

Annex 7: Working Longer in the NHS

Call for evidence interim findings report

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Call for evidence



The NHS Working Longer Review was established as part of the NHS Pension Scheme proposed final agreement (NHSPFA).¹ It was agreed that a tripartite review between the Department of Health, NHS Employers and the NHS trade unions should be set up to address the impact of working beyond 60 in the NHS and to understand what this means for staff, employers and patients. As legislated for in the Public Service Pension Act 2013, the Normal Pension Age (NPA) will be set equal to the State Pension Age (SPA). This means that each NHS pension scheme member will have an individual NPA dependent on their date of birth.

The Working Longer Review commissioned Bath University in February 2013 to undertake a robust academic literature review and audit of existing international practice on the impact of people working beyond age 60.² This was followed by a call for evidence which took place during the summer of 2013. The call for evidence was developed specifically to obtain further NHS-specific evidence on the impact of a raised pension age. The call was issued through the review group to all NHS employers, trade unions and professional bodies, and a range of other interested parties.

This is a report of the findings of that call, organised around four broad questions:

- What could happen in the NHS to make it easier to stay in work longer?
- What makes working longer more difficult and why?
- What are issues affecting specific groups of workers?
- What questions need further investigation?

Since the legislation changing pension ages in the NHS is now in place, the call for evidence did not invite views on whether such a change was desirable. Rather, the call sought to explore what particular issues this will raise, and how they might be addressed.³

What could happen in the NHS to make it easier to stay in work longer?

Most of the responses identified human resource (HR) policies and/or practices which can support workers who will be working longer than in the past. All of these interventions work somewhere in the NHS already, but many people do not know about them, and most appear to be relatively rare. They would not all necessarily be expensive to implement. They include:

1. Improve appraisal/career review processes

– As the Audit highlighted, interventions supporting older workers in extending working life require employees to feel confident in discussing their career plans and work needs with their managers, and managers need to be the ones to initiate such discussions. Some employers⁴ offered examples of how discussions concerning work design, health and wellbeing, succession planning and retirement planning are integrated into structures for appraisals and career reviews. However, many people lack advice on the options available, or the opportunity to have a safe place to discuss career plans and development needs, including retirement plans with managers. This raises issues of trust, understanding of the appraisal process, and managers' knowledge and skills.

2. Improve pension awareness – Although pension information is available through the NHS Pension Service portal, including leaflets, videos and a pension calculator,⁵ and trade unions and employers support the dissemination of facts about the NHS pension scheme, there are widespread misunderstandings about the impact of career changes on pension rights. The most notable is the belief that moving to part-time work damages pension entitlements. Misunderstandings about pension rights are made worse by the existence of a number of different pension schemes in the NHS, governed by different rules, and by the

changes currently in progress. Some of the key misconceptions could be addressed by a simple leaflet to all NHS staff outlining the retirement and pensions options – especially the effect of changing roles, going part time, and 'retire and return' options. It should also be an integral part of pre-retirement education.

3. Improve pre-retirement education – Some employers reported that they now offer pre-retirement education, have offered it in the past, or are in the process of developing new programmes to meet the needs of their older workforces. Pre-retirement education appears to be rare, but it can offer older workers better information on options, and a chance to explore their implications in a neutral environment. This might lead to better informed⁶ career choices, especially if offered well in advance of expected retirement dates.

4. Evaluate real demand for flexibility

– Organisational benefits, such as skills retention, improved workplace morale and better redeployment of skills to places needed were cited as benefits to employers in offering opportunities for flexible working patterns, including part-time work. Older employees were reported to seek such flexibility, and research suggests that it can make working longer much easier for individuals. Many employers noted that they offer flexible



working – in some cases as bespoke policies for individual employees who want to phase into retirement. However, others were concerned that accepting flexible working requests might unleash an unmanageable demand for unrealistic options, or accusations of unfair treatment. Others claimed that this was not a problem. Evidence in other sectors suggests that workers in general do not make unrealistic requests, and that most requests for flexibility can be met. Trusts might usefully monitor the scale and nature of demand for flexible working by older people and review the implications for work organisation and service delivery.

5. Publicise 'retire and return' options

– Several employers argued that these options provide a very effective tool for negotiating role and workload changes without damaging pension entitlements. This option could present an opportunity for employees who are 50 and over, most whose normal pension ages (NPA) remain 60, to extend their working lives. It will be a less feasible option for their younger colleagues whose NPA will be rising in line with the State Pension Age (SPA), although some may choose to work beyond NPA. As the Audit noted, rises in NPA do not necessarily lead to rises in real retirement ages, and many workers may choose to retire at a lower age on a reduced pension. Retire and return can enable employers to keep an open door for those who have left work early.

6. Train managers (especially line managers) in managing an older workforce

– One respondent pointed out that, despite 'enlightened' HR policies, the opportunities actually available to individuals depend considerably on the individual line manager. Many examples were cited of managers' misunderstanding of the potential and limitations of retaining

staff longer, and of their anxieties about negotiating changed working arrangements. One employer has hosted a shared learning seminar to not only inform line managers of good practice in relation to flexibility and healthy work environment, but also to enable managers to share good practice with one another.

7. Improve capability assessment, and role design

– Individuals age differently, and capacity to work in particular roles will vary greatly. It follows that decisions on capability, and their consequences for individual employment and role, should be based on individual assessment, not chronological age (which is, in any event, unlawful). However, several respondents suggested that current processes for assessing capability are inadequate, and clearly where levels of trust are low, such processes can be seen as having a hidden agenda.

8. Make redeployment a normal option

– Many older workers would be better able to stay longer if they could move to roles which are less stressful or physically challenging. However, some respondents pointed out that redeployment often carries a stigma: seen as evidence of failure rather than changing personal circumstances. Changing cultural attitudes, to make redeployment part of normal career development, might help increase the flexibility of the workforce.



9. Create mentoring and training strategies

– One of the most common suggestions for managing older workers was the development of mentoring roles, where experienced older workers, who may no longer be able to manage the physical demands of the role, can transfer their skills and knowledge to younger colleagues. Employers cited organisational benefits from mentoring, such as skills retention and facilitating improved succession planning. Building this into normal notions of career progression might be valuable, though some pointed out that the scope for doing this for large numbers is necessarily limited.

10. Develop more appropriate health and wellbeing policies – A number of managers quoted formal, published, health and wellbeing policies which take account of age-related issues. They believed that publishing such policies to staff and managers was helpful in ensuring that working and career options, and support systems, were in place and understood.

11. Provide health and wellbeing support – Health problems are the most common single reason for premature retirement, and a variety of strategies were reported for improving the physical and mental health of older workers, or of workers in general. They included:

- providing 'fast track' access to health and wellbeing support – access to physiotherapy, and counselling, for example
- providing advice on health and diet
- subsidised gym and swimming pool membership
- providing support groups for staff suffering from particular conditions – menopause and arthritis.

What makes working longer more difficult and why?

There are a range of reasons why working longer may be a problem. Some apply across the workforce, while others relate to specific occupational groups or roles.

- 1. Age awareness** – This is an issue which affects both individuals and employers. Because awareness of pension changes which will require NHS workers to delay retirement is still not universal in the workforce, employees may not be managing their careers with the expectation of working longer. Few employers reported future planning their workforces in the expectation of ageing workforces.
- 2. Career progression** – Although most respondents thought that older workers should have the opportunity to change jobs to suit their personal circumstances, few occupations have obvious pathways to work which is more sustainable in later life.
- 3. Dialogue with managers** – Most employees have appraisals, but future career plans (including retirement plans) are infrequently discussed, particularly with those at mid-career. Most individuals are aware that HR policies exist to support extended working life but are not confident that such policies are implemented in a fair and equitable way.

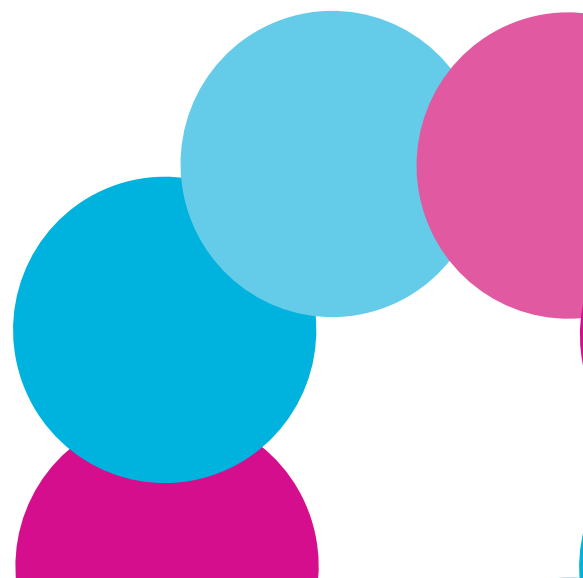


4. **Work intensification** – Austerity measures have increased the demand of work and made phased retirement more difficult to attain. Unions report employees working longer with fewer opportunities for rest.
5. **Intergenerational issues** – The impact of extended working life on younger workers was highlighted, both in terms of blocking career progression for younger employees and of the impact which flexible working for older workers would have on their younger colleagues.
6. **Shift patterns** were a common issue. Although some staff prefer long shifts and short weeks, this can put a strain on some older workers.
7. **'On call' systems** lead to disrupted sleep patterns and poorer concentration.

What are issues affecting specific groups of workers?

The Audit proposed that a review of retirement age would call for 'an appreciation of differential impacts on different demographic groups, by job role, grade and function, with a view to using this insight to develop a strategic, segmented approach to intervention, oriented around mitigating the precursors of early exit' (p2), and the responses did raise a number of occupation specific concerns. The largest single issue was the decline in physical strength and flexibility with age (which does, of course, affect different people at different chronological ages).

1. Nurses, midwives, porters and paramedics – lifting and manoeuvring patients, especially the increasing number who are obese.
2. Catering and estates staff – heavy manual work
3. Estates staff – working in confined environments
4. Paramedics – manipulating patients in difficult, confined or remote environments
5. Community nurses – accessing patients in high-rise buildings without lifts, and without access to specialised equipment
6. Mental health nursing – restraining patients
7. Radiographers – working over many years using heavy protective aprons, repetitive strain injuries from repeated use of equipment
8. Surgeons – long periods standing
9. Physiotherapists – handling and managing patients
10. Surgeons and dentists – declining visual acuity, periods of prolonged concentration
11. Mental health – exposure to highly distressing situations over many years
12. Healthcare professionals in the community – safety and solitary work
13. Paramedic, EMT, nurses, midwives – the ability to lift and handle patients.



What questions need further investigation?

It is unavoidable that some work roles in the NHS will be extremely demanding, physically and/or mentally, and the requirement to meet needs, wherever they arise, 24 hours a day and 365 days a year will always put pressure on workers. Budgetary constraints do not make these issues simpler.

The good practice ideas identified above demonstrate that many of the issues identified by respondents can be addressed, at least partially, by implementing solutions already in place elsewhere in the NHS. Many of these have relatively small cost implications.

However, there are some much more difficult and fundamental issues, where further investigation is needed.

- 1. Review working patterns** – This is one of the most important and most difficult issues to address. One of the most widely reported concerns was the stress of working long shifts, and the ‘on call’ systems developed to meet the needs of a service operating 24 hours a day for 365 days a year. To an outsider, many of these sound dysfunctional for workers of any age, although it is suggested that younger staff sometimes prefer long shifts and shorter weeks. Whether these working patterns are good for young people, let alone older colleagues, is questionable and deserves further investigation. However, making changes in this area would clearly not be simple or quick.
- 2. Physical capability** – It is clear that there are occupations in the NHS where it is likely that many workers will be physically unable to remain in work up to the new pension age unless roles and career routes are very substantially redesigned. Although these conditions are age-related, the speed and

severity of onset will be variable, and fair and reliable strategies for assessing capability in such roles are needed. Retirement before normal pension age on such grounds should not be seen as carrying a social stigma, nor a financial penalty. How to achieve this fairly is a challenge for the service.

- 3. Managing flexible working** – Flexible working of various kinds is a way of retaining skills, knowledge and expertise in the service, while enabling individuals to phase out gradually from full-time work. Where this is possible there are benefits for employer and employee. However, there are widespread misunderstandings about the possibilities and the financial implications of such changes (particularly the move to part-time working) and concerns about the practicality of this, as larger numbers of people approach retirement. We need to know more about the real demand for such options, and the implications for management of a much more ‘flexible’ workforce, given the needs for coverage and for effective working teams.





References

1. NHS Pension Scheme final agreement.
2. Audit of existing research.
3. As a result, very few respondents challenged the principle. However, this should not be taken as widespread consent or support for the change.
4. There is a wide variety of employing organisations within the NHS, including trusts, Scottish and Welsh health boards, ambulance services, GP practices and community based health services. Where we make a general comment on management responses across the NHS, we will refer to them as employers.
5. www.nhsbsa.nhs.uk/pensions
6. 'Better informed' may mean a decision to stay longer, or retire early, based on full information about the implications.

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