

LOCAL GOVERNMENT PENSION SCHEME ILL HEALTH UPDATE

As discussed in previous bulletins, GMB has been working with employers, practitioners, CLG officials and other unions to facilitate a smooth introduction of the new ill health provisions in the Local Government Pension Scheme. This bulletin will outline a number of recent developments that will affect any member retiring, or potentially retiring, on the grounds of ill health.

End of Transitional Protection

As outlined previously (P8/08), GMB secured six months transitional protection for ill health retirees that ensured no member retiring on ill health was worse off under the new arrangements than they would have been had the old scheme stayed in place. This protection ran out on 30th September 2008. Any ill health retirements certified on or before that date will be eligible for the transitional protection (providing certain criteria are met).

So from 1st October 2008, all ill health retirements will be on the basis of the new scheme rules. A guide to these rules is available on the GMB website: http://www.gmb.org.uk/Shared_asp_files/GFSR.asp?NodeID=96977

Doctors' Orders

One of the groups representing the medical practitioners who provide opinions on ill health cases: ALAMA (the Association of Local Authority Medical Advisers) has issued some guidance to its members. They outline some significant concerns about the operation of the scheme's rules and the capacity of doctors to give an opinion beyond a pure medical assessment.

GMB seeks to ensure that no member who should be retired on grounds of ill health is prevented from, or delayed in, the process as a result of medical

advisers' actions in this regard. If any member has a problem with their ill health retirement because a medical adviser is refusing to produce an opinion for the employer please let us know as soon as possible.

Freedom of Information Requests

In mid August GMB sent out Freedom of Information requests to all LGPS Administering Authorities in England and Wales. In the absence of any data on the incidence of ill health retirements and those leaving local government on grounds of ill health retirement, GMB took this step to try to progress discussions on ill health provisions on the basis of evidence rather than assumption. The responses are still being processed but it is clear that the wide variation in practice that has undermined the approach to ill health retirements in the past still remains.

We are still looking for GMB ill health retirement cases so if any GMB members do secure ill health retirement from the LGPS, please let us know.

I will keep you informed of any developments.

Brian Strutton

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