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# Agenda for Change

## — where to next?

By David Miller, MRPharmS

**W**ith the last job evaluation outcomes being received, and with staff on “Afc secondment” returning to their “real jobs”, one stage of the Agenda for Change process is clearly drawing to a close at my trust, an early implementer site. This makes it a good time to set out some of the observations I have made so far and to detail some of the AfC issues that remain.

### — Outcomes

There seems to be a lot of concern among pharmacists that job evaluation outcomes lack consistency for apparently similar posts between sites. Whether this concern is warranted is difficult to establish, mainly because many posts, particularly those outside England, have no outcome, evidenced by advertisements under old Whitley grades. In addition, many post holders who have received initial evaluations have requested reviews and so the final outcomes have yet to be received. Most comparisons are based on previous Whitley grades.

Whitley itself was subject to major grade drift, inconsistency and manipulation to achieve recruitment and/or retention targets. It is therefore difficult to know if the reported differences are the result of poor AfC implementation or of previous

inequalities being corrected by the AfC process.

It is, however, important to note that AfC is a national agreement but with local interpretation and implementation, and so there will never be complete national (rather than local) uniformity.

### — Pay issues

Three pilot schemes for unsocial hours payments have been proposed to provide background before the final choice of scheme. Each is a modification of the current Whitley arrangements for nurses and midwives, with variable pay enhancements according to band — higher at the lower end and tapering down as the bands increase — and the time of the week worked (ie, bank holidays and weekends). The maximum payment is still fixed at the top of band six and there are no enhancements for band nine posts.

Data collection and modelling of the options has not yet been completed, and so the interim agreement (initially set to end last month, then delayed until October 2006) now remains in force until April 2007. There is a debate about whether the new schemes should be “live tested” at some sites, to understand the response of staff in practice.

The interim arrangements for on-call payments, under which pharmacists continue to receive their emergency duty payment, are set to be replaced in April 2008. Work will begin once the unsocial hours process is agreed.

In March, the Pay Review Body (PRB) recommended an increase of 2.5 per cent on both basic pay rates and high-cost area supplements. The PRB

believes, however, that it was too early to make any changes to the recruitment and retention premia (RRP). One of the reasons for this is that future AfC premia are designed to reflect emerging labour market pressures and these are not yet known. The PRB was informed that the existing premia were a result of previous market forces and it is on this basis that 15 occupations, including pharmacists and support staff, were identified as potential recipients of payments in excess of their evaluation outcomes.

The PRB was also critical of the lack of robust information supplied to it. It intends to work with both staff and management to simplify the data needs and so ensure that robust evidence is in place for the next round of pay talks this autumn. The flexibility of employers to pay local RRP under the current AfC agreement was also noted.

For its part, Amicus, with the support of the Guild of Healthcare Pharmacists, had called for a national RRP, targeted at pay band six and seven, and equivalent to four incremental points. This intended to bring salaries closer to those in the commercial sector, to shorten the pay band, (since maximum increments are not available to new recruits for nearly 10 years) and, in particular, to reduce the turnover in junior posts.

The Department of Health has estimated that the NHS pay bill this year will rise by 8.4 per cent and earnings per head will rise by 5.1 per cent, partly as a result of the above-mentioned pay award. In particular, salaries of those at the bottom of the pay scale are claimed to have increased by 33 per cent over the last five years. There is therefore said to be an excess

cost of AfC of between £220m and £390m, contributing to the deficit in some trusts and to the much-reported freezes on recruitment and redundancies. All this is, in turn, adding to concerns about job evaluation outcomes, with some staff believing that these are being held too low to help control the pay bill.

### — GHP's role

Hence there is still a considerable way to go before all the changes to be brought in by AfC will have been made and all its implications known. It is therefore vital that representative organisations such as the GHP continue to provide the tools to support both pharmacy managers and staff. To this end, the GHP has set about collating the information it receives on job evaluation outcomes and about frozen and redundant posts. Work will start with Amicus on recruitment and retention issues to put together a case providing the type of data the PRB wants in order to inform its decisions.

Clearly, the GHP can only act on the information it receives. The challenge is therefore to create a communication mechanism between those on the ground and the representative organisations to identify issues and solutions. That way, we can help ensure that the planned benefits of service modernisation can be delivered to patients by fairly rewarded and motivated pharmacists and other pharmacy staff. We should remember that, as Benjamin Disraeli once said: “As a general rule, the most successful man in life is the man who has the best information.”

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