

Media Release

Date: 16 March 2021

How priority groups 4b and 6 of the vaccine programme has been determined

At the media briefing on Friday 12 March 2021, the President of the Committee *for* Health & Social Care, Deputy Al Brouard, explained how we know who to contact for Priority Group 4b – clinically extremely vulnerable and Group 6 – those aged 18 to 65 years at moderate risk of the vaccine programme.

We have a database of the demographics and health of our population which has been created from our own health and social care records along with those from other healthcare partners. In simple terms, we have extracted relevant Primary Care data in collaboration with all 4 practices and their IT provider and applied an approved Public Health England (PHE) algorithm to identify people that should be included in groups 4b and 6 of the vaccination programme. These are the ‘at risk’ group.

This algorithm allow large amounts of information to be quickly sifted to assess how likely an individual is to become seriously ill if they contract COVID-19. The algorithm does not apply clinical discretion in the same way a health professional might do, and instead highlights individual solely on the information available by searching for certain flags, or codes. By combining data from different sources, the algorithm – which was designed based on NHS databases and when applied against the various local databases used across primary and secondary care may present some anomalous results. This occurs in only a small number of cases and may mean that some members of the community may be called slightly out of sync. There is nothing to be anxious about. We are vaccinating in excess of 800 a day for the next 3 or 4 weeks. Our collective attention must be in getting the appointments scheduled in.

Medical data is stored by health and care practitioners in a number of databases, all of which are different – and importantly are not the same as the NHS databases in the UK which the PHE algorithm is designed to interrogate. What isn’t different is that all healthcare data is coded. This is known as clinical coding. In a hospital setting, clinical coding is the process where information from your hospital notes is expressed as codes. This includes the operation/treatment, diagnosis, complications and comorbidities. These codes are then used to identify certain groups of people for screening, follow up appointments, ongoing treatment etc. or to produce health intelligence data such as numbers and types of cancer, people in our community who have renal conditions etc.

Your records held by your doctor will also be coded to 'flag' certain conditions for similar reasons. Your GP practice will also use this information to provide health intelligence data and to identify groups of patients for screening etc.

In order to identify individuals in each of the priority groups for the COVID-19 vaccination programme (as decided by the JCVI) the PHE algorithm was developed in the UK which searches the database and looks for certain coding or 'flags' that identify patients as clinically extremely vulnerable or at moderate risk.

It is important to be very clear here: The States of Guernsey has NOT been given any of your private medical information by your Primary Care Doctor.

This algorithm has been used across the UK as well as here in the Bailiwick. What we do know is that any algorithm will produce some unusual results as it is almost impossible for any algorithm to be perfect and you have to factor in it is searching data that is subject to human error in that it may not have been correctly coded or a medical condition may no longer be relevant (e.g. childhood asthma).

We know using this algorithm could result in some people being missed or, as we know has happened, some people who are actually at low risk will end up jumping the queue. But we need to focus on the positives of the situation we find ourselves in especially in the context of us entering the third consecutive week with no new cases. An algorithm is able to search through data far more quickly than any human ever could. If we chose to, we could wait to push out this vaccine to medically at risk cohorts until the coding of every single medical record of all patients registered with a GP practice had been assessed and considered accurate. But that decision would cause a significant delay to the roll out of the vaccine programme and would be extremely costly. We are currently on schedule to ensure that everyone in priority groups 1 to 9 will have received their first dose of vaccine by 8 May 2021 and, for the benefit of our community, we would not wish to delay this unnecessarily.

The algorithm is being used to help us to identify as many people as possible who are considered clinically extremely vulnerable or at moderate risk. As we know it isn't perfect we are also using information from our hospital clinics where we know, due to their current diagnosis, the patients that meet the criteria for these groups e.g. respiratory, diabetes, renal clinics etc.

It has already been acknowledged in the UK that the biggest challenge of the algorithm will not be running it, but explaining it to patients who get (or don't get) an invitation as a result.

So, for those of you who might be querying why you have been called up earlier than you were expecting it could be that many years ago you were prescribed some medication for something that has led to you being identified within the database as higher risk. This is nothing to worry about, especially if you don't think of yourself as higher risk. If you have received an invite at this stage we will not be revoking it, please take the opportunity to have your vaccine. Don't feel that you are pushing others down the list. We have had to take a pragmatic approach to the situation we are in. We are progressing through the groups quickly and hope to be able to commence the second phase of the programme on or

around the 24 May 2021. If you choose to wait to a later phase of the programme please call the Vaccination Contact Centre on **01481 707607** so that we can update your records on our system and send an alternative invite at the appropriate time.

Anyone who thinks they should be in Priority Group 6 and has not received an invitation letter please contact **01481 707607** so we can provide further information and possibly book you for a vaccination, if it is confirmed that you do fall into this group.

As we said on Friday, before you question why someone you know has been called for a vaccine before you, please consider that they might have an underlying health condition that they don't openly talk about. After all, our health can be a very private and sensitive matter.

We are still asking people to be patient. We know this isn't perfect but we are getting through the groups as quickly as we can. Our Vaccination Contact Centre team can help with general queries but they cannot give medical advice and they do not have access to your medical records.

If you have received an invitation as you are considered at higher risk than others and you do not wish to take up the invite at this time, please do let us know. We can then edit your records to say that you have not been sent an invite and you will receive another one when we get to your age group priority. If you don't do this, the vaccination administration system will not send you another invite as you will be flagged as having had one, and it will assume you do not wish to receive a vaccine.

The attached infographic shows the current status of the vaccine programme and scheduled dates for future priority groups. If you think you have been missed from groups 1 to 5 then please call **01481 707607** in order to make an appointment for your vaccine. If you are in groups 6 to 9, please be patient. We are sending out the invitations in batches. This week we are sending out 1,000 a day.