

Bureaucracy Busting Concordat – Principles to reduce unnecessary bureaucracy and administrative burdens on general practice

Context/ Background

In 2020, the government committed to jointly reviewing Bureaucracy in general practice, alongside NHS England, with the intention of reducing the burden on GPs and teams and releasing more time for care.

Less bureaucracy will ultimately result in more primary care time freed up for appointments with patients therefore improving access for all. This will contribute to the Government's commitment to 50 million more appointments in general practice every year and aim to increase job satisfaction, retention, role attractiveness and support ambitions to grow and diversify the general practice workforce. Reducing bureaucracy will also benefit the Departments requesting the work as they are more likely to get a better response and patients will receive their decision/certification/report more promptly.

Workload in general practice is high, and we all have a responsibility across government to ensure we are not adding to this through unnecessary bureaucracy. It is vital government understands the pressures on general practice, and that additional asks should be minimised in order to prioritise time for caring for patients, including for vulnerable children and adults, and ensuring patient safety. As general practitioners are independent contractors any requests for additional work outside of their contractual requirements should be fully resourced and balanced with their growing workloads relating to other clinical priorities.

The below are principles that have been developed to help reduce unnecessary bureaucracy and administrative burdens on general practice. Both the British Medical Association and the Royal College of General Practitioners have provided input to this document and helped inform the development of the principles. Government Departments who follow the concordat pledge to move to alternative pathways for gathering evidence where possible. Departments agree to embed these principles into their policy and decision making to enable a more effective and timely system for all:

1. All policies should be designed with the patient and patient journey at the heart of the process, to ensure a minimum administrative burden for people accessing government services.
2. General practice should only be required to provide evidence of a medical nature when it is unavailable by other means. Always consider why factual medical evidence or opinion is required and only request if it is absolutely necessary with as little frequency and depth as possible. Due consideration should be given to how this request for evidence should be funded if the request is made of general practice staff.
3. When introducing or reviewing an existing requirement for a medical certificate or examination, ensure that the most appropriate professional for the job is able to certify, promoting alternatives to the GP, including other members of the primary care team whenever possible and appropriate.
4. When requesting medical information, ensure standardised forms are available for use and ensure that all information requests are as clear and concise as possible.
5. Always consider digital forms rather than paper-based approaches, with standardisation and the potential for automation or data sharing where

appropriate, though digital solutions in themselves do not always reduce bureaucracy. Where possible these solutions should be integrated into general practice systems.

6. When changing or designing a new process or form, ensure it has been co-designed with those who will be using it, for example GPs or other appropriate healthcare professionals, to ensure it is user friendly and supports our aim to reduce bureaucracy.
7. If only medical history is required, where appropriate make provision for the option for patients to provide this themselves rather than requiring it from a GP or health professional. Where possible, this process should be designed without need for GP ratification.

What will success look like?

Culture change does not happen overnight and can be difficult to measure but by following the principles of this concordat we would expect to see over time:

- Policy being co-designed with representatives of general practice and more proactive discussions between all government departments and the representatives of general practices to understand how changes to policy and or processes will impact them.
- An increase in other professionals working in healthcare being able to complete work/ requests, not just the GP/general practice
- Positive response from general practice that bureaucratic burden has been reduced

An example of policy developed following the principles of the concordat was the introduction of the isolation note in March 2020, which acted as a bespoke alternative to the fit note, enabling employers to evidence absence from work due to covid-19 without the need to contact the doctor thus reducing pressure on GPs.

Ultimately success will mean patients, departments and local partner agencies receive the essential information they require promptly leading to greater patient satisfaction. This will support the Government's commitment to 50 million more appointments in general practice as well as improve general practice job satisfaction, retention and role attractiveness.

DHSC and NHSE will continue to engage with stakeholders to understand whether the concordat is having a real impact on GPs and gather any feedback.