Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

WWL Virtual Ward-Patient declaration Form v1

Version number: **2**
Last modified date: **12th November 2026**

WWL Virtual Ward Patient Declaration Form

Patient Information

Urgent Care Services

- Author ID: AC
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- Version: 2
- Leaflet title: WWL Virtual Ward Patient Declaration Form
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Introduction

As a WWL (Wrightington, Wigan & Leigh) Virtual Ward patient, you are agreeing to using the remote monitoring devices provided to you, and where necessary, wearing the continuous monitoring watch on your wrist. By signing this consent form, you agree for WWL NHS trust staff, who are competently trained, to monitor vital signs including oxygen saturation levels, respiratory rate, pulse rate, temperature, and movement, in addition to blood pressure. In some instances, we may also monitor weight readings, ECG recordings, and peak flow readings. You also agree for these staff to monitor your continued management of your acute or long-term health condition.

As part of the service, you will be required to join scheduled & unscheduled video conferencing or telephone contact calls, where a trained member of the WWL Virtual Hub team will carry out a remote assessment from the virtual ward pathway that your clinician has placed you on, according to your current health issue.

Whilst the equipment provides useful information to support patient care and treatment planning, the data collected is not used to inform or monitor any urgent or emergency health care needs of the patient/user.

If you have any concerns about your health, then you must agree to take one of the following actions:

- Call 999 for urgent life-threatening matters at any time of day.
- Contact your Virtual Hub clinician between 8am and 7:30pm, 7 days a week, including Bank Holidays, by phone on **0300 707 1828**
- Call 111 for less urgent health matters between 7:30pm and 8am.

Patient Declaration:

I consent to receiving and using the Remote Patient Monitoring equipment noted below.

I understand that the devices provide some information about my health, but that I always remain responsible for contacting the appropriate healthcare professional, should my health needs require urgent attention.

I understand the devices remain the property of Doccla and will be unusable following discharge, and I will make the devices available for collection by Doccla from my home address.

Doccla Monitoring KIT	KIT Name:

Passive Kit (Corsano, BP, Tablet)	.....
Intermittent Kit (BP, Thermometer, Pulsoximeter, Tablet)	.....
Bolt-on kit (Weighing scales)	.....
Bolt-on kit (Kardia ECG)	.....
Bolt-on kit (Peak Flow)	.....

I confirm that:

I have been shown how to use the device/kit and am confident and able to remove it as required i.e., washing, showering, and charging the device.

I agree to commence monitoring within one hour of my return home and will contact the virtual hub helpline on **0300 707 1828** if I require additional support.

I understand that I need to keep the wearable device and tablet close, and within range to ensure accurate and consistent readings.

I understand that if I no longer agree to monitoring on return home, I may be asked to attend Accident & Emergency (A&E) to be readmitted to an acute bed.

I am aware that, if I feel unwell and it is not an emergency between the hours of 8am – 7:30pm, I should contact the Virtual Hub Clinician on **0300 707 1828.** Outside of these hours, I should call NHS 111, 999, or attend A&E, depending on the emergency.

I have read and understood this document and the notes on usage.

I consent to my vital signs being monitored via the wearable device.

Patient name:	Patient Signature:
The device provided as part of Doccla's virtual ward service connects to the internet via: • A Doccla supplied tablet with a built-in 4G SIM card – ensuring a reliable, secure connection without relying on the patients' home Wi-Fi. • Wi-Fi in the patient's home – For enhanced connectivity, the tablet can also connect to an existing home broadband network if preferred.	Date received
HCP Name:	HCP Signature:



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