RCGP Response to the Department for Work and Pensions 'Pathways to Work: Reforming Benefits and Support to Get Britain Working' Green Paper Consultation (Great Britain)

June 2025

In order to best respond to the parts of this consultation that lie within the remit of the Royal College of General Practitioners (RCGP), while not stepping outside our charitable remit, we are submitting this written response in place of completing the consultation questionnaire.

1. Executive summary: key RCGP recommendations for Government

- Undertake comprehensive cross-sector Health Impact Assessments across the lifespan for all proposed reforms, including Personal Independence Payment (PIP).
    - The RCGP supports Citizens Advice's calls to the Government to: reverse the decision not to consult on cuts to disability benefits, and delay parliamentary votes until all relevant impact assessments have been published.
- Re-evaluate the potential impacts of all of the reforms set out in the Green Paper, and demonstrate how safeguards will be put in place to mitigate inequalities and disproportionate outcomes for groups at risk of unfair discrimination, including children. This evaluation should be informed by relevant impact assessments.
- Adopt a life-spanning 'health in all policies' approach, including for any welfare reforms, and acknowledge the prevalence and long-term impact of child poverty on health.
- Uphold the commitment made in paragraph 117 of the Green Paper by ensuring that any changes do not increase demand for medical evidence or fit notes, or place additional pressure on general practice, in line with DWP's stated aim to reduce pressure on primary care and maintain patient access to GP services.
    - Protect the role of the General Practitioner (GP) as a patient advocate who prioritises the health and wellbeing of patients and their communities.
    - Provide detailed operational guidance on the proposed new Severe Conditions Criteria, with assurances that protect GP workload and funding.
- Take steps to shift culture and beliefs around benefits to develop processes that prioritise health and wellbeing, and are built on trust, continuity, and a person-centred approach.
- Ensure clear, transparent and accessible guidance for individuals, clinicians, and professionals who support people to navigate the welfare system to minimise further distress and anxiety for those who are already, or may be, impacted by these changes, and to mitigate the impact of the increased pressures these announcements may place on health services.
    - Ensure GPs are not solely responsible for evidencing benefit eligibility, with well-resourced and accessible input available across other professions, including occupational health.
- Minimise unnecessary bureaucracy and complexity in processes such as repeated or excessive evidence requests, and ensure data minimisation principles are implemented to protect the GP role and patient relationships.

2. Introduction

As a registered charity, and professional membership body for over 54,000 general practitioners (GPs) across the UK, the RCGP's objective is to encourage, foster and maintain the highest possible standards in general medical practice; supporting GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement.

While the RCGP does not seek to directly comment on the structure and delivery of welfare and benefits systems, which lie outside our remit, we are well placed to comment on implications of welfare policy reform for patients, GPs, and the broader health system, and highlight how GPs support patients in these processes. The RCGP strongly advocates for a whole-patient care approach, with consideration of how the complex and intersecting socio-economic determinants of health influence the experiences and outcomes of patients, and wider communities. The College is concerned that the Green Paper has not been accompanied by a Health Impact Assessment, in addition to its published impact assessments on equalities and financial impact of the proposals, as we believe these reforms will have far-reaching implications for many living with long-term health conditions and/or disabilities. We encourage the Department of Work and Pensions (DWP) to consider the RCGP response to the Keep Britain Working Engagement Consultation (May 2025) and RCGP response to the Fit Note Reform call for evidence (July, 2024), alongside findings and recommendations made in the DWP-commissioned research GPs' perceptions of potential services to help employees on sick leave return to work (2012).

As defined by RCGP Council, a GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their health care needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met.

3. Links between work and health

The RCGP recognises that safe and suitable work can be beneficial for an individual's mental and physical health and wellbeing, and is a proponent of the GP role in advising patients on staying in or returning to work where appropriate, while working with other professionals to ensure patients receive the occupational support they need. This is firmly underpinned by the *2025 Healthcare Professionals' Consensus Statement for Action on Health and Work*, to which the RCGP is a signatory. We also recognise that difficult choices are required on spending given the current fiscal environment. However, we are concerned that the potential benefits of the proposals being outlined to keep more people in work risk being offset by the negative impacts of increased poverty on the health of vulnerable patients.

The RCGP is concerned that the cumulative effect of the reforms set out in the Green Paper will fall unevenly across particular groups and demographics. These reforms risk reinforcing rather than narrowing existing health inequities, with disproportionate impacts anticipated for women (who form the majority of current claimants), older adults with complex multimorbidity, and residents of high prevalence regions such as Wales, where 27% of people

live with a disability compared with 22% across the UK. Whilst DWP analysis suggests that people with physical conditions such as back pain or arthritis are most likely to be affected by the changes, those with fluctuating symptoms and conditions (particularly mental health conditions) are at risk of unfair discrimination, as previously highlighted by the Royal College of Psychiatrists.

The Government's own analysis also shows that the proposed reforms risk pushing an additional 250,000 people (including 50,000 children) into relative poverty after housing costs in 2029/30. As of June of 2023, seven in ten children experiencing poverty lived in working households. Exposure to poverty in childhood is associated with a wide range of adverse health, educational, social and psychological outcomes which can limit future employment prospects, meaning that these reforms risk leading to a vicious cycle. Reducing inequalities and child poverty must be a core consideration of all government policy. This should sit alongside policies that support people who are unemployed, in insecure or inappropriate jobs, and for those able to return to work safely, so they are not plunged into poverty. Without a life-spanning health-inequalities approach in these reforms, inequalities (and subsequently health outcomes) may worsen, shifting demand and responsibility from the DWP to the NHS, at significant cost to government and taxpayers, while root causes of the issues remain unaddressed.

The RCGP is concerned that significant proposals set out in the Green Paper are not being consulted on, and supports the Citizen's Advice call for the Government to reverse its decision not to consult on cuts to disability benefits. We are calling for comprehensive cross-sector Health, and Equity, Impact Assessments of proposed reforms, including PIP processes. The Health Equity Evidence Centre (HEEC) highlights the importance of imbedding Health Impact Assessments across government to improve health and address health inequalities. Further, the HEEC has produced an evidence briefing and recommendations on health and care interventions to support people from disadvantaged backgrounds in returning to work which should be considered by Government in the context of these reforms.

4. Role of the GP in this context

The priority for GPs is, and must always be, the health and wellbeing of patients and their communities. As patient advocates, they are not best placed to make decisions on benefits or employment outcomes. However, GPs' knowledge of their patients and their biopsychosocial context makes them uniquely placed to continue to be able to provide trusted medical evidence to support such decision making.

The RCGP notes that the Green Paper does not present a clear proposal for exactly how processes such as those for Fit Notes and PIP assessments will be reformed. It is our view that however this reform does proceed, it is crucial that the GP's role and focus on health and wellbeing is preserved. It is similarly important that wherever decisions about benefits or employment outcomes are made, due consideration is given to health and wellbeing and that these factors are not deprioritised in favour of national economic goals and productivity targets.

4.1 Prevention and care for long-term conditions and disabilities

Early intervention is important for supporting good health, which is essential for good, safe work. Preventive care is a clinical priority for the RCGP and a core function of general

practice, encompassing early identification of risk factors, lifestyle support, and timely intervention to reduce the risk of individuals developing chronic illness and morbidity, while enhancing health and well-being outcomes at both an individual and population level. Further, GPs and their teams play a vital role in diagnosing, treating, and effectively managing long-term conditions that can both affect, and are affected by, work – such as mental health and musculoskeletal conditions, asthma, diabetes, cardiovascular disease, and multimorbidity. Through chronic disease care, general practice teams support individuals to stay well, prevent deterioration, and remain in or return to good, meaningful work. This contribution is significant: people with long-term conditions account for around 50% of all GP appointments (NHS England), and recent ONS data shows 36% of working-age adults now live with at least one long-term condition, up from 29% a decade earlier – a trend expected to rise with an ageing and growing population. GPs play a key role in managing long-term conditions, yet rising demand pressures and growing complexity are placing general practice under strain. With each full-time GP in England responsible for 2,255 patients in March 2025 (over 300 more than in 2015), GPs' capacity for proactive, work-focused care is increasingly limited.

GPs witness first-hand the social challenges faced by many of their patents, including financial constraints and problems with accessing work and housing, with one in five GP consultations reported as being for non-medical reasons. The RCGP is concerned that the proposed reforms and Government messaging, suggesting that mental health conditions are being 'over-diagnosed', will negatively impact the mental health and wider wellbeing of patients. Charitable organisations including Mind, Scope, and Citizens Advice have reported increasing demand and a surge in contacts from people worried about the proposed changes. This is highly likely to also be reflected in presentations to general practice as patients seek support to navigate welfare changes and the complex system. The College is particularly concerned for those with fluctuating conditions (such as mental illness), learning disabilities, and/or who face difficulties with literacy and self-advocacy, as these changes and uncertainty can trigger stress, leading to poorer symptoms and condition management, which is subsequently detrimental to their wellbeing and ability to participate, enter, and remain in good work.

GPs and their teams support individuals with long-term conditions and disabilities to manage work and health through person-centred approaches, including social prescribing, supported by the Person-Centred Care toolkit (RCGP, NHS England). This toolkit includes practical guidance around linking patients with community and voluntary services to address social determinants of health – such as debt, housing instability, and social isolation. These non-medical factors intersect with, and often contribute to, poorer health outcomes and worklessness. Evidence shows that social prescribing can reduce pressure on GP services and improve wellbeing, confidence, and resilience – particularly among working-age adults (Polley et al., 2020, 2017).

4.2 GP engagement with DWP

The welfare system has historically been perceived by both some individuals and some GPs as sanction orientated, blaming and adversarial. Without a shift in culture and attitudes, DWP processes risk damaging trust and rapport within the GP-patient relationship. While we accept that decision-makers need sound clinical evidence, the consulting room must remain a safe and protected space where patients can speak freely. When individuals fear that conversations with their GP could jeopardise their benefits, they may feel compelled to withhold or alter their personal and clinical information, ultimately compromising safe and effective patient care and undermining the trusted GP-patient relationship.

The current culture can also make it difficult for GPs to effectively collaborate with DWP out of concerns their advice will be not duly considered, or their patient's best interests may be at risk. Where symptoms are non-specific, fluctuating or difficult to measure against objective criteria, DWP assessors should trust and place appropriate weight on the GP's whole-person clinical judgement, which is grounded in a biopsychosocial model that recognises how socio-economic factors impact and are impacted by health. This is particularly important in regard to fixed diagnostic categories or threshold-based criteria such as 'Severe Conditions Criteria'.

The RCGP urge a decisive positive shift and change in culture that is well-resourced and built on trust, continuity, and a person-centred approach. Flexibility, understanding and trust will support improved integrated between health and the DWP. This is essential for the success and sustainability of employment support initiatives and schemes such as Access to Work. Only through this can we restore trust and ensure that patients receive the care and support they deserve.

4.3 Fit notes

While the RCGP oppose shifting the fit note responsibility away from GPs in entirety, we support efforts to improve the system and address existing challenges. It is important to note that over 90% of all fit notes are signed by a GP, despite 2022 legislation expanding this to other professions. The RCGP supports maximising the effectiveness of the fit note system through digital expansion, accessible training and updated, user-friendly guidance for healthcare professionals, alongside improved access to specialist occupational services and input for complex cases or those which may extend beyond three months.

4.4 Medical evidence

Where medical evidence is requested from general practice, such as by a PIP assessor or an Access to Work caseworker, the RCGP would expect to see a framework and updated guidance to ensure robust patient consent processes and uphold the data-minimisation principle: *only the minimum clinical information required for the stated purpose, and no more*. Interoperable systems must enable purpose-limited, auditable transfers of patient information and preserve the GP's professional autonomy and discretion to decide what is shared in the patient's best interests. Anything short of these standards risks eroding the trust that underpins the GP-patient relationship and could deter patients from disclosing information vital to their care.

The RCGP seeks assurance that DWP decision-making will continue to draw on multi-source evidence from relevant professions, and not place sole responsibility on GPs to provide evidence for benefits or workplace assessments. GPs are expert medical generalists, and often lack the time, occupational expertise, and system connectivity to make detailed work-related recommendations, as highlighted in 2012 DWP-commissioned research. The RCGP advocates for a coordinated approach, with responsibility shared across health, employers, and occupational professionals. This requires sustainable investment, service integration, access to trained occupational health and employment support, and protected clinical time to ensure individuals receive timely, appropriate support. In this context, it is also noteworthy that many GPs lack access to occupational health support themselves, highlighting disparities within the healthcare workforce.

5. Conclusion

The RCGP urges the DWP to embed a person-centred approach within the proposals set out in this green paper. Individuals should be included and enabled to lead discussions about their experience and assistance they may need, encouraged and supported appropriately to do so through relevant DWP and health services. A 2012 DWP-commissioned study (mentioned previously) found that surveyed GPs were in favour of an intervention model in which the level of support is tailored to the individual needs of the patient. These GPs believed the holistic approach and sustained support would help patients who could potentially work move from sickness or other benefits into paid employment. They reported that the ability to refer patients for an independent, expert occupational health assessment may support them to fulfil their role as patient advocates, without overstepping their expertise or compromising their relationship with the patient.

Ultimately, GPs must be enabled to remain focused on the needs of the patient, and any reforms to DWP policy and processes should ensure the GP role is protected, not undermined or overburdened. General practice has a meaningful contribution to make in preventing health-related job loss, but this requires a system that is properly resourced, joined up, and realistic about what GPs can and cannot do. Responsibility must be shared across appropriately resourced and trained professionals and services, not placed on an already overstretched profession. Further, the historic "pervasive culture of mistrust around PIP and ESA processes", as acknowledged by the Work and Pensions Committee, must be actively addressed so that restructure and reform doesn't simply perpetuate the same issues.

Ends.