



1 July 2022

Dear NHS England Consultation Team,

Community Health Service Virtual Ward and Urgent Community Response Capabilities Framework – comments from the British Geriatrics Society

The British Geriatrics Society (BGS) welcomes the opportunity to comment on the draft Capabilities Framework for Virtual Wards and Urgent Community Response. Among the BGS's 4500 members are many healthcare professionals caring for people receiving treatment through these community services. We are therefore pleased to see a focus on the issue of workforce skills, knowledge and competencies from NHS England.

The draft capabilities framework is an excellent starting point for the development of the workforce delivering these services. However, this document as it currently stands is very generic and most of the capabilities mentioned are capabilities that it would be reasonable to expect anyone working in any part of the health and social care system to meet. There is very little acknowledgement in the draft framework of the likely patient population for virtual wards and urgent community response. While we appreciate that these services are intended to be used by all patient groups, in reality the vast majority of people treated in virtual wards and by urgent community response teams will be older people with frailty and other complex conditions. The capabilities framework in its current state does not acknowledge this – there is in fact only one mention of frailty in the document (with other mentions in the bibliography) and no mention of older people outside of the bibliography. Many of the references in the bibliography relate to older people but this is not reflected in the text of the framework.

Older people are the NHS's largest user group and this is only set to increase in the future as the population continues to age. With the exception of those who specialise in child and maternity services, all healthcare professionals will care for older people more than any other patient group. It is essential that health and social care staff at all levels and from all disciplines have the skills they need to care for this group who have multiple complex needs.

While the introduction acknowledges the challenges posed by the COVID-19 pandemic, there is no reference to the impact of the pandemic has had on older people both in terms of increased mortality during the height of the pandemic and the ongoing increase demand on services due to cancelled appointments and deconditioning. This increases demand on emergency departments and lengthens waiting times. This in turn will impact upon the need for the delivery of services such as virtual wards and urgent community response.

We would suggest that for the core capabilities, all of the capabilities specifically focused on patient care should be expanded to include specific skills needed to care for older people with frailty and multimorbidity. This means acknowledging that many of the people who need UCR or virtual wards for an acute need will also have other ongoing chronic conditions. A person-centred approach to care will need to recognise this and its bearing on the treatment options and care offered during the acute episode. We believe the capabilities framework will be more effective if it is specific in acknowledging this complexity, and the balance of benefits and harms to be weighed up in treatment, prescribing and other provision of care. We suggest noting it particularly in the following capabilities:

- Capability 1 – Communication and consultation skills
- Capability 2 – Practising holistically to personalise care and promote wellbeing
- Capability 3 – Families and carers as partners in care
- Capability 5 – Information gathering and interpretation
- Capability 6 – Clinical examination and procedural skills
- Capability 7 – Making a clinical diagnosis and on-going clinical risk management
- Capability 8 – Prescribing treatment and administering medication

We would also suggest that all of the specific capabilities for both virtual wards and urgent community response be expanded to include specific capabilities that healthcare professionals caring for older people with frailty should be expected to meet. It may also be worth considering further developing these capabilities to include those needed to deliver a Hospital at Home service. While we appreciate that the differences between virtual wards, urgent community response and hospital at home are nuanced, services may be considering developing their urgent community response service into a hospital at home service and would appreciate the further guidance on this.

Given that most of the people cared for by virtual wards and urgent community response services will be older people with frailty, it may be useful to summarise many of the skills needed under the umbrella of Comprehensive Geriatric Assessment. In addition, consideration should also be given to how these services will care for people living in care homes and nursing homes. The needs of care home residents will vary considerably with different input needed from healthcare professionals and the capabilities framework should reflect this.

Organisations such as BGS, Skills for Health and E-Learning for Health have developed training modules to enable healthcare professionals at all levels to develop their knowledge and skills in caring for people with frailty. These resources can be accessed on the BGS Frailty Hub¹ and we would suggest that these resources are utilised in further developing the current draft of the capabilities framework to ensure that it focuses more on the skills needed to care for older people with frailty. We understand you intend to link this framework to other relevant frameworks, resources and educational materials, and we welcome this holistic approach. The framework would also benefit from a discussion of the resource and personnel needed to deliver the training to ensure that those delivering virtual wards and urgent community response services meet the capabilities outlined. It would also be useful to include the grades of professions required to work at each tier level.

If you would like to discuss this with us further, please contact our Policy Manager, Sally Greenbrook (s.greenbrook@bgs.org.uk) to arrange a meeting. Because of the short timescale for this consultation, we have not been able to suggest specific changes to the text. However, we would be able to do this if more time were available and are happy to offer clinician involvement from the BGS at the next stage of development.

Yours sincerely,

Professor Michael Vassallo
Vice President for Education and Training

ⁱ British Geriatrics Society, 2020: *Frailty Hub: Education and training*. Available at: <https://www.bgs.org.uk/resources/frailty-hub-education-and-training> (accessed 29 June 2022)