DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COVER PAGE: COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting Date	16 February 2022
Agenda	The agenda covered: • Technical testing update from the Ministry of Health • Care in the Community update from the Ministry of Health

Assurance on key issues and risks raised

The attached advice note sets out the issues, risks and observations raised by the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group) during its meeting.

From those issues, risks and observations the Group has identified areas where you may wish to seek further assurance:

There are three options you may wish to consider for each of the areas where further assurance may be needed:

1. You are already assured that the necessary work has been or is being undertaken to address the issue or risk. No further action is required.
2. You believe there is value in further assurance work being undertaken and you either:
   a. Direct relevant parts of the system to address the matter and provide assurance; or
   b. Direct the Group to undertake further assurance work and report back on the matter

Areas you may wish to seek further assurance[1]	**Assurance option**		
	1	**2a**	**2b**
1. That the emerging equity issues are being picked up and addressed urgently in real-time through: data analysis; review of case risk assessment criteria and their application; and targeted strategies for South Auckland, Pacific and Māori communities.		✓	

[1] Note: as the adequacy of Care in the Community systems and processes to identify low-risk cases that deteriorate rapidly was raised as a key assurance area in the Group's advice note of 10 February 2022, it is not included here but remains a key concern for the Group.

2. That there is adequate line of sight across the capacity of the health components of the Care in the Community system to respond to the rapidly evolving needs over the course of the Omicron wave.		✓	
3. That there is a suitable level of operational oversight, informed by real-time data, to identify gaps, anticipate issues, and make necessary operational changes to the response as rapidly as needed.		✓	
4. That communications strategies are focussed on simplicity and community activation, and that the key definitions of 'close contact' and 'self-isolation' are actively reviewed for currency.		✓	
5. That processes to procure testing capacity, rapid testing options and to implement saliva testing are proportionate in terms of assurance requirements versus the immediate risk of insufficient capacity and flow on impacts.			✓
6. That the COVID-19 Testing Technical Advisory Group will have the necessary level of authority, visibility and reporting line to Ministers to fully support evolving testing strategies at pace.			✓

5 and 6 are linked. I'd like rec 5 passed on to the TTAG and for their views to be sought. CH

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting date: 16 February 2022

This note sets out the key issues, matters and observations raised by us, the COVID-19 Independent Continuous Review, Improvement and Advice Group during and subsequent to our weekly meeting. Unless specified otherwise, the points below are our opinions.

Discussions with representatives from the Ministry of Health (MoH) have informed this note along with material and information provided to us through the DPMC Secretariat.

CAVEAT: The below comments are a reflection of our views as at 16 February. Events are moving at a dynamic pace and some views may subsequently shift.

Equity

Equity issues are being amplified by the Omicron wave. To date, the Omicron wave is not evenly distributed across New Zealand or by ethnicity. Auckland has around seven times the number of cases per population than the rest of the country and Pacific and Māori are disproportionately represented in the number of cases and hospitalisations. This is consistent with previous outbreaks during the pandemic.

We have heard the following as evidence that equity issues are being amplified by Omicron.

- *Pacific and Māori are over-represented in cases and hospitalisations*

  The proportionality by ethnicity of cases and hospitalisations in the Auckland region does not resemble the demographic makeup of the District Health Board areas (DHBs). For example, as of 16 February, 14 of 19 cases in Middlemore Hospital are Pasifika, four are Māori and one is Pākehā. Conversely, there are low numbers of cases in the Pacific community who are being triaged as high-risk. We are concerned about the mismatch of this data and on the potential implications, especially for the Pacific community.

  The low numbers triaged as high-risk, combined with expected large numbers of Omicron cases, means that the burden of death may well fall upon those outside of the high-risk group as currently defined. It is not clear to us how this issue is being monitored. We strongly urge you to seek assurance that there are processes in train to independently evaluate the application of the high-risk criteria. In addition, we encourage you to gain assurance that there are, or will soon be, processes in place (that are potentially automated) to check on the health of all cases during the crucial five-to-eight-day period after becoming a case, and that there are processes to follow up on non-responders and those whose condition is worsening.

- *There is a gap in real-time data that brings issues of equity to the fore*

  There is a lack of real-time visibility of equity and capacity issues and trends that require immediate intervention. We believe there is a need for a more dynamic system that enables real-time feedback loops. You may wish to seek assurance that if this system doesn't already exist, that data analysts/scientists are brought in as soon as possible to support real-time data analysis.

- *The one-size fits all approach doesn't reflect what is playing out*

  While it is our view that systems and dedicated resources to monitor and interpret data in real-time are needed, the data already clearly demonstrates that we have a significant equity crisis emerging in South Auckland in particular. This is a clear red flag and we are very concerned that there may be insufficient capacity in the system to deal with early trends such as the proportion of hospitalisation rates by ethnicity. We recommend that you seek assurance that there is awareness of the emerging situation in South Auckland, and that plans have been developed to address this and other potential areas of high need.

We have been advised of the following in response to our enquiries on this matter.

- The online self-assessment tool has risk flags built in to help capture those who may self-determine they are lower risk than they are. General Practitioners will also have visibility of patients who test positive. In addition, the self-management system has the functionality to automate checks on cases. MoH did however note that there is a concern that once the original triaging has occurred, there is a reliance on individuals to escalate care in the self-management pathway.

Care in the Community

The health elements of the Care in the Community (CiC) systems are ambitious and there has been a huge amount of work undertaken. However, it is unclear to us whether there is adequate scrutiny of the systems to ensure they are not overly complex, are truly functional, and of their actual readiness. Workforce capacity is a key issue for the health elements of the CiC approach as well as the welfare elements raised in our previous advice of 10 February.

We have the following concerns which suggest that the health elements of CiC are a potential area of risk in terms of system complexity, functionality, readiness and capacity.

- *The visibility of system capacity to care for community cases is not apparent*

  We are unable to get a sense of whether there is a view of the capacity of the system to respond to rapidly rising community cases. There appears to be no central understanding of potential demand, and therefore what planned capacity looks like. Visibility of the capacity of the community care system is needed urgently and this should be assessed against the estimated need over the course of the Omicron wave. This should then lead to appropriate actions.

- *Centralised operational oversight may be lacking*

  We have not had any assurance that there is operational oversight to identify gaps, anticipate issues at pace, and identify cross system complexities. We would support the establishment of a small group of DHB leaders to strategically oversee the operational response against Omicron within the next week. The group would essentially drive real-time quality improvement, monitoring and responses to trends. The authority for any such group to make changes to the operational response is critical to gain the pace needed. This could be part of the solution to address the gap in real-time data to bring issues of equity to the fore.

We have been advised of the following in response to our enquiries on these matters.

- MoH raised that workforce capacity remains an issue that does not have an easy or quick solution, and shifting workforces regionally is a challenge.

Simplicity of communications and currency of definitions

The critical junction points of Phases Two and Three are bringing a significant change in approach, with a move towards self-management that presupposes a level of understanding by the average New Zealander. The extent of this as a change management exercise is not to be underestimated, nor the public's understanding assumed. Clear communications remain critical, in particular to support public understanding of what self-management entails, and how they can support each other within their communities.

We have heard or become aware of the following in regard to communications.

- *People are trying to do the 'right thing'*

  We have heard that the 'worried-well' are clogging up the testing system as also occurred early on in the Delta outbreak, revealing a disconnection between the changes and public understanding. We need to bridge the gap between the changes in approach and the understanding of New Zealanders through a clear communications strategy that is underpinned by the principal of simplicity.

- *Contact definitions may be unnecessarily complicated*

  In addition to the complexity of the online forms for self-management pathways raised in our 10 February advice, the definition of a close contact is overly complicated. The definition appears to be that used by public health professionals and is unlikely to be applied easily by the general public. Instead, the aim of the definition should be to capture a good proportion of close contacts while being very easy to apply.

- *Key definitions need to be actively recalibrated*

  The working definitions of 'close contacts' and 'self-isolation' are critical elements in the response and need to be actively (and pro-actively) recalibrated to reflect real-time risk in the community. Delays in keeping them current causes unnecessary pressure on the system, individuals and businesses.

- *Our communities are integral to keeping people safe*

  Community activation, whereby communities, whānau and individuals have plans in place to check on and support each other, could have further promotion as an adjunct to formalised CiC processes to prevent people from falling through the gaps.

We have been advised of the following in response to our enquiries on these matters.

- MoH are strengthening messages to educate the worried well regarding when they should seek testing.

Testing

There is a rapidly emerging crisis around testing capacity in New Zealand which requires an immediate pivot to address. Testing is both the trigger for people to enter and exit the CiC system and delays in testing risk avoidable adverse impacts on people. While there is an urgent need to increase capacity, pressures such as some laboratories no longer being able to pool tests, has decreased overall and some regional capacity. We can also expect there to be a lot more pressure on RAT supplies over the coming weeks. Actions to increase testing capacity and options need to have clear and specific timelines that are in sync with necessary pace.

From what we have heard, we have ongoing concern in regard to the testing system.

- *Case numbers in Auckland require a targeting of RAT resources*

  With the high numbers of cases in Auckland, and the strain on testing already occurring, it should be urgently considered to supply as many RATs as possible to the region. While we have previously advised that RATs utility is limited for asymptomatic cases and prior to the onset of symptoms for symptomatic cases, it is a good use of RATs to test close contacts who become symptomatic. Positive RAT results for symptomatic close contacts (who are a high prevalence sub-population) should not need to have a confirmatory PCR test, which will help to reduce pressure on PCR capacity.

- *Pre-COVID-19 procurement models are incongruent with necessary speed*

  Government processes are continuing to hamper the speed of the response. An example is the ongoing negotiations with Rako Science indicating that we continue to apply pre-COVID-19 procurement models that are incompatible with the speed and agility needed. We have reached a critical point in terms of testing capacity and traditional procurement processes hamstring our ability to meet the needs of the response.

  Lucira and other loop-mediated isothermal amplification (LAMP) tests are not yet in operation despite clear evidence they out-perform RATs and are approaching the performance of full PCR tests. They have been rolled out in other countries that have robust evaluation and approval systems. Our view is that these tests should be utilised instead of, or at least complementary to, RATs at the border and in other situations. While the process is underway to approve these tests, there is a risk that timelines are not clear and are not in sync with the urgent need. For example, a LAMP pilot should be ready within 1-2 weeks,

  Given the urgency of testing capacity, you may wish to seek assurance that processes are being expedited and that there are enough personnel to meet the critical needs around testing we will face within the next and subsequent weeks.

- *The COVID-19 Testing Technical Advisory Group plays a key role*

  MoH has advised that they are proposing a reshaping of the COVID-19 Technical Testing Advisory Group (CTTAG) that will have a strategic focus. We support the strategic role of the CTTAG and highlight its importance in providing ongoing specialist expertise to MoH for the Omicron wave and future variants. We do raise, however, that it does not appear that it will have the level of authority, visibility or reporting line to Ministers that was envisaged by our Group and the Strategic COVID-19 Public Health Advisory Group. We also urge that the function of the Group is formalised and that advice to MoH is recorded and recommendations are made available to you in real time.

- *Saliva testing is not yet fully integrated*

  Saliva testing does not appear to be fully integrated and the available capacity in New Zealand fully used. This is despite advice from David Murdoch's report that this testing modality performs at an equivalent level as nasopharyngeal swab for PCR testing, in keeping with the advice from the Simpson Roche committee in 2020. Given the urgency of testing capacity issues, we urge you to seek assurance that further adoption of saliva testing, including in all situations where nasopharyngeal swabs are indicated, is being progressed with the necessary pace.

We have been advised of the following in response to our enquiries on these matters.

- MoH have advised that base PCR testing capacity will fall short but that they are carefully monitoring pressure points by region and where they can utilise other regional capacity to alleviate pressure. The rollout of RATs will move quicker than originally planned to help address capacity issues and prioritise PCR tests for where most

needed. MoH also indicated they are working at pace to fix RAT supply chains and get tests where they need to be over the next 24-36 hours. They are also strengthening messaging to educate the worried well.

- MoH are working with Lucira on a pathway and are exploring partners to test proof of concept. They also indicated that the Lucira test may be an option for use in a further border self-isolation pilot.
- MoH are continuing conversations with Rako Science and other potential providers and are looking at where saliva tests can be used to support PCR testing capacity.
- MoH are prioritising emerging testing technologies but need to balance this against the timing of Omicron and the pressures on limited workforce. They are planning workshops following on from the recommendations of the DPMC-led rapid review.

Broader impacts on the health system

In addition to the above, we would also like to raise our thoughts on the broader impacts on the health system.

As we have raised previously to you in our advice dated 23 September 2021, we have significant concerns about the unintended consequences caused by delays to health care caused by the response to COVID-19. We have not been made aware of anyone monitoring and preparing to respond to these broader impacts. Our view is that there is an urgent need to bring people in to monitor, interpret and respond to wider health-system quality and safety issues.

Sir Brian Roche (Chair), on behalf of the members of the COVID-19 Independent Continuous Review, Improvement and Advice Group

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