



Speakers' Corner - Virginia Patania - Keys to unlocking time

General Practice has never moved at a faster pace than it is now. Simply keeping up can take so much effort that the 'day job' can feel either as if it's getting in the way, or becoming a strong driver to avoid changing.

But here's the magic about the day job, if your day job is managing a practice; once you've put processes in place, the bulk of the work is done. The normal running of these processes carries joint ownership between everyone in the practice.

It's now March, and the pressure is mounting to hit end of year targets, close accounts, start new payrolls, and refresh information governance requirements. In my own borough (Tower Hamlets) the Care Quality Commission (CQC) continues to helpfully visit practices during this busy time, ensuring no stone is left unturned. And yet, I cannot shake the strong, empowering belief that, even in all this chaos, everything is still possible. That general practice is on the cusp of its greatest transformation, with every crisis comes an opportunity to drive innovation, and better, shared ways of working.

I am possibly not your traditional manager. On two days per week, I run a large, successful practice which was on the brink of closure just a few years ago. Meaning we've known our challenges. Yet despite my limited time, the months of March and February, in truth, don't feel very different from August or December. Of course, there are submissions to be made, boxes to be ticked, lists to chase, protocols to refresh. But ultimately, I am still the person who holds the keys that unlock my time.

My four keys are:

The first is take a whole-year calendar approach, which means that my calendar is about half-booked even as far as years down the line (with expiries and time for contract renegotiations). Submissions for 2017 are in my calendar - now. So I can work on and around these, and easily plan meetings and other pieces of work during the year based on the time I know I will have. This also helps me identify bigger projects and spread them throughout the year, knowing that "crunch time" is not generally something I need to work around.

The second thing I do - and doing this is the exact opposite of obvious - is actually follow the calendar. "Slipping" is not a habit, and my calendar entries are neither ambitions nor suggestions. I manage my bookings a bit like a clinical triage, multiplying time (how long has the task been in my diary) by urgency. In this way, if reviewing a protocol has been in my diary for 9 months, an important but not life-changing meeting won't wipe this off my calendar. A three day notice window to apply for funds to restructure our premises, however, will. And the routine task will slip to the next available slot.

The third thing I do is to be mindful of Hofstadter's law - meaning it's difficult, if not impossible, to accurately estimate the time it takes to complete complex tasks. So every task in my diary is planned within a buffer of just a little too much time.

Lastly, I delegate. I delegate like it's nobody's business. Imagine a traditional manager's job description. Imagine chopping it into pieces and then distributing the pieces to everyone in the practice, making someone in charge of HR, someone in charge of premises, someone else of IT... You get the idea. Then re-write that job description in one line: coordinate everyone's duties, and provide mindful direction.

This approach means three things:

general practice has relatively limited scope for creative career progression, but now staff will have a fair crack at a challenging, stretching piece of work;

partners and clinicians will have more skin in the game when thinking about the management of their own practice;

the manager will be allowed sufficient space and resource to do what actually needs to be done: developing strategy and focusing on continuous quality improvement. Doing the job, and then doing it better. Regardless of what month in the year it happens to be.