

Title: Increase in employee contributions to the NHS Pension Scheme from 1 April 2014 (Year 3 of a three year change stemming from the SR 2010) IA No: 8057 Lead department or agency: Department of Health Other departments or agencies: Welsh Assembly Government	Impact Assessment (IA)		
	Date: 21/02/2014		
	Stage: Final		
	Source of intervention: Domestic		
	Type of measure: Secondary legislation		
Contact for enquiries: NHS Pension Policy Team, 2W09 Quarry House, Quarry Hill, Leeds, LS2 7UE			
Summary: Intervention and Options			RPC Opinion: Not Applicable

Cost of Preferred (or more likely) Option			
Total Net Present Value	Business Net Present Value	Net cost to business per year (EANCB on 2009 prices)	In scope of One-In, Measure qualifies as One-Out?
£0m	£0m	£0m	No
			Zero Net Cost

What is the problem under consideration? Why is government intervention necessary?

Deciding how to best to implement the third of three successive years of employee contributions for members of the NHS Pension Scheme for England & Wales with effect from 1 April 2014. This is a requirement to deliver savings by raising employee contributions in 2014-15. In the Spending Review 2010, the Government announced that an additional £2.8 billion would be raised from employee contributions across public service pension schemes by 2014-15. This is to address rising costs of life expectancy, with increases to be staged over three years. The Department is therefore required to develop and implement an approach to applying the third year of increases.

What are the policy objectives and the intended effects?

Each public service pension scheme is required to deliver savings equivalent to an average increase of 3.2% in employee contributions by 2014-15. Active members of the NHS Pension Scheme for England & Wales are therefore affected. The Government established three principles that Departments are expected to follow in designing how to apply the increases to individual schemes - protect the low paid, apply increases progressively, and limit the level of opt-out that higher contribution rates may generate. The third year of increases are to be effective from 1 April 2014.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

In year 1 (2012-13) an initial DH proposal and an NHS Employers proposal received during consultation was considered against a do-nothing option. The NHS Employers proposal was adopted as it was demonstrated to be more progressive. This was valued for equality reasons and to minimise the risk of affordability-driven opt outs from the pension scheme. This year's proposal, as with last year's, reflects the same objectives around progressiveness and minimising opt-outs and has been developed in conjunction with the Technical Advisory Group. During this process the presented option was adopted as the preferred option as it extends the option that was evaluated as preferred in years 1 and 2, and has in retrospect been considered a success. It is considered appropriately progressive and has not created opt-out concerns (which have been monitored using Electronic Staff Record and NHS BSA data).

Will the policy be reviewed? It will not be reviewed. If applicable, set review date: N/A Month/Year					
Does implementation go beyond minimum EU requirements?				N/A	
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.		Micro No	< 20 No	Small No	Medium No
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)				Traded: 0	Non-traded: 0

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister: _____ **Dan Poulter** _____ Date: 04/03/2014

Summary: Analysis & Evidence

Policy Option 1

Description:

FULL ECONOMIC ASSESSMENT

Price Base Year	PV Base Year	Time Period Years	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate: 0

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	0	0	0

Description and scale of key monetised costs by 'main affected groups'

In terms of the cash flows, increased contributions from pension scheme members (cost) will equal the increased revenue that HM Treasury receives (negative cost) by same amount – so the net effect is zero

Other key non-monetised costs by 'main affected groups'

- Changes necessary to administration of contribution collection – this will be minimal
- The effect of pushing pension scheme members into poverty – this should be modest because of the protection for the low paid
- Effects on recruitment and retention – these should be small since NHS pay and reward will remain attractive compared with market competitors
- There may be some effect of members leaving the scheme and consequently an impact on social security; again this is neutral in terms of the cash flow (government pays out, individuals receive) although may result in hardship
- Reduction in cost of additional borrowing by central government to fund pensions – much of this would be matched by the loss of opportunity for UK investors purchasing (e.g. UK gilts)

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	0	0	0

Description and scale of key monetised benefits by 'main affected groups'

All benefits have been treated as negative costs in the above

Other key non-monetised benefits by 'main affected groups'

- Protection for low earners from an increase – negating impact on lower income households and avoiding further opt-out from scheme amongst this group
- Assurance from HM Treasury that pension benefits built up in existing pension schemes will be honoured

Key assumptions/sensitivities/risks

Discount rate (%)

N/A

The pension benefits accrued by scheme members remain the same. There is no change in accrual rate or normal pension age

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m: 0			In scope of OIOO?	Measure qualifies as
Costs: 0	Benefits: 0	Net: 0	No	Zero net cost

Approach

The approach to the economic assessment of the options has been guided by HM Treasury's 'Green Book' on Appraisal and Evaluation in Central Government. The following points should be noted:

- The issue concerns determining how the NHS Pension Scheme would meet an existing requirement to deliver savings by raising employee contributions in 2014-15. The Government had announced in the 2010 Spending Review that savings from increasing employee contributions in each public service pension scheme (except the Armed Forces) would be sought over three years to 2014-15. This is why it is not proposed that this policy be reviewed; as it covers a finite one year period in advance of the introduction of a new pension scheme from 1st April 2015.
- The options considered concern changes to the cash flow between pension scheme members and the Exchequer. There are no goods or services provided, other than the pension benefits which are the same in all options. This therefore falls into the Green Book categories of being 'transfer payments' which 'do not give rise to direct economic costs'. This is why the net present value for all options is zero.
- Showing the increased contributions as a cost and the increased receipts to the Exchequer as a benefit would have required insertion of equal numbers, which subsequently cancelled each other out in the net benefit calculation. This would have been an unnecessary complication so the rule of proportionality has been applied, with the increased receipts being considered as a negative cost.

Evidence Base

Problem under consideration

Context

The Government announced in the 2010 Spending Review that public sector workers would be asked to contribute more towards their pensions. The Spending Review set out plans for savings across all public service pension schemes of £2.8 billion per year (including £1bn planned by the previous Government) to be realised by 2014-15. As part of this, the NHS Pension Scheme is required to provide £1.2 billion in savings, given the size of its membership relative to other public service pension schemes.

To achieve these targets, each public service pension scheme is required to deliver savings equivalent to an average increase of 3.2 percentage points in employee contributions staged over three years from 2012-13 to 2014-15.

Issue

Deciding how to achieve the required increases in employee contributions with effect from 1 April 2014

In year 1 we considered an initial DH proposal and an NHS Employers proposal received during consultation against a do-nothing option. The NHS Employers proposal was adopted as it was demonstrated to be more progressive. This was valued for equity reasons and to minimise the risk of affordability driven opt outs from the pension scheme.

This year's proposal, as in years 1 and 2, reflects the same objectives around progressiveness and minimising opt-outs and has been developed in conjunction with the Technical Advisory Group. This Group considers in detail the technical aspects of how the scheme operates and the impact on members. During this process the presented option was adopted as the preferred option as it extends the option that was evaluated as preferred last year and has in retrospect been considered a success. It is considered appropriately progressive and has not created opt-out concerns (which have been monitoring using Electronic Staff Record and NHS BSA data). More details of the progressive impact of the proposal and the information considered by the Technical Advisory Group is considered below.

Rationale for intervention

Expenditure on public service pensions over the last decade has increased by a third to £32bn. The costs of pensions are increasing as people live much longer than previous generations – the average 60 year old is living ten years longer now than they did in the 1970s. More of people's lives are now being spent in retirement – between 40 to 45% of adult life compared with around 30% for pensioners in the 1950s. Pensions are therefore in payment for longer.

These additional costs have generally fallen to the taxpayer to underwrite. The view of the Government is that this is unfair and unaffordable. There needs to be a fairer balance between what employees pay and what other taxpayers contribute towards a public service pension. As an employer, the NHS currently contributes 14% towards pensions, whilst employees contribute an average of 6.5%.

The Government therefore asked the Independent Public Service Pensions Commission (IPSPC) chaired by Lord Hutton to consider the case for delivering savings on public service pensions within the current spending review period. The Commission concluded in its Interim Report (7 October 2010) that it would be more effective to increase member contributions rather than alter the level and range of benefits provided by pension schemes.

The Government therefore announced in the 2010 Spending Review that public sector workers would be asked to contribute more for their pensions. The Spending Review set out plans for savings of £2.8 billion per year (including £1bn planned by the previous Government) to be realised by 2014-15. Each public service pension scheme is required to deliver savings equivalent to an average increase of 3.2 percentage points in employee contributions over the same period.

Within this context, the Department of Health and a representative from the Welsh Government have been discussing the approach to increasing the level of contributions made by members of the NHS Pension Scheme towards their pension in 2014-15.

Policy objective

The Chief Secretary to the Treasury issued a Written Ministerial Statement on 19 July 2011 that confirmed the Government's intention, further to the IPSPC conclusions, to propose and consult on scheme-specific approaches to raising the first year savings of £1.2 billion across all public service pension schemes through increasing employee contributions with effect from 1 April 2012.

This would be led by the respective Departments who have responsibility for individual pension schemes, such as the NHS Pension Scheme. Further increases in 2013-14 and 2014-15 necessary to deliver the remainder of the £2.8 billion savings would be subject to discussion with Trade Unions.

The Government set out a series of parameters for Departments to follow in developing their preferred approach to achieving the required savings by increasing contributions:

- no increases for the lowest paid;
- additional protection for those earning under £21k;
- restricting overall increases to a maximum of 1.5%, and a maximum increase of 6%.

The intention of this is to reduce the likelihood of staff opting out of the NHS Pension Scheme. Staff who opt out are predominantly lower paid. The progressive rate of contributions also reflects the fact that higher rate taxpayers get 40% tax relief on contributions not 20% and that Lord Hutton found that the highest earners in final salary schemes often get twice as much pension for every pound of contributions, than the lowest paid.

Within these parameters, the Department has flexibility to propose how the increases should be distributed across NHS Pension Scheme members relative to their income levels.

Main affected group

The group affected by this policy are members of the NHS Pension Scheme, earning more than £15,431 full-time equivalent per annum from 1 April 2014. The increases for 2014/15 range from nothing for those earning up to just over £15,431, 0.3% for those earning up to £49,472 and the maximum of 1.2% for those earning £49,473 or higher. This will mean that gross contribution rates will range from 5% for the lowest paid, 9.3% for middle earners and 14.5% for the highest paid. However, after tax relief, net contribution rates range from 4% for the lowest paid, 7.5% for middle earners and 8.7% for the highest earners.

The NHS Pension Scheme is a statutory, occupational scheme; both members and their NHS employers are generally required to pay a contribution to cover the cost of paying benefits.

Membership of the Scheme is not compulsory. Persons who are eligible to join the scheme are:

- Staff directly employed by the NHS,
- Self employed General, Dental and Ophthalmic Practitioners,
- General Medical Practice Staff, and
- Staff of organisations that are granted access to the NHS Pension Scheme via a Direction by the Secretary of State, for example, staff working in hospices, social enterprises and other third sector organisations providing health care.

The Scheme currently has approximately 1.3 million active members who already pay a range of contributions to the pension scheme according to the level of their full-time equivalent pensionable pay.

Description of options considered

As part of Government spending plans (Spending Review 2010), HM Treasury announced the requirement to raise £2.8 billion (including £1bn planned by the previous Government) from increasing

employee contributions across public service pension schemes by 2014-15. This means that the 'do nothing' option is unavailable.

The design parameters described in the policy objectives section above reflect the Government's commitment to protect the lower paid. This means that increases should be applied progressively, so that the higher paid contribute at a higher rate.

The Independent Public Service Pensions Commission concluded in its interim report (7 October 2010) that in final salary schemes, which still dominate the public service pension landscape, high flyers tend to do better from schemes:

"Final salary schemes are often criticised on the basis that high flyers (those people who receive late promotions or large increases in salaries) receive far higher effective pension benefits than those who have few or no salary increases. Final salary schemes can reinforce lifetime income inequality between members, since in addition to higher salaries during working life, they can receive a pension that is a higher proportion of pension contributions than low flyers. High flyers can receive almost twice as much in pension payments per pound of employee contribution than do low flyers. In addition, evidence on life expectancy suggests that high flyers can expect to live for longer and therefore receive pension payments over a longer period."

It is for this reason that the NHS Pension Scheme introduced tiered contributions from April 2008. This based contribution rates on the full-time equivalent (FTE) pensionable income of a member. When moving to the year one of increased employee pension contributions, the Department considered that increasing the number of tiers from four to seven allowed for better mitigation of the effect of 'cliff edges' as members move between paybands as a result of pay progression. It also allowed a starting band of 'up to £15,278' (for year 3, up to £15,431) to be created in order to achieve the Government design parameter for protection of low paid staff.

As such, the Technical Advisory Group adopted the presented option as the preferred option as it extends the option that was evaluated as preferred last year and has in retrospect been considered a success. It is considered appropriately progressive and has not created opt-out concerns.

Option 1

Table A presents estimates from the Government Actuary's Department as to the number of NHS Pension Scheme members in each of the contribution rate tiers, based upon active membership data as at 31 March 2008, and for comparison, as at 31 March 2012. There have been changes in the numbers of active scheme members at both the lower and higher ends of the pay scales. The Department believes that taxation policy may explain the difference at the highest point of the pay scale. At the lower end of the pay scales it is believed that exempting staff earning below £21,000 from the pay freeze has led to some "pay creep", meaning that active members have shifted upwards through the paybands. This is borne out by the fact that numbers in the middle tiers have increased.

Table A: Estimated number of scheme members in each pay band

Full Time Equivalent pensionable pay (31 March 2008)	Estimated no. of scheme members by '000 (31 March 2008)	Full Time Equivalent pensionable pay (31 March 2012)	Estimated no. of scheme members by '000 (31 March 2012)
Up to £15,278	110	Up to £15,431	83
£15,278 to £21,175	320	£15,432 to £21,387	295
£21,176 to £26,557	200	£21,388 to £26,823	222
£26,558 to £48,982	540	£26,824 to £49,472	571
£48,983 to £69,931	55	£49,473 to £70,630	64
£69,932 to £110,273	60	£70,631 to £111,376	55
Over £111,273	35	Over £111,376	17

The following Table B illustrates the effect of tax relief on the level of contributions individuals would actually pay based on the proposal.

Table B: Proposed increases in contribution rates (net of tax relief)

Full-time pay	2013/14 contribution net of tax relief	2014/15 contribution net of tax relief	Contribution increase (percentage points) net of tax relief
£15,000	4.00%	4.00%	0
£20,000	4.24%	4.48%	0.24%
£25,000	5.44%	5.68%	0.24%
£30,000	7.20%	7.44%	0.24%
£40,000	7.20%	7.44%	0.24%
£60,000	6.78%	7.50%	0.72%
£80,000	7.38%	8.10%	0.72%
£130,000	7.98%	8.70%	0.72%

Table C below shows the impact of the year 3 increase in terms of the increased monthly cost to members based on their full-time salary.

Table C: Additional cost to members

Full-time pay	Additional cost (£ per month)
£15,000	0
£20,000	4
£25,000	5
£30,000	6
£40,000	8
£60,000	36
£80,000	48
£130,000	78

A detailed Equality Analysis has been prepared (available via the Department’s website – www.dh.gov.uk). That evidence is based on analysis of the active membership data provided for NHS Pension Scheme valuation as at 31 March 2008 which has been updated in the same way as for valuation purposes to take account of incomplete data. In addition, the Technical Advisory Group including representatives from the Department of Health, Trades Unions, NHS Employers and HM Treasury have been reviewing the available opt-out data from the Electronic Staff Register and the NHS Pension Scheme administrator, BSA. A full copy of the opt-out reports for data up to May/July 2013, are attached at Annex A and B. The Governance Group and Technical Advisory Group will continue to monitor the opt-out data as it becomes available. The Equality monitoring covers gender, part-time/whole time, age, race, disability, sexual orientation, religion or belief, gender reassignment (including transgender). The analysis concludes that the proposals to increase member contributions for year 3 do not give rise to equality issues.

WORKFORCE DATA ANALYSIS TEAM - NHS PENSION SCHEME OPT-OUT REPORT

JULY 2013 (MAY DATA)

1. Introduction

This paper summarises the latest opt out information provided by the DH's Workforce Data Analysis Team (WDAT). The information is presented in the manner previously shared at TAG /Governance Group meetings and builds on the previous opt out data. It does so by providing the **May 2013 data** and comparing this data with both the March 2013 and the initial October2011 results. The caveats previously detailed surrounding the accuracy of this information remain and its value appears to be in highlighting trends rather than providing accurate quantifications of scheme opt outs.

2. Findings from Updated Information

The tables that follow each of the Headcount and FTE analyses aim to illustrate the changes to potential scheme opt outs. They key points that emerge are:

- There is an increase in scheme membership (both FTE and Headcount) of between 2.2% & 2.4% in the period March - May 2013. This represents the most significant movement in numbers since the production of these reports was initiated in October 2011.
- Whilst the data does not confirm the reason for this increase, it appears reasonable to assume that it is due to the effect of Auto Enrolment within NHS organisations. The fact that the increases in scheme membership are predominately within the lower AfC Bands supports this assessment.

This potential impact of Auto Enrolment unfortunately masks the identification of any potential scheme opt-outs following the introduction of Year 2 contribution increases. At the present time, the opt-out reporting produced by the BSA may provide more meaningful opt-out information given this situation.

Estimated Percentage of Staff with Pension: FTEs by Staff Group and Agenda for Change Band

	Staff with pension FTEs by Agenda for Change Band (October 2011)											Total		
	1	2	3	4	5	6	7	8a	8b	8c	8d		9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	93%
Qualified nursing, midwifery & health visiti	-	-	-	-	85%	90%	94%	95%	96%	97%	-	-	-	55%
Qualified Scientific, therapeutic and techn	-	-	82%	83%	88%	92%	94%	95%	97%	96%	97%	-	-	70%
Qualified Ambulance Staff	-	-	-	95%	96%	98%	98%	-	-	-	-	-	-	-
Support to Clinical Staff	69%	77%	82%	85%	84%	89%	91%	93%	-	-	-	-	-	60%
Central Functions & Hotel, Property & Es	64%	75%	80%	84%	85%	88%	91%	93%	95%	-	-	-	-	60%
Managers	-	-	-	-	88%	88%	91%	94%	96%	96%	98%	97%	-	52%
All Non-Medical	65%	77%	81%	85%	86%	90%	93%	95%	96%	96%	97%	97%	-	67%
All	65%	77%	81%	85%	86%	90%	93%	95%	96%	96%	97%	97%	97%	89%

	October 2011			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
	-	-	-	93%
	85%	92%	55%	88%
	86%	93%	70%	91%
	96%	98%	-	96%
	80%	90%	60%	80%
	80%	89%	60%	82%
	74%	92%	52%	74%
	81%	92%	67%	85%
	82%	92%	89%	86%

	Staff with pension FTEs by Agenda for Change Band (March 2013)											Total		
	1	2	3	4	5	6	7	8a	8b	8c	8d		9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	92%
Qualified nursing, midwifery & health visiti	-	-	-	-	85%	90%	94%	95%	96%	97%	-	-	-	61%
Qualified Scientific, therapeutic and techn	-	-	82%	83%	88%	91%	94%	95%	97%	97%	96%	-	-	71%
Qualified Ambulance Staff	-	-	-	94%	96%	97%	98%	-	-	-	-	-	-	-
Support to Clinical Staff	70%	78%	82%	85%	84%	89%	90%	93%	-	-	-	-	-	62%
Central Functions & Hotel, Property & Es	65%	74%	80%	84%	84%	87%	90%	92%	95%	-	-	-	-	59%
Managers	-	-	-	-	87%	88%	91%	93%	95%	96%	97%	96%	-	88%
All Non-Medical	66%	77%	82%	85%	86%	90%	93%	94%	96%	96%	97%	96%	-	68%
All	66%	77%	82%	85%	86%	90%	93%	94%	96%	96%	97%	96%	96%	89%

	March 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
	-	-	-	92%
	85%	91%	61%	88%
	86%	93%	71%	91%
	96%	98%	-	96%
	81%	89%	62%	81%
	80%	89%	62%	83%
	73%	91%	48%	74%
	82%	94%	68%	85%
	82%	94%	89%	86%

	Staff with pension FTEs by Agenda for Change Band (May 2013)											Total		
	1	2	3	4	5	6	7	8a	8b	8c	8d		9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	93%
Qualified nursing, midwifery & health visiti	-	-	-	-	88%	91%	95%	96%	97%	98%	-	-	-	62%
Qualified Scientific, therapeutic and techn	-	-	85%	86%	90%	93%	95%	96%	97%	97%	96%	-	-	72%
Qualified Ambulance Staff	-	-	-	94%	96%	97%	99%	-	-	-	-	-	-	-
Support to Clinical Staff	75%	82%	85%	87%	87%	90%	91%	93%	-	-	-	-	-	62%
Central Functions & Hotel, Property & Es	69%	78%	82%	86%	87%	89%	91%	93%	94%	95%	97%	97%	-	64%
Managers	-	-	-	-	89%	89%	91%	94%	95%	96%	97%	96%	-	86%
All Non-Medical	70%	81%	85%	87%	88%	92%	94%	95%	96%	96%	97%	96%	-	63%
All	70%	81%	85%	87%	88%	92%	94%	95%	96%	96%	97%	96%	96%	90%

	May 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
	-	-	-	93%
	88%	93%	62%	90%
	89%	94%	72%	92%
	96%	98%	-	96%
	84%	90%	62%	84%
	83%	90%	68%	85%
	77%	92%	49%	77%
	85%	95%	69%	87%
	85%	95%	90%	88%

Note: '-' indicates groups with fewer than 500 staff.

Note: numbers highlighted in grey background indicates groups with fewer than 5,000 staff.

	FTE points increase between March 2013 and May 2013											Total		
	1	2	3	4	5	6	7	8a	8b	8c	8d		9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	1.4%
Qualified nursing, midwifery & health visiti	-	-	-	-	3.0%	1.8%	1.1%	0.8%	0.7%	0.9%	-	-	-	1.1%
Qualified Scientific, therapeutic and techn	-	-	2.7%	3.0%	2.0%	1.4%	1.0%	0.5%	0.4%	0.1%	0.0%	-	-	0.6%
Qualified Ambulance Staff	-	-	-	0.1%	0.1%	-0.1%	0.4%	-	-	-	-	-	-	0.0%
Support to Clinical Staff	5.4%	4.0%	2.8%	2.3%	2.3%	1.2%	1.3%	0.4%	-	-	-	-	-	0.5%
Central Functions & Hotel, Property & Es	4.0%	3.9%	2.7%	2.2%	2.1%	1.7%	1.2%	1.0%	-0.6%	-	-	-	-	4.8%
Managers	-	-	-	-	-	0.6%	0.9%	0.4%	0.5%	0.3%	-0.2%	0.2%	-	-1.6%
All Non-Medical	4.2%	4.0%	2.8%	2.3%	2.6%	1.7%	1.1%	0.6%	0.4%	0.4%	0.0%	0.2%	1.1%	1.2%
All	4.2%	4.0%	2.8%	2.3%	2.6%	1.7%	1.1%	0.6%	0.4%	0.4%	0.0%	0.1%	1.2%	2.2%

	March 2013 and May 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
Doctor	-	-	-	1.4%
Qualified nursing, midwifery & health visiti	3.0%	1.5%	1.1%	2.2%
Qualified Scientific, therapeutic and techn	2.2%	1.0%	0.6%	1.3%
Qualified Ambulance Staff	0.1%	-0.0%	-	0.0%
Support to Clinical Staff	3.2%	1.2%	0.5%	3.1%
Central Functions & Hotel, Property & Es	2.5%	1.4%	4.8%	2.6%
Managers	3.7%	1.2%	-1.6%	0.2%
All Non-Medical	3.0%	1.3%	1.1%	2.3%
All	3.0%	1.3%	1.2%	2.2%

	FTE points increase between October 2011 and May 2013											Total		
	1	2	3	4	5	6	7	8a	8b	8c	8d		9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7%
Qualified nursing, midwifery & health visiti	-	-	-	-	3.3%	1.5%	0.8%	0.6%	0.4%	0.7%	-	-	-	6.7%
Qualified Scientific, therapeutic and techn	-	-	2.7%	3.6%	1.9%	1.1%	0.9%	0.3%	0.6%	0.7%	-1.2%	-	-	2.2%
Qualified Ambulance Staff	-	-	-	-0.4%	-0.3%	-0.3%	0.6%	-	-	-	-	-	-	-0.3%
Support to Clinical Staff	6.6%	4.8%	3.2%	2.2%	2.3%	0.8%	-0.0%	0.3%	-	-	-	-	-	2.5%
Central Functions & Hotel, Property & Es	4.3%	3.7%	2.8%	2.1%	1.4%	1.4%	0.5%	-0.5%	-0.2%	-	-	-	-	5.6%
Managers	-	-	-	-	-	0.2%	0.3%	-0.3%	-0.5%	-0.2%	-1.0%	-0.7%	-	-3.9%
All Non-Medical	4.7%	4.6%	3.1%	2.2%	2.7%	1.3%	0.8%	0.2%	-0.1%	0.1%	-0.9%	-0.6%	2.2%	2.4%
All	4.7%	4.6%	3.1%	2.2%	2.7%	1.3%	0.8%	0.2%	-0.1%	0.1%	-0.9%	-0.7%	0.7%	2.2%

	October 2011 and May 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
Doctor	-	-	-	0.7%
Qualified nursing, midwifery & health visiti	3.3%	1.1%	6.7%	2.2%
Qualified Scientific, therapeutic and techn	2.3%	0.8%	2.2%	1.2%
Qualified Ambulance Staff	-0.3%	-0.2%	-	-0.3%
Support to Clinical Staff	3.6%	0.6%	2.5%	3.5%
Central Functions & Hotel, Property & Es	2.7%	0.9%	5.6%	2.5%
Managers	3.2%	0.2%	-3.9%	-0.6%
All Non-Medical	3.3%	3.1%	2.2%	2.4%
All	3.3%	3.1%	0.7%	2.2%

Estimated Percentage of Staff with Pension : Headcounts by Staff Group and Agenda for Change Band

	Staff with pension Headcounts by Agenda for Change Band (October 2011)													
	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Non Afc	Total
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	91%	91%
Qualified nursing, midwifery & health visiti	-	-	-	-	84%	89%	93%	94%	96%	97%	-	-	57%	87%
Qualified Scientific, therapeutic and techn	-	79%	81%	82%	87%	91%	93%	95%	96%	94%	95%	-	70%	91%
Qualified Ambulance Staff	-	-	-	94%	95%	97%	97%	-	-	-	-	-	60%	96%
Support to Clinical Staff	66%	76%	81%	84%	84%	88%	90%	93%	-	-	-	-	57%	79%
Central Functions & Hotel, Property & Es	62%	73%	79%	83%	85%	87%	90%	93%	94%	96%	97%	97%	89%	82%
Managers	-	-	-	-	88%	88%	91%	93%	95%	96%	-	-	89%	71%
All Non-Medical	63%	75%	80%	84%	85%	89%	93%	94%	95%	95%	97%	96%	66%	84%
All	63%	75%	80%	84%	85%	89%	93%	94%	95%	95%	97%	96%	88%	85%

	October 2011		Total
	Afc 1 - 5	Non Afc	
	-	-	91%
	84%	91%	87%
	86%	93%	91%
	95%	97%	96%
	79%	89%	79%
	79%	89%	82%
	70%	91%	71%
	80%	91%	84%
	80%	91%	88%

	Staff with pension Headcounts by Agenda for Change Band (March 2013)													
	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Non Afc	Total
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	91%	91%
Qualified nursing, midwifery & health visiti	-	-	-	-	85%	88%	93%	94%	95%	96%	-	-	63%	87%
Qualified Scientific, therapeutic and techn	-	78%	81%	83%	87%	91%	93%	95%	96%	95%	94%	-	72%	91%
Qualified Ambulance Staff	-	-	-	93%	95%	97%	98%	-	-	-	-	-	62%	95%
Support to Clinical Staff	68%	77%	81%	84%	84%	88%	89%	92%	-	-	-	-	57%	80%
Central Functions & Hotel, Property & Es	63%	73%	79%	83%	84%	87%	90%	91%	94%	94%	-	-	62%	82%
Managers	-	-	-	-	86%	87%	90%	93%	94%	95%	96%	96%	86%	92%
All Non-Medical	63%	76%	81%	84%	85%	89%	92%	94%	95%	95%	96%	95%	67%	84%
All	63%	76%	81%	84%	85%	89%	92%	94%	95%	95%	96%	95%	88%	85%

	March 2013		Total
	Afc 1 - 5	Non Afc	
	-	-	91%
	85%	90%	87%
	86%	93%	91%
	95%	97%	95%
	80%	89%	80%
	80%	89%	82%
	70%	90%	70%
	81%	91%	84%
	81%	91%	88%

	Staff with pension Headcounts by Agenda for Change Band (May 2013)													
	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Non Afc	Total
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	93%	93%
Qualified nursing, midwifery & health visiti	-	-	-	-	88%	90%	94%	95%	96%	97%	-	-	64%	90%
Qualified Scientific, therapeutic and techn	-	80%	84%	86%	89%	92%	94%	95%	96%	96%	94%	-	73%	92%
Qualified Ambulance Staff	-	-	-	94%	95%	97%	99%	-	-	-	-	-	62%	95%
Support to Clinical Staff	73%	81%	84%	86%	86%	89%	91%	93%	-	-	-	-	62%	83%
Central Functions & Hotel, Property & Es	67%	77%	82%	85%	86%	89%	91%	92%	94%	96%	96%	95%	68%	84%
Managers	-	-	-	-	87%	88%	91%	93%	95%	96%	-	-	41%	74%
All Non-Medical	67%	80%	84%	86%	88%	91%	94%	94%	95%	96%	96%	95%	69%	86%
All	67%	80%	84%	86%	88%	91%	94%	94%	95%	96%	96%	95%	89%	87%

	May 2013		Total
	Afc 1 - 5	Non Afc	
	-	-	93%
	88%	92%	90%
	88%	94%	92%
	95%	97%	95%
	83%	90%	83%
	82%	90%	84%
	74%	91%	74%
	84%	92%	86%
	84%	92%	89%

Note: '-' indicates groups with fewer than 500 staff.
 Note: numbers highlighted in grey background indicates groups with fewer than 5,000 staff.

	Headcount points increase between March 2013 and May 2013										Total			
	1	2	3	4	5	6	7	8a	8b	8c		8d	9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	1.5%
Qualified nursing, midwifery & health visiti	-	-	-	-	3.0%	2.0%	1.3%	1.0%	0.8%	-	-	-	-	1.3%
Qualified Scientific, therapeutic and techn	-	2.2%	2.6%	2.9%	2.0%	1.4%	1.0%	0.5%	0.7%	0.1%	0.2%	-	-	0.6%
Qualified Ambulance Staff	-	-	-	0.2%	0.1%	-0.1%	0.5%	-	-	-	-	-	-	0.1%
Support to Clinical Staff	5.4%	3.9%	2.8%	2.3%	2.3%	1.2%	1.5%	0.3%	-	-	-	-	-	0.5%
Central Functions & Hotel, Property & Es	4.0%	3.8%	2.7%	2.2%	2.1%	1.8%	1.2%	1.1%	-0.5%	0.6%	-0.1%	-0.2%	-	5.0%
Managers	-	-	-	-	1.2%	0.7%	1.1%	0.5%	0.6%	0.4%	-0.1%	-0.2%	-	-1.1%
All Non-Medical	4.2%	3.9%	2.8%	2.3%	2.6%	1.8%	1.2%	0.7%	0.5%	0.4%	0.1%	-0.0%	-	1.4%
All	4.2%	3.9%	2.8%	2.3%	2.6%	1.8%	1.2%	0.7%	0.5%	0.4%	0.2%	-0.5%	-	1.4%

	March 2013 and May 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
Doctor	-	-	-	1.5%
Qualified nursing, midwifery & health visiti	3.0%	1.7%	1.3%	2.3%
Qualified Scientific, therapeutic and techn	2.2%	1.0%	0.6%	1.3%
Qualified Ambulance Staff	0.1%	-0.0%	-	0.1%
Support to Clinical Staff	3.2%	1.2%	0.5%	3.1%
Central Functions & Hotel, Property & Es	2.4%	1.4%	5.0%	2.7%
Managers	3.9%	1.4%	-1.1%	0.3%
All Non-Medical	3.0%	1.3%	1.4%	2.4%
All	3.0%	1.3%	1.4%	2.3%

	Headcount points increase between October 2011 and May 2013										Total			
	1	2	3	4	5	6	7	8a	8b	8c		8d	9	Non Afc
Doctor	-	-	-	-	-	-	-	-	-	-	-	-	-	1.5%
Qualified nursing, midwifery & health visiti	-	-	-	-	3.2%	1.6%	0.9%	0.7%	0.4%	0.2%	-	-	-	7.1%
Qualified Scientific, therapeutic and techn	-	1.0%	2.6%	3.7%	2.0%	1.1%	0.9%	0.3%	0.7%	1.2%	-1.1%	-	-	2.8%
Qualified Ambulance Staff	-	-	-	-0.4%	-0.3%	-0.3%	1.1%	-	-	-	-	-	-	-
Support to Clinical Staff	7.3%	4.7%	3.3%	2.2%	2.3%	1.0%	0.2%	0.2%	-	-	-	-	-	2.7%
Central Functions & Hotel, Property & Es	4.5%	3.7%	2.7%	2.2%	1.5%	1.5%	0.6%	-0.4%	-0.4%	-	-	-	-	4.7%
Managers	-	-	-	-	-	0.1%	0.6%	-0.2%	-0.3%	-0.2%	-1.0%	-1.2%	-	-3.9%
All Non-Medical	4.9%	4.5%	3.2%	2.2%	2.7%	1.4%	0.9%	0.3%	0.1%	0.3%	-0.8%	-0.9%	-	2.6%
All	4.9%	4.5%	3.2%	2.2%	2.7%	1.4%	0.9%	0.3%	0.1%	0.3%	-0.8%	-1.3%	-	1.5%

	October 2011 and May 2013			Total
	Afc 1 - 5	Afc 6 - 9	Non Afc	
Doctor	-	-	-	1.5%
Qualified nursing, midwifery & health visiti	3.2%	1.3%	7.1%	2.2%
Qualified Scientific, therapeutic and techn	2.4%	0.8%	2.8%	1.2%
Qualified Ambulance Staff	-0.3%	-0.0%	-	-0.2%
Support to Clinical Staff	3.7%	0.8%	2.7%	3.6%
Central Functions & Hotel, Property & Es	2.7%	1.0%	4.7%	2.7%
Managers	3.5%	0.3%	-3.9%	-0.6%
All Non-Medical	3.3%	1.0%	2.6%	2.5%
All	3.3%	1.0%	1.5%	2.4%

September 2012 Headcount / FTEs by Staff Group and Agenda for Change Band

Headcount by Agenda for Change band as of September 2012														
	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Non AfC	Total
Doctor	0	0	0	0	0	0	0	0	0	0	0	0	0	107,242
Qualified nursing, midwifery & health visiting staff	0	85	342	182	166,824	109,739	55,089	10,290	2,937	968	239	50	2,610	346,410
Qualified Scientific, therapeutic and technical staff	14	537	2,656	7,256	29,342	49,071	39,705	15,023	5,947	2,850	1,434	333	1,630	153,472
Qualified Ambulance Staff	0	0	0	2,697	11,548	3,370	845	102	60	18	2	0	14	18,645
Support to Clinical Staff	5,535	141,522	112,179	56,015	14,863	7,593	2,410	581	186	66	41	4	5,385	343,927
Central Functions & Hotel, Property & Estate	35,681	32,492	28,016	26,303	21,122	16,263	11,179	3,335	1,175	354	212	23	2,637	177,862
Managers	1	8	42	126	532	2,067	6,257	8,673	6,844	4,920	3,093	1,067	3,786	37,314
All Non-Medical	41,231	174,644	143,235	92,579	244,231	188,103	115,485	38,004	17,149	9,176	5,021	1,477	16,062	1,077,630
All	41,231	174,644	143,235	92,579	244,231	188,103	115,485	38,004	17,149	9,176	5,021	1,477	123,306	1,184,898

FTE by Agenda for Change band as of September 2012														
	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Non AfC	Total
Doctor	0	0	0	0	0	0	0	0	0	0	0	0	0	100,899
Qualified nursing, midwifery & health visiting staff	-	82	334	168	145,543	93,295	49,622	9,718	2,837	945	233	50	2,232	305,060
Qualified Scientific, therapeutic and technical staff	13	439	2,181	6,106	26,660	41,549	32,905	12,605	5,066	2,425	1,291	310	1,319	132,869
Qualified Ambulance Staff	-	-	-	2,523	10,964	3,250	829	101	60	18	2	-	9	17,755
Support to Clinical Staff	4,051	113,821	94,533	48,495	13,705	6,990	2,200	546	177	63	37	4	4,542	289,165
Central Functions & Hotel, Property & Estate	23,897	25,983	24,070	23,934	19,747	15,253	10,605	3,187	1,131	331	200	22	2,200	150,558
Managers	1	7	35	113	491	1,972	5,892	8,287	6,589	4,778	3,011	1,036	3,439	35,650
All Non-Medical	27,961	140,331	121,154	81,338	217,110	162,310	102,053	34,444	15,859	8,560	4,774	1,422	13,742	931,058
All	27,961	140,331	121,154	81,338	217,110	162,310	102,053	34,444	15,859	8,560	4,774	1,422	114,641	1,031,957

Increased Employee Contributions Opt-out Management Information

24 July 2013

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2. Purpose

The purpose of this document is to demonstrate management information available about those members who opt-out of the NHS Pension Scheme.

3. Background and scope

Every employee who is eligible to join the NHS Pension Scheme is automatically enrolled and becomes a member unless they opt-out. A member may opt-out of the NHS Pension Scheme at any time.

NHSBSA Pensions is currently able to produce very little management information about those employees who opt-out of the NHS Pension Scheme within the first pay period of employment and therefore never become members. This is largely due to the fact that the form to opt-out (SD502) only records the decision to opt-out and this is the only information received by NHSBSA Pensions for employees who opt-out on commencement of employment. The information concerning this group is therefore currently restricted to the volume of opt-out forms received.

NHSBSA Pensions does not collect or hold any information concerning a member's reason for opting-out.

Where an employee opts-out of the NHS Pension Scheme after the first pay period they become a member of the NHS Pension Scheme. NHSBSA Pensions therefore holds much more reportable information about this group.

4. Context

In order to put the opt-out management information into context, some management information about the scheme membership is included. Whilst the management information about opt-out is useful in its own right it is important to view it in the context of the scheme to aid correct interpretation of the data. For example the opt-out information shows the majority of members who opt-out fall into two job types and therefore one may conclude that the high incidence of opt-out may be due to job type. However, when viewed in context of the scheme it can be seen that the opt-outs correlate to the scheme job type profile and a higher number of opt-outs would be expected in the job types with the higher population of members.

5. Timeliness of reports

The information at point 5 Opt out Forms Received is generally available within one week of the end of the previous month. No further analysis is carried out on these forms and it is most important to note that the figures show only the numbers of forms received by the NHSBSA in each month. Many of those forms will have been signed in earlier months; the NHSBSA has no control over when employers submit these. Nevertheless, the report is an indicator of the level of opt-out activity. (Note that historical information is held for several years. This will be provided as soon as it has been extracted.)

Every person who opts out of the NHS pension scheme *must* complete one of these forms, so these figures are a true record of the total number of opt-outs, including those in the first pay period. This is particularly significant because those who opt out in the first pay period, in other words before receiving their first pay, do not appear on the NHSBSA database as a scheme member. Therefore these people do not appear in any of the other analyses.

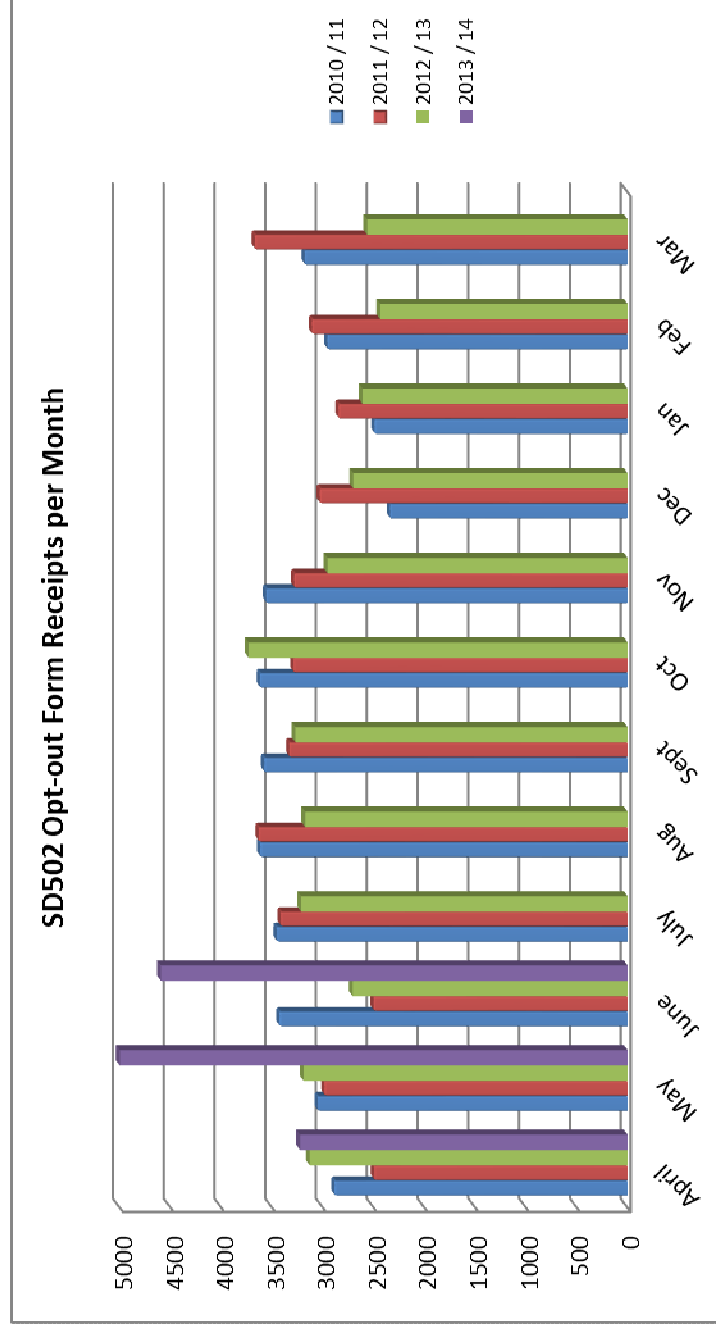
The analyses at point 6 Opt out Analysis show only scheme members who have opted out and exclude new employees who opted out in their first pay period. The information is submitted by employers through ESR or Pensions Online and the time lag for receipt is up to six weeks. This is outside NHSBSA control. Additionally, many opt-outs are processed retrospectively by employers, meaning that the true number for a given month will only be known some time later.

For example, people opting out of the scheme in April 2012 might have their paperwork processed by their employers in April, May or June. The opt-out paperwork, ESR or Pensions Online notification could arrive at the NHSBSA in April, May, June or July. Assuming that reports are generated every month, the numbers of opt-outs shown for April will increase each time. The picture will become progressively more complete, but we would not expect to see a fuller picture for April until July or even August.

6. Opt-Out Forms Received

SD 502 Throughput of receipts per month into Comms Centre

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total for year	Mean
2010 / 11	2886	3051	3428	3455	3617	3578	3620	3559	2339	2491	2955	3179	38158	3180
2011 / 12	2497	2985	2501	3416	3633	3332	3291	3283	3031	2846	3108	3670	37593	3133
2012 / 13	3129	3190	2707	3215	3175	3271	3731	2955	2700	2610	2435	2564	35682	2974
2013 / 14	3225	5000 ¹	4595										12820	4273



The SD502 is the form which everyone who wishes to opt out of the NHS pension scheme must sign. The employer subsequently submits it to the NHSBSA. No analysis is carried out other than a count of the number of forms received each month. The forms are filed in case there is a subsequent enquiry or disagreement over the member's status. The figures for any given month are available within the first week of the following month. For example, April 2012 figures will be available by about 7 May 2012 etc.

This report will give the earliest possible indication of a change in the pattern of opt-out activity. Figures are available going back several years.

¹ The rise in the number of opt-out forms received may well be a combination of increased contributions in April 2013 and the introduction of Auto Enrolment which automatically brings people into the Scheme.

7. Opt-out Analysis

7.1. Opt-out and joiners by month

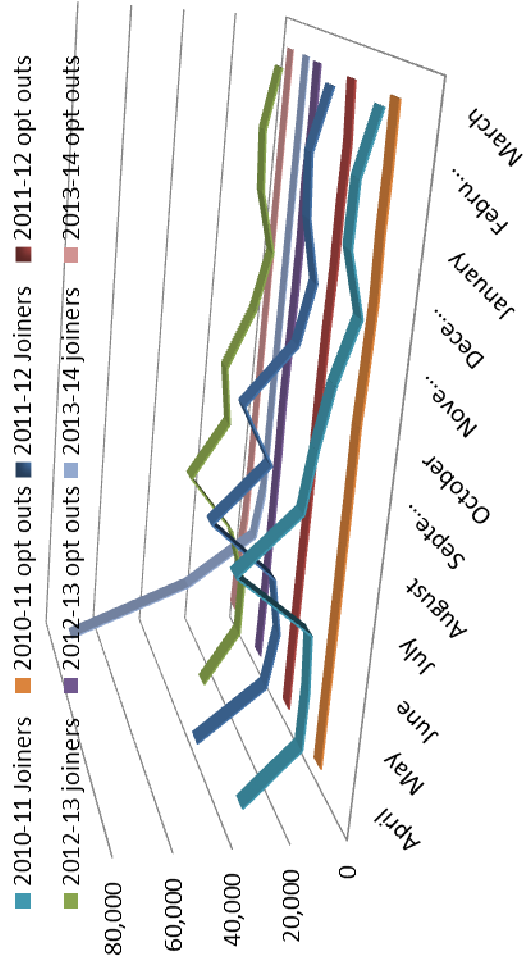
It is possible to break down the number of members who opt-out by month. The number of joiners reflects the number of joiner events and it should be noted that one member may have more than one joiner event in the reporting period².

Month	2010-11		2011-12		2012-13		2013-14	
	Members opting out	Number of joiners	Members opting out	Number of joiners	Members opting out	Number of joiners	Members opting out	Number of joiners
April	1.956	35.784	1.832	41.908	1.938	29.920	1.961	74.849 ³
May	2.047	17.140	1.974	18.308	1.772	17.686	1.471	28.430
June	2.052	17.026	1.961	15.460	1.775	17.693	390	2.486
July	2.076	18.395	1.977	19.165	1.832	24.265		
August	2.198	45.201	1.904	43.352	1.828	41.285		
Septemb	2.232	25.362	2.060	24.416	2.067	28.912		
October	2.409	22.985	2.205	35.784	1.957	31.698		
Novemb	1.853	19.581	2.172	19.350	1.730	23.171		
Decemb	1.513	13.746	1.853	15.412	1.701	18.791		
Januarv	2.087	19.588	2.069	20.013	2.147	24.348		
Februarv	2.089	19.448	1.861	21.556	1.754	25.653		
March	2.424	14.679	2.973	16.741	2.102	21.950		
Total	24.936	268.935	24.841	291.465	22.603	305.372	3.822	105.765
Mean	2.078	22.411	2.070	24.289	1.884	25.448	319	8.814

² Note that figures for the most recent month will always be low because of a timing issue regarding the collection of the data. This is rectified in subsequent reports.

³ The increase in joiners for April 2013 is due to NHS Reforms closure of PCTs & SHA's and the formation of the new bodies, Area Teams, CCGs and CSUs. Members leaving the scheme on 31st March 2013 are recorded as leavers, not opt outs.

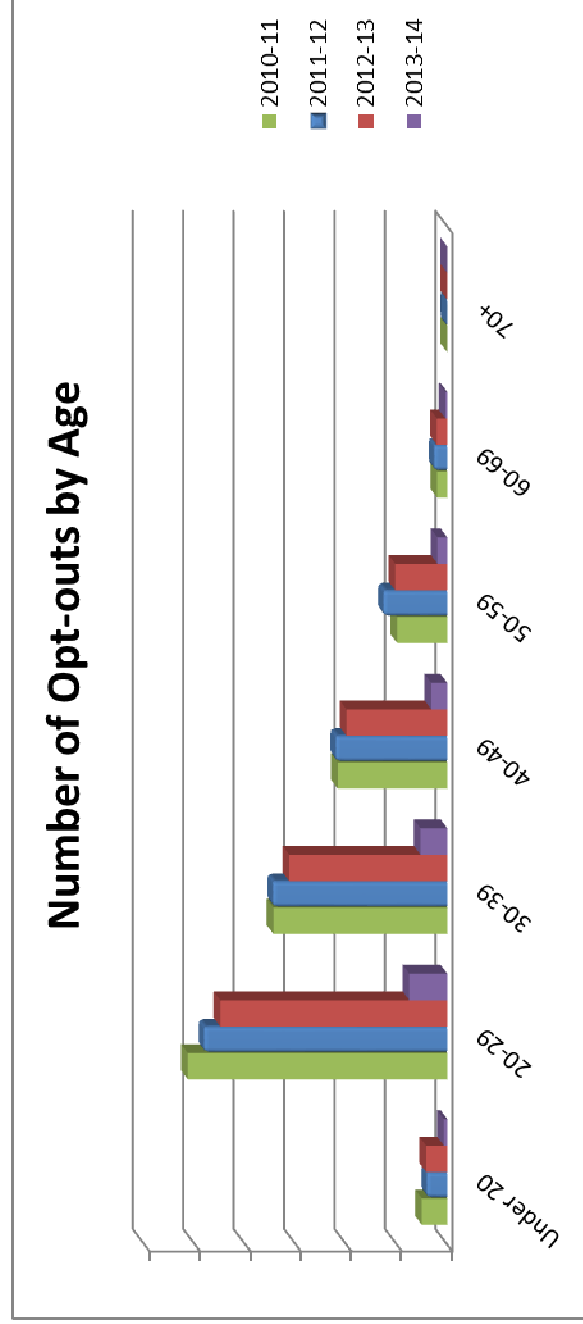
Opt-outs & Joiners per Month

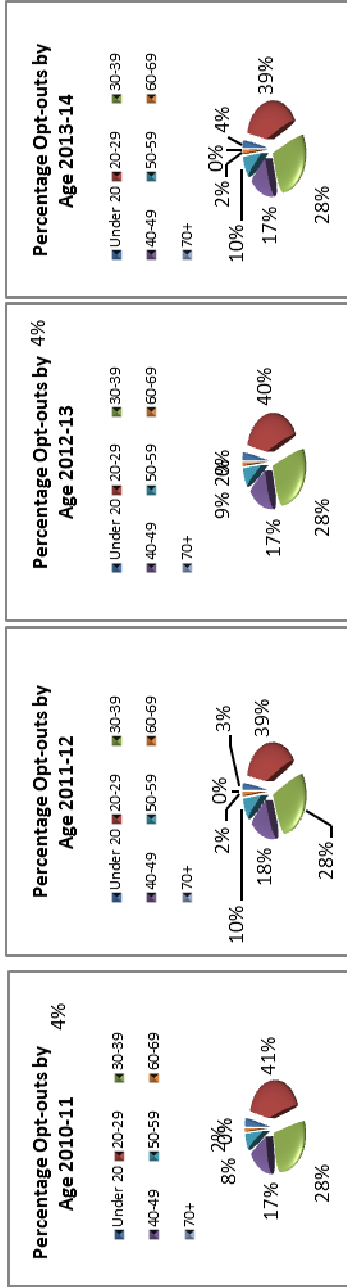


7.2. Opt-out by age

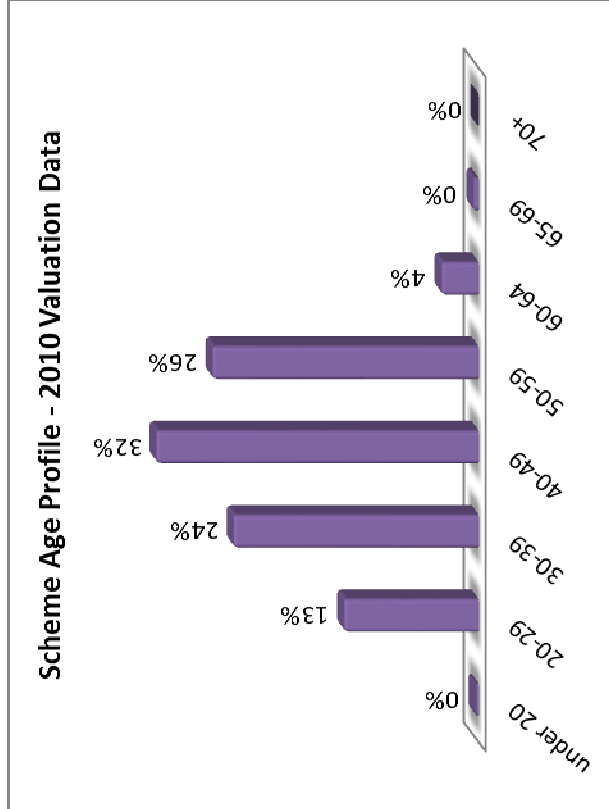
It is possible to break down the number of members who opt-out by age. In this example the members who opted-out have been broken down into eight age ranges. Statistical averages are also provided.

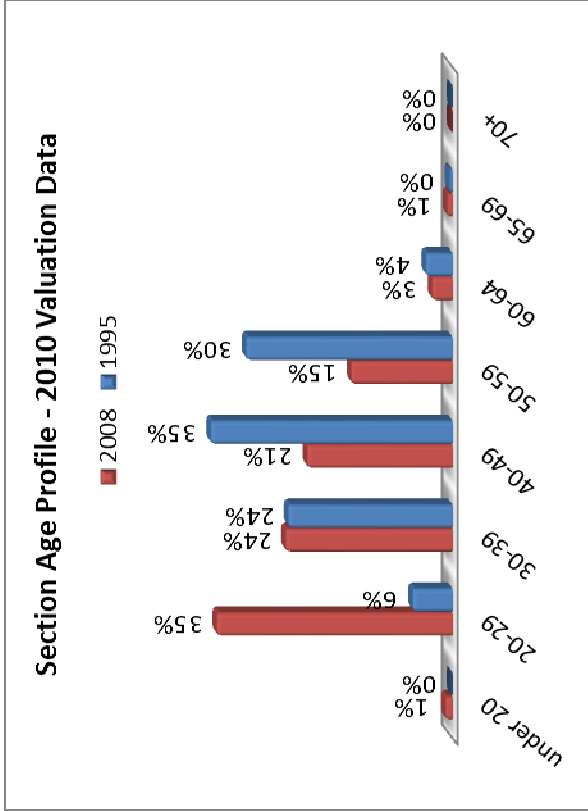
Age	2010-11 Number of members	2011-12 Number of members	2012-13 Number of members	2013-14 Number of members
Under 20	1,012	812	845	137
20-29	10,288	9,640	9,001	1,507
30-39	6,892	6,912	6,266	1,066
40-49	4,344	4,419	3,999	640
50-59	1,990	2,527	2,065	389
60-64	402	522	416	78
70+	8	9	11	5
Total	24,936	24,841	22,603	3,822
Mean	33	34	34	34
Mode	23	23	24	24





7.3. Scheme Age Profile – 2010 Valuation Data

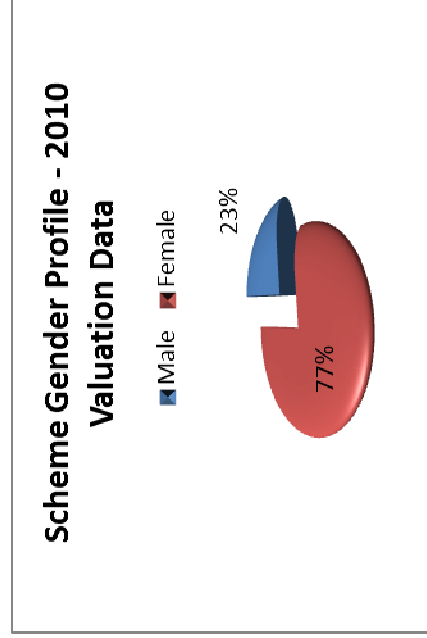
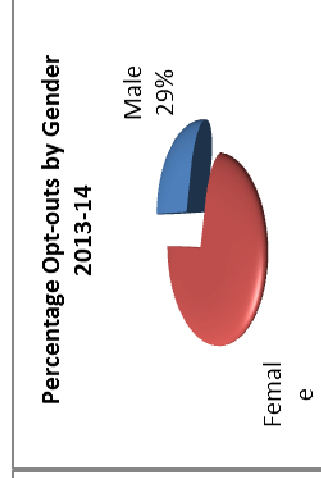
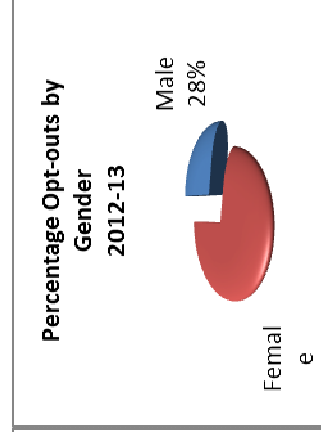
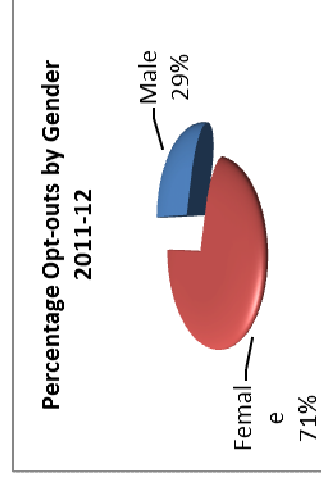
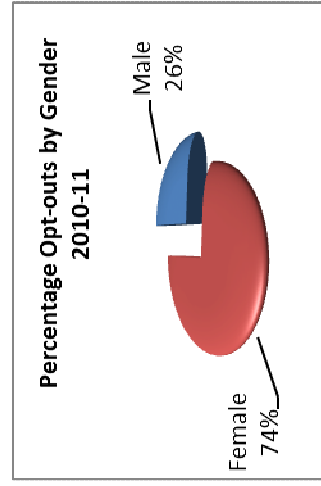




7.4. Opt-out by gender

It is possible to break down the number of members who opt-out by gender.

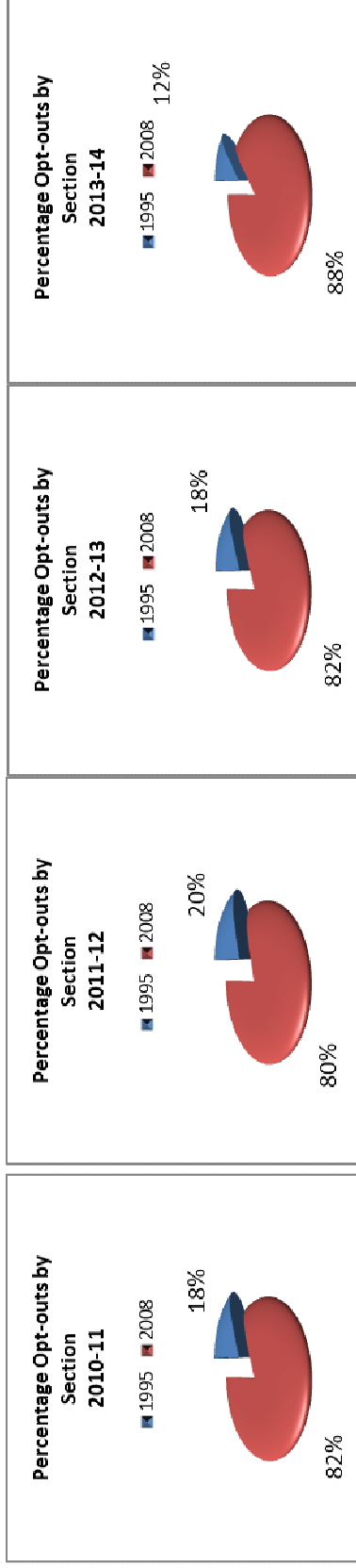
Gender	2010-11 Number of members	2011-12 Number of members	2012-13 Number of members	2013-14 Number of members
Male	6,507	7,234	6,251	1,091
Female	18,429	17,607	16,352	2,731
Total	24,936	24,841	22,603	3,822



7.5. Opt-out by scheme section

It is possible to break down the number of members who opt-out by scheme section.

Section	2010-11	2011-12	2012-13	2013-14
1995	4,587	5,055	4,009	473
2008	20,349	19,786	18,594	3,349
Total	24,936	24,841	22,603	3,822



Relating the members who opt-out to the active membership it is possible to estimate the percentage of active members who opt-out.

Section	% of active members who opt-out
1995	0.52
2008	5.84
Scheme	1.90

7.6. Opt out by disability, ethnicity, sexual orientation, employer type and Whole Time / Part time status.

Section	Number of members			
	2010-	2011-12	2012-13	2013-14
Opt out by Disability				
ESR Response - see Learning Disability / Difficulty	0	1	0	0
Long-Standing Illness	20	17	28	5
Mental Health condition	20	23	17	3
No	10	13	14	0
Not Declared	6,399	6,630	6,861	971
Other	1,570	1,632	1,379	230
Physical Impairment	17	11	13	3
Sensory Impairment	11	5	11	2
Unknown	4	10	7	0
Yes - unspecified	16,733	16,354	14,104	2,585
	152	145	169	23
	24,936	24,841	22,603	3,822
Opt out by Ethnicity				
Section	Number of members			
	2010-	2011-12	2012-13	2013-14
Any other	11			
Asian	147	165	172	22
Black	1,432	1,597	1,306	230
Chinese	1,052	1,042	1,035	178
Filipino	57	76	65	14
Japanese	114	80	69	15
Malaysian	3	1	2	0
Mixed	6	7	9	1
Not specified	234	240	237	37
	2,358	2,200	1,915	425

Other	17	22	37	5
Unknown	10,369	10,004	9,016	1,663
White	9,136	9,395	8,728	1,232
	24,936	24,841	22,603	3,822

Opt out by Sexual Orientation

Section	Number of members			
	2010-2011	2011-12	2012-13	2013-14
Bisexual	11	52	55	7
Gay	50	81	98	12
Heterosexual	6,688	6,863	6,873	940
Lesbian	36	42	41	4
Not Disclosed	1,019	1,027	771	133
Unknown	17,047	16,776	14,765	2,726
	24,936	24,841	22,603	3,822

Opt out by Employer Type

Employer Type	Number of members			
	2010-2011	2011-12	2012-13	2013-14
PCT-LHB	11	2,918	1,513	137
Trust	4,609	8,523	8,223	1,481
Foundation Trust	9,974	11,234	11,015	1,841
Directions	327	131	123	5
SHA & Arms Length	609	639	438	70
Section 22 of the Health & Social	1	4	1	0
Section 31 of The Health Act	5	4	1	0
CIC	11	73	52	4
Community Health	67	405	513	100
GP Practices	573	559	514	93
Unknown	215	351	210	91
	24,936	24,841	22,603	3,822

Opt out by Whole Time / Part time status

	Number of members			
	2010- 11	2011-12	2012-13	2013-14
Part Time	11,026	10,498	10,678	1,821
Whole time	13,733	13,746	11,663	1,921
Unknown	177	597	262	80
	24,936	24,841	22,603	3,822

7.7. Scheme active membership – 2010 Valuation Data

Members are defined as active if they are engaged in NHS employment and paying contributions to the scheme. The scheme active membership represents the total members who could potentially opt-out.

	Number of active members
1995 Section	966,777
2008 Section	338,435
Scheme	1,305,212

