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NPM and Health Centres: What Grounds for Synergies?

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Objectivos (Objectives): With ageing populations and increased financial austerity there are questions of how health centres are managed, how they relate to specialist health care services in hospitals and whether a greater concern by them with preventative health care and psychological counselling could both reduce referrals and enhance patient wellbeing. In NPM reforms in the British NHS, governments sought to reduce costs by making Health Centres autonomous purchasers of services from hospitals. The outcomes in the UK have been anomalous. Doctors without professional management training have found themselves pressured to manage budgets and patient care in a manner which was intended to increase economic efficiency but has risked conflict with the social efficiency of their delivery of health care. Yet the case for NPM reforms in Portugal are supported by government figures from Regional Health Administrations indicating marked differences in the services that health centres provide, in the economic and social efficiency of such centres. A key issue arising is whether synergies can be gained from integrating regional and local groupings of health centres. **Objectives -** This paper reports on a case study concerning the regrouping of three health centres in the central region of Portugal, one in Coimbra, another in Figueira da Foz and the third in Cantanhede. It aims to gain a better understanding of the scope and limits of such an approach in particular concerning how to reconcile higher performance criteria without compromising psychological contract and wellbeing of providers of the service.. One of the main factors influencing costs and their potential savings in health services is preventative health care through advice on life styles such as physical exercise and nutrition may avoid referrals to high cost treatment in hospitals, as may psychological counselling. The study aims to determine why some Health Centres in Portugal, before the recent onset of austerity, engaged psychologists and professionals in preventative medicine while others did not and what are the implications for their reorganisation.

Metodologia (Methodology): Sample: Senior managers: 3 executive directors of the centres and 30 other health providers including doctors, nurses, psychologists, physiotherapists, and nutritionists. Data Collection was by individual semi-structured audio-taped interviews within a grounded theory approach in a normal work setting averaging 45 minutes. The three key questions addressed were 1, the challenge for health professionals of change management; 2, to identify and justify key criteria for higher performance and employee wellbeing; 3, the degree to which New Public Management facilitated or frustrated these. Data Analysis was of fully transcribed sequences of discourse analysed according to a newly developed coding system using MAXqda2010 of which the main codes related to psychological wellbeing, both eudaimonic and hedonic; and performance both in terms of clinical care in the different units of health centres and in terms innovation.

Resultados (Results): The results show the difficulties of reconciling the commitment of health professionals to clinical care with the demands of change management in health centres, the resultant lack of self-criticism, and of multidisciplinary synergies to address what is needed in effective change. They also indicate the lack of lateral learning between health centres, local authorities, teaching hospitals, volunteer organisations, social security institutions and non-governmental organisation.

Conclusões (Conclusions): The findings suggest the need for more reflection-on practice, training for medical professionals as managers which is not instruction in management rather than a mutual learning from them by higher level administrators and synergy with what are known to be clinical needs as well as the need to ensure that skilled personnel in some of the centres are available to others which lack them.