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PRIMARY COLOUR

Helen Salisbury: In praise of managers

Helen Salisbury *GP*

Whenever the NHS is in trouble (all the time, over the past 10 years) you can guarantee that someone will say the real problem is too many managers. If we just stopped wasting money on this unproductive section of the workforce, they suggest, we could free up resources to train and employ more doctors and nurses.¹

This kind of sloppy thinking makes me sigh deeply, but I also become quite cross on behalf of my managerial colleagues. We survive in general practice—if we survive at all—because of our talented and dedicated practice managers. When I first joined the profession many managers had grown into the role after starting work in reception. Since those days the job has become more complicated, and many now have financial and managerial qualifications. A huge amount of skilled work goes into keeping a practice running, and I'm very grateful that others are taking responsibility for recruiting staff, fixing computers and premises, organising rotas, responding to complaints, and doing a hundred and one other tasks I absolutely don't have the time or the skills to do. It takes a sizeable group of administrative staff to cover all this work, and that team needs to be led by a capable practice manager.

The way general practice is remunerated is byzantine in the extreme, and you need an able and attentive person to make sure that all the money you've earned is claimed for and actually arrives, as this doesn't happen automatically. The financial uncertainties from year to year mean that forecasting and budgeting one year ahead is difficult, and a five year plan is completely impossible. Another task that occupies managers is making sure that we're always ready for the dreaded announcement of a visit from the Care Quality Commission. This readiness is not just about whether we're offering safe, effective, and timely care to our patients but whether we have all the paperwork in place to prove it. Within the profession there's little trust that such an inspection will be a supportive or constructive process, and there are doubts about the fairness of some of the decision making.²

The suggestion that managers are superfluous and that no one would notice if they weren't present in the system (as proposed in a recent broadsheet newspaper) is both offensive and silly. Running a surgery, or indeed a hospital, is not a purely clinical matter, and we need people with the appropriate skills to do it. If we want to maximise the amount of time doctors spend focusing on the patient in front of them—instead of wading through the latest set of NHS England directives, preparing for a CQC visit, or worrying about staying afloat financially—we need to ensure that we have the very best managers working alongside us.

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1 Pearson A. My seven point plan to free GPs from the tyranny of NHS managers. *Telegraph* 2023 May 9. <https://www.telegraph.co.uk/columnists/2023/05/09/seven-point-plan-free-gps-nhs-managers-pharmacists/> (Login needed)

2 Haynes L. GPs feel CQC checks are unfair and lack cultural understanding, survey reveals. *GP* 2021 Aug 20. <https://www.gponline.com/gps-feel-cqc-checks-unfair-lack-cultural-understanding-survey-reveals/article/1725274> (Login needed)