

Speech and Language Therapy Occupational Advisory Committee 19th June 2008

This is the national committee representing speech and language therapists and SLT assistants in Unite. We meet every three months.

The June meeting was attended by Gill George (Chair & London), Carrie Brunton (North East), Chris Tupman (North West), Elizabeth Roche (West Midlands), Patricia Craig (Ireland), Frances Girling (South East, standing in for Denyze Harris).

Pay

This is a hot issue for SLTs, just as it is for every other health worker. I reported on the background – a ‘proposed agreement’ negotiated by the RCN and Unison acting separately, with a package that almost certainly means three years of pay cuts. It was clear going round the table that there’s no support from speech and language therapists for this package. People talked about the example set by the Shell tanker drivers, and pointed out the obvious fact that we’re being offered far below the rate of inflation at a time when inflation is soaring.

We talked about the overwhelming vote to reject in Unite, and the probable need to ballot on industrial action if the Government imposes the three year ‘agreement’. *(Since the meeting, the Government has moved to impose – with evidence that the leadership of Unison asked them to do this! Our Health Sector National Committee will be discussing the next move for Unite on 2nd July. There is also a day of action on pay on 18th July, and SLTs should support this).*

The meeting also discussed mileage allowances. New guidance to Trusts came out at the start of the year but it isn’t clear if every Trust has implemented this. Petrol prices are absolutely soaring. It’s nonsense that health workers are not only expected to take a blow inflation pay award, but also to subsidise the NHS every time they drive to a home visit or a clinic away from their base. We should be pushing hard for local agreements on mileage allowances. This is particularly important in rural areas.

Some Trusts are trying to hide behind green credentials when it comes to paying for car use. One rep commented, ‘A green agenda doesn’t wash if your employer expects you to use your car to provide a service for them’.

Agenda for Change

A major item for SLTs continues to be Agenda for Change. This is still being implemented in Northern Ireland and Scotland.

There are particular problems in Northern Ireland, where the implementation of Agenda for Change is only now nearing completion. Outcomes for senior and specialist SLTs have been poor in many cases.

There have been procedural differences in the implementation of Agenda for Change in Northern Ireland and elsewhere. ‘Second panels’ have matched jobs and in some cases dropped banding outcomes significantly. We have reports, for example, of therapists being banded at 8a initially, but reduced to band 6 at second panel stage.

Pay protection applies – but pay is not protected at the level that applies at the time of implementation. Instead, pay is protected at the level that applied in October 2004 – and SLTs (and other health workers) who have lost out are facing immediate pay cuts. Any increments or cost of living increases paid between October 2004 and June 2008 are being taken away. This means immediate and in some cases severe pay cuts.

The biggest problem of all is something called 'GANI' – 'Government Accounting Northern Ireland'. This is a piece of legislation that applies only in Northern Ireland that requires any public money that has been 'overpaid' to be repaid. So ordinary SLTs are being told they have been overpaid since 2004, that they owe the Government thousands of pounds, and that they have to pay it back!

SLTs in Northern Ireland have quite rightly done a lot of campaigning against this. Many SLTs have written to or arranged meetings with their MLAs (the Northern Ireland equivalent of MPs). The last meeting of the Occupational Advisory Committee instructed me as Chair to write to every MLA asking for this to be looked at. The response from many MLAs, across different political parties, was very supportive. Unite in Northern Ireland has also taken up the issue vigorously, again with reports of growing support. 'GANI' *can* be waived – for example, depending on personal circumstances, the reasons for 'overpayment', and the costs of recovery. These are health workers facing pay cuts. The delay in rolling out Agenda for Change is clearly not their fault. GANI *must* be waived.

Agenda for Change was always likely to be bad news for SLTs – it was our equal pay victory in 2000 that was one of the Government's reasons for introducing the thing in the first place. However, it is looking now as though we've got a really good chance of sorting out the worst of the problems for SLTs in Northern Ireland.

Patricia Craig is the rep for Irish SLTs, and is keen to collate information about Agenda for Change outcomes.

In Scotland, Unite has just held a training day for SLT reps to look at how to challenge outcomes. This was well-attended, and was felt by reps to be useful. Different Health Boards are at different stages – some have not yet started reviews, some are at 'informal review' stage, while in others the process is well underway. The review policies are variable, and some are regarded by reps as 'highly suspect'. Consistency checking across Scotland has picked up some anomalies – for example, a complete absence of SLTs at Band 7 in Lanarkshire. This has been challenged, with a much more positive outcome.

Esther O'Hara, representing Scottish SLTs, was positive that the review process is starting to sort out some of the previous 'hotspots'. Scottish SLTs with problems around AFC should get in touch with her.

Regional Reports

There continues to be a pattern of attacks on the NHS across England. Reps reported endless restructuring, strong fears of future privatisation, and the 'marketisation' of provider services as these are shifted to a variety of arms length bodies. There are real difficulties engaging with commissioners as they see no need to engage with us or understand the services we provide. A process of losing professional/ clinical leadership continues. Professional Heads of service are being lost and replaced with generic managers – who take clinical decisions with no understanding of the consequences.

None of these changes are in the interests of our clients. Services are being dumbed down. Therapists are getting more and more over-worked, stressed and demoralised.

We talked about what needs to be done. There are plenty of examples of organisation at local level where attacks on jobs and services have been driven back. Most of us had examples from our own regions. In the North West, it's been possible to build really effective joint working between Unite activists and community campaigns – knocking back a number of attacks. The North West is also organising a march and rally to mark the 60th anniversary of the NHS – not just a bland 'celebration' but a clear signal of our determination to defend the NHS.

We all agreed, though, that this isn't enough. There's an urgent need for Unite to make a coordinated, strategic response at national level to the multitude of attacks we face. It clearly isn't enough to just fight at local level, when the attacks from the Government and the employers are so highly orchestrated.

Other Issues

Professional Indemnity

We heard a detailed account of the appalling treatment of an SLT by the Health Professions Council – an apparently vexatious complaint, that should have been dismissed out of hand, but that took more than 14 months to deal with. There are serious concerns about the way the HPC operates.

Unite is launching professional indemnity cover for all its members in Health. At a minimal cost (£15 a year) this will provide cover for up to £250,000 of legal fees, and £3 million professional indemnity. Any member who takes out this cover is guaranteed the legal and financial cover they need to deal with complaints to the HPC or legal action being taken against them in their professional capacity. We agreed to recommend this to our members. It shouldn't be necessary to have this kind of cover – but increasingly it is.

RCSLT

We agreed to seek regular meetings between representatives of the Unite Occupational Advisory Committee and the RCSLT. Our profession is quite significantly under attack. It's in the interests of the profession as a whole if we have a vibrant union *and* a vibrant professional body, and seek to work together whenever we can.

Regional Reps

Our structure still reflects the old Amicus regions.

Current reps are:

Chair & London	Gill George	gill@ghg.me.uk
Eastern	Eilis Wood	eilis.wood@nhs.net
South West	Denyze Harris	Denyze.Harris@somerset.nhs.uk
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Gill George

29th June 2008