From industry to Primary Care

What I wish I'd known at the start…..

- Short service commission in the Army
- ~2 years in retail (cars, white goods)
- MBA
- IBM management consulting
  - 32 clients over 18 years, large transformation projects
  - Clients such as BAE Systems, JCB, HM Treasury, Aviva, O2
- Opportunity came up at my local GP practice

Caldbeck Surgery

- Rural dispensing practice
- 4,400 list
- Dispense to 90% - 10,000 items/ month
- Deliver prescriptions to 830 pts
- Cover 100 sq km (officially) and double that in practice
- 5 partners, 26 staff, nearly all part-time

What I thought I was getting into…

- Used to new industries/ clients – it would take me ~3 months to get to grips with it…
- Owner-run businesses are responsive/ quick to make decisions
- A simple business – 1 ‘customer’, 1 paymaster
- A stable, long-served team with a great local reputation
- How hard can it be??

…the reality check

- Firstly, my own arrogance – it took me 3 years to feel comfortable in the role
- There's a world of difference between a family-owned business, and one owned by 5 people who never get together
- Yes we have 1 paymaster, but they are deliberately trying to make it hard for you
- What a team looks like on the outside isn't always matched on the inside…

Key mismatches of expectation (and differences with the private sector)

- The scope of the Practice Manager role
- Speed & effectiveness of decision-making
- Ability to actually influence business outcomes
- Partner attitudes/ values/ relationships
- Who's taking the long view?

The scope of the PM role

- I have a 9-page job description
- Anything that isn't obviously someone else job, is my job
- Who has done the following….
- This has key implications for the role:
  - Jack of all trades
  - Must be flexible
  - Must be a self-learner
  - Demonstrate resilience to the team
  - Model the practice values

Speed & effectiveness of decision-making

- My previous experience of privately-owned business was family-owned, usually with a strong lead figure
- Multiple partners is a recipe for business disaster
  - Clinically it's fine – rapid on-the-hoof decision making in Covid showed us that
- Tension between deliverers of medical services vs business owners
- Diagnose your authority level based on the situation

Ability to actually influence business outcomes

- Most businesses have several levers they can pull to affect performance:
  - Sell more
  - Invent a new product/ stretch an existing one
  - Change business model to reduce costs
  - Partner with complementary businesses
  - Put your prices up
- None of these are available to us!
- Most costs are close to fixed, the bulk of our income is fixed
- Managing to increase/ maintain profit takes creativity

Partner attitudes/ values/ relationships

In a private-sector business, there's only 1 real value – are you making money?

- Partners can prioritise care, or income, or an easy working life
- Their personal agendas are often different
- Their personal values and the values of the team are critical to team success
- Make sure your values and the partners values are compatible!
- The team may be longer-served than you – they are a vital element of the practice values

(I really fell on my feet here)

Who’s taking the long view?

- Individuals planning horizons vary in timescale
- When you’re under pressure, your planning horizon collapses to the end of the working day
- I am nearly always the only person thinking 2-3 years ahead
- For the big things, it takes effort to get the long view known about and accepted
- Being the only strategist can be lonely

Why I’m still here

- I can’t think of any other job with so much variety, that doesn’t carry a risk of death with it
- No two days are the same, and I love that
- The work feels important – it’s my community, we need to do this job well
- It’s important to staff to do a great job, it’s my job to support them

What are the things I don't know now, that I'd like to?

Some things are predictable:

- Continued erosion of core GMS in favour of PCN support…
- …So more focus on PCNs (like it or not)
  - ES/ imms/ flu/ QOF? move to a PCN basis?
  - PCN mergers hampered by premises & dispensing
  - Working together is a no-brainer
- Practices/ PCNs need to be able to commission profitably
  - How much ARRS money is being used/ is being captured by practices rather than suppliers?
  - Ditto extended access?
- Energy continues to be a major issue
  - Variable for practice costs
  - Common for impact on our poorest patients
- Access to records/ data incident – accident waiting to happen, and we're ill-equipped

Epilogue

We are capable, resilient people.

There's a strong correlation between practice profitability and quality.

I have high hopes that dispensing practices will continue to be at the forefront of quality patient care.

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