

What do NHS managers really think?

Consultants in managerial charge



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



CONTENTS >>>

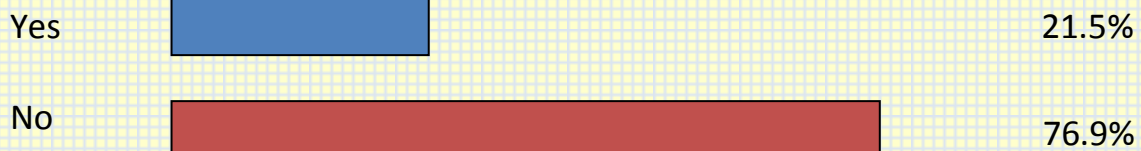
Click the headings to follow the links >>>

>>> [The Question](#)

>>> [The Comments](#)

THE QUESTION

Is the Wythenshawe model, putting Consultants in managerial charge, one for the rest of the NHS to follow?



Wythenshawe NHS Trust, in a [major shake-up](#) and cost cutting drive, is putting senior consultants in-charge of running services. The doc's will go to management school to learn how to do it and spend 20% of their time doing it.

There is nothing new in the concept of 'doctors in management', but the idea of sacking qualified managers, to make way for medical consultants to take over and learn on the job, did not find many supporters among readers.

[<<< Back](#)
[>>> Comments](#)

YOUR COMMENTS

- The consultant should not take the place of managers. This will only set back the hand of the clock and where is the patient care focus here. What happens to those who have spent time and money studying health & social care management? I believe the position of clinicians should be different from that of manager.
- Absolutely not. They are too biased towards clinical work and are not usually able to be objective. It would be much better if consultants would try to work with managers rather than against them. Many consultants are immature in their attitude towards the use of scarce resources.
- There are not large quantities of doctors around with management expertise and interest to deliver this effectively. We are going back 20+ years. And back to GP Fundholding too. With the loss of targets as well (and inevitable rise in waiting times) I am very pessimistic. Time not only to join a union but also to take out private healthcare insurance - if you can afford it.
- They do not have the time. In the overwhelming majority of cases they do not have the skills. Why would a consultant who has undergone years and years of training to do what his vocation leads him to, take on the poisoned chalice of healthcare management? Leave that to us mugs!
- You can't make a silk purse out of a pigs ear! Consultants are not renowned for being team players; their autonomy supersedes most people's common sense and their personnel skills will lead staff straight to the job centre or a tribunal. Maybe the BBC will document this car crash?
- It is the model most of us already use. Unless I am mistaken, Consultants spending 20% of their time i.e. 2 sessions per week on management time are usually called Clinical Directors and have, within recent memory been managing health care with support from managers?

- It would be if that was what they were actually doing. I am a lead clinician and they still ignore everything I say!
- I remember doing just that in 1987. It was called Resource Management then, and we invented Clinical Directorates. It worked then.
- It is what many trusts have already done over the past decade - doctors taking part in the decision-making process. To describe it as consistent with the new government's policy of "no managers" is misleading.
- Having worked in the NHS for 32 years, I've kind of worked out that change in management styles goes in circles, usually ever-decreasing ones. I remember in the 80's when Consultants were invited to take up the challenge of managing health care (*a la* Griffiths) it met with a fairly lukewarm response. The majority of those that did have a go found it trickier than they first thought, and decided that medicine wasn't so bad after all, given that it was what they trained for in the first place.
- They are not in charge. This is just another Clinical Directorate structure, is it not?
- Get clinicians to give managers clinical guidance for what is needed and let management implement. Clinicians need to be using the skills they were trained for. Tell the politicians to stop using the NHS as a political football.
- Having come from BAT Plc into the NHS seven years ago - I cannot see a way forward under the present ways of working. I am beginning to think that the purpose of the NHS is not for the patient, but a testing ground for new Management styles; with NHS Managers at a premium and no true understand of *vfm*! I am now aged 60 and am in fear of what will actually be available to me at the age of 65? I believe young, up and coming Consultants, may be an answer.
- Hospitals are big businesses. They need managers who know what they are doing to run them and clinicians to deliver the services. But managers MUST listen to the clinicians if they are to understand the clinical problems and priorities and clinicians must learn to trust and get on with the managers if they are to understand the business!
- Anyone thought about the time they will spend (or not spend) doing this. A big black hole will be left somewhere.
- It did not work before. Consultants should concentrate on delivering patient care and the managers should manage the service.

- Consultants cannot even produce a decent legible discharge summary; have no idea about employment law etc., so what hope is there!? I would not want to be their defence union.
- It would be fantastic if Clinicians did lead the management of Hospitals but the number of clinicians willing and able to fill that role seems to be pretty thin. For an unremarkable hospital such as the Wythenshawe I wonder if they have a clinical community engaged with the ethos of working for the good of the hospital, rather than their own little areas - which I sadly seem to come up against more often than not. I sincerely wish them well but forgive me for being very sceptical.
- The debate should be about leadership, not management. It is leadership that is lacking. To the question 'what is the name of the bloke in charge', whether in a Hospital or in the community, few will know. A successful team has a leader who sets the direction, knows what is wanted and if it is achieved. It also has high quality managers who can translate the intent/vision into practice. We need another model completely - based on leadership supported by management. Who should be the leaders?
- Doctors should spend most of their time treating patients not doing the admin' and managing. Every manager that loses their job means doctors in training, as well as those further up the career ladder, will spend more of their time on routine tasks. What effect will that have on training outcomes and Working Time Directive?
- Consultants should be seeing patients and teaching students.
- Primary care has its own failings in places - but by and large it works for the patients and the practices. Why cannot secondary care be run along similar lines. Your suggestion of departments/consultants winning contracts to perform services would be a great model based on primary care - and a heck of a lot of practice managers might show the NHS how to get things done - on time, to target and within budget!
- Using my practice as a model, we follow a system that we call shake-down. That is, we move every job down to the most appropriate person to do it. Therefore GPs see complex medical problems, not minor illness - this is dealt with by nurse practitioners. Practice nurses see patients for chronic disease management and not blood pressure monitoring and suture removal, this is done by an HCA. And no clinical person does admin that can be done by an administrator!

- I have been an advocate of the doctors' chambers model since 2000. It solves many problems - and creates different ones - but is the most honest of all models. Competitive, focussed and clear.
- I like the Selfridge model. Now, where are there similarities in the NHS environment? Oh yes, it's called General Practice; very successful at achieving targets, working to budgets, managing staff, making a profit and most importantly giving the patients what they want - access to their clinical expertise. Perhaps Selfridges is the wrong analogy? Those redundant NHS managers will be scrambling to take the helm of GP practices, albeit maybe at the cost of a pay cut.
- Disastrous. Asking doctors to manage anything in the real sense is about as profitable as teaching pigs to sing - it wastes your time and it annoys the pig!
- The medical profession should do what they were trained to do - TREAT PATIENTS. However, an understanding of the financial impact on their budgets should be included in their practice.

Managers should manage - which is what they are trained to do, with the empowerment and responsibilities that go with this. Consensus management never worked. Consultation process never worked. Communications across an organisation does work. Stop handcuffing managers and support them!

- Clinician's involvement in service delivery is critical to success. In what manner, is also important, and dependent on a number of local factors, which are not evident from what I know. In these austere times, delivery of quality is the key aim, and in complex organisations, requires a compendium of abilities, behaviours and attributes which collectively will have to be harmonized towards the common goal. "Doctors" represent only one of a number of potential contributors. Most can't be bothered
- I work in General Practice and none of my GPs have any interest whatsoever in taking on management tasks, nor do most of the other GPs in the area. However, our PCT managers are a rum bunch and I know this is not just a problem in our area. Professional managers, yes, but not all managers in the NHS are good at their jobs. There is plenty of room for improvement here.
- There is a balance to be had, I believe the NHS has become too bureaucratic and top heavy due to too many targets and too much performance management, you need clinical input but not to this level

- I seem to recall that at the time Griffiths was advising on NHS management that NHS management costs were considerably lower than Sainsbury's!

- This is not a new approach by any means. There were those of us who were pioneering this in the 1980s early 1990s. Oh how the NHS likes to continuously reinvent initiatives from the past! The restructuring part is the easy bit - it's making it work where the perspiration comes in. Twelve months will tell whether Wythenshawe's restructuring works or not.

- Yes and no, the solution to follow is the one which works for your organisation. As an; ex-Sector Administrator, Unit Administrator, Unit General Manager and then CEO, managing for me has always been about achieving consensus, enabling the team to work, being the true 'Servant Leader'. The wonderful thing about management is that there is no 'right' model for everyone, only a 'right' model for your organisation; the trick is discovering it.

- Sure the NHS could cut an awful lot of managers and admin staff, but leave doctors to do what they do best and managers to do what they do best. A successful NHS needs the best of both to succeed. Management is not a dirty word!

[<<< Back](#)