professions.[19] Nevertheless, in some countries with a prescribing culture similar to that of the United Kingdom—for example, Denmark—a wider range of medicines (including several of those proposed in our survey) is available through pharmacies, to the apparent benefit of the public.[7]

Antagonism between the professions is perhaps best symbolised by the long standing conflict between dispensing doctors and pharmacists, who are potentially in competition for business; and representatives of dispensing doctors have been prominent in the debate about the future role of pharmacists.[8] In our survey almost half the respondents thought that all general practitioners should be allowed to dispense. In fact a proposed amendment to the NHS bill that would have allowed this received a hostile reception from pharmacists[20] and in the end was not passed, although the issue remains topical.

CONCLUSION

This survey suggests that general practitioners would support an extension of the role of the community pharmacist into a limited number of activities. At local level relationships between the professions are generally felt to be good, but closer cooperation and better communication might help improve the quality of the advice given to patients. Schemes to extend the role of the pharmacist are being introduced, such as the project to screen for diabetes using spot blood tests,[21] but little research has been carried out into the efficacy, cost effectiveness, or acceptability of these schemes.[22] Although developments are inevitable, thorough evaluation of new initiatives is also necessary. If evaluation took place alongside the changes in education and training that have been recommended,[7,23] general practitioners would be reassured that any extension of the role of the pharmacist would benefit patient care and the public health.

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Managing Change in Primary Care

Practice managers and practice management

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This is the sixth in a series of articles looking at how to manage change in general practice

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Practice managers are something of a new breed. They are evolving into serious professionals at breakneck speed with, in many cases, considerable autonomy in running practices—practices which have turnovers similar to small or medium sized businesses.

Knowledge of the NHS and medical work is an advantage, but not essential. Training and experience in management skills is more useful, as these can be adapted to different environments without difficulty if the manager is flexible and willing to learn. One prime skill is that of reacting to, influencing, and modifying change within and outside the practice. In this article we look at the general role of the new practice managers and especially at those skills required in the management of change.

Personal and personnel skills

A successful practice manager will utilise all the wiles of a good general manager of any efficient organisation. Any team needs motivating, and this requires the qualities of leadership. This sounds, and is, nebulous, but leadership involves embodying the common aim of the practice through a constant striving for its agreed objectives. It can, of course, be expressed by many team members, not least in clinical issues by the doctors and nurses. For the practice manager leadership must involve all the practice members in working to perfect the organisation which provides the essential support to a successful consultation.

Good leaders are not authoritarian, nor are they shrinking violets. They believe in forging consensus and then helping everybody to share in the implementation. They delegate, with support, and with reasonable expectations of an individual's capabilities. They value people for what they can do and help them to recognise and tackle those areas they find difficult.

The practice manager should be tactful and must have a sense of humour. This is just as essential when dealing with difficult patients who want to see "whoever is in charge" as when dealing with rota clashes between receptionists who all want the same holiday weeks. Many patients are not yet familiar with the role and responsibilities of a practice manager, and some

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staff members, including doctors, find it difficult to adjust to new hierarchies. The ability to switch concentration from one subject to another quickly is highly desirable, particularly when a crisis occurs. Initiative, ability to work under pressure, and the gift of not being easily flustered are therefore important.

Important skills are required for managing people. Many people feel threatened by change, and a good manager can emphasise the positive points of innovation while helping staff to explore means of dealing with any problems arising. Good communications within the practice and with external bodies need to be established, but this can be extremely difficult. Trying to get everyone together at once can be almost impossible—doctors are on duty and must, of course, put patients' demands before practice meetings, and many ancillary staff are part time and work shifts.[1]

EXAMPLE 1

One of our practices has solved the problem of communication to some extent by two methods. A regular newsletter is prepared about once a month and is circulated to every member of the practice, from the doctors to the cleaning staff. Important information, changes in procedure, and some light hearted items are all included, and this has gone a long way to preventing the "Nobody told me that" syndrome.

Additionally, a staff representative committee was set up, which meets quarterly. Each area of the practice elected a representative, who collects points for the agenda from his or her colleagues. With the practice manager acting as secretary and one of the doctors chairing the committee, in rotation, ideas can be explored, procedures refined, and problems aired. This acts as a very useful forum, and most of the items raised have been very constructive.

Advantages of setting up a staff representative committee

- Communication reaches everyone in the practice
- Everyone can play a part in discussing ideas and problems
- Feedback from staff representative committees can be very useful to the practice manager and the doctors

Sharing responsibilities

Having appointed a practice manager, many doctors may find it difficult to adapt. Some are only too delighted to relinquish the burden of administration and concentrate on the clinical aspects of their work. Others may be reluctant to let go the management cloak which they have had to wear in the past. Some may not wish even a senior member of staff to have knowledge of their income, and so may wish to retain that aspect of the work themselves. Partners with strong personalities may find the process of delegation somewhat unfamiliar and uncomfortable and may find it easier in the short term to retain their control.

Undeniably many doctors have considerable knowledge of "the system." The internal workings of a family health services authority or a district health authority can be mystifying to a novice to general practice, and business management skills are no substitute for a doctor's knowledge and experience of how it all works.

No one can deny, though, that the new general practitioners' contract has meant an indigestible amount of paperwork, and many hours have had to be spent considering how a practice should adapt to the changing requirements of primary health care. Unprecedented hours have had to be given over to training, particularly in those practices using computer systems for the first time, and changes in culture and working methods must be communicated to staff. Many practices have had to set up systems to cope with patient call and recall to achieve target payments, visiting over 75 year olds, three year health checks, and health promotion clinics. Some of these demands have meant investing large sums of money in new equipment; obtaining the best terms from suppliers requires a great deal of time and energy. Where could doctors find the time to address all these areas and continue to see as many patients as ever before? Many practices have already decided that they could not do the impossible, and have therefore sought the services of a professional manager who can devote time to the non-clinical side of running the practice.

Management or administration?

But some practices already had "practice managers" before the new contract. The new style business manager, however, is really a phenomenon of the past two years or so. Before that many people with the title of practice manager were in fact practice administrators.[2] These were often senior receptionists who had worked their way up through the ranks and who had been given the added responsibilities of ensuring that claims were filled in correctly and dispatched on time; that stationery and supplies were ordered when required; and that the staff rota was covered for holidays and sickness. In addition their duties might have included doing the wages and the accounts.

New style practice managers do, or oversee, all of these things, but their remit covers a great deal more besides. Dealing with staff in a wider sense—interviewing, appointing, training, discipline, and appraisals are areas which may previously have been dealt with by the staff partner, or perhaps not dealt with at all. With respect to financial management a practice manager's remit includes wages and salaries, accounts, cash flow analysis, and budget control. In practices where this has always been left to the accountant the involvement of the practice manager may have a beneficial effect on accountancy charges and the practice's understanding of its financial affairs.

Managing change

Development of new or refined procedures to aid the smooth running of the practice is another area where management skills come into play. Firstly, the ideas have to be thought through; secondly, they have to be sold to all members of the practice; and, thirdly, they have to be implemented efficiently and with the minimum amount of friction.

EXAMPLE 2

One practice had traditionally paid the staff weekly by bank transfer. This meant that the practice manager had to devote about three hours a week to this task—time which could have been better utilised for other work. The idea of monthly payment of staff was first raised by the practice manager in a partnership meeting. The advantage of time saved, coupled with a reduction in bank charges (there would be 12 sets of bank transfers each year as opposed to 52) convinced the partners that this would be a step forward, providing the staff were in agreement.

Each member of staff was then consulted individually by the practice manager and asked if monthly payment would cause them any difficulty. Only one had any doubts about the change, but she agreed to abide by the majority decision. To make the transition to monthly payment easier in the first month staff were paid half their monthly salary after two weeks and the remainder at the end of the month.

Future development of the practice manager

As the number of fundholding practices increases the role of the practice manager has the potential to develop even further. An ability to negotiate contracts and the skills to manage the funds efficiently may well be required of many existing practice managers. Negotiating techniques are not, however, restricted to fundholding managers. The role of the family health services authority is now considerably different from that of the old family practitioner committee. A family practitioner committee existed to carry out the administration relating to the providers of primary health care, whereas family health services authorities are now told that they must manage the service. The most effective line of communication between family health services authorities and general practice is often at the management level, but since the implementation of the new contract relations have not always been easy.

So a new style practice manager is often a professional manager, with training and experience at senior level. To some degree they are personnel managers, accounts managers, estates officers, and general managers all rolled into one. Some are being recruited from the world of commerce and industry, but this is not to say that old style practice managers are sent packing. Those who can adapt and take advantage of the increased training opportunities now available are just as likely to succeed as the whizz kids from outside. Such people deserve admiration for the way in which they have been able to embrace the new order.

But once the practice manager is in place, what then? Perhaps all practice managers should take as their motto the words of the British philosopher Alfred North Whitehead, who said, "The art of progress is to preserve order amid change, and to preserve change amid order."

Guidelines for managing change

- Seek consensus on the changes required by consulting widely and individually—identify as many gains for as many people as possible
- Especially value the opinions of those most affected by the changes
- Try to minimise the effects of the change in the transition period

Some duties of the practice manager

- To achieve organisation that gives maximum support to consultation
- To deal with non-clinical crises as they occur
- To ensure good communication within the practice and with external bodies such as family health services authorities
- To ensure adequate training of staff to cope with changes such as new computer systems
- Dealing with staff issues, such as interviewing, discipline, and appraisals
- Financial management—that is, dealing with salaries, accounts, cash flow analysis, and budget control
- Developing new procedures and implementing changes

Conclusions

The pace of change in the NHS shows little sign of slowing down in the short term, and this will mean that practices will have to be willing and able to adapt to the adjustments required. A practice which is efficient and financially sound is a great deal more likely to succeed in implementing a new order, and this requires good organisation. All staff will have to have clearly defined roles and a commitment to the practice's objectives and to their own personal goals as part of the team. This will require investment of time and money in staff training to ensure that everyone understands what they are doing, and why, and the necessity for flexibility and cooperation. Practice procedures require scrutiny to ensure that they are logical, easily understood by patients and staff, and are capable of adaptation when unusual circumstances occur.

Planning must play a greater part in the life of a practice than may have been the case in the past. Business plans are now required by many family health services authorities but should in any case be used by every practice to determine the way forward. Short and long term plans covering every aspect of the practice should be developed to facilitate achievement of aims and review of progress. Clear avenues of communication must be laid so that all members of the team are familiar with the practice philosophy.

Doctors who employ practice managers must be prepared to delegate defined areas of authority to them. They must also be clear just what role they see the manager developing within the practice. For this reason every practice manager should have a comprehensive job description detailing all areas of responsibility. Coupled with authority should be resources for training and equipment to enable the holder of the post to function effectively. An investment of time will be required to enable the practice to plan how to tackle the profit making aspects of primary care, such as target payments and health promotion clinics.

Above all the partners and the practice manager should share a common vision about the ideology of the practice. This should include a recognition that the ultimate aim is to provide the best possible care to the most important person of all—the patient.

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