

# COVID-19 Mass Vaccination Programme Delivery Plan

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## Section 1:

# Overview

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## 1.1 – What are we trying to achieve

### Gold Command Instructions:

To establish a tactical level vaccine delivery task & finish group to develop a plan (first cut by noon on the 15<sup>th</sup> January 2021) to give 1<sup>st</sup> dose vaccination to all priority groups (in order) and 2<sup>nd</sup> doses where due by 4<sup>th</sup> April 2021. This plan should set out delivery channels, volumes to be delivered in each, vaccine handling/storage and equitable distribution arrangements. Data entry, handling, security and data quality arrangements should also be included as well as a robust and effective call/recall system. Weekly public facing and management facing dashboards will also need to be included in the implementation plan to support communications and transparency



### What are we trying to do?

- The first priority for organisation resources will be the on-going operational response to COVID-19 and non-COVID-19 demand. Resources should not be removed from this to support the above plan (either development or implementation). The vaccine delivery plan is priority 2 - all other resources available to the organisation can be considered with the assent of the relevant Executive Director or escalated to the Chief Executive.
- Supply of vaccine should be assumed.
- Current vaccine delivery operations should continue whilst the plan is being developed.
- Where elements of the plan can be implemented before the 15<sup>th</sup> January 2021, this should be done.
- A Gold meeting will be established for 12:30pm on 15<sup>th</sup> January 2021 to receive the plan, at which point the Gold group will agree any changes to the command and control structure required to ensure delivery.

## 1.2 – Planning Assumptions

### Ambition

Faced with the biggest contribution to population health in decades, our ambition is to deliver the largest vaccination programme through unprecedented challenges. Challenges due to changes to policy and supply of vaccines and the competing demands of accelerated COVID-19 transmission and increased pressures across the NHS system.

The aim of our COVID-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19 and deliver the vaccine to them and those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment. Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), Hywel Dda University Health Board (HDdUHB) aims to reach all its population in priority groups 1-9 by the 4th April 2021, with a first dose and completed a second dose vaccination where due.

### Planning Assumptions

- The aim of the COVID-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19.
- COVID-19 vaccine eligibility – HDdUHB will adhere to priority groups as determined by the JCVI, having considered the available epidemiological, microbiological and clinical information on the impact of COVID-19 in the UK.
- The Welsh Immunisation System (WIS) will be used for all population data management, will record all vaccines given, monitor uptake and be used to call/recall all individuals for their vaccine.
- We aim to offer the vaccine to 100% of individuals within each priority group (1-9) however assume that uptake of both vaccines by the eligible population will be 75%.
- The HDdUHB vaccine delivery plan is not financially driven.
- All legal aspects of administration will be complied with.

## 1.2.i. – Planning Assumptions

### Planning Assumptions continued.....

- In West Wales two of the three vaccines approved by MHRA are being supplied for administration as part of the vaccine programme, these are:
  - COVID-19 mRNA Vaccine BNT162b2 (Pfizer-BioNTech)
  - COVID-19 Vaccine AstraZeneca (AstraZeneca).
- Both vaccines have a two dose regime (with a 4 weeks to 12 weeks interval).
- Vaccines are not interchangeable – a first dose must be followed up with a second dose of the same vaccine.
- HDdUHB will operate vaccination centres using a single vaccine type.
- No waste policy.
- Pfizer-BioNTech will be the preferred vaccine in large vaccination centres that can accommodate the throughput required to comply with the shelf life once it is in its thawed state.
- AstraZeneca is appropriate for use at all sites and venues however whilst in short supply will be prioritised for smaller community venues/clinics unsuitable for Pfizer-BioNTech use.
- Appropriate infection, prevention & control guidance will be adhered to across all delivery arms.
- Observation period - following administration of the Pfizer BioNTech vaccine individuals will be observed for a minimum of 15 minutes (and recipients should not drive for 15 minutes following the AstraZeneca vaccine).
- Scheduling of COVID-19 vaccine and other vaccines will be separated by an interval of at least 7 days.
- Consent requirements particularly those without the mental capacity to consent will be complied with.
- Adverse reactions and vaccine errors will be reported.



### 1.3. – Vaccination Strategy for Wales

Welsh Government (WG) has laid out the following milestones and markers which are included within the Delivery

- **Milestone 1 – by mid February 2021 – cohorts 1 – 4**

Subject to supply, our aim is to offer vaccination to all care home residents and staff; frontline health and social care staff; those 70 years of age and over; and clinically extremely vulnerable individuals.

- **Markers**

Marker 1. All Welsh Ambulance Service staff – by 18 January 2021.

Marker 2. All Care Homes – by the end of January 2021.

- **Milestone 2 – by the Spring – priority cohorts 5 – 9**

Subject to supply, which becomes more uncertain further into the future, our aim is to offer vaccination to all Phase 1 priority cohorts.

- **Milestone 3 – by the autumn**

Our ambition is to offer vaccination to the rest of the eligible adult population according to the further JvCI guidance that will be produced on priorities. We do not yet know supply for this phase, so there is further planning to do on this milestone that will take account of supply and the further JvCI guidance.



Llywodraeth Cymru  
Welsh Government



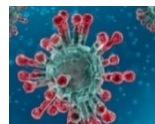
Mae Brechu yn achub bywydau  
Vaccination saves lives

## Vaccination Strategy for Wales

January 2021

[https://gov.wales/sites/default/files/publications/2021-01/vaccination-strategy-for-wales\\_3.pdf](https://gov.wales/sites/default/files/publications/2021-01/vaccination-strategy-for-wales_3.pdf)

\*Current strategy as it stands (published January 2021) and could be subject to change.



## 1.4 - Welsh Immunisation System (WIS)



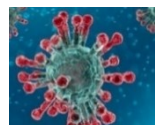
To meet the data reporting needs of the vaccination programme. The Welsh Immunisation System (WIS) developed by NHS Wales Informatics Service (NWIS) has been operational since 8<sup>th</sup> December 2020. The robust digital system has the ability to schedule appointments, capture-vaccinating activity across all delivery arms such as, total number vaccinated and second recall, record adverse events and wastage. The system has enabled streamlined contact to the people in the highest priority groups by letter in the first instance, followed by their second recall preferred contact methods





## 1.5 – Vaccines overview

VACCINATION CHARACTERISTICS		
	Pfizer BioNTech	Astra Zeneca
Type of Vaccine	mRNA	Adenovirus Viral Vector
How it Works	Uses RNA to teach the immune system to target the virus' surface preventing infection	Teaches the immune system to attack the protein the virus uses to infect other cells. The instructions are carried out by a non-dangerous virus
Effectiveness	95%	70%
Storage Conditions	Delivered frozen Vaccine to be stored at -75°C until ready for local transportation and use Limited to two transportation journeys when in thawed state	2-8° C
Shelf Life	6 months in frozen state 5 days once stored in normal vaccine fridge Reconstituted vaccine can be stored between 2°C and 25°C but must be used within 6 hours following dilution.	3 to 6 months Once the vial is punctured, vaccine must be used as soon as possible and within 6 hours of first puncture (during which time it can be stored between at +2°C to +25°C)
Presentation	Pack size of 195 vials (975 doses) Each vial contains 5 doses once reconstituted with normal saline (6 doses may possible per vial due to variances of fill volume)	Pack size of 10 vials (100 doses) Each vial contains 8-10 doses, pre-diluted (11 doses may be possible per vial)
Dilution Required	Yes	No



## 1.5.i. – Vaccines overview

### Continued...

VACCINATION CHARACTERISTICS		
Dosage	2 doses of 0.3ml IM 4-12 week interval between administration	2 doses of 0.5ml IM 4-12 week interval between administration
Adverse Events	Local reaction and pain at injection site common Tiredness and headache frequently reported	Tenderness at injection site common Tiredness and headache frequently reported
Emerging Issues	Significant logistical and cold chain challenges regarding <ul style="list-style-type: none"> <li>Numbers of journeys permitted</li> <li>Packing down into smaller pack sizes</li> </ul>	
Additional comments from local experience	<ul style="list-style-type: none"> <li>Unsuitable/inefficient for small community clinics with lower than 250 vaccines per day throughput</li> <li>Shelf-life once reconstituted makes the avoidance of waste difficult to manage</li> </ul>	

### References and Further Information:

- **WG** COVID-19 Vaccine Programme Planning Parameters for Wales Working Document v5 30 Oct 2020
- **Public Health England** COVID-19 vaccination programme Information for healthcare practitioners Republished 11 January 2021 Version 3.i  
[ [COVID-19 programme guidance for HCW \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91231/covid-19-programme-guidance-for-hcw.pdf) ]
- **JCVI Green Book (COVID-19 Chapter)** [ [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/immunisation-against-infectious-disease) ]

## 1.6 - Communications

A clear, co-ordinated communication campaign is essential to inform the public and provide confidence in the mass vaccination programme. A communications campaign has been developed by WG to provide consistent and co-ordinated messaging across Wales, using the branding 'Vaccination saves lives'. This campaign and brand have been adopted locally by the health board.

Messaging addresses vaccine safety and efficacy, the prioritisation process and changes in deployed vaccines. The campaign is rapidly adapted to address emerging issues, concerns, or misunderstandings. The campaign will respond strongly to inaccurate claims, anti-vaccination messages, or COVID-19 denialism.

The HDdUHB Communications Team will work with regional partners and use its established distribution channels to staff, partners and the public to promote this campaign, as and when materials are made available. Local operational issues around how the vaccine programme is being rolled out in the HDdUHB area will be communicated by HDdUHB and a web resource to support this has already been launched and will be complimented as we 'reach out' to key groups in the community as this vaccine is made available to them.

Activity undertaken by the Communications Team, as well as Corporate and Public Affairs Team, in relation to the vaccination programme thus far, has been considerable. It is supported by command and control operational leads across primary care, community, hospital and workforce leads, as well as clinical colleagues.

Expansion of the communications campaign, in-line with the expansion of the overall programme, is being planned which is likely to include but not limited to:

- **Radio and newspaper/magazine content generation and advertising to reach non digital audience**
- **Social media and online content generation and advertising (possibly targeting areas of deprivation or areas of low take-up of vaccine offer)**
- **Visibility of the vaccine roll-out 'in action' – including regular updating of high level statistics and human interest stories to show progress and foster trust.**



## 1.6.i - Communications

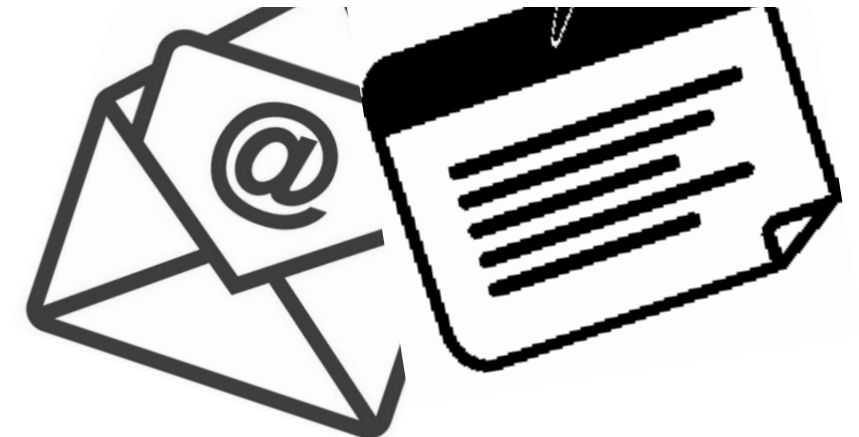
Key work with stakeholders, and key tactics employed thus far, and continuing, are detailed below:

### Stakeholders

- Weekly meeting between senior leadership and MPs/MSs as well as LA leaders and CEOs.
- Weekly LA, Health Board, Police and further education communication leads.
- Stakeholder email cascade for booking vaccine – also used to cascade information bulletins at regular intervals.
- A weekly staff, stakeholder and public briefing on vaccine programme; complimented with a high level visual for social media.
- Fortnightly meeting between senior leadership of HDdUHB and Hywel Dda Community Health Council and updates in real time as issues arise.

### Staff

- Weekly vaccine bulletin, as referred above, and daily email updates on COVID-19 issues and staff bulletins on single issues as required.
- Video blogs by senior leaders on specific topics available on staff Intranet and closed staff Facebook group (including two vlogs to date on vaccines).
- Microsoft Teams all-staff meetings for two-way communication – including dedicated live decision on vaccine and available to view post event.



## 1.6.ii - Communications

### Media

- Regular single agency-based media releases and also joint LA and HDdUHB media releases at key points in the pandemic.
- Provision of photos/short videos created in house to local media – such as provision of photos of those amongst the first care home residents and over 80s population to be vaccinated in HDdUHB area (also used on social media).
- Media interviews considered on individual basis.

### Social media

- Regular posts on social media (Facebook and Twitter) for vaccine updates and progress (can include text, infographics, photos, videos and animations).
- Monitoring and responding to social media questions.

### Other public

- Suggested letter to all households from WG adapted for local use and issued as a region to all households in Carmarthenshire, Ceredigion and Pembrokeshire.
- For the benefit of staff, stakeholders and the public, we have developed:
  - Temporary online booking system for eligible people hosted on our website.
  - Signposting on our website to national information on policy and public health issues (safety of vaccine etc.).
  - Frequently asked questions on the local elements of the vaccine roll out in HDdUHB.



## Section 2:

# Governance

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## 2.1 – Explanation of governance

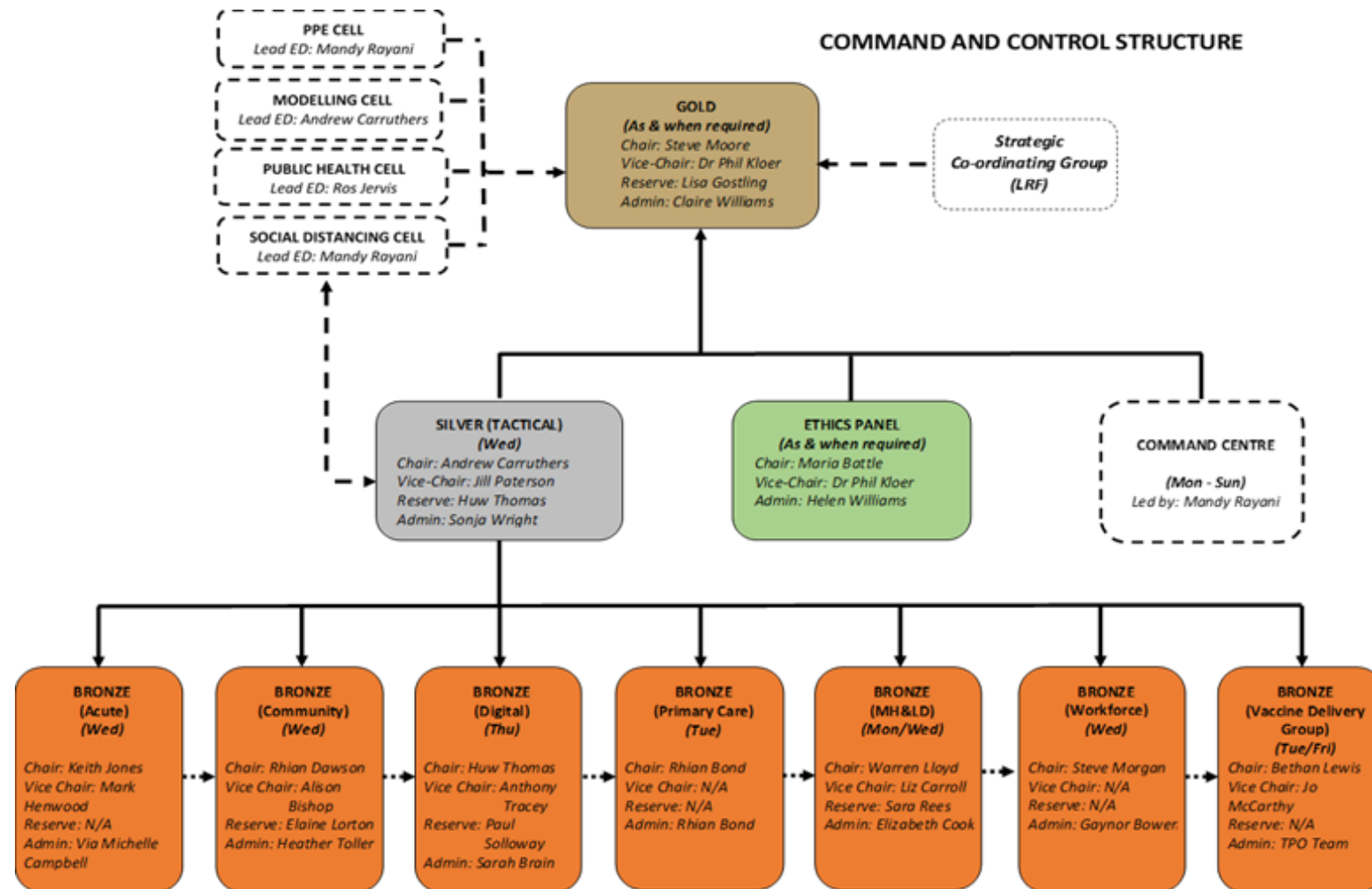
The Wales COVID-19 Vaccine Delivery Programme Board is led by Welsh Government with membership from across the health and care sector. It plans at a national level and oversees local delivery of COVID-19 vaccine. In order to manage a programme of work of this size and complexity, we have established a regional governance model. This is composed of a number of work streams at a Health Board, County and Regional Level.

The HDUHB COVID-19 Executive Lead for the Vaccination Delivery programme is the Director of Public Health. A Public Health Cell reporting directing to Gold Command and a Bronze level Vaccine Delivery Group reporting into Tactical (Silver) Command Group have been established. The Board approved the planning instruction - to establish mass vaccination infrastructure and processes, the scale and size of which will be informed by Welsh Government guidance, capable of being implemented from 5th October 2020.

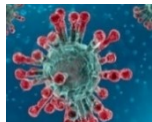
The work streams will be composed of a number of representatives from across health, local government and partner agencies. The next page shows the high level overview of the local governance.



## 2.2 – Governance structure



COVID-19  
Vaccination Delivery Programme



## Section 3:

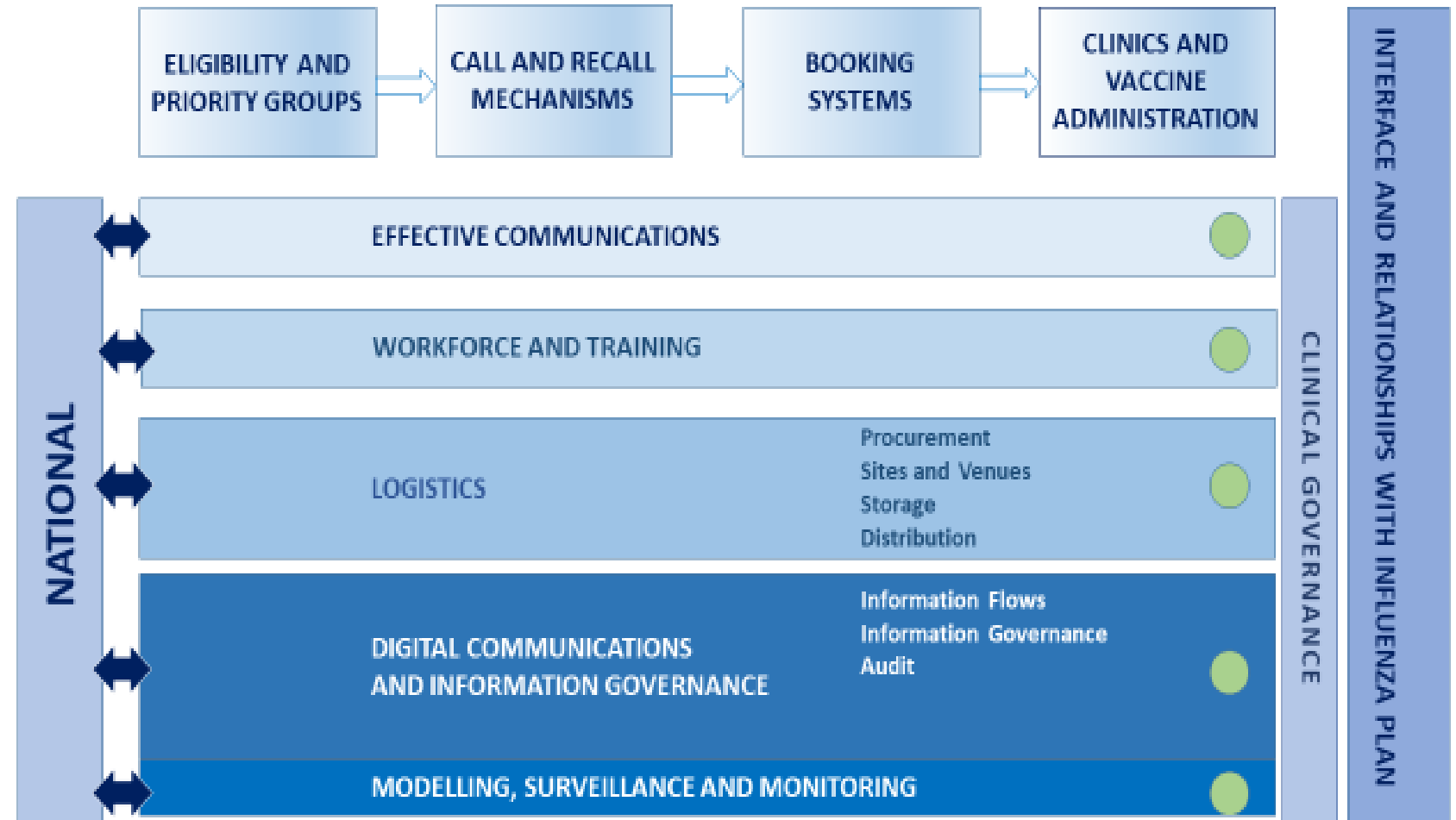
# Here & Now

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### 3.1 – Where we are now

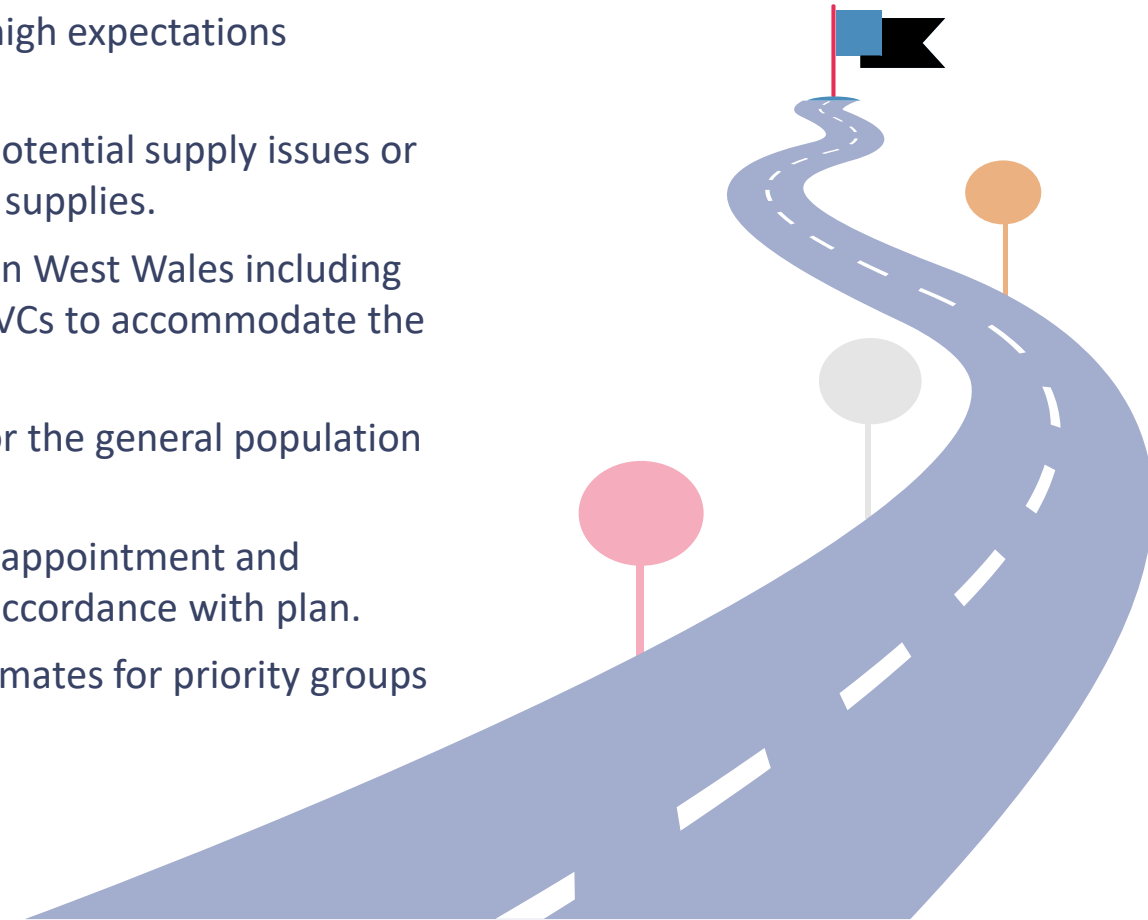
- Planning for vaccination began in July 2020 with the initial mass vaccination plan.
- Submitted to WG in September 2020.
- Contains detailed planning carried out and supported by partner agencies to ensure that a vaccine could be rolled out quickly and efficiently.
- Responsible for the creation of 2 vaccination sites.
- Oversight delivery of 14,000 approx. first doses of vaccine.

### OPERATIONAL DELIVERY MODEL FOR COVID-19 VACCINATION



### 3.2 – Ambitions for the weeks ahead

- Managing well a further period of change and uncertainty alongside high expectations including the implementation of national vaccine policy changes.
- Agility in the face of rapidly changing vaccine supply constraints and potential supply issues or last minute changes for both vaccines to maximise use of all available supplies.
- Maximising the deployment of Pfizer vaccine across our rural system in West Wales including how we significantly change our operating model in the secondary MVCs to accommodate the Pfizer deployment model where possible.
- Improving the functionality of WIS to enable call and recall services for the general population as well as workforce, including the establishment of a call centre.
- Maximising workforce availability/deployment through recruitments, appointment and training processes to ensure rapid deployment across all job roles in accordance with plan.
- Move from the current position of using population denominator estimates for priority groups 1-9 to system denominators using WIS.



## Section 4:

# Priority Population Profile

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## 4.1 – JCVI Phase 1 priority groups

The priority list to receive the vaccine has been agreed by the UK's independent JCVI and is being followed by all four nations in the UK.

There are two phases:

In the first phase, we will vaccinate according to age and risk of serious illness if someone catches coronavirus.

This priority list is as follows:

1. People living in a care home for older adults and their staff carers
2. All those 80 years of age and older and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and people who are extremely clinically vulnerable (also known as the “shielding” group) – people in this group will previously have received a letter from the Chief Medical Officer advising them to shield
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions\*, which put them at higher risk of serious disease and mortality
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

#### 4.1.i. – JCVI Phase 1 priority groups

These groups represent around 99% of preventable deaths from COVID-19.

\*Underlying health conditions:

- Chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma
- Diabetes
- Chronic kidney disease
- People with specific cancers
- Chronic neurological disease including epilepsy
- Asplenia and splenic dysfunction
- Severe and profound learning disability
- Severe mental illness

In the second phase, further recommendations are awaited from JCVI and we hope the rest of the population in Wales will be vaccinated. The advice from the JCVI is that the focus for this first phase should be on preventing further hospital admissions and vaccinating those people who are at increased risk first.

## 4.2 - Phase 1 priority groups: Hywel Dda population numbers

### Phase 1

The JCVI have split COVID-19 vaccine delivery into 2 lists, a phase 1 list and a phase 2 list. Evidence suggests that the groups outlined in phase 1 represent around 99% of preventable mortality from COVID-19.

The population denominator estimates for the JCVI priority list (phase 1) of the COVID-19 vaccine roll out programme are:

Priority group	Detailed description	Total number (100% to be offered)	Figure adjusted for 75% uptake assumption	Adjustments & comments
1. Residents in a care home for older adults and frontline care home staff	Older Care Home residents	2715	2036	Residents in care homes for older adults
	Older Care Home Staff	3494	2,620	Only care home staff caring for older care home residents
2. All those 80 years of age and over, and frontline health and social care workers	Over 80 years population	22,711	17,033	Removed care home residents (2715) Includes the clinically extremely vulnerable individuals (2777)
	Frontline Health & Care staff:	19,950		Total figure with margin for unknowns Some HD resident staff will be vaccinated by other HBs and HD will vaccinate other Welsh/English residents as they work in our facilities
		<u>21,000</u>	<u>15,750</u>	
Breakdown on next page:				

#### 4.2.i. - Phase 1 priority groups: Hywel Dda population numbers...

Continued.....

Priority group	Detailed description	Figure	Adjusted with 75% uptake estimate	Adjustments & comments
<b>2. All those 80 years of age and over, and frontline health and social care workers</b> <b>NB other front-line primary care professionals; Independent hospital staff; Third sector Nursing/other students; agency staff are unknown at this stage hence estimate</b>	HDdUHB frontline staff	7922		
	Social Care Staff & domiciliary workers	9729		
	GP Practice staff with direct patient contact	670		
	Pharmacy staff	1167		
	WAST	270		
	PHW	60		
	Medical students	132		
<b>3. all those 75 years of age and over</b>	75 to 79 year olds	19,516	14,637	Includes the clinically extremely vulnerable individuals (2163)
<b>4. all those 70 years of age and over and clinically extremely vulnerable individuals</b>	70 to 74 year olds	26,295	19,721	Includes the clinically extremely vulnerable individuals (2641)
	clinically extremely vulnerable individuals (shielding)	9,904	7,428	Removed the clinically extremely vulnerable individuals from priority groups 1, 2, 3 & 4
<b>Group 1- 4</b>	<b>Total</b>	<b>105,635</b>	<b>79,226</b>	<b>To be achieved by mid-February 2021</b>

## 4.2.ii. - Phase 1 priority groups: Hywel Dda population numbers....

Continued.....

Priority group	Detailed description	Figure	Adjusted with 75% uptake estimate	Adjustments & comments
5. all those 65 years of age and over	65 to 69 year olds	23,881	17,911	Removed clinically extremely vulnerable individuals Removed HDDUHB staff 65 years and above (120)
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality (at risk groups)	16 to 64 years	44,617	33,463	Data for <65 at risk by age & cluster provides by Vaccine Preventable disease Programme, PHW taken from flu vaccine programme. Missing 16 to 18 year olds as cannot be disaggregated from flu data, so will be an underestimate
7. all those 60 years of age and over	60 to 64 years	19,456	14,592	Registered population but: Removed clinically extremely vulnerable individuals Removed at risk groups (6067) Removed HB staff (465)
8. all those 55 years of age and over	55 to 59 years	18,600	13,950	Registered population but: Removed clinically extremely vulnerable individuals Removed at risk groups (8948) Removed HB staff (912)
9. all those 50 years of age and over	50 to 54 years	16,257	12,193	Registered population but: Removed clinically extremely vulnerable individuals Removed at risk groups (8026) Removed HB staff (1030)
Groups 5 to 9	Total	122,811	92,108	
Groups 1 to 9	Total	228,446	171,334	

#### 4.2.iii. - Phase 1 priority groups: Hywel Dda population numbers....

##### Notes:

- Phase 2 will include adults under 50 years of age.
- Risks of double counting include:
  - Front-line staff will be our population
  - High proportion of our care home residents will be over 80 years old
  - Group 4 clinically extremely vulnerable individuals will be all ages (groups 1-9)
  - Group 6 adults in an at risk group will be aged between 16 and 65 and potentially double counted in groups 7 to 9.
- Adjustments have been made to mitigate against above risk of double counting (see comments).
- Underestimate of group 6 - individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality (at risk groups) due to flu data.
- Vaccinating front-line staff who do not reside in HDdUHB area mitigated by those who will be vaccinated out of area.





## Section 5:

# Delivery Arms

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## 5.1 – Overview of the five delivery arms

HDdUHB is using a blended approach in order to deliver the COVID-19 Vaccination Programme at pace, and accommodate the logistical issues caused by the vaccine characteristics, vaccine supplies, our demographics and rurality and changing national policy and advice. We are planning to use five delivery arms:

- **Primary Care Vaccination Services:**

WG issued the Primary Care COVID-19 Immunisation Service (PCCIS) on 19 December 2020, which sets out the parameters for the commissioning of the Astra Zeneca/Oxford vaccine by Primary Care contractors. The PCCIS enables the direct commissioning of GP Practices and Community Pharmacies and also provides background for NHS Dental Practices and Optometric Practices to participate in provision of the vaccine through Mass Vaccination Centres (MVCs). HDdUHB have initially commissioned JCVI cohorts 1 (care Home Residents), 2 (over 80's population) and group 4 (70-74 year olds and the clinically extremely vulnerable) from Primary Care Contractors using the Astra Zeneca/Oxford vaccine.

- **Primary Mass Vaccination Centres**

Over the last few months teams have been working alongside external partners and stakeholders to identify, scope and prepare for mobilisation eight large mass vaccination centres for use by our population.

- **Secondary Mass Vaccination Centres**

Four Secondary Mass Vaccination Centres, one per Acute Hospital Site have been identified for use initially by priority group 1 and 2 workforce groups, this can be reviewed.

- **Supplementary Clinics**

Community venues across West Wales have been identified and are being scoped for use in the programme for flexible, pop-up style clinics that can be opened to target specific groups in local community venues to facilitate access should it emerge that certain cohorts require enhanced pathways.

- **In-reach/out-reach vaccination services**

It is envisaged that a small number of clinics may need to be delivered by HDdUHB vaccination teams, in certain enclosed settings including our long-stay inpatients to facilitate vaccine access to a small number of vulnerable individuals who otherwise may not receive this vaccine. These will be bespoke clinics developed in accordance with need.

## 5.2 - Primary Care

WG issued the Primary Care COVID-19 Immunisation Service (PCCIS) on 19 December 2020, which sets out the parameters for the commissioning of the Astra Zeneca/Oxford vaccine by Primary Care contractors.

The PCCIS enables the direct commissioning of GP Practices and Community Pharmacies and also provides background for NHS Dental Practices and Optometric Practices to participate in provision of the vaccine through Mass Vaccination Centres (MVCs).

HDdUHB have initially commissioned JCVI cohorts 1 (care Home Residents) and 2 (over 80's population) from Primary Care Contractors using the Astra Zeneca/Oxford vaccine.

The HDdUHB Primary Care Team, through negotiation with the Local Medical Committee (LMC) have directly commissioned Primary Care COVID-19 vaccination services. Although there will be a rolling programme of commissioned services coming on-line over the coming weeks the current plan includes:

- **Vaccination Services for JCVI Priority Group 1 - Care Home Residents (100% uptake by GP Practices – full coverage).**
- **Vaccination Services for JCVI Priority Group 2 – over 80 year old population (100% uptake by GP Practices – full coverage).**
- **Vaccination Services for JCVI Priority Group 4 (70-74 year olds and the clinically extremely vulnerable).**
- **Vaccination Services for peer vaccination of primary Care workforce starting with immunisation teams.**
- **An expression of interest (EOI) has been shared with Community Pharmacists with a view to directly commission further community clinics.**

## 5.3 - Primary Mass Vaccination Centres

HDdUHB at the time of writing this plan currently has eight identified Primary Mass Vaccination Centres based across our three Counties of Ceredigion, Pembrokeshire and Carmarthenshire.

Teifi Leisure Centre Park Place Cardigan	Picton Centre 104 Freemans Way Haverfordwest	Room 6 - 1st floor Archives Prendergast Haverfordwest	Showground Site Nant-y-Ci Carmarthen	Cothi Suite - Halliwell Centre University of Wales Trinity Saint David, Carmarthen <b>**Also replacement for Cambrian Room from 28 Jan 2021*</b>	Thomas Parry Library Llanbadarn Campus Aberystwyth	Crochan Room Theatr Ffwrnes Park Street Llanelli	Tenby Leisure Centre Marsh Road Tenby
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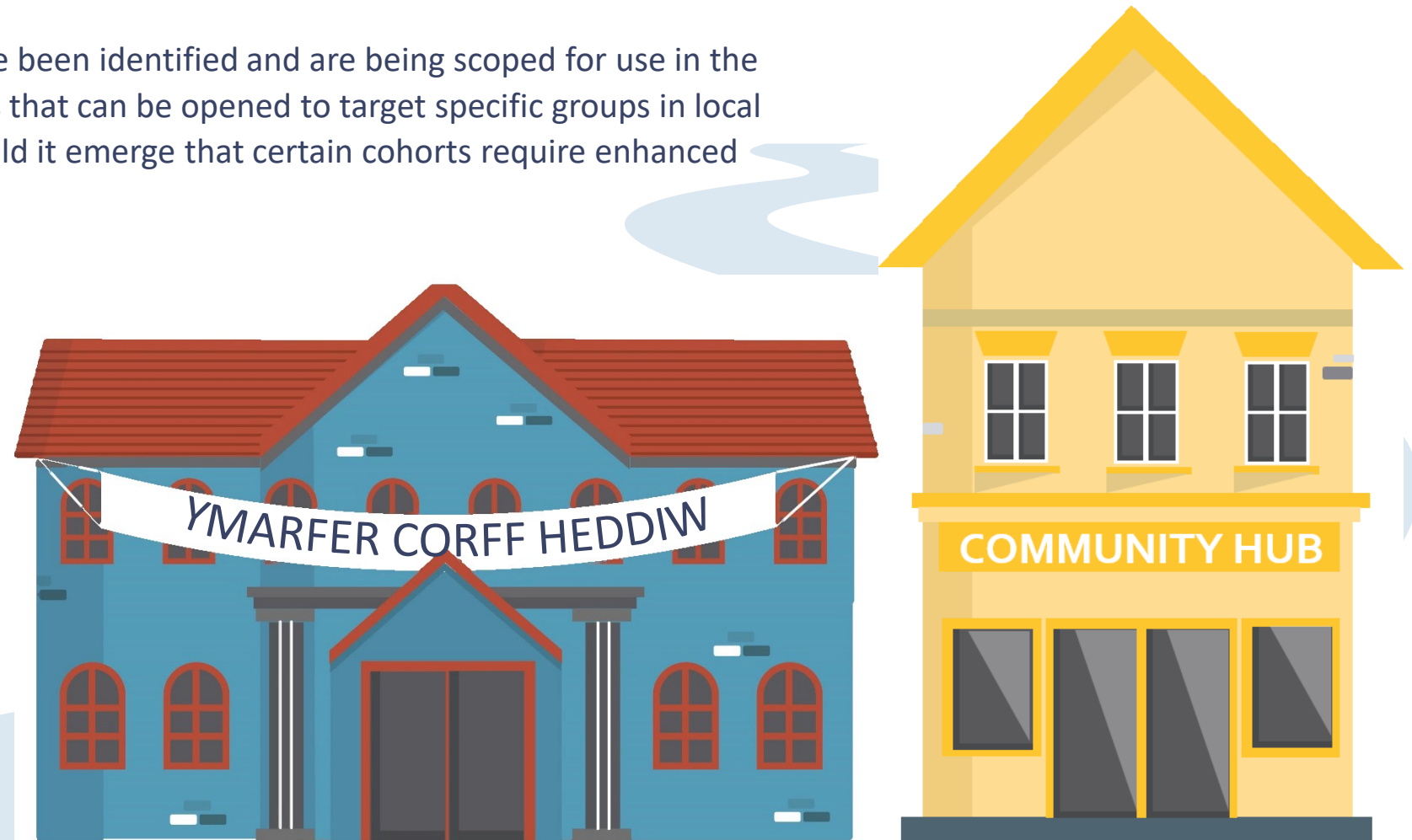
## 5.4 - Secondary Mass Vaccination centres

Four Secondary Mass Vaccination Centres, one per Acute Hospital Site have been identified for use primarily by priority 1 and 2 workforce groups.

Cambrian Room Glangwili Hospital Carmarthen	Withybush Hospital Haverfordwest Pembs	Bronglais Hospital Aberystwyth	Prince Phillip Hospital Llanelli
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## 5.5 - Supplementary clinics

Community venues across West Wales have been identified and are being scoped for use in the programme for flexible, pop-up style clinics that can be opened to target specific groups in local community venues to facilitate access should it emerge that certain cohorts require enhanced pathways.





## 5.6 - In-reach/out-reach services

It is envisaged that a small number of clinics may need to be delivered by HDDUHB vaccination teams, in certain enclosed settings including our long-stay inpatients to facilitate vaccine access to a small number of vulnerable individuals who otherwise may not receive this vaccine in a timely way.

These will be agile and bespoke clinics developed in accordance with need and held within closed settings, using AstraZeneca vaccine in accordance with need and workforce availability.

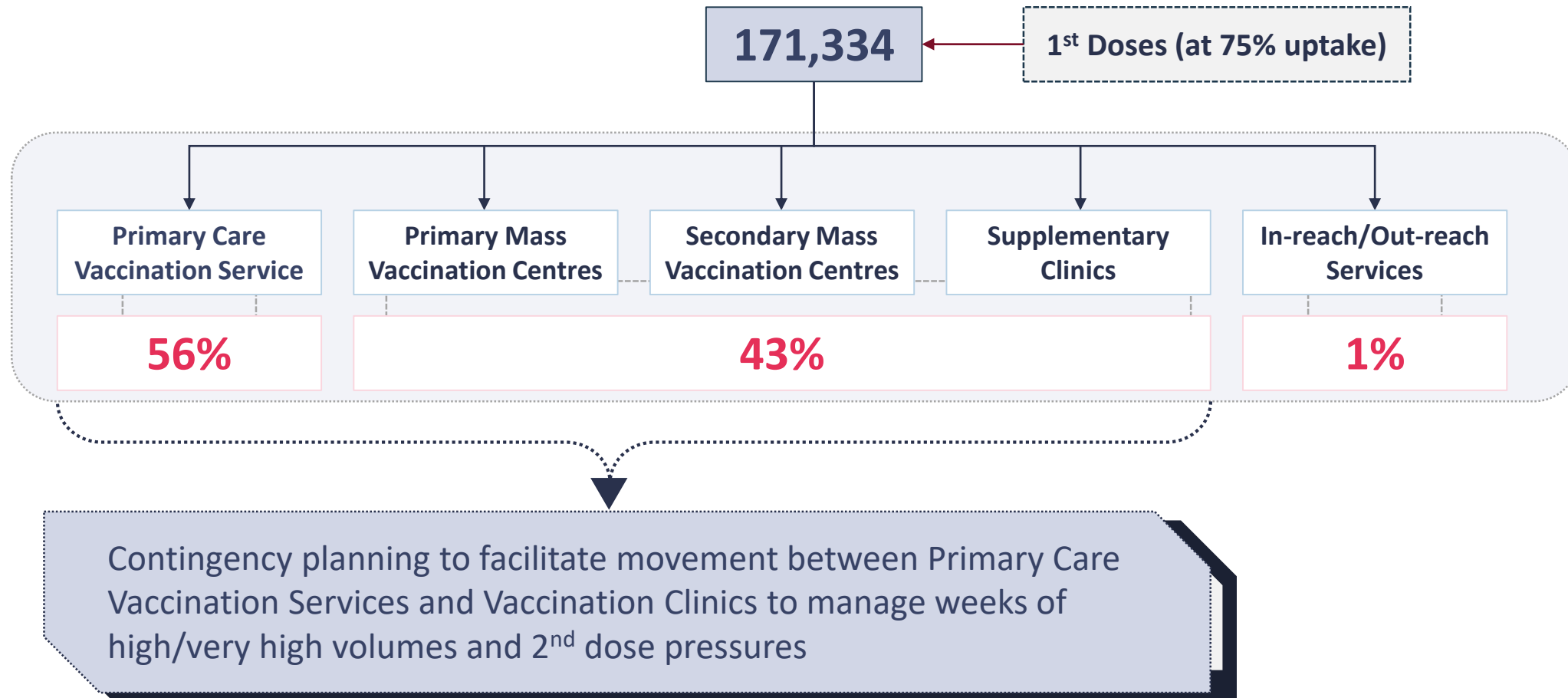


## Section 6:

# Plan on Page / Weekly plans

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## 6.1 – Plan on Page

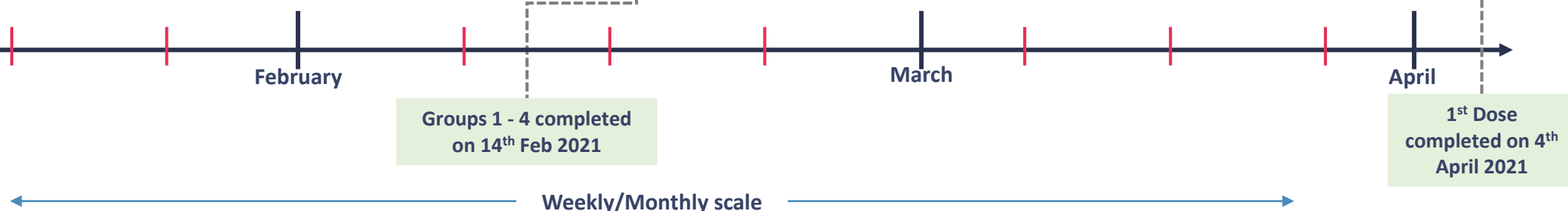


## 6.2 – Weekly Planning

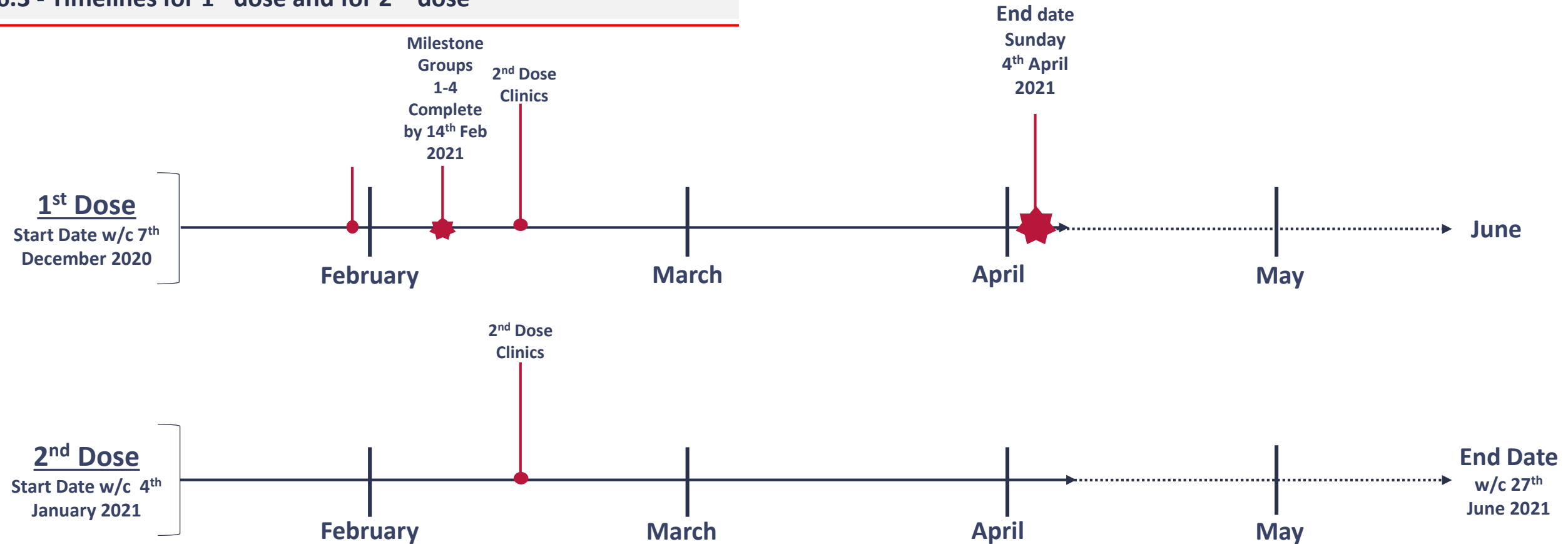
\*Indicates high cohort numbers

JVCI Priority Groups	1	2	3	4	5	6	7	8	9
Cohort size (75% uptake)	4,656	32,783*	14,637	27,149*	17,911	33,463*	14,592	13,950	12,193
Cumulative Population Numbers	4,656	37,439	52,076	79,226	97,136	130,599	145,191	159,141	171,334
Primary Delivery Arm in 1 <sup>st</sup> Dose	1 <sup>0</sup> Care (residents) + MVCs (workforce)	1 <sup>0</sup> Care (over 80's) + MVC's (workforce)	MVC's	1 <sup>0</sup> Care	1 <sup>0</sup> Care	1 <sup>0</sup> Care	MVCS + S.C	MVCS + S.C	MVCS + S.C
Contingency Plan	X	X	X	MVCS + Supplementary Clinics	MVCS + Supplementary Clinics	MVCS + Supplementary Clinics	X	X	X

Timeline  
[by weeks]



## 6.3 - Timelines for 1<sup>st</sup> dose and for 2<sup>nd</sup> dose



Timelines for 1<sup>st</sup> dose and for 2<sup>nd</sup> dose identifying key milestones in our plan