



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Hywel Dda University Health Board Response to the COVID-19 Pandemic
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic within the Hywel Dda University Health Board (HDdUHB) area.

Cefndir / Background

Since the last update to the Board on 26th November 2020, the situation in relation to the pandemic has changed significantly and profoundly. Unprecedented rises in local infection rates have led to a large increase in hospitalisations and many more deaths. At time of writing, we have reported 284 deaths to Public Health Wales since the pandemic began – every one a tragedy for their family, friends and the staff that cared for them. This “winter wave” has proved far more deadly than the first wave in the spring, with 216 of those deaths occurring since the autumn. The thoughts of the whole Board will be with their families and loved ones.

We have seen the emergence of a “Variant of Concern” in the UK, which is more transmissible and has been growing in prevalence across Wales. We have also seen our hospitals face exceptional pressure from hospitalisations, at a time when non-COVID-19 pressures are reaching their winter peak. Our staff have faced this pressure with kindness, care and professionalism, but after 10 months of working in pandemic circumstances and operating with high levels of circulating infections in their communities, the level of sickness absence, self-isolation and shielding has reached a peak of almost 10%.

All of this would be made so much more difficult if the hope of vaccines had not now become a reality. Since the Board last met, 3 vaccines have been given regulatory approval and supplies of the first of these began arriving in the Health Board in early December 2020. The logistical challenge of establishing the largest mass vaccination programme in NHS history is being met by the Health Board’s bronze level vaccine delivery group and provides hope that the end of the pandemic is in sight. This will take time, given the number of people requiring vaccination. Therefore, the Health Board is asking its local population to adhere to the lockdown measures that were enacted at midnight on 20th December 2020, to protect our front line services and

allow the vaccination team the time needed to protect our most vulnerable people, including those front line staff providing the care that our population needs.

This paper will set out the position at time of writing regarding our operational response, the work of our Gold Command, Silver, Bronze, Cells and the delivery of the vaccination programme. Executive Directors will verbally update at the meeting on the very latest position.

Asesiad / Assessment

Levels of infection in the Hywel Dda area saw a significant peak in the week leading up to Christmas, with rates at levels in each county far exceeding that seen at any other point in the pandemic. The lockdown announced by Welsh Government, enacted at midnight on 20th December 2020 was a direct response to the rising levels across Wales and a real concern that the NHS could be overwhelmed. Since then, and having now received data beyond the atypical Christmas holiday period, those rates have started to subside significantly, notably in Carmarthenshire. The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county comparing the 7 days to 17th December 2020 with the 7 days to 9th January 2021:

County	17 th Dec Rate per 100k	9 th Jan Rate per 100k	17 th Dec Positivity Rate	9 th Jan Positivity Rate
Carmarthenshire	762.8	309.9	24.0%	16.6%
Ceredigion	247.6	173.3	15.8%	15.3%
Pembrokeshire	254.3	256.7	13.6%	13.8%
Hywel Dda	500.9	267.0	20.4%	15.5%

It is concerning that rates have remained at a high level in Pembrokeshire and, whilst recognising that rates are based on small numbers, this correlates with the rising levels of hospitalisation seen in Withybush General Hospital during recent weeks.

Operational Update

The Silver Tactical group continues to work within its Winter Preparedness plan, which was presented to Board at its last public meeting. Total patients with either confirmed or suspected COVID-19 in our main sites, community hospitals and field hospitals are at a historic high, with levels consistently around 250 since the start of the New Year. At the time of writing, these levels appeared to be stabilising and there have been some early signs that they are starting to decrease on some sites - although this is being offset by increases elsewhere, most notably Withybush General Hospital. The Executive Director of Operations will provide the latest position verbally at the Board meeting.

As noted in previous reports, when community infections are high, it becomes increasingly challenging to prevent outbreaks in hospital settings. Since our last meeting on 26th November 2020, the Outbreak Control Teams have dealt with 24 outbreaks, of which (at time of writing) 18 have been classified as “over”, 5 are “stable” and 1 “deteriorating”. The Executive Director of Nursing, Quality and Patient Experience will provide the latest update at the meeting.

Additional Gold Command Planning Requirements

Since the last Board meeting, the Gold Command Group has only met when new decisions have been required, allowing the Silver Tactical and Bronze groups to focus on delivering the existing planning requirements, ratified by Board at its last meeting.

With the confirmation of vaccines becoming available and the publication of the National Vaccination Plan by Welsh Government on 11th January 2021, the Gold Group met on 6th January 2021 to agree the following additional planning requirement:

To establish a tactical level vaccine delivery task & finish group to develop a plan (first cut by noon on the 15th January) to give 1st dose vaccination to all priority groups (in order) and 2nd doses where due by 4th 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

- The first priority for organisation resources will be the on-going operational response to COVID and non-COVID 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 15th January, this should be done*
- A Gold meeting will be established for 12:30pm on 15th January to receive the plan, at which point the Gold group will agree any changes to the command and control structure required to ensure delivery*

The National Vaccination Plan and local delivery plan in response to this and the Gold planning requirement is set out in the vaccination update section below.

Vaccination Programme Update

At time of writing the Health Board's mass vaccination campaign has been gaining momentum. Vaccinations given by 14th January 2021 totalled 15,568 – approximately 5,400 in 7 days. Rates of vaccination have increased from c250 a day in early December to 770 in the last 4 days. This is expected to further accelerate in the coming days, and the Executive Director of Public Health will provide a verbal update at the Board Meeting.

Since the last Board meeting, 3 vaccines have been given regulatory approval – a significant milestone in the response to this pandemic. They are:

1. The Pfizer-BioNTech vaccine – following UK regulatory approval on 2nd December 2020, first doses were delivered to the Health Board week commencing 7th December with the first vaccination occurring on 8th December. There are significant logistical challenges with this particular vaccine, which necessitate meticulous planning to ensure wastage is kept to a minimum. Supplies were also very limited in the run up to Christmas, meaning that demand has far outstripped supply for our front line staff. The

operating model to date has been to use this vaccine for care home staff (Priority Group 1¹) and front line health and care staff (Priority Group 2). With careful planning, the vaccine delivery team were also able to undertake vaccinations for our first care home residents in the week before Christmas.

The limited nature of supplies in the first few weeks, plus the need to centralise delivery to only 2 locations and our reliance on a local booking system developed at speed (whilst the national Welsh Immunisation System (WIS) was rolled out) has led to a great deal of concern from some staff regarding their inability to secure appointments. The vaccination team has needed to balance maximising the numbers vaccinated with minimising waste and prioritising the highest risk staff first. The situation has significantly improved since those early weeks with:

- A comprehensive Prioritisation Framework implemented between Christmas and New Year (which replaced a targeted “reserve list” approach used as an interim measure in the preceding weeks). This Framework was agreed by the Tactical Group and ratified by the Executive Team and has been presented to the Quality, Safety and Experience Assurance Committee for assurance;
- The switch over to the WIS system in week commencing 11th January and;
- Significant increases in supply (from 1950 per week to 5850 expected week commencing 18th January).

A further significant concern from some staff has been the change in policy for Health Boards regarding the second dose schedule for this vaccine. This change was announced on 30th December 2020 by the Joint Committee on Vaccination and Immunisation (JCVI), was supported and endorsed by the four Chief Medical Officers in the UK and became a Welsh Government policy requirement for all Health Boards. This is a complex issue and is the subject of a separate paper on the agenda today from the Medical Director/Deputy Chief Executive.

2. The Oxford/AstraZeneca vaccine (Ox Az) – this received regulatory approval in the UK on 30th December 2020 and the first, limited, supplies were received by the Health Board on Saturday 2nd January 2021. With less challenging logistics the priority has been for all local General Practices to secure registration with Public Health England, so that they can draw down supplies directly. The Health Board is using its initial supply to allow our managed practices to also start their programmes (as they cannot do so directly via the Public Health England process) and to vaccinate high priority patients in our hospitals. The response from primary care has been hugely positive and we expect all 48 practices to be undertaking vaccinations from week commencing 18th January 2021. Using a proportion of the allocation initially delivered to the Health Board, I am delighted to say that we were able to vaccinate all our Renal Dialysis patients – a group with very high COVID-19 mortality risk. We were the first Health Board to do so and the feedback from patients has been very positive.

Deploying all available supplies of this vaccine to primary care will mean that our population has local access to vaccinations and significantly increases the capacity to vaccinate by utilising the primary care workforce – who are well rehearsed in vaccine delivery, given their vital role in our annual 'Flu vaccination programmes. Public-facing Mass Vaccination Centres are likely to be needed as volumes increase (including second dose demand) but having mobilised all 48 practices, Hywel Dda now has mass vaccination occurring the length and breadth of our west Wales area.

¹ As defined by the Joint Committee on Vaccinations and Immunisations (JCVI)

3. Moderna vaccine – this received regulatory approval in the UK on 8th January 2021. Supplies are not expected until the spring and, as such, it does not yet feature in our mass vaccination planning.

Welsh Government issued its Mass Vaccination Strategy (Appendix 1) on Monday 11th January 2021, setting key targets for Wales as follows:

- By mid-February all care home residents and staff, frontline health and care staff and everyone over 70 or who is clinically extremely vulnerable will have been offered vaccination
- By the Spring vaccinations will have been offered to all other phase 1 priority groups as defined by the JCVI
- By the Autumn vaccinations will have been offered to all other eligible adults in Wales

The Gold Command Group's most recent Planning Requirement (set out above) broadly addressed these timescales however the tactical level vaccine delivery task & finish group has been asked to take the timescales above into account. At time of writing the initial plan, which draws together all elements of our local response based on what was known at that time, is in the final stages of development. A key purpose of the plan is to demonstrate that, given adequate supplies and making assumptions about the supply mix of Pfizer-BioNTech and Ox Az (which require significantly different delivery mechanisms due to their characteristics), there is sufficient delivery capacity to reach the required timescales. The precise permutation of Mass Vaccination Centres, primary care delivery, mobile and other delivery mechanisms is subject to constant flux in the short term. The latest position in regard to this will be provided at the Board.

Other elements of the Gold Command Group Planning Requirement have been delivered with a comprehensive dashboard and weekly, publicly available vaccine bulletin in place since 11th January 2021. Governance of the programme and links to the existing Command and Control structure are under consideration and will be resolved by the time of the Board Meeting.

Gold Level Cell Updates

The Executive Team meets formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections, with the exception of the testing element of the PH Cell. This Cell reported that regular asymptomatic screening of staff using Lateral Flow had not commenced in line with Welsh Government timescales, due to a focus on higher priority testing issues and the need to deploy capacity in the most effective way. This element of testing is expected to start prior to the Board meeting and the associated risk assessment will be taken to the Quality, Safety and Experience Assurance Committee for assurance. The Executive Team supported the decision to prioritise other areas and to commence this programme carefully and pragmatically given its limitations and risks.

An update on the work of the Command Centre to establish regular contact with all patients waiting for our services was requested for the next Executive Team meeting, scheduled to take place after the writing of this report. A verbal update will be provided at the Board meeting by the Executive Director of Nursing, Quality and Patient Experience and the Quality, Safety and Experience Assurance Committee will be updated at a future meeting.

Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group Planning Requirements as set out above.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report

Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



Mae Brechu yn achub bywydau
Vaccination saves lives

Vaccination Strategy for Wales

January 2021



DIOGELU CYMRU
KEEP WALES SAFE



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SECTION 1. Ministerial Foreword

2020 was a very difficult year for everyone. Many of us have lost family members and close friends to coronavirus. All of us have had our lives disrupted in one way or another by the pandemic.

The situation in Wales as we enter 2021 remains very serious. Cases of the virus are very high and a new, more infectious strain of coronavirus has emerged across the UK, which is circulating in all parts of Wales. As a result, we all need to stay at home again to keep Wales safe.

But 2021 also brings hope for us all with the Covid-19 vaccines now available. Wales' vaccination programme began with the arrival of the Pfizer BioNTech vaccine early in December, followed by the Oxford AstraZeneca vaccine at the beginning of January.

NHS plans were put into operation immediately, and have led to more than 86,039 people across Wales being vaccinated so far. Against a backdrop of extreme pressure on the NHS and social care, the efforts by everyone involved to deliver this number, with minimal wastage in such a short space of time, is a significant and positive start.

This national strategy sets out how the vaccination programme will ramp up as fast and as safely as possible in the coming weeks and offer us a brighter future.

More than 1.5 million people in Wales will get the vaccine in the first stage of roll out – but it will take time to protect everyone.

The demand for the vaccine is understandably very high. It is important we work through the population according to the priority list as set out by the JCVI (Joint Committee on Vaccination and Immunisation).

The people who are most at risk of catching coronavirus and developing serious illnesses will get the vaccine first. This includes people living in care homes; the over 80s and frontline health and care workers. (Please see the annex for more details of priority groups in the first phase).

We are still in the early days of the roll-out of this programme but as more vaccines are provided to Wales from the UK Government and our operations scale up, we will continue to see the numbers of those being vaccinated in our priority groups increase day-on-day. Over the next three weeks, Wales will receive further doses of the two approved vaccines to help protect people who are most at-risk.

Our NHS has delivered over 86,039 vaccines with only 1% wastage in the first few weeks of a national vaccination programme that is unprecedented in the scale and pace required. Our NHS has only been able to do this by working with key stakeholders – local government, the military, other public services, businesses and volunteers. This concerted multi agency effort is continuing and our scale of delivery is growing all the time so that we can protect more of our most vulnerable population every day. We know that we are all in a race against the virus to protect and save as many lives as possible.

Our message remains; please do not contact your health board, GP, pharmacists or local authority for an appointment, you will be contacted when it is your turn.

In the meantime, we all need to continue to follow the rules and guidance in place to keep ourselves and our families safe. This means meeting as few people as possible, washing our hands regularly, wearing a face covering and keeping our distance from others.

SECTION 2. Overview and where we are now

Our national strategy builds upon the plans already in place within each of our seven Health Boards and provides more detail about our programme. It is intended to set out Wales' path for the coming months as the numbers of those being vaccinated ramp up significantly.

It is important to be clear about the supply challenges and that the logistics around the first vaccine in particular held challenges for cold chain maintenance and distribution. Health boards are operating to a 'just in time' vaccine delivery mechanism as supply arrives. They have been building delivery infrastructure and recruiting workforce, including primary care support, to the vaccination centres for this vaccine.

With supply details for both new vaccines becoming firmer, we can now set out more clearly our national strategy and ambitions.

The national strategy is focussed on these key areas:

- **Our priorities** – we continue to work closely with the UK Government on supply. Based on what we know about supply and the priority cohorts set by the JCVI, we have set key milestones (section 3);
- **Our vaccination infrastructure** – making sure that people can access their vaccination offer - the places to go to get vaccinated, people to give the vaccination and the appointment and digital recording and reporting system set up (section 4);
- **Keeping up to date and informed about the vaccination programme** – we are committed to providing information to keep everyone in Wales updated about the vaccination programme (section 5).

In line with the Welsh Government's approach to responding to latest clinical, scientific and other evidence during this pandemic, this national strategy will be reviewed regularly.

Where we are now

Our vaccination roll out is designed to meet the challenge of the biggest vaccination programme

in history – to go as fast and as safely as possible and with minimum waste of the hard won vaccines. As with our responses to the Covid-19 pandemic, this is predicated on making use of the expertise of the NHS in delivering vaccinations, including the annual influenza vaccine.

NHS Wales developed very detailed plans and strategies in preparation for the COVID-19 programme. The successful launch of the programme for the Pfizer BioNTech vaccine on 8 December shows the effectiveness of those plans.

On 4 January, the Oxford AstraZeneca vaccine was rolled out in Wales. This means we can get a vaccine to those who need it most much more quickly than we could in those first initial weeks with just the Pfizer BioNTech vaccine, which has limitations and logistical challenges. We are now able to deliver to some of those groups that had been more difficult to reach with the first vaccine. Care Home and GP distribution to reach the over 80 year olds is being expanded and we are engaged with pharmacies and other primary care professionals to rapidly expand further.

Using the expertise of our NHS in delivering vaccines, each Health Board has been planning for and working on boosting the workforce, ensuring training requirements are met, JCVI and other guidance followed, logistics for vaccine consumables and PPE, as well as the supporting infrastructure required to deliver the Programme.

This is a whole NHS Wales approach, with Welsh Government working closely with Public Health Wales on all medical, technical and public health aspects, NHS Wales Informatics Service has designed and delivered on a new vaccine IT solution for Wales, which will endure long after this programme has completed. NHS Wales Shared Services, the Welsh Blood Service and Welsh Courier Service have all been vital to logistics and distribution. NHS Trusts have participated with health boards in vaccinating and administrative support. The Military have assisted us with aspects of planning and delivery in order to meet our greatest peacetime health challenge since smallpox.

Our vaccine deployment has only been underway in the UK for just over a month and we have:

- **Made significant progress in building the vaccination infrastructure in all parts of Wales** needed to deploy both the Pfizer BioNTech and AstraZeneca vaccines (section 4). Having started with **7 vaccination centres** – 1 in each health board area, the number grew initially to 14 and is currently at 22 with additional centres planned in the coming weeks. With the addition of primary care, as set out in section 4, we will be able to move even faster;
- **Designed and put in place a single digital appointment system** which can appoint, capture data on vaccines given, safety concerns, adverse events, wastage and more;
- **Administered the first dose of the vaccine to over 86,000 people** in Wales in just over a month.

SECTION 3. Our Priorities

Our priority list of people to receive the vaccine has been agreed by endorsing the UK's independent Joint Committee on Vaccination and Immunisation (JCVI). The same priority list is being followed by all four nations in the UK (at annex 1) and has the support of all 4 Chief Medical Officers (CMOs) within the UK.

Protecting the vulnerable has always been at the heart of our response to the pandemic and now at the forefront of our fightback against this terrible disease. This is why vaccinating care homes and the over 80s will be a continuing focus, now boosted by the availability of the Oxford AstraZeneca vaccine.

It is also imperative that we protect our NHS and social care to maintain resilience and be there when our most vulnerable citizens need it. Alongside the most vulnerable in our communities, we are, therefore, committed to keeping our frontline NHS and social care workers safe to enable them to look after us.

The JCVI guidance advises that those frontline health and social care workers at higher risk of acquiring the infection or transmitting it to multiple vulnerable persons because of their individual or setting characteristics will be higher priority for vaccination than those at lower risk. The announcement of 8 January recognises that some staff in schools and colleges provide intimate health and care support to groups of young people who have complex medical needs. In Wales these staff will be captured under the health and social care category.

The JCVI are currently considering prioritisation for the second phase of the roll out, following vaccination of all JCVI cohorts 1-9. This includes consideration of prioritisation vaccines for specific occupational groups where individuals have not already received the vaccine due to individual characteristics such as age or being clinically vulnerable.

We could set aside the recommended priority approach of the independent expert JCVI and re-prioritise certain specific occupational groups. However that would mean that citizens more vulnerable to harm including mortality would

wait more time and be at greater risk of exposure to virus. In short the clear public health advice is that such an approach is likely to cost lives. If the public health advice of the JCVI and CMOs changes we will of course reconsider our approach.

Priority Group Milestones and Markers

We are setting **3 key milestones** to drive our efforts. These milestones are all dependent on **vaccine supply**.

PRIORITY GROUP MILESTONES

- **Milestone 1 – by mid February – 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.
- **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 (i.e. 50+s and clinically vulnerable/at risk).

Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020 - GOV.UK (www.gov.uk)

It is estimated that taken together, these at risk groups represent around **99%** of preventable mortality from Covid-19.

- **Milestone 3 – by the autumn**
Our ambition is to offer vaccination to the rest of the eligible adult population according to the further JCVI 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 JCVI guidance.

We are also setting some early **markers** to achieve en route to meeting the first milestone:

Markers

- Marker 1.** All Welsh Ambulance Service staff – by 18 January
- Marker 2.** All Care Homes – by the end of January
- Marker 3.** GP surgeries to increase from 100 to 250 by the end of January providing vaccine to the vulnerable closer to their homes as availability of the Oxford AstraZeneca vaccine increases

Supply

Our plans are dependent on Wales receiving vaccine supplies in fair proportions and in fair time. Whilst supply is a matter outside of our control, the UK Vaccines Minister has provided assurance on future supplies and we will keep in close contact with the UK Government and vaccine manufacturers to ensure supply remains secure.

To date, Wales has received 280,000 doses of the Pfizer BioNTech vaccine and 47,000 doses of the AstraZeneca vaccine.

On 31 December we were able to double the number of individuals who can be vaccinated

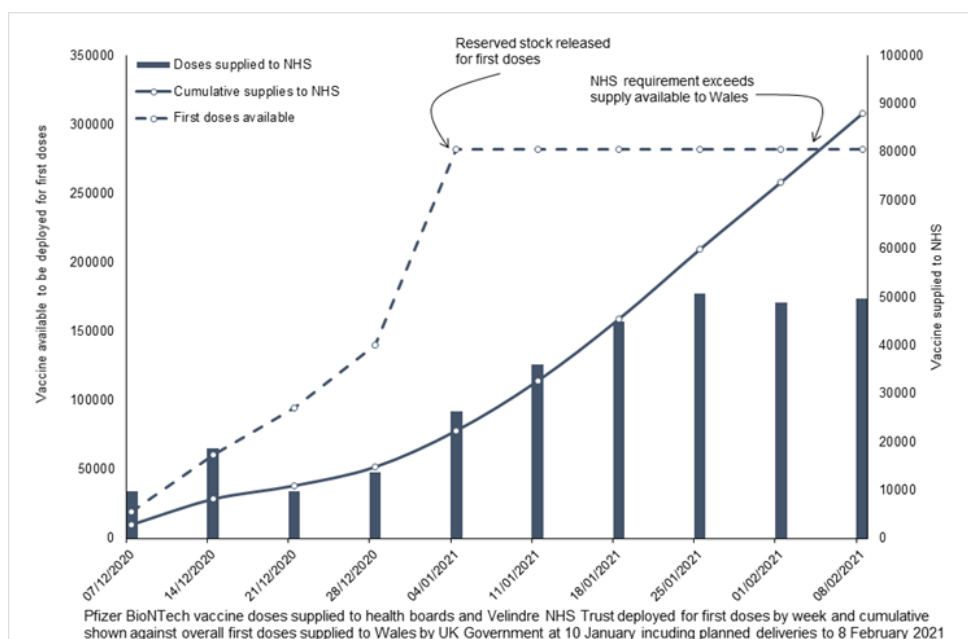
in the first three months of our plan as a result of the change in position by the Medicine and Healthcare products Regulatory Agency (MHRA) and the JCVI.

The decision to extend the interval between vaccine doses to up to 12 weeks and to allow vaccine previously reserved for second doses (50%) to be deployed immediately, has allowed us to increase capacity to deliver the Pfizer BioNTech vaccine in particular.

Plans are in place to increase the number of doses of the Pfizer BioNTech vaccine delivered by the NHS to around 50,000 each week by the end of January; almost doubling the rate at which the vaccine is currently being used. Our plan will exceed Wales' current supply of the vaccine by the end of week commencing 8 February highlighting the importance of guaranteed vaccine supply (Figure one).

Every dose of the Oxford AstraZeneca vaccine allocated to Wales is being delivered directly to GPs, other primary care providers including pharmacies, and hospitals as soon as it is available. To date we have received relatively small volumes. We know many GPs and others are ready and able to use as much of this vaccine as can be supplied by UK Government. Whilst we are confident supply will increase significantly in the next few weeks, if we had more we could increase coverage rapidly.

Figure 1: Pfizer BioNTech vaccine doses supplied to health boards and Velindre NHS TrustWales



SECTION 4. Our Vaccination Infrastructures - Where and How to Get Vaccinated

The vaccination delivery model

We have been building an infrastructure from the ground up. That includes a bespoke and robust digital infrastructure for booking appointments, recording, and reporting on vaccination activity.

The delivery model built by NHS Wales is a blended model. This is aimed at providing a mix of sites in order to maximise speed of roll out, ensure safety, meet the needs of the characteristics of the vaccines, be as conveniently located as possible and, importantly make sure we give equitable access across the country and all communities. This model is also intended to get the vaccines into our care homes and to our older populations as soon as possible.

That means we have a mix of mass vaccinations centres (MVCs), primary care surgeries and mobile units:

- High throughput through **Mass Vaccination Centres (MVCs)**, which are crucial in handling the characteristics of the Pfizer BioNTech vaccine. MVCs will continue to be important, despite the coming on stream of primary care, because of the Pfizer BioNTech complexities and because of the numbers as we move through the cohorts, especially during phase 2. **Centres** will, in the next couple of weeks, increase to 35, with a blend of mass centres and smaller satellite centres. Health boards are actively considering more centres as we look to have at least **one vaccination centre in each county of Wales**. At the same time, capacity at centres is increasing. Our health boards have planned their vaccination centres to flex their opening times based on vaccine supply. Therefore as the vaccine supplies increase more and more will be open for longer days and over 7 days per week. Over the past week, **90%** of our vaccine centres have been open over the weekend. General practice has also planned to open on evening and weekends and as vaccine supply increases so will their hours and days of vaccine delivery;
- Local convenience, safety for older and vulnerable groups and reach into communities through **primary care**. A mechanism has been put in place to enable all primary care contractors (General Practice, Community Pharmacy, Dentistry and Optometry) to play a role in vaccine deployment. GP practices and pharmacies in particular are experts at running immunisation programmes and have the existing infrastructure to do so. The primary care community has responded quickly and in the coming weeks we will see primary care take a pivotal role in our vaccine roll out.
- Every year GP practices in Wales deliver many hundreds of thousands of seasonal influenza vaccinations in just a few months. Utilising the expertise, experience and convenience of local GP practices will allow us to reach significant numbers of individuals in the priority groups for vaccination. We are already engaging around **100 GP practices** in delivering the programme and will **increase this to more than 250 before the end of January**. We are aware GPs are ready and able to deploy the Oxford AstraZeneca vaccine as soon as it is available. Given the constraints on supply of this vaccine we will work with health boards and GP practices with the necessary infrastructure to deploy the Pfizer BioNTech vaccine wherever it is feasible to do so, learning lessons from what other counties in the UK and around the world are doing;
- Many community pharmacies have experience providing vaccinations. Whilst the roll out of the COVID-19 vaccination programme poses different logistic challenges for pharmacies (where vaccine has to be supplied in relatively large quantities and used more rapidly), some larger pharmacies will be able to vaccinate on-site and staff from others will support efforts at MVCs. Again, this will depend on having adequate supplies of the right type of vaccine available to meet demand from all parts of primary care.

- Full geographical coverage, especially in rural or 'hard to reach' communities, enabling further reach into communities via **mobile units**, which are particularly important in the immediate term in accessing care homes. The **14 Mobile units** delivered by our community nurses now in place in Wales continue to focus on reaching care homes.

We will continue to expand our vaccination infrastructure. A map has been produced indicating the location of current centres; this will be updated routinely. (See page 10.)

Making appointments - Welsh Immunisation System

A robust digital infrastructure for scheduling appointments, recording, and reporting on vaccination activity is now in place. All vaccinations in Wales are recorded directly into the Welsh Immunisation System - bespoke software developed by the NHS Wales Informatics Service to meet the needs of the vaccination programme. It makes it easy to rapidly call the people in the highest priority groups to our mass centres, send them text reminders, and make sure that they are called back again for their next doses. It is integrated with the GP record so vaccinators can check allergies and past immunisations - ensuring safety in the programme.

Workforce – the military, utilising our wider public sector and volunteers

As well as building the physical infrastructure, establishing and mobilising our vaccination workforce as well as creating surge capacity has been underway.

Our mass vaccination centres (MVCs) development has been led by the health boards with extensive support from local authorities in terms of location and site suitability. Staffing models have been developed in great detail with

a multidisciplinary approach which respects the guidance on social distancing, PPE and the complexity of handling the Pfizer BioNTech vaccine. The teams in the MVCs are a collection of experienced immunisers, those with updated training and registered health care professionals who have taken the training required to immunise using the vaccine. Pharmacy support has been critical for the Pfizer BioNTech vaccine due to the cold chain requirement. A number of our MVCs have a broad professional contribution, from both primary, secondary and mental health services.

The support of the military is also in place across Wales and we now have:

- **14 immunisers;** and
- **70 other personnel** supporting at vaccination centres.

There is the possibility that this will be expanded over the coming weeks.

There has been significant interest in supporting health boards with their local programmes and offers from national organisations for use of their premises and staff has been forthcoming. Arrangements are in place with St John Ambulance Cymru and British Red Cross and we are in discussions with other organisations. Health boards are also having conversations with their local authority partners and police.

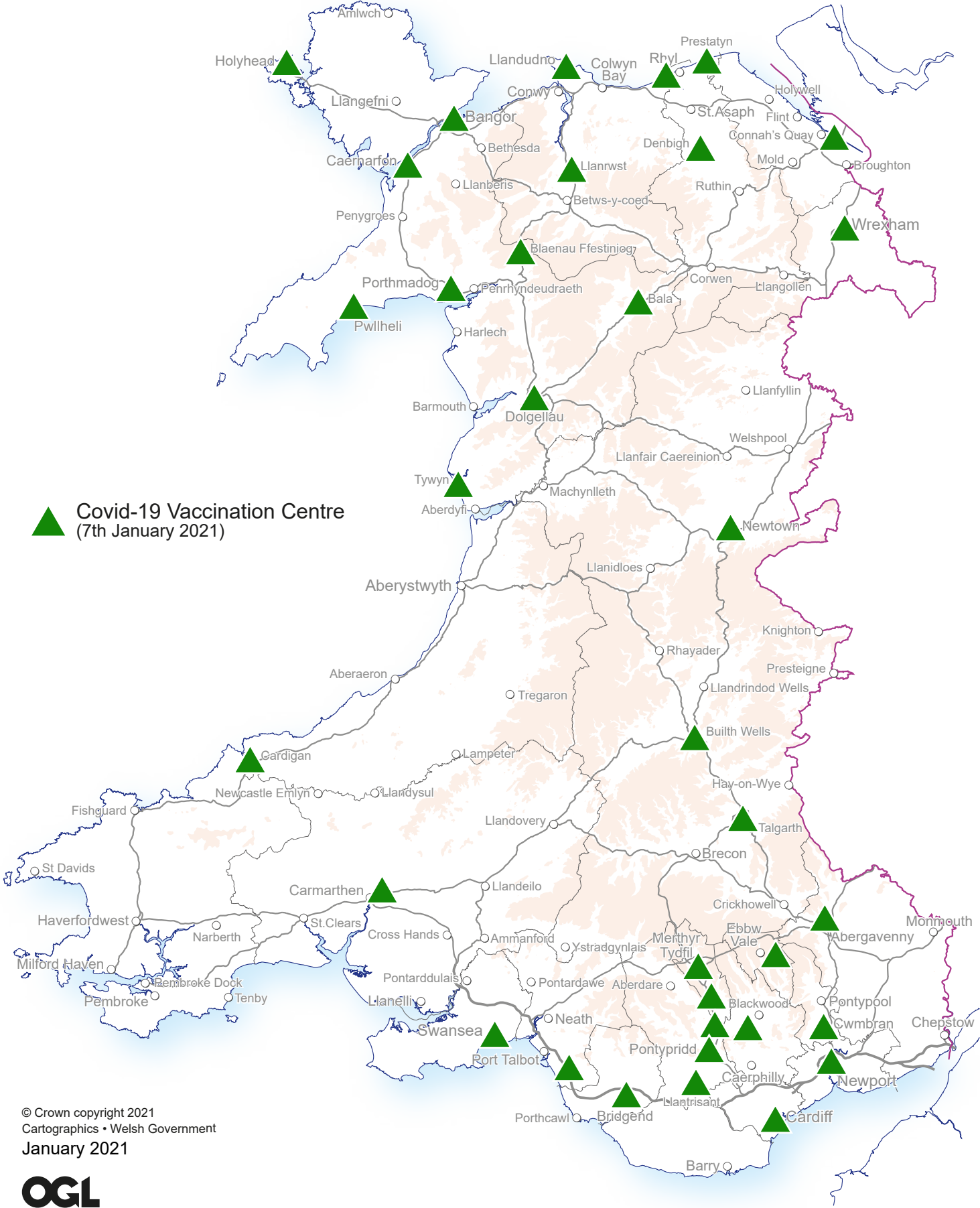
There is an important role here for our retired staff and others with expertise and experience to help with the vaccination roll out. We have put in place arrangements and protocols for people to be able to volunteer:

<https://gov.wales/national-protocol-pfizer-biontech-covid-19-vaccine>

<https://gov.wales/national-protocol-covid-19-astrazeneca-vaccine>

WALES

COVID-19 VACCINATION CENTRES



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SECTION 5: Keeping up to date on the vaccination programme

We know that people will want to be fully informed about the vaccination roll out and about the vaccination itself.

At a national level, we are committed to being transparent and keeping everyone up to date with progress. We are:

- **Releasing data daily** on the number of people who have received vaccinations. This will be published on the **Public Health Wales Rapid COVID-19 Surveillance dashboard*** Monday to Friday. The daily release will show the total cumulative number of vaccinations administered – for both first and second doses. The daily figures will give a timely update on the roll out of the vaccination programme, although the actual number of people vaccinated will be higher due to ongoing data entry.*
- Continuing to publish **weekly, more detailed data on vaccinations** through the Public Health Wales Rapid COVID-19 Surveillance dashboard. This will include data at local health board level and will be expanded to cover other topics as more good quality data becomes available, such as take up by priority group.*

- Begin regular publication of **data on the supply and stock of vaccines** in Wales.
- Planning to publish a **dashboard to summarise and track progress** on the vaccination programme.

To keep individuals up to date about the vaccination roll out and confident to take up their vaccination offer, health boards are also working with local partners, including local government, to keep people informed about vaccination roll out and their place in it. Health boards have written directly to every household in Wales to explain what they can expect in terms of the vaccination programme. Included within this letter is an infographic explaining the priority groups and numbers of the population within each group – so that individuals can assess where they are in the queue as it were.

<https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/about-the-vaccine/>

* <https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

ANNEX 1

The priority list to receive the vaccine has been agreed by the UK's independent Joint Committee on Vaccination and Immunisation (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

These groups represent around 99% of preventable deaths from Covid.

*** Underlying health conditions:**

- Chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma
- Chronic heart disease (and vascular disease)
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease including epilepsy
- Down's syndrome
- Severe and profound learning disability
- Diabetes
- Solid organ, bone marrow and stem cell transplant recipients
- People with specific cancers
- Immunosuppression due to disease or treatment
- Asplenia and splenic dysfunction
- Morbid obesity
- 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.