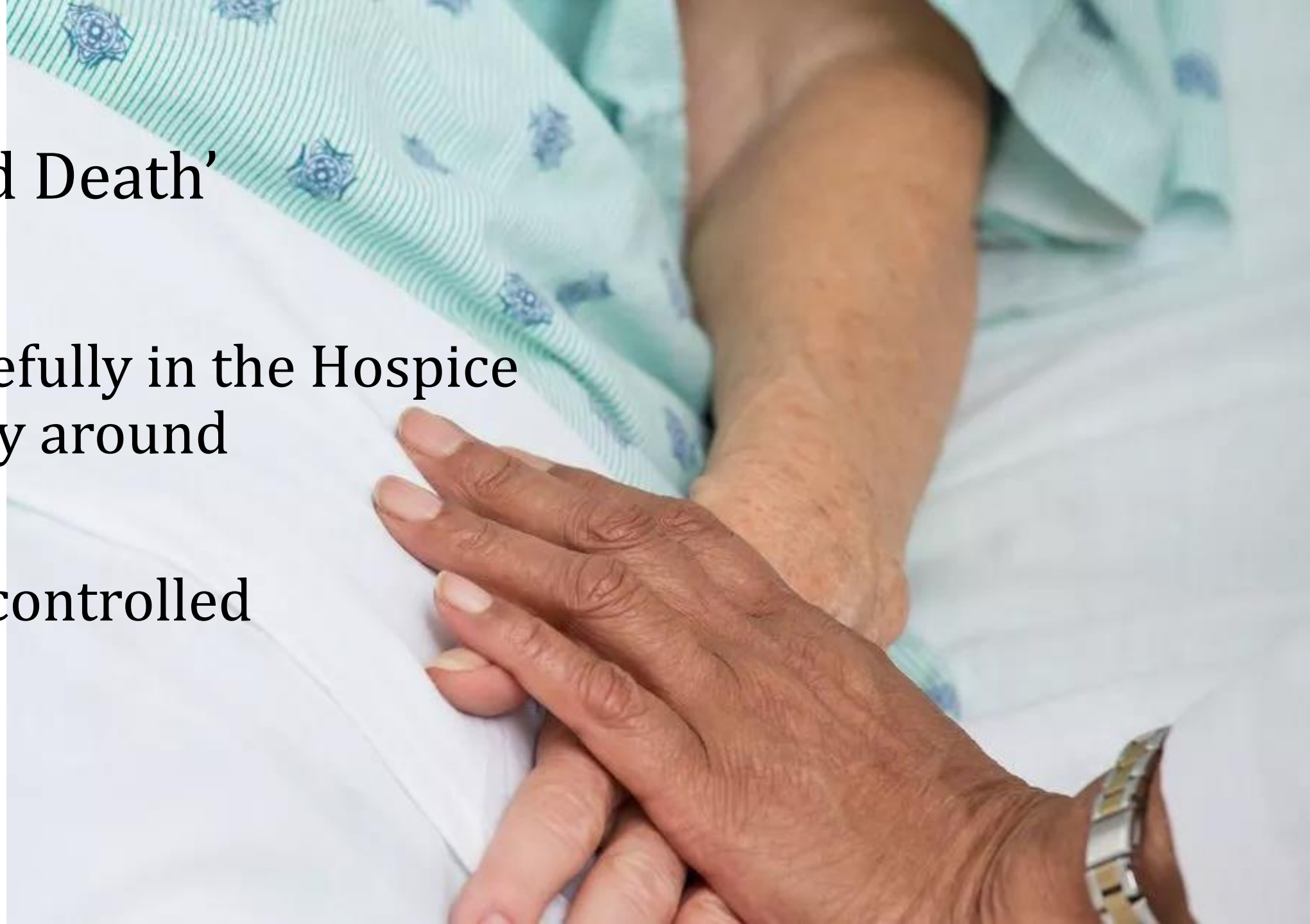
Adjust breakthrough doses to take into account methadone
– limit immediate release doses

A 'Good Death'

Died peacefully in the Hospice
with family around

Calm

Pain well controlled



Key points

Dedicated pharmacist time for daily virtual ward input is essential.

Pharmacists will commonly be involved in the complexities of prescribing of palliative and end-of-life care drugs, both within specialty-specific and general medical and frailty virtual wards.

Community pharmacists should be aware hospice-led palliative virtual ward services may not have dedicated pharmacy support.

There are many challenges faced when prescribing in a virtual ward / Hospital at Home service.

Ways of tackling change

Quality improvement

Some challenges require us to tighter up / improve internal processes.



Collaboration

- Other patient-specific challenges will require careful coordination between services for highly personalised problem-solving.



Co-evolution / System-working

- While other prescribing challenges may require cross-organisational collaboration to tackle wider “wicked” system-wide issues.



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Thank you

Dr Hannah May-Miller hannah.may-miller@nhs.net

Ms Siobhan Abrahams s.abrahams1@nhs.net