

Date: 16/06/2022

GMB Campaign for Ambulance Service Worker Retirement Age to be Lowered

GMB has for many years campaigned to have the Normal Retirement Age for Ambulance Staff reduced to 60, in line with other emergency service workers.

GMB recently wrote to the NHS Pension Scheme Advisory Board requesting a discussion on this issue. The meeting was held on 8th June and GMB delegates informed them of the strong feedback received from ambulance staff - that they feel burnt out and unable to continue working beyond the age 60.

GMB members would like the opportunity to retire at 60, in line with other emergency service workers and may be willing to pay higher contributions for this.

At the meeting, this position was supported by Unite and Unison.

GMB noted the very low take up of the Early Retirement Reduction Buy Out (ERRBO) Scheme as evidence that it failed to meet the needs of those wanting to retire early as it only allows retirement at 65 and it only applies for the years one pays in.

A scheme that allowed earlier retirement than 65 and that was open to all NHS staff (to avoid equality issues) would be welcomed by all.

It was noted that there could be cost implications given that under ERRBO employers share the cost of the additional contributions for ambulance staff, also any changes may need approval from the Treasury.

The SAB co-chairs and NHS Employers agreed to consider how best to gather the information needed to take this conversation forward.

GMB will also be contacting all ambulance service trusts to enquire and understand what support is being offered to our members approaching retirement who may be struggling with the physical and mental demands of the job.

We shall keep members advised.

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Date: 25/02/2022

In October 2021, GMB wrote to Government to raise the serious concerns we had regarding the untenable workplace pressures that our members were facing working in the ambulance service. Pressures that have been experienced by GMB members for many years, but which have been made worse due to Covid-19.

We called for:

- Rapid and serious action to be taken ahead of winter pressures
- Additional funding to address staffing issues and pay levels
- Scrutiny of the Government's plan for winter
- A whole system approach to address ambulance pressures, including clear public health communications about the problems facing the service.

GMB also raised these same concerns with the Health & Social Care Select Committee and called on them to look into initiating an inquiry into the issues facing the ambulance services and the pressures around burnout facing staff.

We received a response from Jeremy Hunt MP, Chair of the House of Commons Select Committee on 29th November 2021 acknowledging how important these issues were and asking us to submit evidence into a new consultation regarding recruitment and retention. We did this in January 2022.

Government have now responded with a communication outlining spending commitments. It is disappointing that they have not agreed to meet with GMB and your national ambulance committee to discuss our concerns.

All documents referenced in this update can be accessed using the following links:

- [**GMB Letter to Government \(24th October 2021\)**](#)
- [**GMB Letter to Health & Social Care Select Committee \(24th October 2021\) –**](#)
- [**GMB Consultation Response to HSC Committee Inquiry into Workforce: Recruitment, Training and Retention in Health & Social Care**](#)
- [**Response from Edward Agar MP, Minister for Health & Social Care \(17th February 2022\)**](#)

MANDATORY VACCINATION UPDATE



Date: 03/02/2022

GMB and other unions met with Ambulance employers today (3rd February 2022) on the National Ambulance Strategic Partnership Forum (NASPF) to discuss the U-Turn by the Government on mandatory vaccination for patient facing healthcare workers.

Government have stated so far that there will be a consultation to revoke the legislation – however, as yet we do not know the timeline for this. We are still waiting for further details as to how this will impact on the adult residential home workforce (including PTS staff) who were subjected to similar legislation in November 2021.

Employers advised unions of their positions at this time whilst we await further details from Government and for the legislation to be revoked.

- All ambulance trusts will continue to follow the current guidance in terms of continuing to engage with staff and encourage vaccine uptake.
- No formal processes will continue.
- Only vaccinated workers will be recruited whilst the legislation is still in place. If / When it is revoked, this position will be reviewed.
- PTS staff that were affected by the November Care Home legislation will be engaged with, including any who had their employment terminated. (This engagement has already started with staff side reps where applicable).

As and when further information and guidance from Government becomes available NASPF will review and discuss.

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Past Bulletins

Date: 11/11/2021

NATIONAL AMBULANCE STRATEGIC PARTNERSHIP FORUM

JOINT STATEMENT ON OVERTIME AND HOLIDAY PAY

ENGLAND ONLY

Since the implementation of the corrective holiday pay arrangements, ambulance employers have been working closely with joint trade unions through the NASPF to discuss how to ensure that overtime and additional basic pay are included in holiday pay calculations moving forwards. An interim agreement has now been reached.



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Please see FAQs and a copy of the Agreement below.

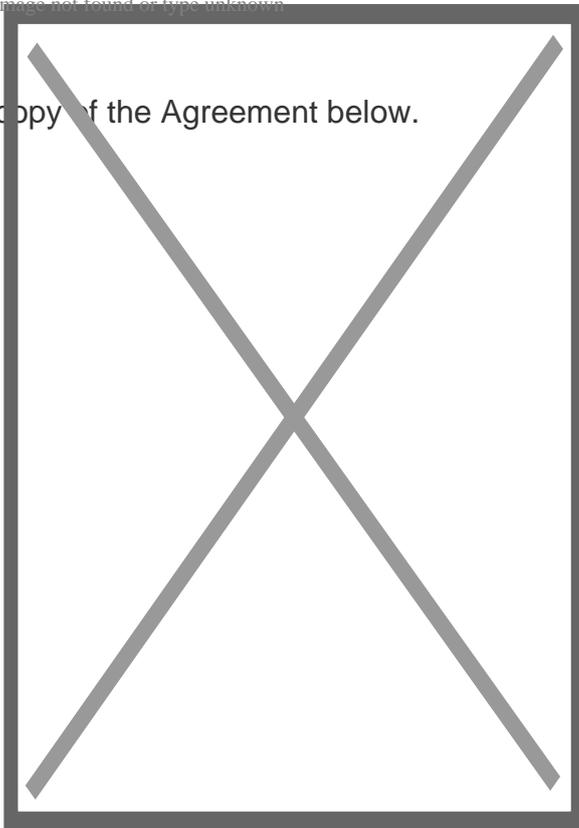
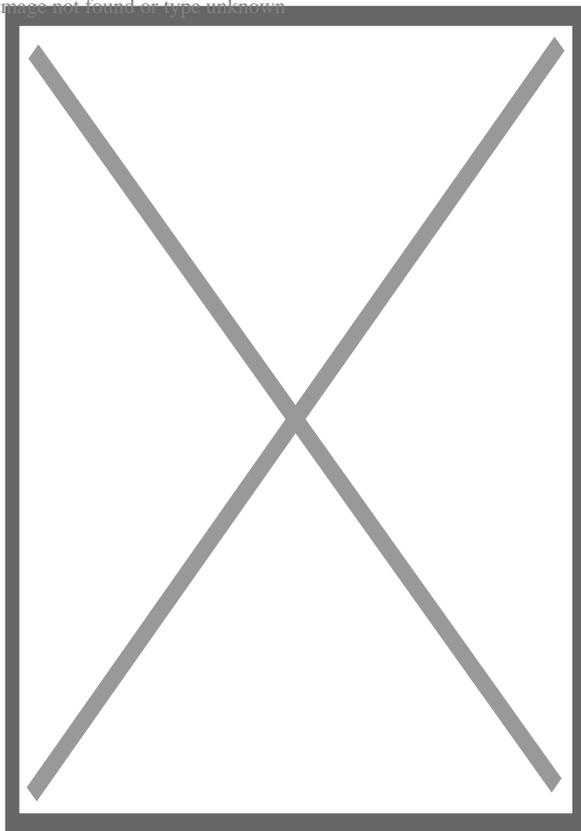


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Date: 17/06/2021

OVERTIME PAYMENTS & PAY DURING ANNUAL LEAVE

Negotiations to attempt to resolve the long-standing issue of overtime and additional hours not being included in annual leave payments concluded at the end of March 2021. Agreement was reached on a corrective settlement going back two financial years. However, agreement was not reached on how future calculations would be made and employers committed to resolving this as soon as possible. This bulletin is intended to give GMB members an update on all outstanding issues.

Full details, including a Frequently Asked Questions document can be accessed by the NHS Employers website at: [Overtime payments and pay during annual leave - NHS Employers](#)

Corrective Settlement:

To be eligible, an individual must have worked and been paid for overtime or additional hours, in four or more months of one, or both, of financial years April 2019 – March 2020, and April 2020 – March 2021.

A corrective settlement payment will be offered by local employers to eligible individuals. This will be 16% of the overtime or additional hours payments they received in one, or both of the financial years. An Equality Impact Assessment has been undertaken which employers need to be mindful of when identifying and paying eligible individuals - link below.

Since agreement was reached, employers have been working to calculate payments for eligible staff. Under the national agreement these corrective payments should be made to all eligible staff by 30th September 2021. Ambulance employers have committed to making payments in July and August 2021. However, this is a manual task that needs to be performed by local payroll teams and some are struggling with capacity issues, in part, due to also having to manually perform payments for 'Bear Scotland' payments.

Employers approached Unions and requested that 'Bear Scotland' payments be temporarily paused in order to free up capacity in payroll teams and enable them to make the corrective settlement payments earlier. After much discussion, the pause has been agreed to, on the condition that corrective settlement payments are made in all areas by the end of August, and that if a forward facing solution is not implemented in September the payments will be automatically reinstated. You can read the full details of the agreement regarding the 'Bear Scotland' pause [here](#).

AACE NASPG Joint Statement

You should be contacted by your employer if you are eligible for a corrective settlement payment. If you have not been contacted and believe you are eligible, please raise this directly with your employer and speak to your GMB representative for support if required.

Ambulance specific Frequently Asked Questions have also been drafted. Local employers will now be working through them with your local GMB Representatives to fill in the details to the local specific questions. You can access a copy of the [nationally produced FAQs here](#).



However, please note you should receive a locally amended version shortly from your local employer.

Existing Claimants:

Unions Solicitors are still in negotiations with employer solicitors on outstanding legal claims. If you have a claim lodged with the union solicitors, you should continue to seek legal advice and support direct from the solicitors.

Future Payments:

Attention is now needed by local employers to fix the issue moving forwards, from 1st April 2021. They must ensure that holiday pay is inclusive of overtime and additional hours.

The solution for the forward fix however has been complicated by several different factors, including the national Electronic Staff Records (ESR) system and local payroll methods of calculating holiday pay. For this reason, a national fix may be some time coming. In the meantime, ambulance employers have committed to working with trade unions in discussions regarding what their plans for a local solution will look like and to ensure that underpayments do not reoccur.

These discussions will continue over the summer months and regular updates will be given as and when there is no information.

Equality Impacts:

Local partnerships should consider the equality analysis undertaken by the Department of Health and Social Care and discuss how to ensure local solutions are free from any discrimination. The analysis suggests potential areas that employers need to consider when implementing the framework and should also apply to any future solutions.

[NHS holiday pay for voluntary overtime: equalities impact assessment - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

ARE YOUR CONTACT DETAILS CORRECT?

It is essential that your membership details are up to date so that we can ensure you are kept up to date with advice and guidance relevant to you.

You can update your details by contacting your local GMB Representative or online using the GMB website at gmb.org.uk/mygmb-edit



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Read more information in [becoming a GMB Representative in your Workplace.](#)

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Follow us on Twitter - [@GMBNHS](#)

Date: 17/03/2021

NEW SURVEY: Ambulance Service Retirement Age - Joint Union (GMB, Unite & Unison) Survey.

If you work in the ambulance service - this surveys for you. Please take a few minutes to complete and then share with your colleagues.

Survey closes **14th April 2021**

Date: 22/01/2021

COVID-19 GUIDANCE FOR AMBULANCE SERVICES

Guidance for ambulance services has now been updated and is available online. The guidance has been updated to reflect changes made to Covid-19 Infection, Prevention & Control (IPC) Guidance for all healthcare services. The guidance also confirms that new strains of the virus have been considered. A summary of the changes is:

- Introduction of Covid-19 risk pathways (High, Medium and Low) for staff awareness as patients will be triaged into the appropriated care pathway by the receiving facility.
- Clarification of changes to patient cohorting aligned to new Covid-19 risk pathways.
- No changes to PPE levels for direct patient care or when performing AGPs.
- No changes to procedures within the AGP list but includes a statement of clarification that oral / pharyngeal suction and insertion of basic airway adjuncts are not deemed as AGPs.
- Reinforcing the requirement for patients to wear a surgical mask, providing it does not compromise their clinical care, such as when receiving oxygen therapy.
- No changes to decontamination requirements.
- Inclusion of recommended good practice precautions in the event of delays at hospital handovers.

Whilst GMB is supportive of the reinforcement of the message that patients and the public should wear face masks, we are disappointed that there is no increase to the levels of PPE for attending patients who are suspected or confirmed Covid-19 positive.



Since the start of the Pandemic, GMB has consistently called for higher levels of protection for ambulance staff. We therefore remind all of our members to ensure they dynamically risk assess all cases and advise to level up with PPE if in doubt.

A letter of reassurance issued to staff by AACE can be accessed online at:

[AACE IPC Letter of Reassurance for Ambulance Staff, Jan 2021 - aace.org.uk](https://www.aace.org.uk)

The guidance for ambulance services and the IPC guidance can be accessed at:

[COVID-19: guidance for ambulance services - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[COVID-19: infection prevention and control \(IPC\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

GMB's priority remains in keeping our members safe at work which is why throughout the Pandemic we have been regularly updating our Coronavirus Hub with all the information you need to keep yourself safe. You can check it out at [The Coronavirus Hub](#)

You can also access NHS & Ambulance Service specific advice at: [NHS and COVID-19: Frequently Asked Questions](#)

If you have concerns that you may have contracted Covid-19 in the workplace, please record your details on the [GMB COVID-19 Risk Register](#).

Date: 05/01/2021

Please complete ASAP so we can protect you at work:

Date: 11/09/2020

AMBULANCE MEMBER BRIEFING: THE AMBULANCE STAFF CHARITY

DOWNLOAD THE 1-PAGE

What you members need to know!

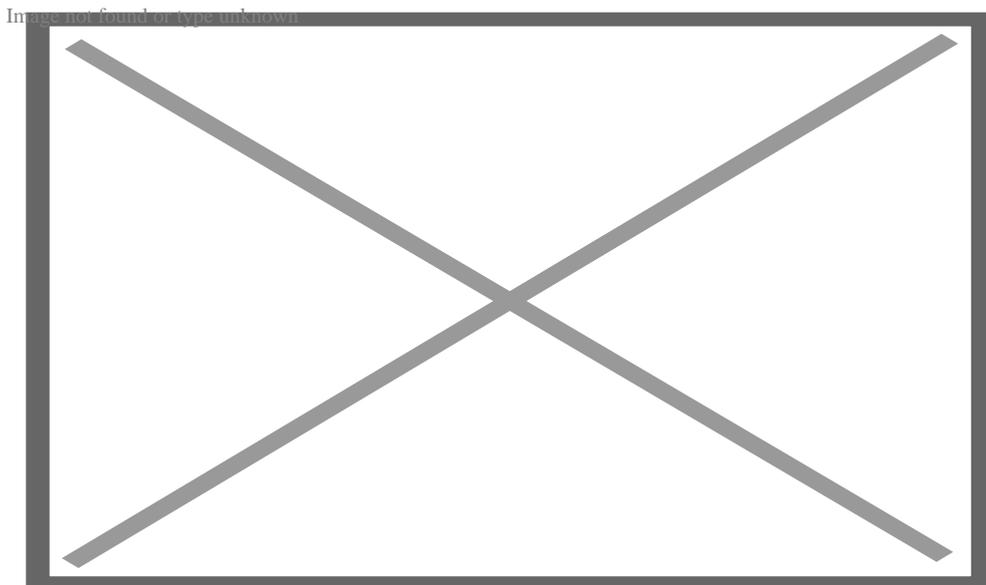
TASC evolved from the Ambulance Service Benevolent Fund, and supports ambulance staff past and present, and their families, in time of need.

They work with individual ambulance workers, their families, commission sector research, issue guidance, advice and support to the sector and interested parties, and run the National Ambulance Memorial Service.

They provide a range of **independent and confidential support services** for individuals (**Mental Health Support**)



was the highest demanded in 2019-20):



They delivered 621 Interventions – a **56% rise** on previous year, a **42% Increase** in people receiving mental health support. **322 Hours** of **physical rehabilitation** were provided. 1 in 3 Volunteers received Peer Support Training.

TASC need your support and involvement to promote continue and expand the work they do! You can **donate**, or get involved in **fundraising activities**. Follow them on **Facebook** and consider running a **birthday fundraiser**, or doing a **sponsored run, walk, or other activity**. You can also become a **peer support volunteer**, which comes with training and support.

They are able to support ambulance service staff to access a range of therapy, potentially quicker than they might be able to through their GP – the wait for specialist PTSD therapy like **EMDR (Eye Movement Desensitisation Therapy)** in the NHS can be up to/more than 6-12 months. Manager Occupational Health referrals and assessments and subsequent treatment can also take time and may vary between providers. It may also require an Equalities Act Disclosure; the stigma around mental health can mean some members may feel more comfortable accessing these services independently of their employer.

TASC & GMB have signed a **Memorandum of Understanding**, meaning that we will work closely together to help promote and support each other's work, to improve the working lives of our members in ambulance staff – **not a member? JOIN TODAY!**

Date: 06/08/2020

ASSAULTS ON EMERGENCY WORKERS SENTENCING CONSULTATION GMB UNION RESPONSE

Introduction

GMB Union is pleased to respond to the Ministry of Justice's rapid stakeholder consultation on the proposal to raise the maximum penalty for common assault against emergency workers to two years.



GMB is a general union which represents more than 600,000 people across the public and private sectors. We represent workers in a wide range of NHS roles. GMB is the largest union in ambulance services.

GMB supports tougher sentences for those who assault emergency workers, which must be accompanied by an increase in prosecution rates and fundamental improvements to employer support for victims of assault.

This document is informed by the results of an ambulance members' survey that was conducted for the purpose of responding to this consultation. Due to the tight submission timetable, this survey was open for a limited window. Quotes and statistics are drawn from this survey unless otherwise stated.

Date: 22/07/2020

ASSAULTS ON EMERGENCY SERVICE WORKERS CONSULTATION – INCREASING THE MAXIMUM PENALTY - MEMBER SURVEY

GMB, your Union in the Ambulance Service, has been invited to submit evidence into the Ministry of Justice Consultation on increasing the maximum penalty for Common Assault against emergency service from **12 months to 2 years**.

GMB was at the forefront of the campaign for the enactment of the **Assaults on Emergency Workers (Offences) Act 2018** which came into effect in November 2018.

We continue to have concerns about the lack of prosecutions resulting from attacks against our members working in the ambulance service and we want to hear from you on this important issue.

This consultation is regarding the maximum penalty for **Common Assault** only which **currently has a maximum sentence of 12 months**.

Common Assault is defined as: Inflicting violence or making an emergency worker believe they are going to be attacked. Includes both intentional and reckless acts.

Since the Act became effective in November 2018:

- **9,000** offenders have been sentenced. (We do not know how many of these worked in the ambulance service as the Government does not currently collate this data by profession).
- **20%** received a fine.
- **40%** community orders.
- **10%** suspended sentence.
- **17%** immediate custodial sentence.
- **2.6 months** was the average custodial sentence.

Please take a few minutes to complete the survey with your experience so that we can ensure you are represented in GMB's submission into this consultation.

Please complete this survey by no later than **Wednesday 29th July 2020**.

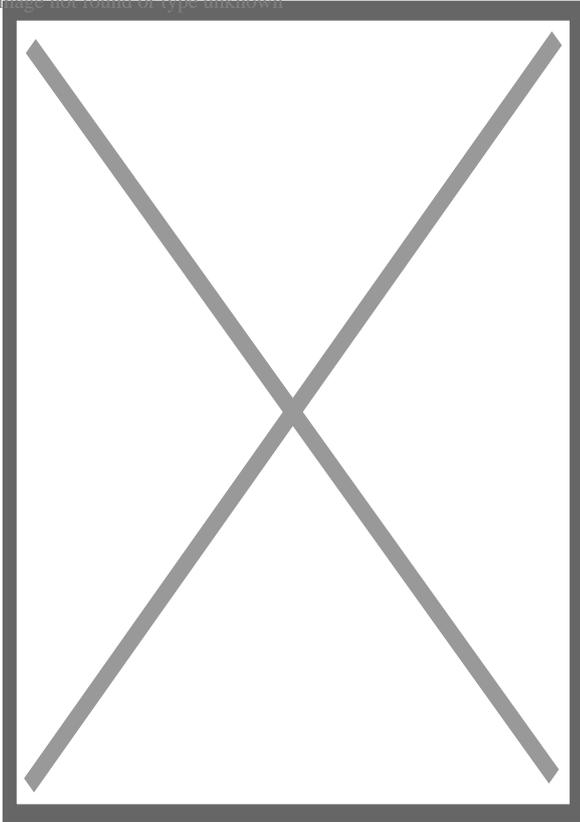


Date: 07/07/2020

The NHS 20-21 Pay Claim Survey is now open to all NHS Members!

Read the full details here:

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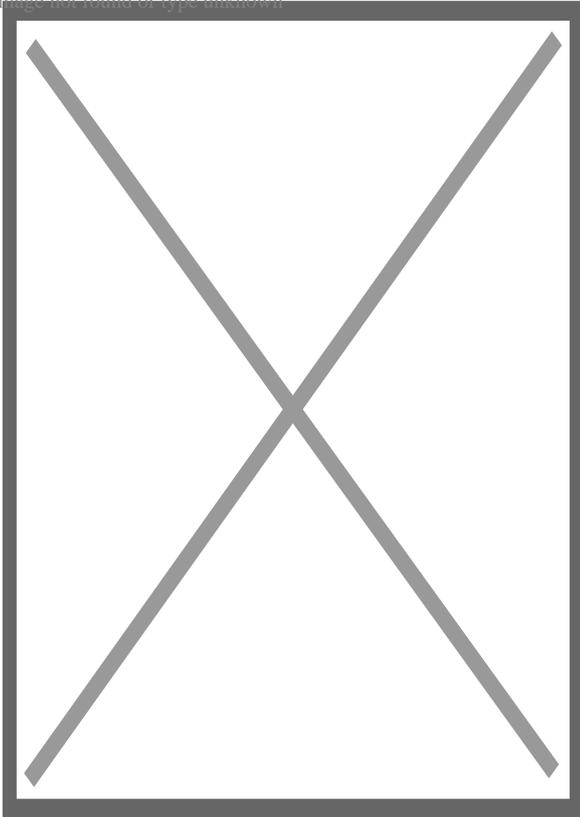
Date: 03/07/2020

Latest NHS Pay Bulletin - Moving Forward on NHS Pay

GMB and the Joint NHS Trade Unions are taking action on pay!

Clapping doesn't pay the bills, read the full bulletin here:

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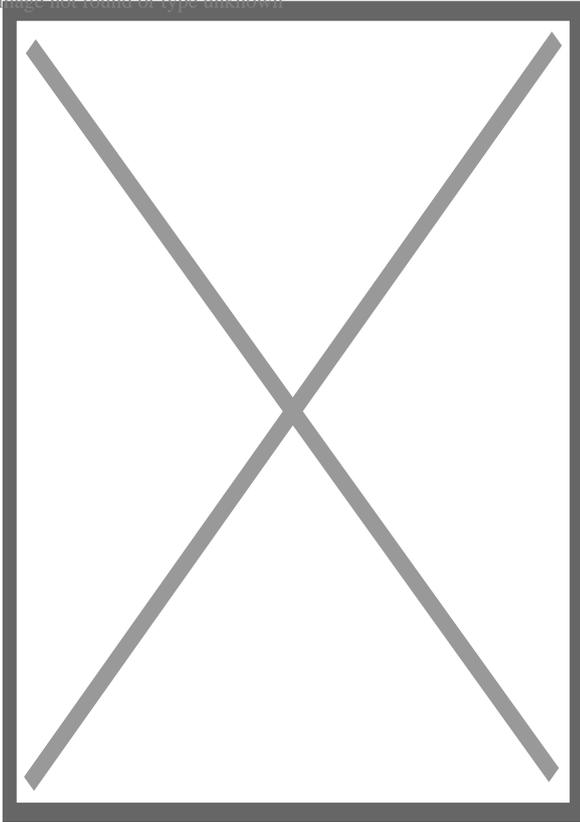


Date: 11/06/2020

Latest Essential GMB Health & Safety Briefing

For NHS & Ambulance Workers on COVID-19 & RIDDOR:

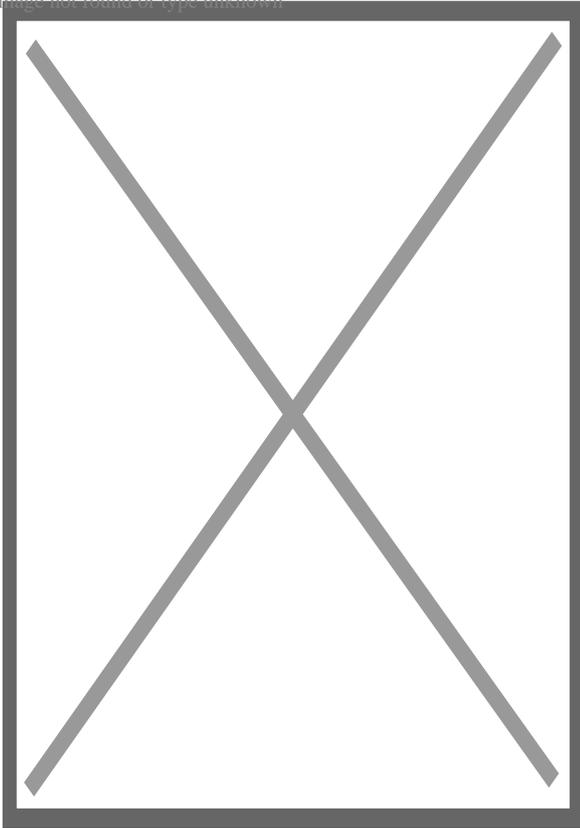
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Date: 01/06/2020

GMB has written to John Barwick - Interim Chief Executive & Registrar at the Health & Care Professionals Council (HCPC), to express our members' concerns around the PPE supply chain, lack of testing, and the long term impact of this pandemic on staff, you can read that letter [here](#):

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29/04/2020

GMB Statement and Guidance

PPR, CPR and AGPs

During this unprecedented crisis during which we see our beloved NHS rise to the challenge of keeping our country safe the GMB National Ambulance Committee have taken the decision to issue guidance to our members regarding Covid-19 and the issues of personal protective equipment (PPE).

We consider that the guidance issued by Public Health England and followed by most Ambulance Trusts is confusing and leaves our members at risk and would advise members always to don appropriate PPE for every call based on the information at hand and their own risk assessment. If in doubt always, level up never down.

Level 3 PPE, Cardiopulmonary Resuscitation (CPR) in relation to chest compressions and Aerosol Generating Procedures (AGP).

As health care professionals (HCP) of all grades we are faced with an influx of confusing and contradictory evidence being produced by highly professional and trusted specialists from all over the world and many of us will have seen the very public spat that has been played out between Public Health England (PHE) and the Resuscitation Council United Kingdom



(RCUK). It is clear that both organisations perceive that their evidence is in the best interest of all HCPs but this has done nothing to alleviate the fear and anxieties being faced by each of us on a daily basis.

The cause for concerns relates to PHE and RCUK not agreeing on CPR not being an AGP. In short, PHE believes that CPR is not an AGP and RCUK do. It has therefore been reassuring to see that PHE have now amended their guidance to state:

“Based on the NERVTAG evidence review and consensus statement, chest compressions will not be added to the list of AGPs. Healthcare organisations may choose to advise their clinical staff to wear FFP3 respirators, gowns, eye protection and gloves when performing chest compressions but it is strongly advised that there is no potential delay in delivering this life saving intervention.”

GMB has spoken directly with RCUK and confirm that we support their position entirely and their need to balance the chances of survival of the patient with the health and safety of the HCP.

Many Trusts have issued guidance pertaining to its stance regarding AGP generating procedures and have added a caveat that allows for staff to don level 3 PPE if they wish as long as this does not cause a delay in attending the patient (Pt). Most are, at this time , following guidance from PHE.

We have studied the varying different literary evidence and have determined that at the time of writing we believe that CPR is an AGP and therefore the clinician who embarks on CPR should wear level 3 PPE including a power hood and the reasons are highlighted below.

The RCUK President Professor Jonathan Wyllie in his updated statement on 20th April 2020 wrote about his concerns regarding PHE who insist that CPR was not an AGP procedure and that this may very well place our health at risk. RCUK Covid 19 guidance categorises CPR as an AGP and that level 3 PPE should be worn prior to undertaking this procedure. The RCUK reference the World Health Organisation (WHO), the International Liaison Committee on Resuscitation (ILCOR), Centers for Disease Control and Prevention (CDC) and the Australian and New Zealand Intensive Care Society (ANZICS) as evidential departments that also support their view.

Our Paramedics' own professional body the College of Paramedics (CoP), in a statement released on the 27 March 2020, stated that they recommend the position of the RCUK despite the limited evidence available and state that 'chest compressions are an AGP and that staff should wear appropriate PPE to deal with such situations'.



Interestingly the National Fire Chiefs Council (NFCC) also support the RCUK and in its guidance state that level 3 PPE should be worn when dealing with CPR and this includes breathing apparatus.

A literary review conducted by Couper et al (2020) titled COVID-19 in cardiac arrest and infection risk to rescuers: A systematic review concluded that it was uncertain if chest compressions or defibrillation caused AGPs and that further study was required into the subject. The review noted that PPE may be less effective during CPR due to slippage of the face mask leaving the rescuer exposed to harm.

For ambulance staff this would mean withdrawing from the scene to observe hand hygiene and then refit another mask, it also does not mention anything regarding the amount of sweat produced by staff that could also effect the efficacy of the surgical mask. This point was highlighted by the research whereby they stated that 'importantly, we found evidence that delivery of chest compressions may reduce the effectiveness of face masks'.

The authors also discuss the process of the generation of AGPs by the thoracic pressure during chest compressions which generate airflow through the small exhaled tidal volume.

Another literature review conducted by Health Protection Scotland and NHS Scotland (2019) concluded that CPR was not classed as an AGP and that the WHO had changed their view that CPR was a AGP, it also importantly states that 'the list of AGPs may be subject to change as new evidence emerges'.

All the government departments across the UK have jointly produced a document called COVID-19: infection prevention and control guidance, this large document highlights how we should react with regards to PPE and states it believes that chest compressions and defibrillation are not considered an AGP generating technique, however Trusts can request that staff consider donning level 3 PPE respirators.

In section 5.8.1 of the document they also state that the evidence into AGPs will continue to be updated in light of emerging evidence for this new pathogen.

In conclusion, our decision is based in light of the evidence available and the fact that there are too many unknown variables due to COVID-19 that we must support the position of the RCUK and the CoP in that CPR is an AGP technique.

We strongly advocate our membership to wear level 3 PPE including power hoods, if available, whilst performing CPR. We are advising that staff begin donning level 3 PPE en route to a suspected cardiac arrest as this should not hinder the time it takes to reach the Pt's side. This can be partially done whilst wearing a seat belt and concluded once on scene.



The GMB National Ambulance Committee has taken this stance in the best interests of its membership and using the evidence available.

It would be remiss of us not to believe the guidance and information produced by RCUK, after all, they set the UK standards on resuscitation and these are supported by the CoP.

The position of government departments to maintain a repeating statement that says their advice and guidance may change as more information becomes available is simply not good enough. Too many of our NHS colleagues have died because of COVID-19 and we will not sit back and comply with a government that has, over the last decade, underfunded the NHS, underappreciated, overworked and underpaid us for their own political means. As such we will not allow them to use any of us as an experiment to change their guidance as and when it suits them.

We are calling on all ambulance services to amend their local policies in line with RCUK guidance.

Yours sincerely,

Steve Rice – Chair, GMB National Ambulance Committee

Rachel Harrison – GMB National Officer

ARCHIVED AMBULANCE BULLETINS (22/05/2020)

