Patient Organisation Submission Form

Subject of SHTG Assessment

VIRTUAL WARDS

Name of patient organisation

THE ROY CASTLE LUNG CANCER FOUNDATION

Health/medical conditions represented

LUNG CANCER

Contact name for this submission

ANN DORAN

Role of contact person

HELPLINE SUPPORT NURSE

Postal address

Roy Castle Lung Cancer Foundation

Cotton Exchange Building

Old Hall Street

Liverpool

L3 9LQ

Glasgow Office

Suites 524-528 Baltic Chambers

50 Wellington Street

Glasgow, G2 6HJ

Email: info@roycastle.org

Phone

Supplied to SHTG

Email

Supplied to SHTG

Website

www.roycastle.org

Date of submission

12/03/2026

Please complete the SHTG Declaration of Interest form.

Please complete this form using the accompanying guide and do not include patient identifiable information.

Accessible Language: Where not specifically required for scientific/technical explanation, please use plain language, explaining acronyms and other non-lay terms.

Please note that the information submitted on this form will be held by the SHTG secretariat in accordance with Healthcare Improvement Scotland's policies. This information may be published on the SHTG website or disclosed to third parties in accordance with the Freedom of Information (Scotland) Act 2002 (FOISA).

1. Tell us about the sources you used to gather information for this submission. (See page 6 of guidance.)

From online forums of patients experience after their lung surgery, including helpline calls that we receive from patients that perhaps live on their own with no support after discharge or from relatives or loved ones calling us for advice after surgery.

These enquiries are UK-wide and there have been just a few feedback accounts from those that have experienced virtual wards which have mainly been from England.

We are involved in a range of enquiries/calls/online form/forums that are very varied in their nature, many of our post-surgery calls are usually within the first 14 days since their discharge, or they are often mentioned and reflected upon a few months into their ongoing recovery.

2. What is the health condition and how does it affect the day-to-day lives of patients and their carers? (See page 7 of guidance.)

The patients we are engaged with have lung cancer and some have either had a lobe of their lung removed or total lung removal, which would be relevant to the topic of the proposal of virtual wards.

Lung cancer can affect both men and women and can be any adult age from 18 upwards, they may have children, work or look after elderly parents, or be elderly themselves.

Those with lung cancer can have troublesome symptoms such as chronic cough, breathlessness, fatigue, reduced appetite, pain, this cancer can spread to other organs such as bone, brain, and adrenal glands. Their mobility may be reduced and there can be many side effects of their treatment with chemotherapy, Immunotherapy or targeted therapies.

Their quality of life is reduced and greatly changed, they may find simple tasks such as showering, dressing, shopping, mobility affected, all of these can be very challenging, and emotionally this has a huge psychological strain on them and their loved ones. They may lose their independence, become dependant on others, they may live alone and for some may be unable to drive if they develop spread to the brain.

There can be financial strain on attending appointments or if unable to work, the patients and their loved ones often suffer with anxiety and depression, it can be an overwhelming and

distressing time for them with so many unknowns ahead along with the anticipatory fear of the cancer spreading and reducing their life expectancy.

Many with lung cancer feel a stigma with their illness (unfortunately this can still exist the link with smoking and lung cancer) yet anyone with lungs can have this cancer and not all smokers get lung cancer. They can feel quite isolated, especially after all the intense investigations, diagnosis, surgery and once they are home, they feel quite abandoned and lack support when the recovery is just beginning.

There can be delayed shock reaction until they start treatment, therefore, there is a huge need for emotional support, and we often find on the helpline that sometimes they just need reassurance and someone to listen to hear their concerns and anxieties.

3. What do patients and carers want from the health technology? (See page 8 of guidance.)

Having access to a virtual ward or put more simply, for someone to contact them daily after their lung surgery, for an agreed duration of contact, would provide so much reassurance for both the patient and their loved ones.

It would reduce the isolation and have a positive impact on them emotionally. This may help their physical recovery in that they have ongoing contact after surgery, where any health concerns may be addressed or acted upon. Some patients may have contributing chronic health conditions along with their lung cancer, so providing technology that can monitor their vital signs such as blood pressure, heart rate, temperature and oxygen levels may be a huge asset.

Patients and carers would welcome any technology that would prevent readmission and hopefully prevent complications if caught early and acted upon locally by the primary health care provider if required. An example of this would be with daily contact which would assist with any wound concerns they may have, which is something the technology would help detect in any increase in temperature or heart rate, for any signs of infection and dealt with promptly.

The contact post-surgery would perhaps assist in addressing any pain control difficulties, increase shortness of breath or re-affirm the discharge instructions. Very often after surgery and with strong painkillers, there can be constipation or general bowel upset, having that

guidance or reassurance to hand could potentially reduce any demand on GP services and indeed prevent any escalation of their symptoms.

Virtual wards have great potential, not just for those having lung cancer surgery, or any surgery, but for any chronic health condition. Those who are in cancer treatment already have access to a 24-hour acute oncology helpline number where nurses can triage their symptoms, but this is greatly lacking in all other life limiting conditions, and this could be a huge positive asset for any post – surgery discharge.

Patients would like the aspect of not feeling so isolated, the guarantee that a professional will call them daily in their early days of discharge, it would put less strain on the patient and their loved one than trying to speak to a GP themselves. For the patient, anything that will prevent readmission is a bonus and prevent complications.

It is worth noting that the patient may not have a support system at home, live alone, and after discharge or with any chronic health condition, a virtual ward would allow them earlier discharge, they would have confidence in the fact that someone will be in contact with them daily to address any concerns that they may have, e.g. raised blood pressure or heart rate, any new symptoms which may just need reassurance.

There is a bias for patients that would not be suitable or are able to take advantage of the virtual wards, the homeless, the elderly, rural placements where a good reception is not available for internet or communications, those that are unable to use the technology or otherwise challenged. Many of these patients are the ones who would perhaps need it the most in their aftercare.

There is an element that the strain of care is taken from their loved ones, relief that professionals are in contact daily and they have more reassurance and confidence in this.

Many GP practices, and unfortunately, can be a challenge to not just get through on the phone but speak to a GP themselves and at best get an appointment. Therefore, a virtual ward would be most welcomed by not just the patient and their loved ones but perhaps the GP themselves which would take the demand of from them.

4. What difference did the health technology make to the lives of patients that have used it? (Leave blank if you didn't make contact with anyone who had experience of the health technology.) (See page 9 of guidance.)

I only received three accounts from virtual ward, with varied experience. There seemed to be a different understanding at ward level prior to discharge to what happened when they got home. It could be that expectations were too high or not clearly explained, two said they would refuse virtual wards again, but there was also a very positive experience.

In more detail, one person, discharged after respiratory condition, was not supplied with oxygen saturation monitor or BP and told they could use their smart watch, however, this was not satisfactory and when the virtual ward team called the day after discharge, they had to arrange a pulse oximetry from the Red Cross, there seemed to be some confusion as who supplies these and the person had to wait an extra 5 hours day of discharge for a nebuliser to be taken home with them. When they did call, they were only asked for the current reading and not any variations that were there earlier in the day, which the patient found strange (as the readings had went down when she had felt unwell earlier in the day) This person ended up calling an ambulance in respiratory distress and although the virtual ward team were informed when she called them there was no follow up from them after that when she got home.

This is a quote from this patient "Sometimes expectations/descriptions bear little resemblance to the reality patients experience."

A more positive experience and I have placed this quote as it is self-explanatory:

"On both occasions I found it a very positive experience, feeling safety nettled but able to be at home in my own surroundings – much better than the stress of hospital!

I monitored my own SATS etc., using equipment I already have at home and had regular calls (either twice a day or once a day) to check in with how I was and monitor progress to recovery.

The advice was good and I knew that if I had concerns there was someone I could contact at the other end of the phone. I also knew that if my health deteriorated, I would be fast tracked in to 'on site' care (rather than having to take potluck at A&E or going back through my GP)

I recognize that this approach may not always be appropriate, but I think it's a very positive and welcome addition to healthcare.

5. Additional information you believe would be helpful for SHTG to consider. (See page 9 of guidance.)

The model would have to be robust to cover a wide range of patients, the assessment would need to be thorough and very indivualised as this would not be suitable for every person.

Communication is vital between primary and secondary care and public awareness with realistic expectations to what can be delivered.

Many patients would welcome the contact and professional input at home, but there are many disadvantaged patients who will not be able to access it.

6. Please summarise the key points of your submission in up to 5 statements. (See page 9 of guidance.)

Any post-surgery can be frightening for the patient when they go home, and they may feel isolated and unsupported, anxious if anything should go wrong and worry about re-admission. Most patients want their life to be back to normal.

At present, from lung surgery, the patient has a long recovery, from 6 weeks up to 4-6 months for full recovery. This has a huge psychological impact on them and the only current follow =up they have is seeing the consultant at 6 weeks in clinic.

The major benefit of this proposal of virtual ward, is in reducing anxiety, complications, detecting early symptoms and vital signs and respond accordingly, maximizing recovery with reduction in readmission.

It is managing care better at home, easing the burden on the NHS and primary care.

Disadvantages would be it could cause more anxiety for the patient and their loved ones, accessing the technology may be challenging or overwhelming for them, and many are unable to use the technology, therefore do not have a choice or option of a virtual ward from discharge.

The group who would most benefit from this technology would be anyone who has access and able to use blood pressure machines, temperature, oxygen pulse oximetry and computers. Anyone with a life limiting illness, chronic conditions or post- surgery.

7. Please give us details of anyone outside your organisation that had a role in preparing your submission. (See page 10 of guidance.)

There has been no one outside our organisation that had a role in this submission, however, patient contact was received from our online forum and by email on their experience of virtual wards, which are understandably their personal details kept confidential.

8. Do you consent for your submission to be posted on the SHTG website? (See page 10 of guidance.)

Yes	YES	No	

Thank you for completing this form. It will be given to SHTG members to inform their development of an Advice Statement for this technology.

Please return the form to:

his.shtg@nhs.scot