COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: MEETING AGENDA

Date & time	Thursday 18 November 2021, 4.00-5.30pm
Location	https://us02web.zoom.us/j/82610684360?pwd=SWFnS3NIVjAxRC9Yc0R5NGpkdWI3QT09 Meeting ID: 826 1068 4360 Passcode: 721004
Attendees	Sir Brian Roche (Chair), Debbie Ryan, Dale Bramley, Philip Hill, Amber Bill (DPMC); Martin Rogers (DPMC); Rob Huddart (DPMC, Item 1); Louise Cox (DPMC); Carl Crafar (DPMC, Item 2).
Apologies	Rob Fyfe

	Agenda item	Duration	Lead
1.	Reconnecting New Zealanders Programme	15 min	Rob
2.	Carl Crafar – DPMC Chief Operating Officer	30 min	Carl
3.	Debrief on the CPF and discussion - Pros and cons of widespread use of RATs (Philip)	15 min	Brian
4.	Forward focus for the Group	20 min	Brian
5.	Disclosures of interest and confirmation of minutes	5 min	Brian
6.	Any other business and next meeting	5 min	All / Secretariat

Proactively Released

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

COVID-19 Independent Continuous Review, Improvement and Advice Group Minutes

Date	Thursday 18 November 2021	
Time	4:00-5:30pm	
Venue	Zoom	
Attendees	Sir Brian Roche (Chair) Debbie Ryan Dale Bramley Philip Hill Amber Bill (DPMC)	Louise Cox (DPMC) Martin Rodgers (DPMC) Rob Huddart (DPMC) (Item 1) Carl Crafar (DPMC) (Item 2)
Apologies	Rob Fyfe	
Minute taker	Louise Cox	

Item 1: Reconnecting New Zealanders programme update

1. Rob Huddart attended to provide the regular update on the *Reconnecting New Zealanders* programme. He began with a report back on the paper that went to Cabinet on Monday 15 November, outlining the proposed three steps to reopening contained within it and next steps following Cabinet discussion.
2. Rob informed the Group that the last cohort for the self-isolation pilot are arriving on 8 December and will be due to finish isolation requirements on 18 December. He informed the Group that the full evaluation report will be completed in January 2022. Philip said that it is problematic that the final report will take this long given public expectations around hearing the outcomes of the pilot and recommended an interim report is produced.
3. There was discussion the number of pilot participants being lower than intended and that this was a reflection on the requirements to participate. Philip raised a concern that narrow inclusion/exclusion criteria can produce results that are not relevant to the population. Rob acknowledged this concern and noted that they have learned a lot about what isn't going to work. Brian added that public opinion is expecting self-isolation sooner rather than later. Rob suggested that Christina Sophocleous-Jones is invited to the next meeting to discuss the pilot in more detail, including the emerging findings.

Proactively Released

4. Rob gave an update on the Traveller Health Declaration System (THDS), describing a prototype that he had viewed. Brian asked whether the system will link with airlines systems. Rob responded that at this stage it doesn't, noting that they point to the same databases at the back end. Rob described current operational limitations that mean travellers are unable to get certainty of their isolation or quarantine pathway until right before they travel. There is work underway to mitigate this issue.

Item 2: Discussion with Carl Crafar

5. Carl Crafar was introduced, and Brian invited him to give an overview of his Department of the Prime Minister and Cabinet (DPMC) role and accountabilities. Carl described his role noting that he is not a single point of accountability for implementation of the COVID-19 Protection Framework (CPF).
6. Dale expressed uncertainty of how the role aligns with the Ministry of Health's role and the local delivery role. He noted that currently there is a lack of visibility of metrics and clear KPIs to push the system. He suggested that the design of the current approach to case management is too linear which is problematic for timeliness of appropriate care for individuals.
7. Carl noted his observation that there are no metrics or standards visible in the system currently and building these in is a focus of his. Dale asked who is agreeing and mandating metrics? Carl advised that these are in development and are to be put in place before the CPF is put into play. He is unsure of where the authority sits for agreement of the metrics (noting he has been in his DPMC role for four days).
8. Brian raised that most of the country is not prepared for implementation of the CPF and the required tasks and timeline do not sit easily. Carl reported that a workshop was held earlier today to discuss the Care in the Community pipelines of work. Brian asked if he is confident that the system can deliver, to which Carl responded that they are still working through workforce implications.
9. Brian raised that the Group has written a number of pieces of advice where concerns have been expressed about the system's ability to protect communities and the vulnerable. He stated further that he welcomes Carl's role at DPMC but noted that the role's inability to direct the system is problematic.
10. Carl described the areas of focus for him. Philip said that there is also a need to anticipate future issues, including for the possibility of another event that stresses the system.
11. Debbie raised that there are structural issues in the health system with universal access to secondary care but a co-payment arrangement for the primary care system. She raised further that we need people to be accessing primary care before needing secondary care and suggested this needs to be looked at in rolling out the Care in the Community programme, noting that the unaffordability of primary care is often glossed over in planning.

Proactively Released

12. Brian said that he is happy to support Carl in his role and encouraged him to use the Group as a second set of eyes in respect of planning to take us through to the next phase.

Item 3: Debrief on the CPF and discussion

13. Brian gave a brief update on the meeting on Tuesday 16 November with the Prime Minister and COVID-19 Ministers on the transition to the CPF.

14. Dale made an observation that regions are concerned about their readiness especially in areas with low vaccination coverage. He raised the point that more needed to be done to support people and whānau to have a look at their own readiness and part of the national communications strategy should include encouraging people to think about this. Brian reiterated the importance of this as it is anticipated that cases will soon spread throughout the country and noted that the CPF presupposes certain capacity within the system.

15. Philip stressed the importance of having one person with oversight and expressed concern that there may be unrealistic assumptions about the ability to progress certain areas at pace within the system. Brian supported this notion adding that there appears to be some big assumptions about the system's capacity and that there are critical things to be developed at pace that need a fresh perspective. Debbie raised that she would argue strongly for data (and transparency of data) to inform actions, noting that society needs real-time information.

16. Philip raised that, typically, pandemic plans will often move to mitigation measures when cases are not contained. However, the CPF seeks to shift down to orange and then green. This would suggest that there needs to be more done in the red level of the framework to bring into effect the desired shift. Dale added that it is better to have public health measures in place all of the time rather than relax these and then need to reintroduce measures.

17. Brian put forward that the notion that the Group should provide advice on the key priorities for the shift to the CPF and invited the Group members to send through key points from their perspectives.

Pros and cons of widespread use of Rapid Antigen Testing

18. Philip talked through the pros and cons around the wider use of Rapid Antigen Testing (RAT). He stated that there is a lot to learn from overseas while noting this is a fast-moving situation in which we need to take a punt, rather than wait unnecessarily for optimally tested solutions.

19. He advised that RATs are low sensitivity and may have lower specificity. This means that there needs to be care in how they are used. These performance characteristics mean they are not optimal for areas where there is low prevalence of the virus as positive results are more likely to be false positives.

20. Philip shared that people are highly infectious during their pre-symptomatic period and that we need something at the gate of vulnerable populations, citing the use of RATs in hospitals as an appropriate use. He raised further that they need to be used deliberately to benefit the overall strategy of achieving fewer deaths and long COVID-19 cases, and limiting economic damage.

Proactively Released

21. Philip raised that the detection of asymptomatic cases does not have much relevance to case numbers going down and there is not a lot of benefit to be picking up large numbers of these cases. He supported this by noting that those places where rapid testing tools are most available may not have better containment (and sometimes even worse containment) of disease.

22. Dale provided examples of RAT use in hospitals stating that a good use for them has been to test staff daily who are potentially exposed in wards and where the hospital cannot afford to stand them down. He noted that this is a higher prevalence situation and they have picked up two or three infections in the previous week through RAT testing.

23. Brian summarised that RATs are a useful tool in the toolkit but are not, in themselves, a silver bullet. Philip raised that the best test should be used where results are not required immediately. He iterated that false positives from inappropriate use of RATs will put huge pressure on the system, noting that pressure on testing capacity is driven by symptoms and not necessarily prevalence (e.g. during flu season there may be higher numbers of symptomatic people but that doesn't necessarily correlate with higher levels of COVID-19).

24. Philip noted that Loop-mediated Isothermal Amplification (LAMP) tests are likely to have high specificity but their sensitivity is not yet certain.

Item 4: Forward focus for the Group

25. Brian raised that it is an opportune time for the group to meet with Minister Hipkins to discuss the key priorities for the shift to the CPF.

Item 5: Disclosures of interest and confirmation of minutes

26. No disclosures of interest and the minutes were confirmed without amendments.

Item 8: Other business

27. Philip gave a brief update on the Strategic COVID-19 Public Health Advisory Group.

28. The DPMC Secretariat gave an update on the Ministry of Health's contact tracing and testing paper that the Group provided feedback on. Brian raised that it would be useful to see the final adjusted paper.

Proactively Released