



# **NHS Working Longer Review**

**The UNISON Scotland Submission Scottish Government's contribution  
to the NHS Working Longer Review**

**September 2013**

## **Introduction**

UNISON Scotland welcomes the opportunity to respond to the Scottish Government's consultation on the NHS Working Longer Review. UNISON Scotland has more than 60,000 members working in the National Health Service, many of whom will be affected by the new Public Service Pensions Act 2013, which means that staff will have a normal pension age equal to their state pension age.

Our members represent all grades of staff from Senior Managers to band 1 domestics, and includes amongst others Occupational Therapists, Acute and Community Nurses, Midwives, Admin Staff, Porters, Ambulance Staff and some Craft and Maintenance Workers,.

Our response is based on submissions from several of our branches in Scotland, as well as individual responses to a wide-ranging survey of over 1500 of our health members in Scotland.

## **General Comments**

UNISON believes working longer will affect all staff, however admin and clerical, nursing, laboratory staff, catering, estates, nursing, ambulance and healthcare science staff will be particularly affected by working longer. We accept that there will be benefits for some staff in working longer, with some older people in Scotland becoming fitter and healthier in later life, but for many it will be struggle to continue working beyond 65.

UNISON did not accept the arguments made for increasing the retirement age in the Public Service Pensions Act 2013 and actively campaigned against it. We did not support this approach and still believe that there is a better way of dealing with the perceived problems of the pension provisions. We are aware, however, that whilst working longer is a consequence of political decision making which will adversely affect many of our members we need to ensure that potential problems are anticipated and appropriate interventions made to ensure that the process is as painless as possible.

We do not believe that there will be one solution or a single policy development which will assist all staff but that different, more specific solutions will need to be offered to cope with members working longer.

Many of our members serve some of the poorest communities in Scotland and many also live in these communities and by default their health and well being will be reflective of the wider community that they serve.

Because we believe that people's health, social wealth, community lifestyle and the specific jobs that they do will all contribute to their ability to work longer we believe that there is a need for specific policy development and solutions across a range of areas which are tailored to an individual's continuing employability needs.

We believe that there is an urgent need for policy development. If we are serious about staff working longer, immediate action is needed to tackle the existing policy and procedural issues which have a direct effect on staff health, well being and morale.

**Question 1 - What interventions can make it easier for people to stay longer in work?**

UNISON Scotland believes that across health boards in Scotland there are already (on paper at least) a number of policies and initiatives in place that should help staff to stay in work longer. We do not believe that these policies are working to their maximum efficiency in many areas, but we recognise that they do provide a 'foundation' for further discussion and investment.

- These include – Occupational Health Programmes including specialist services such as physiotherapy and employee counselling. As our staff age we will need additional OH Services that are fit for purpose and are appropriately staffed. At the moment staff can wait for weeks for an appointment through management referrals/ self referral. Therefore, to cope with the demand there will need to be more staff available. OH services vary across Scottish Health Boards and it will be necessary to audit all boards to ensure that they all offer a high quality in-house service.
- Flexible working, redeployment and carers policies, including more family-friendly policies.

We do recognise that some Boards have invested in initiatives to encourage staff to live healthier lifestyles such a lunch time walking clubs, sports initiatives and healthy eating, however, we are concerned that this approach masks the real issues and causes of workforce ill health. Action is therefore needed to recognise the causes of ill health in the workplace and develop realistic strategies for improvement.

We accept that in principle the capability policies that exist in boards could provide a framework for working with staff who may have health issues associated with older people. We are of the opinion that the current policy provision is not sufficient and for many staff has a negative context.

If we are to help older people stay in work longer, the institutional attitude of the NHS and the practical application of policies and procedures needs to change to place a greater emphasis on employability.

**Question 2 – What makes working longer more difficult and why?**

Whilst there is growing evidence that some older workers are fitter for longer, many NHS staff live in less affluent communities. Even those who are generally more affluent may be affected by ill health. The current approach to ill health is based on inflexible triggers and capability procedures. The need to work longer (and changes to the pension scheme

eligibility) will mean that NHS staff are required to try and stay at work at a time when they may have 'age' related ill health.

We set out below some examples of the kind of health problems that can affect workers as they grow older:

**Eye problems.** The evidence suggests that cases of macular degeneration are on the increase - this could mean that a number of staff will struggle to see properly, which could lead to an increase in drug errors by medical staff, pharmacy, nursing staff and problems in taking of samples by other workers. Within laboratories where concentration is required to look at samples, there may be an increase in errors and misdiagnoses if staff can't see properly to do their jobs. Will there be enough redeployment opportunities for staff to be moved into similarly banded posts?

**Repetitive Strain Injury/arthritis/back problems** - As staff age, they are more likely to develop RSI or RSI related injuries and arthritis of the wrists and arms. Again there are not enough redeployment opportunities for staff at the moment and things will be decidedly worse if something isn't done now to look at this. Some staff will not be able to do the kneeling and bending they once did and this needs to be accommodated.

**Pelvic Floor surgery** - The NHS employs more women than men- many of whom have will have had children. Many female staff are required to lift and bend, and pelvic floor problems can make this more difficult, especially as they grow older. This could lead to an increase in demand for surgery and therefore time off from work. We have had instances of staff who had pelvic floor issues which led to hysterectomy and needed to have their duties altered There are not enough temporary redeployment opportunities to suit all staff groups in all bandings as it stands and if more older workers came into this category, this would put even greater pressures on the service.

**Diabetes** - evidence shows that in Scotland particularly type 2 diabetes is on the increase. This could mean an increase in diabetic- related problems in older staff and an increase in clinic visits. Any added complications will reduce the staff availability and mean that more backfill is required to maintain safe staff levels across all areas, staff groups and bands.

**Staff delivering practical training** i.e. staff employed in Centres for the Management of Violence and Aggression - non ward based staff who deliver practical hands on training. They also have an increased exposure to potential back injuries as these staff could be training for five days a week and may also do shifts.

Whilst there is currently some provision for carers; we are concerned that as the staff population gets older, there may be an increase in the number of partners/siblings who may need care as a result of their chronic ill health which will also lead to requests for time off.

We are concerned that some areas of the service may be less supportive of staff who develop age related chronic ill health and whilst the service might work hard to make reasonable adjustments for a young employee with a chronic condition, we fear the stock approach for older staff will be to help them 'exit' the service.

UNISON believes that the constant rate of change at present is such that older staff (after a life time of service) could become demotivated and disillusioned if the rate of change is such that there is perpetual disruption to their job. Coping with change and new technology could become more difficult for older workers.

The NHS struggles to demonstrate true flexibility at present; in nursing the stock response is that 12 hour rotating shifts are the norm. If an older workforce is to be retained then the scope and scale of 12 hour working may need to be amended to better reflect the workforce complement. This will need sensible and detailed forward planning. The same could be said for a host of other service areas which can at times be too inflexible when asked to make adaptations.

### **Question 3 - Are there special issues for particular groups of staff?**

The health issues outlined in Question 2 will apply across the board to many groups of workers. However, UNISON believes that there are particular groups of staff who may have specific barriers put in their way if they want to work longer. Some of these may be mechanical such as the physical demand placed on domestics, porters or nursing assistants. Some may be environmental, such as older nursing staff working in areas of high physical demand e.g. A&E, or porters working in waste management. Some may be psychological such as mental health nurses. It was no accident that these staff used to have a reserved pension status of 55.

We believe that each staff group is likely to have specific 'special issues' and as such health boards should undertake a detailed mapping and analysis of staff groups to understand the mechanical, environmental and psychological stresses of each occupation. From this core data, boards could then better develop safer working practices and understand the employability needs and requirements of their older staff.

Staff who are on-call, such as ambulance staff, particularly those in rural areas are often called upon to work long hours. For example, they can start at 1600hrs on a Friday night and have to be constantly available until at least 1600hrs on the following Monday, having been called out at all hours of the day and night. The Scottish Ambulance Service does have a fatigue policy in place to help with this, but if the staff use this policy it can leave large areas without ambulance cover at all. This is a cause for potential health problems, especially in older workers, as well as for those staff who work a 12hr shift, either day or night.

Ambulance staff working under emergency conditions are often placed in extreme physical and mental situations, which can cause considerable stress on emergency responders. We believe, therefore, that the retirement age for ambulance staff should be no different to that of police and fire staff who face similar situations. We do not believe that there should be a discrepancy between the retirement ages.

**Question 4. What do you think could be changed to support people working longer and how?**

UNISON believes that NHS employers need to develop an 'employability approach' to older workers. This approach could be an extension of the work life balance policies routed in a principle of extending a worker's career as opposed to the current 'capability' approach which we see as negative. However developing a single policy will not be a long term solution.

UNISON believes that the NHS needs to become a health and safety leader. By risk-assessing and making workplaces safer and less hazardous we can reduce the physical, environmental and mental impact on staff. In addition the service needs to begin to make serious headway with tackling bullying and violence against staff.

If the NHS is serious about helping staff work longer the service needs to accept that shortage of staff is a risk to staff health and wellbeing and urgent steps will need to be taken to tackle this.

We also believe that the following areas should be explored to create a more positive approach to older workers:

- Investment in occupational health, physiotherapy and clinical support for NHS staff, thereby helping older workers stay in work when injured or in declining/changing health.
- Investment in local managers to ensure that they approach older staff and any perceived issues from an employability context, e.g. asking how they can be helped rather than a competence or capability context by telling staff they're no longer fit to work.
- Extend work life balance policies to include older workers including disability leave for all disabled workers which would help older workers with disabilities stay in the workplace.
- An acceptance that there will be a need to develop a pool of 'lighter' duties and that some older workers may not have the same productivity levels as younger, fitter staff, particularly in manual work areas.
- Extend 'no detriment' to include older workers who may still have a lot to contribute, but might not be 'fit' for the rigours of their post. i.e. nightshifts, long hours, on-call, etc.
- Changes to hours and work patterns. 12 hour shifts may need to be changed if required.

### **Further comments**

UNISON welcomed the legislative requirement for employers to risk assess roles and job tasks for pregnant women. Similarly there are obligations on employers who have very young staff to ensure that their health and safety is not at risk. We think that there may be merit in a similar kind of 'positive' engagement when a worker reaches a point where they become an 'older worker'.

UNISON carried out a wide-ranging survey to which over 1,500 health service staff in Scotland responded. Many felt that working longer would affect them physically, emotionally and mentally and were worried about continuing to provide a high standard of care; respond to changing patient conditions in time; keeping up a high standard of performance and many feared they would be threatened by capability or disciplinary procedures. Many felt these fears could be alleviated by working shorter shifts, going part time, especially if they could take up part of their pensions, being offered career breaks, or doing less physically, mentally or emotionally demanding work. They wanted more occupational health, and especially to be able to self refer to physiotherapists, counsellors, etc. They would also welcome pensions and financial advice to be provided by their employers.

### **Conclusion**

Whilst many of our members feel fit and healthy enough to continue working longer, many have fears about their ability to perform to a satisfactory standard and to retain their health. Clearly, to accommodate a growing number of older workers, attitudes and procedures need to change, which we have highlighted in the comments above. UNISON looks forward to working with the NHS in Scotland to bring about the necessary changes to enable our members to feel confident that their concerns will be addressed and policies and procedures strengthened and developed to enable them to continue to provide a high standard of service in the years to come.

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