



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Covid-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director Therapies & Health Sciences
SWYDDOG ADRODD: REPORTING OFFICER:	Bethan Lewis, Interim Assistant Director of Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Joint Committee on Vaccination and Immunisation (JCVI) published interim guidance on the Autumn Booster Programme on 19th May 2022 ([JCVI provides interim advice on an autumn COVID-19 booster programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme)). This report will provide the Strategic Development and Operational Delivery Committee (SDODC) with the current position in terms of planning for the Hywel Dda University Health Board (HDdUHB) delivery of the autumn booster as we embark on a transitional programme to embed COVID-19 vaccination alongside our existing autumn flu programme.

The report includes planning assumptions based on the JCVI guidance and taking into account the Welsh Government (WG) request for wider planning, our proposed approach for delivery including any risks and key enablers, cohort size and the current position including next steps.

SDODC is asked to:

- **NOTE** the proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with our existing Flu programme;
- **NOTE** the work underway to mitigate the risk to programme delivery of proposed approach and receive assurance from the control measures in place through recognition of the key enablers;
- **NOTE** the proposed plan to respond to a request to surge vaccinate over the autumn / winter period considering the potential impact on existing acute and community services.

Cefndir / Background

On 14th February 2022, WG set out the planning assumptions for COVID-19 vaccination in 2022/23. This asked “*all health boards and partners to begin planning on the basis of the following ‘most likely’ scenario whilst retaining the flexibility to ‘surge’ should an urgent response be required:*

- *A spring booster for the over 65s, older care home residents and those aged 16 and above in clinical risk groups with a main vaccination window of April and May 2022;*

- *A spring booster for universal 12-15 year olds when they become eligible at a 12 week interval;*
- *An autumn/winter annual booster for cohorts 1-9, with a main vaccination window of September to December; and*
- *An emergency surge response, mirroring delivery during the Omicron Booster surge, to nationally deliver 40k vaccines a day for 3 weeks, should there be a need to respond to a variant of concern or should vaccine waning prompt urgent action.”*

On 21st February 2022, the JCVI announced an initial spring booster campaign. Its guidance document ([JCVI statement on COVID-19 vaccinations in 2022: 21 February 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccinations-in-2022-21-february-2022)) also sets out the JCVI's interim view that “an autumn 2022 programme of vaccination will be indicated for persons who are at higher risk of severe COVID-19”.

Delivery of the COVID-19 vaccination programme in 2022/23 also needs to be considered as a transition year, ideally moving towards a more fully integrated approach to immunisation and/or wider public population health that also takes account of future changes to Test Trace Protect arrangements, once these are announced, and is fully aligned to the National Immunisation Framework, as announced by WG on 24th February 2022 ([COVID-19 Vaccination Strategy for 2022 published | GOV.WALES](https://www.gov.wales/government/news/covid-19-vaccination-strategy-for-2022)).

Asesiad / Assessment

Planning Assumptions

The JCVI current view from its interim guidance is that in autumn 2022, a COVID-19 vaccine should be offered to:

- Residents in a care home for older adult and staff
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16 to 64 who are in a clinical risk group

Final guidance will be published “in due course” however it has been suggested this should be available in early July 2022. Discussions are continuing across all four Nations and within JCVI regarding the widening of the priority groups to align with Flu cohorts for this autumn.

For planning purposes, WG continue to ask Health Boards to plan for a wider 50+ cohort (priority groups 1-9) and to use the current priority group denominator in terms of the cohort sizes. Work will commence prior to autumn to cleanse the denominator data nationally which will not impact too greatly on planning assumptions and delivery planning however will need to be aligned from the reporting perspective and monitoring compliance against delivery targets. The need to ensure there is a delivery plan for ‘surge’ vaccination remains at the forefront of the request from WG for the autumn / winter period.

Vaccine Type

Pfizer and Moderna remains the two main vaccines in (HDdUHB) for the autumn booster programme. Both have been routinely used across our Mass Vaccination Centres (MVCs) throughout the duration of the mass vaccination programmes. Whilst Primary Care contractors across our 3 counties have not used Pfizer, they are experienced with using Moderna.

Trials are underway for new Pfizer and Moderna vaccines looking at effectiveness against Omicron variant. Outcomes of these trials could affect the timetable for the publication of final guidance for the autumn booster by JCVI. It is anticipated that the supply pack size for these new variant vaccines will be smaller, so easily managed across our Primary Care contractor

sites, and may also be in a pre-reconstituted state for Pfizer. This would support a simplified transition for our Primary Care teams should we need to introduce Pfizer. An alternative vaccine for people unable to receive an mRNA vaccine will be available for the autumn period in small numbers and it is possible that this could be a new vaccine to the Health Board and Wales (Novavax).

Delivery schedule has not been confirmed although work is underway to facilitate a direct ordering system into our Primary Care sites supporting delivery. However, there is no guarantee the supply chain will align with the Flu vaccine delivery. The impact currently is that COVID-19 vaccine is anticipated to arrive earlier in September 2022 than is usual for Flu deliveries.

Worst Case Scenario Planning Assumptions

Given the current uncertain position regarding exact vaccine type and the potential for final guidance from JCVI to be delayed a 'worst case' set of planning assumptions will form the basis of our delivery plan at this stage. These include:

- Plan for priority groups 1-9, including those in p0.1, p0.2 and p0.3 if not clear they are within the denominator numbers for p1-9.
- Delivery window to concentrate on September – December 2022.
- Mop up opportunities for those who failed to come forward or were unwell during January – March 2023.
- All eligible will be offered vaccine booster regardless of previous vaccine status as an autumn offer, transitioning to align similar to flu offer.
- Offer can be prioritised by Health Board delivery plan at any point in the autumn window of September – December 2022.
- Minimum time between last dose to be no earlier than 13 weeks.
- Maximise opportunity to align delivery alongside flu vaccinations wherever possible.
- Vaccine availability to be assumed as Pfizer in its current format.
- All those eligible for COVID-19 vaccine will be eligible for flu vaccine; all those eligible for flu vaccine may not be eligible for COVID-19 vaccine.
- To be prepared for 'surge' delivery and plan to deliver rapidly in a condensed 3 week window at any time through the autumn period.

Proposed Delivery Plan

Based on the assumptions detailed above and taking into consideration the need to be ready to 'surge' vaccinate within a minimum 2 week notification and the current experience within the HB and across Primary Care contractors the following delivery plan is proposed:

- Primary Care focused delivery aligned to flu where eligible.
- GPs to provide autumn booster to all population groups at same time as they provide flu vaccine.
- Community Pharmacies to provide autumn booster to social care and care home staff groups at same time they provide flu vaccine.
- MVC teams to offer autumn booster to Health Board healthcare staff at same time as flu vaccine through a combined approach supporting existing peer vaccinator approach and through use of MVC venues.
- MVC teams to offer autumn booster to all other staff aligned to priority group 2.2 (Welsh Ambulance Service Trust (WAST), Police, wider health teams etc) through invites to MVC venues. Consideration to offer flu will be reviewed against their local arrangements within their own organisation.

- If surge response required consideration to support primary care to deliver or bring into MVC, depending on timescale within autumn period and needs of Primary Care service. If not at Primary Care flu roll out will continue as per Primary Care plan.
- Mop ups during January – March 2023 to deliver as per approach above.

Contracting Mechanism

Contracting arrangements remain unchanged from spring boosters in 2022 and were shared with all Primary Care contractors in a letter dated 11th August 2021. The national team has advised that payment will be £12.58 per vaccine administered and a further £400 per 1000 delivered.

Key changes since first/second doses are:

- Prior to the provision of any services under the PCCS:I scheme, engaged providers are required to submit and agree a plan with their Health Board that sets out how engagement in COVID-19 vaccine delivery will be managed against access to core services. This will provide a greater level of assurance that the latter is not impeded and that providers are not at greater risk of being overburdened.
- The use of Welsh Immunisation System (WIS) Core for the scheduling of appointments is mandated.
- Fridge temperature monitoring and reporting through WIS will ensure vaccines are stored securely and safely, enabling a faster response where issues may arise.

GP practices and Community Pharmacies are being invited to participate in the autumn booster programme based on the worst case scenario planning assumptions and the proposed delivery plan above. They have been informed final JCVI guidance is awaited and there may be amendments to the delivery plan over the latter summer months as we approach September 2022 delivery.

Estimated Cohort Size

Vaccine Population	Cohort Size
Severely Immunosuppressed	5,829
Care home residents	2,581
Care home workers	3,494
80 years and older	22,850
Health care workers	17,500
Social care workers	8,700
Ages 75-79	19,516
Ages 70-74	26,295
Clinically extremely vulnerable aged 16-69 years	9,904
Ages 65-69	23,881
Clinical risk groups aged 16-64 years	44,617
Clinical risk groups aged 12-15 years	4,489
Ages 60-64	19,456
Ages 55-59	18,600
Ages 50-54	16,257
Total Vaccine Population	243,969

There are a total of 17 weeks between September and December 2022 as the window of delivery. Given the estimated numbers above of the cohort sizes in order to achieve the completion of 100% delivery there would be the need to achieve a rate of 14,351 vaccines per week.

Proposed 'Surge' Vaccination Plan

The following approach to planning for 'surge' vaccination is proposed:

- Be prepared for 'surge' vaccine delivery and plan to deliver rapidly in a condensed 3 week window at any time from now and through the autumn period.
 - National anticipation is there will be a need to deliver a maximum of 40k per day across all Wales.
 - Locally based on assumption of HDdUHB being 13% of the whole this equates to delivering 5200 vaccine per day over a 3 week period.
- To support booked delivery across Primary Care contractors at time announced and involving the 3 week window.
- Urgent scoping of additional capacity within Primary Care to be achieved to maximise codelivery with flu.
- Where capacity does not allow MVC to support Primary Care to surge capacity through each centre.
- Surge plan will not include delivery of flu vaccine which will continue with Primary Care delivery plan.

Risks and Mitigation

There are a number of risks identified for both the proposed delivery plan for the autumn programme and also to note for the 'surge' vaccination plan which are detailed below:

- Dependant on the vaccine supply there could be an impact on the fluidity of programme delivery
- Pricing of the PCCSI at a national level to take into account the challenging geography of rural areas and the additional time it therefore takes to vaccinate the cohort
- Potential staffing deficit if COVID-19 or other sickness surges during the surge period or vacancies increase across vaccination team
- Potential risk that patients will choose one or other vaccine and not attend for both, or attempt to attend an MVC
- Likely to be significant (if not legal challenge) around flu provision from a General Medical Services (GMS) perspective if surge brought into MVC delivery
- Potential risk to sign up from GP practices for a joint delivery model which could be perceived as jeopardising their income (flu vaccine already ordered)
- Practices may choose not to participate
- Patient communication around appointments/venues etc leading to deterioration of relationships with contractors

A number of key enablers have been identified to mitigate the risks and facilitate the operational success of the proposed plans for both autumn delivery and the 'surge' plan. These are detailed as:

- Robust national discussions on the PCCSI; needs to be an understanding that delivering in a rural area is very different to an urban geography

- Early engagement with GMS and Pharmacy contractors to scope autumn booster plan and potential delivery within timescales
- Agreement with the Local Medical Council (LMC) on the model due to potentially contentious issues
- Flexible approach to support continued delivery through Primary Care with Health Board vaccination staff outreaching
- Structured comms to support the transition into a primary care focused approach in line with National comms, and to be ready to support the transition into a surge approach if required.
- Need to maintain all MVCs with existing staffing models to maximise flexibility to approach surge and support Primary Care with wider venue opportunities.

Current Actions and Next Steps

Discussion with Primary Care contractors across GP practices and Community Pharmacies are underway and there has been briefings made to LMC on the plans and scoping with contractors. Initial feedback received indicate support for the proposed delivery methods with 38 GP practices and several Community Pharmacies agreeing to deliver.

This initial scoping is being shared nationally with Pharmacy Leads to ensure we have early set up of contractor ordering systems for COVID-19 vaccines.

Review of denominator numbers will be monitored, and any updating will be built into the planning parameters for the autumn programme required as our monthly update within the MDS document reported to WG.

Communication plan currently under review in line with the transition period with vaccine delivery to maximise messaging and manage open offer for leaving no-one behind until March 2023. This transition will change the way in which our population have accessed our mass vaccination centres and will be underpinned by the support of the Command Centre.

Work is at an early stage with national Leads on a 'surge' vaccination action card which will be required by every Health Board in Wales. Once templates and parameters for completion received this will be finalised and reviewed through the Executive Team.

All monitoring and governance of actions and delivery will be managed through the existing COVID-19 vaccination Group (previously known as Bronze Vaccination Group).

Workforce review of current MVC teams has commenced taking into account the workforce and support teams required to facilitate this transitional programme and to support the wider flu delivery across the autumn / winter period.

Argymhelliad / Recommendation

The SDODC is asked to:

- **NOTE** the proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with our existing Flu programme;
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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4: Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	<p>1.1 Health Promotion, Protection and Improvement</p> <p>2.6 Medicines Management</p> <p>5.1 Timely Access</p> <p>7.1 Workforce</p>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<p>All Strategic Objectives are applicable</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p>
Amcanion Cynllunio Planning Objectives	<p>4A Public Health Delivery Targets</p> <p>4M Health protection</p> <p>Choose an item.</p> <p>Choose an item.</p>
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	<p>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS</p> <p>4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives</p>

	Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>Department of Health & Social Care. (2022. February 21). <i>Joint Committee on vaccination and Immunisation (JCVI) statement on Covid-19 vaccinations in 2022</i>. GOV.UK. Joint Committee on Vaccination and Immunisation (JCVI) statement on COVID-19 vaccinations in 2022: 21 February 2022 - GOV.UK (www.gov.uk)</p> <p>Welsh Government. (2022, 2 March). <i>Covid-19 Vaccination Strategy for 2022</i>. COVID-19 vaccination strategy 2022 GOV.WALES</p> <p>UK Health Security Agency. (2022, 19 May). <i>JCVI provides interim guidance on an autumn COVID-19 booster programme</i>. GOV.UK. JCVI provides interim advice on an autumn COVID-19 booster programme - GOV.UK (www.gov.uk)</p> <p>Public Health Wales, Covid-19 vaccination data.</p>
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	<p>Public Health Directorate Senior Leadership Team Meeting</p> <p>Covid-19 Vaccination Group</p> <p>Operational Planning & Delivery Programme</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for the 2022/23 Covid-19 Autumn Booster programme, not only to improve overall respiratory health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services.
Gweithlu: Workforce:	As for Quality / Patient Care impact.
Risg: Risk:	Risks are detailed in the report

Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable