



## **GMB NHS Pay Claim 2024/25 – England Frequently Asked Questions**

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### **1. What is the process for determining pay increases in the NHS?**

Pay for staff on Agenda for Change (AfC) contracts in the NHS is determined by the Government after considering recommendations made by the NHS Pay Review Body (PRB).

The PRB was created in 1983 and was intended to be an independent body to advise Government on pay. Government formally asks the PRB to consider evidence from interested parties and make a recommendation on what the pay award should be in that financial year, commencing 1<sup>st</sup> April. Recognised health unions, including the GMB, employers and Government, submit evidence into the PRB process. Once all of the evidence has been received and analysed, the PRB formally write to Government with their recommendation. The Government consider the recommendations and determine the pay award level. It may be the same as what the PRB recommends, or it may differ.

Ultimately, the final decision on pay is with Government. This is not a pay negotiation.

### **2. Why has GMB not engaged with the NHS Pay Review Body process?**

GMB continues to engage with the Department of Health and Social Care review of the pay setting process in the NHS which was secured as a part of the negotiated pay settlement for 2022-24. However, to date there has been little to no actual reform. GMB believes that the Pay Review Body (PRB) process has been critically undermined since 2010, as every NHS PRB recommendation since has been in line with central pay policy and below RPI inflation – with devastating consequences for NHS workers. Therefore, GMB is not engaging with the NHS Pay Review Body process for 2024/25 and will not do so until significant reform has been implemented. GMB is calling for pay negotiations in the absence of reform.

### **3. What is GMBs pay claim?**

GMB consulted members on what should be included in the pay claim via an electronic survey. The results of the surveys were considered by GMB's National NHS & Ambulance Committees and used to determine the pay claim ask.

The pay claim was submitted to the Secretary of State for Health & Social Care on 6<sup>th</sup> February 2024 alongside a request for pay negotiations.

The claim is for:

- **£1.50 per hour** consolidated increase for all staff on Agenda for Change contracts (or RPI, whichever is greater).





- **Restorative Pay.** A commitment to restore lost earnings and conditions and a plan on how this will be achieved.
- **Measures to ensure the NHS never falls below the Foundation Living Wage.**
- **Unsocial Hours Enhancements.** All changes made under the 2018 pay settlement are reversed, including the application of Annex 5 for all ambulance service workers.
- **Ambulance Retirement Age.** An urgent review into the retirement age of ambulance service workers with a view to lowering the retirement age to 60, in line with other emergency service workers.
- **Free NHS Car Parking.** Restore funding for NHS trusts to provide parking at no cost for NHS workers.
- Immediate action to rectify **Job Evaluation and Equal Pay** issues.
- **Safe Staffing** levels.
- **Parity of Pay** and payment of this year's pay award to outsourced and contracted out staff.

#### **4. Who does the pay claim cover?**

The pay claim is for all AfC staff as those workers are the ones covered by the PRB process and who will receive the Government's pay award.

However, in the pay claim GMB has included our concerns about staff who are not on AfC contracts and how they are regularly excluded from AfC pay awards. GMB has called on Government to provide additional funding to ensure that these workers can also benefit from the pay award.

Disparity in pay, terms and conditions between staff on AfC contracts and contracted-out staff remains a serious issue and a cause of resentment. Outsourced public service workers' pay has been progressively devalued and terms and conditions have been slashed. GMB is opposed to any further outsourcing of staff across the NHS and ambulance services and is calling for contracts to be brought back in house. We want any pay award for AfC staff to be given to all staff providing NHS services – whether they are employed by private contractors or wholly owned subsidiaries. We must give parity of pay and terms to all workers in the NHS.

This pay claim is for England only, but we would expect that Barnett Consequential would apply and the necessary additional funding provided for devolved nations.





## **5. What is the Government's response to GMBs pay claim?**

A response to GMBs pay claim was received on 23<sup>rd</sup> February 2024 from the Secretary of State for Health & Social Care, Victoria Atkins MP. It stated:

*"Thank you for your letter, dated 6<sup>th</sup> February 2024.*

*As you know, my officials are working with the NHS Staff Council to review the current pay setting process, following the pay deal agreed last year.*

*Whilst the process is ongoing, I strongly encourage you to reconsider your position and take part in the PRB process for the 2024-25 pay year. This will ensure your members' voices are heard and will support the PRB to deliver their recommendations.*

*Outside of headline pay, I found our meeting on 1 February incredibly helpful to listen to your members' priorities on job evaluation and retirement ages. I look forward to hearing the progress of your ongoing dialogue with my officials regarding the issues."*

## **6. What would the £1.50 per hour mean to me?**

GMB is seeking a consolidated uplift in pay for all Agenda for Change pay bands and points of £1.50 per hour, or RPI, whichever is greater. RPI is the Retail Price Index – one of two measures of inflation produced by the UK's Office for National Statistics (ONS). It measures cost of living increases. Therefore, any pay award below this is considered to be a real terms pay cut.

A minimum pay increase of £1.50 per hour for all staff, would lift the lowest paid up to 95p above the Foundation Living Wage and be a move towards restoring real terms losses from previous years. Currently, the lowest paid on Agenda for Change Contracts are just 1p above the National Living Wage. This is the absolute minimum an employer can pay to be in line with Government set minimum rates of pay.

The pay of NHS workers has been devalued since 2010 due to pay freezes, pay caps and below inflation pay awards. As significant uplift in pay is crucial for NHS workers and must sit alongside a commitment and plan to restore the years of pay erosion.





2023/24 hourly rate (£)		2023/24 annual value (£)	Increase £ per hour	Increase £ annual Based on 37.5 hour week	Increase %	Proposed 2024/25 hourly rate (£)	Proposed 2024/25 annual value (£) Based on 37.5 hour week
Band 1	£11.45	£22,383	£1.50	£2,925.00	13.10%	£12.95	£25,308
Band 2	£11.45	£22,383	£1.50	£2,925.00	13.10%	£12.95	£25,308
Band 3	£11.67	£22,816	£1.50	£2,925.00	12.85%	£13.17	£25,741
	£12.45	£24,336	£1.50	£2,925.00	12.05%	£13.95	£27,261
Band 4	£12.86	£25,147	£1.50	£2,925.00	11.66%	£14.36	£28,072
	£14.11	£27,596	£1.50	£2,925.00	10.63%	£15.61	£30,521
Band 5	£14.53	£28,407	£1.50	£2,925.00	10.32%	£16.03	£31,332
	£15.67	£30,639	£1.50	£2,925.00	9.57%	£17.17	£33,564
	£17.69	£34,581	£1.50	£2,925.00	8.48%	£19.19	£37,506
Band 6	£18.10	£35,392	£1.50	£2,925.00	8.29%	£19.60	£38,317
	£19.10	£37,350	£1.50	£2,925.00	7.85%	£20.60	£40,275
	£21.80	£42,618	£1.50	£2,925.00	6.88%	£23.30	£45,543
Band 7	£22.37	£43,742	£1.50	£2,925.00	6.71%	£23.87	£46,667
	£23.52	£45,996	£1.50	£2,925.00	6.38%	£25.02	£48,921
	£25.60	£50,056	£1.50	£2,925.00	5.86%	£27.10	£52,981
Band 8a	£26.06	£50,952	£1.50	£2,925.00	5.76%	£27.56	£53,877
	£29.33	£57,349	£1.50	£2,925.00	5.11%	£30.83	£60,274
Band 8b	£30.16	£58,972	£1.50	£2,925.00	4.97%	£31.66	£61,897
	£35.04	£68,525	£1.50	£2,925.00	4.28%	£36.54	£71,450
Band 8c	£36.01	£70,417	£1.50	£2,925.00	4.17%	£37.51	£73,342
	£41.50	£81,138	£1.50	£2,925.00	3.61%	£43.00	£84,063
Band 8d	£42.74	£83,571	£1.50	£2,925.00	3.51%	£44.24	£86,496
	£49.29	£96,376	£1.50	£2,925.00	3.04%	£50.79	£99,301
Band 9	£51.09	£99,891	£1.50	£2,925.00	2.94%	£52.59	£102,816
	£58.79	£114,949	£1.50	£2,925.00	2.55%	£60.29	£117,874

Tell us what you think!

For someone working full time, a £1.50 per hour increase would equal £56 per week, or £243 per month, or £2,925 per year.





We want to hear from NHS members about what a £1.50 per hour increase would mean to you and your family. How would it impact your day-to-day life?

Please send your stories or video messages to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## 7. What does restorative pay mean?

NHS pay is worth significantly less than it was in 2010. More than a decade of pay constraints has had a serious detrimental impact on NHS workers' quality of life, and upon your ability to afford necessities.

Whilst central Government has imposed pay constraints in the past, the absence of restorative awards since 2010 is unprecedented. The real wage cuts of the early 1970s were mostly reversed by 1980. Even the public sector wage cuts during the Great Depression of the early 1930s were reversed within a couple of years. But – uniquely in British political history – there has been no policy of restoration since the modern round of pay austerity was imposed.

Deteriorating pay is a contributory factor as to why staff are leaving the NHS. There must be an above inflation increase, that makes progress towards the restoration of real earnings. NHS workers have also lost other terms and conditions that GMB is seeking to restore. These include the removal of the right to retire at 60, unsocial hours enhancements reduced and removed when on sick leave, and subsistence allowances haven't increased since the introduction of Agenda for Change.

GMB is seeking a commitment to restore lost earnings and conditions and a plan on how this will be achieved.

The table below shows how NHS worker pay has been devalued since 2010.

	2010/11	2023/24	2010/11 uprated (RPI)	Real terms change (£)	Real terms change (%)
Band 1	£14,364	£22,383	£25,260	-£2,877	-11.4
Band 2	£16,753	£22,383	£29,462	-£7,079	-24.0
Band 3	£18,577	£24,336	£32,669	-£8,333	-25.5
Band 4	£21,798	£27,596	£38,334	-£10,738	-28.0
Band 5	£27,534	£34,581	£48,421	-£13,840	-28.6
Band 6	£34,189	£42,618	£60,124	-£17,506	-29.1
Band 7	£40,157	£50,056	£70,620	-£20,564	-29.1

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Band 8a	£46,621	£57,349	£81,987	-£24,638	-30.1
Band 8b	£55,945	£68,525	£98,384	-£29,859	-30.3
Band 8c	£67,134	£81,138	£118,061	-£36,923	-31.3
Band 8d	£80,810	£96,376	£142,111	-£45,735	-32.2
Band 9	£97,478	£114,949	£171,423	-£56,474	-32.9

### 8. What are GMB asking for regarding the Foundation Living Wage?

The Foundation Living Wage, otherwise known as the Real Living Wage, is a calculation based on the cost of living and is voluntarily paid by over 14,000 UK employers. The NHS is not one of them.

In recent years, the lowest paid workers in the NHS have had to be given an uplift payment in advance of the year's pay settlement, due to delays in the Pay Review Body process and the fact that the Governments own minimum wage rates caught them up. Unions negotiated additional uplift for these workers in the negotiated pay settlement for 2022-24 to try to address and future proof this issue. However, currently, the lowest paid workers on Agenda for Change Contracts are just 1p above the National Living Wage. This is the absolute minimum an employer can pay to be in line with Government set minimum rates of pay.

It is shameful that essential NHS workers such as cleaners, caterers and patient transport service workers are being paid at minimum legal levels. The NHS once prided itself on being a Real Living Wage paying employer but years of erosion of pay has resulted in NHS workers being forced to leave for higher paid jobs elsewhere.

If the NHS is truly to be an employer of choice, we must ensure that the minimum rates of pay are way above the foundation living wage rates and forecasts and measures are put in place to ensure that pay isn't allowed to fall again.

Tell us what you think!

GMB's Pay Claim of £1.50 per hour would raise the minimum pay rate on Agenda for Change to 95p above the Real Living Wage.

We want to hear from GMB members who are currently just 1p above the National Living Wage. What would a significant increase in pay that would lift you above the Real Living Wage mean to you and your family? How would it impact your day-to-day life?

Please send your stories or video messages to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)





## **9. What's the ask for Unsocial Hours Enhancements?**

In 2018, the health unions and employers negotiated a three year pay deal. There were several parts of the pay offer that GMB were not happy with as we believed they would cause a financial detriment to some of our members. This is why GMB rejected the pay offer. However, the pay offer was voted through by all other unions and therefore was implemented.

One of the detriments we had concerns about was the changes to unsocial hours enhancements. There were two main concerns:

1. In the ambulance service, all staff received unsocial hours enhancements in line with Annex 5 Agenda for Change. The 2018 pay offer would close Annex 5 to all new starters in the ambulance service, and any existing ambulance service worker who changed jobs would be forced onto Section 2 Agenda for Change, for their unsocial hours enhancements.
2. In NHS hospital and community settings, staff receive unsocial hours enhancements in line with Section 2 Agenda for Change. The 2018 pay offer reduced payments for Bands 1-3 and removed entitlements to these enhancements when on sick leave.

The closure of Annex 5 Agenda for Change provisions for unsociable hours payments to new entrants in the ambulance service has been one of the most detrimental conditions of the 2018 pay settlement and was opposed by GMB members. Alongside the financial impacts of the loss of earnings per hour under Section 2, the enforced transition to Section 2 upon a change of contract has prevented promotions or relocations for many of our members. It has also created a two-tier ambulance workforce.

Under Section 2, fewer hours are classified as unsociable during the working week (Monday to Friday), and the maximum enhancement is reduced from 25 per cent of total basic pay to 30 per cent of time worked. In practice, this change in terms and conditions represents a significant loss in earning potential.

Section 2 applies to staff across the rest of the NHS, excluding the ambulance service staff as referenced above. The 2018 pay settlement reduced payments for Bands 1-3 and removed the entitlement to enhancements when on sick leave. This is an effective fine for being ill.

The unpopularity of this provision and the changes introduced in 2018 cannot be overstated. GMB is asking that all changes made under the 2018 pay settlement are reversed.







## **10. What's the ask for Ambulance Retirement Age?**

The ambulance service is the only 'blue light' emergency service that does not provide an earlier retirement age. GMB members (particularly those on the frontline) report that they are increasingly leaving the service before their normal retirement age due to the increased physical and mental strains associated with heavy lifting, the risk of assault, extended shift working, and other formal or informal demands. Current working arrangements mean that Paramedics and other ambulance workers are expected to endure these pressures until they are up to 68, depending on when they joined the service.

The lack of a structured route to early retirement is leading to a premature loss of skills and institutional knowledge and many workers feel that a career change is the only way to achieve financial security in retirement. The new flexible working and retirement options are proving to be most difficult to access for ambulance workers due to the nature of their working patterns and conditions. Without any credible redeployment options, ambulance service workers are forced into jobs outside of the NHS – such as in GPs and colleges, where the working hours and conditions are more suitable.

There is a profound sense of injustice amongst GMB members employed in ambulance services around the different treatment of blue light services, and around the Government's decision to raise the normal retirement age twice in ten years.

GMB is calling for an urgent review into the retirement age of ambulance workers. Ambulance workers should be able to retire at the age of 60, in line with other emergency service workers.

## **11. Why are GMB asking for Free Car Parking?**

Car parking charges have long represented a 'stealth tax' on NHS workers, many of whom work in the community and need a car to travel between their patients' homes and their workplace, or work at locations that are not easily accessible by public transport, walking or cycling.

During the pandemic we secured car parking for NHS workers at no cost. Yet, during the worst cost of living crisis in a generation, funding has been removed and NHS trusts have started to re-introduce car parking charges for their employees. A Freedom of Information Request carried out by GMB found that the total income from staff car parking to NHS trusts in 2022/23 was £46,653,234.00. An increase of £41 million, or 730%, on income generated in 2021/22.





GMB is calling on Government to restore the funding for NHS trusts to enable them to provide parking at no cost to their essential workforce.

Tell us what you think!

Paying to park at work can be a huge financial burden to NHS workers. Some NHS trusts have already decided to scrap car parking charges for NHS staff to support and value their workers.

What would free car parking at work mean to you?

How would the additional money you would have as a result impact you and your family?

How would it change your day-to-day life?

Please send your stories or video messages to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## **12. What is the GMB ask regarding Job Evaluation and Equal Pay?**

Job evaluation has become a major problem across the whole of the NHS and ambulance services and affects GMB members working in all roles and across all Agenda for Change pay bands.

Years of underfunding to the NHS has resulted in chronic staffing shortages and increased workloads for those staff who remain, and job creep has become a real issue.

GMB has actively engaged in the review of the full set of ambulance profiles and the on-going review of nursing and midwifery profiles. GMB is also represented on the NHS Staff Council Job Evaluation Group (JEG) and are actively engaged in that work. However, we have grave concerns about the lack of capacity and resources across JEG.

The huge amount of work that needs to be undertaken to ensure staff are being paid appropriately cannot be understated. Action is needed immediately. Attention and resources are needed to provide physical support and infrastructure to speed up the work of JEG. Failure to do so means that the NHS is in immediate danger of breaching equal pay laws.

Tell us what you think!

Do you believe you are acting at levels above what you are being paid, or carrying out more duties than your job description details?





Do you know when your job was last reviewed?

If you have concerns about job evaluation or equal pay, please speak to your local GMB Representative. Alternatively, you can email your details to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

### **13. What is the GMB ask regarding Safe Staffing?**

GMB members regularly report to us the damaging and devastating impacts that pay cuts are having on workers and everyone who relies on NHS services. Years of underfunding and real-terms wage cuts are affecting all those who rely on the NHS. According to the latest figures on vacancy rates, there are over 121,000 vacancies in England. Failure to resolve the on-going issues of NHS staff being able to access flexible working options will only exacerbate this.

Pay cuts, rising demand, and the experience of providing essential services during the pandemic have had a profound and negative effect on many NHS workers' mental health. This is compounded by the high rates of additional hours worked, both paid and unpaid. In a recent survey of GMB members, stress and burnout were stated as being a major area of concern for NHS workers, second only to pay. Staffing levels, and unpaid breaks/additional hours were voted third and fourth.

GMB members consistently raise with us concerns of unsafe staffing levels and its impacts on patient care. GMB Congress 2023 noted that there were staff shortages in every department of the NHS and there are dangerously low levels of trained nursing staff on wards. And yet when concerns are raised with local NHS employers, the reply is simply that there are no more staff to provide cover. GMB has reports of Band 3 Health Care Support Workers being left in charge of wards until suitably qualified staff members arrive. The duty of care to staff and patients is being breached.

Ensuring there are safe staffing levels across the NHS must be a priority for the Government and this will only be achieved by improving the pay and working conditions of staff. Pay is not the only factor that influences recruitment and retention trends, and in turn impacts on patient care, but it is the variable that the Government and employers have the most immediate control over.

Tell us what you think!

Are you concerned about unsafe staffing levels in your workplace?





How does that impact the health and well-being of you and your colleagues?  
Are you concerned for patient care?

We want to hear from GMB members on this issue.  
Send us your stories and video messages by email to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

#### **14. What does parity of pay for outsourced and contracted out staff mean?**

Disparity in pay, terms and conditions between staff on Agenda for Change contracts and contracted-out staff remains a serious issue and a cause of resentment.

Outsourced public service workers' pay has been progressively devalued and terms and conditions have been slashed.

GMB is opposed to any further outsourcing of staff across the NHS and ambulance services and is calling for contracts to be brought back in house.

We want any pay award for Agenda for Change staff to be given to all staff providing NHS services – whether they are employed by private contractors or wholly owned subsidiaries.

We must give parity of pay and terms and conditions to all workers in the NHS.

#### **15. When will we know what Government are going to pay and when will I receive it?**

The Government, in choosing to use the PRB process, do not have to obtain the assent of trade unions before implementation and this pay award will be paid to you, regardless of whether union members want to accept the pay offer or not.

The Government makes their announcement on pay once they have considered the recommendations made by the PRB. There is not a date for when this will be. The PRB has committed to reporting to Government in May. In recent years, Government have made their announcement towards the end of July. This results in pay being received in August and September, depending on local payroll arrangements.

#### **16. The pay increase was due on 1<sup>st</sup> April 2024, will it be backdated?**

Yes. Once the pay award is announced by Government, arrangements will be made for it to be paid and backdated to the 1<sup>st</sup> April 2024.





### **17. What are GMB doing now?**

GMB continue to lobby Government for pay negotiations and a speedy resolution to this year's delayed pay round and call on all GMB members to get involved in the pay campaign. Workplace visits and online meetings are happening across the country, ensuring GMB members across the NHS and ambulance services are at the centre of this campaign. Up to date information and resources can be found on the pay campaign webpage - [NHS Pay 2024/25 | GMB Union](#)

Once an announcement on pay has been made by the Government, GMB will run a consultative ballot on the pay award for all GMB members across the NHS and ambulance service. Only GMB members will be eligible to vote.

### **18. What is a consultative ballot?**

A consultative pay ballot is for members to inform GMB whether you are happy with the pay award or not, and if not, whether you would be willing to take part in industrial action to pursue an improved pay award. A consultative ballot can be run electronically via survey links or QR codes. More details on this process will be issued once a pay award has been announced and we prepare to launch the ballot.

GMB is always looking for GMB members in workplaces to volunteer to be 'voter champions'. These are members who speak to their colleagues during a ballot period to encourage them to vote. If you would be interested in volunteering to support ballot efforts, please email your details to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

### **19. What is an industrial action ballot?**

An industrial action ballot must be run by an independent scrutineer and carried out by post.

In Britain, the right strike is governed by complex and restrictive industrial action laws. In summary, to count as 'protected industrial action', a strike must:

- Relate to a work dispute with your own employer.
- Be supported by a valid secret postal ballot with independent scrutiny, in which at least half of the balloted workers have voted (in other words, 'not voting' counts as a vote against the strike).
- Be carried out with notice.





In addition, strikes involving workers who provide what the government calls an 'important public service' can only be lawful if at least 40% of the workers balloted over the action vote in favour of it.

## **20. Why do we have to be balloted more than once for industrial action?**

Anti trade union legislation places severe restrictions on trade unions in dispute.

Consultative ballots are used to assess whether members are in favour of industrial action to further the campaign. If a majority vote in favour, unions are then able to move to formal postal ballots for industrial action. This is the ballot that is legally required before any industrial action can take place.

It's essential that GMB members vote in all ballots.

## **21. What is meant by industrial action?**

Trade unions always try to resolve disputes through negotiation. But when that doesn't work, industrial action may be needed as a last resort.

The industrial action you probably hear most about is going on strike. But there are other actions workers can take, such as picketing, go-slows, overtime bans and work to rule.

Industrial action ballots may refer to different types of action. These are:

### Action Short of Strike Action

Action short of strike action (ASOS) is **not** 'a concerted stoppage of work', which is the definition of strike action. Any action that results in a member not having any substantial contractual work to do will probably be classified as strike action.

ASOS can involve the withdrawal of goodwill around voluntary or discretionary activity. Some examples of what this could include are:

- Voluntary overtime ban.
- Refusal to agree requests for short notice changes to start times.
- Refusal to agree to work on a day not originally published/scheduled.
- Work to rule (work to contracted hours and terms only).





The ASOS could be continuous or discontinuous. Discontinuous periods of ASOS would enable us to spread out the action over an extended period of time if necessary.

The ASOS could be across the board or undertaken by selected groups of members only.

Protest action, which does not count as industrial action, in which, for example, all members demonstrate during their lunchtime could also be used to good effect in any week of ASOS, or stand-alone action.

### Strike Action

Strike action is a concerted stoppage of work in which members completely withdraw their labour. The withdrawal of labour can be brief, or lengthy.

Strike action can be of varying duration, from one hour, or less, to indefinite action.

If strike action on any one day is less than the total contractual hours for the day for the members involved, there is an option to seek the agreement of the employer to deduct only that pay for the actual time of stoppage (for example one hour) rather than a whole day's pay. It is also open for the employer to deduct a whole day's pay for the shortest stoppage.

## **22. What are the Government's Minimum Service Levels during strike action?**

Government have also now furthered their attacks on workers' rights to strike and introduced minimum service levels during strike action for ambulance service workers and this effectively attempts to remove the right to strike for most workers. Government are also expected to announce similar arrangements across the wider health service imminently. GMB is fundamentally opposed to this legislation.

## **23. How is strike action impacted by the Government's Minimum Service Legislation?**

The law passed allows minimum service levels to be imposed during strike action across ambulance services in England. Government are expected to announce similar measures across wider hospital settings imminently.

This means that some workers could be told to attend work even when the workforce has democratically voted for strike action. Employers could choose to issue work notices naming individuals that need to be at work.





The stated minimum service levels during industrial action in ambulance services, including patient transport, on strike days are:

For ambulance services:

The MSL is that:

- emergency calls are answered and triaged as they would be on a non-strike day
- a response is provided to calls about people with a life-threatening condition or illness
- a response is provided to people for whom there is 'no reasonable clinical alternative to clinical assistance' being provided at the scene or by transporting to a healthcare facility.

Requests for a response from a health care professional

The MSL is that:

- requests are answered and triaged as they would be if there was no strike.
- a response is provided to:
  - requests about people with a life-threatening condition or illness
  - people for whom there is 'no reasonable clinical alternative' to clinical assistance.

Inter-Facility Transfer (IFT) services

The MSL is that:

- requests are answered and triaged as they would be if there was no strike.
- a response is provided to:
  - requests about people with a life-threatening condition or illness
  - people for whom there is no reasonable clinical alternative to the provision of IFT services.

Non-Emergency Patient Transfer Service

The MSL for the Non-Emergency Patient Transfer Service is that:

- requests are answered and triaged as they would be if there was no strike.
- transport is provided:
  - to those for whom there is 'no reasonable clinical alternative
  - where the request was made before the strike day, and agreed.







**24. Am I allowed to take part in strike action, or action short of strike if I am a Nurse, Paramedic or other registered healthcare professional?**

Yes – you have the right to take part in lawful industrial action.

The Health Care Professions Council (HCPC) and The Nursing & Midwifery Council (NMC) both have advice regarding this on their websites.

HCPC – [Position statement: Taking part in industrial action | \(hcpc-uk.org\)](https://www.hcpc-uk.org/position-statement-taking-part-in-industrial-action)

NMC – [Our position on industrial action - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/our-position-on-industrial-action)

The code of practice will remain in place during any such action and registrants have a duty to uphold their professional standards at all times.

**25. What protections are in place for patients if we go on strike?**

Some members may be exempted from participating in industrial action if they are 'derogated to work' because their role or service is safety critical. Members who remain on duty because they are derogated may be asked to wear badges to indicate they are supportive of the strike.

**26. Can I be sacked if I go on strike?**

No – you have the right to take industrial action and can't legally be forced to stay at, or go back to, work unless a ballot was not properly organised.

If you take industrial action, you'll probably have broken (be 'in breach of') your employment contract and your employer is unlikely to pay you for the work that you didn't do when you took industrial action.

Minimum service levels legislation is still new and therefore we do not yet know what an employer will do if they issue a work notice for an individual and they refuse to adhere to it. GMB will support GMB members facing formal sanctions which may occur during attempts to take legal industrial action.





## **27. What can I do to get involved with GMBs pay campaign?**

If you're not a GMB member, join today at [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Ask your work colleagues to join GMB too.

Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk) to do any of the below:

- Become a GMB Representative or pay campaign volunteer in your workplace.
- Share your stories with GMB, by sending a video or emailing us (photo optional) and telling us what it's like working in the NHS today and why a pay increase is needed now.
- Arrange a workplace meeting with GMB and your colleagues to discuss the pay campaign.

