

VIVALDI Reducing Infections and Improving lives

Our mission is to improve the quality of life for people living, visiting, and working in care homes, while also reducing the risk of infections and avoiding hospital admissions.

We endeavour to achieve this through the VIVALDI study that utilises existing data, with minimal input required from care home providers





VIVALDI study: Building a research infrastructure with care home partners

Professor Laura Shallcross, UCL and Zoe Fry, The Outstanding Society





Widespread reporting of deaths in care homes

- BUT NO DATA

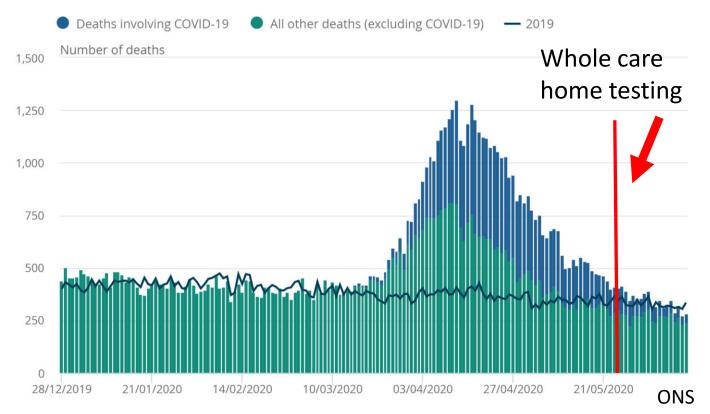
CORONAVIRUS

Coronavirus: Care homes 'not warned about rising infection rate'



The Times May 20, 2020

Wave 1: Number of deaths in care home residents from 28/12/19 – 12/6/20, England and Wales





Unable to answer important questions to guide policy = setup of the VIVALDI study?

Government funded programme of research to inform the pandemic response in care homes in England

- Started May 2020, ends March 2023
- Delivered in partnership with providers, led by UCL
- High-quality research on rapid timescales informing policy



VIVALDI-1 survey of care home managers

2 key questions

- How many people in the home have been infected?
- Why are some homes getting (large) outbreaks and others are not?
- Telephone survey of care home managers (26 May 19 June)
- Homes mainly providing dementia care or care to > 65 years
- Collaboration between UCL, ONS, DHSC and PHE/UKHSA

Telephone interviews (Ipsos MORI)

Collect data into NHS Foundry

Link to other datasets

Statistical analysis

Policymakers



Main risk factors for SARS-CoV-2 infection & outbreaks

Structural factors	Infection outcome			
	Infections in residents	Infections in staff	Outbreak*	Large outbreak†
Increased social deprivation				
For-profit status				
Larger LTCFs				
Staffing factors				
Lower staff-to-bed ratio				
Use of agency nurses				
Staff working at other sites				
Staff not cohorted				
No staff sick pay				
Control measures				
Lower cleaning frequency				
Inability to isolate residents				
Number of admissions to LTCF				
Later closure to visitors				

Proportion of people testing positive for COVID-19 in wave 1:

RESIDENTS (n=160,033): 10.5 % (9.9-11.1%)

STAFF (n=248,594): 3.8% (3.4-4.2%)

First results published 16/07/20



Direct impact of the VIVALDI-1 survey on policy

Focusing limited COVID-19 testing capacity on staff

Vivaldi showed staff were more likely to infect residents than vice versa

 Establishing the Adult Social Care Infection control fund to ensure that staff could afford to self-isolate when unwell

Vivaldi showed the care homes that did not pay full sick pay were more likely to have infections in staff and residents

Reducing movement of care home staff across sites

Vivaldi showed that care homes where staff frequently worked across sites were more likely to have infections in staff



The 'main' VIVALDI study (300 care homes, c. 60,000 residents and staff)



1) Collect blood to investigate immune response



Created by Luis Prade from Noun Project

2) Retrieve COVID-19 test results from national programme

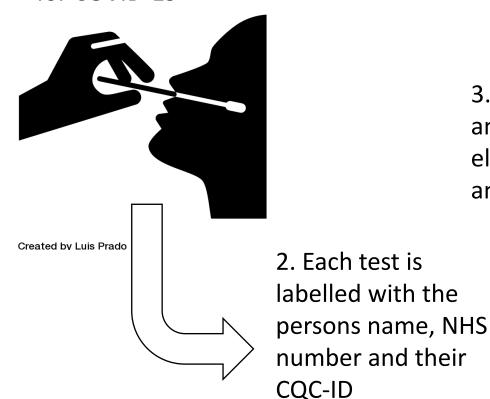


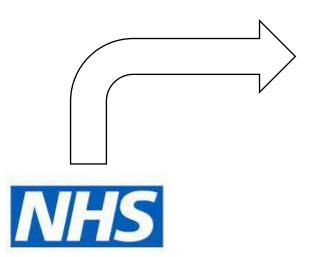
3) Link to national data e.g vaccines & hospital admissions



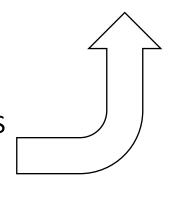
How does the study work?

1. All care home staff and residents tested for COVID-19

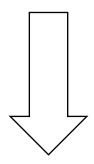




3. Results from care home staff and residents sent electronically to NHS England and stored securely



4. NHS-numbers from test results used to link to other healthcare records that are held by the NHS e.g. hospital admissions, cause of death



5. Linked dataset used for research on COVID-19 in care home

DATA LINKAGE PROCESS ONLY PERMITTED DURING THE COVID-19 PANDEMIC



This approach has allowed us to address key policy questions.....

- What is the risk of getting COVID-19 more than once?
- How well do vaccines protect residents and staff against infection, hospital admission and death?
- How effective are boosters? How long does protection last?
- How did risks change in residents and staff after Omicron? Did Omicron change the risk of work in care home staff and residents?
- How does the care home building affect spread of COVID-19 (work in progress!)



Taking stock – where are we now?

- We have built a new care home research programme
- We have shown that research can deliver evidence to rapidly inform policy
- We have built strong partnerships with care providers and policymakers

Risks

- If this programme stops we could be back in a March 2020 scenario:
 - inability to track levels of infection beyond outbreaks
 - no data on vaccine effectiveness as immunity wanes
 - extreme vulnerability to pandemics, seasonal infections
- Missed opportunity for a positive legacy from the pandemic



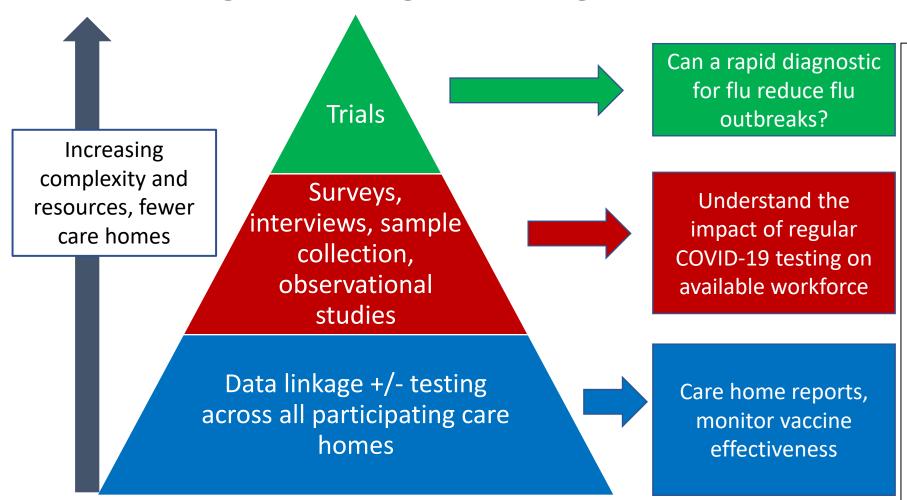
The opportunity

To challenge the view that infections and outbreaks are an inevitable part of being in a care home by creating a programme of research and surveillance on infection which:

- Is coproduced with the care home stakeholders
- Strongly informs policy and public health decision-making
- Capitalises on lessons learned from the pandemic
- Lays the foundation for a future, broader research agenda



Data sharing and linkage enabling QI, surveillance & research on infection



Data infrastructure makes it easier for care homes to take part in trials

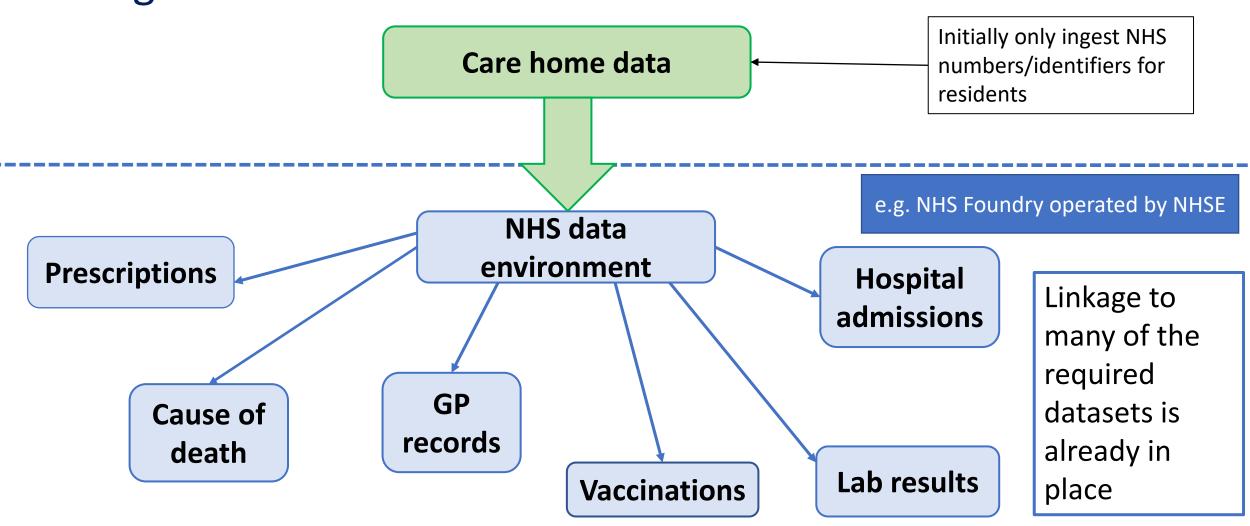
Research studies can be 'layered' on top of data infrastructure to deliver studies addressing the priorities of care home stakeholders

Infection dashboards help providers to prioritise QI activities and inform investment in IPC.

New metrics are co-developed to capture the broader impact of infection in care homes



Linking data from residents to other NHS datasets





Study aim

To challenge the view that infections and outbreaks are an inevitable part of living in a care home, by:

- 1. Changing how we measure infection to incentivise action
- 2. Delivering exemplar studies on priority infections

Social care infection indicators



Hospital admissions, # bloodstream infections, # deaths



How much income is lost due to outbreak- related care home closures? Can we quantify outbreak severity?



How does infection impact on QoL? e.g. # days that outbreaks close home to visitors

Success: Indicators adopted (researchers, policymakers, CQC)



Building momentum...

Prof Lucy Chappell (CEO NIHR), Michelle Dyson (DG ASC), and Prof Jenny Harries (CEO UKHSA) visited a care home in Cricklewood in May 2022 to learn about care homes experience of COVID-19 and the VIVALDI study







& more momentum...

VIVA C SOCIAL CARE

Shaping social care through research

The Journey:

CQC TA meeting March 2022



As a care home group senior manager, the reality is that if it was done by care associations, we would more than happily participate. I feel from external organisations it's 'done onto' and meaningless.

Why would we want to share very detailed information into a system and process that does nothing to help us? SO many external bodies just don't understand our realities, or ask questions in ways that make sense I cannot and will not do anything that is not beneficial

- April 2022 OS started to promote future project
- May 2022 Initial Meeting with OS, UCL and Care England





• May – September. Development of relationship between Accademia, Policy and Independent organisation with the focus on sharing and celebrating best practice and helping others to improve

October – December – Working Group

Working group with key stakeholders – Multi pronged approach

- Working with other Care Associations
- Onboarding of care homes
- Development of webpage
- Recording podcasts
- Virtual meetings
- 1-1 meetings
- Learning from other best practice e.g. DACHA
- Raising the profile of research in Social Care
- December 15th Stakeholder meeting Where we are now





Click here to view slides









Prof. Laura Shallcross MBE Chief Investigator for the VIVALDI study UCL Institute of Health Informatics

theoutstandingsociety.co.uk/case-study/vivaldi-care-home-study/

and care homes worked together, informing national responses to COVID-19.

If we can do this kind of work during a pandemic, imagine what could be achieved if we adopted the same approach for other common infections, like flu or norovirus.

We want to challenge the view that infections and outbreaks are simply an inevitable part of living in a care home, by delivering research and surveillance that tackles all kinds of infections.

The Vivaldi project really shows the benefit of care homes being involved in research.

Vivaldi delivered changes in policy and practice that were driven by the experiences of care homes. For one of the first times in our recent history, we had a policy agenda that was dictated by what worked for the care homes during a global pandemic.

Vivaldi has clearly shown the power of care homes coming together with researchers to define the best practice for both residents and staff.

The VIVALDI study was such a significant milestone for Social Care to use research and surveillance to inform best practice to improve the lives of residents and teams within Care Homes.

The OS are delighted to work with UCL and Care England to continue using evidence obtained within Social Care to reduce the

Shaping social care 16th Governance & Oversight Work-stream 41:07 00:00

Engagement Meetings









Prof. Martin Green OBE Chief Executive Officer Care England















Zoe Fry BSc – Nursing Studies, Diploma in Adult Nursing.

Executive Director

















- Governance and Oversight Working group
- Engagement and Communication Working group
- Podcasts
- Panel Discussion
- Learning from others
- Presentations
- Onboarding



VIVA di SOCIAL CARE

Shaping social care through research



March 30th 10-11 – Stakeholders Meeting

This is an opportunity for providers, their teams, residents, relatives, ICB's, health and social care professionals along with the local community to hear about the progress made and ask any questions ahead of the launch.



Residential and Home Care Show Wednesday 26th April

The official launch of VIVALDI Social Care 3:30 – 4:15pm panel discussion people & business theatre followed by Drinks and Canapes in the OS learning lounge

Panel: Directors of the OS, Prof. Laura Shallcross, Prof. Martin Green, Prof. Deborah Sturdy, Prof. Ruth Endacott, Care
Associations, Providers, Relatives



Acknowledgements

Maria Krutikov

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Jen Barr

Borscha Azmi

Paul Moss

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Chris Fuller

Zoe Fry

Sam Crawley

Martin Green

Liz Whyte

Liz Jones

James Robson

Natasha Southall

Jeremy Farrar

Claire Goodman

Martin Knapp

Adelina Comas-Herrera

Natalie Adams

James Blackstone

Jackie Cassell

Iona Cullen Stevenson

Niccola Hutchinson Pascal

Rebecca Giddings

Hadjer Nacer

Care home residents and staff who have participated in the study

Funders:

UKHSA

NIHR