



MAKING A DIFFERENCE

Reducing General Practitioner (GP) Paperwork

PUBLIC SECTOR TEAM
REGULATORY IMPACT UNIT

The following organisations have worked with the Public Sector Team to achieve the outcomes set out in this report.



We are grateful for their contributions, and for those from other organisations listed at Annex 1. The involvement of the numerous GPs was particularly appreciated given the pressures on their time.

FOREWORD BY THE PRIME MINISTER



General Practitioners (GPs) have an essential role to play at the centre of our modernised health service. They are often the first people we turn to when we are ill and in need of treatment, and we expect a great deal from the service they provide. Patients want access to medical advice 24 hours a day, 7 days a week, and if they need to see a GP then they want to see one quickly. The Government appreciates the pressure this places on GPs, and we need to ensure that we do not add to that workload by expecting them to cope also with a wide variety of unnecessary paperwork.

That is why last year I put forward 10 key ideas that would reduce the bureaucratic burden on GPs, better utilise the skills of other health professionals, and increase the amount of time that family doctors could spend with those who need their expertise the most. Those ideas were enshrined in the NHS Plan that the Government published last July, but we were also determined to take action that would have a more immediate effect.

This report sets out the interim outcomes of an ongoing project by the Cabinet Office Public Sector Team to reduce GP red tape and bureaucracy. It follows similar work by the Team to reduce burdens on the police and head teachers. The report describes action that has been taken in six of the 10 areas I identified last year. At first glance the individual outcomes may in themselves appear minor and inconsequential. But a key message from this exercise is that when a number of minor changes are added together, they make a real difference to the overall burden on front-line service providers in the public sector, in this case GPs. This is a lesson that we should all take to heart – however small we feel a request to be, however little time we believe it would take to complete it, we need to remember that it is probably just one among many. We want our GPs to be treating patients and improving health generally – their time is too precious to be wasted on other activities.

In many respects this report represents what our Modernising Government agenda is all about. GPs were involved throughout the project, identifying the problems at the outset and advising the team on what changes would make the greatest difference to them. Government Departments and Agencies worked together, and with organisations outside Government, to make those changes possible, putting the needs of GPs before their own whilst at the same time ensuring that the ultimate beneficiaries would be the public. The involvement of so many stakeholders is a testimony to the importance we all attach to the role of GPs, and this Government is determined to free up the time of GPs so that they can fulfil that role.

But we recognise that this report is just the start. In a short space of time the Public Sector Team has succeeded in reducing the red tape and bureaucracy on GPs. I have asked the team to continue to work with GPs and other stakeholders to make further inroads. Removing burdens on public sector front-line staff will both increase job satisfaction and allow them to focus on delivering high quality and responsive services – that is what the public want and what they deserve.

A handwritten signature in black ink that reads "Tony Blair". The signature is written in a cursive style with a horizontal line underneath the name.

Tony Blair

FOREWORD BY

MINISTER FOR THE CABINET OFFICE

MINISTER OF STATE FOR HEALTH

Modernising our health services is one of the key priorities of this Government. We must make sure that front-line staff – GPs, nurses and other health professionals – are able to concentrate all of their efforts on providing the best service to patients they can. Anything that prevents them doing so, particularly bureaucracy and red tape, should be rooted out and removed.

This report demonstrates what can be achieved when bodies within and outside Government work together towards a common goal. The Cabinet Office Public Sector Team and the Department of Health have worked in partnership with a wide range of stakeholders to analyse how and why GPs have come to be burdened with a wide variety of unnecessary demands on their time. More importantly, they have pointed the way to how this can be avoided in the future.

We hope that the public will see that they too can make an important contribution to helping ensure that GPs spend time on patient care rather than unnecessary paperwork.

This project will have an impact that extends beyond the 36 specific changes delivered, though that in itself is a notable achievement. The overall burden of paperwork and processes on GPs will be reduced and we will continue to take action to reduce it still further. GPs want to be able to spend their time using their skills to treat patients: these changes will enable them to do so.



Mo Mowlam

Mo Mowlam



John Denham

John Denham

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EXECUTIVE SUMMARY

The purpose of this project was to deliver specific, tangible outcomes that would reduce the existing amount of unnecessary paperwork that GPs have to contend with. The Cabinet Office Public Sector Team and the Department of Health worked in partnership with a wide variety of stakeholders, including practising GPs, to identify the areas where immediate action could be taken and facilitate change. As the aim of the project was to deliver outcomes, it is best summarised by setting out precisely what has been achieved. More detail, including the savings associated with each individual outcome, is available in the body of the report.

The overall estimated annual savings for GPs directly resulting from the outcomes achieved are around:

- **7.2 million appointments; plus**
- **750,000 hours**

Unnecessary GP input has been, or is being, removed in a number of areas

Outcomes	Target Date
• Sick certification will be integrated into the hospital discharge process so that hospital doctors and consultants will not refer patients to a GP solely for the purpose of obtaining a sickness certificate.	July 2001
• GPs will no longer be expected to counter sign passport applications.	June 2001
• GPs will no longer need to issue repeat prescriptions for gluten free foods.	December 2001
• GPs will no longer be expected to counter sign driving licence applications.	Spring 2001
• GPs are not required to record injuries for police purposes.	Now
• GPs do not need to provide jurors with a certificate to excuse them from jury service.	Now
• Practice nurses will be able to issue certificates to jurors in the event of sickness during their service.	April 2001
• GPs will no longer be expected to counter sign shotgun certificate applications.	Early 2002
• GPs do not need to certify whether private pension holders are still alive.	To be confirmed
• GPs will no longer be expected to sign the statement at part 1 of Attendance Allowance or Disability Allowance application forms.	April 2001
• Health professionals other than GPs will clarify, if necessary, that a patient is suitable for loans of some Red Cross medical equipment, such as self-propelled wheel chairs.	August 2001

- | | |
|--|------------|
| • The Association of Train Operating Companies (ATOC) is set to change its procedures so that GPs will no longer be expected to sign applications for a Disabled Persons Railcard for people with severe epilepsy. | April 2001 |
| • GPs will no longer be expected to provide patients with a certificate to explain a short-term absence from an attendance centre. | April 2001 |
| • Surgery staff other than GPs will be allowed to "sign-off" pre-notification breast and cervical screening lists. | April 2001 |
| • GPs are not required to certify immunisation returns. | Now |
| • GPs no longer need to make a declaration in support of patients who wish to have a postal vote. | Now |

In other areas, the existing burden on GPs has been, or is being, reduced

Outcomes

Target Date

- | | |
|--|---------------------|
| • The role of GPs and other health professionals in providing reports and certificates for employers will be clarified. | Second-half of 2001 |
| • Best practice guidance to minimise referrals to GPs by the legal profession will be issued | July 2001 |
| • GPs will be approached regarding housing allocations only when their input is essential and no one else can provide it. | April 2002 |
| • GPs should be approached regarding the entitlement of a disabled person to a free telephone (or related equipment) or help with minor alterations to their home only when their input is essential and no one else can provide it. | April 2001 |
| • GPs and midwives will be able to sign maternity certificates (form MATB1) from 20 weeks before the estimated week of confinement rather than the existing 14 weeks. | September 2001 |
| • GPs should be approached regarding applications for concessionary bus fares only when their input is essential and no one else can provide it. On these rare occasions, only confirmation of clinical information will be requested. | Imminent |
| • GPs should be asked to certify "dial-a-ride" applications only in exceptional circumstances. On these rare occasions GPs will be asked to provide factual clinical information only. | April 2001 |
| • The Attendance Allowance or Disability Living Allowance factual report will be revised to focus on clinical facts rather than subjective opinion. | Early 2002 |
| • The Benefits Agency is actively working to ensure that it will only approach GPs for Attendance Allowance or Disability Living Allowance factual reports where their input is essential and no one else can provide it. | On-going |

- | | |
|---|----------------|
| • GPs' role in the mental health assessment process will be clarified, to reduce unnecessary involvement. | June 2001 |
| • The number of medical reports produced by GPs for life insurance companies is being reduced. | Now |
| • GPs will be approached regarding Disabled Facilities Grants for major structural alterations only when their input is essential and no one else can provide it. | April 2002 |
| • Certificates Med 3 and Med 5 (which record the doctor's advice to the patient on their capacity for work with and without an examination of the patient on the day of issue) will be available in a single pad. | September 2001 |

Where appropriate, the Public Sector Team is working with stakeholders to further develop and implement action to reduce the burden

Outcomes

Target Date

- | | |
|---|----------------------|
| • Subject to successful pilots, which will begin this year, the power to certify incapacity for work will be extended to nurse practitioners. | Pilots begin in 2001 |
| • The development of local protocols on child health and education – covering the most appropriate role for a GP – will be encouraged. | April 2001 |
| • Proposals to reduce the GP role in the disabled parking permit system will be invited in a discussion paper. | Spring 2001 |
| • Access to death records by insurance companies will be incorporated into the review of civil registration services. | Spring 2001 |
| • The feasibility of allowing community mental health practitioners to certify severe impairment of mental health for the purposes of obtaining a council tax discount is being investigated. | To be confirmed |
| • The Electoral Commission will be asked to consider whether attestation of long-term proxy vote applications should continue to be required from GPs and others. | To be confirmed |
| • The MATB1 and the form completed by health professionals, including GPs, as part of a Sure Start Maternity Grant (SSMG) claim will be reviewed. | April 2001 |

CHAPTER 1: INTRODUCTION

Reducing General Practitioner (GP) paperwork

In April 2000 the Prime Minister announced 10 key ideas that, once developed and implemented, would lead to a faster, better service from General Practitioners (GPs) to patients, and greater job satisfaction for family doctors. The ideas were focused on reducing the amount of time family doctors spend:

- administering their practices;
- providing repeat prescriptions;
- dealing with coughs, colds and other minor health problems;
- on unnecessary out of hours calls;
- chasing up test results and arranging hospital appointments for patients;
- dealing with certification and administration for other organisations;
- on unproductive training;
- on routine staff management functions, such as recruitment and pay;
- on finding the latest evidence of the effectiveness of different treatments and drugs; and
- on the administrative processes that back up the management of groups of patients.

The Prime Minister and John Denham, the Health Minister, both referred to the importance of stripping away bureaucracy to free up the time and skills of family doctors, and confirmed that the Government was “set to announce a study into how the burden of paperwork and bureaucracy can be eased.”

This report sets out the interim results of a joint project by the Cabinet Office Public Sector Team (see below for information about the team) and the Department of Health to reduce the current paperwork burden on GPs. The key objectives of the project were to:

- identify paperwork and processes that are considered a burden to GPs;
- assess the implications of their removal or amendment;
- rigorously challenge why such paperwork and processes are being used; and
- develop and implement action to reduce the burden.

The report:

- analyses why the problem of red tape and bureaucracy on GPs arises (chapter 3);
- describes the action that the team has taken to reduce the burden (chapter 4); and
- provides examples of ways in which stakeholders such as patients, businesses and GPs themselves can help ensure that the reductions set out in this report are achieved (chapter 5).

The Public Sector Team

Constitution and purpose

The Public Sector Team was established in November 1999 in response to the Government's concern about the increased bureaucratic burden on the public sector. Located within the Cabinet Office's Regulatory Impact Unit (RIU), the team's remit is to:

- identify the major bureaucratic and regulatory burdens on the public sector;
- distinguish those burdens imposed by central government from those imposed for other reasons, e.g. as part of internal management systems; and
- recommend ways in which the regulatory burden might sensibly be reduced.

The team consists of secondees from the private and public sectors and permanent Civil Servants. It is headed by:

- David Hayler, a senior Unilever executive.

His management team are:

- Zoë Billingham (London Borough of Camden);
- Steve Blake (Carillion plc); and
- Glynne Jones (Cabinet Office).

Through its mix of various backgrounds, knowledge and experience, the team is able to draw comparisons and contrasts between attitudes and approaches in the private and public sector, allowing lessons to be learned and best practice disseminated.

The team's key aim is to achieve tangible results that make a real difference to the work of front-line service deliverers. The team works with front-line staff to identify issues, and then with stakeholders to tackle them. Its reports focus on outcomes and achievements rather than recommendations for action.

Previous reports

On 17 April 2000, the Public Sector Team published a Scoping Study that identified four key areas in the public sector for the team to concentrate on: criminal justice (police), education (schools), health (GPs) and local authorities. An interim report on action the team had taken to reduce police paperwork – "Making a Difference: Reducing Police Paperwork" – was published the same day. The team's second report – "Making a Difference: Reducing School Paperwork" – was published jointly with the Department for Education and Employment on 14 December 2000.

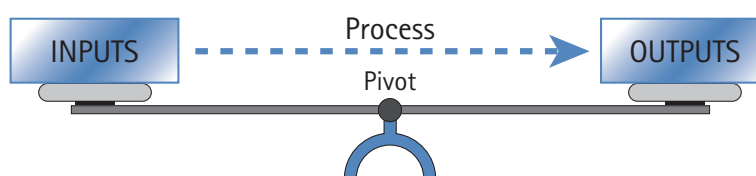
CHAPTER 2: METHODOLOGY

The Balanced Argument

A fair, decent and safe society depends on good regulation. However, regulation that results in unnecessary red tape and bureaucracy is not efficient and needs to be challenged. A key task in this and other projects, was to assess whether the level of red tape and bureaucracy in specific areas had grown to the extent that it outweighed the benefits that the regulation was intended to deliver.

The “balanced argument” was used to identify paperwork and processes that are bureaucratic and to facilitate solutions. It is founded on the principle that the time and effort required for the input must be balanced against the output.

A balanced argument can be shown as:



For a process to be beneficial and non-bureaucratic, the outputs should at least equal the inputs and ideally exceed them. The position of the pivot can be changed through policy-making and this will affect the balance. For example, if there is a bias towards the output as opposed to the inputs, then the pivot will move and the weight ratio necessary to achieve balance will change.

The balanced argument is informed by a series of meetings and discussions between the team and both those responsible for the relevant policy and its administration, and those who deal with the consequences on the front-line. For this project the Public Sector Team visited GP surgeries to see and hear at first hand how red tape and bureaucracy can get in the way of treating patients (see Annex 1 for a list of the GPs consulted). Meetings were then held with those responsible for the policies and administration that were considered to be creating the burdens. The team did not seek to criticise or change the policy in place; rather it sought to ensure that it fully understood the policy objective behind the process or paperwork requirement before looking for simpler ways to achieve the same objective. Potential solutions were brokered through negotiations with the GP Advisory Panel (see below), policy-makers, administrators and other stakeholders.

The GP Advisory Panel

A GP Advisory Panel was constituted to provide specialist advice throughout the project. Its membership is:

- David Hayler (Cabinet Office Public Sector Team) (Chair)
- Liz Kidd (Department of Health)
- Dr Philip Sawney (Department of Social Security)
- David McNeil (NHS Executive)
- Dr Akber Mohamedali (Practising GP)
- Dr Joe Neary (Practising GP)
- Chris Craig (Practice Manager)

- Dr Peter Holden (British Medical Association/General Practitioners Committee)
- Dr David Pickersgill (British Medical Association/General Practitioners Committee)
- Matthew Isom (British Medical Association)
- Dr Michael Taylor (Small Practices Association)
- Michael Dixon (NHS Alliance)
- Rex Davenport (Primary Care Group)
- Simon Williams (Patients Association)

The bodies represented on the Panel all have an important stake in the efforts to reduce GP paperwork. Invitations to join the Panel were issued following advice from practising GPs, the Department of Health and others on who should be represented. Practising GPs and the British Medical Association have more than one representative, reflecting their key interest. All the individuals and organisations on the Panel strongly support the project.

Not all stakeholders are represented on the Panel – if they were the Panel would be too large to conduct its business effectively and there would be a danger that the Panel would be distracted from its primary purpose of providing independent, expert advice. Thus, separate meetings took place with a wide range of stakeholders not represented on the Panel, such as the Confederation of British Industry, the Federation of Small Businesses, the Trades Union Congress and the Royal College of Nursing, to ensure that they had an opportunity to contribute. A full list is at Annex 1.

CHAPTER 3: ANALYSING THE BURDENS

Red tape and bureaucracy inhibits the ability of public sector workers on the front-line to deliver high quality, responsive services. GPs are key service providers in the public sector, and their efforts should be focused on patient care. If patients are broadly defined as “people that are ill and feel in need of professional advice” then any task unrelated to their treatment constitutes a potential burden because it is something beyond patient care. If GPs are to achieve targets such as seeing patients within 48 hours, as announced by the Prime Minister, then they must not be inhibited with unnecessary paperwork and processes.

Identifying areas for attention

Following the team’s visits to GP surgeries, it compiled a list of 65 areas for attention, based on the paperwork, processes and information requests identified by the GPs as burdensome. Drawing on advice from the GP Advisory Panel, 29 areas were identified for action in the short-term (ie within three months), and these form the basis of the outcomes announced in this report. The remaining 36 areas – which include issues such as patients failing to attend appointments – are not analysed in this report but they will form the basis of the team’s future work.

The causes of GP red tape and bureaucracy

The red tape and bureaucracy currently faced by GPs arises for a number of reasons, for example:

- The prevailing view amongst the public, businesses and others that GPs are a readily available source of information – clinical and non-clinical – about their patients.
- Misconceptions in the health sector and elsewhere about the nature of red tape and bureaucracy and how it might be reduced.

Role of the GP

Key role

When people are ill and feel in need of professional advice, their first port of call is often a GP. GPs believe that this provision of an initial response to patients and subsequent treatment or referral is their key role.

Other roles

In addition to patient care, GPs also fulfil another important role: independent contractors paid to provide certain statutory certificates necessary for patients to obtain benefits on grounds of illness or disability. As independent contractors, GPs are entitled to undertake work in a private capacity as well as for the National Health Service (NHS).

Patient care v certification/verification duties

It is this duality of GP function that is a principal cause of some of the red tape and bureaucracy faced by GPs. If it is believed that the GP’s sole role should be the clinical assessment and treatment of patients, then arguably GPs should not be expected to undertake any activities such as certification or verification of a patient’s condition. However in certain circumstances, for example where an individual’s medical condition affords a right to particular government support and services, the citizen clearly benefits most from a GP service that diagnoses, treats and provides verification

and details of that condition to the relevant authorities. This is a fine balance to maintain, particularly as it could be argued that any approach to a GP about one of their patients is a clinical enquiry almost by definition. Unfortunately, over time citizens, businesses and public sector bodies have placed increased certification and verification demands on GPs. The culture that has evolved is one in which GPs are approached almost as a matter of course because they are seen as an accessible, cost-effective and reputable source of information. This has created an imbalance where inappropriate paperwork (i.e. requests for certificates and verification unrelated directly to the clinical treatment of a patient) is diverting and distracting GPs from providing a high quality and responsive service to those in need of treatment.

There now exists a culture and mistaken belief that GPs are a legitimate source of all patient-related information and should be consulted first in all cases. This must be remedied if the potential to reduce paperwork offered by the actions set out in this report is to be optimised.

GP accessibility

It is relatively easy to make an appointment to see a GP – simply a matter of contacting the surgery. Thus, when medical information is sought from an individual, their first step is likely to be to speak to their GP, even though other health professionals or sources may often be able to provide better and more accurate information. Similarly, when asked by Government Departments, Agencies or other public sector bodies, individuals are likely to offer their GP as an appropriate contact for further medical information. The effect is that GPs bear the brunt of information requests when others – such as consultants, health visitors, nurses etc – are often equally well, or even better, placed to, for example, provide local authorities with factual reports in respect of health-related applications for housing improvements.

GPs – a reputable source of information

Often verification of a person's identity or the information they provide is sought from a GP simply because of a GP's standing in society, despite the fact that in reality, other members of the community who know the person well are better placed than the GP to verify the information. For example, GPs are cited as a possible counter-signatory to applications for passport and driving licences. No clinical information is expected from the GP and, as such, it is an unwarranted use of GP time. It is true that other professionals, such as established civil servants and engineers, can also countersign such documents, but these would not require the use of an appointment which would otherwise be devoted to improving patient health, as is the case with a GP. The Public Sector Team has constituted a working group to develop a common phrase for these types of documents that need to be countersigned, to help ensure that GPs do not face such burdens in the future.

GPs – a cost effective source of information

GPs are widely regarded as a free service to their patients, and thus a free source of information. However, GPs are remunerated from the public purse for the provision of patient care and treatment – the taxpayer derives no value for money from GPs undertaking unrelated non-contractual activities such as countersigning passport applications. Despite the fact that many GPs also perform work outside of the time they commit to the NHS, the requirement to countersign forms inevitably makes incursions into time that could be spent on NHS work. The objective of this project was to maximise

the proportion of GPs' NHS time that could be spent on patient treatment rather than non-clinical paperwork. The public is not getting the best from the GP service if GPs are spending NHS time countersigning driving licence applications and similar documents.

Getting appropriate advice from GPs without imposing a burden

Even where a certification demand or request for information is justified, burdens on GPs can arise if it is requested in such a way that meets the needs of those requesting the information but requires a GP to provide more than purely clinical facts. For example, a factual report is sometimes requested from a GP when the Benefits Agency is unable to make a decision on the basis of the information provided by the applicant to support a claim for Attendance Allowance or Disability Living Allowance. However, at present the factual report in the main asks GPs to provide subjective opinions rather than clinical information. As such it is a burden, not least because it poses questions that anyone close to the person is probably better placed to answer than a GP. Similarly, some information requests are timed and arranged for the convenience of a Government Department or Agency rather than the GP, which results in unnecessary additional appointments or visits to a surgery. For example, GPs and midwives are unable to complete the maternity certificate MATB1 any earlier than 14 weeks before the estimated week of confinement, which means that they are often issued outside of scheduled appointments.

Patient advocacy v certification/verification

Concerns about possible fraudulent claims – whether for particular services, welfare benefits or time off work – is one of the reasons why individuals are asked to obtain verification from their GPs or verification is sought directly. However, the GP role of patient advocate has important implications for those seeking verification of a claimed illness or disability. GPs are not independent, objective observers. They have a relationship with their patients which leads them to give their patients the benefit of the doubt in most circumstances, ie they believe what the patient says unless they have good clinical reasons not to do so. Thus organisations may not be achieving the objective they seek by requiring GP verification, and may be better served looking elsewhere for advice and reassurance (occupational health specialists, for example).

Vulnerable people

It is not always easy to judge whether a request to a GP to certify, confirm or provide details of an individual's condition is a justifiable one. The issue is complicated further where vulnerable members of society such as children or people with disabilities are involved. Ultimately the needs of the patient must come first, and in reducing GP paperwork it is important to avoid creating a situation whereby vulnerable groups find it more difficult to obtain the help and assistance they require. Alternative sources of information should be recommended not only to reduce GP paperwork but also because those sources are best placed to help the individual concerned. In developing the changes set out in this report, the Public Sector Team has sought to ensure that no citizen will be disadvantaged as a consequence, whether financially or in terms of quality of service.

Cumulative burden

Burdens on GPs derive from a variety of sources, and no individual element is grossly burdensome when viewed in isolation. This led many stakeholders throughout the project to claim that individual changes advocated by the Public Sector Team were relatively insignificant and did not justify the time and effort that their implementation would require. This is a common misconception that the Public Sector Team has encountered in its previous projects. The reality is that small elements of red tape and bureaucracy constitute large problems when added together. One certificate per month is not a great burden in itself but when the certificate is one amongst hundreds the scale of the problem is much more evident. To some extent the problem is predictable as few Government Departments or Agencies have an overview of the total demands on a GP's time. One of the key roles of the Public Sector Team in its projects is to make the links and reduce the overall burden.

Overlooking short-term improvements while progressing long-term initiatives

The Department of Health and others have underway a range of long-term initiatives aimed at reducing red tape and bureaucracy for GPs through, for example, better links between GPs and hospitals to speed up referrals and expanding the role of nurse practitioners. The Public Sector Team supports such initiatives but short-term improvements must not be overlooked as longer-term solutions are pursued. In this project the team was able to facilitate short-term improvements without compromising long-term objectives. For example, the Department of Health is planning to reduce the number of repeat prescriptions issued by GPs: a "medicines management collaborative" to be rolled out nationally by 2004; additional support from other staff, particularly pharmacists, partly through the "medicines management" programme, partly through the extension of prescribing rights to nurses and others; and repeat dispensing arrangements (eg the GP prescribes for a three or six month period but the patient collects the medicines monthly) nation-wide by 2004, with many people benefiting as early as 2002. Nevertheless, as a result of this project, the Department of Health is introducing different arrangements before the end of December 2001 so that GPs will no longer need to issue frequent prescriptions for gluten-free foods. The value of the Public Sector Team is that its resource is not diverted into the task of developing and implementing long-term plans and strategies – that is rightly the responsibility of the relevant Government Department. The team focuses on short-term projects with a view to delivering relatively small, tangible outcomes. However, those outcomes take on a much greater significance when added together.

CHAPTER 4: REDUCING THE BURDENS

Changing the culture

The Public Sector Team has worked with stakeholders to deliver 36 specific outcomes, described in this chapter. However, although some of the prompts to approach GPs have been removed, in order for the reductions to be fully realised, Government Departments, Agencies, businesses and the public need to take the opportunity to make a real difference to the existing paperwork burden on GPs. At the same time, GPs will need to exercise discretion and there may be instances, for example when dealing with a vulnerable person, where they feel it appropriate to undertake some of the tasks mentioned in this chapter.

Reducing inappropriate approaches to GPs

Chapter 5 of this report sets out what GPs themselves can do to help reduce the burdens they face but it is insufficient to simply tell GPs which certificates they should complete and which information requests they should accede to. GPs are advocates for their patients and their instinct will always be to provide what is asked of them. Thus steps have been taken to reduce instances where citizens may be prompted to approach GPs for non-clinical purposes.

The Public Sector Team is committed not only to delivering outcomes rather than recommendations, but also to quantifying those outcomes to demonstrate that they will have a real impact. The changes facilitated and set out in this report are meaningful only if they succeed in freeing up GP time.

In order to quantify what difference the project's 36 outcomes would make, the practising GPs on the GP Advisory Panel and those from the British Medical Association (BMA) and NHS Alliance were asked to estimate how much time each of the outcomes would save for a GP. In some instances the tasks in question involved an appointment; in others the tasks were often conducted outside of scheduled appointment times. However, in general GPs felt that the saving in respect of most outcomes would be a combination of appointments and hours. Although the hours could have been translated into appointments (working on an average appointment time of 8-12 minutes), we decided not to do this as it would have been difficult to substantiate. Thus, the savings presented are based on estimates provided by GPs. In some areas there will also be savings for other health professionals, such as midwives, but these have not been estimated here as the focus of the project was on GPs.

Outcomes

Unnecessary GP input has been, or is being removed in a number of areas:

Outcome	Estimated annual saving
<ul style="list-style-type: none"> <p>• From June 2001, GPs will no longer be expected to countersign passport applications.</p> <p>The reference to doctors as an example of an appropriate counter-signatory will be removed from Passport Office guidance and forms when the next version of these are introduced in May/June 2001. The removal of the reference to doctors as counter-signatories will be part of a general review by the Agency of the use of counter-signatures on passport applications.</p> 	<p>217,000 appointments plus 54,000 hours</p>
<ul style="list-style-type: none"> <p>• From December 2001, GPs will no longer need to issue repeat prescriptions for gluten free foods.</p> <p>There is a range of gluten free foods which patients with coeliac disease have to obtain on prescription. Patients with this condition cannot tolerate any food containing gluten. However, the wide range of this type of food, some with a very short shelf life (for example, bread and biscuits), means that patients make frequent requests because they may wish to have 20 or 30 items on prescription. Different arrangements will be introduced by the Department of Health before the end of December 2001 so that GPs no longer need to issue frequent prescriptions for gluten free foods.</p> 	<p>209,000 appointments plus 20,000 hours</p>
<ul style="list-style-type: none"> <p>• From Spring 2001, GPs will no longer be expected to countersign driving licence applications.</p> <p>The reference to doctors as a possible counter-signatory for driving licence applications will be removed from application forms at their next re-print.</p> 	<p>125,000 appointments plus 17,000 hours</p>
<ul style="list-style-type: none"> <p>• GPs are not required to record injuries for police purposes.</p> <p>The Public Sector Team has secured the Association of Chief Police Officers' (ACPO) agreement that the position should be clarified. In March 2001, ACPO will write to all Chief Constables across the country emphasising that police officers should not refer people to their GP simply to have an injury recorded on their medical record. The letter will describe the proper procedure.</p> 	<p>87,000 appointments plus 2,000 hours</p>
<ul style="list-style-type: none"> <p>• GPs do not need to provide jurors with a certificate to excuse them from jury service.</p> <p>Courts no longer require jurors to provide a certificate from their GP.</p> 	<p>57,000 appointments plus 500 hours</p>
<ul style="list-style-type: none"> <p>• GPs will no longer be expected to countersign shotgun certificate applications.</p> <p>GPs no longer need to certify applications for firearm certificates. The shotgun certificate application process is to be brought in line with this, which will require a change in the law. The Home Office intends to implement the change by early 2002. In the interim, applicants for shotgun certificates will be actively discouraged from making appointments with GPs to get their application form countersigned. The Public Sector Team, the Home Office and key stakeholders will work together to publicise this.</p> 	<p>36,000 appointments plus 6,000 hours. The interim action saves 18,000 appointments plus 3,000 hours</p>

- **GPs do not need to certify that private pension holders are still alive.** **24,000 appointments**

The Association of British Insurers will issue advice to their members commending the use of a cost/benefit analysis in seeking confirmation that a pension holder is still alive. Where confirmation is necessary, a similar approach to that agreed for passports and driving licences should be used.
- **From April 2001 GPs will no longer be expected to sign the statement at part 1 of Attendance Allowance or Disability Allowance application forms.** **7,000 appointments plus 10,000 hours**

The reference to doctors will be removed at the next reprint.
- **The Association of Train Operating Companies (ATOC) is set to change its procedures so that GPs will no longer be expected to sign applications for a Disabled Persons Railcard for people with severe epilepsy.** **3,000 appointments plus 200 hours**

At present, GPs are only asked to sign applications for people with severe epilepsy.
- **From April 2001 GPs will no longer be expected to provide patients with a certificate to explain a short-term absence from an attendance centre.** **500 appointments**

The Youth Justice Board will be issuing guidance to make clear that permission to be absent from attendance centres on ill-health grounds will normally be granted without the need for a medical certificate.
- **GPs no longer need to make a declaration in support of patients who wish to have a postal vote.** **1,500 hours**

In other areas, the existing burden on GPs has been, or is being, reduced:

- **By the second half of 2001, the role of GPs and other health professionals in providing reports and certificates for employers will be clarified.** **2,430,000 appointments plus 37,000 hours**

The Cabinet Office, Department of Health, employers' representatives and the medical profession will support a publicity campaign on sickness absence management and the role of certificates.
- **Best practice guidance to minimise referrals to GPs by the legal profession will be issued in July 2001.** **202,000 appointments plus 5,000 hours**

The Public Sector Team, the Association of British Insurers, the Law Society and the British Medical Association have agreed to work together to develop best practice guidance for personal injury lawyers aimed at minimising the number of referrals to GPs for the sole purpose of recording an injury.
- **From April 2001 GPs should be asked to certify "dial-a-ride" applications only in exceptional circumstances. On these rare occasions GPs will be asked to provide factual clinical information only.** **14,000 appointments**

The Community Transport Association will issue guidance to service operators encouraging self-certification and emphasising that GPs should only be approached in exceptional circumstances.

- **The number of medical reports produced by GPs for life insurance companies is being reduced.** **23,000 hours**

The insurance industry is using risk management tools to reduce the number of medical reports they request from GPs.

Where appropriate, the Public Sector Team is working with stakeholders to further develop and implement action to reduce burdens:

- **Proposals to reduce the GP role in the disabled parking permit system will be invited in a discussion paper due to be published in Spring 2001.** **161,000 appointments plus 69,000 hours**

The Public Sector Team will be contributing to the Department of the Environment, Transport and the Regions' review of the parking permit system.

- **The Electoral Commission will be asked to consider whether attestation of long-term proxy vote applications should continue to be required from GPs and others.** **500 hours**

The Electoral Commission is responsible for changes to the electoral process. The referral to the Commission will be made when criminal proceedings in respect of alleged proxy voting abuse have been concluded.

Publicising and emphasising alternative sources of advice

Steps have also been taken to emphasise that GPs are rarely the only source of advice, and that others are often better placed to provide the information sought.

Some unnecessary GP input is being removed:

- **Sick certification will be integrated into the hospital discharge process so that hospital doctors and consultants will not refer patients to a GP solely for the purpose of obtaining a sickness certificate.** **518,000 appointments plus 42,000 hours**

Hospital doctors are responsible for issuing a sickness certificate (form Med 3) on discharge from hospital where they advise a patient to refrain from work. The Department of Health, the Public Sector Team and the British Medical Association's Central Consultants and Specialists Committee will develop and put in place a simple system to ensure this happens so that patients are not referred to GPs for sick certification purposes as soon as they have left the hospital.

The Department of Health will work with key stakeholders to actively promote this initiative. Hospital trusts will be expected to demonstrate that they have proper sickness certification procedures in place by July 2001.

In other areas, the existing burden on GPs is being reduced:

- **From April 2002, GPs will be approached regarding housing allocations only when their input is essential and no one else can provide it.** **181,000 appointments plus 12,000 hours**

The Public Sector Team and the Department of the Environment, Transport and the Regions will review the input from GPs where local authorities need medical information to inform their housing allocation decisions. Where this input is unnecessary or the information could be obtained more efficiently from elsewhere, new guidance will be produced that will remove these burdens.
- **From April 2001 GPs should be approached regarding the entitlement of a disabled person to a free telephone (or related equipment) or help with minor alterations to their home only when their input is essential and no one else can provide it.** **48,000 appointments plus 8,000 hours**

The Cabinet Office and Department of Health will issue guidance to Directors of Social Services recommending best practice. This will remove or reduce the input from GPs.
- **GPs should be approached regarding applications for concessionary bus fares only when their input is essential and no one else can provide it. On these rare occasions, only confirmation of clinical information will be requested.** **22,500 appointments plus 3,000 hours**

As this report went to press, the Department of the Environment, Transport and the Regions was set to issue guidance to assist local authorities in determining the entitlement of disabled people to the statutory concession.
- **The Benefits Agency is actively working to ensure that it will only approach GPs for Attendance Allowance or Disability Living Allowance factual reports where their input is essential and no one else can provide it.** **31,000 hours**

The Department of Social Security is developing guidelines for Benefits Agency staff in consultation with the Public Sector Team. The guidelines will mention other health professionals that could be consulted in particular circumstances. Other steps being taken to improve the quality and consistency of decision making include: tighter checking regimes to ensure that the evidence gathered is appropriate and improved training of decision-makers in evidence gathering. The Department of Social Security is also considering putting in place exemptions to safeguarding procedures (currently further medical evidence is required in most decisions involving consideration of the higher rate mobility component) by the end of 2001.
- **From April 2002, GPs will be approached regarding Disabled Facilities Grants for major structural alterations only when their input is essential and no one else can provide it.** **2,500 hours**

The Public Sector Team, the Department of the Environment, Transport and the Regions and the Department of Health have agreed to address this in research they are about to undertake, which will inform statutory guidance (to be published in early 2002) to local housing and social services authorities.

Where appropriate, the Public Sector Team is working with stakeholders to further develop and implement action to reduce burdens:

- The development of local protocols on child health and education – covering the most appropriate role for a GP – will be encouraged.** **193,000 appointments plus 17,000 hours**

The Cabinet Office will write to Local Education Authorities (LEAs) and Health Authorities (HAs) emphasising its support for the development of local protocols on child health and education. Protocols will be an opportunity for the relevant local bodies to meet and agree procedures such as who should be approached for particular advice and information. The letter will emphasise that in some areas (for example home tuition for convalescing children, eligibility for school transport for disabled children, certifying fitness to undertake sport or go on school trips, and permission to administer certain straightforward medications) other professionals such as community paediatricians and school nurses will often be better placed than GPs to assist. The introduction of local protocols will be encouraged further by references within guidance to be published by the Department for Education and Employment later this year.

Empowering others to provide the service or information required

In certain instances there are statutory restrictions or established procedures in place that prevent health professionals other than GPs providing the certification or information required, even where others are equally well-placed. We will look to remove those restrictions where appropriate.

Unnecessary GP input has been, or is being removed in some areas:

- From April 2001 practice nurses will be able to issue certificates to jurors in the event of sickness during their service.** **42,000 appointments plus 3,000 hours**

Court Service guidance will make clear that jurors should contact the clerk of the court first and not automatically seek a certificate from their GP. If further verification is required then the courts will accept a certificate from a practice nurse.
- From August 2001 health professionals other than GPs will clarify, if necessary, that a patient is suitable for loans of some British Red Cross Society medical equipment, such as self-propelled wheelchairs.** **5,100 appointments plus 3,400 hours**

The Public Sector Team, the British Red Cross Society and the British Medical Association will develop a process to assess suitability for loans of medical equipment, minimising the need for medical referrals or certification but ensuring that there are appropriate safeguards for both wheelchair users and the British Red Cross Society.
- From April 2001, surgery staff other than GPs will be allowed to “sign-off” pre-notification breast and cervical screening lists.** **65,000 hours**

GPs will be able to delegate this task to another member of their practice as long as they are satisfied that the accuracy of the record will be maintained.
- GPs are not required to certify immunisation returns.** **65,000 hours**

The Department of Health has advised that whilst GPs remain ultimately responsible for the claim, this does not mean that they have to personally sign off the immunisation returns. The GP can delegate this function to another member of their practice such as a nurse or practice manager.

Where appropriate, the Public Sector Team is working with stakeholders to further develop and implement action to reduce burdens:

- **Subject to successful pilots, which will begin this year, the power to certify incapacity for work will be extended to nurse practitioners.** **2,440,000 appointments plus 51,000 hours**

The initiative will be overseen by a working group comprising key stakeholders – including the Department of Social Security, the Department of Health and the Cabinet Office – and pilots will begin this year. The proposal is subject to the necessary legislative changes, and to consultation with a range of stakeholders, including employers.
- **Access to death records by insurance companies will be incorporated into the review of civil registration services** **56,000 appointments**

The Office for National Statistics (ONS) has undertaken a review of civil registration, and their policy document is due to be published in late Spring. One of the issues addressed is access to records for administrative and legal purposes. The insurance industry is among the stakeholders involved in consultations about their requirements. Treasury Ministers and the Registrar General will consider the scope for implementing these reforms by Regulatory Reform Order.
- **The feasibility of allowing community mental health practitioners to certify severe impairment of mental health for the purposes of obtaining a council tax discount is being investigated** **11,000 appointments plus 2,000 hours**

Minimising the red tape and bureaucracy associated with appropriate requests to GPs

Even where requests to a GP or other health professional can be justified, changes will be made to ensure that they do not impose a burden.

The existing burden on GPs is being reduced in a number of areas:

- **By September 2001, GPs and midwives will be able to sign maternity certificates (form MATB1) from 20 weeks before the estimated week of confinement rather than the existing 14 weeks.** **114,000 appointments plus 1,000 hours**

This will enable GPs and midwives to align issuing the certificate with scheduled appointment times, though it is important to note that timescales for claimants submitting the certificate and subsequent payments will be unchanged.
- **By early 2002, the Attendance Allowance or Disability Living Allowance factual report will be revised to focus on clinical information rather than subjective opinion.** **165,000 hours**

The work will be taken forward by the Department of Social Security in collaboration with the GP Advisory Panel. The change is a fundamental one and will be progressed throughout 2001. Once the factual report has been revised, consulted upon and tested, guidance will need to be amended, revised forms printed and a full training programme for Benefits Agency decision-makers completed.
- **In June 2001, GPs' role in the mental health assessment process will be clarified, which will reduce unnecessary involvement.** **30,000 hours**

The Public Sector Team, the Department of Health and the medical profession will conduct a publicity campaign in June 2001 that will clarify GPs' role in the mental health assessment process. The campaign will explain to GPs the different roles of the first and second medical recommendation described in section 12 of the Mental Health Act 1983.

- **Certificates Med 3 and Med 5 (which record the doctor’s advice to the patient on their capacity for work with and without an examination of the patient on the day of issue) will be available in a single pad from September 2001.**

This will reduce the existing burden of stocking, carrying and referring to two pads rather than one, and also reduce the potential for fraud arising from pads being lost or stolen. New pads will be produced at the next printing (before the summer) but will not begin to arrive with GPs until central stocks of current forms are depleted and GPs/Health Authorities place orders for new stock.

This is primarily a security and fraud issue and no estimate was provided by GPs

Where appropriate, the Public Sector Team is working with stakeholders to further develop and implement action to reduce burdens:

- **The MATB1 and the form completed by health professionals, including GPs, as part of a Sure Start Maternity Grant (SSMG) claim will be reviewed.**

The information needed to ensure that the SSMG remains conditional on claimants receiving sufficient health advice will be included in the review.

No estimate available until review completed

The overall estimated annual savings for GPs directly resulting from the outcomes achieved are around:

- **7.2 million appointments; and**
- **750,000 hours**

CHAPTER 5: WHAT YOU CAN DO TO HELP

The reductions in GP paperwork facilitated during this project will be neutralised if public sector organisations, the general public and private sector organisations continue to make these demands of GPs, and GPs continue to oblige. Everyone has a role to play in delivering real change, and this chapter highlights the fairly straightforward action that can be taken to help reduce burdens on GPs without compromising their provision of a high quality and responsive service.

Public sector organisations, including Government Departments

- **Do not automatically seek information from a GP. Find out what relevant information the person or other government departments and agencies already possess, such as entitlement to certain benefits. Contact the Cabinet Office Public Sector Team (see back of this report for details) if data sharing appears to be a problem.**
- **Consider the use of self-certification. Where there are barriers to this, consider self-certification with follow-ups for further information as and when circumstances demand. But follow-ups should be the exception rather than the rule.**
- **Ask yourself whether a GP is the only, or indeed most appropriate, person to provide the information you are seeking. Use other professionals or persons that are likely to be in regular contact with the person or better placed give you precisely what you want.**
- **Consider the use of occupational health specialists if necessary – they are trained to advise on the effects that a medical condition will have on a person’s ability to undertake particular tasks.**
- **If you feel that information from a GP is essential, then ensure that you request factual clinical information only, not opinions about the effects of a condition.**

Citizens

- **Do not contact your GP for non-medical reasons.** Time that a GP spends counter-signing documents such as passport and driving licence applications could be spent treating patients and reducing your waiting times.
- **Consider alternative sources of advice.** For example, your pharmacist or NHS Direct on 0845 4647.
- **If you are unsure whether you should contact your GP, speak to one of the practice staff first.** They may advise that others are better placed to provide you with the information you require.
- **If you are asked who should be approached to provide medical information about you, consider whether your GP is always the best answer.** Could someone else – for example, a consultant, health visitor or nurse – provide more accurate and up to date information in some circumstances?

Businesses

- **Before asking an employee to consult their doctor for a letter or form to be completed, consider whether it is absolutely necessary and bear in mind that doctors will always take the word of their patient unless they have good clinical reasons not to do so.**
- **Employers are in the best position to manage employees' absenteeism. Inform your employees that they should self-certificate for periods of absence of less than seven days, in line with self-certification regulations introduced in 1982. Requiring a sick certificate from a doctor for absences of less than seven days creates problems for employers, employees and GPs.**
- **Referral to occupational health specialists following recurring periods of illness may help to give a more accurate picture of an employee's health, and assist in sickness absence management.**

General Practitioners

- **If a patient or someone else asks you to do something that you think is unrelated to clinical diagnosis or treatment then contact those responsible for the request and let them know.**
- **Ensure that your practice staff ask why an appointment, letter, verification or certificate is being requested, and encourage them to refer the person or organisation to a more appropriate information source where possible.**

CHAPTER 6: CONCLUSION

The bureaucratic and red tape burden on GPs

The extent of the problem

GP commitment to improving standards in the health service and providing a high quality, responsive service to the public remains strong but they are hampered by the amount of red tape and bureaucracy that they face on a daily basis. This report illustrates the problem vividly – within around 10 weeks the Public Sector Team was able to work with stakeholders to identify and remove a wide range of burdens on GPs, freeing around 7.2 million appointment slots every year plus 750,000 hours. The team could deliver outcomes in such a short space of time because the burdens encountered were self-evident and proven unnecessary once policy objectives had been balanced against the administrative burdens on GPs. We need to move to a situation where the potential to achieve such outcomes does not exist because all demands placed on GPs are directly related to their core function: the care and treatment of patients. The extent of the existing burden is illustrated further when one considers that this report covers just the first, short-term phase of the Public Sector Team's work to reduce red tape and bureaucracy on GPs. The advice from the GP Advisory Panel is that there are even more significant gains to be made in future phases.

The nature of the problem

The GP service is not a verification operation and GPs are not public notaries, yet these are the types of function that they are often asked to perform. The demands on GPs to undertake such activities by the general public, businesses, and other bodies, including some Government Departments, have gradually eroded the time available for actually treating patients, thereby increasing waiting times.

Why the problem exists

Throughout this project, the Public Sector Team found that no one had knowingly imposed a burden on GPs without what they felt was a good reason. Moreover, all Government Departments, Agencies and other bodies the team worked with were fully committed to reducing the burden wherever possible. This reinforces the team's findings from earlier projects – burdens are not imposed by virtue of indifference or a disregard for the demands on front-line staff. The problems arise from a lack of awareness of the overall impact seemingly innocuous requests can have, and a difficulty striking the balance between inputs and outputs.

Reducing the burden

Involving front-line staff and other stakeholders

It is essential to draw on the knowledge and experience of front-line staff if meaningful and effective solutions are to be found. The integral role played by front-line staff is a key aspect, and every opportunity must be taken to involve them in identifying specific examples of red tape and bureaucracy and developing possible remedies. The ultimate test of the team's success is whether it has delivered outcomes that make a real difference to those on the front-line, and it is difficult to see how that could be fully achieved without their close involvement throughout the projects. Having said that, it is important to ensure that improvements are made, otherwise front-line staff will see future participation in such projects as a burden in itself rather than an opportunity.

Given the nature of this particular project – medical issues, practices and procedures are not easy for the layman to grasp properly – and the short timescales involved, the team needed quick access to specialist knowledge and advice. Thus, for the first time the team constituted an Advisory Panel to assist during the project. The Panel proved a great success, and it will remain in place until the team has completed its project. The use of such advisory groups – focused on specific issues and comprising key stakeholders with a range of expertise – is strongly recommended for projects such as this, and the team will not hesitate to set up similar groups in the future as the need arises.

Making a real, lasting difference

Not for the first time, the Public Sector Team encountered many obstacles in its efforts to reduce the burden on front-line staff. Three fundamental issues need to be addressed if the level of unnecessary GP paperwork is to continue to fall:

- With the exception of the Department of Health and the Department of Social Security who oversee the legal obligations on GPs, there is often considerable organisational distance between GPs and those imposing the burden. Thus, many bodies are simply unaware of or underestimate the burden they are placing on GPs. Being based in the Cabinet Office Regulatory Impact Unit, the Public Sector Team is able to take a much broader overview of the public sector than individual Government Departments, Agencies and other bodies, but they too can take action to alleviate the burden. **They need to analyse and assess the impact of their policies or procedures on all public sector front-line staff, not just on those within their particular sector or sphere of responsibility**
- As noted earlier in this report, burdens on front-line staff, and in particular GPs, tend to be imposed from a wide variety of sources. Few are able to see the overall level of red tape and bureaucracy on a front-line service, which means that many believe that the objective of their particular request or requirement outweighs the seemingly small burden it brings. **But the cumulative effect is damaging, and everybody that places a demand on a public sector service provider such as a GP needs to bear in mind that they are probably not the only one. A “small burden” would in fact usually be better described as a small part of a very large burden.**
- Long-term, comprehensive solutions to the problems of red tape and bureaucracy should continue to be developed and progressed, but we must not forget that many of those problems exist in the present, and they frustrate and exasperate front-line staff on a daily basis. Red tape and bureaucracy must not be left in place if it can be removed or reduced in the short-term.

Changing the culture

The permanent culture change required to ensure that minimal paperwork burdens are placed on GPs could not be achieved in this short-term phase of the project. But a good start has been made. The Public Sector Team will continue to raise awareness as it works in partnership with all the key stakeholders to deliver the next tranche of outcomes. This partnership approach is in itself an effective way to embed the right culture, but it should prove particularly effective when supplemented by the types of publicity campaigns instigated in this first phase of the project.

The way forward

The Public Sector Team

Following publication of this report, the Public Sector Team will continue to work with the relevant stakeholders, not only in the next phase of the project to further reduce red tape but also to secure implementation of the outcomes agreed in this first phase.

A key performance indicator for the project will be the successful implementation of the outcomes agreed and, in particular, the amount of GP time that is freed as a consequence. Stating that a burden has been removed or reduced is not enough – its effect must be demonstrated. The Public Sector Team will monitor the implementation and impact of the outcomes in this report to ensure that the objective of saving GP time is met, and conduct a formal implementation review every 6 months.

GP Panel

The GP Panel will continue its work alongside and advising the Public Sector Team on issues of red tape and bureaucracy surrounding GPs.

ANNEX 1

Participants

Association of British Insurers
Association of Chief Police Officers
Association of Train Operating Companies
British Chambers of Commerce
British Medical Association*
British Red Cross
Chatham Primary Care Group*
Confederation of British Industry
Community Transport Association
Court Service
Department for Education and Employment
Department of the Environment, Transport and the Regions
Department of Health*
Department of Social Security*
Driver Vehicle Licensing Agency
Federation of Small Businesses
General Practitioners Committee*
Home Office
Institute of Directors
Law Society
Local Government Association
National Association of Citizens Advice Bureaux
NHS Alliance*
Office for National Statistics
Passport Agency
Patients Association*
Ridgeway Primary Care Group
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nurses
Small Business Service
Small Practices Association*
Society of Occupational Medicine
Trades Union Congress
Youth Justice Board

Practices

Alexandra Practice, Manchester

Aston Clinton Surgery, Buckinghamshire

Bincote Surgery, London

Bourne Hall Health Centre, Surrey

Bowland Road Surgery, Manchester

Brunswick Health Centre, Manchester

Chorlton Health Centre, Manchester

Court View Surgery, Kent

Dr J Kay and Partners, London

Dr Ken Burch and Partners, Oxfordshire

Dr Mohan, Kent

Dr Palta, Surrey

Dr R Hume and Partners, London

Fitznell Manor Surgery, Surrey

Grove Medical Centre, London

Grovehurst Surgery, Kent

Kingsdowne Surgery, Surrey

Maples Medical Centre, Manchester

New Chapel Surgery, Oxfordshire

Shadbolt Park House Surgery, Surrey

Southborough Lane Surgery, Kent

The Maidstone Road Surgery, Kent

The Surgery, Manchester

Trinity Surgery, Norwich

Walderslade Medical Centre, Kent

Wendover Health Centre, Buckinghamshire

Dr Ivan Benett

Sue Owtrim (Practice Manager)

Dr Dissanayake

Dr Piper

Dr Sue Hyde

Dr Cunningham

Dr Chen

Dr Dolman

Dr Board

Lyn Johnston (Practice Manager)

Dr Kay

Judi Davies (Practice Manager)

Dr Raithatha

Seb D'Souza (Practice Manager)

Dr Mitchell

Dr Mohamedali*

Dr Witts

Lisa Vandeppeer (Practice Manager)

Dr Syed

Dr Finck

Chris Craig (Practice Manager)*

Dr Bowen-Perkins

Dr Collins

Dr Kenyon

Dr De Souza

Suzanne Beacom (Practice Manager)

Dr Jill Cohen

Kathleen Shipp (Practice Manager)

Dr Gibbs

Dr Neary*

Dr Dabestani

John Butler (Practice Manager)

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