Hywel Dda UHB COVID-19 Vaccine Prioritisation within the Health and Social Care Workforce: Draft Report

Key messages

The overriding priorities of the COVID-19 vaccine prioritisation process for health and social care workers in Wales are:

1. **To prevent morbidity and mortality**
2. **To protect the workforce and support services**
3. **To reduce transmission of COVID-19 to vulnerable patients.**

Joint Committee on Vaccination and Immunisation (JCVI) guidance is the foundation of all prioritisation

There is flexibility in Hywel Dda UHB in terms of how prioritisation for vaccination is applied between acute and community settings

Situation

The first approved COVID-19 vaccine (Pfizer/BioNTech) is now available in Hywel Dda UHB. The Joint Committee on Vaccination and Immunisation (JCVI) has set out priority groups for vaccination: Care home residents and staff are to be vaccinated as priority group 1; patient facing health and social care staff and over 80's are to be vaccinated as part of priority group 2.[1]

There are numerous storage and transport constraints with the Pfizer/BioNTech vaccine, and supply is currently very limited. Due to these constraints and demand in priority groups 1 and 2 exceeding vaccine supply in the short term, prioritisation within these groups is needed.

This paper aims to explain vaccine distribution decisions made to date in the roll out of the COVID-19 vaccine in West Wales and the plans going forward to ensure fair vaccine access for staff in priority groups 1 and 2 in the coming weeks.

Background

The JCVI advises on all immunisations in the UK. Advice considers a range of evidence, including epidemiology of the disease, demographic and clinical risk factors, occupational exposure, inequalities, trial data and mathematical modelling. Current evidence strongly indicates that the single greatest risk of mortality from COVID-19 is increasing age and that the risk increases exponentially with age.[2]

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 JCVI priority list for phase 1 of the COVID-19 vaccine roll out programme is:

1. Residents in a care home for older adults and frontline care home staff
2. all those 80 years of age and over, 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 clinically extremely vulnerable individuals
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

Phase 2 will include adults under 50 years of age.

Frontline health and social care workers are generally those who are patient facing, however the green book expands on this slightly in the context of COVID-19.[2]

> *Staff involved in direct patient care*
> This includes staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists and radiographers. It should also include those working in independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.
>
> *Non-clinical staff in secondary or primary care/community healthcare settings*
> This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.
>
> *Laboratory and pathology staff*
> Hospital-based laboratory and mortuary staff who frequently handle SARS-CoV-2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens should be eligible as they may also have social contact with patients. This may also include cleaners, porters, secretaries and receptionists in laboratories. Frontline funeral operatives and mortuary technicians / embalmers are both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients. Staff working in non-hospital-based laboratory and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples will be able to use effective protective equipment in their work and should be at low risk of exposure.[2]

The JCVI suggest that frontline health and social care workers at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment, are considered of higher priority for vaccination than those at lower risk.[1]

Assessment

Vaccination with the first approved COVID-19 vaccine began in Wales on 8th December 2020. Initially just 1 pallet (975 vaccines) were available to each health board, with Hywel Dda UHB and others opting to receive a second pallet in both weeks 1 and 2 of the programme. As the vaccine was approved more quickly than initially expected, some structures needed to offer vaccination in a systematic manner were not yet in place. In order to vaccinate the maximum amount of staff and patients in priority groups 1 and 2, interim arrangements were implemented for weeks 1-4 of vaccine roll out. Arrangements included an open call for all patient facing staff to receive vaccination (accepting that, at the time, we did not know the individual risk and circumstances of all staff both within and external to the health board). Additionally reserve vaccine was secured for care home staff and staff identified by the acute and community COVID bronze chairs groups as being a priority for vaccination.

It is worth noting that at the time of this decision Welsh Government had not advised on how best to prioritise staff, and the JCVI guidance in this area is broad. Every health board in Wales approached this situation differently, and Hywel Dda elected to run a dual open and targeted appointment system in an effort to offer fair and equal access to as many staff as possible.

	Pallet 1 (975 vaccs)	Pallet 2 (975 vaccs)
WC 8th December 2020	Offered out to all staff involved in direct patient care	Offered exclusively to care home staff (priority group 1)
WC 15th December 2020	2/3 offered out to all staff involved in direct patient care, 1/3 offered exclusively to care home staff (priority group 1)	2/3 offered out to all staff involved in direct patient care, 1/3 offered to care home staff and staff prioritised by acute and community bronze chairs (staff working in highest risk areas)
WC 21st December 2020	Offered out to all staff involved in direct patient care	Offered to care home staff
WC 28th December 2020	There will be 2 vaccine deliveries at site 1 for all staff involved in direct patient care and a further 2 deliveries to site 2 for care home staff and staff prioritised in line with the new systematic approach to prioritisation of health and social care staff for vaccination.	
WC 4th January 2021 onwards	The new systematic approach to prioritisation of health and social care staff for vaccination will begin for all deliveries and staff will be contacted in line with this. Staff who received vaccination WC 8th December 2020 will receive a second vaccine.	

Longer term, it is important to have a plan for systematic prioritisation of health and social care staff for vaccination.

Prioritisation of COVID-19 vaccine between health and social care workers in Hywel Dda UHB must consider the principles of preventing morbidity and mortality, protecting the workforce and supporting services, and reducing transmission of COVID-19 to vulnerable patients.

Preventing morbidity and mortality

Prioritising staff in line with JCVI guidance for roll out of vaccine to the general population will protect the most vulnerable and older staff, who are most at risk of morbidity and mortality from COVID. Therefore the initial prioritised groups will be:

1) Staff involved in direct patient care who have been assessed as high risk in occupational COVID-19 risk assessments, who are over 60 or who are in the extremely vulnerable category (have a shielding letter)
2) Non clinical frontline (as defined by the green book), laboratory and pathology staff who have been assessed as high risk in occupational COVID-19 risk assessments, who are over 60 or who are in the extremely vulnerable category (have a shielding letter).

Protecting the workforce and supporting services

In some roles staff are at more risk of coming into contact with, and potentially contracting, COVID-19 than in other roles. The next prioritised group will therefore be

3) Staff who regularly perform aerosol generating procedures, such as intubation, and staff who work with patients who we know have COVID-19. This will include all staff with direct patient contact working on red wards, patient facing WAST staff, patient facing A&E staff, patient facing ITU staff and others. These groups of staff are in high and very high risk of exposure situations.

Reducing the transmission of COVID-19 to vulnerable patients

Advancing age is the single biggest risk factor for mortality from COVID-19, however we should also consider that some extremely vulnerable patients are in regular contact with healthcare professionals for their treatment. These include dialysis and chemotherapy patients, among others. The next prioritised group will therefore be

4) Staff involved in direct patient care of with those who are extremely vulnerable/have shielding letters- including staff administering chemotherapy, renal dialysis and other procedures and contacts with extremely vulnerable patients
5) Staff involved in direct patient care where the majority of patients are over 80 years of age, including, for example, care of the elderly wards and district nursing with high cohorts of elderly patients.

Once these staff have been offered vaccination, the principles will be applied to continue to prioritise as follows:

6) Staff involved in direct patient care who are themselves over 50, BAME or who have a chronic health condition (as a guide, conditions which deem individuals eligible for flu vaccination).
7) Non clinical, laboratory and pathology staff who are over 50, BAME or who have a chronic health condition (as a guide, conditions which deem individuals eligible for flu vaccination)
8) Staff who regularly have direct patient contact with patients who could be presenting with COVID, or with patients who often have multiple health conditions. This will include all staff with direct patient contact working in primary and community care settings and all staff with direct patient contact in acute settings.

9) Staff who do not have direct patient contact but who are part of the frontline as defined in the green book, including non-clinical staff and laboratory and pathology staff.
10) At this point staff in roles which are essential to the health board COVID response but who are not covered in roles described above can be considered for vaccination. This will include those working in regional COVID response cells, support staff and call handlers, among many others.

The need for flexibility

Not all organisations will assess their staff utilising the same COVID-19 risk assessment tool. Similarly not all organisations and settings will have equal access to vaccination once the Oxford/AstraZeneca vaccine is approved and some primary care settings start peer vaccinations. Primary care settings may choose to vaccinate all their staff at the same time, or undertake a different assessment to decide how peer vaccinations are utilised. Local authority and third party organisation staff may highlight situations that have not been considered and which do not neatly fall into any category outlined above, and decisions will need to be made as we follow this process. Finally, when there are situations where staff do not attend for vaccination, or need to cancel last minute, it may not be practical to call on staff in line with the prioritised groups. Where it is possible the prioritisation process should be followed, however vaccine can be administered to any eligible staff member if the alternative is that it would be wasted.

Overall there is a need for a flexible approach and understanding as we as a health board area pull together to roll out the COVID-19 vaccine as quickly and efficiently as possible.

Additional considerations

There are many issues not covered in this paper. They include, for example, how we call unpaid carers; who should be considered for vaccination at the same time as the people they care for; for vaccination. Work is needed to both raise awareness and ensure we have mechanisms in place for vaccinating this unpaid workforce. Additionally patients who are over 80 should be receiving vaccination imminently, alongside priority group 2, and we are working on a mechanism to ensure they are prioritised appropriately and invited for vaccination.

The WHO have advised some consideration is given to sociodemographic factors when prioritising for vaccination. This does not feature in the JCVI guidance and we do not envisage it will change our prioritisation for health and social care staff beyond the considerations already included above, but WHO and JCVI guidance and changes to it must be kept under review so that decisions made in Hywel Dda UHB are reflective of the latest guidance available.

<u>Recommendation</u>

The recommendation of the Hywel Dda UHB COVID Vaccine Prioritisation Group is that COVID-19 vaccine be utilised first for staff most at risk of morbidity and mortality from COVID and then those most at risk of contracting and passing on COVID to vulnerable patients in the order outlined in this paper. A flexible approach is needed and decisions kept under review throughout the coming weeks and months.

References

1. JCVI (2020) Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020 - GOV.UK (www.gov.uk)
2. Green Book Chapter 14a (2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943663/Greenbook_chapter_14a_v3.pdf

COVID-19 Vaccination Programme

Situation

- Pfizer/BioNTech vaccine rolled out from 8/12/20
  - 2 MVCs in HDUHB (Glangwili & Cardigan)
  - Staff in JCVI priority groups 1 and 2 – (approx. 24,000-5735 in priority group 1, just over 18000 priority group 2 further prioritised using HDUHB framework)
  - >13,000 vacs done (COP 11/1/21)
- Oxford/Astrazeneca vaccine rolled out from 5/1/21
  - Primary care delivery
  - Patients in JCVI priority groups 1 and 2 – (approx. 27,000)
  - Vaccine delivery began 7/1/21

Risks and Mitigation

RISK	MITIGATION
Vaccine supply	Working within the constraints of supplies guaranteed by WG
Delivery	Utilising mass vaccination centres at sites identified Emergency planning lead is Logistics lead for this programme Engagement with WG military colleagues Primary Care key partners in delivery Support from LT Care team
Staffing	Onboarding 150 bank immunisers and 100 bank admin. Redeployment of management capacity at all levels Use of unregistered staff at MVC
Uptake	Staff: Personal invites to staff shielding/most at risk, regular communications, Patients: Local Public Health Team to run campaign in line with national messages, experienced team on-board.

Risks and Mitigation (cont'd)

RISK	MITIGATION
Digital platform needs not yet met	Working with digital leads in the health board to get WIS up and running Temporary solution using locally developed booking links
Abuse of the booking system	Checking ID when staff arrive at the centres Clear communications around sharing booking links A move to WIS when possible
Remote locations affecting site specific uptake	Targeted invites Clear communications around sites Understanding our geography and staff locations Opening up additional MVCs when possible GP delivery for our population
Changes to vaccine schedule affecting staff morale	Clear communications on the reasons why the schedule has changed Whole staff meeting 5.30pm 14/1/21 Sharing of JCVI & CMO information

Recommendation

For QSEAC (COVID-19) to take an assurance from the progress to date, plans and mitigation measures in place for dealing with risks around delivery of the COVID-19 vaccine across Hywel Dda UHB.