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Foreword

It’s safe to say that 2015 was a year of challenges and almost relentless pressure, but it was also a year where the news spotlight had decidedly pointed to general practice.

We’ve always championed the work that is done at the frontline and it was an opportunity to bring to light the way that general practice is under pressure as never before – more specifically, the burden that practice managers are handling on an ever-increasing level.

This new End of Year Report looks at what you’ve told us has been a major impact on you and your work – we look back at what has happened in 2015, but also what to expect from us in 2016. Healthcare has changed, and the workload is increasing. Practice managers know there is an increasing level of bureaucratic processes that clog up the working day, and accounts for much of the time spent on contracts, reports, finances and monitoring. Simplifying and making it more uniform would hugely reduce the workload and the amount of pressure experienced on a daily basis.

We’re fortunate here at FPM to have people in the team who have worked in the role, and understand the kind of demands being made – job satisfaction and a fair pay reflection are important factors, and as we found out last year, we’re looking at a huge number of people leaving the role. Charan looks at what you told us about your own motivations and what to expect in 2016.

Managing a busy practice means a practice manager has to cover a wide range of responsibilities, groups, skillsets and professions. The HR aspect of managing staff is a big demand, especially with changes to contracts, holidays, new paternity/maternity rules – needless to say, employment law can be as complex. Sam Cook will guide you through the notable changes, and his regular blogs and advice line support will keep you up to date with what your practice needs to know to manage and support your staff.

It may be too late to stem the tide, but partners should be able to tell new recruits what to expect, and if they have the support network in place to get the job done. Not just other practice managers, but from what we heard from our surveys, the partners as well. Working excessive hours, sometimes for no extra pay, is almost an expectation, but there’s an impact on the longevity of practice staff from front desk to management. Gerry and Survindar give a review on the practice staff and practice managers’ salary surveys, and what this could mean for the future of these roles in a practice environment.

Never one to keep quiet, we also get a view from the frontline in another entry from the Secret Diary of a Practice Manager, reflecting on what they’ve experienced as a practice manager in 2015, and what we should expect in 2016.

FPM has been here for many years supporting practices and listening to you and what you need. We have an ever-improving network of products, services and support that is designed to help, educate and assist in the practice management role, and we were very pleased to have been recognised by the General Practice Awards as the IT Provider of the Year. We don’t intend to stop there, because our primary focus is supporting practices in carrying out and delivering a fantastic service.

Key Findings 2015

- Nearly 50% feel that the GP partners don’t support them enough
- Practice Managers struggle to keep up to date with employment legislation changes
- Practice nursing staff ration down to 0.37 per 1,000 patients
- Inequalities in the UK for practice managers based on country, region and patient list sizes
- Average UK PM Salary in 2015 was down by 2.34%
How we spent the year in general practice...

2015 was a big year for practice managers, with a lot of change and trepidation; there was the general election, the new GP contract and the addition of the CQC fundamental standards.

Starting with the general election, which took place on 7th May this year and saw the Conservatives elected, with David Cameron staying at 10 Downing Street for another five years. The focus on the state of the NHS and general practice were both magnified during the election. The Tories’ new deal had mixed reviews with it’s focus on: workforce, infrastructure, reducing bureaucracy, support for struggling practices, assessing quality of care and the much talked about seven-day access.

**Workforce**

As part of the new deal, the Conservatives are committed to increasing the primary and community care workforce by at least 10,000, 5,000 of these being GPs, as well as more nurses, physician associates and pharmacists.

**Infrastructure**

£1 billion has been put aside for the Primary Care Infrastructure Fund, which was announced last year. Over 1,000 bids have already been provisionally accepted for general practices.

**Reducing bureaucracy**

A promise has been made to reduce bureaucracy for general practices that includes tackling paperwork and inappropriate workload. Practical tools are going to be provided for practices to use to help them manage the additional workload they have.

**Support for struggling practices**

A new £10 million programme of support has been announced to help struggling practices, this money will come from the Primary Care Infrastructure Fund to help develop and make practice life easier.

**Assessing quality of care**

Performance metrics and the way they are collated looking set to be changed and Jeremy Hunt wants to move from the naming and shaming culture that there is currently to learning and peer review.

**Seven-day access**

This has been the most discussed part of the new deal. The Health Secretary wants to improve access for patients but many believe the primary care service already offers 24-hour care seven-days a week.
GP Contract 15/16

Next up was the GP Contract for 2015/16 which is agreed by the BMA General Practitioners Committee (GPC) and NHS Employers on behalf of NHS England. This contract is to ensure that a consistent contractual framework is in place for general practices.

**Named GP**

By 31st March 2016 all patients need a named GP. Practices will need to use the code ‘patient allocated named accountable general practitioner’ to confirm this has been done.

**Online access**

Accessibility was a big part of the contact, this included letting patients view their records and book appointments online and also an electronic prescription service.

**Quality Outcome Framework (QOF)**

After the cut in points there will be no new indicators or higher thresholds introduced. Changes include an increase in points for dementia care planning, the retirement of some indicators and amendments of atrial fibrillation indicators.

**Publication of GP earnings**

Practices need to publish the average earnings of doctors that have worked in the practice six months plus; including partners, salaried GPs and locums, by 1st April 2016.

**Out-of-hours opt-in**

Practices who have not opted out of OOH provision have a new reporting requirement, which will allow CCGs to check the provision against the National Quality Requirements of any updated requirement.

**Contract payments**

These took effect on the 1st April to reflect negotiated, contract changes and the governments acceptance of the Doctors’ and Dentists’ Remuneration Body (DDRB) recommendation for contractor GPs.

**CQC fundamental standards – April 2015**

The CQC Fundamental Standards were introduced, in April. These standards are:

- Care and treatment must be appropriate and reflect service users’ needs and preferences
- Service users must be treated with dignity and respect
- Care and treatment must only be provided with consent and must be provided in a safe way
- Service users must be protected from abuse and improper treatment
- Service users’ nutritional and hydration needs must be met
- All premises and equipment used must be clean, secure, suitable and used properly
- Complaints must be appropriately investigated and appropriate action taken in response
- Systems and processes must be established to ensure compliance
- Sufficient numbers of qualified, competent, skilled and experienced staff must be deployed
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed
- Registered persons must be open and transparent with service users about care and treatment
The future of general practice

There’s been much talk about the future of the NHS and general practice with changes in government this year and the negative press received as a result of the GP crisis and seven-day access plan. Here’s a look at what is planned for both services in the next five years...

**Five Year Forward View (FYFV)**

The FYFV sets out a clear direction for the NHS showing why and where change is needed and what it will look like once it has happened.

This view has been developed by the partner organisations including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Here are the key points:

**Why do we need change?**

The world is constantly changing and the NHS needs to keep up. Patients want to be better informed, and health needs also change as people’s lifestyles and dietary choices (amongst other societal changes) shift.

There’s a constant evolution of medical treatments, technologies and care delivery. Also new ways of dealing with aspects of healthcare and treatment surface, which the NHS are eager to mirror.

There’s a matter of funding, something which is constantly changing. There are budget pressures after the recession – the NHS finished last year in deficit - our healthcare system needs to take this into account.

**What will change?**

This is where general practice comes in the NHS will be putting more money into primary care than previously and CCGs will get more control of the budget.

There are plans to alleviate the GP recruitment and retention problem with golden handshakes and cash incentives for new and experienced GPs.

Patients will also be able to access records online.

In terms of the bigger picture, there are plans to support healthier lifestyles and prevent lifestyle-related disease (although plans for this are currently vague) as well as giving more power to local authority, the Fit for Work scheme, motivating people to volunteer for healthcare organisations and providing more support for carers, amongst other areas for improvement.

GP practices are affected by many of these. The Fit for Work scheme could continue to help to reduce repeat visits, and there are plans to work with voluntary organisations and practices to identify carers that might need support.

**How will plans be put into action?**

Building a larger skilled workforce will be the first step needed to put plans into place, as well as offering more responsibility to local CCGs and ensuring a closer partnership between national NHS branches and the local NHS.

Other organisational changes will include a ‘digital overhaul’. The National Information Board will publish ‘road maps’ that will help healthcare organisations bring data together and hopefully reduce the amount of paperwork involved in healthcare.

The remaining areas covered include increasing efficiency across the board, particularly in research and innovation, and funding. This is entirely dependent on the government, but what we do know is that a large gap needs to be closed in terms money.

Parties are promising a renewed vigour to support the NHS and general practice, and their commitment to help implement the proposals in the FYFV, but the governments next move will still be the deciding factor on how these visions are funded and subsequently delivered.
Job Satisfaction Survey

First Practice Management have seen a rise in practice manager vacancies being advertised on our website. It led us to ask ourselves a few questions: are practice managers not satisfied in their roles? Perhaps they’re applying for roles in other sectors?

In June we decided to conduct a survey to test the general attitude of practice managers in their current roles throughout the UK. The results were eye opening and we received a lot of great contributions. Here are some of the key findings from the survey and an explanation for why we might be seeing these results and trends from FPM’s Practice Management Advisor, Charan Sarai.

**Do you feel motivated?**

58.3% of respondents agreed they felt motivated within their role as practice manager. Many of those who responded that they didn’t blamed constant changes, too much paper work and too little time.

**How does this compare to the last survey?**

When we conducted our last Job Satisfaction Survey in 2013, only 32% of practice managers agreed that they felt motivated. Workload was cited as the main reason. Too much change was also a big issue in 2013.

**Have you considered looking/applying for a new job in the last 3 months?**

61.9% of practice managers surveyed said that they had considered or had looked for another job in the last three months. Many stated that they were looking for ‘something less stressful’, ‘something outside the NHS’ or wanted ‘early retirement’.

Generally speaking, I do enjoy my role. However, it has definitely become less enjoyable over the last couple of years.
Do you think you’re getting adequate support from your practice partners?

Nearly half of practice managers didn’t feel like they were getting adequate support from their practice partners. Many said that they felt that their partner needed to take more interest in the management side, and they needed more staff to help support them.

More recently, we’re hearing about managers who aren’t being involved in business-making decisions.

I wish my partner would invest in some support staff so I can delegate my workload.

What packages do you look for in a job?

While most practice managers surveyed chose holidays, a pay rise and pension scheme as important factors in choosing a new job, 117 chose ‘other’ factors such as work-life balance. Other responses included flexible working hours, location and good team work within that particular practice.
How long have you been in your role?

63.9% of those who took the survey had been working in the practice as a manager for over five years. This suggests that many of those who take on the role are committed to helping run the practice over the long-term, while there are also few ‘brand new’ practice managers.

The volume and expectation is totally unrealistic and overall unattainable.

Before your current role as practice manager, what was your background?

Most of the managers who took the survey had previously come from a healthcare environment. Those who said they had worked in either the NHS or another practice before their current role made up 58.4% of the responses.
Practice Management Advisor, Charan Sarai reviews the Job Satisfaction Survey and what’s to come for practice managers next year.

“Working in general practice is usually an exciting and enjoyable place to be, with very diverse work plans, and no one day being the same. The testing of this statement through this survey this last summer was certainly something worth doing.”

On the whole, practice managers are still motivated but certainly struggle with issues which deplete their energy and enjoyment. We have long-standing managers who have years of experience and expertise struggling in a pressurised general practice. Why is this? The common themes are: CQC (in particular the “well-led” and “care” questions), loss of budgets, lack of GPs and lack of those with knowledge of management, inadequate contingency plans, change and poor management of the transition phase and employment law changes and changes in the NHS – extended hours etc.

For the first time we see high numbers of practice managers considering applying for new jobs.

They work usually in small independent organisations, although some of the pressure leading to lack of job satisfaction has come from practices that have merged. For some this transition has not been managed well and their levels of frustration have led to dissatisfaction. Some quoting: “Practices have lost control. Our backs are against the wall.”

The big question of adequate support from practice partners clearly shows that nearly half have responded that they didn’t receive this. Are our GPs facing the same dilemmas as our PMs; big change, fast pace, not enough support?

“For the first time we see high numbers of practice managers considering applying for new jobs.”

We know that work life balance is taken much more seriously and some GPs do not want full time work, which causes problems for the practice, especially if budgets are low and they are employing locums and more work is expected from them.

Some practice managers have shared that they do not have a second in charge to help them. They are fearful if they went under a bus the practice would be in a mess. Some don’t take the holidays they should and some don’t take time off at month end because of payroll and pension administration. Some are concerned that the GPs who “manage” do not have the necessary skills and some who have the title have little interest in the management side of the business.

This past year has seen the following changes: that GPs would gain greater control and that health organisations cut to make way for new ones to appear. These are added frustrations for the hardworking PMs out there, trying simply (for some) to keep the practice afloat.

“Practices have lost control. Our backs are against the wall.”

So what’s to come?
- More pressure, with workloads for PMs increasing
- More of a squeeze on budgets, resulting in GPs also being asked to take up more secondary care work
- The possibility of further loss of funding due to the new funding allocation formulas
- More emphasis to be given to updating skills as well as doing the day job
- More changes on the employment law side of the business

It’s not all bad news however, as challenges present opportunities for collaborative working and innovation in 2016, which could prove to be beneficial for both patients and practices where there is access to resources and support.

Job satisfaction is important not just because it boosts work performance but also because it increases our quality of life. Many people spend so much time at work that when it becomes dissatisfying, then it can affect the rest of their lives too.
Managing People Survey

In order to help us keep our content as relevant as possible to GP practices and to develop new and existing services to meet the demands of the ever changing primary care sector, we held a useful HR survey.

What are the most common HR issues for practices?

Understandably, sickness absence can cause the biggest strain on a practice, compensating for the absence and managing the administrative and welfare matters.

Putting in place structures and creating a culture of welfare monitoring and sickness measuring can help reduce this impact significantly, however having the time to invest in sickness management and move away from a ‘fire fighting’ approach can often be hard to prioritise.

I rarely have to performance manage my employees, it’s usually a training issue.
Which areas do you feel like you need more support?

Understandably, nearly half of all participants feel they need support in keeping up to date with employment law developments. The volume of regulations and the ambiguity that surrounds them can create a lot of paranoia in managers in all industries and it can often be small innocent mistakes that create large legal consequences.

Where possible, utilising line managers can help reduce the burden on Practice Managers or looking at a fixed schedule of reviews throughout the year rather than all in one go can help spread out the drain on time and resources.

What are the main trends for complaints from employees?

It is interesting to note that it is ‘other people’ that cause the most complaints from staff, but great to see such a small number of complaints about work/life balance and lack of development opportunities, which is probably reflective of the long service lengths often seen in GP practice employees. Stress is a particularly concerning area, which can easily escalate into expensive health and legal issues.
What is your HR priority?

Being legally compliant comes out on top for practices with training and development and employee engagement/satisfaction coming a close second.

The top three managing issues regarding individuals’ conduct

- Procedural errors: 54%
- Poor customer service/attitude to patients: 24%
- Poor behaviour between colleagues: 22%
In our first ‘Managing People’ survey we laid the groundwork to help us explore what the demands and trends are in HR for general practice and what support could be helpful for practice managers.

Managing sickness is the biggest demand on busy practice managers, however, it was interesting to see that recruitment was the second highest and retention the lowest, suggesting that practices are potentially taking on more staff and reflecting the increasingly high national employment levels announced in 2015.

This is particularly surprising considering the funding pressures practices are currently under, this could also be indicative of the increasingly flexible demands of employees where more part-time employees are covering the same amount of hours.

“The past year has seen a few notable changes in employment law, including:

- The fine for paying less than the national minimum wage rose from £5,000 to £20,000 per employee
- The new shared parental leave provision became available for parents of children born on or after 5th April 2015
- The traditional parental leave provision was extended to parents of all children below 18 years old
- SSP, SMP, SPP, SAP, the national minimum wage and unfair dismissal compensation rates all increased
- Exclusivity clauses on zero hours contracts became unenforceable

Managers and HR professionals alike can be frustrated by the vague and changing nature of employment law and many additional changes in employment practices come as a result of case law decisions. Some notable ones this year surrounded holiday pay, discrimination, working hours and managing poor performance and behaviour. Such changes make it more difficult to keep up to date with what will keep employers out of court and was reflected in our findings that practices feel they need the most support in keeping up to date with legal changes.

Many of the results could be considered in any future planning activities. For example, where managers are spending a lot of time addressing procedural errors, is the root cause being addressed? Rather than the individuals, it is a team training need or could a procedure be improved or simplified?

“2016 could prove to be a busy year for developments in the way people are managed”

With CQC inspections now scrutinising the people management practices in general practice, it is likely that areas that were traditionally felt as unimportant or not applicable to some GP practices, such as employee engagement and more developmental areas could start to be more of a feature of employment within medical centres rather than just the more compliance-related or urgent matters. This was indicated in our results on what managers’ HR priorities are.

With further potential Scottish devolution, debates on immigration and many of the 2015 - elected Conservative majority policies being enacted in 2016 along with key case law developments, 2016 could prove to be a busy year for developments in the way people are managed.
Staff Pay and Ratios Survey

Our annual staff pay and staffing levels survey has proven to be a valuable tool for managers assessing their own practice rates and staffing needs.

What did we find out?

Out of all the responses, £6.50 per hour was the lowest salary recorded, which is 2014’s National Minimum Wage. This rate was for the positions of junior receptionist, summariser and cleaner. The highest salary given as a response was for a salaried GP at over £150 an hour.

Locum GPs earn the most at an average of £68.43 per hour, £25.37 per hour more than the average Salaried GP hourly wage at £43.06. The salaried GP salary has decreased by just over £1 from 2013/14 when they made £44.17 an hour, while locum GPs earn £1.29 per hour less than last year.

As a group, nurses (including nurse practitioner, nurse prescriber and practice nurses - senior and junior) were the second highest earners. On average, nurse practitioners earn the most in this category at £20.11 per hour, with nurse prescribers earning £18.03 and practice nurses coming home with £16.63 per hour (senior) and £15.03 an hour (junior).

The average managerial salary was from £12.01 per hour (IT managers) to £14.61 per hour (finance managers). Also included were assistant practice managers, who earn on average £12.78 per hour.

Other roles covered in the survey include admin staff, healthcare assistants, phlebotomists, dispensers and employed cleaners.

Employed cleaners earned the least (£7.24 an hour). Junior receptionists’ pay is down to £7.38 an hour, from £7.65 last year, but senior receptionists saw a small increase from £8.08 to £8.12. Secretaries earned slightly more than their receptionist counterparts (£9.51 per hour), and summarisers and administrators earned very similar wages of £8.75 per hour and £8.74 per hour respectively. These figures are also up from last year.

Of the remaining two roles covered, dispensers took home £9.43 an hour and phlebotomists with £8.56.

The survey also recorded staff-to-patient ratios per 1000 patients for admin and nursing staff, both of which showed a decrease from last year. There were 1.06 admin staff to 1000 patients (down from 1.36 last year) and nursing staff has gone from 0.45 to 0.37 per 1000 patients.

**£1.11**

The amount the average salaried GP wage has gone down per hour since the last survey

**£0.72**

The average hourly assistant practice manager wage has gone up since the last survey
Average salary per hour for roles within general practice

<table>
<thead>
<tr>
<th>Role</th>
<th>Salary per Hour</th>
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<tbody>
<tr>
<td>Salaried GP</td>
<td>43.06</td>
</tr>
<tr>
<td>Locum GP</td>
<td>68.43</td>
</tr>
<tr>
<td>Healthcare Assistant</td>
<td>9.22</td>
</tr>
<tr>
<td>Phlebotomist</td>
<td>8.56</td>
</tr>
<tr>
<td>Practice Nurse (Junior)</td>
<td>15.03</td>
</tr>
<tr>
<td>Practice Nurse (Senior)</td>
<td>16.83</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>20.11</td>
</tr>
<tr>
<td>Nurse Prescriber</td>
<td>18.03</td>
</tr>
<tr>
<td>Assistant Practice Manager</td>
<td>12.78</td>
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<td>IT Manager</td>
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<td>Finance Manager</td>
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<td>Receptionist Supervisor</td>
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<td>Receptionist (Senior)</td>
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<td>Secretary</td>
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<td>Dispenser</td>
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</table>
Average hourly GP salary 2014/15

This year saw a decrease in the average hourly salary for both salaried and locum GPs. Salaried GPs saw their average drop by £1.11 and locums by £1.29.

This seemed to be a trend with nurse practitioners and nurse prescribers both seeing a drop in their average hourly salary.

How many practice staff earn above the living wage?

75%

Living wage in the United Kingdom is set at £7.85 an hour (£9.15 in London).

75% of practice staff earned (on average) more than the national living wage.

The average salary per hour for an employed cleaner in general practice

£7.24
Average hourly salary for nursing roles 2014/15

A mixture of results was seen with the average hourly salary for nursing roles this year, with both increases and decreases on last year’s results.

Practice nurse (junior) and (senior) both saw an increase in their hourly salary. The junior role saw a large increase of £1.13, whereas nurse practitioners and nurse prescribers saw a decrease.

Average management salaries per hour 2014/15

The average hourly salary for management roles saw a varied result. Assistant practice managers and IT managers both received over £12, with £12.78 and £12.01 respectfully.

The highest salary was earned by finance managers’ who averaged £14.61 per hour this year, a difference of £2.60 between the highest and lowest salaries.
Average members of admin staff to 1000 patients

Average members of nursing staff to 1000 patients

Average hourly administration salaries 2014/15

Similarly to the nursing roles, the administration roles saw both rises and falls in salaries. Receptionist supervisor, receptionist (senior), secretary and administrator roles all saw an increase in hourly salary.

On the other hand, receptionist (junior) and summariser both saw a decrease in salary by 0.27p and 0.45p respectively.

Average hourly salary for other healthcare roles 2014/15

Other healthcare roles that took part in the survey were all paid a similar hourly wage, phlebotomists on the least with £8.56. Next with £9.22 was healthcare assistants and in highest paid were dispensers, on £9.43.
Feedback from the majority of practice managers seems to support the belief that whilst all businesses may have some performance issues, the majority of practice staff are continually needed to go that “extra mile” just to ensure that practices remain operational.

The annual FPM survey of staff salaries for 2015 helps to quantify what is the cost of staff, but it could also prompt the question of how does this cost equate with what they are worth in terms of the value most now add to practices.

I’ll now use average receptionist salaries as an indicative example of practice staff salaries in general.

Our survey reports that the average hourly rate for receptionists ranges, based on experience, from £7.38 to £8.12. These rates are then qualified anecdotally to suggest that in reality the prevailing range could be nearer to £6.50-£7.50 per hour. These rates then have the potential to be impacted upon by market forces operating in the local staffing economies.

It would appear that practice staff are at real risk of becoming the truly “squeezed middle” as the operational necessity is that they will contribute more and yet the commercial imperative is that the financial envelope that funds their salaries has been well and truly sealed. At the same time the statutory definition of what is an acceptable minimum wage is increasing.

“It would appear that practice staff are at real risk of becoming the truly squeezed middle.”

As the transition now begins from a “national minimum wage” to a “national living wage”, we will see the hourly rate for over 25s increase incrementally between now and April 2020 to £9.35. This could possibly be somewhere between 15%-40% more than present practice staff rates.

Once again practice managers have yet another challenge - this time it is how to keep the lid on practice budgets, whilst at the same time trying to be fair and ensuring staff are paid what they are worth. There will be the potential for staff to perceive they are increasingly suffering a pay decrease, as the differential between their rate and that of the minimum wage is potentially eroded.

It has been well and truly signposted, in reports such as the recent “Making Time In General Practice”, that the ongoing direction of travel for freeing-up greater GP clinical capacity is to divest them of their present burden of bureaucracy. It is unlikely that this bureaucracy will disappear - the more likely outcome is that it will be redeployed to admin staff, continuing the growth in what is expected from practice staff.

“Practice managers have yet another challenge - this time it is how to keep the lid on practice budgets.”

One outcome over the coming year could be a perfect storm developing as expectations of practice teams continue to increase whilst at the same time the financial resources available to recognise this increased value will, at best, plateau. Add to this a perceived reduction in status resulting from the impact of the national living wage and the result could be at best “very blustery”.

With all that in mind, it will be even more important over the coming year that practice managers brief their GP partners of this, and then seek to avoid this transforming from a possibility to a probability by not only managing practice finances but also ensuring staff remain fully motivated. By doing so they will ensure that staff not only continue to add value, but also continue to feel that they are truly valued.
Practice Manager Salary Survey

Now in its 11th year, the FPM Group survey ran from 2 September to 14 October 2015 and focused on the income received between 1 April 2014 and 31 March 2015.

Based on the results, the average practice manager salary in the UK is £38,306. This is £919 less than the previous year’s figure.

We found the biggest salary decrease in the North of England (when compared to previous years’ surveys) and also discovered that 53% of PMs had not received a pay rise in the last year.

There was, however, an increase in bonuses - 24% of those who filled out the survey received one this year, 10% more than in 2014.

Average Salaries

Salary by Country

The highest salaries were found in England, where annual income came to £41,073. In contrast, Scottish practice managers received over £9,000 less, with an average salary of £32,586.

Managers in Northern Ireland earned £33,027 and respondents in Wales averaged at £35,750.

Salary by Region (England)

Unlike previous years, the highest average salary was not found in London, but in the South of England, where PMs’ average income came in at £43,371.

Those in the Midlands received the lowest salary at £36,030, with the North coming just behind with £38,449.
Do you have partner status?

Just 4% of respondents said they had partner status.

Those who said they have partner status earned an average of £8,542 more than those who don’t.

I doubt the doctors really know what we do and certainly the press etc. do not; mostly I think we are very under-paid for our work.

Bonuses

76% of practice managers didn’t receive a bonus

- The average bonus was £405.31
- Two practice managers in South England received over £10,501 as a bonus
- 91.3% were given a bonus between £0 - £1,500
- A bonus between £1,501 - £3,000 was received by 4% of respondents
- 3.7% were given a bonus between £3,001 - £7,500
There’s a national issue of GPs not wanting to pay for skills and thinking practice manager is an admin role - when you are managing a business you should be paid appropriately. Practice managers as a profession should be leading the way for recognition.

Motivation

32% said that their workload was a major issue

“More work and stress, and less chances of more pay”
- Anonymous practice manager

“Generally under-appreciated position”
- Anonymous practice manager
**Working Hours**

- Most respondents worked 35+ hours
- Only 10% worked less than 30 hours
- 9% worked an extra 40+ hours
- Most practice managers who did overtime clocked in an extra 5-10 hours
- 70% of those working additional hours did not get paid for them

28% of those who responded have been a practice manager for less than 2 years
There’s been a trend in the last two years we’ve run this survey where the pay rates have declined – last year it was only 1%, this year it was 2.34%. Both small figures, but if you take into account the rarity of bonuses and significant payrises for frontline staff (and yes, that includes practices), it can have a debilitating effect on the profession itself.

The average practice manager salary for the UK has been calculated at £38,306, but the ranges vary wildly across the UK - the lowest salary for the UK was £18,478 with the highest salary at £60,330. Last year’s survey saw the lowest salary at £24,175 and highest at £66,050.

“*The pressure on general practice has created an increase in managers thinking of leaving their jobs*”

When you look at the number of people coming into the job against those leaving, nearly 25% of the profession are brand new to practice management and the primary care profession itself. When an established PM leaves the practice, it’s not just one person, it’s those years of experience they have built up, the knowledge and awareness from working through this ever-changing NHS landscape.

More worryingly, the pressure on general practice has created a significant increase in managers thinking of leaving their jobs, and the GP partners should be more active in preventing this. From the comments made by respondents, 31.7% said that the workload was a major issue, and 2% cited it as a reason for leaving this year.

PMs tell us they are in “a generally under-appreciated position” - extra workload, expectations from partners to fix everything at any time of the day (or night, or weekends), and the work for healthboards and CCGs all add up to an increasing to-do list for our PMs. Let’s not forget even more impending government “tweaks” to the NHS that will inevitably lead to changes in the practice.

Several comments related to the partners’ lack of understanding of the PM role or workload, with a suggestion to have the practice manager as a partner to ensure there is an appropriate reflection of the work involved in running the practice.

Sometimes a salary increase isn’t the answer, but recognising that one person can only do so much - one PM said that even though the partners recognised the amount of work they were doing, they agreed not to take a payrise so they could recruit a new deputy practice manager. Wellbeing and sharing workloads can be a reward that pays dividends of a different kind.

What makes it worthwhile doing this survey is when you tell us it has helped you get a fair reward for the amount of work being done; some PMs responded to say that they used the figures to back up their requests for fairer pay, whether it was salary, payrise or a bonus.

What many people haven’t yet realised is that the surgery is the front door into the British healthcare system, that first point of contact before you potentially travel through the entire complex labyrinth that is the NHS.

“*Sometimes a salary increase isn’t the answer, but recognising that one person can only do so much*”

Consultations have gone up by 20% in the last 5 years, and show no signs of slowing down, despite the numerous initiatives, incentives and indicators that are presented or imposed on practices.

Let’s remember we’re in a field that has huge benefits for itself and this nation – when we were at the General Practice Awards in November, we witnessed some fantastic practices and staff doing excellent and worthwhile work for the people that really matter – the patients that walk through the doors every day, the people that need help and support in their times of need.
2015 a year in review, and a look ahead to 2016

One of our Secret Diary of a Practice Manager blogger takes a look at what happened in 2015 for practice managers and what 2016 has to hold for the profession.

“Looking back on 2015, as practice managers, I am sure we all have mixed views. It is all too easy to look at the negatives and ignore the good things that general practice has achieved.”

As more and more procedures are moved out of secondary care, it is primary care that takes the strain and by and large with a dedicated workforce to deliver the results. How much longer that can happen is worrying, as at some point the current cracks will become a chasm.

During the election campaign, again, the NHS was part of the political rhetoric and used to make promises and claims that would not have been out of place in panto land, all to try and woo the all-important vote at the general election. Scare mongering and threats were the order of the day and the unfunded and costly announcements got more bazaar.

So more doctors and nurses were promised and a move to 7 day opening from 8am to 8pm were championed, as well as implying that your named doctor would be available for you during these times and a guaranteed same day appointment. The press loved it, and the public were too blind to see that these promises were, and still are, undeliverable.

Even more embarrassing was that the Saturday and Sunday opening were not as popular with patients as we were all led to believe it was going to be, and as appointments could not be filled the pilot trials terminated or reduced dramatically in several areas.

“The press loved it, and the public were too blind to see that these promises were, and still are, undeliverable.”

2015 saw the usual changes to QOF and revisions to both DES and LES work, however it seemed, too many, to be far tougher to achieve the targets even if you could get the patient in for the check and get the financial reward.

There was little uplift to the Global Sum and so financial pressure continued and staff were faced once again with little or no wage increase. 2016 seems as though once again the uplift will be small and will put pressure on already tight budgets to run a surgery with all todays extra running costs such as CQC.

Recruiting doctors in 2015 into general practice became even more difficult as doctors either chose to emigrate, or became locums instead, thus reducing the burden of general practice. It does not look as though it will be any easier to recruit in 2016 and if action is not taken soon to address this issue the outlook for many years to come look bleak.

“The NHS is likely to continue be the political football for politicians at the expense of patients.”

Cut backs to CCG staffing and support for practices led to delays in data checking on the increased paperwork we had to submit to validate our claims and had a knock on effect of delaying payments to practices. However the changes of centralising payments through Shared Business Services towards the end of the year, has started to improve payments and hopefully that will continue.

So what will 2016 bring? I think we would all like to think that the worse is behind us but sadly this is highly unlikely.

The NHS is likely to continue be the political football for politicians at the expense of patients. Until the NHS is taken out of the political arena and sensible constructive discussions take place, it is unlikely that things will change much. It’s not rocket science that if patients block beds due to social care being restricted, then waiting lists will increase so funding must be increased or the present budget spent wiser.

In conclusion, we work in a much loved and much criticised NHS and 2016 is unlikely to change that but without the dedication of the managers and staff the NHS would be in a much poorer state today.
Future plans for First Practice Management Group

Matthew Wright, General Manager for the FPM Group looks at what was achieved last year and the exciting things instore for the company for 2016.

FPM Group is very aware of the increasing pressures on practices and their staff, and how much of that burden falls on to the practice manager. We make it our priority to listen and understand the changing landscape that is primary care in the UK.

This business was originally created by practice managers specifically to provide help to others, and as it has grown over the years. We added to our product and service portfolio but only if those products met a need, if they could save time and costs, or provide assistance to practices and their staff.

We are proud to offer some of the most innovative products in the market place. For example, our My Surgery Website not only provides a web presence for surgeries, it delivers tools to help practices fulfil some of their statutory duties, and will always continue to do so. This year we are adding the ability to publish GP salaries as required by the HSCIC by April 1st. This change comes at no extra cost to our customers, like all our updates, it will be ready in plenty of time and is just one example of how we continue to support practices.

“We are running a free HR advice surgery, a free legal advice surgery, hosting talks from CQC inspectors, and showing you how to get the best from the tools of ours that you already subscribe to.”

We have some pioneering changes with regard to our First Practice Management members’ section due in the first quarter of this year. Watch out for these as they will really make your life easier, save you time and give back many more times in value than the cost of a membership.

I am most proud of our award for the IT Provider of the Year for our First Practice Management team.

Our training division, Thornfields, was shortlisted as a finalist in the category of Education Provider of the Year at the General Practice Awards. This is in recognition of the high quality training programmes that we devise and deliver, and because we consistently receive good feedback from delegates about how relevant the training is and how it can be used to make improvements in their day to day working lives.

I am most proud of our award for the IT Provider of the Year for our First Practice Management team. This was voted for by our peers in the industry and shows that we delivered the right mix of skills and services to practices, and made a real difference to our customers.

I am excited about our plans for 2016, as we can build on our achievements from last year. At the forefront of our strategy is the thought we must retain the viewpoint of our founders, which is to provide the very best help and advice to practices that there is bar none.

“I am excited about our plans for 2016, as we can build on our achievements from last year.”

There will also be partners there who specialise in insurance for practices and staff, and others who can help with securing funding for new premises. These will be low key, information sharing events with a strict “no selling” policy, so please mark the dates in your diary as you may be able to tick a few things off your to-do list with just this one free day.

Watch your email inbox for further details and I look forward to seeing you there.
The Team

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