

E-mail dated: 16 April 2021

From: Dr Ashley Bloomfield, Director-General of Health,  
To: General practice, primary and urgent care  
Subject: **COVID-19 Vaccine programme**

Kia ora koutou,

I am writing to you to provide an update on the important role I see for general practice and urgent care in the COVID-19 vaccine roll-out. To date, general practice and primary care have had, and continue to provide, significant input into the programme.

### **What's happening now**

Our current delivery focus is on the people most at risk of being exposed to COVID-19 – our border and MIQ workforce and their households, and our frontline health and critical workforces. (The full list of these groups 1 and 2 are detailed [here](#)).

I acknowledge the role of general practice in vaccine delivery currently varies across each District Health Board. To date, there are over 40 community-based vaccination hubs that have already been established by District Health Boards and many of these have been set up in collaboration with general practice and Primary Health Organisations.

This initial focus on hubs reflects some of our logistic (inventory, distribution, vaccine) constraints, but with the ability now to store the vaccine at minus 20 degrees for up to two weeks, and progress in other areas (see more below), we have reviewed and updated the approach.

We are currently working with the primary care sector to investigate how the vaccine could be delivered equitably, efficiently and safely in a more distributed general practice or urgent care model. This is important and necessary work in order to achieve the scale of delivery we need. We expect District Health Boards to be working closely with general practice, primary and urgent care on their plans in order to achieve our goals. DHBs are also engaging with rural communities, where the intent is often to vaccinate an entire community – it is imperative that this work in particular is developed with general practice.

### **What's happening next**

We will soon be shifting our efforts to protect those most at risk from the harmful effects of COVID-19 should they be infected (Group 3). Among this [group](#) are those people aged over 65 years and those suffering from chronic conditions. These are the people that you know and care for daily – we need your support to ensure we have full and equitable vaccine coverage of these people.

We are designing a range of ways to help people in Group 3 to access the vaccine, building on our community hubs and also including options such as temporary sites, hospitals and larger events. There are a few reasons why we are taking this 'mixed model' approach for Group 3, as opposed to a largely general practice and pharmacy based model (like we do with the influenza and childhood immunisations). However, we are making progress in working through these limitations:

- The need to store vaccines at minus 70 degrees and use them within five days, as well as the way vaccines are currently distributed, means delivery is not able to be made to all general practices. Exploring this issue so that we can increase the number of possible delivery sites is a priority, but those systems will take time to get in place. Our Distribution and Inventory team have been

working through a co-design process with District Health Boards, which is due to be finished at the end of next week.

- Technology systems need to be in place and aligned to enable primary care staff to deliver vaccines within their own workplaces (see updates on the CIR detailed below).
- Medsafe approval of cold chain requirements for Pfizer/BioNTech vaccine presents an opportunity for us to develop a more distributed model of vaccine delivery. We will be looking to work with general practice and community pharmacy to explore how we can safely use those settings for COVID vaccination while ensuring cold chain fidelity.

### **Longer term we will move to a more “distributed” model**

As we move into Group 4, our vision is for more general practices, primary care settings, and urgent care facilities to be able to fully participate in delivering the vaccine. We know that not all of these settings will want or be able to do this, however we want to reduce and minimise barriers for your participation. Meanwhile, your ongoing work on flu and childhood immunisation remains important and we want to acknowledge and thank you for the massive contribution you are making.

### **Other updates**

#### **Workforce**

We are soon to widen the reach of COVID-19 vaccination training to enable all eligible professions and clinicians to register to become ‘authorised’ or ‘provisional’ vaccinators as well as the subsequent COVID-19 module, directly with IMAC. IMAC has designed and released a GP-specific online training module and this is [available now](#).

Scaling the vaccination workforce in line with demand is a key objective for the COVID-19 Vaccine and Immunisation Programme. We recognise the need to minimise disruption to current services across the health sector as much as possible, so building new workforces, rather than drawing from the existing vaccinator pool is our primary strategy.

#### **Pricing**

We have engaged with the primary care sector around the price for administration of the vaccination in general practice and community pharmacy. We have shared the assumptions on what this pricing has been based on with a sector working group to ensure it is fair and reasonable. This process was approved yesterday and will be shared with Ministers today. This decision will be formally communicated early next week. We can assure you that the pricing takes into account the additional administrative steps with COVID-19 vaccinations.

#### **COVID-19 Immunisation Register**

We recognise the importance of technology integration to enable GPs to deliver vaccines within their own practices. In larger event types such as community hubs and mass vaccination centres the expectation is that the COVID-19 Immunisation Register (CIR) is used. This has been well received by users to date.

The new CIR currently sends messages to GP Patient Management Systems (PMS) when a vaccine has been delivered. We are engaging with PMS vendors to develop an integration with the CIR for the most efficient service delivery in general practice. Until this integration is in place all vaccinations must be recorded in the CIR. We are working through how to make the CIR available to GPs even before that integration is fully in place. We will provide updates as the work progresses.

## Sources of information for general practice, primary and urgent care and how you are part of the programme

We recognise that general practice, pharmacy, primary and urgent care providers are viewed by many in our community as a trusted source of health information and so we will continue to work with you so that New Zealanders have access to the information they need to make informed choices about vaccination.

The programme currently provides multiple ways for you to access information and keep up to date. In brief, they are:

- A fortnightly health sector focussed newsletter that provides regular updates on the programme of work. You can subscribe to this [here](#). This vaccine programme newsletter will continue to be a key source of information and we are working to ensure it is focused and only includes the latest updates on the vaccine programme.
- A fortnightly primary and community care webinar that is attended by a range of organisational representatives. This webinar alternates with the newsletter so there are outgoing communications from the programme each week.
- The Immunisation Handbook 2020 provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. A chapter on the COVID-19 vaccine can be found [here](#). The Immunisation Advisory Centre (IMAC) has a new [website dedicated to COVID-19](#) and offers answers to key questions on vaccinator training and vaccine delivery.
- The app Āwhina lets you access information from the Ministry of Health and other trusted sources on your mobile device and sends out notifications on key COVID-19 vaccine announcements. You can download Āwhina [here](#).
- The MoH [COVID-19 Vaccine Resources page](#) is full of useful information, frequently asked questions and also fact sheets in multiple languages.
- HealthPathways platforms nationwide have published (or will soon publish) COVID-19 Vaccination Information pages. General practices can log into their local HealthPathways site to access this useful information.
- Medsafe's [website](#) has COVID-19 vaccine approval information and vaccine reports. Medsafe also publishes [data sheets and consumer medicine information](#) for approved COVID-19 vaccines.
- The Goodfellow Unit delivers continuing professional development for primary healthcare professionals and recently published this excellent webinar with Dr Nikki Turner, Director of the Immunisation Advisory Centre, in which she discusses the COVID-19 vaccine and New Zealand's vaccination strategy <https://www.goodfellowunit.org/events/covid-19-vaccines>
- We are aware of the need for health workers to have a dedicated web page for the latest COVID-19 vaccine clinical information. To meet this need we have just developed a [new landing page on the MOH website especially for vaccine updates for health workers](#). This page also contains links to clinical resources on IMAC and other relevant websites.

In addition, a new national public information and communications campaign will begin to roll out from next week. The central proposition of the campaign is 'the greater our immunity, the greater our possibilities'.

Our programme has primary care and general practice expertise embedded in its design, operationalisation and governance. We have your representatives in key committees, including the Immunisation Implementation Advisory Group, the COVID-19 Vaccination Technical Advisory Group, and

the Independent Safety Monitoring Board. The programme team includes general practitioners, nursing, and pharmacy colleagues, with more general practitioners onboarding in the coming month. In addition to all this input, we are also grateful for your expertise in working groups and as active clinicians in testing our early community hubs.

Thank you again for all that you are contributing and for your ongoing support.

Ngā mihi,

Ashley

**Dr Ashley Bloomfield**

Te Tumu Whakarae mō te Hauora

Director-General of Health