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Management practice in primary care organisations: the roles and behaviours of middle managers and GPs

Executive Summary

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Competing interests
None.

Executive Summary

Background

Primary Care Trusts (PCTs) are responsible for the management of up to 80-90% of the total NHS budget. Our previous research demonstrated that the role of middle managers is very important in determining how the policy of Practice-based Commissioning (PBC) played out in practice. Whilst there is a wealth of research evidence demonstrating the important role of middle managers in organisations more generally, and some evidence about the role of middle managers in hospitals, there is little published research relating to the role of middle managers in PCTs.

Aims

The aims of this study were as follows:

1. To use qualitative case study methods to generate a detailed and theoretically informed picture of the ways in which PCT managers and GPs interact within the context of PBC, and to relate this to the progress that has been made in developing PBC structures and processes in the study site.
2. To use these results to:
   - Draw more general conclusions about the role of middle-grade managers in PCTs and their impact on the functioning of the organisations as a whole
   - Develop an understanding of the way in which GPs interact with managers and adopt managerial roles

Methods

Following a detailed literature review of the relevant literature relating to the role of middle managers, qualitative case studies were undertaken in four purposively chosen PCTs. The study focused upon the PCT directorate with responsibility for commissioning. Initial contacts with the sites explored the overall organisational structure, and data collection focused upon the roles of managers with responsibility for PBC and other commissioning managers. After informally shadowing a number of managers, researchers attended as many meetings as possible relating to commissioning (both PBC and PCT commissioning), and followed this up with interviews with managers and GPs. Interviews used a topic guide, and focused upon managerial roles and responsibilities. During these interviews issues from meetings were explored Data were analysed as the project proceeded, allowing insights to be explored in ongoing data collection. Analytic memos

were written and shared amongst the team, and discussed, along with data coding issues, at regular team meetings.

Results

Overall, the study confirmed the importance of middle managerial roles in PCTs. Significant findings included:

1. The initial literature review identified a number of important concepts and issues relating to the role and identities of middle managers which informed the development of both the research questions and the focus of data collection. These included:
   - Managerial roles and behaviour
   - Managerial identities and the notion of 'identity work'
   - Middle managers' influence on strategy
   - 'sensemaking' as a theoretical framework within which to explore managerial work
   - The particular issue of identity for NHS managers with a clinical background or clinicians required to undertake managerial roles
2. The generic managerial work undertaken by PCT middle managers was found to be messy, fragmented and largely accomplished in meetings. PCT commissioning managers must also wrestle with the indeterminate nature of the *substance* of their role, in that 'commissioning' is neither clearly defined nor easy to divide into meaningful areas of focus. We found considerable variety in the ways in which PCTs divide up commissioning work, with evidence of confusion and overlap between the various commissioning teams and groups. Managers struggle with this and appear to try to compensate by dividing up their personal responsibilities into 'pieces of work' that can be defined, managed and completed.
3. We have identified a number of managerial roles enacted by PCT middle managers. Some of these are identifiable from the more general managerial literature, but in addition we have identified a unique role performed by PCT middle managers with a responsibility for PBC. These include:
   - Managing information downwards and sideways. Managers actively managed the distribution of information amongst their peers and work groups. Much of this work involved summarising and interpreting information, with the result that middle managers appeared to be in powerful positions, as their summaries and interpretations became the raw materials on which other managers worked.
   - Managing information upwards. Some middle managers were also observed actively managing the distribution of information to their

superiors, ensuring that particular interpretations were disseminated to the top management team. Formal position in the hierarchy was less important here than personal, 'earned' legitimacy.

- Networking outside the organisation. Middle managers in PCTs enact important roles networking outside the organisation, with groups of GPs, with providers and with regional colleagues. These roles are demanding, with managers working with groups whose needs and aims are not necessarily aligned with those of the PCT. Managers demonstrated the flexible adoption of differing identities in performing this role. Managers had considerable autonomy, with few clear mechanisms within the PCTs studied to ensure that such work conformed to the overall PCT strategic aims. In addition it was observed that sometimes painstaking bottom-up commissioning work could be over-ridden by top managers.
- Networking inside the organisation. A large part of middle managerial work consists of networking with peers and subordinates within the organisation. Weick's concept of 'sensemaking' provided a theoretical framework within which to understand this activity. The enactment of this roles is dependent on individual agency, but can also be enabled or constrained by organisational practices such as the arrangement of meetings and office geography
- The 'animateur' role. We also identified a special role enacted by middle managers with responsibility for PBC. In this role some managers were observed to actively manage the GPs with whom they were working in order to ensure that specific action occurred. Individual agency played a part in this, but the adoption of this role could be enabled or constrained by organisational practices such as the inclusion or exclusion of managers from high-level meetings within the PCT. Formal grade did not seem to be an important determinant of this behaviour.

4. There was no clear association between formal grading and managerial behaviour in role.
5. Clinicians working as managers under PBC were reluctant to be identified as either 'managers' or 'leaders', in spite of acting in both of these capacities. We identified three claims to legitimacy offered by these managers:
   - Claims of expertise in a particular clinical area
   - Claims of experience in similar roles in the past
   - Claims based upon representativeness, usually as a result of election to office.
6. Organisational practices, such as the organisation of meetings or the office geography had clear and identifiable impacts upon the ways in

which middle managers carried out their roles. Thus, for example, the practice of 'hot desking' was observed to have a negative impact on the ability of managers to interact with their peers. The importance of 'animation' (the existence of adequate fora within which managers can interact and 'make sense' of their work) and 'control' (the clear dissemination and active sharing of overall organisational aims and objectives) in organisational structures and processes have been highlighted.

Conclusions

The role of middle managers with commissioning responsibility is a difficult one, and the way in which it is performed can have a significant impact upon the overall performance of the commissioning organisation. As the 2010 White Paper, handing commissioning responsibility to groups of GPs, is implemented, these findings offer some insights which may be of value to those responsible for this process. These include:

- 'Commissioning' as a way of organising health services is by no means straightforward, and the training needs of GPs involved will need to be addressed. Our results suggest that in addition to commissioning 'skills', managerial behaviours could usefully be addressed.
- We have highlighted the 'animateur' role as an important one in the interaction between clinicians and managers with commissioning responsibilities. This has implications for the development of managerial support arrangements for newly set up GP consortia.
- The role of clinicians in commissioning is complex, requiring the adoption of roles and identities with which some GPs may not be comfortable.
- Organisational practices can have a profound impact on the ability of managers to function in role.

Further research is suggested in the following areas:

- The combination of methods used in this study provided rich and nuanced data about the work of commissioning managers. Data collection in future studies of commissioning should seek to go beyond interview evidence alone.
- Some of the complications and issues associated with 'commissioning' as a way of organising health services have been identified. These issues should be followed up in subsequent studies of the new commissioning arrangements in the NHS.
- The 'animateur' role is important in the accomplishment of commissioning management. This novel research finding requires further elucidation, including:

    - Further definition
    - Exploration of enabling and inhibiting factors
    - Exploration of the extent to which it can be taught or deliberately adopted
    - Exploration of its relevance in the new situation in which consortia may be 'buying in' managerial support from outside agencies.

- This study has highlighted the importance of enactment in the sensemaking process. The extent to which enactment can be consciously directed in order to improve organisational sensemaking should be explored.
- This study has highlighted the impact of organisational practices on managerial work. The extent to which active monitoring and adaptation of organisational practices is possible could be usefully explored.

The strength of this study lies in the depth and richness of the data collected. As a small study the results cannot be straightforwardly generalised to a wider population. However, data saturation was reached during the study, and there are grounds for suggesting that, whilst the results presented here may not represent an exhaustive study of all possible middle managerial roles in PCTs, the roles and behaviours that we have identified are likely to be of importance in other commissioning organisations.

Addendum:

This document is an output from a research project that was commissioned by the Service Delivery and Organisation (SDO) programme whilst it was managed by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) at the London School of Hygiene & Tropical Medicine.

The NIHR SDO programme is now managed by the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Although NETSCC, SDO has managed the project and conducted the editorial review of this document, we had no involvement in the commissioning, and therefore may not be able to comment on the background of this document. Should you have any queries please contact sdo@southampton.ac.uk.