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# All District Health Boards

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13 August 2021

Dear PHO Chief Executive Officers

## COVID-19 Immunisation Services through General Practice

This letter provides supplementary advice to what you received on [20 April 2021](#) regarding the national approach used to implement COVID-19 immunisation services through General Practices.

The Ministry of Health's New Zealand COVID-19 Vaccine Immunisation Service Standards (NZVISS) contains 160 essential criteria across 23 standards. The Royal New Zealand College of General Practitioners (RNZCGPs) has completed a mapping exercise between its current Foundation Standard for General Practice and the NZVISS (see Appendix 1).

The 20 DHBs' Senior Responsible Officers (SROs) for the COVID-19 programme have agreed that 145 of the essential criteria are covered by the Foundation Standard. Generally, General Practices that hold current Foundation Standard certification will only be required to provide evidence to the 15 remaining essential criteria that do not align with the Foundation Standard to provide the COVID-19 vaccination:

1. 1.6a Agreed performance (planning and delivery) metrics are documented in the service delivery policy.
2. 1.6b Providers use the agreed vaccine and consumable ordering and stock management systems.
3. 1.6c There is a weekly review of bookings, demand, capacity and scheduling of bookings.
4. 1.6d There is enough flexibility in the plan to accommodate unplanned cancellation or partial loss of capacity for reasons such as staff illness or significant weather events.
5. 1.6e Booking efficiency is monitored (through DNA and cancellation monitoring, rebooking and delayed appointments) at least weekly and is fed back to provider leadership group.
6. 1.6f There is an agreed communication and delivery pathway for the service to identify and address any logistic, transport and social issues to avoid late cancellations/non-attendance.
7. 1.6g Demand, capacity and utilisation data are used on an on-going basis for service planning to ensure enough capacity to inform scheduling, and the service has an agreed production or delivery plan if shortfalls are identified.
8. 1.6h There is a regular planning and delivery performance report for the service with an action plan to support service planning.

9. 1.6i The provider submits a four (4) week forward demand plan each week to the Ministry.
10. 1.6j The provider must submit new site and facility information to the Ministry five (5) days in advance of any deliveries
11. 1.6k All urgent orders are approved by the SRO prior to being submitted to the Ministry
12. 1.8a All vaccinators are required to complete the relevant COVID-19 vaccinator training and assessments through IMAC.
13. 2.1q Vaccine packaging must be destroyed so packages cannot be replicated.
14. 4.2b All staff administering the COVID-19 vaccine are approved COVID-19 vaccinators. Staff administering the vaccine must also have successfully completed the required training.
15. 5.1a The provider has dedicated resources and time to assure the safety and quality of their service.

DHBs remain accountable for the commissioning and quality of local providers across all 160 essential criteria in the NZVISS. Therefore, DHBs retain the right to seek evidence across any of the 160 essential criteria if there are any concerns with any General Practice at any time on a case-by-case basis.

If you have any questions, please contact your local DHB COVID-19 Vaccination Programme Lead.

Yours sincerely



Dr Nick Chamberlain

**Chief Executive, Northland District Health Board**

**District Health Board Chief Executive Co-Lead for Primary Care and Public Health**

cc: Dr Bryan Betty, Medical Director, RNZCGPs  
SROs, All DHBs  
GMs Planning and Funding, All DHBs  
Primary Care Portfolio Managers, All DHBs

## Appendix 1: RNZCGPs' Map Between CVIP Standard to the RNZCGPs' Quality Programmes

New Zealand COVID-19 Vaccine Immunisation Service Standards		Mapping to the Foundation Standard		Cornerstone modules quality improvement activity		CVIP criteria not included in the Foundation Standard
Std		Std		Equity	CQI	
<b>1.0</b>	<b>Effective leadership</b>					
1.1	<b>Leadership and organisation</b> <i>The provider has a structure for leadership, governance and accountability with clear reporting lines within the organisation.</i>	7.0	<b>Screening and recall</b> 7.1: The practice uses opportunistic and national population-based screening programmes, meeting the screening and recall requirements for both the enrolled and eligible population as per the national screening programme guidelines. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
		8.0				
		9.0	<b>Patient Experiences</b> 8.1: The practice surveys its patient population to understand patients' experience of care. 8.2: The practice uses patient feedback to improve services. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
			<b>Clinical Governance</b> 9.1: The practice ensures there are clear clinical governance, leadership and equity responsibilities and processes, reflective of disciplines within the practice team. (requires the appointment of an equity champion) 9.2: The practice ensures processes are in place to deliver the four core elements of clinical governance: ➤ patient engagement and participation ➤ clinical effectiveness			



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1.3	<b>Policy and procedure management</b> <i>The provider immunisation service has documented quality assurance and clinical safety policies and procedures that are regularly updated and shared with staff to ensure a person and whānau-centred safe, high quality service.</i>	16.	<b>Emergency Continuity</b> 16.1: The practice participates in an evacuation drill or evacuation drill training every six months. 16.2: The practice prioritises, supports and recovers critical and non-critical functions following an emergency or service disruption. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>Resources:</b> Policies and procedures ➤ <b>The Foundation Standard has a requirement for 18 policies, practices may also have local policies according to their service delivery and individual requirements. General policy information can be found <a href="#">here</a>.</b>			Note: Update Resources tab on Q microsite to include review dates and a list of required policies
1.4	<b>Service lead immunisation plan</b> <i>The provider prepares an immunisation delivery plan and monitors its performance to ensure all eligible consumers receive both doses of the vaccine within the recommended timeframes.</i>	7.0	<b>Screening and recall</b> 7.1: The practice uses opportunistic and national population-based screening programmes, meeting the screening and recall requirements for both the enrolled and eligible population as per the national screening programme guidelines. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>	Equity initiative opportunity	CQI project opportunity	

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1.5	<b>Access and booking</b> <i>There are systems and processes in place to ensure the immunisation service is accessible, timely, person and whānau-centred.</i>	3.0 <b>Rights and health needs of Māori</b> 3.1: The practice has identified and understands the health needs of Māori. The practice collaborates with local Māori organisations, provider groups and whānau to deliver on these needs  4.0 3.3: The practice ensures all team members are supported with pronouncing te reo patient, clinic, service provider and local place names. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>Responsiveness to diversity</b> 4.1: The practice is knowledgeable about the diverse groups within its enrolled populations and plans and provides for their health care needs. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>		Equity initiative opportunity	CQI project opportunity	
1.6	<b>Delivery and planning</b> <i>There are policies, processes and schedules in place to ensure that resources and capacity are used effectively.</i>	7.0 <b>Screening and recall</b> 7.1: The practice uses opportunistic and national population-based screening programmes, meeting the screening and recall requirements for both the enrolled and eligible population as per the national screening programme guidelines. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  13.  13.1: The practice identifies and recalls all patients requiring immunisations on the national immunisation schedule.			CQI project opportunity (LEAN)	Criteria 1.6 a-k not included

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			➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
1.7	<b>Provider workforce capability</b> <i>The provider has an appropriately trained and resourced workforce.</i>	13.	<b>Cold Chain</b> 13.1 : The practice identifies and recalls all patients requiring immunisations on the national immunisation schedule. 13.2 : Practice team members responsible for performing immunisations hold current (vaccinator) authorisation. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
		1.				
		3.0	<b>The Code of Health and Disability Services Consumers' Rights 1996</b> 1.1 The practice understands, promotes and implements the Code of Health and Disability Services Consumers' Rights 1996. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
		6.0				
			3.2: The practice educates all team members in Te Tiriti o Waitangi and its application to improve health equity for patients, family or whānau, including Māori as tangata whenua ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			

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			6.1: The practice trains staff to respond to urgent health needs. (evidence required: Current CPR training relevant to role. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
1.8	<b>Vaccinator staff</b> <i>The vaccine is prepared and administered by appropriately trained and certified staff.</i>	13	<b>Cold Chain</b> 13.2: Practice team members responsible for performing immunisations hold <a href="#">current authorisation</a> . ( <a href="#">Cold Chain Accreditation</a> certificate requirement). ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			1.8a All vaccinators are required to complete the relevant COVID-19 vaccinator training and assessments through IMAC
<b>2.0</b>	<b>Facilities</b>					
2.1	<b>Vaccination sites and centres</b> <i>The service provides a person and whānau-centred vaccination site that is a safe, comfortable, accessible, clean, clinically and culturally appropriate environment.</i>	15.  1.0  12.	<b>Health and Safety</b> 15.3The practice is safe, accessible, and ensures privacy for patients ( <i>Compliance with legislative requirements includes meeting Building Code requirements and the Fire and Emergency NZ (Fire Safety Evacuation Procedures and Evacuation Schemes) Regulations 2018.</i> ) ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>The Code of Health and Disability Services Consumers' Rights 1996</b>			



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		14.	1.2The practice ensures a patients' right to make an informed choice and give informed consent. [Right 7] ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			2.1q Vaccine packaging must be destroyed so packages cannot be replicated
		6.0	<b>Medical equipment and medicines</b> 12.1: The practice has the available equipment and medicines specified in <a href="#">Appendix 1</a> . 12.3 : The practice ensures stock levels are routinely checked and expiry dates of all medicines are documented and monitored			
		15.	12.4 : The practice ensures medicines are secured and out of reach by unauthorised people. 12.5 : The practice ensures portable emergency equipment including emergency medicines, specified in Appendix 1, are stored in a single secure location readily accessible by all clinicians. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>Infection control and healthcare waste</b> 14.2 : The practice ensures it has and follows active health care waste management procedures aligned to local bylaws and NZS 4304:2002. 14.3 : In all areas where sharps are used, the practice has puncture-resistant sharps containers that are out of reach of children and display a biohazard symbol in accordance with NZS 4304:2002.			

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			<p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p> <p><b>Responsiveness to urgent health needs</b> 6.2: The practice displays signage for waiting patients detailing urgent situations and ensures reception staff can visually monitor all waiting areas.</p> <p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p> <p><b>15.1 Health and Safety</b> The practice complies with the Health and Safety at Work Act 2015.</p> <p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p>			
<b>3.0</b>	<b>Equipment</b>					
3.1	<b>Essential hardware</b> <i>The service provides a person and whānau-centred vaccination site that is a safe, comfortable, accessible, clean, clinically and culturally</i>	12.	<b>Medical equipment and medicines</b> 12.1: The practice has the available equipment and medicines specified in <a href="#">Appendix 1</a> . ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			

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	<i>appropriate environment.</i>					
3.2	<b>Maintenance of equipment</b> <i>All equipment is suitable, functional, accessible, up-to-date and appropriately maintained for safe optimal performance.</i>	12.  14.	<b>Medical equipment and medicines</b> 12.2: The practice ensures all medical equipment is serviced, calibrated and verified annually. 12.6: The practice has residual current devices (RCDs) where electrical medical devices are used. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>Infection control and healthcare waste</b> 14.1: The practice ensures the practice has and follows active infection control procedures aligned to NZS 4815:2006 and/or NZS 8134.3:2008. 14.4: Sterilisers /autoclaves: The practice monitors the effectiveness of each sterilisation cycle. The practice ensures current calibration and validation of the steriliser(s). ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
<b>4.0 Vaccine</b>						
4.1	<b>Storage of vaccine</b> <i>All vaccines are safely and appropriately stored, with the correct level of security and access.</i>	13.	<b>Cold Chain</b> 13.1 : The practice identifies and recalls all patients requiring immunisations on the national immunisation schedule. 13.2 : Practice team members responsible for performing immunisations hold <a href="#">current authorisation</a> . ( <a href="#">Cold Chain Accreditation</a> certificate requirement).			

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			➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
4.2	<b>Administration of the vaccine</b> <i>The vaccine is appropriately and safely administered by trained staff.</i>	13.	<b>Cold Chain</b> 13.2: Practice team members responsible for performing immunisations hold <a href="#">current authorisation</a> . ( <a href="#">Cold Chain Accreditation</a> certificate requirement). ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			4.2 b and c – will be covered off once: All vaccinators are required to complete the relevant COVID-19 vaccinator training and assessments through IMAC.
4.3	Vaccine wastage prevention, reporting and monitoring The vaccine is appropriately managed to ensure waste is kept to a minimum	13.	<b>Cold Chain</b> 13.1 : The practice identifies and recalls all patients requiring immunisations on the national immunisation schedule. 13.2 : Practice team members responsible for performing immunisations hold current authorisation. (Cold Chain Accreditation certificate requirement). ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			

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<b>5.0</b>	<b>Quality and Safety</b>					
5.1	<b>Quality Assurance programme</b> <i>The provider works collaboratively to implement an active quality assurance programme with an ethos of continuous quality improvement (CQI).</i>	9.0	<b>Clinical Governance</b> 9.1 : The practice ensures there are clear clinical governance, leadership and equity responsibilities and processes, reflective of disciplines within the practice team. (requires the appointment of an equity champion) 9.2 : The practice ensures processes are in place to deliver the four core elements of clinical governance: patient engagement and participation, clinical effectiveness, quality improvement/patient safety, an effective and engaged workforce. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>		The provider routinely assesses clinical quality and safety risks and issues.	5.1a The provider has dedicated resources and time to assure the safety and quality of their service.
5.2	<b>Consumer quality improvement processes</b> <i>The provider service has processes in place to identify, respond to and learn from adverse events.</i>	15.	<b>Health and safety</b> 15.2: The practice complies with the National Adverse Events Reporting Policy by recording, reviewing, analysing and mitigating all adverse events, incidents and near misses. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
5.3	<b>Respect and dignity</b> <i>The provider implements and monitors systems to ensure that the</i>	2.0	<b>Patient Information</b> 2.1 : The practice understands and implements the current Privacy Act and Health Information Privacy Code. 2.2 : The practice follows the Privacy Commissioner's guidance on privacy.			

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Std		Std		Equity	CQI	
	<i>privacy, dignity and security of all consumers are respected throughout their immunisation journey.</i>	17.	<p>2.3: The practice securely manages information within an electronic management system.</p> <p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p> <p><b>Employee and contractor safety checking procedures</b></p> <p>17.1: The practice has and applies a child protection policy and safety checking procedure in accordance with the Children's Act 2014.</p> <p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p>			
5.4	<p><b>Informed consent process (including consumer information)</b></p> <p><i>The provider implements and monitors systems to ensure that informed consumer consent is obtained for each procedure.</i></p>	1.0	<p><b>The Code of Health and Disability Services Consumers' Rights 1996</b></p> <p>1.1 : The practice understands, promotes and implements the Code of Health and Disability Services Consumers' Rights 1996.</p> <p>1.2 : The practice ensures a patients' right to make an informed choice and give informed consent. [Right 7]</p> <p>➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b></p>			
5.5	<p><b>Vaccination event record</b></p> <p><i>The provider implements and monitors systems to ensure accurate</i></p>	13.	<p><b>Cold chain</b></p> <p>13.2: Practice team members responsible for performing immunisations hold <a href="#">current authorisation</a>.</p>			

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Std		Std		Equity	CQI	
	<i>and timely entry of the vaccination event.</i>		➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
5.6	<b>Clinical safety and quality assessment</b> <i>The provider implements and monitors systems to ensure the clinical and technical quality of their vaccination service.</i>	1.0  13.	<b>The Code of Health and Disability Services Consumers' Rights 1996</b> 1.1 : The practice understands, promotes and implements the Code of Health and Disability Services Consumers' Rights 1996. 1.2 : The practice ensures a patients' right to make an informed choice and give informed consent. [Right 7] ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>  <b>Cold chain</b> 13.2: Practice team members responsible for performing immunisations hold <a href="#">current authorisation</a> . ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			
5.7	<b>Clinical safety and quality assessment</b> <i>The provider implements and monitors systems to ensure the clinical and technical</i>	1.0	<b>The Code of Health and Disability Services Consumers' Rights 1996</b> 1.3: The practice ensures a patients' right to complain. [Right 10] ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>			

New Zealand COVID-19 Vaccine Immunisation Service Standards		Mapping to the Foundation Standard		Cornerstone modules quality improvement activity		CVIP criteria not included in the Foundation Standard
Std		Std		Equity	CQI	
	<i>quality of their vaccination service.</i>					
5.8	<b>Consumer involvement</b> <i>The provider implements and reviews their systems to ensure consumers can feedback on their experience of the immunisation service and the feedback is acted upon.</i>	8.0	<b>Patient experiences</b> 8.1 : The practice surveys its patient population to understand patients' experience of care. 8.2 : The practice uses patient feedback to improve services. ➤ <b>The Foundation Standard indicator, evidence requirements and the guidance information can be found <a href="#">here</a>.</b>		CQI initiative opportunity	