**NHS Consultative Ballot (England Only)**

**June 2025**

**Frequently Asked Questions**

**What is the pay award?**

All NHS staff on Agenda for Change (AfC) contracts will receive a 3.6% uplift to their basic salary. All the AfC pay points will be increased by 3.6%. For **most** staff this will be paid in August. As the pay increase was due in April there will be an element of back pay to cover the increase from April. This will also be paid in August.

**Why are band 2s / entry point 3 NOT getting 3.6% in August?**

Staff in band 2 and entry point 3 had an interim award of 2.3% in April in order that they did not fall below the legal minimum (and some differential was maintained). This was an “advance” on the final award. Unite members across England are expressing anger at this as they feel, rightly, that as the interim award was legally required it *had* to be paid and that the award should increase salaries.

**What is Unite’s view about the award?**

That the pay award is not acceptable. It is not in line with inflation, it is less than the doctors, it is less than Scottish AfC colleagues are receiving, it does nothing to restore pay to the real-terms levels seen before 2010 (Tory austerity) and it does not address the issues of low pay in the NHS. In summary it does nothing to resolve the many issues that this current government inherited from the previous one – something Labour committed to resolve.

**What is inflation?**

Every month the Office for National Statistics (ONS) releases several inflation figures. The ONS does a survey of things people spend money on and averages out the overall cost increase as a percentage over the previous 12 months. The percentage that is reported in the news is the change (usually growth) in overall costs. So, between Apil 2024 and April 2025 the cost of living rose by 4.5%. If the increases next month are less this doesn’t mean prices have gone down, it just means that the rate they are increasing by has slowed down. If pay and inflation increased by the same amount each year, in theory, people would see no change in what they could spend their money on. However, if wages do not increase at the same rate as inflation, it means that people will have to spend a bigger proportion of their income compared to the previous year to buy the same things.

**Why are there different measures of inflation?**

The difference between the various measures of inflation is based on the calculation methods and the goods and services that make up the metaphorical “basket of goods” that is used to calculate the change in cost of living. Unite uses the Retail Price Index (RPI) whereas the Government uses the Consumer Price index (CPI) when looking at wages (they use RPI when it comes to, amongst other things, student loan repayment and rail price increase by the way!). Unite uses RPI as it includes mortgage payments and council tax and it excludes top earners and tourists. We feel it is therefore more representative of the cost-of-living increases which our members experience.

**How much has my pay devalued in comparison to inflation?**

This varies by band, but the graph below shows how much inflation (RPI) has gone up since 2010 (brown line) and how much top of band NHS salaries have increased since 2010 (blue line). The difference is staggering!



**Had my salary gone up by RPI how much better off would I have been since 2010?**

This is a hard thing to calculate, and it will vary massively depending on start dates and career journeys. However, we can calculate this for staff who have been at the top of band since 2010 (or the years since staff have been at top of band). The chart below shows the amount of extra money that staff on each band would have earned in the past 15 years had wages increased by RPI (thus keeping pace with the cost of living).

|  |  |  |  |
| --- | --- | --- | --- |
| **Band** | **total cumulative earnings 2010/11 - 2025/26** | **total cumulative earnings 2010/11 - 2025/26 if salaries increase by RPI** | **Difference** |
| 2 | £349,805 | £308,725 | **£41,080** |
| 3 | £387,891 | £338,125 | **£49,766** |
| 4 | £455,146 | £386,340 | **£68,805** |
| 5 | £574,914 | £487,916 | **£86,998** |
| 6 | £713,872 | £603,226 | **£110,646** |
| 7 | £838,485 | £708,519 | **£129,965** |
| 8a | £973,454 | £819,446 | **£154,008** |
| 8b | £1,168,141 | £982,120 | **£186,021** |
| 8c | £1,401,769 | £1,169,221 | **£232,548** |
| 8d | £1,687,326 | £1,399,131 | **£288,195** |
| 9 | £2,035,356 | £1,679,345 | **£356,011** |

**What is a consultative ballot?**

A consultative ballot allows a union to gauge the feelings of its members and test the appetite for industrial action. It is for internal use only and it is the basis of planning our next steps.

**How do members vote in a consultative ballot?**

We use a digital system. You can vote online (using any digital device). If you do not have a digital device, please contact healthsector@unitetheunion.org and we will work out a solution. QR codes are being sent in the post by those that we have no email or phone number for.

**Why is turn out important?**

Industrial action is governed by very restrictive laws in the UK. In order to be able to take industrial action a ballot needs a 50% turn out (i.e. half of those eligible to vote, vote). It also needs to be a vote in favour of action. A consultative ballot allows us to determine whether this is possible.

**Why am I being asked to check my details that Unite holds about me?**

This is not only good from an administrative point of view, but it is also important to allow us to plan for the next ballot, if we determine one is viable.

**Can new members vote?**

Yes – we encourage new members to join and vote. There is no official cut-off date, but we may struggle to facilitate a ballot within the final week of the ballot.

**When does the consultative ballot start and finish?**

The consultative ballot opened on 16th June and closes at noon on 16th July (2025).

**Does the pay award depend on how Unite members vote?**

No, unlike in other employers, the NHS does not hold pay negotiations with trade unions and instead asks a pay review body to determine what the wage increase should be. Unite are opposed to this process and have called for direct pay negotiations for the past three years.

**Why am I being asked about strike action?**

We hope that strikes won’t be required but it is one of the best forms of leverage that workers have. We have seen this in recent years (Unite’s ambulance strikes in 2022 / 23, other NHS strikes since 2022, and the BMA’s junior doctors’ strikes in 2023 /24). All of these actions moved the government to offer improvements.

**Can I strike if the consultative ballot is in favour of action?**

No, we are required by law to run a second formal industrial action ballot, which has to be postal and carried out by an independent third party. We will explain more about this when we have an idea on the appetite for action.

**What am I being asked about cuts as well?**

Cuts are impacting on thousands of our members and cuts and unacceptable pay rises are completely linked to the main issue which is NHS funding. Government appears to be presenting pay and cuts as a trade off but Unite believes that a far more progressive solution is available. Lack of investment is damaging the NHS, and we cannot accept that staff have to lose jobs and patients have to lose services in order to pay for the remaining staff to have a cost of living pay increase. A wealth tax on the super-rich would overnight raise enough money to give a far better pay increase to staff and avert the need for savage cuts.

**Are NHS staff allowed to strike?**

Absolutely, and as stated above NHS staff, just like you, have won gains as a result of taking strike action in the past few years. Unite will always agree exceptions to strikes, known as derogations, in order to avoid harm to patients. Our action, if required, has the aim of disruption not harm.

**Will cuts affect services?**

Yes, massively.

NHS providers reported the following from a recent survey:

*With the 10-year health plan due to be published in the coming months, nearly half of trust leaders (47%) surveyed warned they are scaling back services to deliver tough financial plans, with a further 43% considering this option. Virtual wards, rehabilitation centres, talking therapies and diabetes services for young people are amongst services identified at risk, demonstrating the extremely tough choices being faced by NHS leaders.*

*Worryingly, over a third (37%) said their organisation is cutting clinical posts as they try to balance their books, with a further 40% considering this. With trusts told to halve corporate cost growth, 86% of trust leaders said their organisation is going to have to cut posts in non-clinical teams - such as HR, finance, estates, digital and communications – potentially risking efforts to deliver services, innovate, and improve productivity.*

*The scale of job cuts is becoming clear with a number of trusts aiming to take out 500 posts or more and one organisation planning to cut around 1000 jobs.*

<https://nhsproviders.org/news/jobs-and-services-on-the-line-as-nhs-budget-squeeze-bites>

Unite members are also very concerned that casting non-clinical staff as “expendable bureaucrats” misses the point and the value of what non-clinical staff do. The NHS is a team, and everyone has their role to play. If one person is removed that will have a knock-on effect to the workload of others which will ultimately impact on patients.

**This document will be updated as and when further frequently asked questions arise**