A Day In The Life Of A Healthcare Manager

So, we had the general election.
That went well;
and now the politicians are queuing up to tell
us that our NHS is cherished
and reform is on it’s way; again;
and as we look to the future
it seems quite clear
that budgets will continue to be squeezed,
while we’re expected to meet the needs
of an ageing population who’ve had their public services dismantled.
We have a disillusioned workforce
and an attack on junior doctors that’s been splendidly handled
by the powers that be;
and in the midst of all this smoke and mirrors
is the remnants of a post-war dream;
a reminder that the this service was created in austerity.

And our NHS –
the one we've got left –
is still a model of excellence.
We've stayed true to the principles on which we were founded,
we've weathered the financial storms with remarkable resilience.
We're still loved by the public,
but we're not without our problems.

Nearly half of us think our jobs could be transferred away from the NHS.
We feel that our staff aren’t engaged with the decision making process,
Most of us think our wellbeing will worsen next year,
and less than half of us would recommend this as a decent career.

Bullying, discrimination,
profound inequality based on race, religion, and long term disability.
have to be tackled as a priority
whenever we come across it,
before unhappy staff means unhappy patients
and everyone ceases to give a shit.

There’s profound challenges with mental health and cancer,
a tsunami of obesity
and everyone's getting older.
There’s now a move towards devolution,
but is there coherence at the centre?

The traditional divisions of acute and primary, hospital, GP
mental and physical health,
are turning into barriers. We need to link up with local authorities and community agencies, invest in public health measures, because we all know prevention is better than cure. A stitch in time can save several hundred and if you stitch enough times, you'll save hundreds more. so if we can have care coordinated around the patient, we can address health inequality and plug some of these gaps through which people fall.

There needs to be investment in our workforce, technology and innovation. Ensure the funding reflects the growing population and it’s ever changing needs. We need to integrate health and social care, give more support to volunteers. We need to inspire and train a lot more GPs, and when one of them says “What are you doing here? I’ve been to university?” you can enjoy that moment together, as it dismantles the barrier of them and us, because we’re all potential patients and all of us have dignity.

We can have a service that emphasises health not illness, give midwives more control over maternity services, celebrate the good, while learning from the bad. If you’re a chief exec, do a couple of shifts as a healthcare assistant, and try not to go home with your voting pad.

And the future holds some genuine potential, with all eyes fixed on the Greater Manc devolution deal. This could be a bright new future, joining emergency, acute care and surgery together, piloting exciting ideas in mental health and dementia; and investing in your manpower, to reduce cash spent on agency staff; and empowering local people to be in charge, whether we call them pioneers or vanguards,

but if we’re expected to evolve without proper investment, it’ll be just another ineffective broken promise. Of course we want high quality services seven days a week, but you can’t do it on the cheap, by de-valuing our greatest asset:
our people,
who, in spite of giving everything that it’s possible to give,
are looking at working conditions that make grape picking look progressive.

And you don’t get better services by attacking and blaming managers.
We work as hard as anyone else.
We know the system and how it fits together,
We support, motivate and protect the workers and clinicians,
and we don’t get paid anything like as much as the average politician,
so we need to challenge these perceptions and views,
‘cause when you kick in the back office,
it’s the front line that gets bruised.

And at the risk of sounding a touch abrupt,
We’d have discussed this properly with a government minister
if one had bothered turning up.

So it’s been ten years
and we’re still here,
even if a quarter of you are planning to retire.
We’ll support you, as you support others,
whether we have another decade of the Tories
or ultimately elect one of the Labour parties,
even if we have to contemplate
thirty years of a UKIP caliphate
our officers will help managers throughout your career,
and give you the support you need
as you support each other.
We might be bureaucrats with clipboards,
but we’ll move heaven, hell and earth
to look after those who look after others
and protect the NHS that all of us deserve.