



GMB oral evidence to the NHS Pay Review Body (PRB)

Member Briefing - England

21st January 2025

Contents:

1. Opening Statement & Member Testimony
2. The 2025-26 Pay Award
3. £15 Per Hour Minimum Wage
4. Pay Restoration
5. Agenda for Change Structural Reform
6. Job Evaluation, Nursing & Midwifery Profile Review & Work of Equal Value
7. Section 2 – Ambulance Unsocial Hours
8. Industrial Action

1. Opening Statement & Member Testimony

“Thank you for the opportunity to come and speak to you today on behalf of GMB members working across all Agenda for Change (AfC) pay bands in the NHS and ambulance service.

As you know, we have not engaged with the PRB process in recent years. GMB members had lost faith and confidence in the process used for determining their pay. The timelines for delivering pay had been severely delayed and members were waiting months after their anniversary date to get their pay award.

Restrictions placed on pay since 2010 meant that NHS workers were consistently receiving less in their pay packets than they should have been had their pay kept pace with cost-of-living increases.

GMB members wanted us to secure pay negotiations with government instead to try to resolve these concerns. This is what we did following the strike action that GMB members across the NHS and ambulance service took between November 2022 to February 2023.

This year's pay round was the first since those pay negotiations to settle the dispute that the PRB have been involved in. GMB welcomed the recommendations made – particularly point one – the 5.5% pay award, which was above inflation, and point three – the funded mandate for AfC structural reforms.

GMB also welcomed the new government committing to honour those recommendations in full. That is what GMB members voted for this year when they accepted the pay award. It is however disappointing that we are still waiting for point three to be delivered. It is even more disappointing that their evidence into the PRB for 2025/26 states an 'affordability' envelope of 2.8% - minus the National Living Wage increases and parts of the pay award for 2024/25.

GMB has welcomed the new government committing to getting the PRB timeline back on-track, so that hopefully by April 2026, NHS workers will receive their annual pay awards on time.

It is for these improvements that GMB members decided that we should re-engage with the PRB process for next year's pay.

GMB members are having a really tough time at work right now. It's always busy at this time of year – it's the winter crisis that the press is always keen to cover. But it's starting earlier, and finishing later every year. To the point where NHS workers no longer refer to it as the winter crisis – because it's become their norm.

I'd like to just read to you a few of the stories that our members have been sending into us. These are mainly from the ambulance sector – but our members working across hospitals, emergency departments and in the community, all have equally harrowing stories.

Sue works as a call handler in an ambulance contact centre. She says that about 35% of the calls she receives every day, involves verbal dissatisfaction being expressed towards NHS staff and access to services.

Hannah has been a Paramedic for 18 years. She says she has never seen the hospitals under as much as pressure as they are right now. She's told us about how the breakdown of one part of the NHS, leads to the breakdown everywhere else. Delays handing over patients at hospitals, because too many people are presenting at hospital – for many, it's because they can't access care locally via their GPs. Whilst ambulances are stuck outside hospitals, calls are stacking up in the call centres. Many calls are also from those who can't access care via their GPs. Patients are offloaded from ambulances so the vans and crews can get back on the road, but they are left in corridors hoping that a member of the hospital team will be able to treat them soon. At the centre of this – patients are suffering. But so too are the staff. Not being able to deliver the standard of care they want

to – leaves staff feeling overwhelmed and frustrated. Missing breaks and ending shifts late is leaving them exhausted and burnt out.

Sophie is also a Paramedic. She told us about having to spend countless hours outside hospitals with patients in critical condition. She talks of multiple occasions being stuck outside A&E, with dying patients, having phoned ahead to alert the hospital team, but still there not being available staff or space. Frictions caused between hospital staff and ambulance staff – who are all struggling to cope with the pressures, failing to deliver the standards of care they want to, none of it being their fault.

Sophie also talks of being left alone with patients in ambulances who turn aggressive and abusive, and her calls for assistance go unanswered. Hospital security refuse to intervene as the patient isn't in the hospital building, the police refuse to attend because the ambulance is on hospital grounds.

Jim, told us about splitting headaches everyday, from inhaling vehicle fumes stuck in queues. He's concerned about the welfare of him and his colleagues. No breaks, late finishes. Being told to eat sandwiches or crisps and chocolate on shift with patients in the back of ambulances who are really ill. He's told us about how he suffers with chronic back pain in ambulances not fit for purpose. He's asked GMB to ballot for industrial action on these working conditions alone.

I'll leave it there. We could spend all day sharing the stories of our members. Trying their best in appalling working conditions. We are attempting to share this information with government, but thought it would be useful for you to hear. This explains just a part of why experienced staff are choosing to leave the NHS, and why sickness levels may be high in some areas. We can't talk about productivity and efficiency savings whilst our members are working in these conditions every day.

Whilst we are concerned about the restrictions that government have placed in their remit letter to the PRB, we are engaging with this process in good faith, that the PRB will hear all the evidence of all the engaging parties and make a recommendation for NHS workers that truly recognises and values their role at keeping our NHS running.”

2. The 2025-26 Pay Award

The headline ask in GMBs PRB submission is:

- A percentage increase to pay above RPI for all AfC bands.
- A plan for AfC Band 2 to be paid at least £15 per hour, and addressing the differentials within subsequent AfC bands.
- Improvements to overtime – hours required to work in substantive post above contracted hours, to be paid in line with AfC overtime rates.

Specifically on headline pay:

- Many of our members' costs continue to rise by RPI: several taxes (including vehicle excise duty), mobile phone contracts, rents (where index linked), regulated rail fares, and Student Loans Company repayments are all still increased by RPI.
- RPI is forecast to be 3.4% in April 2025.
- Anything below this would be another real terms pay cut for NHS workers.
- It must be above this rate if we are to start to restore lost earnings to workers.

What would be acceptable to NHS workers?

- GMB has not stated a figure for a headline claim this year.
- However, it must be above forecasted RPI inflation rates.
- Members are also saying that anything less than this year's pay award of 5.5% would not be acceptable.

Within the package of recommendations, GMB requested that the PRB makes a recommendation on overtime pay.

Section 3 of AfC provides that overtime should be paid to all staff in pay bands 1-7 who work in excess of 37.5 hours per week. Whilst we appreciate that under section 3, part-time employees are expected to work at plain time rates until their hours exceed 37.5 hours, GMB would support a position of all staff being paid overtime rates for all hours worked above their contracted hours, regardless of number.

However, the biggest issue across the NHS, is that many staff are forced on to in-house bank arrangements, or external agency contacts, for their overtime. This is essentially so that local NHS trusts can avoid their employees contractual rights to overtime and ultimately pay them lower rates of pay for the same work they would carry out under their substantive contract.

This practice is seriously damaging to staff morale. Especially considering staff are working overtime to help keep NHS services running. Why should they be penalised for trying to support the service? What is more appalling is that we are aware that NHS England issued advice to Trusts advising them **not to pay** overtime pay in line with their terms and conditions.

Whilst GMB appreciates that NHS trusts may be struggling with budgets and increased costs of running services – but denying workers access to their contractual rights is not the way to solve the issue, if they genuinely want to retain workers.

3. £15 Per Hour Minimum Wage

One of the biggest failings of the NHS right now is that there are workers providing essential services who are due to fall below the national living wage in April. This is not the first time this has happened.

The NHS used to be a proud – above real living wage – employer. Now, Band 2 staff – cleaners, porters, patient transport drivers, health care support workers, call handlers – have to have top up payments made so their employers don't breach minimum wage laws. These are workers that keep our hospitals clean; patients fed and cared for; take increasing numbers of emergency calls, assess callers needs and dispatch ambulances.

They are paid less than workers elsewhere in the economy – warehouse staff and shop workers to name a few. GMB is not saying that those jobs are not important – they are. However, the specific skills of our members in the NHS needed to carry out their duties, are being hugely undervalued.

There should be no doubt that NHS workers are leaving the service for better paid, less stressful jobs in other sectors.

We have just been informed by the Department of Health & Social Care (DHSC) that a decision has been made that a temporary uplift of 28p per hour will be made to all band 2 staff with effect from 1st April, to prevent them falling below the national living wage. Also, this year, the decision has been made to include the entry point of band 3 in the temporary uplift of 28p per hour to ensure the issues around compression of pay bands are not exacerbated.

Whilst we appreciate the steps being taken here, this is creating issues for later in the year. This is a temporary uplift. Which means that these workers will have the amount deducted from any final pay award made by the government.

For example:

28 pence per hour for a Band 2 worker is a 2.3% uplift.

That will give them a new hourly rate of £12.36.

That will still be lower than the real living wage of £12.60.

If a pay award is made in line with what the government say they can afford - 2.8%, minus their 0.3% pay bill / legal obligation to pay the national living wage, equals a 2.5% pay award.

So, when the pay award is finally made to workers, Band 2 staff can only expect to receive 0.2% whilst their colleagues receive 2.5%

The damage this has on staff morale cannot be underestimated. To the extent that some trusts this year, took the decision not to make the deductions and to pay their staff the real living wage.

We must also advise that the 28p is an **imposed pay award**.

Unions were not consulted with on this pay uplift. We have not agreed it.

We have just been advised of the amount and which staff will be paid it.

It is disappointing that we have not been engaged in the process considering it is the unions and employers on the NHS Staff Council that have been raising the importance of addressing this issue with the DHSC.

GMB has a policy position of a £15 per hour minimum for workers – and we would want to see the NHS lift their workers up and truly become a place where people want to work. GMB appreciates that this would need significant investment centrally, but the cost of not doing so, is a direct threat to the delivery of patient care and services.

The issue of low pay needs to be addressed speedily, and if it is not to be delivered in one year, there needs to be a firm commitment and credible plan of when it will be. A plan to do this would not be unreasonable or unachievable over the next couple of years. In terms of pay differentials, there would also need to be uplifts to other bands, to ensure fairness and that job evaluation within AfC isn't breached.

4. Restorative Pay

In GMB's written evidence we outlined how much NHS workers had lost in their pay packets since 2010. The workforce have experienced real terms pay cuts ranging from almost 11% up to almost 22%. This year's pay award started to repair some of the damage as the 5.5% pay award, was above RPI in April 2024.

GMB's position is that pay needs to be restored quickly. Whilst we appreciate that without significant investment to do this, it may not be possible in to achieve one year, but we do want to see a commitment and credible plan to getting there.

5. Agenda for Change Structural Reform

GMB was very disappointed to read the government's evidence submission into the PRB and we wrote to the PRB with our position on this. [GMB Additional Submission to PRB - 18 Dec 24.pdf](#)

The government reference to 2.8% being what is affordable is disappointing and if imposed on NHS workers, will be another real terms pay cut, with forecasted RPI set to be at 3.4% in April. The fact also that out of that 2.8%, needs to come the increase to the national living wage, which is approximately 0.3% of the pay bill – reduces the potential pay award further to 2.5%.

To then also ask for the PRB to recommend a further cut from this, to pay for point three of last year's pay award is simply not acceptable to GMB.

It is not acceptable that such a fundamental part of the pay award for 2024/25, voted on by GMB members, has not been delivered. But also that NHS workers are being asked to pay for that out of their next pay award.

It also demonstrates the complete lack of understanding and appreciation for the level of significant structural reforms that are needed within AfC, that the government think they can do it on the cheap by taking it out of workers pay packets.

GMB makes a request of the PRB to decline the government request to divert money away from the headline pay of NHS workers in this way.

GMB continues to support Agenda for Change as the pay structure for NHS workers. However, it is 20+ years since it was introduced and maintenance and reform of the system is needed. It is unlikely that this can be achieved in one year. It is also impossible for this to be achieved without financial investment.

We believe the NHS Staff Council is the right body to take this work forward and the Staff Council wrote to the PRB with our priorities. Out of all the issues raised, GMB would like to highlight as our key priorities:

- A sustainable position for the lowest pay bands to keep above the minimum wage rates, including payment on time on the anniversary date of 1st April.
We would like to see this be in line with at least the real living wage in the interim period, whilst a plan for a minimum £15 per hour is worked through.
- Addressing pay differentials to incentivise promotion and career progression, particularly for those in the lower pay bands.
- Addressing loss of unsocial hours enhancements and overtime for those that progress in AfC bands. GMBs ask on this would also be the scrapping of Section 2 for ambulance workers.
- Maintaining an effective job evaluation scheme, which is consistently implemented. Job creep is a very real thing for GMB members working across all areas of the NHS and ambulance service and the AfC pay structure is potentially at risk from legal challenge.

GMB was the only union to reject the 2018 pay award. This was in the main due to the imposition of section two for ambulance workers. However, what that three-year deal did demonstrate, was that given funding, and a mandate to NHS Staff Council, reform of parts of the structure could be achieved. Therefore, we would expect that a number of years will be required to reform AfC.

What is essential to deliver this is a mandate for the NHS Staff Council to do the work, a significant investment of money and an outline of how long that money will be provided. Only then can the Staff Council look at the work required and begin to prioritise issues and put a timeline and plan in place for the work to commence.

6. Job Evaluation, Nursing & Midwifery Profile Review & Work of Equal Value

There are lots of issues in relation to job evaluation processes and capacity at both local and national level. Decisions are made regarding what band workers should be paid at

based on money, rather than on actual work responsibilities carried out. Lower banded staff take much longer to get through the process and are less likely to be successful. Lower paid staff are expected to have the qualifications outlined as essential for the role, whereas higher banded staff are much less likely to have the qualification required and have "equivalent experience" instead. Health Care Support Workers are kept at Band 2 instead of being put onto the correct Band 3 rate. Managers are keeping pay down instead of upskilling the workforce.

We are expecting the Nursing & midwifery revised profiles to be published later this year. Scotland are already underway with reviewing the profiles of all their Band 5 Nurses. We should have learned lessons from previous publications, such as the ambulance service profiles two years ago. It will cost money and we need to be prepared locally to deal with the demand to review jobs and ensure workers are paid fairly and appropriately.

Job creep is a very real issue for staff working across the NHS. With chronic staffing shortages in some areas, staff are picking up more work and working at higher levels than their pay band. GMB is supportive of the call for automatic pay progression to Band 6 for Band 5 Nurses.

GMB is concerned that the failure to address all these issues locally via the job evaluation processes available, is leaving the NHS at great risk of equal pay litigation.

Equal pay is a priority issue for GMB, as you may have seen in our campaigns right across the public and private sector. It is our duty to support our members across the NHS to be paid appropriately for the job they carry out. We will not hesitate in supporting them legally if we are forced to.

We urge the PRB to make it clear in the recommendation report, just how serious this issue is, and how important it is that job evaluation across the NHS is invested in and resourced.

7. Section 2 – Ambulance Unsocial Hours

When staff members who are on section 2 are off sick, they do not receive their unsociable hours pay, unlike their colleagues on annex 5. This policy negatively impacts the workforce, as staff frequently come to work while ill, inadvertently passing on their illnesses to colleagues. Additionally, some come to work with minor injuries that can escalate into significant issues due to the strain of working while hurt as they cannot afford to have time off.

Pay disparities caused between workers causes issues. A Technician on annex 5 earns more than a Paramedic because they fall under section 2. This disparity discourages those in the field from pursuing promotions from Technician to Paramedic. The issue extends further into our lower bands in the control centres, where similar patterns can be observed.

There is also the issue of Newly Qualified Paramedics (NQP) who is pay is negatively affected once they qualify and are forced onto Section 2. It should also be recorded the system of NQPs is not working. The demands on the services in some areas is so severe that NQPs are being asked to perform exactly the same duties as Paramedics, but for less pay.

The workforce who become pregnant may also be negatively impacted in that they are on section 2 which causes equality concerns. Reduced shifts and impacts on unsocial hours affects their take home and maternity pay.

GMB voted against the 2018 pay award because of the introduction of section two. We continue to lobby employers for it to be revoked. We have tried to work with ambulance employers via the National Ambulance Strategic Partnership Forum to address concerns over inconsistent application of the section. After several years of discussion, these negotiations failed to deliver anything other than protection for band-to-band transfers. Employers are now refusing to engage with us any further on this issue and are stating it needs to be addressed via the NHS Staff Council and the AfC handbook.

We cannot stress enough how much of a deterrent this section is to ambulance workers progressing in their careers out of fears of being forced on to section 2 from annex 5. We are also seeing ambulance workers leave the service for better paying options elsewhere. When you also consider the numbers leaving because of issues with a high retirement age and difficulties accessing flexible working, there is a real concern about further retention issues of the workforce.

We therefore repeat our calls on the PRB to make a recommendation to revoke section two of AfC and put all ambulance workers on to Annex 5.

The PRB have asked GMB to submit further written evidence on this issue.

8. Industrial Action

The PRB asked GMB how members were feeling right now and what their feelings were towards pay this year and industrial action.

GMB advised that members are focussed right now on their working conditions and patient care. We have been repeatedly asked in recent weeks about the possibility of balloting right now for industrial action on these issues alone. It's about more than just pay. This is about the future of the NHS and patient care.

We advised the PRB that they need to get pay right this year. Workers are exhausted and they are looking for a recommendation on pay that truly values them.

If a fair pay award is not recommended and delivered, we have no doubt that GMB members will be asking to be balloted for industrial action.