Refusing to negotiate NHS pay is a false economy

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This might be the most challenging period the NHS has ever faced. Bed occupancy rates and emergency department attendance are both higher than they were during that last two winters, which coincided with covid-19 peaks. Emergency departments have had their busiest October on record and the elective care waiting list has now reached 7.2 million people. We are seeing the biggest workforce gaps in the service’s history, with almost one in 10 posts vacant, and the most recent NHS staff survey found that 46.8% of respondents felt unwell due to work related stress in the preceding 12 months. It is perhaps unsurprising then that NHS staff working under these pressures—and feeling the bite of the highest inflation rates for 40 years—have reached the point of taking strike action. Data from the Office for National Statistics (ONS) show that between August and October this year, average basic pay growth in the private sector was 6.9% but just 2.7% in the public sector. NHS Providers’ analysis showed that salaries for non-medical NHS staff in 2022-23 are thousands of pounds less in their real terms value than they were in 2021-22.

So, we are now facing the most widespread industrial action in the history of the NHS. We have already seen strike days from the Royal College of Nursing (RCN), Unite, Unison and the GMB, with more to come from the Chartered Society of Physiotherapists. The British Medical Association will ballot junior doctors on their appetite for industrial action in January, Unison are reballing in 10 employment settings which narrowly missed the threshold in November, and the RCN have made it clear that they will be announcing additional strike days in more locations to take place in the new year.

This week, the NHS navigated its way through the second day of nursing strikes, and the first day of strikes in the ambulance service—back to back. Trust leaders worked hard and effectively with local union representatives to agree how services would be staffed on these strike days. NHS England coordinated the national support for strike settings, from setting up escalation channels for critical incidents via the Emergency Preparedness Resilience and Response (EPRR) channels widely used at the peak of the pandemic; to agreeing military support through the Military Aid to Civil Authorities (MACA) process.

Hearing from trust leaders, it seems that both days ran more smoothly than might have been expected, largely due to staff on the ground responding brilliantly to cover for striking colleagues, and the willingness of union leaders to pull members from picket lines when local capacity concerns arose. However, as part of local preparations, some planned activity was rescheduled to maintain patient safety and enable staff to be redeployed across emergency and critical services where necessary. This was not a decision taken lightly but early indications are that it seems to have been kept to a relative minimum. At the time of writing, we are yet to see the sitreps which detail the first data on impacts of the ambulance service strike on 21 December, but we do know that there was a significant reduction in emergency calls on the day itself. The fallout from strike action is therefore likely to reveal itself further in the coming days, particularly as there may be patients who delayed seeking care and whose conditions have resultantly worsened as a result.

Nobody wants the NHS to be in this position, and nobody wants this to happen again. Trust leaders are hugely worried about the impact that prolonged or escalated industrial action will have on their ability to run patient services and preserve relationships with their staff. The government knows that NHS strikes will impact the health and productivity of the nation. And NHS staff themselves are deeply conflicted about taking action when pressures are already so severe on their colleagues and on patients—not to mention the loss of a day’s pay each time they strike.

It’s clear that something has got to give. Strikes are an important tool, and legal right, for workers to escalate concerns which they believe have been repeatedly overlooked. While the NHS strikes have arisen from multiple converging issues—some of which have been outlined above—the sticking point is pay. Steve Barclay, secretary of state for health and social care, has repeatedly said that he is willing to discuss working conditions with the health unions. But each time he has met union bosses so far, he has not talked about pay.

To avert further NHS strike action at this stage, the government needs to open negotiations on pay. There would of course be a significant amount of member expectation management from union leaders, but even at this early stage, the RCN has publicly stated a willingness to climb down from their current ask of inflation plus 5%. Negotiations are not the same as an offer—rather, they are first step towards an agreement. Nothing needs to be promised at this stage, but conversations must begin.

The secretary of state’s insistence that we must wait for this year’s annual NHS pay review process is also concerning. Pay awards for NHS staff usually aren’t decided until summer. If the government wait until that point to consider NHS pay, it is very likely that unions will run more, escalated, strike action in the intervening period. The longer the government waits to begin negotiations, the greater the impact on the NHS and ultimately patients. The plea from NHS staff, leaders, patients and service users is clear: the government must get around the table with unions and discuss this year’s pay—sooner rather than later.
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2 Providers NHS. analysis, winter watch: https://nhsproviders.org/nhs-winter-watch-2022-23
10 https://southwest.unison.org.uk/news/2022/12/start-talking-to-avoid-health-strikes-later-this-month-says-unison/

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