





# Customer *Insights*

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Practice Managers are a vital link between your company and your customer. Building relationships with them can make the difference between getting in or getting nowhere. But what do they do? This month we profile a Practice Manager and note a significant sphere of influence.

**What is your title? What are any other variances in title for individuals who carry out the same type of work?**

My job title is Practice Manager, which is traditional for the role; over the last few years other titles have come in to play such as Business Manager, Business Director, etc.

**What are the main objectives/responsibilities within your role? How/why has it grown in importance in the past few years?**

The remit for this role is very wide. My main objective is to run the business on behalf of the partners, my key tasks being:

- Man management
- Finance & Payroll
- HR & training
- IT
- Business development
- Complying with PCT/DOH initiatives and directives

Since the introduction of the GMS contract in 2004 the pace of

change has increased significantly; every few months there are alterations to one element or another of the GMS contract, interlaced with this are new schemes and systems introduced from the DOH that fundamentally change the way we work; and there are also incentive schemes and initiatives from our PCT that need to be implemented. All of which require communicating to members of the Practice team; implementing systems to ensure the process is easy, logical and efficient and captures the relevant data; review of the information and targets; submitting action plans and data within set deadlines.

**What does a typical working week look like? With whom would you expect to liaise during a week?**

There is no such thing as a typical working week. Whilst this ensures you could never be bored in the role, it can also cause frustration as it is difficult to plan things with a definite deadline. Generally

speaking, each week I will have individual update meetings with the partners, the nurse team and the reception team, as well progress meetings with the District Nurses and the HVs.

On a monthly basis, I also meet with:

- The PCT Medicines Management team as part of a prescribing forum
- The PBC collaborative
- The PCT Primary Care Team as part of the Local Medical Committee
- The Practice Managers Support Group
- The PCT Steering Group as part of the steering group
- The entire clinical team as part of a multi-disciplinary team meeting

So, in any one week at least 3-4 of these meetings are likely to occur. In addition to this, medical representatives will attend the practice to meet with either doctor groups or nurse groups, depending on their speciality and the pharma product in

question. Equally, I also personally meet monthly with a medical representative, to organise and administrate a monthly education lunchtime meeting for all GPs across Buckinghamshire.

**What and who are the major influences on the decisions you reach? How do you arrive at your priorities?**

The partner's agreement/fitting in with our business strategy and time/achievability are the two major factors.

- Is it a positive factor for the needs of our patients/ practice team?
- Does it provide income/profit?
- Do we have the necessary skills/ is it achievable?
- If so re-prioritise and re-schedule the workload to fit it in

**Who are the other influencers within your local healthcare economy with whom you liaise?**

Generally, I will liaise with other practice managers, prescribing advisors, the PBC collaborative and the PCT Primary Care Team.

### What contact do you have with people from pharmaceutical companies?

I meet with representatives on both an appointment and ad-hoc basis. Chiefly, I organise the meeting planner to ensure the relevant people are present to make the medical rep meeting efficient and effective. I have regular discussions with the representatives directly to ensure we receive any educational materials that may be available for patients/clinicians. Sometimes we discuss the possibility of sponsored nurse assistance, for example an industry nurse using software to identify a patient group, such as asthmatics to help validate QOF registers and identify better treatment pathways; we also

discuss where their product is most appropriate when you are restrained by a PCT prescribing formulary.

### How can the industry achieve greater access to people who perform your role? What kinds of information might they be able to provide you with, to help you within your role?

The industry needs to understand the changing demands of primary care and the ways in which they can help practice teams to meet their targets – such as educational need and training support (for both practice based commissioning and GP appraisals). As above, we need clear information of new products and to know when they are clinically appropriate within the hierarchy of PCT prescribing formularies.

### How do pharmaceutical sales professionals need to do to improve their communications with Practice Managers?

Companies should understand the needs and variations of the role and keep abreast of current contractual developments both national and local (PCT). Identify and ask what support could be offered. Items to consider could include:

- IT training
- Meetings with consultants to improve diagnosis, treatment protocols and referral processes
- Clinical education meetings
- Meet with PBC collaboratives to help modify patient pathways, prescribing formularies, etc

### What would be your top 5 tips for medical sales professionals in how to

### improve relationships, and therefore productivity, with this group?

- Make appointments, don't just turn up
- Sponsor lunch of Practice Managers meetings as a way of getting to know the PMs in your patch and understanding what their needs are as a group and as individual practices.
- Be aware of who else is promoting same product in the area, liaise with each other to avoid bombarding GPs with the same info – as they will say no the next time you request an appointment
- Keep abreast of current contractual developments both national and local (PCT).
- Be prepared to offer non-clinical support



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