

What do NHS managers really think?

Liberating the NHS. A poll of
NHS managers



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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.



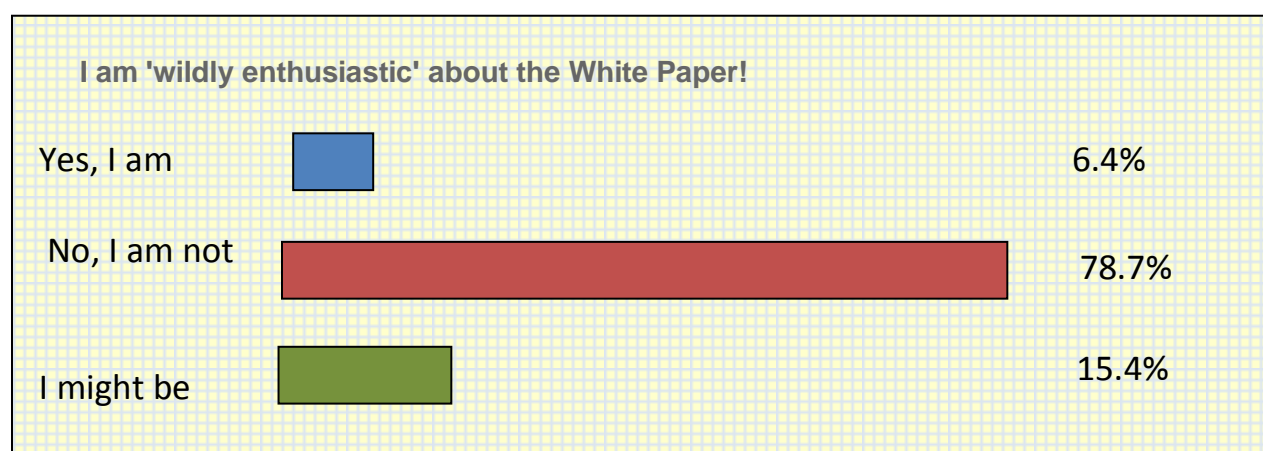
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THE QUESTION



Taking our cue from Dr Laurence Buckman (BMA GP Committee Chair) who described GPs as; not being 'wildly enthusiastic' about the White Paper, (Liberating the NHS), we asked managers if they were 'wildly enthusiastic'.

Managers are facing huge job losses and it would be easy to dismiss their resistance to the changes in that context alone. However, participants in the poll are given the opportunity to leave a comment. It is the comments that speak volumes. There is a genuine concern at the speed and scale of change and for the future of the NHS as a public service.

Managers are consistently and persistently condemned by politicians and journalists but there is a strong public service ethos running through management ranks. NHS manager can be just as 'vocational' as their clinical colleagues.

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YOUR COMMENTS

- Where is the evidence base for this? There have been no trials of this anywhere. The fundamentals of the NHS 'free at the point of access' is being well and truly eroded, since this new structure is most definitely pushing towards privatisation of the NHS. How is this going to close the inequalities gap when clearly this will widen it since the very gatekeepers of the cash - GP's are only visited by the more eloquent of society and not those who really need access to care - postcode lottery!
- What a waste of space, all this rigmarole for something that only affects England. Will the media please get a life!!
- Huge opportunities to improve care but also huge dangers
- I agree with the article. GP's will employ others to deliver a service for them; they trained to be Dr's not managers or administrators. Didn't we try this before in the old fund holding days? What a waste of public money! Will we be back to a post code lottery with the better run practices getting better services and pot luck for the rest?
- Major upheaval of services with no mandate from British people.
- Part of the benefit of having an NHS in its present format is the ability to communicate with different departments, and have systems that are co-ordinated. Having lots of different organisations providing care will lead to patients falling through the net. There is the assumption that GPs are altruistic. They are not - they feather their own nests as the last GP contract demonstrated. The money given to Doctors comes out of other services that are provided.
- Absolutely ridiculous! How can this be allowed without a referendum - also hasn't this idea of GP's commissioning been tried and failed before?
- It is heading towards complete privatisation. All of us working in the NHS will lose our terms and conditions and pensions. A private provider will

expect us to do more for less and will employ unskilled people, because they are cheaper, who will be supervised by a qualified person. The Tories took the pensions off the Crossville workers when they privatised it. Thatcher got rid of the in-house cleaners; HAI's spiralled out of control. The NHS isn't about producing just one or two products.

- Privatisation by the back door and setting GPs up to fail to justify it.
- I remain of the conviction that practices stand alongside - but outside - the NHS and have, for as long as I've been in post, seen the negative effects of management led changes in the NHS - be it community or secondary care. Who in their right mind thinks it is a great idea to pull nurses from their key role of 'doing' patient care to 'managing' patient care - and then hiring others to 'do' what the 'manager' no longer does. I think much good can come from this - but it's all about how!
- Poorly thought out. Real governance risks. Who's funding all the redundancies?
- Aren't there clinicians in the PCT wouldn't it be better if they were just encouraged to work better with the GP's rather than go through all this change again.
- I am hugely disappointed with the White paper. If I could boycott the white paper I would and I wish I had the chance to vote on the reform and overturn the recommendations. My suspicion is that the only people that stand to benefit are friends of MPs linked to parliament, that are setting up the very private organisations required to commission NHS services. Disgusting!
- This is an ideological white paper designed to privatise the NHS. I've worked for the NHS for 27 years and unsure of my future. I'm not too concerned with yet another reorganisation as I've seen many of them - but it is grossly offensive that terms and conditions of employment including redundancy and pension payments look likely to be reduced - and all because of the inability of the private sector to manage its money. Looks like the NHS is going to good hands!
- The more enlightened CEs amongst us have already circulated the David Nicholson letter to staff. There are opportunities here to co-create local solutions by bringing together GP commissioning with local govt with public health and with PCT residual functions. My fear is that unless the bureaucracy is removed it will make this difficult.

- I need to find out more about how it will affect my patients, colleagues and me
- 3 years of transition - everyone in new jobs (if they're lucky), but not really knowing what they are doing. Sounds like a recipe for disaster when there is so much that we should be getting on with, not least the QIPP agenda.
- We are public servants and will continue to deliver as we always do. What concerns is this government's determination to rubbish all we do and have done and that suspicion that when we have delivered this change they will screw our redundancy and or pension!
- As someone who has worked almost 30 years for the NHS and 5 years in the private healthcare sector around 25 years ago, I see the white paper as breaking up the NHS and moving to a more privatised system. I do not believe this is in the long term interests of the public. There is a need for more change and I believe the benefits from greater value for money needs to come from vertical integration. This could have been achieved whilst still enabling choice and engaging clinicians more.
- I like the idea of SHA/PCTs going but I am worried that the same managers will find themselves jobs in the new GP consortia and we'll have the same as now regarding lack of leadership (GPs are good clinicians but rarely good leaders/managers), uncertain decision-making, lack of sound evidence of data etc. There is potential but it needs good and confident managers to work closely with clinicians and other relevant agencies.
- Demonising managers will not lead to better public services; dealing with the current conflicts of interest that GPs demonstrate will.
As I worked through last week, I repeatedly found myself wondering 'who will do this when we are gone?' The answer is of course, a private sector worker without my public sector ethos, no longer required apparently?
- Whether people think this reorganisation will work or not, what gets me is that Lansley has demonised everyone working in a commissioning role (manager, administrator, whatever), using them as a political punch bag and giving himself a rationale to change the NHS, yet again. He might as well have said: "Everything you've done over the last ten years to try and improve the NHS has been a waste of time and a waste of money. You are all a bunch of spongers so good riddance."
- Just concerned if we have the skills to deliver this but we will try.

- Even though things will be extremely tough here, I'm very glad I live and work in Wales! We really need to talk about NHS as meaning National Health Services (plural) as the difference between the English NHS and the National Health Services of the other nations will be extraordinary.
- It has "disaster" written all over it! I do not think that Lansley really knows what he is doing. Cock-up more than conspiracy! At the moment if a Trust is in deficit at the end of the year, the local PCT has to provide the money for it to balance its books. How will this fit in with GP Consortia? What will be the governance arrangements to prevent GPs awarding lucrative contracts to themselves or their pals? Where is the accountability given GPs are all self employed? Total rubbish!!
- There are some potential positives - the opportunity to really do something about pathways and emergency attendance/admission avoidance etc with motivated GPs - BUT (and it's a big but) this sort of change will all need managing by someone, at least until it is implemented. Unfortunately, I also hear, from GP friends, that they won't really be able to listen and commission for patients choice - they will do what they (the GPs) think is best for their patients, not necessarily the same thing, eh?
- This is privatisation not even by the back door. Next week I face an interview for my own job - 5 Band 8As in our service are being cut to 3.(thanks xxx PCT) The workload surprisingly is not diminishing, we all already work massively over our paid hours. If I am successful I will maybe have a few months working my guts out before the next threat to my income comes round. The White paper is a disgrace, let's hope the Labour Party gets its act together and we can kick this lot out.
- The question is whether or not Lansley really understands the immensity of what the White Paper will do to the NHS (and country)? There are a few welcome elements in it but forcing an unworkable GP commissioning model can only lead to a significant greater involvement of big, private commissioners and a massive hike in costs. The Nicholson letter seems to reflect this underestimation of impact- in its content and length. It appears to be a call to recognise the massive consequences.
- I am excited as it means getting rid of costly bureaucratic, money wasting PCTs. We do not need them. Instead of wasting money on 'non jobs', C&B etc we can get on and do the important ones like PATIENT care. There are huge savings to be made even in SHAs - they all have to work SMARTER. Yes it means some are going to lose their jobs but some will be contracted into the new organisations. GPs will decide on OOH and yes, if local hospitals do not give what is wanted then it will be bought elsewhere.

- I'm very upset about the White Paper. It demonstrates a broken promise of not reorganising the NHS and a big step towards privatisation. I believe that patients in my hospital want care that is close to home and timely - good outcomes should be a given.
- Being a veteran of NHS reorganisations since 1965 (now working internationally thankfully) the usual pattern is for political ideas to be progressively emasculated by Treasury and civil service implementation behaviours and the desire to retain central control. Has anyone yet broken the news to Daily Mail and the press generally that the dreaded post-code prescribing and even post-code commissioning is now being institutionalized!!
- At Last! The sooner the NHS is dismantled as a huge "communist" provider organisation the better. State funding of some (and only some) healthcare is essential, state provision is not. This white paper is a start.
- Throwing the baby out with the bathwater springs to mind, just to score a few political PR points it's 'Managers Bad Doctors Good' in an animal farmyard style. Lots of dedicated local NHS commissioners (many with clinical experience) and others, who chose to do their bit within the NHS after graduation, have been made to feel worthless by this. And guess what - in 18 months time we'll have large GP led groups using managers/consultants to commission services and reporting to some form of region.
- Privatisation by the back door from a conservative ticket of no changes to the NHS - I call it criminal - misrepresentation of the lowest form - and it's about time the public voice was heard.
- nhs handed over to a grouping that opposed its initial creation, by a party that also opposed its creation.
- The wide scale privatisation of the NHS is NOT what the public voted for - clearly no mandate. The NHS needed a period of stability to build on improvements made - yes still issues but many areas had improved patient experience in terms of access and uptake. PCT's were already putting in place cost savings and more for the same price packages. These much undervalued managers with their skills and experience will be the very people the PBC's will need if the dip in performance is to be contained.
- Death knell of the NHS and where was the consultation about this change? were the public/patients asked about this

- I have been lobbying Lib Dem MP (Steve Webb) to highlight the conflict of interests and the future privatisation of the NHS since before the election - regrettably my normally intelligent and articulate MP has been blinded by power and believes he has secured the future of the NHS without a market and without losing more money to profit making organisations!
- This is a wrecking ball to the NHS, just when America and Australia are seeing the error of their ways and moving towards our model, we are reversing things in the UK on the whim of a few right wing ideologues and their friends in the private health sector. When did they last use the NHS and what for? Woe betides any Liberal voters in future deceived by Cameron's lies. The only hope is a liberal revolt but maybe the taste of the crumbs of power is too intoxicating?
- This will be a disaster for the NHS and I think it would be wise to leave it now!
- Yes it's a gamble, but the present system doesn't work so well either. "World Class Commissioning" has not been achieved in PCTs despite years of resource and effort. Let the GPs be responsible for the bills they currently impose willy-nilly on the PCTs in a current system that doesn't tell PCTs what liabilities have been incurred in their names until months later.
- The lefties and sceptics are ruling reaction to the White Paper at the moment - all this talk about wholesale privatisation is rubbish. NHS FTs will still provide the majority of services but it is right that other players who can offer better, cheaper services challenge them. The current system is intensely bureaucratic, continuously screwed with by politicians, and pretty inefficient. We need a more radical change - this may not be perfect but it's logical and sound in concept.
- The present system cannot continue as many PCTs have zero commissioning skill. In reality PCTs pass on government diktat and there is very little local content. The number of "useless" posts in some PCTs is large and must be addressed no matter what happens. Get rid of all communication, consultation and "froth" things. Let me return to patients without the current system.
- I worry when radical changes like this occur. Mr Lansley seems to have rushed this through to 'make his mark'. What about us on the front line? We've had no say in this reform. It makes the 1990 White Paper seem like a jolly. I was in General Practice when Fundholding came out and it wasn't easy. A lot of GPs made their Practice Managers deal with it and

let's face it some of us just aren't equipped. How irresponsible to do this at a time when so there is much uncertainty in this country.

- As an ex GP Practice Manager I know that GPs do NOT have the skills, nor in many cases are they interested in this. All that will happen is that there will be consortium and then various companies will come in to run them. I don't even think there are many Practice Managers with the capability. In my area many were extremely poorly paid and few had management qualifications. All we will do is shift costs from PCTs to GP Practices and many will not have space for additional staff either.
- Presumably we are all going back PCGs and there could even be local health authorities but with another layer called the NHS Commissioning Board which could consist of PCT castoffs! We are recycling yet again. How much is all this costing?
- We've been here before and give it another 5-10 years we will be back to the old locality PCT type of organisation model. And who is going to do all the other stuff that PCTs do? No one has mentioned that as yet. They don't just commission services, you know!
- I am not sure whether this is some kind of pompous joke? Honestly now - please tell me it's one big wind up, and when we switch the lights on someone will shout SUPRISE - ONLY KIDDING ! Scary, very scary.
- I started as a Consultant in 1993. In those days we had a Director of Public Health, who had an overview of what "worked" across the board for patient care, and what innovations might be the way ahead. We all had to take our ideas to him and fight it out. This seemed a very good process to try to ensure balance between 1ary and 2ary care, tradition and innovation. I am not and GPs are not trained in the provision and planning of overall health services to the public. This needs experts!
- I've not met one person in favour of the White Paper - did the ConDems not do ANY market research? Surely a trial run before national disruption would be prudent?
- It is high time NHS adopted private sector models and avoided too many managers with no productive work
- I've been in the NHS for 28 years, I began as an auxiliary nurse, spent 16 years in acute hospitals, been a senior manager and a Director in a PCT. The changes we've been through have never felt totally correct but there has always seemed to be a thread of consistent thinking. This 'back of the

fag packet' hack job is so, so disrespectful and I thank you for articulating its short comings so well!

- GPs will not want to or be able to commission all services. Absolute madness.
- We have a poor health service in comparison with our neighbours in near Europe, with long waiting lists, unending management that does not manage but simply delays and complicates simple tasks. We have legions of managers with little to do except multiply red tape and persecute so called whistle blowers. Yes- we need to start again.
- I am lost for words...
- I think I'm in a more confused state about what the future holds, for both the NHS and me, than I was before the publication of the White Paper! Forget the GP Commissioning Consortia, which is what's taken the headlines, I think the proposed changes on the provider side are far more significant.
- Commissioning, having been recognised as a complex activity by WCC was starting to gear up in PCTs. Good commissioning should start to "work" the care pathway and to move investment upstream. The White Paper disconnects the pathway with no joined-up accountability, i.e. health improvement in LAs, regular healthcare commissioning with GPs, and specialised commissioning somewhere else and not linked in. Possibly an even bigger problem for mental health.
- Commissioning has been the poor relation of the NHS for so long and has been done badly - If we take the best of GP Fundholding and learn the lessons from the past then it might work in GP Consortia. It can't be much worse than the current shambles.
- Having worked in General Practice as practice manager for 31 years, this is yet another way to destabilise the profession which is already under pressure. This change appears to be nothing but tit for tat with the politicians!
- Totally irresponsible. Completely unknown outcomes. Recipe for disaster and chaos.
- Having worked in the NHS for over 25 years I'm stunned that such sweeping "reform" might be proposed without genuine consultation and a clearer and more honest delivery plan! As a senior Public Health

manager in a PCT who isn't yet 50, I'll be watching with interest and active scepticism. I hope others have the passion to stand up for the NHS with me.

- Yet more counter evidential ideology will lead to greater fragmentation, more bullying, higher costs, lower quality, corruption and higher costs.
- Since the last reorganisation of PCTs 4-5 years ago my life as a PM has become increasingly manic, coping with the demands of PCTs, PCT managers and their outright resistance to PbC. My PCTs staff grew 71.38% in the 3 years since achieving financial balance. A 45% cut just restores the workforce to when they had responsibility for everything, not just the bits they will have. As far as I am concerned PCTs and StHAs have impeded the development of healthcare in the town and area we cover.
- The deck chairs on HMS NHS are being moved yet again with the reintroduction of GP fund holding Mark II. This time GPs have to take on the task of managing huge budgets. For many docs reluctant to give up being the curers of ill health to become pen pushers, they will simply have to hire in the management expertise. In the meantime, the government will be reliant on beleaguered NHS managers to ensure that the transition to this latest reorganization runs smoothly. We live in interesting times.
- Nice balanced unbiased reporting, Roy! NOT!!! But then your antiGP stance is legendary anyway.
- There seem to be a lot of people saying that it won't work. Please can you show me the enthusiasts and supporters? There must be some people who think this will work somewhere! While PCTs don't have a great record, many of the people they employ they are best placed to take things forward. Who will provide expertise if they leave at this critical time (after all, they are really committed to a state run NHS)? Good luck, Mr Lansley! Like the majority of NHS managers, you didn't get my vote!
- It's the thin end of the wedge on the road to privatisation. Whoever voted the Tories in obviously didn't work the NHS - no-one that does would have voted for this.
- It fills me with despair. Who is going to put money into services like Mental Health?
- The previous regime was Stalinist, control-freakery and counter-productive. In addition, the NHS would implode over time especially given

the growing financial demands created by lifestyle/associated health issues within the context of the worst economic backdrop since the 30s.

- We needed to do something about too many targets and the tick box performance management culture it has created, let's hope we keep the good bits and make it more efficient without creating a whole industry of changes, I live in hope
- If the General Public understood that GP's were private businesses they would not be as ready to support this. The General Public think of their GP's as the face of the NHS and therefore most people in this country will broadly support this BUT, they also think that they employ their GP through the NHS. If this were spelled out publicly I think there would be an outcry.
- The devil's in the detail. As privateer (your words, practice manager) and an ex fund holder which was very successful, I am waiting to see what is proposed. Seems a very radical change and, as most politicians do, quite a few 'babies will go out with the bathwater'. No-one has mentioned management structures which already exist in general practice. We have been waiting for over 4 years to commission so some of us are prepared. Doesn't look as though we will have much choice.
- Here beginneth the downfall of the NHS and us mirroring the rubbish US 'system'. Yes, the NHS is top-heavy, especially PCTs and SHAs. But give the job to GPs? Instead, the work should be absorbed into Trusts, removing layers and roles that are replicated. Otherwise, don't fix what ain't broke. Leave GPs to do what they trained for, and hence do best.
- As one of the first Fundholding practices in the UK (yes, some of us are still alive!) we have demonstrated that real savings can be made and innovative alternatives for provision tailored to local needs made. We lost some really fantastic services (of which we still feel the loss) when Fundholding was scrapped. There are two concerns, however: Firstly, that the success of the first Fundholding initiative was that it was voluntary - and hence those who took it up.
- I work for a PCT so I guess I have a vested interest. But, I've been self employed before and change doesn't scare me. What chills me is a sweeping change that will put our health (I also have a complex long term condition as does my son) at risk and exacerbate inequalities. As has been said repeatedly - GPs (who I'm not trying to demonise at all they are mostly dedicated professionals) are PRIVATE BUSINESSES. Are they subject to the public duties of the Equality Act or the NHS ACT??

- There is already an attempt in N E Lincolnshire to rearrange the deckchairs into an Integrated Care Organisation across the whole of the GP population - i.e. a PCT by another name. What an excellent idea - the PCT have failed in commissioning over the last 6 years so re-employ the same people and use the same structures to make the new commissioning fail! Why on earth should any self respecting GP practice vote for this?
- Do we have an estimate as to how much the Management Consultancy providers are going to make from this?
- I managed one of the first GP Fundholding consortiums in the country in 1991 and had 36 GPs in 6 practices ... they couldn't agree priorities and didn't understand the consequences of their preferences e.g. they wanted to move elective gynaecology but not obstetrics! Herding cats is the best way to describe those 2 years of my career. The only reason they joined Fundholding was for personal gain and as soon as the rules stopped that they left the scheme!
- What an enormous mess this is going to be. The provision of healthcare will rely on stalwarts holding it together while the normal power jockeys prance about making noise. I don't remember privatisation of the NHS on anyone's manifesto -do we live in a democracy? Off to check my private health insurance coverage.
- Privatisation through the back door!
- I could cry. I think this is the worst case scenario. If my job wasn't at risk, I'd commit to buying health insurance I'm so concerned about how bad things will be.
- I didn't vote MON, 12 JUL 2010 to see this much public money wasted and privatisation happen by the back and side doors
- If GPs are turning into Business and Commissioning Managers - who will be left to treat patients? Oh yes - I forgot - the GP Receptionist!
- There is (apparently) a terrible & naive continuation of two strange and evidence-free dogma: GPs know best about specialist treatment options. (Not sure that even they would as a majority claim that). Patients are generally able to analyse such data as are available to them to make the best choice for themselves. Before I am accused of patronising nonsense, consider the quality/meaningfulness of data available. And how long it took you to be able to analyse it. Please.

- Pandora's Box is about to be opened...
- GPs aren't sufficiently skilled to commission services; GPs aren't sufficiently motivated to commission services; GPs will demand to be paid large extra sums to commission services. No-one has piloted or tested this high risk and potentially expensive strategy.

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