Unite - Amicus section evidence to the National Health Service Pay Review Body (NHSPRB)

This evidence is submitted by Unite the Union - Amicus Section. Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

Unite – Amicus section is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and building trades, estates, craft and maintenance.

1. Introduction

1.1. This is the third year Unite-Amicus section have submitted evidence to the Pay Review Body since the introduction of Agenda for Change (AfC) within the NHS.

1.2. This year's extension of the Review Body for Nursing and Other Health Professions remit to include staff groups previously covered by the Pay Negotiation Council is warmly welcomed by Unite-Amicus. It has been our policy to support such an extension and believe it was the logical step in the development of a fair, single status, pay system within the NHS.

1.3. The NHSPRB will be aware that the recommendation of 2.5% pay uplift did not fully meet the expectations of our members, but Unite-Amicus recognise that the PRB was exercising its independence in making this recommendation. Unite-Amicus members were angered and frustrated at the Government's intervention to stage the pay recommendation in England, reducing its value to 1.9%. This is a feeling reflected by the responses to the IDS Survey on behalf of the Staff Side – 94% thought the staging was unfair[1]. **Unite-Amicus fully support the independence of the NHSPRB and believe a repeat intervention by the Government would be extremely detrimental to the Review Body process and staff morale.**

1.4. Unite-Amicus would also like to record its appreciation of many of the NOHPRB's comments in its Twenty-Second Report. In particular, those regarding;

(a). A national Recruitment and Retention Premia (RRP) for Pharmacists,[2]

1. Incomes Data Services, NHS staff survey: A research report for the Joint NHS trade unions, August 2007, page 25
2. Review Body for Nursing and Other Health Professions, Twenty-Second Report, February 2007, page v, and page 45.

(b). Concerns about the quality of data collected at a national level,[3]
(c). Incremental progression not being taken into account when deciding on the uplift in basic pay[4].

These issues are discussed in more depth below.

1.5. Unite-Amicus were fully involved in the drafting of the Joint Staff Side evidence and support its recommendations and analysis.

2. Economic data

2.1. The Staff Side evidence contains detailed economic analysis with which we agree; there have been real rises in the cost of living over the past 2 years with RPI inflation increasing steadily from 2.2% in December 2005. Staff have no choice but to meet the rise in living costs, a task made more difficult after receiving a pay cut in real terms last year[5].

2.2. There has been a deterioration in NHS pay relative to the private sector of the economy, which is discussed in more detail below (section 6, page 6).

2.3. The Government appears to work on the assumption that public sector pay rises, including the NHS, are necessarily inflationary. In addition to agreeing with the economic analysis in the Staff Side evidence Unite-Amicus wish to particularly underline the point that NHS staff are not the cause of inflation, or a threat to economic stability. Earlier this year the Health Secretary Alan Johnson went a step further in defending the Government's resistance to fully implement the 2.5% recommendation after the devolved administrations decided not to stage the award in Scotland, Wales and Northern Ireland, stating that not staging the pay award to NHS staff in England may lead to inflationary pressure[6]. When evaluating this general assumption in Government policy the IDS Report on Public Sector Pay Policy states that*, "…the causal relationship is usually not from wage increases to inflation, but rather the other way round*"[7].

2.4. Unite-Amicus strongly reject the Government's argument that providing the NHS workforce – who account for just 4.5% of the total national employment figures[8] - with a proper pay uplift will be the tipping point in creating inflationary pressure and therefore destabilising economic growth.

3. Affordability

3.1. Last year the backdrop of 'deficits' in the NHS meant affordability played a larger role than usual in evidence to the Pay Review Body. As argued last year by Staff Side and Amicus, the unnecessarily strict timetable placed on Trusts to reach financial balance and RAB accounting rules sparked a reactive and short-term 'slash and burn' of services, vacancy freezes and deletion of posts. This has had important ramifications for remaining staff who have seen their workload increase at a time when they were already working hard to continue delivering services amid the turbulence created by successive re-organisations. Rather than recognising this and staff being rewarded, they received a pay cut in real terms.

3. Review Body for Nursing and Other Health Professions, Twenty-Second Report, February 2007, page 36.
4. Review Body for Nursing and Other Health Professions, Twenty-Second Report, February 2007, page 75.
5. Joint Staff Side Evidence to the NHS Pay Review Body, October 2007
6. 'DoH: Staged pay award is "essential"', www.inthenews.co.uk, 16th July 2007.
Full report can be viewed at *http://www.inthenews.co.uk/thebigissue/news/health/doh-staged-pay-award-essential-$1109487$1109234.htm*
7. IDS Public Sector Pay Policy: A Report for The Council of Civil Service Unions, Income Data Services, August 2007, page 3.
8. The Office of National Statistics gives the number of people in employment for the three months ending in August 2007 as 29.10 million. Latest NHS Information Centre data (released April 2007, but collected during 2006) gives the NHS workforce as 1.3million. The Office of National Statistics also recorded in August 2007 that the number of people employed in the public sector is 5.8million, making the public sector workforce 20% of the national employment figures.

3.2. The NHS quarterly report released on 30th August 2007 predicted a £983million surplus at the end of the 2007/8 financial year following the £510million surplus at the end of 2006/7[9]. The Audit Commission Review of the NHS financial year 2006/07 found 28% of NHS bodies were judged to have 'inadequate financial standing'; the number of individual Trusts predicting they will fail to reach financial balance by the end of this financial year (2007/08) is 22[10]. The financial situation of a minority of NHS bodies should not determine the pay uplift for the whole workforce. NHS bodies that are struggling financially should be helped and supported, not punished and forced to further reduce staff and services, increasing the workload for the remaining staff and detriment of patients and users.

3.3. Under the Comprehensive Spending Review 2007 the NHS is due to receive 4% growth in real terms each year, for the next 3 years[11]. While a lower rate of spending growth than in recent years, it is higher than had been anticipated and the highest of the public sector settlements. **The prioritising of these growth monies should take account of the importance of investing in and retaining high quality, highly skilled staff in service delivery and improvement. This should be reflected in this years pay recommendation.**

3.4. **Motivated staff are integral to improved service delivery and should be recognised and rewarded as such; not treated as a budgetary burden. Holding down pay will simply undermine the drive to improve services** by decreasing morale and making it harder to attract and retain staff.

4. Agenda for Change, Knowledge and Skills Framework and Registration Fees

4.1. Unite-Amicus have been fully committed to the process of pay modernisation in the NHS, and are pleased its implementation is now nearing completion. However there remain on-going concerns, as expressed in the Staff Side evidence, about the amount and quality of collected information on the implementation of Agenda for Change and its outcomes.

4.2. Under Agenda for Change uplift in basic pay and incremental progression are two distinct and separate features of the pay system. Incremental progression is designed to reward staff for extra knowledge and skills they acquire. Unite-Amicus fully support the Joint Staff Side position and the comments of the Pay Review Body in last years report that incremental progression should not be taken into account when deciding the level of the annual uplift. Unite-Amicus hope the Health Departments will now also recognise this.

4.3. Further, as well as it being incorrect to confuse these two aspects of the pay system Unite-Amicus would also emphasise the point raised in the Staff Side evidence - due to the lack of data collection there was no evidence basis to the government's statement last year that overall staff pay increases would be in the region of 4% once progression through incremental points was taken into account.

4.5. Staff appraisals, the Knowledge and Skills Framework and training are important factors in improving the quality of staffs working life, and in improving service delivery. The Healthcare Commission Staff Survey 2006 found that 59% of staff had had an appraisal. This compares to 61% in 2005 who had had a development review/appraisal

9.. 'The Quarter', published by the Department of Health's Director General of NHS Finance, Performance and Operations, August 2007. It can be found at *www.dh.gov.uk/en/PublicationsandStatistics/Publications/DH_078045*

10. 'Review of NHS Financial Year 2006/2007', the Audit Commission, 23rd October 2007. The report is available to download from www.audit-commission.gov.uk

11. The Pre-Budget report and Comprehensive Spending Review 2007 can be found at *http://www.hm-treasury.gov.uk/pbr_csr/pbr_csr07_index.cfm*

in the past 12 months, and 64% in 2004[12]. Results from the IDS Survey for the Staff Side continue this downward trend with 56% saying they had an appraisal or development review in the past 12 months. Only 55% of staff have received their Knowledge and Skills Framework outline.[13]

4.6. We fully support an Equality Impact Assessment of all NHS policies and practices, as proposed last year to be carried out by the NHS Council Equality and Diversity sub-group and believe this should include a specific audit on pay. Unite-Amicus would like to see this area of work properly progress over the coming year.

4.7. It is Unite-Amicus policy that health professionals' registration fees should be refunded by the employer; currently staff are paying to be employed. Unite-Amicus therefore strongly support the Staff Side request for a recommendation that where registration with a professional body is a mandatory requirement of practice, the cost of registration fees should be borne by the employer. This follows the revised pay offer from the Department of Health to NHS staff in England which included "*a payment of £38 a year to AfC clinical staff in bands 5-8(a) inclusive who are in professions where registration is a mandatory requirement of practice to support the payment of fees for their clinical registration from 2007 to 2010 inclusive, by when it will have been jointly reviewed*"[14]. **Unite-Amicus believe this should be the first step in all registration fees being paid indirectly by the employer with the employer making an additional payment to the employee equal to that person's registration costs**, **and are seeking such a recommendation from the NHSPRB.**

5. Workload, Weekly Hours and Productivity

5.1. Following last years comments from the Pay Review Body relevant information on workload levels has been presented below. NHS staff work long hours per week, including several hours unpaid and on goodwill. This directly impacts upon the quality of patient and service users care, staff morale and motivation and staff retention rates. As mentioned above, the vacancy freezes and deletion of posts that resulted from the creation of NHS financial turbulence last year caused increased workloads for remaining – already overworked – staff. 84% of respondents to the IDS Survey stated their workload had increased compared to a year ago[15]. Unite-Amicus and our members are waiting for the Carter Review to be published on the future of pathology. Following the publication of the report pathology staff are likely to face many challenges ahead.

5.2. In addition, the Healthcare Commission Staff Survey 2006 presented a number of areas which cause concern for Unite-Amicus. When respondents were asked how they felt about the statement '*I cannot meet all the conflicting demands on my time at work*', 43% agreed. There is a downward trend in the number of people disagreeing with the statement – i.e. the number of people who actively feel they *can* meet all the conflicting demands has fallen year on year, from 32% in 2004, to 31% in 2005, to 30% in 2006[16].

5.3. In analysing the Healthcare Commission Staff Survey 2006 and considering *why* people work over their contracted hours (whether paid or unpaid) the top reasons given are; that people want to provide the best care they can for patients' and service users (77%), not wanting to let work colleagues down (69%), because it is necessary to meet deadlines (64%), people feel it is impossible to do their job if they don't (62%) and, finally, they have to cover staff shortages at their Trust (53%). The first two reasons

12. Results from each of the Healthcare Commission's annual Staff Survey can be found at, *http://www.healthcarecommission.org.uk/nationalfindings/surveys/healthcareprofessionals/surveysofnhsstaff.cfm*
13. Incomes Data Services, NHS Staff Survey: A research report for the Joint NHS trade unions, , August 2007, page 40-42
14. See the text from the revised pay offer, 'Pay 2007/08 Agenda for Change Groups', August 2007.
15. Incomes Data Services, NHS Staff Survey: A research report for the Joint NHS trade unions, , August 2007, page 17
16 Results from each of the Healthcare Commission's annual Staff Survey can be found at, *http://www.healthcarecommission.org.uk/nationalfindings/surveys/healthcareprofessionals/surveysofnhsstaff.cfm*

demonstrate the level of dedication amongst NHS staff to providing high quality care and services. The next three clearly indicate that despite the underlying growth trend in NHS staff numbers in recent years there remains a serious problem with workload.

5.4. The company Durdle Davies carried out an independent survey on the views of health visitors[17]. When asked if their workload involved responsibility for more children/families over the past year, 75% across the UK said 'yes', (rising to 77% for England only responses). Only 46% (UK-wide, and falling to 44% for England only respondents) stated it was always feasible for the health visiting team to offer all core/universal contacts. The impact of an increased caseload upon service users is clear - only 36% responded that they could always create an opportunity for mothers to disclose domestic abuse; because of current caseload responsibilities only 64% felt they were able to respond to the needs of the most vulnerable children and only 62% were able to assess for the presence of postnatal depression in every mother.

5.5 Since our last evidence to the Pay Review Body Unite-Amicus have been involved in a number of cases which further illustrate this point. For example, a member who is a School nurse in Cornwall had a caseload of 9000 children last year. It required Unite-Amicus to intervene, make strong representations to, and convene talks with, Cornwall and Isles of Scilly PCT to secure extra public health funding to employ and train more staff.

5.6. A key aspect of increased workload is clearly inadequate staffing levels and Unite-Amicus recognise determining the appropriate staffing level for services is outside the NHSPRB's remit. As noted in last years report workload affects service delivery and morale, with knock-on impacts for recruitment and retention. People need to feel they are being recognised for the actual work they carry out, and pay is a strong indicator of the value placed on that work. This should be recognised in **a substantial pay uplift.**

5.7. As part of our actions in tackling the increase in workload staff have experienced and the difficulties this gives members who are trying to achieve a work-life balance **Unite-Amicus seek a recommendation that the working week for NHS staff be reduced to 35 hours.** Unite-Amicus believe that reduction in the working week should not just be a reduction in staff's contracted hours; the Health Department's need to take concrete steps to reduce the amount of overtime staff are routinely expected to undertake to keep services running.

5.8. This follows from last year's evidence from Amicus to the NOHPRB, and the Joint Staff Side pay claim to the Pay Negotiating Council, December 2006. A recommendation from the NHSPRB for a 35 hour working week would be a positive step in helping to bring about a better work-life balance for staff and send a strong signal that the Health Department's must reduce the long hours staff work. An improved work-life balance has been shown by numerous studies to benefit employees and employers – and in this case it would benefit patients and service users. Better work-life balance is associated with better motivation, lower turnover rates and a reduction in absenteeism[18].

5.9. There has been a great deal of emphasis on the need to improve productivity and efficiency in the NHS. Unite-Amicus would like to point out that there are no agreed measures for productivity and efficiency in the NHS. We were disappointed that in recent efforts to progress this issue and formulate agreed productivity measures NHS Employers failed to understand the complexity surrounding the issue of productivity in healthcare.

17. The Community Practitioners and Health Visitors Association within Unite commissioned Durdle Davis to undertake a survey of Health Visitors. A nationally representative, random sample of 1000 Heath Visitors was interviewed by telephone. The full report can be made available on request.

18 For example, 'Work-life Balance 2000: Baseline Study, by Hogarth, Hasluck and Pierre for the Institute for Employment Research. It can be found at http://www.dfes.gov.uk/research/data/uploadfiles/RR249.PDF

6. Morale, Motivation, Recruitment and Retention

6.1. Staff morale and motivation levels are on a downward trend. As stated in the Staff Side evidence 61% reported their morale and motivation was worse than a year ago in response to the IDS Survey. This rose to 65% for the responses from Unite-Amicus members[19].

6.2. There is no direct question on the level of morale and motivation in the Healthcare Commission Staff Survey, but questions which are good indicators of morale and motivation can be identified. When asked if people '*….often think about leaving [their] current employer*', 34% replied they do – rising from 32% in 2005 and 30% in 2004. Satisfaction with the recognition people get for good work was recorded as 42% in 2006, declining from 44% in 2005 and 45% in 2004. Only 28% are satisfied with the extent to which their employer values their work, tumbling from 31% in 2005 and 46% in 2004[20].

6.3. As highlighted by the Staff Side evidence, the NHS Employers found last year that "many employers acknowledged that a below inflation award would be detrimental for staff morale and motivation"[21]. This point was further emphasised in last years NOHPRB report in recognising that "…a relatively low pay award will do nothing to improve morale", as the level of pay sends a strong signal about the value of staff[22].

6.4. **Unite-Amicus believe a second year of experiencing a pay cut in real terms would accelerate this downward trend in morale and motivation, with adverse effects for the retention, recruitment and the quality of service delivery.**

6.5. The deterioration of NHS pay relative to the private sector pay would inevitably not only impact on morale and motivation, but also on the recruitment and retention of staff. While the public sector as a whole may have had narrow a lead over private sector earnings growth for the years 2001-2004/05 it is important to consider why. IDS note that this narrow public sector lead was caused "…in large part by employers response to catch-up pay claims and recruitment and retention pressures in the public sector in 1999/2001 which were the consequence of the paybill freeze policy of the Conservative Government from 1993 to 1997."[23] If the NHS is considered, a lead over the private sector is not so clear cut; staff received a 2.5% uplift from April 2006 compared to a 4.8% annual percentage change in the private sector of the economy in 2006. In the years 2003, 2004 and 2005 NHS staff received 3.225% each April, compared to 3%, 4.2% and 0.7% in the private sector in each respective year[24]. So far this year in the three months to August 2007 private sector earnings growth, excluding bonus payments, stood at 3.9%[25].

6.6. Unite-Amicus believe another year of deterioration relative to the private sector of the economy will also feed into declining workforce morale, and help to create further recruitment and retention problems in the coming years. The NHS is competing with other sectors of the economy to initially recruit students and graduates. The IDS Survey found that "56% of staff would either definitely or probably would not recommend their own occupation or profession as a career"[26]. Further, for prospective students who know they will accumulate a large amount debt while studying, the Band 5 salary range

19 IDS supplied a breakdown of response frequencies by respondents identifying themselves as Unite-Amicus members. This data can be made available if required.
20 Results from each of the Healthcare Commission's annual Staff Survey can be found at, *http://www.healthcarecommission.org.uk/nationalfindings/surveys/healthcareprofessionals/surveysofnhsstaff.cfm*
21. NHS Employers' evidence to the NOHPRB 2007/08, September 2006, Section 3.3, page 16
22 Review Body for Nursing and Other Health Professions Twenty-Second Report on Nursing and Other Health Professions 2007, page 56.
23 IDS Report on Public Sector Pay, August 2007, page 50.
24 Figures quoted are ASHE figures for the private sector and the annual percentage change in the median weekly pay rate (excluding overtime).
25 Figures from Office of National Statistics, http://www.statistics.gov.uk/cci/nugget.asp?id=10
26 Incomes Data Services, NHS Staff Survey: A research report for the Joint NHS trade unions, , August 2007, page 23

compares unfavourably to starting salaries in other sectors of the economy[27]. Turning to the impact on retention of earnings in other sectors of the economy, when asked in the IDS Survey if they had considered leaving the NHS, 60% had considered leaving and 58% of these would take up a position completely outside the health service or health care sector, 37% would consider joining the private healthcare sector.

6.7. **Unite-Amicus are seeking a recommendation for a substantial and significant, above RPI inflation, uplift in basic pay across the Agenda for Change salary Bands.**

7. National Retention and Recruitment Premia (RRP) for Pharmacists

7.1. Unite welcome the statement and support of the Pay Review Body's in last years report that a proper investigation into the need for national Recruitment and Retention Premia (RRP) for pharmacists in the managed sector was warranted.[28] This year Unite-Amicus, including our Guild of Healthcare Pharmacists professional association, have been working with the Office of Manpower Economics to pull together information and research sources that will provide the panel members with a clearer picture of the NHS pharmacy workforce. Last years submission to the NOHPRB is attached to this submission (see Appendix 1), as it contains a great deal of background information and statistics from previous years.

7.2. Unite-Amicus raised the question of additional research into an RRP for Pharmacists at NHS Staff Council. Unfortunately the NHS Employers responded negatively stating they did not have the resources to carry out additional research, and would instead canvass members for views. This reply did not meet Unite-Amicus' expectations of a rigorous, objective evidence base. The work carried out by OME colleagues in pulling all relevant parties together to discuss the matter, and their help in identifying and developing additional research sources is therefore greatly appreciated.

7.3. At the time of submitting this written evidence research and information gathering was still being completed; the 2007 vacancy survey from the NHS Pharmacy Education and Development Committee and a study by IDS into pay rates in the private pharmacy market are still due. However, it should all be completed by the end of November 2007 and Unite-Amicus would welcome the opportunity to submit further details, analysis and comments on this research throughout this year's NHSPRB process.

7.4. Bringing together information on the Pharmacist workforce has added weight to our concerns (noted on page 3, and in the Staff Side evidence) regarding the amount and the quality of information being collected at national level on AfC and the NHS workforce. The vacancy rate is defined as vacancies which "…Trusts are actively trying to fill which had lasted for three months or more (full time equivalents)". As Amicus and the Staff Side argued last year, this does not produce accurate, reliable data reflecting the genuine vacancy situation. In regards to qualified pharmacists, the NHS Information Centre vacancy figures, collected on the basis of the above definition, gives a fall in qualified pharmacist vacancies in the North East from 1.9% to 1.2% between March 2006 and March 2007[29]. A much more accurate picture emerges if we consider the NHS Pharmacy Education and Development Committees annual point prevalence survey (data collected on May 31st). A 100% response rate of local hospital pharmacy

27 For a full breakdown of information, see IDS Executive Compensation Review Research File 76, Pay and Progression for graduates 2007, March 2007.
28. Review Body for Nursing and Other Health Professions Twenty-Second Report on Nursing and Other Health Professions 2007, page v.
29. Information available on the NHS Information Centre website.

managers in the North East showed an *increase* in the total pharmacist vacancy rate from 12.3% in 2006 to 16% in 2007[30].

7.5. Despite the limitations of the turnover data produced by the NHS Information Centre due to poor grouping of job titles, the turnover rate is about 17%. Over 50% of staff are under 35 years of age with most of the activity occurring in the first few years of their career - corresponding with Bands 6 and 7. A newly registered pharmacist joins at age 23 (note the spike) on Band 6 and would probably be a Band 7 at 25-26 years old. From 25 years onwards for the next 10 years in most age groups the number of leavers outweighs the joiners, distorted by the spike at 23 years old. This can be seen on Graph 1, Appendix 2. This corresponds with the data collected by the OME Workforce survey which gives a total joining rate of 14.9% in 2006 and 14.5% in 2007, which would include the influx of newly qualified pharmacists each year. The wastage figure is 11.1% for 2006 and 11.8% in 2007 for the total pharmacist workforce - but unfortunately not broken down by Band.

7.6. It remains our view that once all the information is collated it will build on last years submission to the NOHPRB and demonstrate a consistent UK wide picture of significant adverse pay differentials with the commercial sector for pharmacists, particularly at Band 6 and Band 7, that is leading to recruitment and importantly retention difficulties for junior pharmacists that are robustly justifiable and best addressed through the payment of a National RRP. **Unite-Amicus therefore seek a recommendation for a national Recruitment and Retention Premia for NHS pharmacists, targeted at Band 6 and 7.**

7.7. Unite-Amicus note the emphasis that local RRP payments are available under AfC. As stated above, through the work of our GHP colleagues Unite-Amicus believe there is a national problem with the recruitment and retention of pharmacists and therefore a national RRP is the most appropriate. We would also add that given the size of the profession it may be that sufficiently reliable data can only be collected at a national level.

8. Craft, Maintenance and Building Trades

8.1. Last year the NHS Staff Council commissioned independent research into the recruitment and retention premia received by qualified maintenance craft workers. The research was carried out by the University of Greenwich Work and Employment Research Unit. Its remit was to establish whether;

"(a) There continues to be a justifiable and objective case for the continuation of the national RRP payable to qualified maintenance craft operatives and technicians with full electrical, plumbing and mechanical craft qualifications at the current value.

(b) Whether there is evidence to support the need for the introduction of a new national RRP for building craft operatives."[31]

8.2. Its main finding was that the recruitment and retention premia should continue to be paid to qualified maintenance craft workers as basic rates in the external private sector labour markets are higher, and the NHS would be uncompetitive without the RRP, NHS employers mostly described recruitment "as challenging or difficult, even with the RRP", an aging NHS craft and maintenance workforce in parallel with an industry-wide skills shortage in Britain[32].

30 The full results from this years NHS Pharmacy Education and Development Committee survey are being collected and analysed currently. This North East figure is not therefore the final signed off figure from the NHS Pharmacy Education and Development Committee.
31 Review of NHS national recruitment and retention payment for craft workers, 2007, page 7
32 Review of NHS national recruitment and retention payment for craft workers, Page 4

8.3. This led to the NHS Staff Council to also conclude that;

"that there is a continued justification on recruitment/ labour market grounds for the national Recruitment and Retention Payments (RRPs) to continue to be paid to qualified maintenance craft workers who are required to hold electrical, engineering, plumbing or mechanical qualifications"[33].

8.4. The Review also found there is evidence to support the extension of the recruitment and retention premia to the building trades, for much the same reasons as to why the current RRP for maintenance craft workers should continue[34]. Further discussion will be had at the NHS Staff Council regarding the extension of the RRP to the building trades within the NHS. As part of taking this forward and following the University of Greenwich's report, **Unite-Amicus are seeking a recommendation that the national recruitment and retention premia be extended to the building trades.**

8.5. Unite-Amicus are pleased that the University of Greenwich's independent findings were in the end endorsed by the NHS Staff Council, despite initial obstacles to this being put in place by NHS Employers.

9. Summary of Recommendations

9.1. Health professionals' registration fees should be paid (indirectly) by the employer, with an additional payment to the employee equal to that person's registration costs, (paragraph 4.7).

9.2. A reduction in the working week for NHS staff to 35 hours, (paragraph 5.7)

9.3. A substantial and significant, above RPI inflation, uplift in basic pay across the Agenda for Change salary Bands, (paragraph 6.7)

9.4. A national Recruitment and Retention Premia for NHS Pharmacists, targeted at Band 6 and 7, (paragraph 6.7).

9.5. The extension of the Recruitment and Retention Premia for Craft and Maintenance workers to those in the building trades, (paragraph 8.4).

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33 NHS Staff Council Statement on the Review of national recruitment and retention payments to maintenance craft workers, August 2007
34 NHS Staff Council Statement on the Review of national recruitment and retention payments to maintenance craft workers, August 2007, Page 5

Appendices

Appendix 1: Submission of Evidence 2007-08 to the Pay Review Body from Guild of Healthcare Pharmacists.

This paper readdresses the rationale behind and proposes solutions to deal with the on-going national problem of the Recruitment and Retention of Pharmacists. The negotiators of Agenda for Change had previously agreed that there is prima facie evidence from both the work on job evaluation scheme and consultation with management and staff representatives that a premium was necessary for pharmacists. This was in recognition of the market forces that would prevent the service being able to recruit and retain staff. Last year the Review Body[(1)] believed that the case provided was insufficiently robust for a premium to be set nationally and within the system; data was unavailable on recruitment at the new pay levels. This paper reviews the evidence for pharmacists and demonstrates the results of assimilation have not addressed the underlying issues. This requires an early intervention if the service and patient care are not to suffer due to unavailability of appropriately trained and skilled pharmacists.

National Professional Position

The last published Royal Pharmaceutical Society Workforce census was in 2003 and this combined with other available data shows the current labour market situation. The updated 2004 census will be available in the next few months, although the key trends noted are unlikely to have changed.

- Nearly 80% of the profession of the Royal Pharmaceutical Society of Great Britain consider themselves to be within the private sector.

- In 2003, 60% of new registrants were female. Majority of leavers are males over retirement age and females under 39. In September 2005 nearly 80% of hospital pharmacists in Scotland were female with an increasing preponderance for part time working up from 21% to 27% in 5 years and much younger profile compared to other qualified scientific and professional staff. [(3) A] recent cohort study across 14 Schools of Pharmacy suggests hospital pharmacy will increasingly develop as a female gender niche. [(4)]

- Despite the register increasing by 2.4% per year, the number actively employed has fallen and proportion not working increased by 3%.

- Nationally it is reported that 25% of pharmacists who are actively employed are classified as a retail locum.

- 9% of the 2003 census expressed a desire to work abroad in the future. As the average age of the hospital pharmacist was 37 years compared to 42 years in community pharmacy this percentage from hospital intending to work abroad was double the rate in community pharmacy.

- Mobility across sectors is comparatively low and 96% of respondents from the 2002 survey who reported working in the hospital sector still worked in the NHS in 2003 compared to 84% still in primary care. Retention rates in Community Pharmacy were higher at 98%.

- Of the 20% of pharmacist in the managed sector over half were in the Whitley Grades D-E, these are the staff that appear from results are currently in receipt of “protection” or premia resulting from assimilation. The Grade D staff are tending to be in band 7, where the starting salary, excluding assimilation points is around 25% lower and the top of the band is still 10% below the top of the Grade D range with incremental points, which have

been traditionally used for recruitment purposes. This shows that whilst the starting salary is a particular problem the complete salary range particularly for Band 6 and7 are insufficient in practice for pharmacists.

The Review Body commissioned a report from NHS partners in 2005[(2)] this listed a number of sources of evidence on recruitment and retention including NHS Workforce Surveys and identified exit surveys as a crucial source of information on whether RRP are warranted. Hence NHS Pharmacy Education and Development leads undertook a survey on all trainees leaving the service in 8 NHS regions or countries. Of the 44 questionnaires issued 35 were returned (in an average year 100-200 trainees leave the NHS). The survey showed.

- The majority were moving to community pharmacy
- The most cited reason for leaving was higher salary shortly followed by saving to pay off debts. (Pharmacy is a four-year undergraduate course and from 2006 University fees will increase to £3,000 pa.)
- Starting salaries were in excess of £30,000 with 10% earning a salary in excess of £41,000. (This compares with £22,886 for a hospital post)
- Hours of working and holidays were largely comparable with those under AfC.
- Nearly all expressed an expectation of potentially returning to hospital prior to starting the post and receiving the higher salaries.

The Information Centre provides broad data broken down by region for the NHS workforce These all demonstrate that vacancies are similar across all regions with the highest figures being East Midlands and Yorkshire rather than traditional NHS “blackspots” emphasising a national rather than local problem.

Whilst it is accepted that the NHS Workforce survey shows a reduction from 3.2% in 2005 to 2.1% in 2006 this is for posts that Trusts are actively trying to fill which have lasted for more that 3 months and is more likely a result of the short-term financial difficulties of the service than a measure of the underlying vacancy picture. Pharmacy remains in this survey one of the professions with the highest vacancy rate.

More importantly the NHS Pharmacy Education & Development Committee undertakes a specific annual hospital staffing survey that provides more detailed information taken at a fixed point in time. This has traditionally identified significantly higher numbers particularly at the entry points of the profession. Compared to the NHS workforce survey the NHS Pharmacy Education and Development survey undertaken in July 2004 (This is currently being updated with July 2006 data) shows.

- There are large numbers of vacancies. 16.2% junior pharmacist posts are vacant and locums fill an additional 13.5% of posts.
- There is a high turnover, 21% of pharmacists left their employing hospital in the previous year and the percentage leaving the hospital service is 10%.
- There is a high proportion of staff taking maternity leave and this exceeds the numbers returning from maternity leave.
- Travelling is the cause of a major loss of junior pharmacists.
- 70% of services reported they had reduced or refused new services in the previous year.

- Services seem to be attempting to deal with the problem by regrading posts and enhancing salaries this option is not available through job evaluation.

- Hospital Pharmacy recruits on a national rather than local basis.

Other factors that affect the recruitment and retention

- Agenda for Change has led to a reduction in hours for pharmacists from 39 hours per week to a normal week of 37.5 hours. This requires 4.8% additional staff to make up for the shortfall.

- The changes in reciprocity arrangements between the RPSGB and Australia and New Zealand have significantly reduced available short-term locums to the service from June 2006.

- Salaries on appointment to the Commercial sector are in the region of 31-35k and many in the professional journals are advertised at higher rates (see Pharmaceutical Journal). Further evidence for this figure is provided by "The Control of Entry Regulations and Retail Pharmacy Services in the UK" report by the Office of Fair Trading stated the costs of employing a pharmacist in a small pharmacy amounts to 42k per year. This compares with Band 6 salary on recruitment of 22.8k rising to 31k after 8 years and a Band 7 with a starting salary of 27.6k rising to 36,4k after 8 years. It is this lack of accelerated progression that has been cited, as the reason for some Foundation Trust staff sides agreeing to leave the AfC process.

- Prior to Agenda for Change most Pharmacists would have reached Grade D within 3 years as the service sought parity with the commercial sector (Whitley payments as stated started at over 31k and went to over 37k with discretionary points). This rapid grade progression is being unravelled by the job evaluation process, Band 7 is the grade to which most Grade D pharmacy posts have been evaluated and the poor relative starting position is disguised by the assimilation process as staff move from Whitley to AfC. The situation for future recruitment with the evaluation scheme and long incremental scale will exacerbate the problems with salaries after 3 years being in the region of 27k rather than over 31k under Whitley. Community starting salaries are more comparable to those at band 8.

- Currently most hospital pharmacists, since the withdrawal of on-call from the national agreement are still in receipt of 2.5k as part of their Emergency Duty Commitment (only until April 2008). The history of this payment from the late 1980s is that it was paid to assist recruitment. It is essential that any consideration of RRP require this imminent removal of this enhanced payment to pharmacists be addressed. Primary Care Trusts have in part dealt with the lack of this payment by in part raising the Whitley grades used on appointment

Summary

The Pharmacy register is growing although the numbers actively working are reducing with evidence of a move to an increasingly part-time predominantly female register. This is even greater in hospital, which has a younger female dominated workforce.

There is a high turnover of pharmacists 21% within hospitals with a high percentage leaving for other hospitals, maternity leave and travel being the other major reasons quoted. Those trainees leaving the service after completing their pre-registration year move into community pharmacy citing higher salary and the need to repay debts as major reasons.

Pre-Registration Pharmacists are expected to grow with new schools of pharmacy coming on stream but current numbers roughly equate to available posts due to increases in Community Pharmacy placements as the allowance has been increased in England from 5k to over 16k. However the current financial situation has led to a significant reduction in hospital trainees

recruited for 2007 leading to further future recruitment problems as the service seeks to attract future pharmacists initially trained in the higher paid Community sector. Service modernisation, the key objective of the Agenda for Change process will be seriously affected by an inability to obtain sufficient trained and competent staff.

Recommendations

- Increase number of pharmacists trained in hospitals to maintain a pool of eligible recruits. This is important, as salary increases under AFC have led to pressures on student numbers with most workforce organisations reducing student numbers.

- Similar to other professional groups of Healthcare Scientists and Allied Health professionals the sole availability of lieu time for Band 8 staff to deliver additional services at unsocial time periods is unsustainable, with a major underlying vacancy situation. A system similar to that for senior medical staff that remunerates weekends at an enhanced sessional rate commensurate with the grade of the staff needed is essential. Evidence of some Trusts making payments outside national agreements to maintain existing weekend services

- A national recruitment and retention premia should be targeted at Band 6 and Band 7 pharmacists by ensuring these bands are adjusted by a cash sum equivalent to 4 incremental points. This cash sum equates to £3,834 at Band 6 and £4,244 at Band 7. It is accepted that these salary ranges remain below commercial rates but they would provide the service with a greater opportunity to recruit but more importantly retain experienced pharmacists for the benefits of patient care.

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Chair of Terms & Conditions
Guild of Healthcare Pharmacists

1. Twenty First Report on Nursing and Other Health Professions 2006 – Review Body for Nursing and other Health Professions 2006
2. High Cost Area Supplements and Recruitment & Retention Premia - A Report for the Office of Manpower Economics by NHS Partners Research & Information May 2005
3. National Workforce Planning Framework 2005 (NHS Scotland)
4. The Pharmaceutical Journal Vol 277 No 7411 137-139 29th July 2006

Appendix 2: Graph illustrating the Estimated Joining and Leaving Rate of NHS Pharmacists.