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9 October 2020

Public service pension schemes: changes to the transitional arrangements to the 2015 schemes

NHS Employers welcomes the opportunity to respond to this consultation on behalf of employers across the NHS and our full response is enclosed with this letter. We are the employers' organisation for the NHS in England and help employers to develop a sustainable workforce, improve staff experience and be the best employers they can be.

We represent employers on the NHS Pension Scheme Advisory Board and the NHS Pension Board, and lend full support to the respective responses of both Boards to this consultation.

Employers across the NHS have carefully considered both immediate choice and deferred choice underpin (DCU) as options to remedy the age discrimination. Having considered the advantages and disadvantages identified with both approaches, on balance, DCU is the preferred approach for employers as a remedy option.

Although the DCU approach is likely to result in a greater overall workload for employers, it is recognised that proceeding to use a DCU choice would allow most affected members to make a more informed decision that is ultimately in their best interests.

A key reflection from employers is that, regardless of the remedy approach taken, effective member communications and supporting resources will be vital to help employers implement any changes required. A strong and centrally co-ordinated communications campaign will be needed, using language that is very clear and avoids using terminology that could cause confusion; information and resources will need to be produced to help employers reinforce key messages to staff locally.

Our response also outlines the significant concerns that employers have around some of the potential unintended consequences of the remedy in terms of impacts to future workforce supply. As an example, there are currently no incentives for members of the 1995 Section of the NHS

Pension Scheme to continue working beyond their normal pension age of 60, due to a lack of flexible retirement options in the 1995 Section. This could potentially lead to larger numbers of staff leaving the NHS workforce once a remedy is implemented. Employers are clear that the issues linked to impacts to future workforce supply must be considered as part of this remedy selection exercise.

Please contact us if you wish to discuss any of the points raised in our response. We look forward to seeing the government response to the consultation in due course.

A handwritten signature in black ink, appearing to read 'Paul Wallace', with a long horizontal stroke extending to the right.

Paul Wallace
Director of Employment Relations and Reward
NHS Employers

Public service pension schemes: changes to the transitional arrangements to the 2015 schemes

NHS Employers consultation response

Introduction

The transitional arrangements associated with the introduction of the reformed public service pension schemes have been judged to be discriminatory on the grounds of age. This ruling has been applied to all public service pension schemes. The NHS Pension Scheme is the largest of these, accounting for approximately 49 per cent of membership across all public service pension schemes.

HM Treasury (HMT) is consulting on two proposed options to remove the age discrimination that was judged to have arisen: immediate choice and deferred choice underpin (DCU). Detailed outlines of each option have been provided in the consultation document ('Public service pension schemes: changes to the transitional arrangements to the 2015 schemes').

NHS Employers welcomes the opportunity to respond to this consultation on behalf of employers across the NHS. We have engaged with employers to inform our response, through an online survey and by gathering views at virtual networks, meetings and events.

NHS Employers' response has focussed on the key issues for employers in the NHS and has not responded to every question set out in the consultation. We have outlined the support that will be needed to implement whichever remedy option is chosen and have also highlighted potential unintended consequences that the remedy could have on the NHS workforce. Our response is structured as follows:

- *Section one* – Retrospective remedy: immediate choice and DCU
- *Section two* – Retrospective remedy: further considerations
- *Section three* – Future proposals and key workforce challenges

Section one

Retrospective remedy: immediate choice and DCU

Employers across the NHS have carefully considered the immediate choice and DCU options. These two options were considered by employers as the most appropriate to remedy the age discrimination and we are not intending to put forward any alternative options to consider.

Our employer engagement highlighted the complexities associated with both options.

Employers do not consider either of these options to be wholly preferable to the other, with advantages and disadvantages associated with each option identified. However, on balance, DCU is the preferred option.

The key points that employers considered in reaching this position are set out below. These points are presented in order of priority to help explain why the DCU option is the preferred employer option:

1. DCU would allow members to make a more informed choice and would reduce the risk of future legal challenge.
2. Member participation in the choice is likely to be higher with DCU.
3. An immediate choice would provide more certainty about future benefits for members and employers.

4. Either option would create additional workload for employers, which will need to be considered carefully.

For each of these key points, we have provided employers' views on both immediate choice and DCU.

- 1. DCU would allow members to make a more informed choice and would reduce the risk of future legal challenge.**

The main concern for employers is that members have sufficient information to make an informed decision that is ultimately in their best interest.

Immediate choice

Employers acknowledge that, for many members of staff, making an immediate choice would be extremely difficult. This is likely to result in a higher number of members making a decision that is not in their best interests.

This is due to several factors affecting the relative value of benefits between the legacy and reformed schemes over the remedy period. These factors are likely to be currently unknown for many members, and include:

- Retirement age of the member
- Future pay progression – including consideration of any assumptions on future promotion prospects
- Length of future pensionable service
- Future national pay award uplifts

Employers are not comfortable with asking members to make a decision based on assumptions, as would be required for most members under immediate choice. Any variance from the assumptions that are made could potentially result in a significant difference in the pension benefits that members receive in retirement.

As is outlined in the Equality Impact Assessment (EIA) accompanying the consultation document, an immediate choice is likely to be much more difficult for younger members, as they will have a larger proportion of their career ahead of them and will therefore have to make assumptions over a much longer time period. This increases the risk of younger members making the “wrong” decision. As younger members are also likely to include higher representations of female and/or black and ethnic minority staff, employers are concerned about the wider equality risks associated with staff being asked to make an immediate choice.

Employers can foresee many members wanting to change their decision in the future when some of the factors that are currently uncertain become clearer, with members being dissatisfied if they are not permitted to do so at a future date.

Employers are also concerned about the risks of an immediate choice being subject to further legal challenge in the future, based on the argument that insufficient information was known or available at the time of the choice exercise to allow staff to make an informed decision.

To minimise these risks, comprehensive support would be essential if an immediate choice was implemented, including models where personal circumstances could be inputted and adjusted. Models would need to be easy to use and should allow members to see how their benefits over the remedy period would change in different scenarios, such as those listed above. Although complex,

any pension tax implications would also need to be highlighted. Employers are clear that they would need significant additional support to help members understand and interpret the outputs of such models.

The provision of comprehensive modelling tools would give staff an idea of which factors, if any, are likely to impact their decision, and could therefore help members to make more of an informed choice. However, the decision for most members will still be complex and will inevitably have to be based on several assumptions, some of which will be outside of members' control, particularly those over the medium to longer term.

DCU

A deferred choice, made at the point at which a member takes their benefits, will allow the decision to be based on known benefit entitlements and not assumptions.

Employers have significantly higher confidence that members will be able to elect the most beneficial decision for their own individual circumstances.

Members will be provided with information on their annual benefit statements (ABSs) to indicate the relative value of their benefits in the legacy and reformed schemes over the remedy period. These dual calculations will be provided each year from the end of the remedy period until the point at which benefits are taken. Providing that this information is presented and explained clearly and concisely, it will allow members to start to consider which scheme may be the most beneficial to them before they have to make a final decision.

It will be important for NHS BSA (as the scheme administrator) to be in a position to present this information in the most meaningful way possible and to reflect the impact of a range of retirement ages on the benefits received.

Although the DCU option does have its challenges, as discussed below, this is the preferred option for employers. It allows members to make an informed decision and greatly reduces the risk of members making a choice that is not ultimately beneficial for them.

2. Member participation in the choice is likely to be higher with DCU

We have already outlined our views on members having sufficient information to make an informed choice. However, we have also considered which option is likely to provide the highest levels of engagement and participation in the choice from members. This is important as the relative value of benefits from each scheme over the remedy period is very specific to each individual member's circumstances.

Immediate choice

The NHS Pension Scheme has had two previous choice exercises and an immediate choice would be consistent with this historical approach. However, take up from these previous choice exercises was approximately 2 per cent for Choice 1 and 3.5 per cent for Choice 2 (source: NHS BSA). These figures imply that members of the NHS Pension Scheme do not typically engage with this way of making a decision.

Based on this evidence, and the fact that the NHS workforce is currently focussed on providing healthcare in response to a global pandemic, it would be unrealistic to expect employers to ensure that all affected members are engaged in any immediate choice exercise.

It is also reasonable to assume that a large number of members will not be engaged and would therefore be given the default position of staying in their existing scheme for the remedy period.

Employers are uncomfortable with the concept of such a default position being used. It is clear that an individual's personal circumstances are a key factor in deciding which scheme will provide the most favourable benefits for them. Employers are concerned that any default decisions would increase legal risk if the default does not turn out to be in the member's best interest.

DCU

Under the DCU option, NHS BSA has indicated that most members would make the decision as part of the business as usual process for retirement. We feel that this format of making the decision is preferable in terms of inclusivity for the vast majority of affected members.

A deferred choice would also avoid the need for a default position and would give members the opportunity to make a decision that is based on an understanding of their own individual circumstances.

Employers also recognise that some members will have died before they can make this choice. In these cases, we would want individual circumstances to be considered and the highest level of survivor benefits to be payable. NHS BSA (as the scheme administrator) is better placed to comment on the process of delivering this.

Employers have noted increasing levels of anxiety from staff around this process of removing the age discrimination from the NHS Pension Scheme. Many employees would like to ensure their decision can be made as quickly as possible, as they are otherwise concerned that the choice will be forgotten about, either by themselves or by the scheme. We believe this perception is due to lack of understanding of the process and, if the DCU option is chosen, communications to members should provide clear and sufficient assurances that this will not be the case.

3. An immediate choice would provide more certainty about future benefits

Providing certainty for both members and employers about future pension benefit entitlements is an important aspect of the remedy to consider. Immediate choice would provide members with relative certainty about their benefit entitlements at a much earlier stage than DCU.

Immediate choice

An immediate choice, as proposed in the consultation document, will allow affected staff to choose their scheme membership for the remedy period shortly after 2022. As this decision would be irrevocable, providing this relative certainty could be helpful for both members and employers.

Having this clarity would be reassuring to members to help them to make decisions about their retirement and would enable employers to provide more meaningful support for retirement planning.

DCU

The DCU option could provide some uncertainty for the majority of members as to the level of their benefits on retirement, even though the assurance could be provided that members will have the information and opportunity to make a more informed choice at a later date. It is noted that having dual calculations on ABSs, if presented usefully and clearly, could help mitigate against any uncertainty and assist members to make any decisions relating to their retirement planning.

NHS Employers is also aware that the relative uncertainty around benefits payable under the DCU option is expected to add some extra complexity to the NHS Pension Scheme's actuarial valuation process. However, we are confident that this would be considered appropriately, and this is therefore not a point that employers have assigned a high priority to.

4. Either option would create additional workload for employers, which will need to be considered carefully.

The implementation of both immediate choice and DCU will create additional work for employers.

Given the significant resource and operational pressures that employers in the NHS are already managing, as much as possible should be done centrally to relieve local pressure from employers in all aspects of this remedy.

An immediate choice exercise would require a shorter but more intense period of effort from employers to deliver complex communications, distribute resources and to provide meaningful support to staff.

DCU would largely avoid this initial intense period, with the additional workload instead being phased over a longer time period.

Immediate choice

From a workload and resource perspective, employers can see several benefits in an immediate choice:

- Members would make an irrevocable choice shortly after the end of the remedy period, with future resource pressures to support this exercise reduced for employers over the longer term.
- All affected staff members could be advised at the same time; employers would be able to communicate with staff, deliver workshops and host drop-in sessions. This resource may not be readily and immediately available under the DCU option.
- The NHS Pension Scheme has already delivered two choice exercises in recent years, to allow members of the 1995 Section to transfer their benefits to the 2008 Section: Choice 1 in 2009 - 2012 and Choice 2 in 2014 - 2015. Although it will be a significant amount of additional work, most employers will be familiar with this process and understand the time and effort required of them to deliver another choice exercise.

Employers agree with the consultation's proposal that, if the immediate choice option is chosen, a choice exercise should be delivered as soon as is practical after the end of the remedy period to ensure that members have clarity over their position at the earliest possible opportunity. However, employers have significant concerns about being able to dedicate sufficient time and resource to deliver a choice exercise within these timescales. These timings become tighter when considering that the Department of Health and Social Care (DHSC) would also need to consult on scheme-specific arrangements before plans could be finalised.

Employers know from the experiences of Choice 1 and Choice 2 that such exercises require significant resource, both locally and nationally. Not only would a choice exercise require local administrative support, employers understand that they would have a responsibility to ensure members understand and are fully engaged with the exercise and do not underestimate the extensive resource that would be required to complete this properly.

Queries are likely to be raised to employers from those that have had a pension event since 1 April 2015 (i.e. immediate detriment cases). Although these additional queries would be likely under either option, it would add further pressure over a shorter period under the immediate choice option.

Employers are particularly concerned about having to deliver this additional work at an already very difficult time, given the current COVID-19 pandemic response and the uncertainty of what this may entail over the coming years. We believe it would be inadvisable to divert time and resource away from delivering frontline healthcare at such a time.

Employers are mindful that, as the administrators of the NHS Pension Scheme, NHS BSA will need to have appropriate resource plans in place to oversee a choice exercise. Whilst recognising the importance of this, we would like clarification about how any associated costs would be met, and if any of this cost would fall on employers through adjustments to the administration levy. Employers do not believe that any additional costs associated with the remedy should be levied to employers.

DCU

There is a consensus that the DCU option is likely to result in a greater overall workload for employers. The extent of this additional workload would be largely dependent on the quality of the communications and resources that were provided for members, as is covered in section two of our response.

Under DCU, the initial resource required at the end of the remedy period is likely to be less than would be necessary for an immediate choice. However, a significant effort will still be needed from employers to effectively explain the complex situation to staff and to answer their questions. The current understanding of the DCU option by staff is perceived by employers to be relatively low, as it is not consistent with choice exercises that have been offered in the past.

On top of this initial effort, employers would also be supporting staff and answering questions for decades in the future.

Dual calculations on ABSs could potentially be confusing for members, particularly if they are provided on separate statements as is currently the case. Employers are concerned about a significant increase in queries from staff if these dual records are not simple and clearly explained. There is also a related concern about the potential for members to disengage with their pension (and the understanding of the importance of this benefit) if the remedy is perceived to be too complicated; this could hinder the work that employers are doing to promote the value of the NHS Pension Scheme as a valuable part of the reward package offer for NHS employees.

If the DCU option is chosen, there is a risk that the current, detailed knowledge of the legacy schemes within NHS organisations is diluted over time as the reformed scheme becomes even more prominent. Employers would need to spend time ensuring that this knowledge of the legacy schemes is carried forward so that expert support is available to staff making their decision over the coming decades.

If the DCU option is chosen, employers are clear that the communications, resources, and tools that are developed to support staff should be produced centrally, be fully funded and only produced once. Employers can then distribute this information as appropriate, ensuring consistency and efficiency of the process and reducing workload locally.

Immediate choice and DCU: conclusion

It is recognised that the DCU option is likely to result in a greater overall workload for employers and is expected to create more uncertainty around levels of future benefits for members. However, a deferred choice would allow most affected members to make a more informed decision, which is ultimately the priority of employers and is the main reason that their preferred remedy option is DCU. Effective member communications and supporting resources, which would take pressure off employers in delivering the remedy, would help to mitigate against the concerns with DCU.

Section two

Retrospective remedy: further considerations

The consultation document provides information about how both immediate choice and DCU would work in practice. Whichever option is chosen, there are some key areas that it will be vital to get right if the remedy is to be delivered successfully. Our views on these areas are outlined in this section:

- Communications to members
- Pension tax
- Costs
- Equality impacts

Communications to members

The NHS Pension Scheme is already complex and introducing this remedy will only exacerbate this.

Ensuring that members have a clear understanding of all aspects of the chosen remedy option will therefore be essential. We do not underestimate how challenging it will be to deliver these complex messages clearly and it will be vital that national and local messaging is consistent.

Once the remedy option has been decided, employers anticipate a lot of questions from staff about why certain decisions have been made. For example, there is the potential for members that joined the scheme after 1 April 2012 to feel as though they should also be in scope of the remedy. It will therefore be important for HMT to clearly set out the legal rationale behind its decisions, in simple and straightforward language, to allow employers to explain the remedy to staff and be able to direct staff to the key supporting information.

Detailed information needs to be provided to clearly set out how the chosen option will work in practice, and the actions that affected members need to take. As much guidance and support as possible should be provided to enable staff to fully understand the decision they have to make and the potential impacts of this. If the immediate choice option is taken forward, further and extensive guidance will be required, including intuitive models, which we have already commented on in section one.

Comprehensive information also needs to be provided around pension tax; an area that is already challenging for members to understand. Reassessing annual allowance positions over the remedy period, with associated underpayments and/or overpayments needing to be made, will only create further complexity. It is therefore vital that all tax implications of the remedy are made extremely clear from the outset, allowing no scope for members to misunderstand the situation. We will comment more specifically on the support needed for those affected by pension tax in the next section.

Under either option, a strong and centrally co-ordinated communications campaign will be needed, using language that is very clear and avoids using terminology that could cause confusion. Information and resources should be produced to help employers reinforce these national messages to staff locally.

The impact of communications not being simple and straightforward will be felt by employers through an overload of queries from staff. As discussed in section one, employers will have an important role to play in supporting staff with the process of whichever remedy option is chosen. However, it would be disappointing if unnecessary time and resource is required from employers to explain national messages that are unclear or confusing. This needs to be given careful consideration when member communications are being produced.

Pension tax

Although the number of NHS employees affected by pension tax is relatively small when considering the wider membership, this number is likely to be proportionately higher than in other public service schemes. NHS Employers thinks the proposals set out in Annex B of the consultation document are reasonable, however there are two key aspects to consider in order to deliver these proposals successfully: clear communication and comprehensive support.

We have already commented on the need for members to clearly understand how the remedy will affect pension tax positions. However, even if members fully understand how tax will be dealt with under the chosen remedy option, most impacted staff will not have the knowledge to be able to apply this to their own personal position without additional, professional support.

Employers are not in a position to offer individual financial advice to staff and nor are they regulated to do so. The vast majority of members affected by pension tax will have already received independent financial advice to assess their annual allowance position over the remedy period, and will now require further support to revisit these calculations as a direct result of the remedy. NHS Employers is mindful that this potentially significant additional expense would fall on members, which we feel is unreasonable, and would therefore welcome a commitment from the government to ensure that funded, professional support is made available to those having to reopen tax returns.

Under immediate choice, members may be making their decisions in different tax years, which could impact on members with underpaid annual allowance charges over the remedy period. As underpayments would only be owed for the four full tax years before the decision is made, some members may delay making this decision and will therefore reduce the number of years they will need to make underpayments for. Employers have raised a concern that this could create inequalities across the membership. We would appreciate assurance that all decisions under an immediate choice exercise would be made within the same tax year, which would ensure that all members would have the same four year period over which underpayments would be owed.

Costs

NHS Employers understands that the cost of removing the discrimination will be included in scheme valuations going forward. This cost is therefore likely to ultimately impact both members and employers, depending on the outcomes of the valuations.

The member contribution structure for the NHS Pension Scheme is being reviewed by DHSC and the NHS Pension Scheme Advisory Board (SAB) ahead of the implementation of this remedy. Our preference is that any changes to the contribution structure are introduced at the same time as the

remedy, to align with all members being moved into a career average scheme and to avoid potential confusion for members if multiple scheme changes are made at different times.

If the cost of the remedy results in an increase in future member contribution rates or reduction in future benefits, it would be important to consider the potential for intergenerational inequality. Members that joined the scheme after 1 April 2012, who are not in scope of the remedy, are likely to be contributing to the NHS Pension Scheme for longer and will therefore be paying for a larger proportion of the remedy cost on behalf of those actually benefitting from it.

Employers feel strongly that any future adjustments needed to member contributions or benefits to cover the cost of this remedy are distributed as fairly as possible. The NHS Pension Scheme already has relatively high opt-out rates from lower paid employees, with many citing affordability as the reason for leaving the scheme, and it would be important not to make the scheme even less accessible for staff.

The cost of this remedy may also impact the employer contribution rate, following the outcome of the 2020 valuation. Employers would welcome a commitment for any subsequent increases to be centrally funded, to avoid organisations having to redirect funds away from the provision of healthcare services.

Some individuals that opted out of the NHS Pension Scheme as a direct result of the 2015 Scheme being introduced will now be permitted to re-join their legacy scheme for the remedy period. We would suggest careful consideration of how retrospective employer contribution rates are dealt with for these cases, as is referenced in clause A.45 of the consultation document. It is possible that a significant sum would be required to cover these contributions and it seems reasonable that this would be covered centrally rather than asking employers to have to cover these unexpected payments.

It is also possible that employers will have made additional salary payments to staff over this period, in lieu of pension scheme contributions, to maintain the value of the total reward package. For example, some employers have offered this to members of staff opting out of the scheme due to pension tax concerns. The process in this situation also needs to be carefully considered.

Equality impacts

We have highlighted potential areas for concern relating to inequality throughout our response and, regardless of which remedy option is chosen, NHS Employers strongly recommends that it is subjected to a comprehensive and robust EIA in line with the Equality Act 2010.

The central EIA provided alongside this consultation has highlighted significant differences in membership across the public sector schemes, for example 78% of NHS scheme members are women compared to 10% of Armed Forces scheme members. NHS Employers would like the assurance of an EIA that is specific to the NHS Pension Scheme, which is evidence based and undertaken with input from stakeholders.

Section three

Future proposals and key workforce challenges

NHS Employers broadly agrees that it is fair for all active members to be in a single scheme for future pension accrual from 1 April 2022 to ensure equal treatment from that date. However, employers

have raised with us some significant concerns around the unintended future consequences from a workforce perspective.

Unintended consequences

The NHS continues to face long-standing and profound workforce shortages. These supply and retention challenges have been highlighted in the recently published [NHS People Plan](#), and have received further attention in relation to the COVID-19 pandemic response, as is outlined in the NHS Confederation's [recently published report](#).

Employers are very concerned that this remedy will have direct, unintended consequences for the NHS workforce that will exacerbate the already challenging situation.

The 1995 Section of the NHS Pension Scheme does not currently offer any flexible retirement options, such as the ability to access 1995 Section benefits whilst continuing to accrue benefits in the 2015 Scheme, or the provision of late retirement factors. There is therefore currently no incentive for members of the 1995 Section to continue to work in the NHS past their normal pension age (NPA) of 60.

This creates the potential for a significant number of employees to take their pension benefits and leave the NHS once the remedy is implemented as these members can be put back into the 1995 Section for the remedy period. Losing these employees from the NHS workforce as an unintended consequence of this remedy would directly contradict the work being done both nationally and locally to expand and sustain the workforce, as is outlined in the NHS People Plan.

NHS Employers recognises that there would be costs associated with introducing retirement flexibilities to the 1995 Section. However, we consider this to be a priority in order to be able to deliver this remedy successfully and to avoid significant disruption to our workforce.

A related concern is the short timescales in which employers will have to prepare for the implementation of the remedy. Whilst we understand the preference for delivering this by 1 April 2022 from legal and financial perspectives, employers are concerned that there will not be sufficient time to carry out appropriate workforce planning exercises and to identify vulnerabilities across the workforce. Employers will need enough time to engage with members whose behaviour is likely to be impacted by the remedy, as there is a danger that staff will make decisions to leave the workforce due to a lack of understanding and potential mis-trust with the remedy, and therefore the scheme.

Introducing retire and return options to the 1995 Section would help to mitigate against this risk. Employers are aware that they have an important role to play more broadly to promote retire and return options to staff and we would welcome a review of the national guidance to help support employers with this.

Providing a flexible and accessible reward offer to attract, recruit and retain staff

The NHS Pension Scheme is a mutual scheme with the ethos of being a valuable part of the reward package for all NHS staff. However, membership of the scheme is currently not affordable to all members of the workforce. Opt-out rates are higher than we would like to see, with almost 70 percent of members that left the scheme in 2019-20 citing the reason as being either affordability or having other competing financial priorities (source: NHS BSA). As has already been discussed, the potential for member contribution rates to be increased to cover the cost of the remedy would add to concerns about the affordability of the scheme.

The NHS People Plan has a strong focus on looking after the workforce, specifically setting out the need to recognise and reward staff for their dedication to the NHS. As a key component of the reward offer, the NHS Pension Scheme should be accessible to all members of the workforce, including those in lower earning roles. NHS Employers would strongly encourage the further consideration of scheme flexibilities and alternative benefit options that are available to all employees as a way of achieving this.

NHS Employers has previously made the case for a more flexible NHS Pension Scheme for all staff in our response to the Department of Health and Social Care's (DHSC's) consultation 'NHS Pension Scheme: increased flexibility' in November 2019. This response includes detailed evidence to support our position.

We again acknowledge that there would be costs associated with introducing such flexibilities, and that it would be challenging to introduce these before 1 April 2022 alongside other scheme changes. Careful consideration would therefore be needed as to the most appropriate time for these flexibilities to be introduced. However, employers are united in their support of modernising the scheme, and we would like to work with government to explore how this can best be taken forward.