

WAITAHA COVID-19 VACCINATION DELIVERY PLAN

APRIL TO END JUNE 2021

Introduction

In collaboration with our health system partners, Canterbury is developing a delivery model that places equity at the centre, and that is flexible and adaptable within the constraints of the Pfizer vaccine. Our model reflects the specific needs of the sequenced population groups and responds to the increasing scale of delivery.

This document provides details of the Canterbury DHB's plan for COVID-19 Vaccination Delivery to Tiers 1a, 1b, 2a, 2b, 2c and a portion of 3 from April to end June 2021. We aim to deliver equitable, timely and convenient access to COVID-19 vaccination, following the Ministry of Health sequencing framework, for all eligible Cantabrians.

Canterbury DHB are cognisant that our delivery volumes are behind when compared to Ministry of Health (MOH) expectations of delivery to date. There are still some weeks before we will catch up to the expectations of the MOH, however, we are confident that this plan has been considered and reviewed in sufficient detail to exceed expectations through a combination of fixed centralised, mobile and designated primary care clinics.

Equity

To design and implement an equitable vaccination programme it is essential to build in flexibility and choice. We have well established mechanisms for engagement with Māori, Pasifika, Culturally and Linguistically Diverse (CALD), the disability community and other priority groups. We will work in partnership with these groups to plan and implement delivery models that enhance access. Our leadership structure has been designed with strategic equity leadership that is connected to collaboratives of Māori and Pasifika leaders.

We have started a co-design process with Te Ohu Urupare, a Māori health leadership response group established to give effect to Te Tiriti responsibilities of the Canterbury health system. Te Ohu Urupare provides a collective Māori voice at the highest level of decision-making in any emergency response from the Canterbury health system. We will also work collectively with Pasifika leaders, the Disability Steering group and CALD community providers. We need to look at models that provide access to opportunistic vaccination, acknowledging the potential issues around recall and second dose delivery.

Leadership and Operating Structure

The Senior Reporting Officer (SRO) for the overall Waitaha and Tai Poutini Covid-19 programme including testing, MIQ and vaccination is Ralph La Salle and Clinical Lead is Dr Alan Pithie. The vaccination programme will be coordinated and led as a distinct programme, reporting through to the Canterbury and West Coast DHB Chief Executive. Kim Sinclair-Morris is the Programme Lead and Dr Ramon Pink the Clinical Lead.

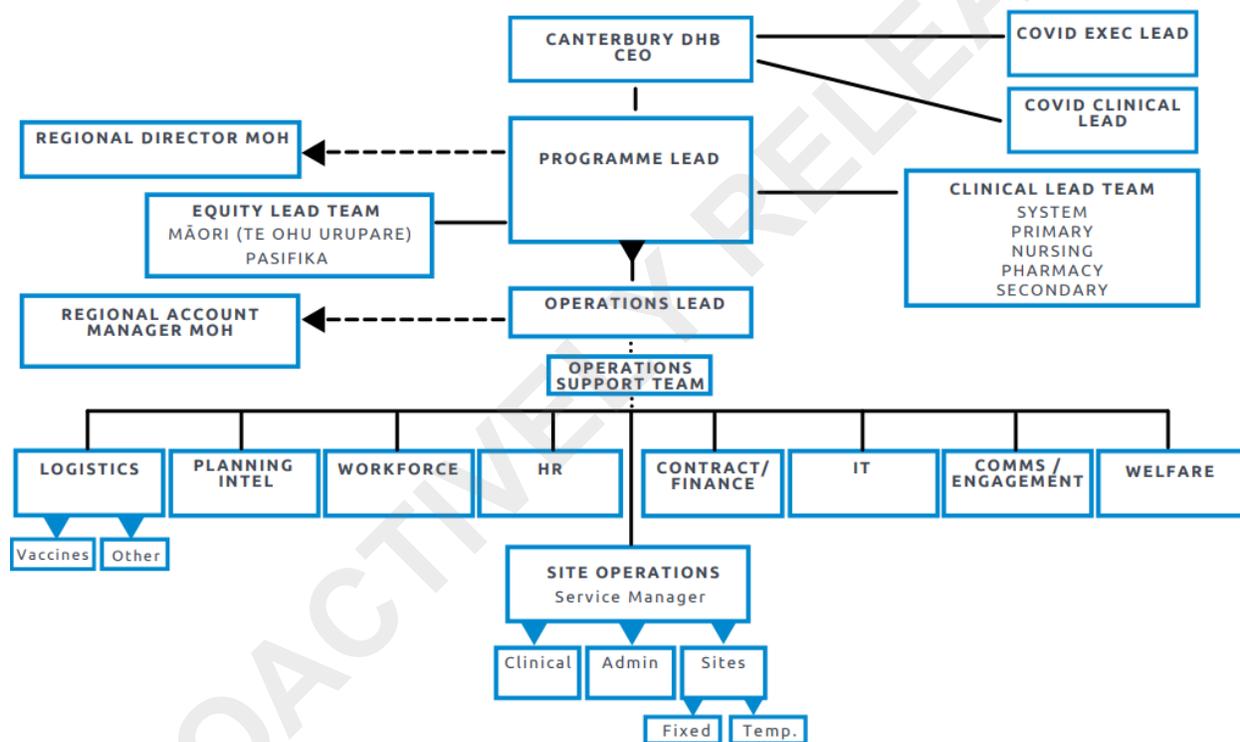
The Canterbury DHB is rapidly establishing a Waitaha Covid-19 Vaccination Programme Team, using a Coordinated Incident Management Structure (CIMS) format that will lead and drive the planning and implementation of our response.

This structure has clinical leadership from across the system (system, nursing, primary care, pharmacy and secondary leadership perspectives) and equity leadership (Māori and Pasifika leaders), alongside a dedicated programme lead and operations lead to provide the strategic oversight and leadership for the programme.

Operating functions for the programme include logistics, workforce, operations, IT, finance and contracting, site operations, communications and engagement, planning and intel and welfare. Key leads have been assigned across most operating areas, with the exceptions of logistics (we currently have a part time logistics coordinator within the DHB and are in the process of seconding a full-time logistics specialist) and welfare.

The draft team structure is as follows:

Waitaha COVID-19 Vaccine Programme - Personnel Chart



Delivery Plan

Current delivery models

As of 6 April 2021, we have the following centres providing vaccinations to border workers and household contacts:

- 174 Orchard Road – opened 23 February (~720 per week)
- MIQ facilities – started 23 February (~600 per week)
- Ward GG at Burwood hospital – opened 29 March at half capacity (~1320 per week). Focus on household contacts and 2a.

Mass vaccination centres (MVC)

Three large, fixed clinic sites at Burwood Hospital (in place), 100D Orchard Road and The Princess Margaret Hospital (TPMH) are being set up as mass vaccination centres. 100D Orchard Road and TPMH can scale up as required in future phases.

The timeframes for commencing and scaling up these mass vaccination centres is as follows:

Date	Site	Capacity Change	Cumulative Weekly MVC Capacity
12 April	Burwood starts operating double shifts	~1,320 additional per week, 2,640 total at this facility	3,960
14 April	MIQ and 174 Orchard Rd	~1,320 per week loss	2,640
14 April	100D Orchard Rd opens	~1,800 per week	4,440
19 April	100D Orchard Rd opens additional capacity	(~720 additional per week, 2,520 total at this facility)	5,160
1 May	TPMH opens	~1,500 per week	6,660

Designated primary care clinics

An expression of interest was recently distributed to general practices and community pharmacy across the Canterbury health system. Four initial designated primary care clinics, with coverage across Christchurch city and the Ashburton district, are due to commence 19 April, with planning underway to onboard the nine additional clinics by 17 May. The 13 clinics have a distribution across the wider Canterbury region, including the Hurunui, Selwyn, Kaikoura, and Waimakariri districts with some designated clinics operating in clusters, and a mix of general practice and community pharmacy.

Most of these clinics are being planned to ramp up over four weeks to ultimately deliver 360 vaccinations each per week. One of these clinics will not deliver more than 180 vaccinations per week due to low surrounding populations. By 7 June these clinics are expected to deliver ~4300 vaccinations per week.

Group 1	Group 2	Group 3	Group 4
Commence 19 April, capped at 360 each p/w	Commence 3 May, capped at 360 each p/w	Commence 17 May, capped at 180 each p/w	Commence 17 May, capped at 360 each p/w
Riccarton	Kaikoura	Akaroa	Ashburton
Barrington		Methven	Rolleston
Wigram			Rangiora x2
Ashburton			Amuri
			Darfield

Other Delivery Models

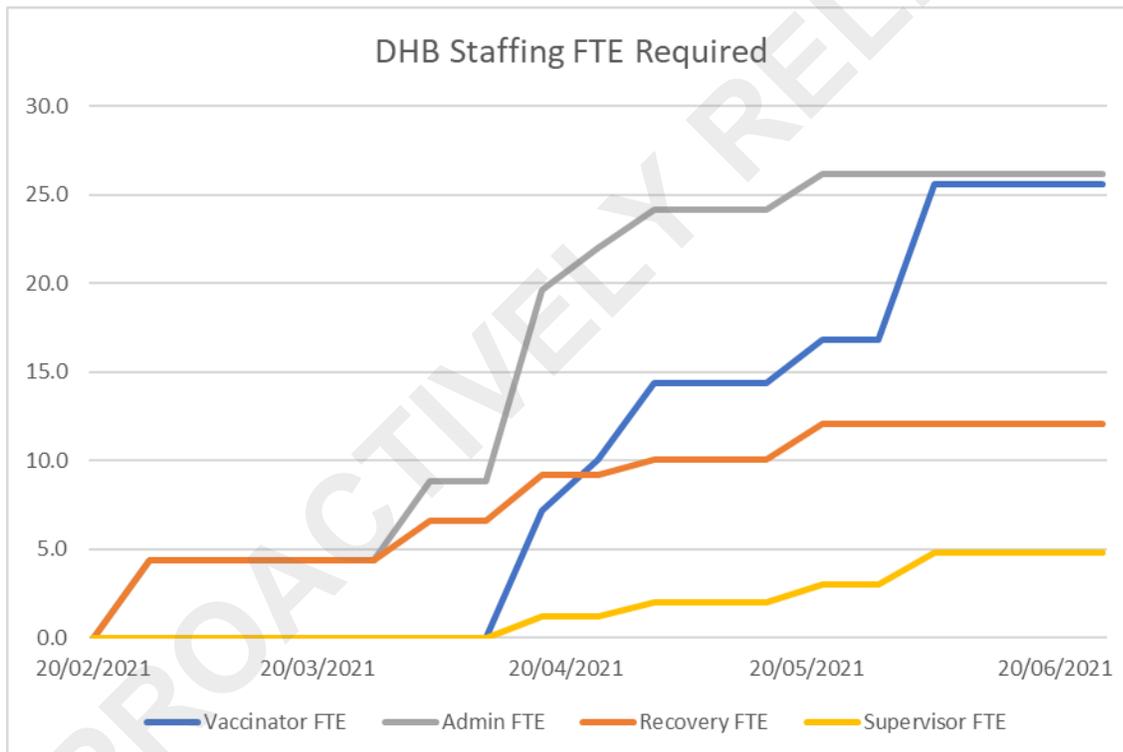
DHB staff: Vaccination of DHB staff will commence 14 April 2021 at a capacity of 1800 doses per week.

Rest homes: Planning is underway for vaccination to Aged Residential Care. This is scheduled to commence 17 May, initially at a capacity of 300 doses per week (included in our delivery volumes).

Vaccination Workforce

Approval has been provided to recruit and onboard the following Covid-19 vaccination workforce – 4 FTE Site Coordinators, 12 FTE Nursing Leads, 16 FTE Observation Staff, 40 FTE Authorised and Unregulated Vaccinators, 40 FTE Administration staff. Formal offers for 19 staff are being made from Tuesday 6 April and interviews scheduled for 38 further shortlisted administration, observation and site manager staff on 7 and 8 April. Recruitment is ongoing until appointment into the approved position capacity is complete. Until we have our full vaccination team on board the programme will continue to be supported by the CDHB Public Health Nursing Service, and a temporary administration team.

We are utilising current DHB vaccinators who have undergone the COVID-19 vaccination training to deliver vaccination to our DHB staff. Once this sequence of the programme is finished, a number of these people will join our wider system vaccination team.



Booking Solution

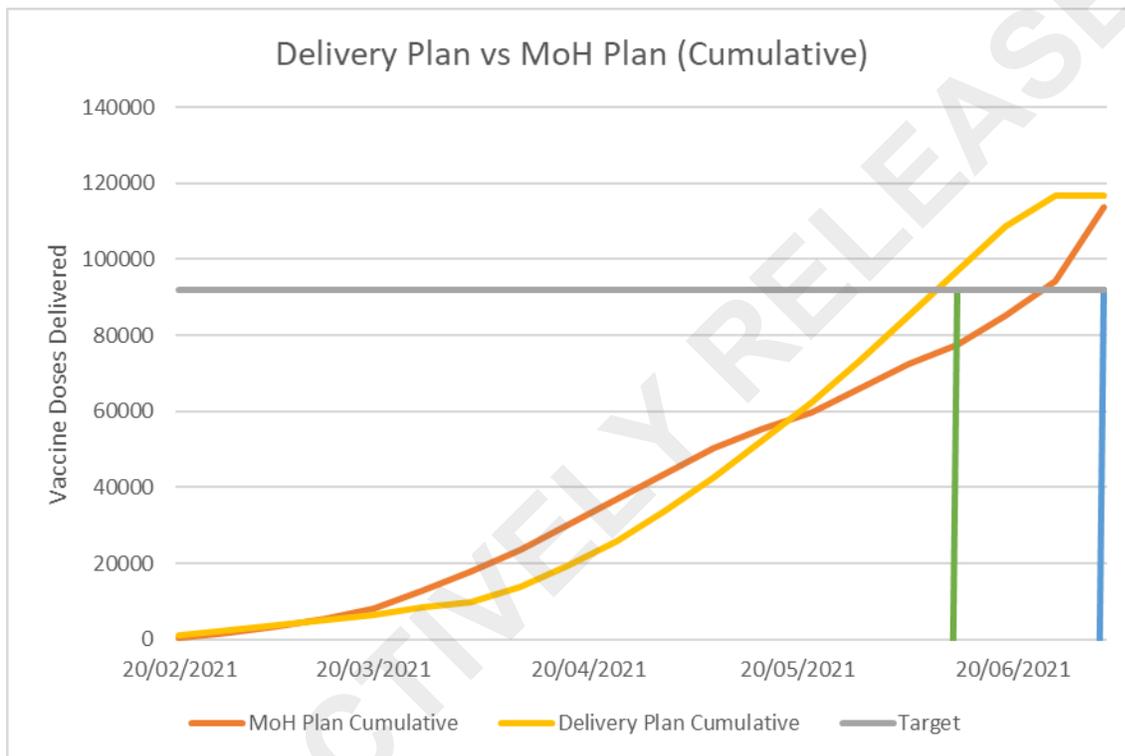
We note that the privacy breach in the Indici electronic booking system has had a significant impact on planning and implementation for Canterbury DHB and we are continuing to work on establishing an alternative solution, subject to passing an independent security review that includes sign off from the Ministry of Health. Initially this alternative solution has included establishing a small administration team that are contacting and booking household contacts into vaccination clinics.

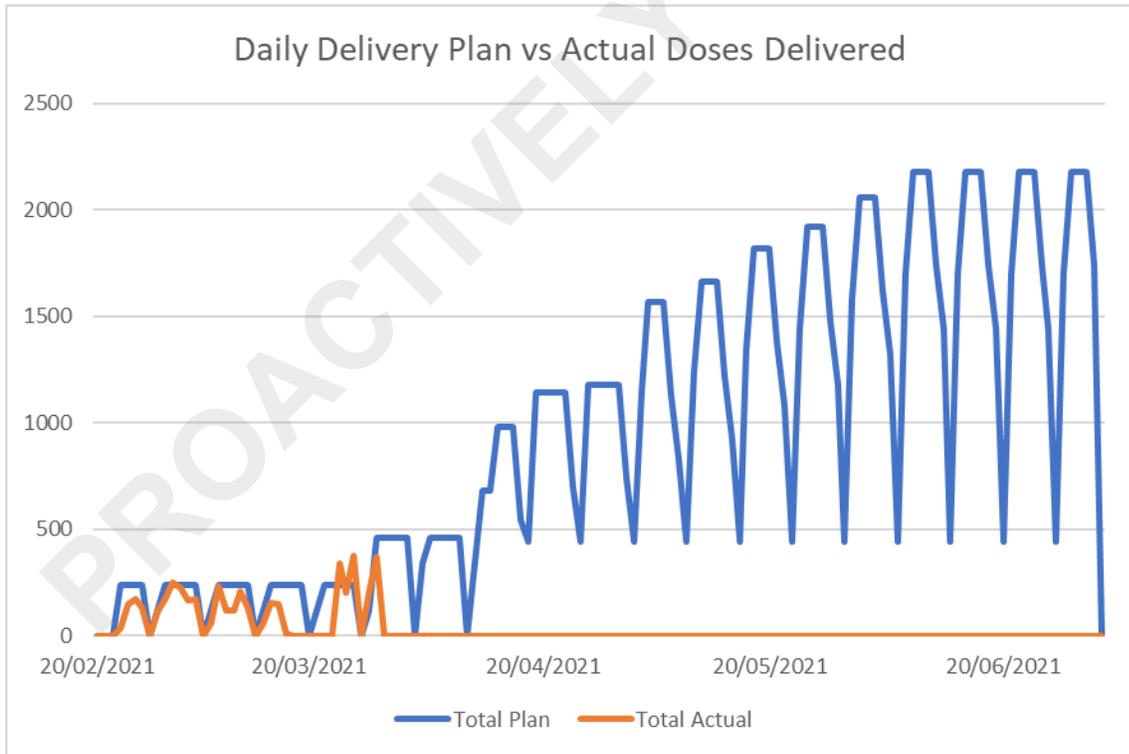
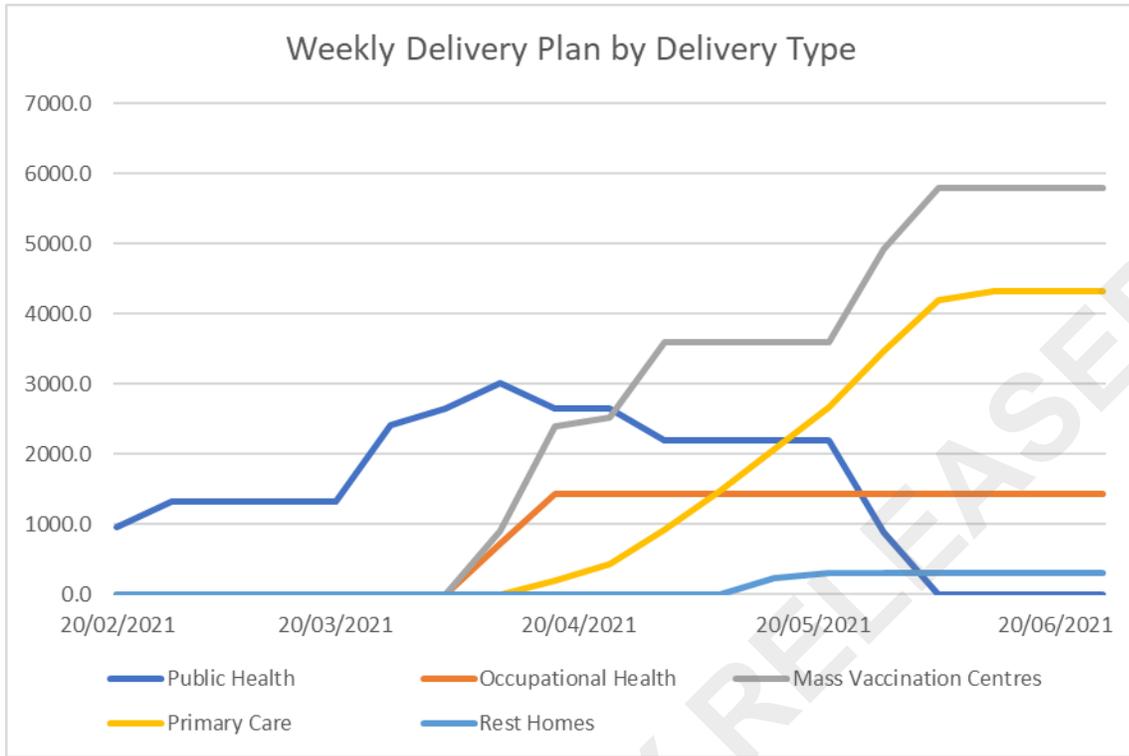
Planning is underway with the Ministry of Health on the national booking system and continuing with a local instance of Indici, open only to DHB staff and programme administrators, supported by a call centre.

Delivery Volumes

Canterbury DHB has delivered 4,300 vaccinations to 30 March 2021.

Our model delivers 92,000 doses (dose 1 and 2) across Tiers 1a, 1b, 2a, 2b, 2c and a portion of 3 across Canterbury by 15 June 2021. This is summarised in the graphs below, with the detail provided in the attached Canterbury DHB vaccination production plan spreadsheet.





Contingency for Excess or Expiring Stock

A contingency plan has been developed for the utilisation of expiring stock that is based on the risk of contact with COVID-19 and aligned with agreed sequencing of vaccine delivery. The contingency plan assumes no community cases of Covid-19 in Canterbury (i.e. level 2 or below). As we complete the second dose vaccination for border workers the plan has evolved to include additional 2a and 2b health workers. For excess stock that needs to be utilised at short notice, the three Canterbury PHOs have provided a list of high COVID-19 swabbing practices that are available for vaccination at short notice.

As we establish mass vaccination centres and respond equitably to the needs of our population, we may reduce the frequency of use of the contingency plan by offering some drop-in clinics. Changes in vaccine delivery to enable delivery of frozen vaccine will also reduce the need to implement this contingency plan. The contingency plan continues to be a living document that will evolve as we progress through the phases of vaccination deliver.

Assumptions

The following assumptions have been made in developing this plan:

- Vaccination rate of 10 vaccinations per hour at large fixed sites, and five per hour at residential facilities e.g., ARC. Current delivery by experienced vaccinators is 15 vaccinations per hour, with less experienced vaccinators understood to deliver approximately six vaccines per hour.
- That we can rapidly onboard vaccination teams and site managers and that they are available to begin delivery as soon as possible. See the workforce section above on offers and recruitment underway.
- That we can re-establish an electronic booking solution that meets the appropriate privacy and security requirements. In the interim we are using a small team of administrators to phone and book people into our planned clinics. If an electronic solution is not possible, we will scale up administrative recruitment to establish a large call centre function.
- That we will be able to develop a comprehensive system of vaccine distribution logistics to enable an increasingly flexible model of delivery.
- That we can access large group, in-person COVID-19 vaccinator and CIR training as part of staff induction process.

Risks

Key risks associated with delivery on this plan include:

- Quarantine Free Travel starts and pulls on the same Registered Nursing workforce. The predicted FTE is approximately 60 in both areas. We note the challenge in recruiting nurses across the health sector due to the number of new COVID-19 related health services when compared to the total available workforce.
- The manual booking system reduces our administrative efficiency and is challenging to recruit sufficient staff to on a temporary basis, in a timely enough manner to support bookings for the clinics that will be available.
- Training is not accessible at the speed we are onboarding clinical and non-clinical staff resulting in lower number of vaccination teams/stations available at start dates for clinics.

PROACTIVELY RELEASED