



Royal College of  
General Practitioners

Stephen Kinnock MP  
Minister of State for Care  
39 Victoria Street  
London  
SW1H 0EU.

April 2026

Dear Minister,

I am writing on behalf of the Royal College of General Practitioners to share the findings of our new report, '*Tackling the GP workload crisis: From evidence to action on hidden and avoidable workload in general practice*', which I believe will be a valuable tool to help you in your aim of reducing unnecessary administrative burden in general practice.

Our latest research examining the complex nature, scale and impact of hidden and avoidable workload in general practice in England - suggests the average equivalent cost may amount to £410 per GP per day. Tasks identified range from repeated referrals due to administrative issues and excessive regulatory documentation to chasing information arising from poorly integrated IT systems.

Although much of this work is often undertaken outside contracted hours, these hidden or avoidable activities may reduce the time available for patient care and have been linked to increased stress and burnout for GPs, with significant implications for workforce retention and thus the stability of services and patient care. While the findings are indicative and based on a modest sample size, they are consistent with recent public statements from the Secretary of State, who noted that "general practice is buckling under the burden of bureaucracy" and that "it is clear the system is broken".

The results of our 2025-member survey also support these findings:

- GPs report spending over a quarter of their time (25.3%) on administrative work related to clinical care that does not always improve patient outcomes.
- Almost three quarters (73%) of GPs say patient safety is being compromised by excessive workload.
- Fewer than a third (29%) say they have time during consultations to build the relationships needed to deliver high-quality care.

Our latest research found that poor interface working between primary and secondary care, fragmented referral pathways, and unclear communication with patients drive avoidable work into general practice. GPs reported spending significant time reissuing prescriptions, resending lost referrals, manually completing non-integrated forms, and acting as a safety net

when other parts of the system fail. These tasks are often unfunded and rarely captured in activity data for general practice.

Poor digital infrastructure is another major driver of avoidable workload. Fragmented, inefficient and inconsistent IT systems, duplicate data entry, and poor interoperability between care settings routinely force GPs to complete work outside contracted hours. Only around one in five GPs say their systems exchange information with secondary care effectively, and the overwhelming majority believe improved digital interfaces would reduce workload.

Regulatory and reporting requirements also add significant burden. Frameworks such as QOF, alongside compliance and documentation requirements, divert time from clinical care and are widely perceived as overly bureaucratic.

Our report therefore sets out a series of practical recommendations for Government, NHS England and system partners to improve the primary and secondary care interface; recognise GP workload to guide fair resource allocation; improve the interoperability of digital infrastructure and IT systems and streamline regulatory and reporting requirements to reduce duplication and administrative burden, ensuring frameworks such as QOF and CQC processes are proportionate and focused on high-value patient care. These actions would help ensure that GP time is spent on patient care rather than avoidable administrative tasks. There is also a need for additional occupational and mental health support for GPs to help tackle burnout and ensure GPs can deliver NHS care for longer.

As the Government advances plans to shift more care into the community, it is essential that the hidden workload already carried by general practice is recognised and reduced, and any further shift is matched with appropriate resourcing, including funding, to support the additional work required.

I would be grateful for the opportunity to meet to discuss how we can progress this work at pace. Tackling these issues is critical not only for GP wellbeing, but for improving patient access, safeguarding patient safety, and ensuring the sustainability of general practice.

Yours sincerely,

A handwritten signature in black ink, reading 'VtzBrom'. The signature is fluid and cursive, with a large initial 'V' and a long, sweeping underline.

Professor Victoria Tzortziou-Brown  
President of RCGP Council