Project scope: Virtual wards

September 2025

Research question(s)

What is the clinical effectiveness, cost effectiveness, safety, and patient experience associated with using virtual ward platform technologies to manage patients who would traditionally require inpatient monitoring, either to support transition to the home setting or to avoid hospital admission?

Inclusion criteria

In the literature, the terms 'virtual ward' and 'hospital at home' are sometimes used interchangeably. This SHTG Recommendation is focused specifically on a virtual ward model of care, defined as follows.

Definition of a virtual ward: A virtual ward is a technology-enabled healthcare model that allows patients to receive hospital-level monitoring in their own home or usual place of residence, including care homes. It is designed to support patients who would otherwise require inpatient care, by providing remote monitoring. Patients are monitored using approved medical devices and digital platforms, with alerts triggered when clinical thresholds are breached. Care is coordinated remotely, and patients may be contacted or escalated for in-person care if necessary. Unlike hospital-at-home services, virtual wards do not routinely include home visits; all care can be delivered remotely through video consultations, telephone calls, and digital monitoring systems.

The selection of studies for inclusion in the literature review element of the project will be based on the following criteria:

Population	All patient groups reported in the literature will be eligible for inclusion.
Intervention	A virtual ward model of care, as per our definition. It may be used to support transition from inpatient to at-home monitoring, or to avoid admission to hospital in the first place.
Comparator	Monitoring in an inpatient setting
Outcomes	All outcomes recorded in the literature, but the main ones are likely to be: ▪ attendance to A&E ▪ unscheduled hospital admissions ▪ average length of stay ▪ delayed discharges ▪ 7-day readmission following discharge from unscheduled admission ▪ clinical outcomes for patients

	▪ mortality ▪ experiences for patients ▪ costs
Setting	
Limits	English language only All study types included and no date restrictions

Exclusion criteria

The exclusion of studies from the literature review element of the project will be based on the following criteria:

Population	
Intervention	Remote monitoring technologies used in isolation – rather than as part of a virtual ward platform. Hospital at Home services, which deliver acute-level care in the patient's home, and typically involves regular, structured home visits by healthcare professionals.
Comparator	
Outcomes	
Setting	
Limits	

Planned activities

SHTG have agreed on the following activities to support the development of SHTG Recommendation on virtual wards.

1. An evidence review of the published literature on clinical effectiveness, cost effectiveness, safety and patient issues associated with virtual wards.
2. Gathering information on patients' and public perspective. This may include patient organisation submissions if willing groups are identified. If no patient organisations are identified, other avenues for gathering public opinion will be explored.
3. Engagement with clinical experts through peer review of the literature review and consultation on the draft recommendation.
4. Production of recommendations from SHTG Council on virtual wards.
5. Development of a plain language version of the evidence review.

End products

At the end of the project, SHTG will publish:

- SHTG Recommendations
- Plain language summaries

- Expert comments from peer review

Timescales (approximate)

Publication in June 2026