



DEBATE PACK

Number CDP-0044, 22 March 2021

NHS pay

Summary

A Westminster Hall debate on the 'NHS Pay' has been scheduled for Wednesday 24 March 2021 from 9:25am. The debate has been initiated by Paula Barker MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

By Aaron Kulakiewicz
Tom Powell
Melissa Macdonald

Contents

1. Background	2
1.1 Summary – the 1% pay offer to NHS staff in England	2
1.2 The role of the pay review bodies	2
1.3 The process for deciding NHS pay in 2021/22	3
1.4 Contractual change to pay and conditions, multi-year deals and incremental pay	5
1.5 NHS pay in the devolved administrations	7
2. Parliamentary Material	9
2.1 Parliamentary Questions	9
3. Press Articles and Reports	13
3.1 News Articles	13
3.2 Press Releases	14
3.3 Reports	14

1. Background

1.1 Summary – the 1% pay offer to NHS staff in England

On 4 March 2021, the Department for Health and Social Care submitted evidence to the NHS Pay Review Body, and the doctors' and dentists' review body, assuming a headline 1% pay award for NHS staff in 2021/22. This was made in the context of the wider economic and fiscal challenges and the Government's decision to freeze the pay of many other public-sector workers in 2021/22. The announcement was criticised by various groups representing NHS staff, including the British Medical Association and the Royal College of Nursing.

The Government has asked the two NHS staff pay review bodies to make their recommendations by May 2021. While the pay review bodies are independent, and will also receive evidence from unions and NHS employers, the Government will make the final decision on NHS pay in England (for further information to NHS pay in other parts of the UK please refer to section 1.5 of this briefing).

Further information on the DHSC proposals for NHS pay, in the context of wider public sector pay policy, is available in the Library briefing on [Public Sector Pay](#) (March 2021).¹

A useful explainer on the current debate about NHS pay, and the history of pay review bodies, has been produced by the Institute for Government.²

1.2 The role of the pay review bodies

In setting pay across various areas of the public sector, the Government receives recommendations from eight public sector pay bodies. These pay bodies work within the remits provided to them by Government, and report annually with recommendations to the relevant Secretary of State on pay for the forthcoming year.³

As noted above, there are two pay bodies that cover the NHS: the NHS Pay Review Body (NHS PRB), which makes recommendations on the Agenda for Change pay scales, covering all NHS staff except doctors, dentists and some senior managers; and the Review Body on Doctors' and Dentists' Remuneration (RBDDR also sometimes referred to as the DDRB), which makes recommendations for doctors' and dentists' pay. The NHS PRB and RBDDR are advisory non-departmental public bodies, sponsored by the Department of Health and Social Care (DHSC). The Pay Review Bodies are made up of experts and their recommendations are based on comprehensive assessment of evidence from key stakeholders, including NHS system partners and trade unions. Their recommendations to the

¹ Commons Library briefing paper, [Public Sector Pay](#), p9

² Institute for Government, [NHS pay](#) (March 2021)

³ General background information on public sector pay can be found in the Commons Library briefing paper, [Public Sector Pay](#).

Government are also based on a number of other factors including the levels of pay necessary to recruit and retain the staff the NHS needs, and having regard to overall affordability. The NHSPRB provides information on the independence on the range of evidence used:

This written evidence seeks to enable the NHSPRB to make independent recommendations, weighing all of the evidence, including the importance of affordability within the current challenging economic and fiscal context, along with recruitment and retention trends and staff motivation.

In making its observations and recommendations, the NHSPRB takes evidence from:

- the 4 UK governments
- NHS trade unions
- NHS England and Improvement
- NHS Employers
- other interested parties⁴

The NHSPRB's [Terms of Reference](#) also reiterate its independence from Government, and set out the range of factors it takes into consideration when forming its recommendations.

1.3 The process for deciding NHS pay in 2021/22

The Government sent remit letters to the NHSPRB and RBDDR on 18 December 2021, asking for recommendations in the context of the pause of the pay awards for the majority of the public sector, and asking for recommendations to take account of the economic and fiscal challenges:

While we have announced a pause of pay awards for the majority of the public sector, we recognise the uniquely challenging impact coronavirus is having on the NHS and so have made a commitment to continue to provide NHS workers with a pay rise. This means that for your remit group, all Agenda for Change staff employed by the NHS, we would welcome your pay recommendations. We expect these recommendations to take account of the extremely challenging fiscal and economic context, and consider the affordability of pay awards. HM Treasury will set out the fiscal and economic context in more detail as the round progresses and my department will provide you with evidence on the affordability of pay awards.⁵

A similar message is contained in the remit letter to the RBDDR.

The Government remit letters asked the NHSPRB and the RBDDR to consider the evidence and report back by early May 2021⁶.

On 4 March 2021, the Department for Health and Social Care (DHSC) published its evidence to the [NHSPRB](#) and the [RBDDR](#) for the 2021/22 pay round.⁷ In the evidence to both the bodies, the DHSC said it was assuming a

⁴ [DHSC evidence for the NHSPRB: pay round 2021 to 2022](#), 4 March 2021

⁵ Department for Health & Social Care, [NHS Pay Review Body remit letter: 2021 to 2022](#), 18 December 2020

⁶ [NHS Pay Review Body remit letter: 2021 to 2022](#), 18 December 2020

⁷ DHSC, [DHSC evidence for the NHSPRB: pay round 2021 to 2022](#), 4 March 2021; DHSC, [Evidence for the DDRB: pay round 2020 to 2021](#), 4 March 2021.

headline (overall) pay award of 1% and that anything more would require re-prioritisation of spending. However, it said that this does not include commitments already made as part of multi-year pay agreements such as the Agenda for Change (AfC). The evidence to the NHSPRB explains:

The government announced a pause in public sector pay rises for all workforces, with an exception for employees with basic full-time equivalent salaries of £24,000 or under and for the NHS. In settling the DHSC and NHS budget, the government assumed a headline pay award of 1% for NHS staff. Anything higher would require re-prioritisation.

This envelope does not include the c0.7% that has already been committed in 2021/22 as part of the multi-year Agenda for Change deal (2018/19 - 20/21). This 'overhang' of the deal was agreed by all parties and further information is set out within Chapter 6. This means, we expect the total investment in AfC in 2021/22 to be 1.7%.⁸

Chapter 6 of the evidence to the NHSPRB provides more detail:

... as a result of the deal we have committed c0.7% in 2021/22. This 'overhang' of the deal was agreed by all parties, to enable completion of the restructuring of the AfC pay structure. Specifically, the c0.7% is the cost of removing the transitional pay points that exist in the 2020/21 pay structure for bands 5, 6 and 7. Removing these pay points completes the AfC structural reform, leaving bands 5, 6 and 7 each with three pay points. Removing the transitional pay points in each of these pay bands has the effect of moving affected staff directly to the top of the pay band on 1 April 2021, resulting in significant pay increases of 11.67% for the affected point in band 5, 12.17% for the affected point in band 6, and 6.66% for the affected point in band 7.⁹

The headline 1% pay award has been criticised by various groups. The British Medical Association (BMA) said it was a “dereliction of the Government’s moral duty” and called on the DDRB to recommend a fairer pay award.¹⁰ In response to the evidence to the NHSPRB, the Royal College of Nursing voted unanimously to set up a £35 million industrial action fund, indicating they may decide to take strike action.¹¹

In a [debate in the House of Commons](#), the Shadow Health Secretary, Jonathan Ashworth, argued that the Government was breaking with the [NHS Long Term Plan](#) which was based on a 2.1% pay award for the NHS from 2021 onwards.¹² MPs also argued that a 1% award would represent a real-terms pay cut. The Office of Budget Responsibility’s estimate for Consumer Price Index (CPI) inflation in 2021 is 1.5%.¹³

⁸ DHSC, [DHSC evidence for the NHSPRB: pay round 2021 to 2022](#), 4 March 2021, paras. 1.23-1.24.

⁹ Ibid., para. 6.6

¹⁰ BMA, [BMA accuses Government of “Dereliction of duty” over recommendation of a 1% pay rise for doctors](#), 4 March 2021

¹¹ Royal College of Nursing, [Members urged to continue the fight for fair pay following the government’s recommendation to the NHS Pay Review Body \(PRB\) of a 1% pay award for NHS staff](#), 5 March 2021

¹² [HC Deb 8 March 2021 c524](#); NHS, [Long Term Plan Implementation Framework](#), June 2019, para. B8

¹³ Office of Budget Responsibility, [Economic and fiscal outlook – March 2021](#), 3 March 2021, para. 2.82-2.84

In response to these concerns, the Minister for Care, Helen Whately, said that the Government was exceeding its funding commitments to the NHS in 2021 by £34 billion and that the PRBs will consider a range of other evidence, including submissions from trade unions.¹⁴

It should also be noted that the 1% pay assumption in the Government's submission to the NHSPRB and the RBDDR is simply the Government's evidence. The final pay award is decided by DHSC once the pay review bodies have issued their recommendations. A Minister can decline to follow the recommendations of a pay review body.

Further information on the DHSC proposals for NHS pay in the context of wider public sector pay policy is available in the Library briefing on [Public Sector Pay](#) (March 2021).¹⁵

1.4 Contractual change to pay and conditions, multi-year deals and incremental pay

Recommendations from review bodies on pay are made in the context of a number of multi-year pay and contract reform agreements with particular groups of staff. These are negotiated by NHS Employers, on behalf of the Department of Health and Social Care (DHSC), with trade unions across the NHS workforce.

Agenda for Change

The three year 'Agenda for Change' (AfC) pay deal covers the period from April 2018 to March 2021. The deal applies to over 1 million NHS staff, including nurses, midwives, and a number of other non-medical staff groups.

Chapter 6 of the [DHSC evidence to the NHS PRB](#) notes that the 1% pay recommendation does not include a c0.7% increase that has already been committed in 2021/22 as part of what is described as an AfC deal 'overhang'. This means, the expected award as part of the AfC deal in 2021/22 will be around 1.7%. As noted above, only certain AfC pay bands will benefit from the additional increase, relating to changes in specific pay bands.¹⁶

The NHS Employers webpage '[Pay progression](#)' provides the following information regarding the Agenda for Change pay deal and changes to pay progression:

The 2018 [framework agreement on the reform of Agenda for Change](#) introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points.

The new pay progression system will be underpinned by local appraisal policies that deliver the mandatory annual appraisal process. It is intended to ensure that within each pay band, staff have the appropriate knowledge and skills they need to carry out their

¹⁴ [HC Deb 8 March 2021 c523](#)

¹⁵ Commons Library briefing paper, [Public Sector Pay](#), p9

¹⁶ DHSC, [DHSC evidence for the NHSPRB: pay round 2021 to 2022](#), 4 March 2021, para 6.6. See also the Institute for Government, [NHS pay](#) (March 2021)

roles, allowing them to make the greatest possible contribution to patient care.

The new system will come into effect on 1 April 2019 for new starters or those promoted to a new role on or after 1 April 2019. Promotion means moving to a higher banded role. For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021, after which time they will also be subject to the new provisions.

NHS Employers have also published [guidance for staff](#) including a [pay progression diagram](#). This makes clear that under the new arrangements, the timings of the pay step points vary by pay band and this is not an annual process, with movement to the next pay step point is not automatic and is dependent on appraisal.

[The Department of Health and Social Care's evidence to the NHS Pay Review Body for the 2021/22 Pay Round](#) also includes information on the move away from an automatic annual increment system:

Firstly, the three-year deal committed to reforms on pay progression, moving away from an automatic annual increment system, to a system containing fewer pay points, with larger increases, enabling progression to the top of the band more quickly in most cases. Having pay steps at less frequent intervals but for larger increases should help to put learning and development at the heart of appraisals and career development discussions, focusing staff and employers on the issue and allowing better engagement compared to the almost automatic annual increment process. Shortening the pay spines allows staff to fully demonstrate they are working to the top of the competencies required for the role sooner by reaching the top of the band, it also helps to lessen any gender pay gaps amongst the workforce.

This new system of pay progression came in to force from 1 April 2019 for new starters and staff who were promoted. The new system of pay progression comes in to force for all AfC staff from 1 April 2021. The new progression system means that staff will have to meet the required criteria in order to progress to their next pay point. Progression will no longer be actioned automatically by the ESR system. The line manager of the individual will have to ensure that they have marked on the ESR system that the individual has met relevant criteria and can therefore progress. Depending on local arrangements, employers may have processes that also involve HR/payroll colleagues, to quality assure the progression process).¹⁷

Further information on the process can be found in the NHS Employers' flowchart '[Pay step submission process](#)'. Detailed information on pay progression can also be found in '[NHS Employers' submission to the NHS Pay Review Body 2021/22](#)' from page 14 onwards.

Doctors and dentists

For doctors and dentists in training (e.g. junior doctors), there is a multi-year pay agreement (2019/2020 to 2022/2023) so DHSC is not asking the RBDDR to make pay recommendations for this group. For specialty doctors and associate specialists (SAS doctors) a multi-year pay and contract reform

¹⁷ Ibid. p97

deal is being negotiated. The DHSC has said any agreed deal for SAS doctors will:

“...give valued staff a fair pay rise alongside improving recruitment and retention and developing reforms which better reflect modern working practices, service needs and fairness for employees. We would expect any recommendations to be informed by the outcome of talks with the British Medical Association (BMA).”¹⁸

Independent contractor general medical practitioners are subject to a 5-year pay agreement between NHS England and NHS Improvement and the BMA, and therefore no pay recommendation is being sought for this group. The RBDDR has been invited to make recommendations on uplifts to the minimum and maximum of the salaried general medical practitioner pay scales. DHSC note that “recommendations will need to be informed by affordability and in particular the fixed contract resources available to practices under the 5-year GP contract.”¹⁹

The DHSC has invited the RBDDR to make recommendations on an annual pay award for consultants, and for the pay element of remuneration for dentists employed by, or providing services to, the NHS. (As set out above, dentists in training are covered by a multi-year deal).²⁰

Further background on NHS staff pay, pensions and reward is available on the [NHS Employers website](#).

1.5 NHS pay in the devolved administrations

As health is a devolved policy area, NHS pay is set by the Scottish, Welsh and Northern Irish Governments. The NHS PRB and RBDDR provide recommendations to the devolved administrations, as well as the UK Department of Health and Social Care, on NHS pay for the forthcoming year.

On 24 February 2021 the Scottish Government announced that NHS Scotland Agenda for Change staff will get an interim pay increase which will be backdated to 1 December 2020, ahead of full pay negotiations being concluded in the coming months.²¹

On 16 March 2021 Finance Minister Conor Murphy announced that the Northern Ireland Executive has agreed the 2021/22 Public Sector Pay Policy. Noting a different approach to the Westminster Government’s public sector pay policy for England he said the Executive’s public sector pay policy “will enable up to one percent awards where this is affordable and where there is a commitment to reform and efficiency initiatives”. He added that “Health service staff will not be subject to the one percent limit.”²²

¹⁸ see the DHSC DDRB remit letter for 2021/22, sent on 18 December 2020, available [here](#)

¹⁹ Ibid.

²⁰ Ibid.

²¹ Scottish Government, [NHS staff interim pay rise](#), 24 February 2021

²² Northern Ireland Executive, [Public Sector Pay Policy set for 2021/22](#), 16 March 2021

On 17 March 2021, the Welsh Health Secretary Vaughan Gething announced the Welsh Government will fund a bonus payment for NHS and social care staff to recognise their extraordinary contribution during the COVID-19 pandemic. The one-off payment for NHS and social care staff is equivalent to £735 per person, to cover the basic rate of tax and national insurance contributions incurred. After deductions most people will receive £500.²³ This has been announced as an interim measure while the Welsh Government awaits the recommendations from the independent NHS PRB. It follows announcements of similar bonus payments in Scotland and Northern Ireland.²⁴

²³ Welsh Government, [NHS and social care staff to benefit from bonus payment](#), 17 March 2021

²⁴ Scottish Government, [£500 bonus for health and social care staff](#), 30 November 2020; Northern Ireland Department of Health, [HSC Staff Recognition Payment – FAQs](#), 18 February 2021

2. Parliamentary Material

2.1 Parliamentary Questions

[Health Services: Employment](#)

17 Mar 2021 | 164423

Asked by: Dr Matthew Offord

To ask the Secretary of State for Health and Social Care, what the sixteen criteria each position of employment in the central health service is judged upon.

Answering member: Helen Whately | Department: Department of Health and Social Care (DHSC)

We have interpreted the hon. Member's question to refer to pay and employment criteria in the Hospital and Community Health services sector of the National Health Service, for non-medical staff employed on the national collectively agreed Agenda for Change contract.

The Agenda for Change pay bands are underpinned by a Job Evaluation Scheme (JES), developed through collaboration between NHS leaders, trade unions and independent job evaluation experts. The JES is a structured method of comparing job demands and seeks to ensure staff receive equal pay for work of equal value.

The sixteen criteria underpinning the JES are as follows:

- communications and relationship skills;
- knowledge, training and experience;
- analytical and judgemental skills;
- planning and organisational skills;
- physical skills;
- responsibilities for patient/client care;
- responsibilities for human resources;
- responsibilities for information resources;
- responsibilities for research and development;
- freedom to act;
- physical effort;
- mental effort;
- emotional effort; and
- working conditions.

[NHS: Incentives](#)

16 Mar 2021 | 164510

Asked by: Julian Knight

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of a one-off bonus for NHS frontline staff who have worked during the covid-19 outbreak.

Answering member: Helen Whately | Department: DHSC

The Government has confirmed it will provide a pay increase to National Health Service staff, while uplifts in the wider public sector have been paused. In doing so, the Government is acknowledging the extraordinary work of NHS staff through the pandemic.

The Government has submitted its written evidence to the independent pay review bodies and has asked them to report in the late spring. We will carefully consider their recommendations.

[NHS: Pay](#)

09 Mar 2021 | House of Lords chamber | 810 cc1471-6

Lords private notice question further to the assumption set out in the NHS Long Term Plan Implementation Framework, published in June 2019, of a 2.1 per cent pay rise for National Health Service staff in the 2021/22 financial year, what plans they have to review their submission to the NHS Pay Review Body.

[NHS Staff Pay](#)

08 Mar 2021 | House of Commons | 690 cc523-535

Lead member: Ashworth, Jonathan | Answering member: Helen Whately

Urgent question on the Department of Health and Social Care's recommendations on NHS staff pay. Sitting suspended.

[Public Sector: Pay](#)

02 Mar 2021 | 159033

Asked by: Bell Ribeiro-Addy

To ask the Chancellor of the Exchequer, if he will announce a pay rise for NHS staff and other public sector workers in Budget 2021.

Answering member: Steve Barclay | Department: Treasury

In order to protect jobs and ensure fairness, we confirmed at the Spending Review (2020) that there will be a pause to headline pay rises for the majority of public sector workforces in 2021-22.

Given the unique impact of Covid-19 on our health service, Government will continue to provide for pay rises for over 1 million NHS workers. The NHS and Doctor and Dentists' Pay Review Bodies will report as usual for 2021/22, and the Government will respond to their recommendations. The government will also prioritise the lowest paid, with public sector workers earning less than £24,000 in basic pay receiving a minimum £250 pro-rata increase. The Pay Review Bodies will advise on how this should be implemented for the relevant workforces.

[Nurses: Pay](#)

15 Feb 2021 | HL9260

Asked by: Lord Wigley

To ask Her Majesty's Government what estimate they have made of the average rate of pay of a qualified nurse with ten years experience in (1) 2010, and (2) 2020; and if adjusted for the purchasing value of the pound, what would be the percentage change in remuneration since 2010.

Answering member: Lord Bethell | Department: DHSC

In June 2010, basic pay, not including any additional earnings, for a newly qualified nurse at the bottom of Band 5, on a full-time equivalent basis (FTE), was £21,176.

We can estimate that, for nurses still working in the Hospital and Community Health Sector (HCHS) in June 2020, average basic pay per FTE was £34,216. This is a nominal increase of 61.6% and reflects pay awards; progression up pay scales within pay bands, promotion to more senior roles in higher pay bands and the effects of the Agenda for Change multi-year pay and contract reform deal (2018/19-2020/21). After accounting for consumer price index inflation this is a real terms increase of 33.2%.

Nurses can also earn premium rates of pay for working during unsocial hours or through agreed overtime. The NHS reward package also includes a generous annual leave allowance and access to a much-valued pension scheme.

These estimates are derived from unvalidated data from the Electronic Staff Record (ESR) Data Warehouse. This is a monthly snapshot of the live ESR system, which is the HR and payroll system for the HCHS sector in England. It does not cover those working in general practice, social care or the independent sector and one NHS foundation trust that has chosen to not use the system.

[Health Professions: Pay](#)**18 Jan 2021 | 113498****Asked by: Sir Mark Hendrick**

To ask the Secretary of State for Health and Social Care, if he will provide funding from the public purse for (a) a one-off bonus and (b) an annual pay increase to health care workers in recognition of their efforts in responding to the covid-19 outbreak.

Answering member: Helen Whately | Department: DHSC

We are incredibly proud of all National Health Service staff and value their extraordinary commitment to providing world class care during these unprecedented times.

Over one million of 'non-medical' NHS staff, including nurses, continue to benefit from the three-year Agenda for Change (AfC) pay and contract reform deal, agreed in partnership with NHS trade unions and employer representatives. This is the final year of the deal and has seen year on year pay increases for all AfC staff including 16% increases for the lowest paid since 2017/18. For NHS medical staff not in existing multi-year pay and contract reform deals we accepted in full the Review Body for Doctors and

Dentists Remuneration's (DDRB) recommendation for a uniform 2.8% pay uplift in July 2020.

For recommendations on pay for NHS staff for 2021/22, we intend to look to the independent Pay Review Bodies (PRB) and we expect to issue a remit letter to the PRBs in the coming weeks. The Government will carefully consider the NHS PRB and DDRB's recommendations when we receive them.

[NHS: Pay](#)

03 Dec 2020 | 115713

Asked by: Justin Madders

To ask the Secretary of State for Health and Social Care, whether he has had discussions with the Chancellor of the Exchequer on ensuring that pay increases for NHS staff under the Agenda for Change system are funded through additional resources set out in the forthcoming spending review.

Answering member: Helen Whately | Department: DHSC

Agenda for Change Staff are in their third and final year of a multi-year pay and contract reform deal (2018/19-2020-21) agreed with National Health Service trade unions and employer representatives. The deal has seen the pay of those below the top of their pay band increase by at least 9% and pay for most staff at the top of their pay band increase by 6.5%.

For recommendations on pay for Agenda for Change staff for 2021/22, when the deal ends, the Government intends to look to the independent NHS Pay Review Body as the established mechanism for determining pay increases in the NHS.

3. Press Articles and Reports

3.1 News Articles

[NHS and social care need an extra £12bn to get back on track after pandemic, says think tank](#)

The BMJ

17 March 2021

[NHS staff should get 5% payrise next year, says thinktank](#)

The Guardian

16 March 2021

[Jeremy Hunt says 1% pay offer to NHS staff is a 'miscalculation'](#)

The Times

11 March 2021

[NHS staff should be properly rewarded, says Sir Simon Stevens](#)

The Times

9 March 2021

[Welcome to the weird world of NHS pay, where a 1% rise is a lot more than it seems](#)

The Times

7 March 2021

[Large numbers of nurses could leave NHS in wake of pay row, union warns](#)

The Independent

6 March 2021

[How is NHS pay decided and what is the case for a 1% rise?](#)

The Guardian

5 March 2021

[Nurses' union anger over 'pitiful' 1% NHS pay rise](#)

BBC

4 March 2021

[Government recommends 1pc pay rise for NHS staff](#)

Health Service Journal

4 March 2021

[Unions demand nurse pay rise without delay ahead of budget](#)

Nursing Times

26 February 2021

[Spending Review: Over a million NHS staff to receive pay rise as part of a cash boost for the health service](#)

inews

25 November 2020

3.2 Press Releases

[£7 billion for NHS and social care for COVID-19 response and recovery](#)

Department of Health and Social Care press release

18 March 2021

[Labour redoubles calls for a fair NHS pay rise as figures show 300,000 staff worked unpaid overtime during Covid crisis](#)

Labour Party

18 March 2021

[Westminster government out on its own on NHS pay, says UNISON](#)

UNISON

17 March 2021

[Suggested 1% pay rise for doctors, and 1.7% for NHS staff including nurses, is a 'disappointment'](#)

NHS Providers

4 March 2021

3.3 Reports

[NHS pay](#)

Institute for Government

16 March 2021

[Clearing up the NHS pay debate](#)

Full Fact

12 March 2021

Previous reports from the [NHS Pay Review Body](#) and [Review Body on Doctors' and Dentists' Remuneration](#) are available on the Gov.uk website.

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publicly available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).