

NEWS

The moving parts of a nationwide vaccine rollout

[Anastasia Tsirtsakis](#)

One of the largest logistical efforts in Australian general practice history will commence in less than a week.

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There are several logistical challenges that practices need to consider in the lead up to the rollout, says Dr Todd Cameron. (Image: AAP)

The first batch of 300,000 doses of the AstraZeneca/Oxford University vaccine arrived in Australia on Sunday, with phase 1b of the rollout slated to begin on 8 March.


GP and practice owner Dr Mukesh Haikerwal ran a mock vaccination session at his clinic in Melbourne’s west on Saturday.

‘We just did 3h mock vax session with 6 patients/15 min scenario from car-park/entry/into vax room/to observation area & then back to cars,’ [he tweeted](#).

‘Actual immunisation is a tiny part of delivery. Follows months of “war-room” planning and relationship building.’

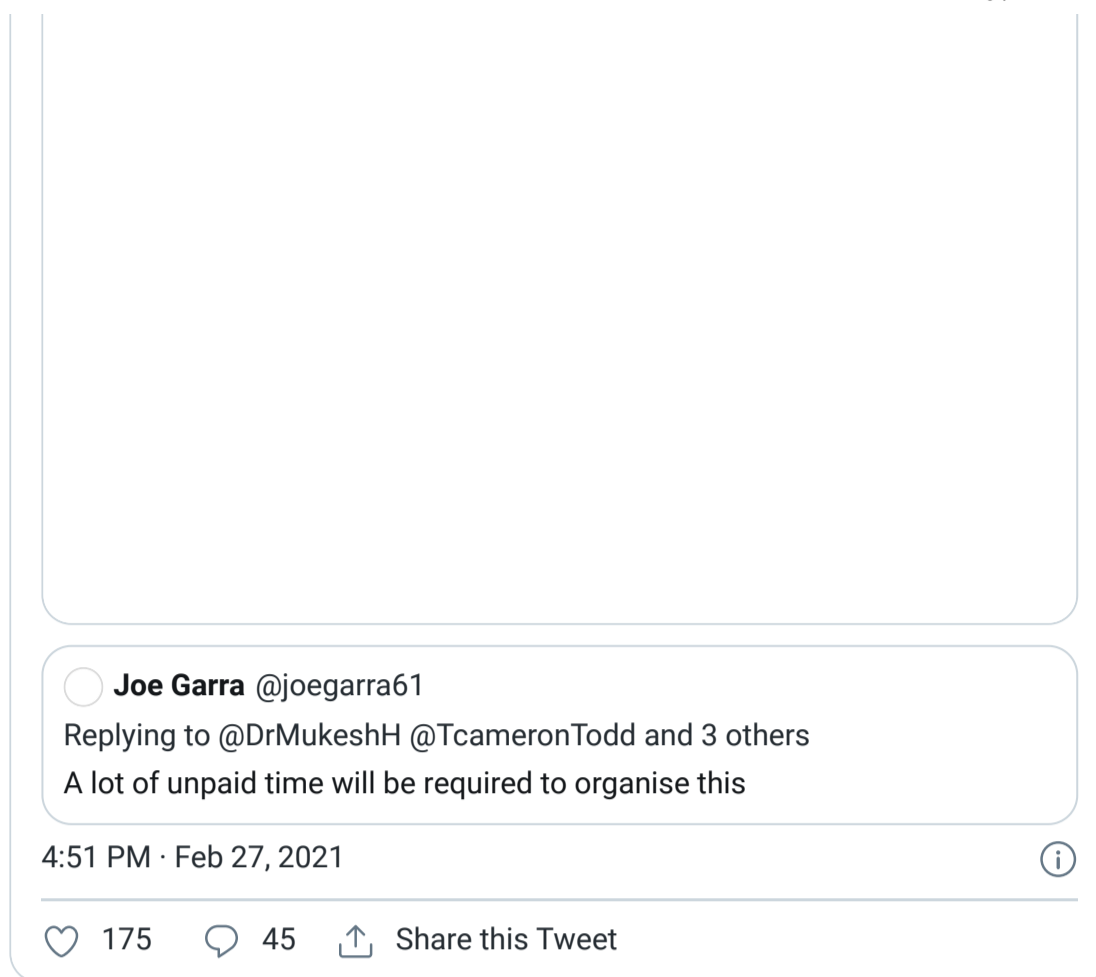


Mukesh Haikerwal
@DrMukeshH



Has! We just did 3h mock vax session with 6 patients/15 min scenario from car-park / entry / into vax room / to observation area & then back to cars. Actual immunisation is a tiny part of delivery.Follows months of “war-room” planning and relationship building. Work with [#JustAGP](#)





But with less than a week until rollout, [a number of participating practices](#) feel they have been left without adequate support when it comes to key supplies, such as drawing needles, syringes, cotton wool and tape.

According to [guidance issued by the Federal Government](#), practices are ‘encouraged to source their own supply of consumables’, and if unable to do so order them through the Commonwealth.

But Melbourne GP Dr Todd Cameron, a member of the RACGP Specific Interests Business of General Practice network, would like more safeguards in place. He believes any issues in the supply chain could create difficult situations for general practices.

‘Let’s just pretend that a practice is doing 100 vaccines an hour for 10 hours – if you’re going to do this you’ve got to commit to mass vaccination – there’s also the risk that all of those patients would need to be contacted and rearrange a different time. That’s a ton of phone calls,’ he told *newsGP*.

The Federal Government initially planned to include 1000 general practices in the rollout, but after an overwhelming response, selected 4600 that will come on board in stages from phase 1b.

RACGP Expert Committee – Quality Care (REC–QC) member Dr Michael Tam is currently working as a medical officer at Sydney’s Liverpool Hospital COVID vaccination hub.


He says while general practice is a leader in vaccinations, this is ‘not routine business’ and will require individual clinics and practices to ‘problem solve and create solutions’ that suit their local contexts.

‘We need to remember that we are trying to vaccinate a huge proportion of the population over a relatively short period of time,’ Dr Tam told *newsGP*.

‘To undertake this important work will require system changes and leadership.

‘Some of the issues and challenges that will need to be solved include things like staff rosters and staff roles. This will require establishing a healthy team culture within the practice environment and is something that needs to be developed and enhanced now.’

Two of Dr Cameron’s practices will be taking part in the rollout.

Having calculated the numbers, he estimates practices will be doing between 30–40% more work, requiring additional staff to meet vaccination targets. 

‘It’s conceivable that in one day’s work, you could be seeing as many patients as what you do over the whole week based on the volumes that go through,’ he said.

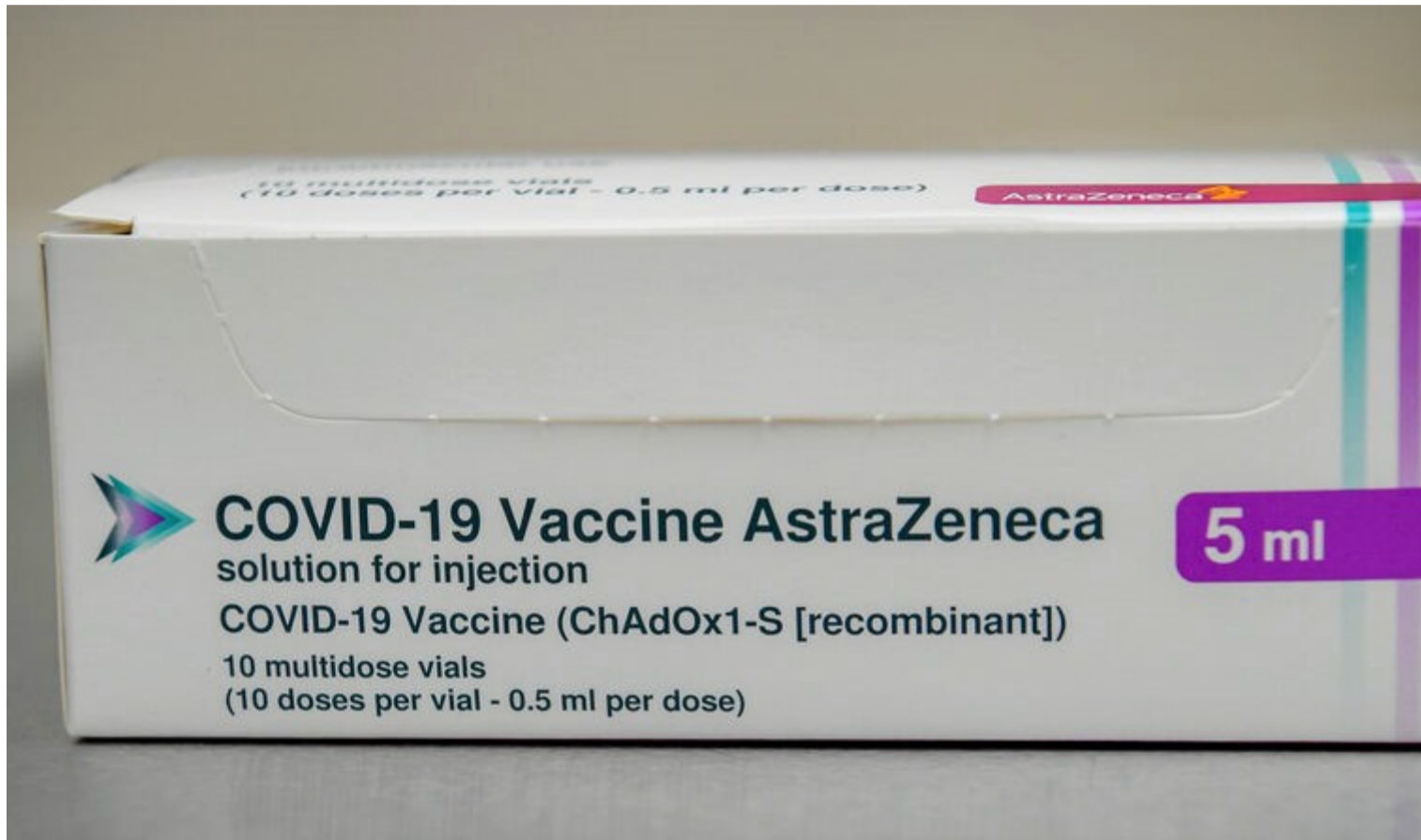
'So you're probably going to need a new workforce for this, majority new.'

'Extending your existing team runs the risk of ignoring your general practice, burning some people out [and] overwhelming them.'

Many of the issues that could impede patient flow, Dr Tam says, are likely to be logistical and administrative in nature.

'For instance, [screening and consent](#), patient registration, recording data of the immunisation event and [ensuring it has sent correctly to the Australian Immunisation Register](#),' he said.

'I think special focus needs to be placed on these processes, as they might not be something we have great expertise in as clinicians.'



The first batch of the AstraZeneca/Oxford University vaccine arrived in Australia on Sunday. (Image: AAP)

Previously speaking to *newsGP*, Dr Haikerwal [proposed a GP-led mass vaccination model](#) that would see all patients consented before arriving on site, to ensure patient flow.

Dr Cameron says a similar approach will need to be taken in general practices.

'If you look at a single patient for the COVID vaccination process, and you just mapped out all of the moving pieces, I reckon that's probably a 15- or 20-minute consult,' he said.

'But the reality is most people are going to need to be pre-consented days prior to this because ... it's ambitious to expect that somebody could have completed all of that work on the day, particularly given the groups that we are charged with immunising.'

'Group 1b ... is much, much harder than the 1a group. So it's going to be really important that we do have as much in the way of a streamlined process as we can.'

GPs will oversee the immunisation of people aged 70 and older, Aboriginal and Torres Strait Islander people aged 55 and older, adults with an underlying medical condition, including disability, and critical and high-risk workers.

Dr Cameron says if patients have a series of questions or struggle to understand what the vaccination entails, that it is likely to slow down the whole system, while leaving practices out of pocket.

'The reality is, you can't charge any other item number on the day – that's pretty clear,' he said.

'So, you're just going to have to say, "If you're not ready to have the vaccine, you haven't consented before you come in, do not come in. Have conversations with your usual GP until you're happy that you're comfortable to receive it".'

In addition to considering patient costs, ensuring patients are booked in blocks will avoid any wastage of supplies, as each AstraZeneca vial has 10 doses.

'[If] you've committed to doing, say, a four-hour block of immunisation, if that's only half full [and] you've got all the resources there, it's really important that you do fill it up,' he said.

'So you need a strategy for using blast comms to backfill those spaces.

'That makes the difference between it being viable, non-viable or marginally viable as to how many you can get through.'

Dr Tam says while there are many factors to consider, the rollout is a chance for general practices to play an important role.

'Although this is a threat to general practice, it is also an opportunity,' he said.

'An opportunity for practices to improve their team organisation and enhance their capacity to deliver, funded, short-term health interventions.'

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