

What do NHS managers really think?



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May 2010

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nhsManagers.net are the publishers of a unique, discontinuous e-news letter that is mailed, directly, to the in-trays of over 11,000 health service managers across England, Scotland and Wales, at least six times a month.

It features NHS news, guidance and discussion topics and features regular polling and surveys of manager's personal thinking and attitudes.

This snap-shot survey looks at what managers think of the Coalition Policy to remodel the role of SHAs, effectively bringing about their end.



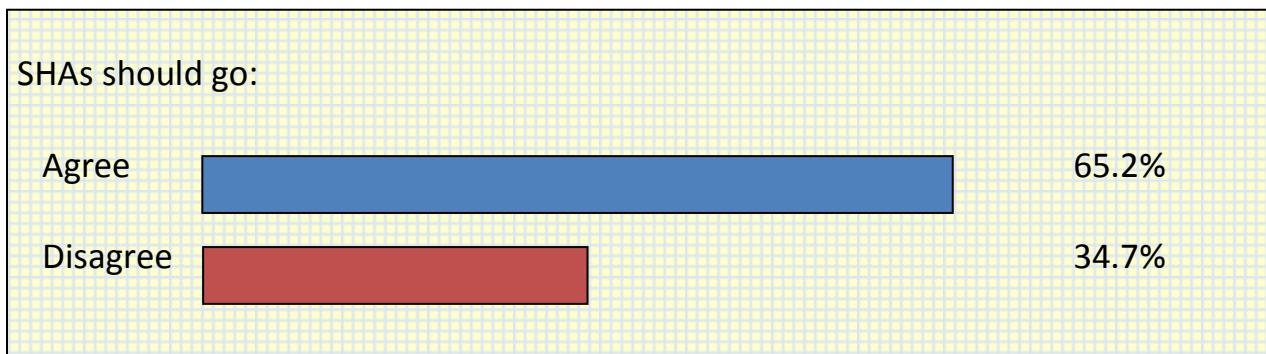
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THE QUESTION



Two thirds of managers will be pleased to see SHAs dismantled. This confirms a recurring theme in *nhs*Managers.net polling. The comments are very revealing; balanced and many seek to earn the lessons of history.

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YOUR COMMENTS

- They should stay. As a manager working in an SHA perhaps you would expect me to say that. But let me qualify this statement. My experience over the past 2 years, of dealing with PCTs and trusts in our area, suggests that performance management is needed to drive up quality, safety and productivity. Hoping that it will happen organically through "collaboration" or "because it is the right thing to do" just work. The failing is where SHAs have not been allowed to get on and do the job they should be doing!
- As the temperature gets hotter the politicians need a buffer so some form of governance between the shop floor and the top will emerge. Big worries remain around accountability for the public purse in public provision
- The problem in my mind is that they have disavowed a strategic role - merely acting as post boxes to ministers or the independent reconfiguration panel or the regulators. Once they did that their fate was sealed- what became their point? But, on the other hand there is no invisible hand in healthcare and there is a need for strategic decisions and a strategic nudge/catalyst Look at the failure to modernise pathology or specialist services or promote chronic disease management.
- Whilst I agree in part there needs to be some coordination at Regional level, it is easy to abolish an organisation but in the previous abolition of HAs many facets of cooperation were lost and had to be reinvented at a greater financial cost to that of the old RHA's. We can be critical of the SHA's currently but a mechanism must be found for PCTs to cooperate in providing the best value for money and to avoid unnecessary duplication of service.
- The reorganisation merry-go-round has failed to solve the inefficiencies in the NHS in the past -particularly in secondary care - and it won't help this time either. Traditional inflexibilities will continue to rule the roost
- Who will have any sense of anything going on across a local authority or catchment border? How can a national board help give any systemic view below national level?

- SHA's or PCTs - Hmm, a tough one!
- Lilley didn't mention that when there were 14 RHA's, within the Department of Health itself, there were also 14 "regional liaison teams". All that will happen is that the SHA's will be replaced by internal staff at the centre, who will do what they did. However there won't be boards, members and all the other paraphernalia of the SHA's. A lot of "make work" will go. Good riddance.
- But they do need to look at roles and what sits in government offices for the regions and central departments to smarten up a bit
- It ' feels to me that the CEO's who are 'out of a job/troublesome/ waiting to retire' are pulled into the SHA - seconded or otherwise - not a good use of public money. In addition - count how many layers there are between the CEO and the patient - a wise CEO once told me if you want to know what's going on there should be no more than 5.....
- Agree as they are structured at present - but something will be needed to have an overall monitoring position so reduced in size?
- Like you say, Roy, if they didn't exist in some way, shape or form, the politicians would have to (re)invent them.
- The NHS has always needed a regional tier to give government control and handle the regional service issues
- Reorganise the top heavy PCTs with lots of Chiefs and few Indians. Keep local authorities and NHS health services separate. Have a good look at Public Health Services which are very heavily funded but do not produce results (at least not in our area - Swine Flu was a fiasco). Cut down on unnecessary bureaucracy and widget counting.
- They should definitely go. No-one will miss them and their incredible squandering of NHS resources alongside the patronizing manner they dictate to Trusts. Good riddance, they're a wasteland of untalented NHS staff that couldn't get jobs in proper NHS trusts.
- They are no more than the field functionaries of the NHS bullying culture
- Somebody needs to co-ordinate things regionally.
- Too many steps away from the frontline.

- I work for an SHA. There is far too much dead wood adding very little value with their huge salaries and benefits. Having meetings about having a meeting is all too common, where as the exception is meetings with agendas and outcomes. 8c level managers - managing a Â£50k budget - what is the point? This is my response to their existence.
- I agree with you Roy - savings will be small and we've played around with the Regional Tier for years. We do at present have a way of holding PCTs to account via SHAs - let's not throw out the baby with the bathwater.
- I think a radical review of clinical networks is needed as well.
- I feel better gains could be made by driving efficiencies through PCT's - this is where the growth in Admin/Managers has been, not in SHA's as such.
- I would have preferred getting rid of the PCTs! There will be no savings; as happened PCTs we reorganised the left over staff and rejects just went into PbC. Someone will find them job.
- Unnecessary layer; think lean and clinical. Patients will benefit.
- Unnecessary layer - particularly if Government Offices are also being looked at for savings.
Presumably regional functions (specialist commissioning etc) will have to be hosted by PCTs - back to the future again.....
- Stay, but they should be slimmed down. Like all tiers of management they grow over time, often in unaccountable ways

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