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## **The reality behind the rhetoric about NHS management**

As the NHS in Wales tries, in very challenging times, to treat more patients more quickly to ever higher standards, the structure of its workforce is coming under increasing scrutiny.

Since 1999 the NHS has employed more doctors and nurses, but also more managers, administrative and clerical staff. While this growth in medical and nursing staff has met with universal approval, the expansion in administrative support workers has excited hostile comment and suspicion that the service has been squandering its resources on 'bureaucracy'.

One politician's ambitious programme of NHS reform is another's bureaucratic nightmare. The adversarial nature of politics provides a powerful incentive to score points by seeking to show that the best laid plans of the government of the day will lead to waste and inefficiency, channelling the efforts of public servants into a futile 'paperchase'.

Accusations that the NHS has grown 'fat' when it should have become 'lean and fit' are not hard to find across the media in Wales. In this mythical 'obscenely bloated', 'Frankenstein' system, 'thousands of extra bureaucrats, accountants and administrators' carry out pointless tasks for which they draw excessive salaries that should instead be used to reward 'frontline' staff and pay for more hip replacements. If only those in power would make way for their opponents, the NHS could stop 'swapping beds for bureaucrats'.

Amid a welter of mixed metaphors, this excitable rhetoric can at times form a picture of almost Hogarthian excess and institutional decadence.

So where does the truth lie?

Common sense alone suggests it is unlikely that an organisation, which many academics believe has historically been underfunded, would fritter its scarce resources creating unnecessary back office jobs, the main effect of which would be to frustrate the work of the rest of its staff.

Nor is it credible that, subject to year after year of remorseless efficiency savings, the NHS would tolerate the growth of a purposeless cohort of staff on inflated salaries.

The reality is that this growth in administration has come about in direct response to policy initiatives to improve, monitor and regulate the quality of care. Such initiatives command broad support, yet their administrative ramifications are easily overlooked.

Staff taking up these new posts often have a clinical background, and are attracted to the roles because they feel they make a genuine difference to patient care. Clinical staff value their administrative colleagues because they would otherwise have to shoulder the responsibilities themselves, and so have less time to spend with patients.

Perhaps then, these jibes about bloated bureaucracy should not be taken seriously but dismissed as an inevitable by-product of political knockabout. Yet they come at a cost - to the morale of the staff concerned and to the public's belief that the service is one run in the patient's best interests.

They also undermine the NHS's efforts to be a rewarding place to work at a time when recruiting and retaining staff has assumed more importance than ever.

Research by the Audit Commission found public sector staff are motivated by work seen to have a value, and that they believed the public image of their job to be a strong measure of value. However, many perceived the image of their job to be negative, even to the point of being reluctant to admit what they do.

As many as 56% who have left the NHS mentioned feeling undervalued as a major factor in their decision to quit.

In many respects, NHS managerial and administrative staff form a hidden workforce, taken for granted and forgotten unless being pilloried. Yet the service could no more function without them than it could without doctors and nurses: indeed, a significant proportion of these staff have a clinical background and they perform a wide variety of tasks, many involving direct patient contact.

Despite their endless depiction by the media and politicians as a scourge on the health service, research published in the Health Service Journal is showing that where there are higher levels of NHS managers, greater efficiency and quality is very often found.

The research also established that health organisations with the highest quality scores were often those that had expanded their managerial workforce the most.

Maybe, at long last, the theory that services have suffered due to resources being diverted to fund increasing back office "bureaucrats" can be put to bed.