

Ref. No: 571  
From: Commercial  
Date: 11/04/23  
Subject: Virtual Wards

## REQUEST & RESPONSE

1. Do you have a Virtual Ward? Yes

If yes:

a. For what specialities and care pathway have you implemented Virtual Wards? Respiratory

b. How many Virtual Ward beds do you have? 30

c. Do you know how many Virtual Ward beds you need? Yes.

If so, how many? 70

d. Who is your Virtual ward provider(s)?

Liverpool Heart and Chest NHS Trust

If no:

a. Do you intend to implement a Virtual Ward?

b. If yes, have you identified and engaged a Virtual Ward provider?

c. Do you know how many Virtual Ward beds you need? If so, how many?

d. Do you have an internal Virtual Ward lead?