Healthcare Improvement Scotland

Citizens' Panel for health and social care

Public perception and views on virtual wards in Scotland

June 2026

NHS SCOTLAND

Published June 2026

www.healthcareimprovementscotland.scot

Contents

Citizens' Panel for health and social care

This infographic summarises the key findings from a pulse survey published in June 2026 asking questions on public perception and views on virtual wards in Scotland.

In total 377 panel members responded to the survey by email, which represents a 39% response rate.

Understanding of virtual wards

82%

Are confident/ somewhat confident that they understand what a virtual ward is

Using virtual wards

2 out of 3

Would feel very/ somewhat comfortable getting hospital-level monitoring at home through a virtual ward (65%)

If you or someone close to you were offered a virtual ward at home, what would make it work well for you *(top 3)*?

- 73% — Confidence that urgent help will be available quickly if needed
- 66% — Regular contact with healthcare professionals
- 47% — Clear guidance on who to contact in an emergency

Technology and virtual wards

Would feel confident using technology at home to help monitor their health, so long as support was available when they needed it (78%)

8 in 10

Benefits of using virtual wards *(top 3)*

- 61% Reduced pressure on hospital services
- 46% Reduced risk of hospital acquired infections
- 37% Feeling more comfortable in familiar surroundings

Concerns about using virtual wards *(top 3)*

- 70% Delays in receiving help if health deteriorates
- 67% Reduced face-to-face contact with healthcare professionals
- 47% Increased pressure/ responsibility on carers or family members

If you had a health condition that would normally be monitored in hospital, would you prefer to be monitored at home through a virtual ward, or stay in hospital?

- 44% At home in a virtual ward
  - "Being home will reduce the pressures on every aspect of family support and health service."
  - "I feel more comfortable at home and believe being at home would have a positive impact on my overall wellbeing."
- 31% Not sure
  - "If condition is not too serious reducing burden on hospitals would always be my preference. Concern though on those who live alone managing this process."
- 25% A stay in hospital
  - "Virtual wards sound great in theory, especially for less serious conditions but I would feel much more confident having a human being on hand to comfort and support....in emergency situations."

Executive Summary

Background

The Citizens' Panel for health and social care captures the views of a cross-section of the Scottish public informing decisions about health and social care policy and services.

Panel membership is set to support statistically robust analysis at a Scotland level. There were 1,107 active members across all 32 local authority areas at the time of the present survey. Membership is regularly refreshed (most recently in spring 2025) to ensure the Panel is representative of the wider population, and to boost under-represented locations or population groups. A profile of the Panel members is appended to this report.

Pulse survey

This report presents findings from the autumn 2025 Pulse survey, conducted between October and November 2025. The Pulse survey approach is a shorter survey than full Panel surveys, designed for quicker feedback of results. They are focused on one topic only, on this occasion the public perceptions around virtual wards.

The survey was sent electronically to 963 Citizens' Panel members, and a total of 377 survey responses were received, equivalent to a response rate of 39%. This is sufficient to support robust analysis with overall results accurate to ± 5.05%[1]. Key findings are summarised over the following pages. The body of this report sets out findings in more detail, and a profile of survey responses is appended.

Key findings

Understanding of virtual wards:
82% of respondents felt confident they understood what a virtual ward is.

Comfort with home monitoring:
65% would feel comfortable having a health condition monitored at home via a virtual ward rather than staying in hospital.

Confidence in using technology:
78% would feel confident using technology at home if training and support were provided.

Perceived benefits:

- reduced pressure on hospital services (61%)
- lower risk of hospital-acquired infections (46%)
- comfort in familiar surroundings (37%)

[1] Based on a 50% estimate at the 95% level of confidence.

Main concerns:

- delays in receiving help if health deteriorates (70%)
- reduced face-to-face contact with healthcare professionals (67%)
- increased pressure on carers or family members (47%)

What would help:

- confidence that urgent help will be available quickly (73%)
- regular contact with healthcare professionals (66%)
- clear guidance on emergency contacts (47%)

Preference for care setting:

44% would prefer monitoring at home via a virtual ward, 25% would prefer hospital care, and 31% were unsure.

This divide in preferences is better explained once the open question, asking respondents to explain their answer, is reviewed. It indicates that public acceptance depends heavily on the condition involved, the reliability of support available, and clarity of clinical oversight. A summary of the open question is given below:

- Preferences for virtual ward or hospital care were shaped largely by comfort, safety and confidence in support available. Those favouring virtual wards valued comfort, convenience and maintaining independence at home, though many said this depended on receiving hospital-equivalent clinical oversight.
- Those preferring hospital care prioritised safety, immediate access to staff, and reassurance from in-person monitoring, with some expressing low confidence in self-management or digital technology.
- Respondents who were unsure said their choice would depend on the condition being treated, alongside uncertainty about the level and reliability of support available through virtual wards.

Recommendations from the Citizens' Panel Survey

1. Strengthen patient safety assurances and communication
Introduce clear, consistent messaging explaining how rapid response is ensured, what triggers clinical intervention and how deterioration is monitored. Provide transparent information on escalation pathways and maximum response times.

2. Guarantee regular and proactive clinical contact
Many concerns stem from reduced face-to-face interaction. Build in scheduled check-ins–video or phone–alongside real-time monitoring to maintain relational continuity and reassurance.

3. Ensure technology is simple, accessible, and supported
Provide hands-on training, troubleshooting support, and accessible devices (including

non-smartphone options). Consider digital loan schemes for those lacking reliable internet or equipment.

4. Minimise burden on carers and family
Clarify that virtual wards do not rely on informal carers to replace professional care. Provide optional–not assumed–roles for carers, along with support where involvement is requested.

5. Tailor information to individual conditions and needs
Develop condition-specific information outlining when virtual wards are appropriate and how clinical risks are managed. This will help those who are currently 'unsure' to make informed choices.

6. Address equity and local variation
Monitor access by geography, socioeconomic status, age and digital capability. Ensure service models are consistent across Scotland so confidence does not depend on postcode.

7. Continue involving the public in service design
Patients, carers and public partners should be involved in the ongoing review and co-design of current and future virtual ward models to ensure acceptability, clarity and trust in the service.

Recommendations and Conclusions from SHTG Advice

The Scottish Health Technologies Group (SHTG) has been asked to produce a recommendation on virtual wards, which will help the Scottish Government decide whether to support this type of care. The recommendations and conclusions from the SHTG advice can be found here:

Virtual wards | Scottish Health Technologies Group

The SHTG Virtual Wards report draws on the Citizens' Panel survey as part of its broader evidence base, incorporating public views alongside clinical, economic and implementation evidence. The report indicates that key findings from the survey were considered by the SHTG Council to formulate its overall recommendations. In this sense, the Citizens' Panel has informed the SHTG's understanding of public opinion and awareness, acceptability and potential risks.

Across both reports, there is a clear consistency in the themes that emerge. Issues such as the importance of patient safety and reassurance, the need for ongoing contact with healthcare professionals, concerns about carer burden, and the risk of digital exclusion are highlighted in both the Citizens' Panel findings and the SHTG advice. The SHTG conclusions reflect many of the same considerations, suggesting that public perspectives have informed the overall framing of the evidence and the resulting recommendations for NHSScotland.

Chapter 1: Introduction

This report presents findings from the autumn 2025 Pulse survey of the Citizens' Panel for health and social care on the topic of public perceptions and views on virtual wards.

Survey content

This survey focused the public perception and awareness of virtual wards in Scotland. Questions were developed by Healthcare Improvement Scotland (HIS) in partnership between Social Researchers in the Community Engagement and Transformational Change Directorate and the Scottish Health Technologies Group. Draft questions were tested with members of HIS' Public Experience Volunteers and Public Partners and final questions refined based on feedback. A copy of the survey questionnaire is provided at Appendix 1: Survey Questionnaire.

The purpose of the survey was to gather public opinion to feed into SHTG recommendations on 'virtual ward platform technologies to support transition of patients to the home setting or to avoid hospital admission'.

Survey fieldwork and response

The survey was issued to 963 Panel members via email, with fieldwork running from week ending 17 October to 10 November 2025.

A total of 377 responses were received by survey close, equivalent to a response rate of 39%. This supports statistically robust analysis at a national level. Overall survey results are accurate to ± 5.05% based on a 50% estimate at the 95% level of confidence.

The profile of survey respondents is summarised at Appendix 2: Profile of Citizens' Panel. This indicates that survey responses under-represent those aged under 45, and those living in social or private rented accommodation. This is largely due to the profile of the Citizens' Panel membership as a whole, which under-represents these groups relative to the Scottish population. Survey data was weighted by age and housing tenure to minimise the impact of this imbalance.

Survey results

The report presents frequency results for 'closed' survey questions. Percentages are rounded to the nearest whole number and for some questions this means that percentages may not sum to 100%. Similarly, aggregate figures (eg percentage of respondents answering 'strongly agree' or 'agree') may not sum to results presented in figures and tables. The total number of respondents to each question is shown as the 'base' or 'n: XXX.' This may vary as a result of question non-response.

Framework analysis has been used for open-ended question responses to ensure a systematic approach. This involves identification of common themes through an initial review of written responses, with themes translated into discreet codes to be applied across the full set of written comments. Responses can be assigned more than one code where multiple points are raised. We also present illustrative direct quotes from written survey responses. These may have been lightly edited for clarity and brevity.

Conclusions and recommendations are set out at the end. Analysis of survey findings has been produced by our research partners Craigforth, while conclusions and recommendations have been formulated by Healthcare Improvement Scotland.

Chapter 2: Public perception and views on virtual wards in Scotland

Background

The Scottish Health Technologies Group (SHTG) has been asked to produce a recommendation on virtual wards, which will help the Scottish Government decide whether to support this type of care. An understanding of public perception and awareness of this new model of care will add value to the work and help to inform the SHTG recommendation(s).

Explanation of a virtual ward

Before answering the survey questions, respondents were given a definition of a virtual ward.

A virtual ward is a way of delivering healthcare that allows patients to receive monitoring in their own home instead of in hospital. It uses digital technology and remote monitoring to support patients who would otherwise need to stay in hospital. It might allow people to be discharged from hospital earlier or prevent them from being admitted in the first place.

How virtual wards work

Virtual wards combine several elements:

Remote Monitoring Devices: Patients may be given equipment such as pulse oximeters, blood pressure monitors or thermometers to check vital signs like heart rate, oxygen levels and temperature. They may also be given wearable devices, for example patches that monitor heart rhythm. In some cases, wearable devices automatically transmit this data in real time.

Digital Platforms: Patients or their carers use a secure website or mobile app to record and share health readings with their healthcare team.

Clinical Oversight: Healthcare professionals (such as nurses, doctors, or other clinical staff) monitor the data through an online dashboard. If any readings fall outside of safe parameters, alerts are triggered so that staff can respond quickly.

Responsive Care: Depending on the situation, the healthcare team may contact the patient for a check-in, adjust treatment remotely or arrange an in-person visit or hospital admission if needed.

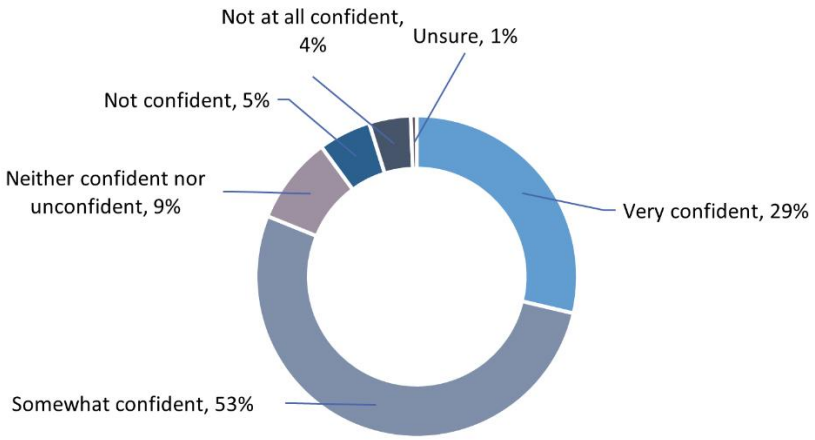
Findings

Confidence in understanding what a virtual ward is

The first question of the survey asked how confident respondents were that they understood what a virtual ward is.

Just over 8 in 10 respondents (82%) stated that they were either 'very confident' (29%) or 'somewhat confident' (53%) they understood what a virtual ward is. Just under one in ten responded that they were 'neither confident nor unconfident' (9%), and the same level (9%) were either 'not confident' (5%) or 'not at all confident' (4%), with 1% 'unsure'.

Q1 How confident are you that you understand what a virtual ward is?



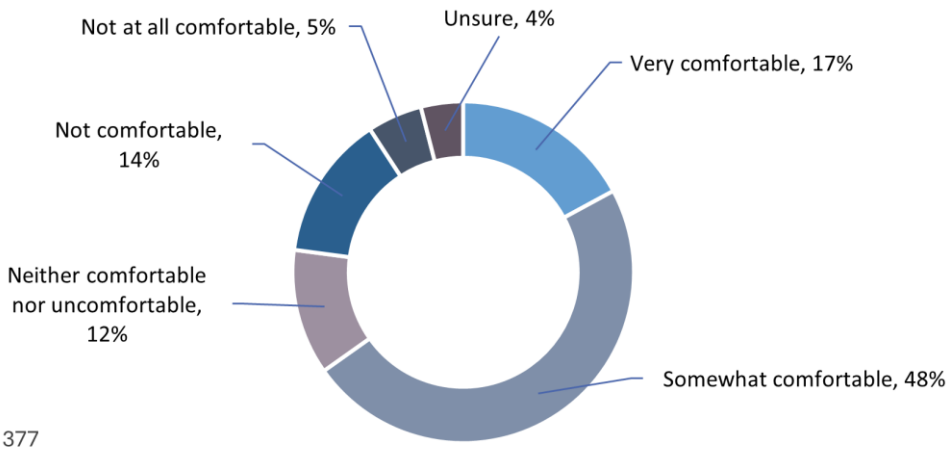
Base: 375

Level of comfort having a health condition monitored at home via a virtual ward

In the second question, Panel members were asked how comfortable they would feel about having a health condition monitored at home through a virtual ward, instead of staying in hospital.

More than six out of ten respondents (65%) felt either 'very comfortable' (17%) or 'somewhat comfortable' (48%) about the prospect of having a health condition monitored at home instead of in hospital. In contrast, nearly two out of ten respondents felt they were either 'not comfortable' (14%) or 'not at all comfortable' (5%) with this. In addition, more than one in ten respondents (12%) stated that they were 'neither comfortable nor uncomfortable', and 4% were 'unsure' about how they felt.

Q2 How comfortable would you feel about having a health condition monitored at home through a virtual ward instead of in hospital?



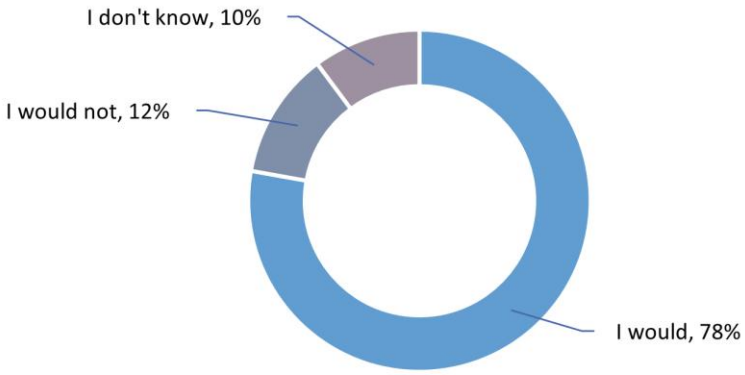
Base: 377

Confidence using technology at home to help monitor health

The third question asked if respondents would feel confident using technology at home to help monitor their health if training was given to them and support was available when they needed it.

A large majority of nearly eight out of ten respondents (78%) stated that they were confident using technology at home to help monitor their health, provided training was given and support available when needed. In contrast, only just over one out of ten felt that they 'would not' feel confident (12%), with one in ten (10%) saying that they 'don't know'.

Q3 Would you feel confident using technology at home to help monitor your health, if training was given to you and support was available when you needed it?



Base: 377

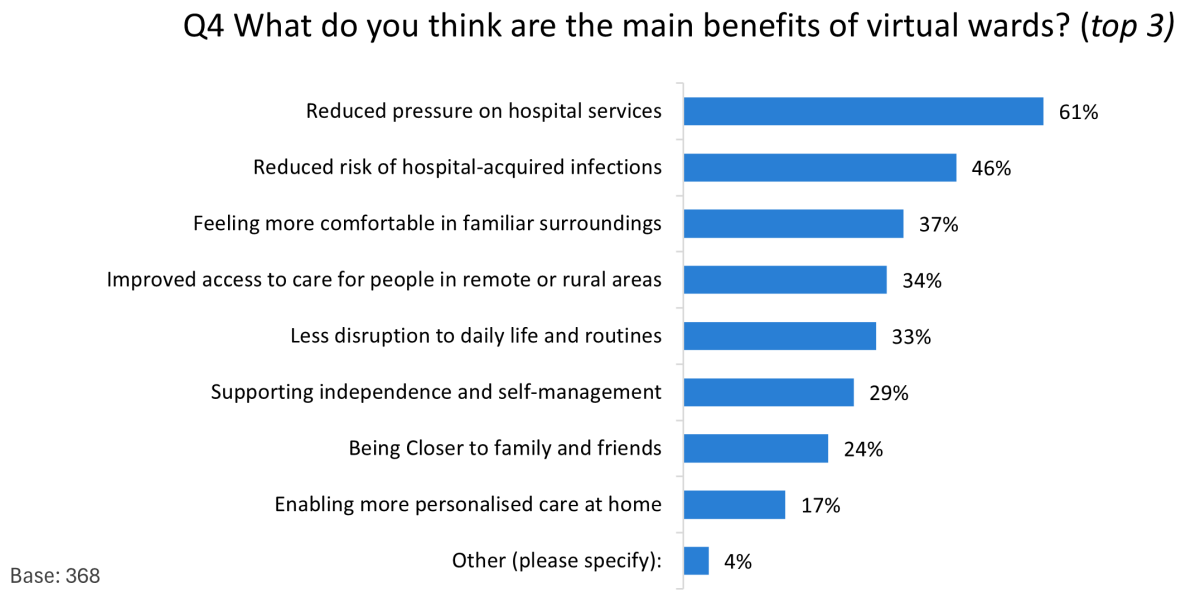
Perception of the main benefits of a virtual ward

The fourth question asked respondents to think about the main benefits of virtual wards. Out of a list of eight options, each participant was asked to identify the three most important options in their opinion. In addition, participants were given the opportunity to identify additional points not captured by the previous options.

Among the options outlining the main benefits of virtual wards participants clearly championed 'reduced pressure on hospital services' as their most important choice by just over six in ten respondents (61%). The second most frequently identified option for respondents was 'reduced risk of hospital-acquired infections', with just under half (46%) of respondents choosing this option. Respondents' third most frequently identified option was 'feeling more comfortable in familiar surroundings' chosen by almost four in ten respondents (37%).

A similar proportion of respondents–around three in ten–selected the following options, 'improved access to care for people in remote or rural areas' (34%), 'less disruption to daily life and routines' (33%), and 'supporting independence and self-management' chosen by (29%).

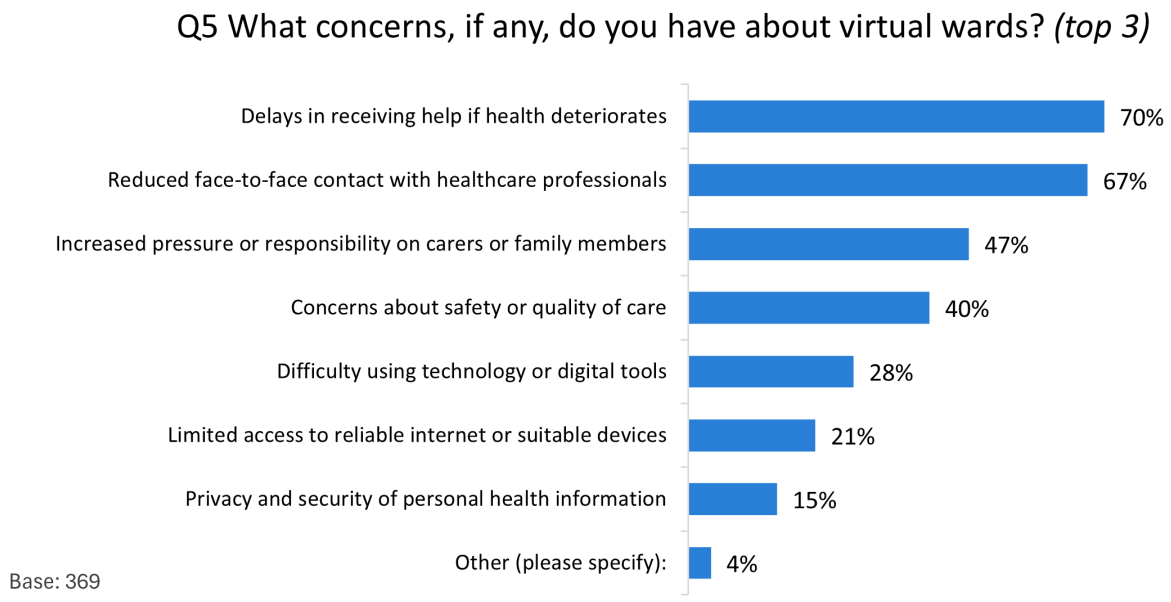
The two least important options in terms of main benefits from virtual wards as chosen by respondents included 'being closer to family and friends' (24%) and 'enabling more personalised care at home' (17%). Other options were given by 4% of respondents.



Main concerns about virtual wards

The fifth question asked respondents about their key concerns in relation to virtual wards. As in the previous question, a set of predefined options were provided with an additional opportunity for participants to add other concerns.

The two highest concerns about virtual wards were 'delays in receiving help if health deteriorates' in first place chosen by seven in ten (70%) respondents, followed closely by 'reduced face-to-face contact with healthcare professionals' in second place chosen by just under seven in ten (67%) respondents. The third highest option 'increased pressure or responsibility on carers or family members' was chosen by just under half (47%) of respondents and four in ten (40%) chose 'concerns about safety or quality of care'. Of the remaining three options, 'difficulty using technology or digital tools' was in fifth place chosen by just under three in ten (28%) respondents, followed by 'limited access to reliable internet or suitable devices' (21%) and privacy and security of personal health information' (15%) was the least concerning among the options. Other options were highlighted by 4% of respondents.



What would help make the experience of a virtual ward work for people

The sixth question asked, 'If you or someone close to you were offered home monitoring through a virtual ward, what would help make that experience work well for you?'

As in previous questions, Panel members were offered a set of seven predetermined options, of which they were prompted to choose the three most important ones in their opinion. In addition, participants could specify additional choices via an 'other (please specify)' answer option.

The highest option chosen by over seven in ten (73%) of respondents was 'confidence that urgent help will be available quickly if needed'. Two thirds of respondents (66%) chose 'regular contact with healthcare professionals' as the second most popular option. In third place chosen by just under half of respondents (47%) came 'clear guidance on who to contact in an emergency'. Just over four in ten (42%) chose 'simple and user-friendly technology'. Overall, the remaining three options received far less support, with 'clear, easy to understand information about how the virtual ward works' chosen by just under three in ten (27%) respondents, and two in ten (20%) choosing 'help available for using devices or apps'. This left 'involvement of family members or carers in care decisions' as the least favoured option by 14% of respondents, with 5% of respondents selecting the 'other' option.

Q6 If you or someone close to you were offered home monitoring through a virtual ward, what would help make that experience work well for you? (*top 3)*

Base: 368

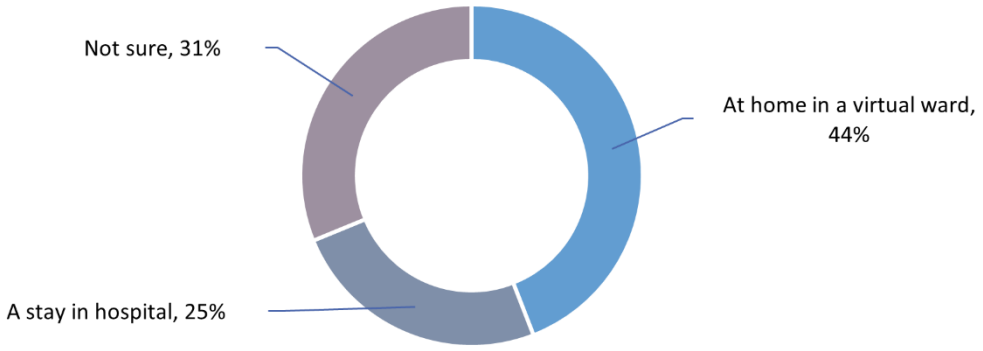
Preference on virtual wards versus stay in hospital

The final question asked, 'If you had a health condition that would normally be monitored in hospital, would you prefer to be monitored at home through a virtual ward, or stay in hospital?'.

Panel members were given three response options, 'at home in a virtual ward', 'a stay in hospital' and 'not sure' and then asked an open question to explain their choice.

Of all respondents just under half (44%) opted for being monitored 'at home in a virtual ward'. In contrast, 25% or one in four stated they would want to 'stay in hospital', and over three in ten (31%) stated that they were not sure.

Q7 If you have a health condition that would normally be monitored in hospital, would you prefer to be monitored at home through a virtual ward, or stay in hospital?



Base: 369

Themes highlighted in reasons for preference

Respondents were also able to explain why they chose their preferred option. The figures above show people's general preferences when presented with a situation they have not faced yet but might in the future. The text box, however, gave them space to think about their choice and describe what motivated them or why they preferred one option over the others.

Analysis of key themes and illustrative quotes are provided below for each of the three options.

Preference for a virtual ward

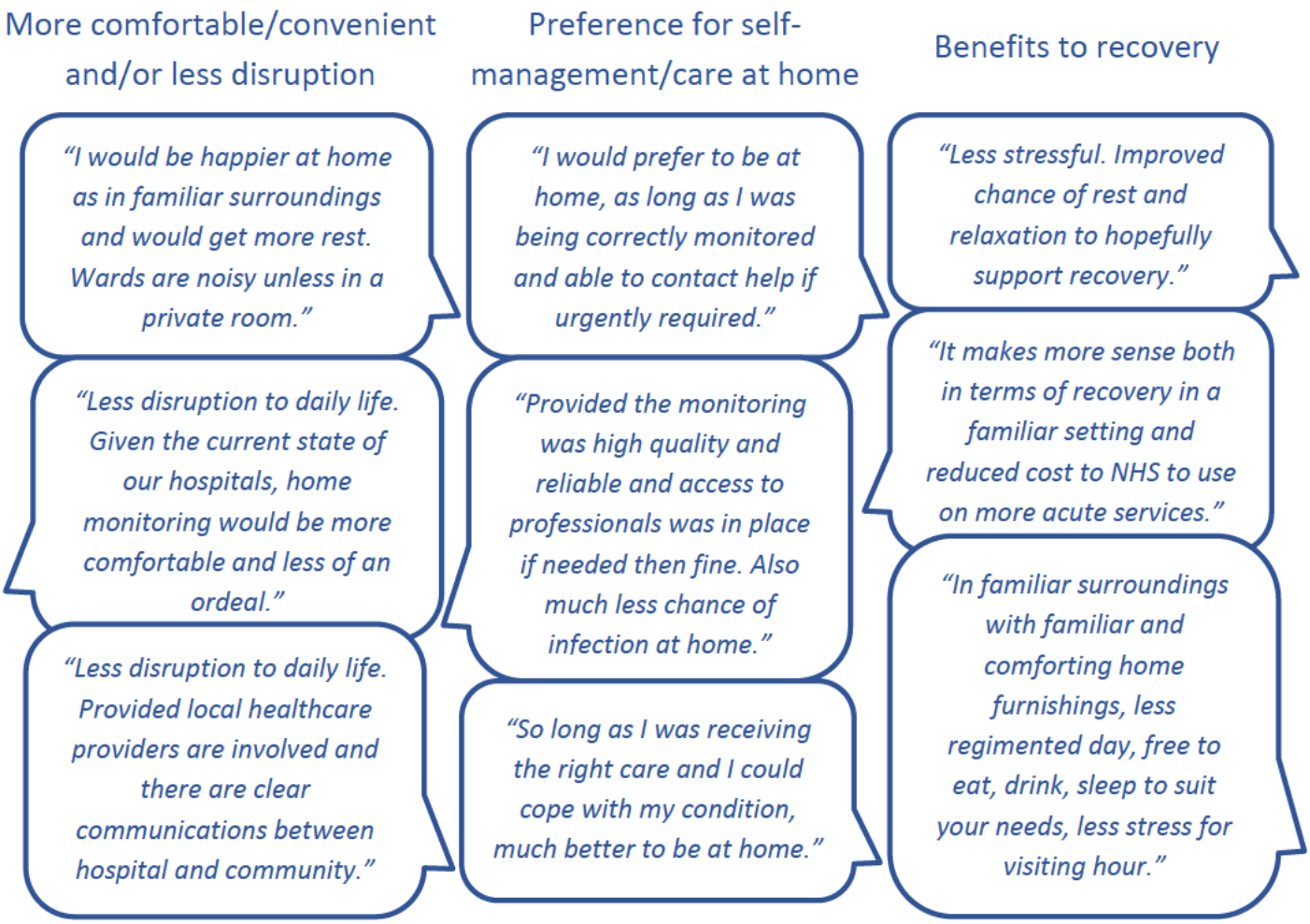
Respondents who preferred monitoring at home through a virtual ward frequently emphasised a desire for comfort, convenience and continuity of daily life. Many viewed home-based care as less disruptive and felt it would better support recovery. A substantial proportion expressed a general preference for self-management and retaining independence where possible.

Negative associations with hospital environments also influenced this group's responses, including previous unsatisfactory experiences or a general aversion to hospital settings. However, some support for virtual wards was conditional. These respondents highlighted that they would only choose home monitoring if the level of clinical care, oversight and safety were equivalent to those provided in hospital.

Additional motivations included a belief that using virtual wards could help relieve pressure on NHS hospital capacity, and that home-based care might reduce personal risk of hospital-acquired infections. A smaller subset identified facilitating family or carer

involvement as a benefit or noted that their comfort with technology made the virtual ward model more appealing. A minority also pointed to individual factors–such as existing domestic support or the nature of their health condition–as influencing their decision.

Reasons given for preference for a virtual ward	Number
More comfortable/convenient and/or less disruption	36
General preference for self-management/care at home	24
Belief that a virtual ward would benefit recovery	23
Negative experience as inpatient, lack of trust or general aversion to hospitals	18
Conditional on hospital equivalent care and/or safety	15
Reduces pressure on NHS	13
Condition dependent	11
Benefits to family or carer	8
Avoids Healthcare Acquired Infections	8
Other reasons	15
Total responses	**171**



Preference for Hospital Care

Among respondents who preferred to remain in hospital, perceptions of safety were the dominant factor. Many felt reassured by the idea of receiving direct, continuous oversight from clinical professionals within a hospital setting. Immediate access to staff in the event of deterioration, combined with guaranteed in-person contact, were central to their preference.

Some participants expressed concerns about their ability to self-manage or self-monitor effectively at home, particularly those who lived alone or believed they might struggle to recognise important symptoms. Limited understanding or trust of the virtual ward model also contributed to reluctance, as did apprehension regarding the use of technology.

Reasons given for preference for hospital care	Number
Perception of safety	24
Immediacy of professional support	16
Guaranteed in-person contact (relational dimension)	12
Reduced ability to self-diagnose or manage condition	9
Dismissive of or lack of knowledge or trust in virtual wards	7
Depending on condition	6
Ambivalence towards or dislike of technology	5
Other	5
Total Responses	**84**

'Not Sure' Responses

Respondents who felt unable to choose between the two models frequently stated that their decision would depend on the nature and seriousness of the condition in question. This was the most prevalent theme across all three response groups, indicating the hypothetical nature of the scenario presented.

Uncertainty about the level, speed and reliability of support available in a virtual ward was a further key concern. A number of participants reported not knowing enough about virtual wards to make an informed decision. Others questioned whether they would be capable of managing their own care, particularly if the condition impaired physical function or required complex monitoring.

Some respondents raised concerns about variations in service provision across local areas, including potential differences between urban and rural settings, and issues related to the availability or reliability of the required technology.

Reasons given for 'not sure' response	Number
Condition dependent	58
Dependent on timely access to care and support	17
Don't know enough or not convinced of virtual wards	9
Dependent on ability to self-manage	7
Dependent on offer in locality	4
Dependent on technology access and/or reliability	4
Other	7
Total Responses	**106**

Condition dependent

"It depends on the condition. I wouldn't stay home if my blood pressure was skyrocketing."

"Totally dependent on the condition and how quickly complications could develop."

"The type of condition and how quickly that condition could deteriorate would influence my decision."

Timely access to care and support

"I'd prefer to stay at home as long as I felt confident assistance was available quickly if required."

"I think it would depend on the condition and whether there would be an emergency response team to assist if the condition was to suddenly deteriorate."

Don't know enough/ not convinced

"Don't feel I know enough, it would very much depend on what the health condition was and how serious it was."

"It sounds good but just not sure if it would work."

"Would need to know it was tried and tested and that I wouldn't be left floundering for help."

Chapter 3: Conclusions and recommendations

Conclusions

The Autumn 2025 Pulse survey shows that the Scottish public has a broadly positive but conditional view of virtual wards. Most respondents understood the concept (82%) and felt confident using technology with appropriate support (78%), demonstrating that digital capability is not a major barrier when training is available. A clear majority (65%) were comfortable with home-based monitoring, indicating openness to new care models. However, the method of reporting (online only) may show a positive bias in these findings, and the figures above show people's general preferences when presented with a situation they have not faced yet but might in the future.

Respondents recognised several important benefits, particularly easing hospital pressures (61%) and reducing hospital-acquired infections (46%). Many also valued the comfort and normality of remaining in familiar surroundings. These findings suggest that virtual wards align well with public preferences for more person-centred, home-based care.

However, the survey also highlights significant concerns that must be addressed for virtual wards to be trusted and adopted equitably. The strongest concerns relate to safety: delays in receiving help during deterioration (70%) and reduced face-to-face contact with staff (67%). These reflect anxiety about losing the reassurance traditionally provided by hospital environments. Respondents were also concerned about the potential burden placed on carers (47%), uncertainty about service reliability and variations in local provision.

The divide in preferences–44% favouring virtual wards, 25% preferring hospital, and 31% unsure–indicates that public acceptance depends heavily on the condition involved, the reliability of support available, and clarity of clinical oversight. Those preferring hospital settings emphasised safety, immediacy of care, and lack of confidence in self-monitoring or technology. This suggests that virtual ward models must demonstrate equivalence to hospital-level safety to gain public confidence.

Overall, the findings show that the public is open to virtual wards but requires clear assurance that safety, responsiveness and support will match hospital standards. Addressing these concerns will be essential for successful implementation.

Recommendations based on Citizens' Panel survey

1. Strengthen patient safety assurances and communication
Introduce clear, consistent messaging explaining how rapid response is ensured, what triggers clinical intervention and how deterioration is monitored. Provide transparent information on escalation pathways and maximum response times.

2. Guarantee regular and proactive clinical contact
Many concerns stem from reduced face-to-face interaction. Build in scheduled check-ins, video or phone- alongside real-time monitoring to maintain relational continuity and reassurance.

3. Ensure technology is simple, accessible, and supported
Provide hands-on training, troubleshooting support, and accessible devices (including non-smartphone options). Consider digital loan schemes for those lacking reliable internet or equipment.

4. Minimise burden on carers and family
Clarify that virtual wards do not rely on informal carers to replace professional care. Provide optional–not assumed–roles for carers, along with support where involvement is requested.

5. Tailor information to individual conditions and needs
Develop condition-specific information outlining when virtual wards are appropriate and how clinical risks are managed. This will help those who are currently 'unsure' to make informed choices.

6. Address equity and local variation
Monitor access by geography, socioeconomic status, age and digital capability. Ensure service models are consistent across Scotland so confidence does not depend on postcode.

7. Continue involving the public in service design
Patients, carers and public partners should be involved in the ongoing review and co-design of current and future virtual ward models to ensure acceptability, clarity and trust in the service.

Recommendations and Conclusions from SHTG Advice

The Scottish Health Technologies Group (SHTG) has been asked to produce a recommendation on virtual wards, which will help the Scottish Government decide whether to support this type of care. The recommendations and conclusions from the SHTG evidence review can be found here:

Virtual wards | Scottish Health Technologies Group

The SHTG Virtual Wards report draws on the Citizens' Panel survey as part of its broader evidence base, incorporating public views alongside clinical, economic and implementation evidence. The report indicates that key findings from the survey were considered by the SHTG Council to formulate its overall assessment. In this sense, the Citizens' Panel has informed the SHTG's understanding of public opinion and awareness, acceptability and potential risks.

Across both reports, there is a clear consistency in the themes that emerge. Issues such as the importance of patient safety and reassurance, the need for ongoing contact with healthcare professionals, concerns about carer burden, and the risk of digital exclusion are highlighted in both the Citizens' Panel findings and the SHTG evidence synthesis. The SHTG conclusions reflect many of the same considerations, suggesting that public perspectives have informed the overall framing of the assessment and the resulting recommendations for NHSScotland.

Appendix 1: Survey Questionnaire

Healthcare Improvement Scotland

Pulse Survey

1. Citizens' Panel–virtual wards

Background
Healthcare Improvement Scotland (HIS) has been asked to review the evidence on virtual wards and produce recommendations to inform the use of virtual wards in Scotland. An understanding of public perception and awareness of virtual wards will add value to the work and help to shape the recommendations.

Your answers to the following questions will help capture perceived benefits and issues relating to the potential introduction of virtual wards for people in Scotland.

2. About virtual wards

What is a virtual ward?
A virtual ward is a way of delivering healthcare that allows patients to receive monitoring in their own home instead of in hospital. It uses digital technology and remote monitoring to support patients who would otherwise need to stay in hospital. It might allow people to be discharged from hospital earlier or prevent them from being admitted in the first place.

How virtual wards work
Virtual wards combine several elements:

- Remote Monitoring Devices: Patients may be given equipment such as pulse oximeters, blood pressure monitors or thermometers to check vital signs like heart rate, oxygen levels and temperature. They may also be given wearable devices, for example patches that monitor heart rhythm. In some cases, wearable devices automatically transmit this data in real time.

- Digital Platforms: Patients or their carers use a secure website or mobile app to record and share health readings with their healthcare team.

- Clinical Oversight: Healthcare professionals (such as nurses, doctors, or other clinical staff) monitor the data through an online dashboard. If any readings fall outside of safe parameters, alerts are triggered so that staff can respond quickly.

- Responsive Care: Depending on the situation, the healthcare team may contact the patient for a check-in, adjust treatment remotely or arrange an in-person visit or hospital admission if needed.

3.

1. How confident are you that you understand what a virtual ward is?

- [ ] Very confident
- [ ] Somewhat confident
- [ ] Neither confident nor unconfident
- [ ] Not confident
- [ ] Not at all confident
- [ ] Unsure

2. How comfortable would you feel about having a health condition monitored at home through a virtual ward instead of in hospital?

- [ ] Very comfortable
- [ ] Somewhat comfortable
- [ ] Neither comfortable nor uncomfortable
- [ ] Not comfortable
- [ ] Not at all comfortable
- [ ] Unsure

3. Would you feel confident using technology at home to help monitor your health, if training was given to you and support was available when you needed it?

- [ ] I would
- [ ] I would not
- [ ] I don't know

4. What do you think are the main benefits of virtual wards?

(please tick the 3 most important options in your opinion)

- [ ] Feeling more comfortable in familiar surroundings
- [ ] Reduced pressure on hospital services
- [ ] Reduced risk of hospital-acquired infections
- [ ] Less disruption to daily life and routines
- [ ] Supporting independence and self-management
- [ ] Improved access to care for people in remote or rural areas

- [ ] Being Closer to family and friends
- [ ] Enabling more personalised care at home
- [ ] Other (please specify):

5. What concerns, if any, do you have about virtual wards?

(please tick the 3 most important options in your opinion)

- [ ] Difficulty using technology or digital tools
- [ ] Reduced face-to-face contact with healthcare professionals
- [ ] Privacy and security of personal health information
- [ ] Limited access to reliable internet or suitable devices
- [ ] Delays in receiving help if health deteriorates
- [ ] Concerns about safety or quality of care
- [ ] Increased pressure or responsibility on carers or family members
- [ ] Other (please specify):

6. If you or someone close to you were offered home monitoring through a virtual ward, what would help make that experience work well for you?

(please tick the 3 most important options in your opinion)

- [ ] Clear, easy-to-understand information about how the virtual ward works
- [ ] Simple and user-friendly technology
- [ ] Help available for using devices or apps
- [ ] Regular contact with healthcare professionals
- [ ] Clear guidance on who to contact in an emergency
- [ ] Confidence that urgent help will be available quickly if needed
- [ ] Involvement of family members or carers in care decisions
- [ ] Other (please specify):

7. If you had a health condition that would normally be monitored in hospital, would you prefer to be monitored at home through a virtual ward, or stay in hospital?

- [ ] At home in a virtual ward
- [ ] A stay in hospital
- [ ] Not sure

Briefly, can you please explain your answer

Appendix 2: Profile of Citizens Panel

	Scottish Population	Citizens' Panel	± Panel vs population	Survey respondents
Age				
16-24	12%	3%	-9%	0.3%
25-44	31%	20%	-11%	15%
45-64	34%	35%	+2%	39%
65+	24%	42%	18%	46%
Sex				
Male	48%	45%	-3%	46%
Female	52%	54%	+2%	54%
Other	-	0.1%	-	-
Housing Tenure				
Owner occupier	67%	71%	+4%	82%
Social rented	19%	16%	-4%	10%
Private rented/other	13%	7%	-6%	5%
Physical or mental health condition/illness				
Yes	27%	40%	+13%	42%
No	73%	59%	-14%	55%
Don't know	0%	1%	+1%	3%
Ethnic group				
White British/Scottish	88%	89%	+1%	90%
Other ethnic group	12%	11%	-1%	10%
SIMD quintile				
SIMD 1	20%	19%	-1%	14%
SIMD 2	20%	19%	-1%	19%
SIMD 3	20%	20%	0%	18%
SIMD 4	20%	21%	+1%	23%
SIMD 5	20%	21%	+1%	26%
Urban/Rural classification				
Large Urban Areas	41%	32%	-9%	36%
Other Urban Areas	31%	31%	0%	29%
Accessible Small Towns	10%	8%	-1%	11%
Remote Small Towns	2%	12%	+10%	5%
Accessible Rural	12%	10%	-2%	11%
Remote Rural	5%	8%	+3%	9%
Religion				
Church of Scotland	23%	31%	+8%	29%
Roman Catholic	13%	12%	-1%	12%
Other Christian	5%	8%	+3%	9%
Buddhist	0.3%	1%	+0.7%	2%
Hindu	1%	0.2%	-0.8%	0%
Jewish	0.1%	1%	+0.9%	1%
Muslim	2%	3%	+1%	1%
Sikh	0.2%	0.4%	+0.2%	1%
Other religion	1%	2%	+1%	2%
None	49%	41%	-8%	42%
Prefer not to say	6%	2%	-4%	1%
Sexual orientation				
Heterosexual or straight	88%	91%	+3%	92%
Gay or lesbian	2%	4%	+2%	3%
Bisexual	2%	2%	0%	1%
Other	1%	1%	0%	1%
Prefer not to say	8%	2%	-6%	3%

Data source: Scotland's Census 2022 (base: 16+ population) www.scotlandscensus.gov.uk, Scottish Government Urban Rural Classification 2022 www.gov.scot/publications/scottish-government-urban-rural-classification-2022

	Scottish Population	Citizens' Panel	± Panel vs population	Survey respondents
Local authority area				
Aberdeen City	4%	3%	-1%	4%
Aberdeenshire	5%	5%	0%	4%
Angus	2%	4%	+2%	5%
Argyll and Bute	2%	2%	0%	2%
City of Edinburgh	10%	11%	+1%	13%
Clackmannanshire	1%	1%	0%	2%
Dumfries and Galloway	3%	4%	+1%	5%
Dundee City	3%	2%	-1%	3%
East Ayrshire	2%	2%	0%	2%
East Dunbartonshire	2%	2%	0%	3%
East Lothian	2%	2%	0%	3%
East Renfrewshire	2%	2%	0%	3%
Falkirk	3%	3%	0%	3%
Fife	7%	3%	-4%	2%
Glasgow City	12%	11%	-1%	8%
Highland	4%	4%	0%	4%
Inverclyde	1%	1%	0%	0.3%
Midlothian	2%	3%	+1%	3%
Moray	2%	2%	0%	2%
Na h-Eileanan Siar	0%	1%	+1%	1%
North Ayrshire	2%	2%	0%	2%
North Lanarkshire	6%	6%	0%	2%
Orkney Islands	0%	1%	+1%	2%
Perth and Kinross	3%	3%	0%	2%
Renfrewshire	3%	3%	0%	2%
Scottish Borders	2%	2%	0%	3%
Shetland Islands	0%	2%	+2%	2%
South Ayrshire	2%	2%	0%	1%
South Lanarkshire	6%	6%	0%	5%
Stirling	2%	2%	0%	3%
West Dunbartonshire	2%	2%	0%	2%
West Lothian	3%	3%	0%	3%

Data source: Scotland's Census 2022 (base: 16+ population) www.scotlandscensus.gov.uk, Scottish Government Urban Rural Classification 2022 www.gov.scot/publications/scottish-government-urban-rural-classification-2022

Published June 2026

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