

# Medicine for Managers

Medical topics explained exclusively for readers of *nhs*Managers.net

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

The Medicine for Managers series is intended to give health managers, readers of [nhsManagers.net](http://nhsManagers.net) an insight into common conditions and illnesses, their diagnosis and possible treatment... in plain English!

Thousands of managers have downloaded this popular series. This is a library an up-to-date collection at the end of 2012. Just click on the condition you are interested in and you will be able to read and download a copy of the original article.

# Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

## Why Medicine for Managers?

**Health management has developed out of all recognition over the last fifty years, burgeoning from the 1960s hospital administrator to the skilled hospital multidisciplinary teams of today and in practice, from the helpful receptionist to capable practice management and PCT organisation.**

**T**he modern complex health service requires and demands of its managers skills to the highest standard not only in the key area of expertise but also an understanding of medicine sufficient to be able to appreciate the clinical issues that are inextricably bound with the areas of commissioning, law, human resource, service provision and quality, governance and other management specialities.

**Older members of the medical profession** and those who worked as health administrators look back fondly on the 1960s and 1970s when everything was so much simpler. Hospitals were managed by the Hospital Superintendent, the Matron and the Administrator. If they said it could happen, it happened; if they said it couldn't, it didn't!

**Similarly, in general practice, patients turned up at the surgery and waited – no appointments – and the service was provided with virtually no staff.** Every month the Executive Council sent a cheque. In the words of a popular Meerkat, *Simples!*

**Of course the service was riddled with nepotism, lack of governance and bias** but the major difference was in what medicine could provide. Even

in the seventies, there were no scans, limited medical and surgical options, few medicines and, relatively speaking, everything was cheap. So why do people remember the health care of the time with such affection.

**Probably for several reasons;** things were simple, nurses nursed, premises sparkled, expectations were much lower, there was no blame culture, workloads were less with the fittest third of the ward patients helping to care for the sickest third but, perhaps most of all, care was at the centre of everything we did.

*Hopefully, a basic understanding of the principles which underlie the provision of care will provide a simple appreciation of how managers and clinicians integrate...*

**Often 'care' was all there was because treatment was often absent or rudimentary.** There was no clock watching, one worked until one finished. Medicine of the 1960s probably had more in common with medicine of 100 years earlier than with medicine of twenty years later.

**In the 1980s came the explosion of medical skills, technological advances, and pharmaceutical innovations.** Specialisation in medicine became mandatory as knowledge burgeoned and with it came the need for management support to design, organise, deliver and, increasingly importantly, to

monitor. Gradually it was realised that the rather haphazard approach to planning and organisation needed to be replaced by a more streamlined arrangement and that governance was an essential component of medical delivery ensuring fairness, honesty and probity.

**Despite repeated criticisms of NHS management,** this has largely been successful and every day nearly 6 million patients visit their GP and over 84,000,000 out-patient attendances occur, as well as innumerable investigations and operations, together with the functioning infrastructure which makes it all possible.

**So why *Medicine for Managers*?** Hopefully, a basic understanding of the principles which underlie the provision of care in the various specialities across primary and secondary care will provide a simple appreciation of how the managers and clinicians integrate and what clinicians require and managers can deliver.

**Close working between manager and clinician** is the key to success and mutual understanding of the other's problems, demands, frustrations and expectations will lubricate the process of delivering what many feel is the increasingly undeliverable.

**I hope that, in these articles, there will be something of use for everyone. Any suggestions for topics will be happily received, together with comments. I look forward to the interaction.**

[paullambden@compuserve.com](mailto:paullambden@compuserve.com)

To read the original article hold down Ctrl, Click on the topic and a *pdf* version of the original article will open in your browser.

Anticoagulation  
Anxiety  
Arthritis  
Asthma  
Asthma – medications from the supermarket  
Brain Damage  
Bunions  
Cancer  
Chicken Pox and Shingles  
Chlamydia  
COPD  
CVD  
Dementia  
Dental – oral ulceration  
Dental Abscess  
Depression  
Diabetes  
Duputren’s Contracture  
Dyspepsia  
Eczema  
Elbow pain  
Epilepsy  
Flu Vaccination  
Gout  
Haemorrhoids  
Hair Loss  
Heart Failure  
Heart Failure Cholesterol  
Hepatitis A  
Hepatitis B  
Hepatitis C  
Hippocrates  
HIV  
Hypertension  
Irritable Bowel Syndrome  
Kidney Failure  
Learning Difficulties  
Migraine  
Melanoma  
Meningitis  
Motor Neurone Disease  
Multiple Sclerosis  
Obesity  
Osteoporosis  
Parkinson’s disease  
Peripheral Vascular Disease  
Pneumonia  
Pre-eclampsia and eclampsia  
Psoriasis  
Sexual Health  
Scabies  
Smoking  
Stroke  
Thyroid  
What is placebo?  
Why do I need a Liver?  
Why do I need a Pancreas?  
Why do I need a Spleen?  
Why do I need a Thyroid Gland?  
Why do I need Lymph Nodes?

If there is a medical topic that you would like Dr Lambden to cover you can [email him here](#)