

## Staff Side Evidence to the NHS Pay Review Body 2017-18

The value of the Agenda for Change pay framework has diminished significantly over the last six years, with NHS staff suffering real terms wage cuts of an average of 12.3%. There is great strength of feeling among both staff and managers that the current pay policy is unsustainable and that a change in direction is long overdue, through a pay award higher than the current 1% limit.

The Government has made significant savings by artificially restricting the ability of NHS pay to keep pace with the cost of living. This also represents lost spending power to the UK economy as over a million people cope with reduced disposable income. Public sector pay restraint has not only clearly damaged both the finances and morale, but risks inflicting structural problem to the Agenda for Change framework. Our evidence explains that unless action is taken now, minimum wage levels will overtake Agenda for Change pay points. This can only be avoided by a significant pay increase and reform of the Agenda for Change framework. The NHS trade unions are engaging in this review of Agenda for Change based on a clear condition that this will result in a coherent UK-wide pay structure.

### In summary we ask the Pay Review Body to:

- acknowledge the impact of pay restraint, combined with heightened workplace pressures on recruitment and retention in the NHS
- recommend our proposed approach based firstly on the realignment of the pay framework, which will provide the foundation both for discussions on the review of the Agenda for Change structure and secondly on a return to a fair, annual, pay award based on RPI
- recommend that compliance with the National Living Wage must be centrally funded and not result in a lower award for staff paid above the lowest rates
- acknowledge the uncertainties caused by the loss of student bursaries and plans for the UK to exit the EU and monitor the impact of both developments
- recommend that NHS Improvement regularly publish information on workforce and agency spend to enable better analysis of workforce dynamics
- note the impact of the agency cap in England and its unintended consequences
- recognise the potentially destabilising impact of the apprenticeship levy, the targets and apprenticeships as a growing form of employment within the NHS. In particular, we ask the PRB to recommend:
  - ◇ the development of a national framework for determining apprentice pay should form part of the AFC refresh talks
  - ◇ all apprenticeships undertaken within the NHS should be on full Agenda for Change terms and conditions
  - ◇ apprentices should also be covered by the Living Wage Foundation Living Wage
  - ◇ apprenticeship levy money should be pooled and ring-fenced to the NHS so that any unused funding can be offered out around the NHS rather than lost to other sectors.
- endorse and support Staff Side proposals for a comprehensive workforce strategy for the NHS.

DECEMBER 2016



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# STPs - ARE YOU AFFECTED?

**GMB**

PUBLIC SERVICES

The Sustainability and Transformation Plan (STP) for the NHS was outlined in December 2015, in the document *Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21*.

It called into being 44 STP “footprints” in order to develop new models of care delivery, initiate a root and branch reorganization of care provision, and implement major cost savings, at a local level.

In theory, the STP “footprints” intend to encourage preventative medicine and to ensure a sustainable health service.

In practice, this will mean the merging of health and social care; with an emphasis upon treatment outside of hospitals; and a localisation of provision that will call into question the idea of a *National Health Service*.

GMB members should be in no doubt that the prime purpose of the STP is to balance the NHS budget and to curb the rising deficits of NHS Trusts. The result of a political decision based on the government’s austerity programme. It has little, or nothing, to do with patient care or well-being; and, for GMB members it almost certainly means job losses, pay restraints or the out-sourcing of current NHS functions to private consortia.

At present, there are no less than 13 NHS Trusts in “Special Measures” ranging from University Hospitals, NHS Foundation Trusts, Integrated Cancer Services and Acute Hospitals.

It is clear that without a major funding increase, the NHS cannot continue in its present form which is ruled out by the present Conservative Government’s

austerity programme. However, there is little left to cut that doesn’t directly effect the quality of care and treatment.

Hence the recourse to the STP which envisages new local forms of integration between primary, secondary and community forms of healthcare and a much more enhanced role for community and third sector based care.

The private sector has made no secret of its belief that it expects to make a profit from STP footprints and desperate to demonstrate that they can save money. The STPs have access to both staff in the NHS and local government. Michael McDonnell has said that the footprints “offer private sector and third organisations an enormous amount of opportunity”.

## GMB Areas of Opposition

The STP programme would appear badly thought out and potentially ruinous. However, council opposition could derail the entire project. As many as seven local councils are considering refusing to support their local STPs.

Continually we have been told that plans have been formulated as a result of “consultation” and “thousands of conversations”. Have you been consulted about your local STP footprint and how they may effect you?

If not, for GMB members and activists the initial task is to start asking questions about the nature of the plans for remodelling the service and social care in your NHS Trust.

GMB will continue to provide further reports on the development of STPs next year.

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4. Email [nhs@gmb.org.uk](mailto:nhs@gmb.org.uk) asking for a membership form.
5. Ask the GMB to visit your workplace and work colleagues. Email [nhs@gmb.org.uk](mailto:nhs@gmb.org.uk) and arrangements can be made to have a face to face meeting.

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