



VIVALDI Social Care Stakeholder Oversight and Governance Group (SOGG)

Meeting 1, 19th February 2024

Agenda

- Welcome, introductions
- Introduction to Vivaldi Social Care and update on progress
- Terms of Reference & membership
- Introduction to '*Care Home Metrics*' and examples
- Data granularity
- Who gets access to the data?

What is Vivaldi Social Care?

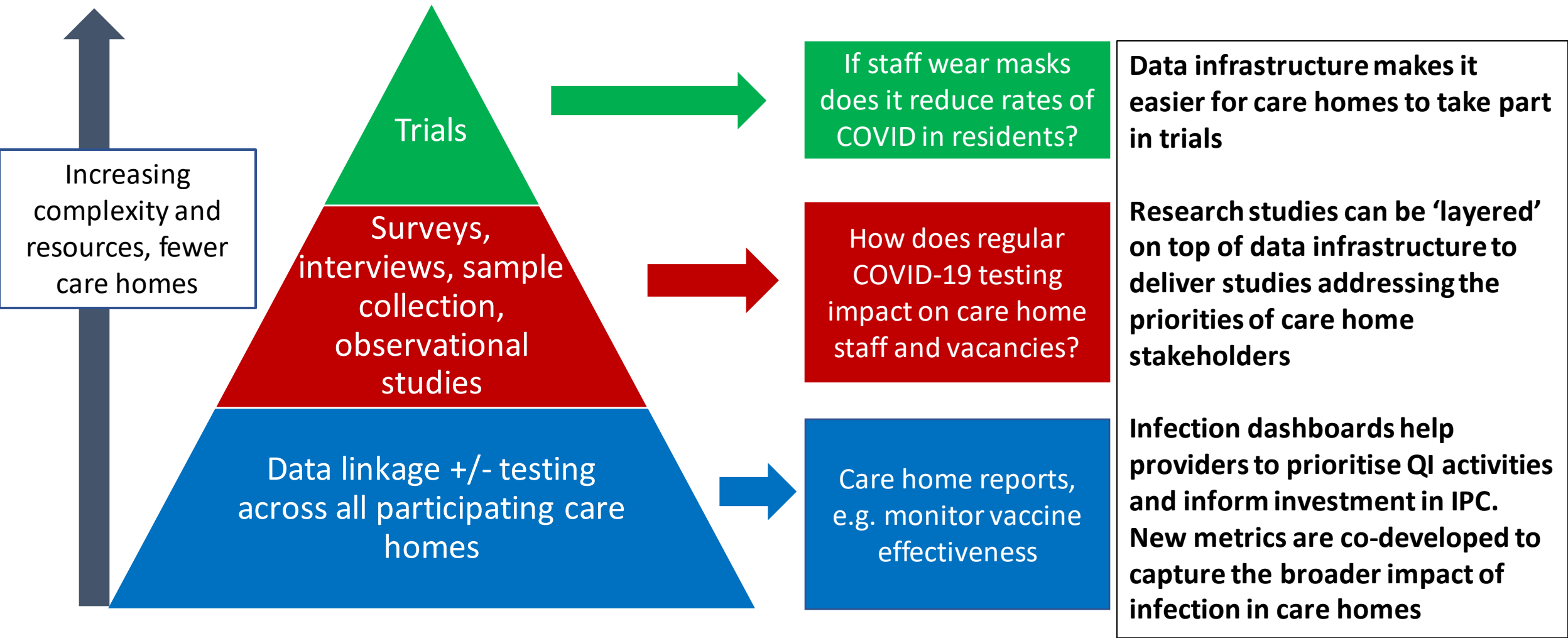


“Our mission is to improve the quality of life for people living, visiting, and working in care homes, while also reducing the risk of infections and avoiding hospital admissions. We endeavour to achieve this through the VIVALDI study that utilises existing data, with minimal input required from care home providers.”

The study is a collaboration between care home residents, their relatives, staff, care providers, academics and policymakers.

The study is funded by the UK Health Security Agency and the National Institute for Health and Care Research (NIHR)

Care home network underpinned by linked data



Overview of Vivaldi Social care: Data flows & data platform



List of NHS numbers for care home residents (extracted from digital social care records / electronic record systems in near real-time)



NHS data environment

Prescriptions

Cause of death

GP records

Vaccinations

Hospital admissions

Lab results

Linkage to many of the required datasets is already in place

Planned outputs (Year 1) & progress



Care home infection metrics

Develop c. 10 metrics with stakeholders

- Outputs and outcomes must be *useful* to incentivize continued participation in the study
- Metrics will inevitably be wrong. Start slowly and build
- Transparency is key
- Recognise sensitivities around reporting and data sharing
- Ideally want to benchmark... *but to what?*

Key decision: data granularity e.g. region, ICS, provider group, care home level

Research database

Fully anonymized research database

- Stored at UCL
- Researchers can apply to use the database
- All studies must be approved by the Data Access Committee (includes care home staff, providers, relatives, residents)
- Studies must provide a clear justification for why they are important and how they will benefit people who live and work in care homes
- Overarching aim of the database is to deliver research that improves care quality and outcomes

ToR and Membership

Role of the SOGG: To oversee use of data collected in the study, to ensure outputs are acceptable to care home residents, relatives, care home staff and care providers, and to maximise the value of the study for stakeholders.

Responsibilities:

1. Agree c. 10 metrics that can be reported in Year 1
2. Agree which organisations have access to the data, and what level of granularity
3. [Monitor feedback from participating care homes]

Membership: Representatives from UCL, OS, Care England, Care Rights UK, Healthwatch, Digital Social Care, Software vendors, NCF, relatives, care providers, NHSE, UKHSA, Use MY Data, Independent statistician

Care home 'metrics'



Principles:

1. Useful for multiple audiences
2. Reliable and consistent (don't change every time you measure them)
3. Not misleading / transparent
4. Minimise the risk of unintended consequences

Aims:

1. Increase the 'visibility' of the care sector
2. Help providers improve care quality / incentivise action
3. Support better policymaking / investment

UKHSA Data dashboard

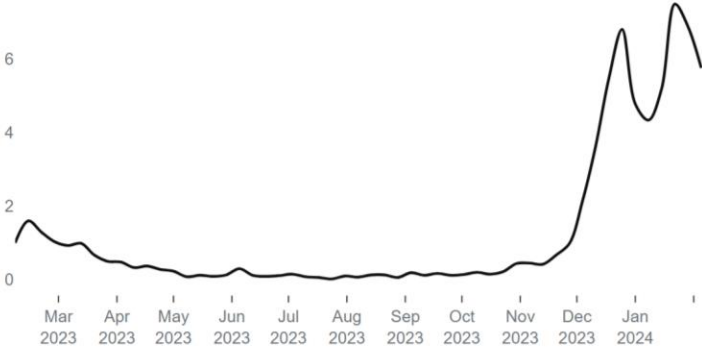
Healthcare

Weekly hospital admission rates for influenza per 100,000 trust catchment population

Up to and including 5 February 2024

Chart [Tabular data](#) [Download](#)

7 days
5.8 ↓ -1.1 (-16.3%)

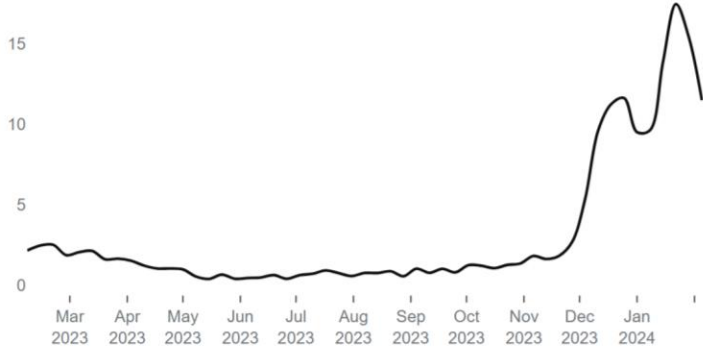


Testing

Weekly positivity for influenza - the percentage of people with at least one positive PCR test result, out of all people who had a PCR test in the same seven days. Data is shown by specimen date (the date the sample was collected).

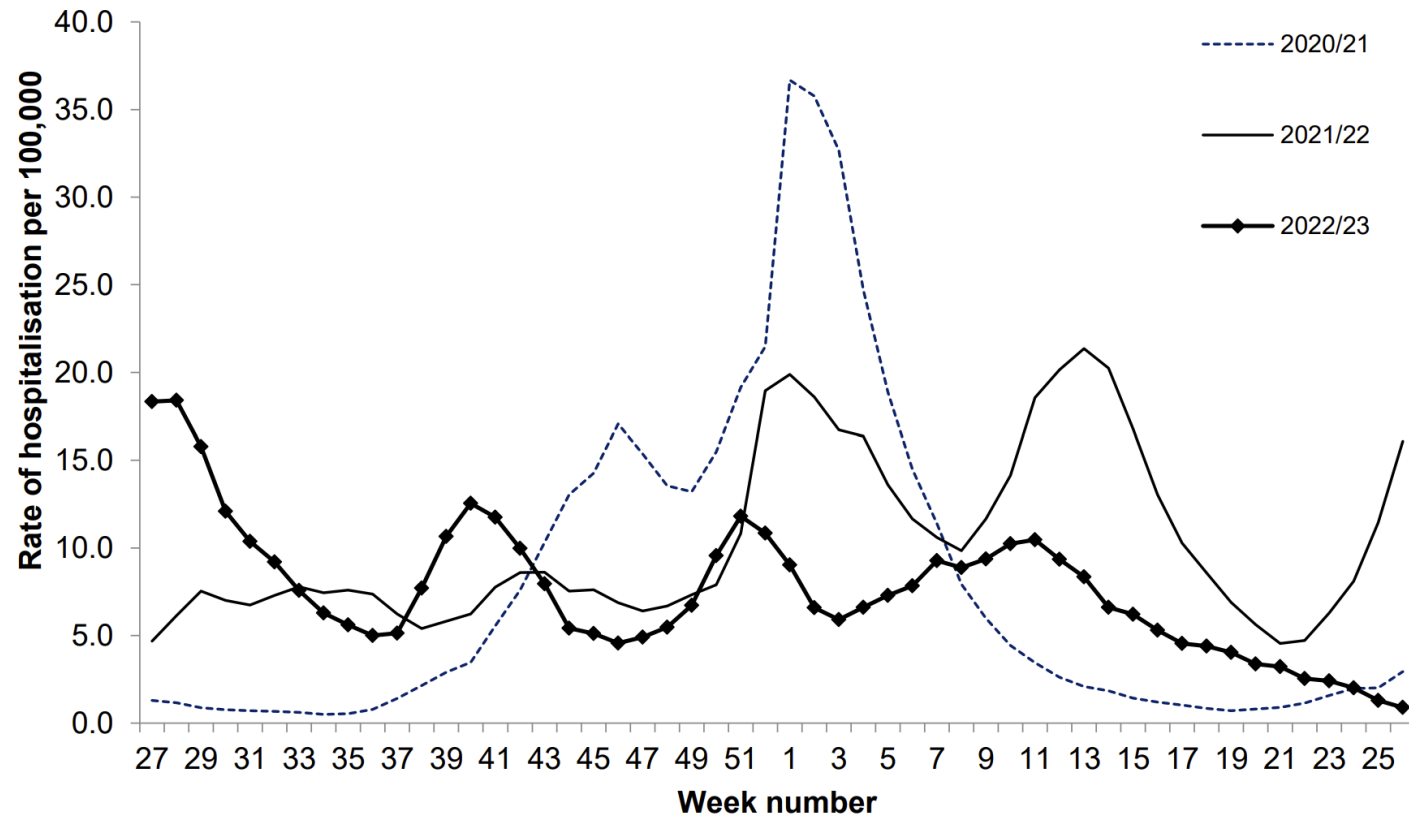
Up to and including 5 February 2024

Chart [Tabular data](#) [Download](#)



UKHSA Data dashboard

Figure 12: Weekly overall COVID-19 hospital admission rates per 100,000 trust catchment population, SARI Watch, England



UKHSA Data Dashboard

Testing

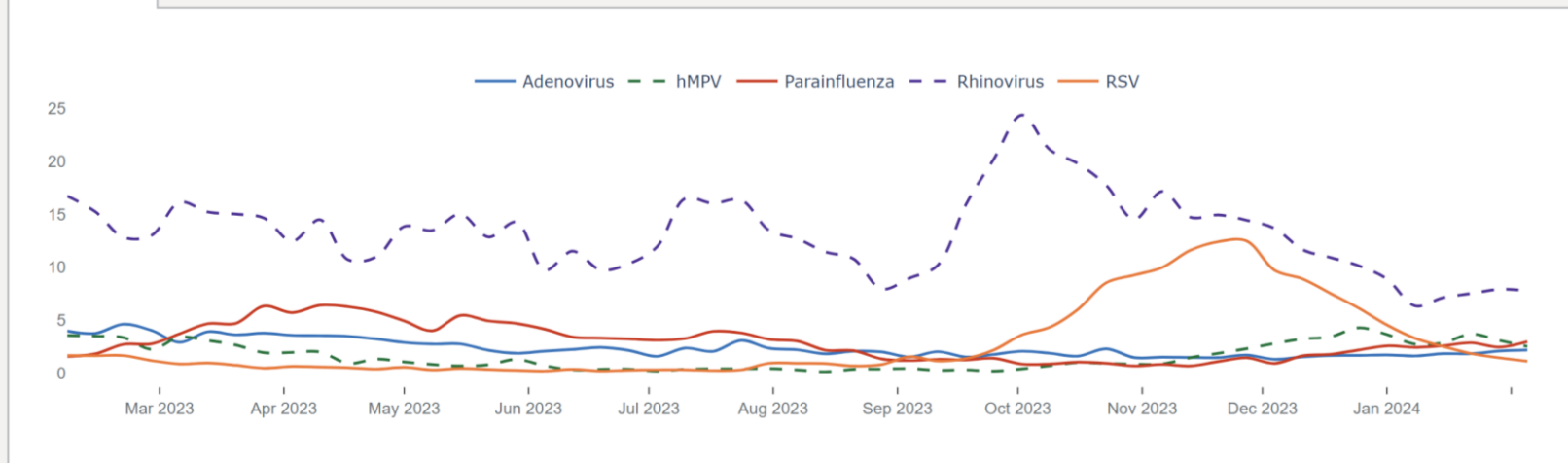
Weekly positivity for other respiratory viruses - the percentage of people with at least one positive PCR test result, out of all people who had a PCR test in the same seven days. Data is shown by specimen date (the date the sample was collected).

Up to and including 5 February 2024

Chart

[Tabular data](#)

[Download](#)



Our Dashboard (1)



Care home population module

- Age and sex breakdown of residents
- Average length of stay in a care home
- Interaction with hospitals e.g.
 - How often residents attend A&E / are admitted to hospital
 - Average length of stay in hospital
 - Proportion of new care home residents from community vs hospital
- Health status of residents e.g. those with a code for dementia
- Overall mortality rate for different subgroups of residents

Infection and AMR module

- Use of antibiotics by care home residents (which drugs, duration etc.)
- How often residents attend ED / are admitted to hospital for / die from infections e.g. urine infection, respiratory infections, skin infections
- How many days residents spend in hospital due to infections
- Rate of microbiologically confirmed infections (e.g. bloodstream, urine infections)
- Rate of drug resistant infections in residents

Our Dashboard (2)



Care home characteristics e.g. annual questionnaire

- Type of care provision (residential / nursing / dementia)
- CQC rating?
- Region and area description e.g. rural versus urban
- Catchment population / Level of social deprivation
- Self-funders versus LA beds
- Staffing ratios and composition
- ????

Benchmarking / Granularity

- National data i.e. all care homes in the study
- Regional e.g. Integrated Care Boards
- Community dwelling adults of comparable age
- All other homes owned by the care provider
- **Other similar care homes????**
 - Size
 - Type of care provision
 - Ideas?

Who gets to see the data?



Target audiences

1. Care providers (Care home level data?)
2. UKHSA (Funder) plus policymakers e.g. NHSE, CQC
3. Project team (OS, Care England, UCL)
4. Local authorities / ICBs?
5. General public