

What do NHS managers really think?



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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 of the recommendations in the McKinsey report on cutting NHS costs and efficiency gains.



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THE QUESTION

The McKinsey report should form the basis of future NHS policy?



Well, that's a 'no' then! However, as always, it is your comments that are the most interesting and really worth reading. 'A good starting point for discussion', 'old fashioned' and 'unpalatable' are a few. Indeed, one person made the point; some of the ideas are already in place. And, the sage, perhaps chestnut, point, efficiency does not always reflect quality. Fundamentally the McKinsey approach is seen as too simplistic.

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YOUR COMMENTS

- Health policy should be about improving the health of the population, not saving money. However, in ALL big organisations there is always scope for efficiency savings - the trick is separating out the silly saving ideas from the good and sustainable ones. Can McKinney demonstrate WHY there are such variations, rather than just a review of statistical data? That would be a good starting point!
- Now, why use an evidence based approach when we could bumble along making things up as is always the case with the NHS?
- As unpalatable as some of this may be to many, we cannot, as healthcare professionals and managers, sit back and allow this level of waste to go unchecked. If we don't act the axe will simply swing on jobs in an indiscriminate fashion (as many of us have witnessed before) and that will do nothing to improve the service or secure the future of NHS finances.
- Time to stop tinkering at the edges of the NHS and a complete new Task-Team be set up - reporting directly to PM. The question should be - Starting with a blank sheet of paper and ask; "How would you re-design the future of the NHS to meet the needs and demands of the population over the next 10years." In addressing this question, recommendations should demonstrate lessons learned since 1948; modern approaches to health-care; scientific developments; skill-mix etc. Amount of healthcare cover.
- Some elements should be but not all
- Just as well he's gone. (Mark Britnell) Who's going to do Care in the Community if District Nurses are axed? We have had our local services pared down, i.e. not enough DNs or Health Visitors who are not being replaced (one way to save money). I think they must have had the wonderful idea that if you don't treat people you can save money. Sorted!! Not so much World Class Commissioning but Third World Commissioning.
- Useful starting points for discussion and further investigation but the interpretations superficial. Old fashioned - looking at outputs not outcomes. Measuring productivity by the number of patients rewards brief & repeated patient interactions delivering no long term improvement. The number of services delivered in one consultation and the number of visits per patient would be more useful. The objective is to minimise the visits and maximise the services delivered at each visit
- The 'McKinsey Report 'ideas' are generally long standing, well known and well-published efficiency/effectiveness opportunities in the health managers efficiency kitbag, which leads to the second issue: What are we paying (very well) today's managers for if it is not to absorb such ideas and other innovation into everyday commissioning, Financing and management systems and practice? Why do managers need another 'consultancy' before they do their basic job?

- There are undoubtedly masses of savings to be had on some of these things - but (call me a cynic) I am concerned that the rationale is too simplistic
- Some of it has already been instituted by NHS XXXXXXXX especially reducing elective procedures by getting consultants to seek permission from them BEFORE agreeing with the patient to do it. Minor operations greatly reduced as GPs have to seek permission before doing them. GPs told to cut back on referrals and given a number per month by which they have to reduce by i.e 50 pm. Maybe an accident waiting to happen? Or of course a sensible approach (would be to) let (the) patient judge! Maybe some of the report (is OK)
- Shows an ignorance re healthcare issues. Too simplistic and numbers orientated.
- "Quantity" and "efficiency" doesn't necessarily reflect quality! I don't see anywhere in this report where quality is mentioned - it is all about doing the most for the least and as we all know, cheapest is not necessarily best. There are definitely savings to be made in healthcare but broad-brush statements like this don't necessarily reflect what can be done in real life.

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