



VIVALDI study – Frequently Asked Questions

What is the VIVALDI study?

The VIVALDI study is a programme of research on COVID-19 infection in care homes for older adults which was set up to support the pandemic response. The study addressed the gap in from care homes on COVID-19 by measuring levels of infection and immunity in residents and staff. This was done by collecting blood samples from care home staff and residents at regular intervals, analysing data on COVID-19 test results, and linking to other NHS datasets like vaccinations and hospital admissions.

VIVALDI’s focus was generating evidence rapidly to inform policy decisions. Key examples include showing it was important to pay full sick pay to staff, which supported the set-up of the Infection Control Fund, and monitoring how well vaccines protect vulnerable residents – informing when to use booster vaccines. VIVALDI started in May 2020 and the current phase of the study will end in March 2023.

Who is involved?

We have worked with around 300 care homes so far including those owned or managed by Four Seasons Healthcare, HC-One, The Orders of St John Care Trust, Friends of the Elderly and around 25 independent care homes. In the longer term we hope to work with more providers. VIVALDI is led by researchers from UCL (University College London), is being delivered in partnership with care providers, and has been funded by the UK Health Security Agency and the Department of Health and Social Care.

What is the next phase of the study? What are you proposing?

VIVALDI has shown that it is possible to deliver research in care homes at pace and scale, and our findings have directly informed policies that matter to residents, families, staff, and providers. If this type of work can be done in a pandemic, imagine what could be achieved if we adopted a similar approach to tackle other infections that have a devastating impact on care homes – like flu or norovirus.

The VIVALDI research team are keen to keep working with providers to reduce the impact of infection and outbreaks in care homes, and have recently partnered with Care England and the Outstanding Society to consider how to achieve this. We have set up a working group of providers, software vendors, and people with lived experience which will meet regularly between now and December 2022. The aim is to coproduce a plan for a long-term programme of research to reduce infection. We would like to establish a network of homes that are motivated by the idea of using research to improve care for residents and willing to share data in support of this goal. Importantly, this programme will have the needs, values and priorities of people who live and work in care homes, and families at its core.

host
James Rycroft
Managing Director
VIDA Healthcare
&
Director
The Outstanding Society

Research

Prof. Laura Shallcross
Professor of Public Health
University College London

Prof. Martin Green
Chief Executive
Care England

Zoe Fry
Executive Director
The Outstanding Society

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Continued...



Can new providers sign up?

Yes! We are looking for providers who are interested in participating in a pilot study, and for individuals who are keen to join the working group.

How would data sharing work?

Now COVID-19 testing has stopped the only way we can get an accurate list of care home residents is to ask providers. One approach that might work well for providers with electronic care records is to get their data from the software company that provides the care record rather than from the care home, reducing workload for providers. Lists of residents would be stored securely (e.g. within a NHS environment such as NHS England) and could be linked to other NHS datasets such as hospital admissions and vaccinations. This would make it possible to measure how many residents get infections, which kinds of infections, and what happens to residents after they get infected. We will work with providers to make data sharing as easy as possible for them, and discuss different options for data sharing in our working group.

How does consent work for homes that are taking part in VIVALDI?

We obtain informed consent from everyone who participates in blood sampling (or declarations from residents' nominated/personal consultees for those who lack capacity to consent). However, we have not sought informed consent for use of data from care home staff and residents in the pandemic. This is because it would not have been possible to obtain informed consent from every resident (due to high prevalence of cognitive impairment) and staff member (high staff turnover). Use of data in this way without consent was permitted during the pandemic because it was a national public health emergency.

However, if we want to keep doing research in care homes on other infections and use data from residents without informed consent, we need to demonstrate that this approach is acceptable to residents, families, care staff, and providers and obtain relevant approvals. Part of this process is demonstrating how our work will directly benefit residents. We also need to agree how residents can 'opt out' if they do not want their data to be shared. A key task for our working group is to agree how we will work with residents, families, staff, and providers to coproduce a model for data sharing and oversight that is acceptable to each of these groups. This will include agreeing how the data can be used, and who has access to it.

More information about how VIVALDI uses data is available [here](#)

If you are interested in taking part please contact us on Vivaldi@careengland.org.uk or scan the following QR code to register your interest in stakeholder meetings or the pilot.

Stakeholder Participation



Further information

<https://www.careengland.org.uk/Guidance>

<https://www.ucl.ac.uk/health-informatics/research/vivaldi-study>

<https://theoutstandingsociety.co.uk/vivaldi-care-home-study/>

Care Home Onboarding

