

13 September 2020

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Dear Matt

**Re: DHSC open consultation on reducing bureaucracy in the health and social care system**

Thank you for including the issue of bureaucracy in your recent Future of Healthcare speech at the Royal College of Physicians, and for this opportunity to offer our perspectives. Bureaucracy is one of many challenges for an overstretched NHS workforce and we welcome any steps that streamline processes, reduce unnecessary workload and improve staff morale. We sought the views of the College's Council, Clinical Directors networks, Anaesthetists in Training and Regional Advisers on the types of bureaucracy they face. The following six key areas of focus have emerged:

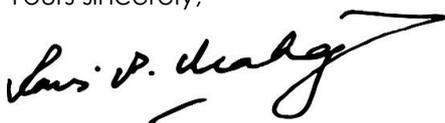
- **patient or client record management** – COVID-19 has underscored the need for more transparency, better use of data, more interoperability, and technological innovation
- **mandatory training** – we can design a more streamlined way of providing mandatory training for staff with better sharing of information across systems and between different agencies to avoid staff having to take the same or similar modules multiple times
- **recurring or routine reports** – we can empower our clinicians, and unlock the time they have to care for their patients, through streamlining existing reporting requirements and standard operating procedures to reduce duplication while maintaining a high standard of patient safety
- **clinical governance** – we can design a more efficient clinical governance mechanism to foster innovation. Current requests have to go through several levels of approval which often require unnecessarily strict financial controls
- **internal communications** – we can enhance the way in which different teams and departments communicate through development of better integrated systems and portals within hospitals
- **inductions for doctors in training** – we can develop a smoother induction process for trainees moving between Trusts, including improved sharing of information and qualifications, and ensure that trainees do not need to repeat core general training topics

I am also keen to take this opportunity to highlight the potential that truly integrated, multidisciplinary perioperative care offers in reducing bureaucracy across surgical pathways. On 16 September, the Centre for Perioperative Care will publish pioneering evidence that perioperative care is associated with higher quality clinical outcomes, reduced financial cost and better satisfaction for surgical patients. I am pleased to share an advance copy of the report, which shows that perioperative care:

- Reduces length of stay in hospital after surgery by an average of 1-2 days
- Reduces complication rates after surgery by 30-80%,
- Reduces use of intensive care units after surgery
- Supports people to feel well sooner, reducing the costs of care, and societal costs
- Increases how empowered and satisfied people are with their care
- Improves communication between surgical patients and health teams

I look forward to our continuing discussions about these and other key issues during our regular cross-specialty calls, for which I am most grateful. In the meantime, if you require any other information, please contact Mark Weiss ([mweiss@rcoa.ac.uk](mailto:mweiss@rcoa.ac.uk)), Head of Policy and Public Affairs at the College.

Yours sincerely,



Professor Ravi Mahajan  
President, Royal College of Anaesthetists