

Transforming clinical capacity to be a force for good

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Elina Naydenova, CEO of Feebris, shares her thoughts on how to improve the NHS clinical capacity, to serve more patients with enhanced healthcare technologies

Today, healthcare is evolving rapidly, mostly in response to pressing challenges such as workforce shortages, patient backlogs and an ageing population. In meeting the challenges of today, we can build clinical capacity and resilience for a better tomorrow.

The decentralisation of healthcare is now inevitable; the system cannot be sustained without it, and patients demand it as the new standard of care. Performing specialised and emergency treatment will become the core of what hospitals are responsible for, and less specialised tasks will be increasingly shifted to community and home settings. Virtual wards and virtual care are essential pieces of this transformation.

Over the last four years at Feebris, we have served NHS and social care partners to deliver virtual care and virtual ward programmes across over 100 sites to improve clinical capacity. Together, we have evidenced that these new work models can accelerate access to treatment, reduce hospitalisations and ultimately save £500,000 for every 1,000 patients impacted. ⁽¹⁾

When embedding such virtual programmes, we always aim to address the short and long-term challenges facing patient access, workforce development and system sustainability.

From reactive to proactive patient care

For many ICSs across the country, a minority of patients occupy the majority of the clinical capacity in the region. These are typically patients like Gloria – an 83-year-old woman living with three chronic conditions. Last year, she saw the GP six times, was in A&E five times and was hospitalised three times. With every hospitalisation, she worries that she might become too frail and have to move to a nursing home. Virtual wards can help the NHS care for patients like Gloria in several ways.

First, rather than spending multiple weeks in the hospital, Gloria can be discharged home early onto a step-down virtual ward, with wearable technology continuously monitoring her recovery and alerting the clinical team if she deviates from her expected baseline.

Second, even before hospital admission, a community nurse may visit Gloria and admit her directly onto the step-up virtual ward, equipping her with technology for regular observations, which alerts the clinical team if any signs of deterioration are detected. For

Gloria, such virtual wards minimise the risk of hospital-acquired infections and reduce the stress of being in the hospital. For the system, better clinical capacity means freeing up the hospital bed for another patient.

However, there is an opportunity to do even better. By embedding routine monitoring into Gloria's routine, done by her or her carer, we could proactively identify any signs of deterioration early and minimise exacerbations, now completely reducing the number of highly acute episodes.

Augmenting the workforce with technology

Technologies such as AI have a considerable role to play in predicting deterioration ahead of time and augmenting clinical decision-making to mitigate it. For patients like Gloria suffering from complex co-morbidities, this could provide a regular personalised review, engaging clinical teams when an intervention is needed.

At Feebris, we are growing clinically validated technology to deliver personalised predictions of risk escalation in close to real-time. Introduced to a virtual ward, this will equip clinical teams with the ability to plan clinical capacity ahead and significantly reduce the volume of avoidable admissions and readmissions.

The greatest asset of the NHS is its people. With endemic workforce shortages across the system, virtual ward technologies mustn't add a burden but improve efficiency, enable skill mixing and ultimately improve job satisfaction.

To achieve this, we must invest in transformation, not only technology

Simply providing people with technology does not ensure adoption. Transforming clinical workflows to enable the effective management of risk virtually requires embedding new operating procedures, building up digital capabilities, improving clinical capacity, and ultimately earning trust among clinical stakeholders.

At Feebris, we act as a transformation partner, providing a change management service alongside our technology to ensure the contextualisation of our platform to the needs of each region and the sustainable adoption at scale.

Integrating the community workforce is key to health equity

Community and district nursing teams nationwide reach some of the most vulnerable patients at home. As Dr Crystal Oldman, CEO of the Queen's Nursing Institute (QNI), recently stated at the House of Lords: "What fantastically skilled allied health professionals, nurses and carers do in people's homes is not well understood, or the potential of that to be built upon to be part of an integrated service." ⁽²⁾

Whilst there is immense value in empowering patients to self-monitor and manage their condition whilst on a virtual ward, for some of the most vulnerable patient groups, community nursing is an essential requirement for ensuring equitable access.

Community nursing teams in some of the most rural areas of the UK have used Feebris to ensure efficiencies (reducing the time required to conduct a health assessment) and improve skill mixing (standardising the quality of assessment between junior and senior nurses).

Ensuring sustainability at scale

Patient-generated data can be very powerful in helping clinical teams manage patients' health in the community. However, large volumes of often very noisy data can overwhelm clinicians, taking up valuable time.

As the Topol Review pointed out, data need to be filtered before being passed onto clinicians for this to be sustainable.

At Feebris, we leverage the power of machine learning to translate data captured in the community into actionable insights. Unlike conventional remote patient monitoring, our AI-supported technology ensures clinical time is not wasted attending to unreliable data.

In regions like Norfolk, we are implementing virtual care across the care continuum, including step-up and step-down virtual wards in care homes. We can generate greater clinical capacity beyond freeing up hospital beds when virtual technology supports integrating services and pathways.

Moreover, this can also equip the health system with the data required to underpin the types of outcome-based payment models that the recent Hewitt Review spotlights as essential for the long-term success of ICSs.

This transformation requires a population health approach beyond individual pilots. Working in partnership with BT, a trusted long-term partner to the NHS, we are fusing innovation with large-scale infrastructure to serve the NHS at scale.

References

1. [Independent evaluation conducted by the York Health Economic Group and commissioned by the NHS Innovation Accelerator](#)
2. <https://www.nursingtimes.net/news/community/lack-of-investment-in-community-nursing-barrier-to-integrated-care-22-03-2023/>

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