

## **A day in the life of...the Practice Manager at Church Street Practice**

My day can start at any time up to 9.00 a.m. but I try to make it as late as possible when our Information Manager, is in as I know she can deal with any emergencies. So today, I have a leisurely start and arrive at 8.50 a.m.

**8.50** I check there are no particular problems and then start work reviewing my emails. There are 18 new emails. I deal with 14 and mark 4 for further action. I will keep checking my in-box throughout the day, as this is the only way to keep on top of them. This morning's mail includes:

- Two hospital patient lists showing patients admitted and discharged from the John Radcliffe which I forward to reception to deal with,
- Three from the Primary Care Trust regarding information required on some of the enhanced services we provide. I forward one to our reception manager to confirm patients we are looking after in Wantage Hospital and mark the other two for later action,
- Two are drug alerts which are in fact the same and not relevant to us as we are not a dispensing practice but I have to read them to check before I can discard them,
- Three are adverts from companies we use and so have not been automatically taken out as spam,
- Four are newsletters and information from various organisations which I read and circulate as appropriate,
- One is an urgent request from the NHS Pensions Agency for information about a member of staff who left recently which I deal with as I am the practice's administrator for the scheme,
- One is concerning an on-going computer problem and I add a reminder for tomorrow to follow this up if the engineer has not been in touch to sort this out,
- One is from a colleague requesting some advice which I respond to immediately,
- One concerns patients who were referred to the psychologist who is no longer in post and so requires immediate attention.

**9.25** Telephone call from a drug company trying to sell us Flu vaccine for next year.

**9.28** I go down to reception to check how things are going and am happy to find that it seems to be a quiet day and we have available appointments although there seem to be more home visits than usual for a Tuesday. It is really great to have such a happy team who know what they are doing and can be relied on to do their jobs well – I have not always been so lucky in previous jobs and am still frequently amazed and impressed by the dedication of this team.

**9.40** I go back upstairs to deal with the email about the patients waiting to see a psychologist. The doctors had agreed the priority for these patients, that is who needed to be seen urgently and who could wait until the replacement was in post. I ring the community mental health team to arrange for Dr Hankinson to come in to see the urgent patients here at the practice.

**9.50** The Newbury Street Practice Manager comes over to discuss issues about the building before we meet with a Management Accountant from the Primary Care Trust who joins us at 10.05. As there are five separate organisations in the Health Centre the service agreement is not straightforward. We go through all the recharges and apportionments on costs and expenses and agree the amounts outstanding and revise the charging system for the future.

**11.15** Get a cup of coffee and deal with a couple of voicemail messages that have been left. Check the 8 new emails – most of these need to be read and circulated and only two need a response. Sign a form to claim payment for a report and deal with a query raised by our accounts clerk regarding another report request.

**11.35** Pick up the post from reception and deal with this. Nothing of any great interest, a few bills and bank statements which I pass to our accounts clerk, an income statement from Thames Valley Primary Care Agency which I check and summarise into one of our accounts spreadsheets, details of some training update courses which I circulate to doctors, a reminder about the surgery insurance renewal, a couple of practice management magazines and a lot of advertising and promotional material.

I decide it is time to get some quotes for the surgery insurance as the premium has gone up more than expected. I review our asset lists and update these to ensure the valuations are reasonable and then pull out my file with details of companies that specialise in surgery insurance. I telephone three companies and give them the details to provide me with quotes.

I go back to one of the outstanding e-mails from the PCT which is from the prescribing adviser offering assistance to our case managers. Church Street provide the case management service for the 10 Vale Practices. The aim of the service is to prevent unnecessary hospital admissions and casualty attendances. The team comprises a nurse, a social worker and an administrator. Our nurse case manager has returned from visits and we agree that it would be helpful if the prescribing adviser came in regularly to go through the medication records for newly referred patients and make appropriate recommendations before the nurse case manager goes to see the patient. I contact the prescribing adviser and set up a meeting for the following day.

**12.45** Time for some lunch. I have just finished my sandwich when one of our nurses asks if she can talk to me about her hours.

**12.55** Discuss the nurse's need to increase her hours to take over the nurse management on a temporary basis as our specialist practitioner is leaving. Agree new hours, sessions to be worked and time for the administration and management both in the handover period and afterwards. Also discuss further training and career development.

**13.15** Meet with a contractor to discuss a redecoration program and building alteration work that we want done.

**13.45** Join the management meeting – I am 15 minutes late but they have started without me. I try to meet with our information manager, reception manager and nurse manager every week to ensure we all know what our priorities are and to address any particular problems that have or may arise. Today the main priority is the flu clinic and we run through everything to try and ensure it goes smoothly. This will be our specialist practitioner's last meeting and we ensure we all know who is picking up what areas of responsibility and that everything is handed over properly before she leaves. We talk through staffing issues, highlight some areas where problems could arise and discuss possible solutions.

**15.20** Pick up an e-mail from the accountant with some adjustments that he has made to the accounts following a meeting last week. I check these and find that he has still not quite understood what I want. I ring him to discuss the further changes and we agree these. I then proceed to put the final adjustments through in our computerised accounts. I am interrupted by two telephone calls, one from an insurance company about the quote and the other about a meeting next week.

Whilst in the accounts, review and check recent transactions posted by the accounts clerk and look at the outstanding debtors and creditors and the bank reconciliations.

Part way through this, called downstairs to deal with a patient having problems with the on-line appointments system. Our information manager would normally handle this but she has gone home, so I take the patient into a consulting room, unlock his login and go through the procedure so that he can get into the system. When I walk back into reception, I find the staff are all busy and so pick up an incoming call and book an appointment. It is always dangerous to sit down in reception as the phones always seem to ring. I take two

more calls while I wait for one of the receptionists to finish dealing with a doctor's request and then escape back to my room.

The accounts adjustments and other changes in our income and expenditure lead me to update my profit and cash flow forecasts and review the Partners' drawings. I am almost finished, when the phone rings and this time it is my husband to tell me dinner will be ready at 7.15. I look at the clock and wonder if I have time to finish things off but decide to leave it till tomorrow.

**18.50** I shut down the computer, put the files away and go down to reception and say goodnight.

### **Practice Manager Job Description:**

A GP Practice is a business and the practice manager is employed to run the business effectively and efficiently but this has to be balanced against the requirement to provide high quality and caring services for our patients. As in many small businesses the manager has to be a jack of all trades and so duties and responsibilities include:

1. **Human Resources:** staff recruitment and retention, contracts, staff handbook, disciplinary, sickness, other staff policies, managing staff and dealing with all personnel problems, payroll, pensions, training.
2. **Business:** Strategic planning for the future of the practice on short and long-term basis, Practice Development Plan, ensuring contracts are up to date and are complied with, Partnership agreements, lease on the premises and Personal Medical Services contract. Ensure insurance on the premises, doctors and relevant staff valid, assess needs and potential for new services, identify new sources of income and savings, internal audit on our systems, deal with patient complaints, carry out patient satisfaction surveys, use results to influence changes in work practices, assess and monitor the effectiveness of the practice as a whole to ensure standards are maintained effectively and efficiently.
3. **Finance:** Maintain and produce draft and management accounts, generating cash flow and profit forecasts and calculation of Partners' drawings, control of debtors and creditors, agree the practice budget with the Primary Care Trust, monitor and report on various contracts with the PCT to ensure maximum income and fulfil the terms of the agreements so that everything is in order when subjected to external audit, and prepare, agree and monitor contracts for services we provide to other agencies.
4. **Premises:** Manage the surgery premises and liaise with the other tenants regard the Health Centre as a whole which includes organising contracts for cleaning, repairs and maintenance and often involves changing a light bulb or picking up a screwdriver to fix something which is loose before it becomes damaged.
5. **Health and Safety:** Act as Fire Officer, keep the H&S policies up to date and ensure all staff have relevant training and are aware of the policies to keep themselves and patients safe. Ensure the Infection Control policies are up to date and clinical staff in particular are adequately trained and aware of the guidance and regulations.
6. **Information Governance:** Ensure compliance with the NHS Information Governance policies including security of data, hardware and software, work with the information manager to maintain the computer systems, and develop and improve our recording systems.
7. Anything else that needs to be done.