

# COVID-19 vaccination in England:

## Ten top tips for getting the workforce you need

### March 2021

*The COVID-19 vaccination programme is major element of the pandemic response.*

*Over 20 million people in the UK have already received the first dose of a vaccine but, as supplies continue to grow in the coming weeks and months, general practice must be fully supported to be ready to continue vaccinating as many people as possible as quickly as possible. This programme is obviously being delivered alongside day-to-day routine care, which GPs and their teams are doing a fantastic job maintaining under severe pressure.*

*To meet these twin challenges without widespread burnout, practices need to be able to make use of a wide range of core and additional staff. This document provides top tips to support the recruitment and deployment of additional staffing by practices and PCN (primary care network) groupings in England and should be read alongside [national guidance](#). Processes in other UK nations will vary.*

#### **1. Continually review and plan your workforce needs**

We expect the vaccine programme to continue to expand as more supplies of vaccines become available. Practices and PCN groupings can and should secure additional vaccination workforce staff where this is likely to be required. Securing staff can be a complicated process, and while forward planning may be a challenge given the short timescales for vaccine delivery, any steps that can be taken in advance will ease this process.

It may have been appropriate to deprioritise some work depending on local conditions, but delivery of the COVID-19 vaccine programme should not preclude ongoing provision of high-quality urgent care to patients. BMA and Royal College of General Practitioners unified guidance on workload prioritisation can be found [here](#). NHS England and NHS Improvement guidance on freeing up practices to support COVID-19 vaccination (including information on income protection) can be found [here](#).

#### **2. Local recruitment**

There are a range of different local options open to practices when it comes to finding more staff:

- [Existing staff](#) – existing staff may wish to contribute to the vaccination programme, including within existing contracts or via appropriately remunerated additional hours, but if it is not already within the job plans of salaried doctors then prior agreement with the employee will be required first. The vaccination programme should not undermine day-to-day care provision, and staff wellbeing should be protected. GP Trainees should not be redeployed from educational activities, although they may wish to provide extra sessions above and beyond core hours. Their [wellbeing](#) must remain a priority, however.
- [ARRS staff](#)– the Additional Roles Reimbursement Scheme (ARRS) funds additional staff through the PCN DES. Where funding has not already been utilised, we encourage PCNs to employ to ARRS roles, but this funding cannot be used to simply employ staff to utilise in

the vaccination programme. Additional ARRS funding has now been confirmed for 2021/22.

[More information.](#)

- [Additional locums or sessional staff](#) – additional GPs and other staff may be contracted locally to support vaccine delivery, in line with normal processes. The £150m COVID-19 Capacity Expansion Fund, which was allocated through ICSs to CCGs (clinical commissioning groups), can be used up until end of March 21 to support seven priority goals, including:
  1. Increasing GP numbers and capacity
  2. Offering backfill for staff absences where this is agreed by the CCG, required to meet demand and the individual is not able to work remotely.
- GP returners – NHS England is providing contact details of local PCNs directly to GP returners who wish to support the vaccination programme. We encourage you to make the most of these experienced staff. Specific terms of employment should be individually agreed. GP returners delivering the COVID-19 vaccination programme only in England do not need to be on the Medical Performers List.
- Locally recruited volunteers – you can also take on willing volunteers if they approach you directly and prove to be suitable after necessary recruitment checks. However, you must put in place a volunteer agreement if doing so, and ensure they receive appropriate training (see below).

### **3. National recruitment**

NHS England and NHS Improvement has developed national supply routes for a range of additional clinical and non-clinical staff roles (both paid and voluntary), which can be accessed by PCN groupings. These include clinical volunteers from St. John's Ambulance, NHS Voluntary Responders and additional temporary workers from NHS Professionals.

PCN groupings should contact their ICS (integrated care system) Lead Provider to request additional staff support, who will be assigned and (if necessary) trained by the lead provider, before being directed to the PCN grouping for local onboarding.

All PCNs will need an MoU (memorandum of understanding) with the Lead Provider to facilitate staff sharing. Please find a [draft MoU](#), and full details of the [National Workforce Supply Routes](#).

Contact details for Lead Providers have been shared with PCNs directly. Where there are difficulties engaging with the ICS Lead Provider, these should be escalated to the regional lead, or failing that, by email to the [NHS England central team](#).

### **4. Funding staff**

While the vaccination programme will provide some income, practices may need to fund the majority of additional staff. Resourcing the vaccination programme may therefore be a challenge.

Practices are reminded of the £150 million General Practice Covid-19 [Capacity Expansion Fund](#) released to CCGs by NHS England and NHS Improvement, which can be appropriately drawn down to expand staff capacity for the purposes detailed in the guidance.

In addition to the item of service fee, some additional funding has been released to cover costs such as venue hire or clinical waste disposal for COVID-19 vaccinations, and NHSEI has released additional funding for vaccinations in care homes and home visits. More information can be found [here](#).

## 5. Identify the appropriate delivery model

COVID-19 vaccinations can be delivered in a number of ways, depending on the staff involved:

- Individual administration (or patient specific direction) by a qualified independent prescriber (such as a doctor or pharmacist or some nurse practitioners). This may be appropriate for smaller scale vaccination operations.
- PGDs (Patient Group Directions) for use by a registered healthcare professional without prescribing rights.
- National Protocols for use by a combination of registered healthcare professionals and unregistered vaccinators. The national protocols break down the vaccination process into separate steps, some of which require a registered healthcare professional. Supervision by an appropriate registered healthcare professional is required.

In practice, it may be that some staff are operating as prescribers, with others operating under a PGD. It is important that the medico-legal basis for vaccination is clear in every case, and individuals must sign the national protocol or PGD where appropriate. Details of the various legal mechanisms, including the national protocols and PGDs can be found [here](#).

## 6. Onboarding staff – pre-employment checks

Once appropriate staff have been identified, the onboarding process can begin. It is important that appropriate pre-employment checks are carried out to ensure staff and volunteers are “fit and proper” in line with [CQC regulations](#). It is the responsibility of the practice or PCN to ensure that adequate checking is completed.

The NHS Employment Check Standards, used in NHS Trusts and NHS Foundation Trusts, may be useful for PCN's to review and can be found [here](#). They cover:

- Identity checking
- Right to work checks
- Professional registration and qualifications
- Employment history and references
- Criminal record checks
- Work health assessment

See NHS Employers guidance on temporary pre-employment checks during COVID-19 [here](#).

Employers must assess whether a DBS check is needed, and what type, based on the responsibilities of the role and level of contact with patients. Detailed guidance for NHS Trusts and NHS Foundation Trusts is available via NHS Employers [here](#).

Where an individual has an existing DBS check at the right level, it may be appropriate to use this if issued within the last three years, or if the individual is registered with the update service. Nationally deployed individuals may have existing DBS clearances, but this should be confirmed.

For staff appointed to deliver pandemic related clinical services, a fast-track DBS service is available. [More information](#).

## **7. Indemnity should not be a barrier**

Additional indemnity provision will not normally be required for delivery of the vaccination programme in general practice. Most staff and volunteers providing clinical support will be indemnified through the CNSGP (Clinical Negligence Scheme for General Practice), practices' third-party insurance (for locally recruited non-clinical volunteers) or national arrangements (for some nationally provided staff).

More information [here](#) and [here](#).

## **8. Always put a contract or voluntary agreement in place**

The RCGP and the BMA recommend that a contract or volunteer agreement be agreed with all locally recruited staff and volunteers. This will provide a shared understanding of roles and responsibilities. Staff deployed via the National Workforce Supply Route will be engaged in writing by the lead employer and can be deployed to PCN Groupings once a staff sharing MoU is in place between the PCN Grouping and the primary care site. For additional advice, [contact the BMA](#).

## **9. Vaccinate staff and volunteers**

The JCVI prioritisation for COVID-19 vaccination is clear that front-line health and social care workers should have been included in priority cohort two for vaccination. This includes those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients, as well as non-clinical ancillary staff who may have social contact with patients. As part of onboarding processes, you should ensure that any staff have been appropriately vaccinated. More information [here](#).

## **10. Ensure staff have appropriate training**

Training requirements for the vaccination programme will vary depending on individual roles. Guidance on immunisation training can be found [here](#). Core training on immunisation is available [here](#) and on COVID-19 vaccination specifically [here](#).

The Secretary of State for Health and Social Care has [confirmed](#) that staff supporting the vaccination programme only are not required to complete certain mandatory and statutory training modules. These are as follows:

- Conflict resolution
- Moving and handling
- Equality & Diversity - on induction
- Fire safety
- Preventing radicalisation
- Safeguarding children – level 1.