



## The M Word issue 3 - Dr Michelle Drage's briefing on NHS reforms

I thought I'd share three of my more serious thoughts to do with Providing General Practice and NOT commissioning (mostly!)

The new transitional management landscape in London

Our main job is Providing General Practice – enable us to get on and do it properly!

Asserting our professionalism

I hope you will see some messages through the lines of my text. Either way, you may have your own views, thoughts or comments on my threads above. If you do, please try to take a little time to feed them back to me at [mword@lmc.org.uk](mailto:mword@lmc.org.uk).

Dr Michelle Drage FRCGPCEO Londonwide LMCs

1. The new transitional management landscape in London While the politicians are sorting themselves out as The Pause in the passage of the Health and Social care Bill draws to an end, the 31 PCTs in London have morphed into 6 PCT Clusters following PCT management cost reductions of 54%. Clusters have two roles of direct relevance to us –

to support commissioning consortium development, and

to operate primary medical services contracts until the National Commissioning Board (NCB) takes over responsibility for our contracts in 2013 (subject to legislation).

After that the future of Clusters is unclear. Do I hear you clamour, who's going to manage us?

My response is taken from General George S Patton who said, "Don't tell people how to do things, tell them what to do and let them surprise you with their results."

In other words, using that old parent – adult – child transactional analysis model, we GPs and our teams respond best where the approach on either side of the management line is in adult mode. This is no time to play child to managerial or colleague parent, or victim to managerial or colleague bully.

2. Our main job is Providing General Practice – enable us to get on and do it properly!

As you know, I have long been committed to bringing about an end to the burden of bureaucracy on our practice teams, which I see as a key means of freeing up time in our provider role to deliver better care for patients through the essence of general practice – The Consultation. (Capitals are deliberate!) That thing, The Consultation, is what defines us as GPs, and we perform at our best when we are empowered to use it to its full potential, as a vehicle for helping patients manage their wellbeing, their illnesses, their social and their psychological concerns in a holistic, patient-centred way, over time. College-speak it may be, but The Consultation is as fundamental an instrument as our stethoscope. It drives our ability to help manage patients' uncertainties and to keep them out of hospital but refer when necessary. It must never be undermined by system change, but should itself be adaptable to improvements in medical knowledge and skills. How we use it is our core skill, and it is our professional art. Commissioning decisions all have an impact on The Consultation. But whether or not we are commissioners, GPs have a duty as providers of General Practice to ensure that these are positive impacts, enabling us and our patients to achieve positive outcomes from The Consultation, and as the evidence shows,

these are directly related to consultation complexity and length.

### 3. Asserting our professionalism

As GPs it is our trained way to assess cost vs benefit, to find solutions to problems by thinking outside the constraints of the box, and to create systems and pathways to deliver them.

It is my personal view that management should be there to support and help develop our honest endeavours, not to submerge or obstruct them. To drive the former leads to professional pride. To permit the latter leads to professional low self-esteem and subsequent demotivation, dependence and disempowerment. As the dramatically increasing workload of our GP support team clearly shows, there has been far too little of the former, and far too much of the latter in recent times.

The current transition provides us with the opportunity to rebalance this dynamic. But to succeed, each of us each to take responsibility:

for the nature and quality of what we are trained to provide,

for challenging and not submitting to or colluding with bureaucracy which add no value to that delivery, or to the outcomes we can directly influence, and

for taking pride in being professionals of integrity.

Asserting our professionalism is crucial right now, as some of the comfort zone, or is it discomfort zone, of years of micromanagement are shed as the transition away from PCTs moves ahead.