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How Will Higher Retirement Ages Affect Work?

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Background to the NHS Workforce

- Currently 1.3m staff employed in the NHS in England and Wales
- 70% will have an increased retirement age
- Workforce heterogeneous:
 - Consultants to porters
 - Nurses, nurses, nurses
 - Paramedics
 - Radiographers, physios
- Workforce non standard – female (80%), part time



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NHS Pension Scheme: Background

Tiered Member Contribution Rates						
To £15,431	15,432 - 21,387	21,388 – 26,823	26,824 – 49,472	49,473 – 70,630	70,631 – 111,376	£111,377 -
5.0%	5.6%	7.1%	9.3%	12.5%	13.5%	14.5%

	1995 Section	2008 Section	2015 Scheme
NRA	60 (55 for special classes)	65	SPA
Type	Final Salary	Final Salary	CARE CPI+1.5% revaluation
Accrual	1/80 Pension + 3/80 Cash	1/60 Pension	1/54 Pension
Flexible?	Inflexible	Flexible	Flexible

All members were given a “one off” opportunity to switch all service from the 1995 section to the 2008 section following its introduction.

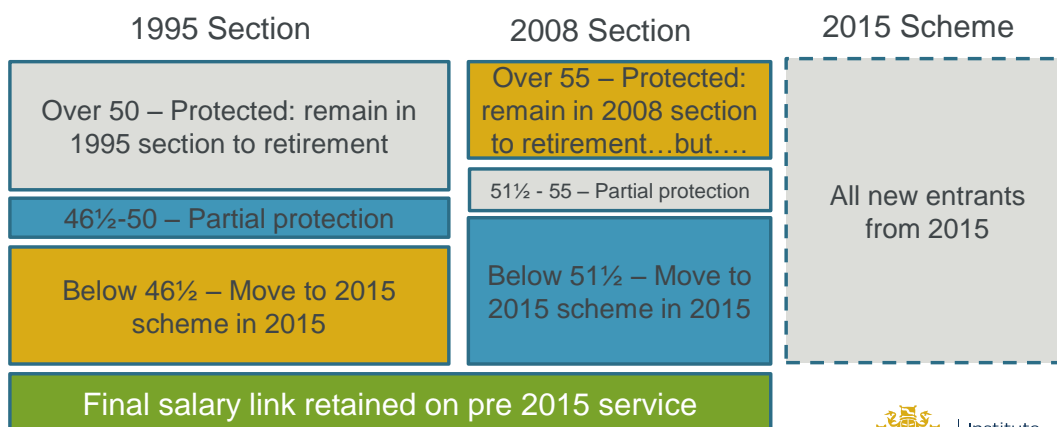


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Effect of pensions changes on scheme members



Ages at April 2012



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The Working Longer Review



- Established as part of the Proposed Final Agreement
- Tripartite review – Health Departments, NHS Employers and NHS trade unions
- Assess the impact of working beyond 60 in the NHS on employers, staff and patient care
- Initial work:
 - Data Portfolio
 - Audit of Existing Research
 - Call for Evidence

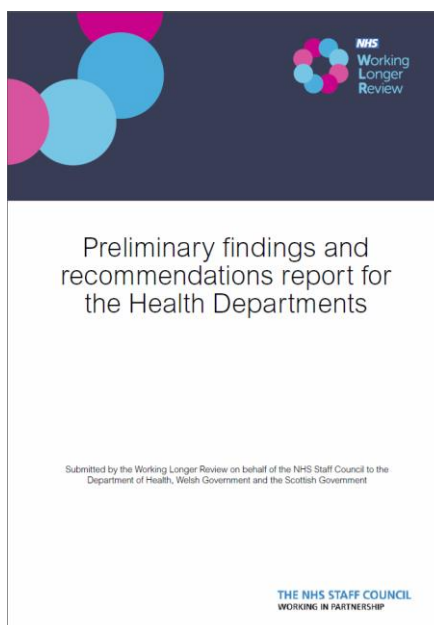


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Preliminary Findings

11 Recommendations



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1. Data

- Gathering data in the NHS can be a real challenge
- Pension scheme administrators hold pensions data
- Employers hold employment records: over 9,000 employers
- Average age at retirement of clinical staff M63 / F62
- But not possible to analyse retirement or mortality by occupational group

Comprehensive & robust national data set should be developed



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2. SPA Link

- A robust data source based on UK's largest employer should be a significant input to Government reviews of SPA
- The Working Longer Review (WLR) should also contribute to the review of the link between SPA and the public service NPA

WLR should influence and inform wider Government work



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3. Pension Information

- Staff understanding of their pension benefits is very low
- Staff do not always make informed choices: the “retreat” from decision making
- Organisations don’t fully understand pension benefits or the flexibilities available
- More education, online resources and face to face assistance should be available

Support staff and employers in understanding pension benefits



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4. Delivery of Safe and Effective Care

- Employers need to understand any negative impacts of an older workforce on:
 - The health, safety and wellbeing of staff
 - The safe and effective delivery of the service
- The effects on frontline and emergency care need particular consideration
- This needs significant in-depth research

Investigate and mitigate any negative impacts



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5. Working Practice

- Consider evidence of the effect of working practices (on-call, shift work) on an ageing workforce
- As evidence available is unclear, support research on physical and emotional impacts including that by the MRC and ESRC
- Contribute to review of 12 hour shifts
- Ensure older workers have access to training and support

Commission research and consider emerging evidence



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6. Support Staff Throughout their Working Lives

- Staff need a clear framework to discuss their plans on work, working flexibly and full or partial retirement
- This is a conversation outside the appraisal process (but complementary to it)
- Employees and employers feel uncomfortable with these conversations but they need to be “normalised”

Support staff and employers in making informed decisions
around work and retirement



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7. Redesigning Roles

- Roles and ways of working may develop as staff age
- Some current roles may be challenging for older workers but role could be redesigned
- Older workers in good health with up to date skills perform as well as younger workers but older workers have lower physical strength and longer recovery periods
- More team working across generations should be considered

Employers should redesign roles to support longer working



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8. Redeployment

- Redeployment is viewed negatively by employers and employees
- There are significant structural barriers to redeployment (eg paramedic to A&E)
- Redeployment and flexible working can be positive for both staff and organisations

Cultural attitude to redeployment needs to change



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9. Learning and Development

- Age should not be a barrier to continued learning and professional development
- Perception from staff is that their access to training is limited
- A lack of training leads to disengagement and affects the safe delivery of care

Employers should act immediately to guarantee access to training for older workers



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10. Occupational Health, Safety and Wellbeing

- Programmes should protect and promote health, safety and wellbeing throughout careers
- Boorman clearly links staff wellbeing to patient care
- Early access to occupational health support should be provided
- Effective management of issues such as shift work to recognise the needs of older workers is vital
- There are specific issues for different occupational groups

Employers need to provide staff with occupational health support



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11. Continuation of the Working Longer Review



The NHS Working Longer Review should be established on a continuing basis to investigate and ensure consistent monitoring of the longer term impact of working longer. This will assist employers and staff in future years and ensure safe and effective service delivery



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