

health worker

written for healthworkers by healthworkers

AGENDA FOR CHANGE

Is this the deal we want?

NO!

Not Good Enough

Information from the review of the 12 Early Implementer (EI) sites indicates that although the government has been pressured to make some concessions, this is still a bad deal. The original Agenda For Change proposals had numerous problem areas. The 12 EI sites were meant to see if the proposals were workable and find solutions where they weren't. Right from the start, however, some problem areas were 'non negotiable', including the overall Job Evaluation scheme, the increase in working hours, and a measure of 'success' being that "only" 8% of staff would need to have their existing pay protected (one measure of losers under the scheme). As information emerged from the EI sites that many more staff than expected needed protection and the system for paying unsocial hours was unworkable, it looked as though AFC was unraveling. And under pressure from the unions, the government has divorced some aspects of the deal to be dealt with later to avoid a battle with health workers at the same time as they face a general election. But it's not enough. The whole package should be rejected to force the government back to the negotiating table.

What's on offer?

The Job Evaluation scheme is the whole basis of AFC. Some jobs will be evaluated as being worth less than they are currently being paid. At the Sunderland EI site, 200 staff walked out in protest at their job evaluation results. Non-clinical staff – especially Admin & Clerical and Ancillary – have done particularly badly under the scheme in the EI sites. There have been some changes to the guidance notes which are meant to help non-clinical jobs, and some revised job profiles – but these haven't been tested to see if they'll work. The Review is not even based on all the jobs in the EI sites, just those that have been easiest to fit into the new scheme – and Sunderland's results have been excluded.

Reversing Equal Pay victories – Speech & Language Therapists won substantial pay rises in legal cases 4 years ago – these are slashed by downgrading under the Job Evaluation scheme. Many health workers in Carlisle have been fighting an equal pay battle for years, and are on the verge of winning – most of them will lose again under AFC.

The appallingly low pay of Band 1 has been slightly improved – the lowest point raised to £5.69 an hour (£11,135 a year) and the Band ends one point higher than originally proposed. But even the new top point of £12,147 is less than two-thirds of male median earnings – a common measure of poverty pay. And the government's priorities for spending are clear, because at the same time, a new Band 9 has been created for the highest paid – going up to £83,000 a year.

Increases in working hours for many groups of staff (Admin & Clerical, Professional & Technical, Therapists, Radiographers) up to 37.5 hours a week. Ancillary and Ambulance staff reduce their hours – but for those working the longest hours this will be phased in. Ambulance staff usually have paid meal breaks, as they have to be prepared to respond to emergency calls. North East Ambulance EI site were forced to take industrial action over management's attempts to stop paying for meal breaks. Arbitration so far has come down in favour of the workers, but it's clear that Ambulance trusts all over the country will be looking to find ways of saving money on the increased costs that a shorter working week implies.

Pay ‘gateways’ which would make progress up a Band dependent on appraisal of performance by your manager. They’d have to have a system of ‘personal development planning’ in place and offer training and support – but could block your incremental rise. This has not been tested in any EI site.

High Cost Area payments would be on a sliding percentage basis, and many low paid staff would get less than they do now from London Weighting.

Splitting the Workforce

Unsocial Hours Payments is the major issue where there is no conclusion. They have put it off until 2005 so as to try and get the rest of the package through. The original proposals – with a maximum of 25% added onto basic pay – would have meant pay cuts for any staff who do a high proportion or all their hours in unsocial times (7pm to 7am, weekends, Bank Holidays), and there was no incentive to take on odd extra night shifts or to cover weekends or Bank Holidays because you wouldn’t increase your percentage add-on. Negotiations were getting nowhere; so unsocial hours have been ‘de-coupled’ from the rest of the proposals. The new suggestion is to leave most on Whitley unsocial hours payments – except for Ambulance staff who would get the AFC proposals, because anything is better than what they get now – until late 2005 when there would be a ‘review’ (*not negotiations*). This would split staff into the minority who work unsocial hours and the majority who don’t. The minority would be left to fight on their own, after a General Election, when the government is likely to be in a stronger position to force through the system of payments they want.

What’s a ‘Success’?

If someone ‘loses’ they would get short term pay protection – one year with a pay rise, and up to six years ‘mark time’ (no pay rises) while the new pay they are meant to be on catches up with their protected pay. Anyone new coming into the job wouldn’t get that protection – they’d be on the lower pay.

The government said they’d consider it a success if no more than 8% (that’s 80,000 health workers) would lose pay and need pay protection (whether from cuts in basic pay or from loss of unsocial hours payments, or a combination of both). Several of the EI sites showed much higher rates of losers: Sunderland up to 40%; West Lothian about 35%, Guys and St Thomas’ about 30%; even the Dept of Health predicted 15% could lose. And it’s often low paid staff that are the losers – in West Lothian 50% of Ancillary and 45% of Admin & Clerical. The ‘de-coupling’ of unsocial hours payments will *temporarily* reduce the number of staff needing protection quite dramatically, maybe even below the govt’s 8% target – but it hides the real size of the problem until later.

As trade unionists we should not accept downgrading of jobs, the need for pay protection or actual pay cuts for any percentage of our members. There’s no hard information on how much funding the government is prepared to put into the scheme. There have been various reports that it’s got to be ‘cost neutral’ (winners to be matched by losers), that it mustn’t exceed the ‘available cost envelope’ (whatever that means). We know that the extra funding which has been allowed in allocated budgets to cover the implementation of the whole scheme is certainly not enough to give decent pay to everyone.

What Can We Do?

Five health unions – Amicus, TGWU, Society of Radiographers, UCATT, and UNISON - are due to hold ballots this autumn to ask members if they want to accept the offer.

Agenda For Change is not a good deal for health workers.

health worker recommends rejection, and urges

Vote NO

Contact *health worker* at email: editor@healthworker.co.uk

Published August 2004

Foundation Hospitals will be allowed to ‘reward’ their staff with better pay than under AFC, which is likely to lead to poaching of skilled staff from neighbouring NHS trusts. It threatens to disrupt the concept of a national pay and conditions structure before it’s even been re-established.

Privatised staff will only be covered by AFC if they are still on Whitley terms and conditions. The two (or more) tier workforce will remain.

On-call payments haven’t even been touched by the EI sites. The AFC proposals were so bad that all of them opted to retain their current systems, as they can do for 4 years. So the review was unable to make any assessment, and has said it will be reviewed during the four years.

Like unsocial hours, this will leave the minority of staff who do on-call, and who now often rely on it to boost inadequate basic pay, isolated in any dispute on the matter in four years time. However unlike unsocial hours, the proposals we are being asked to vote on still include the on-call system, so it will come into effect after four years unless there is a fight to stop it.

Union negotiators had assured us that ‘Nothing would be agreed until everything is agreed’. This is an excellent negotiating principle. It avoids us having to agree to one part because the rest of the package has been agreed, and avoids smaller groups being isolated. So why is it being ditched in the case of unsocial hours and on-call?