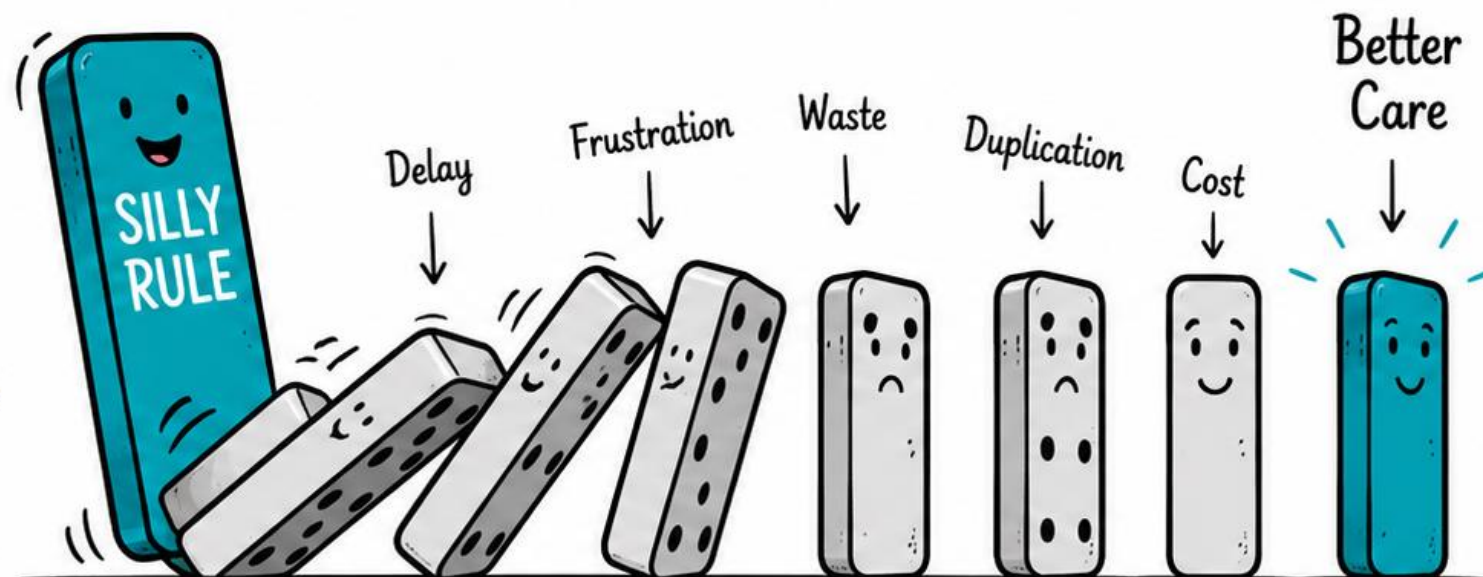


Silly Rules, Serious Consequences.

Bevan Commission Silly Rules Webinar



14th July 2026



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Bevan Commission

Working for a healthier, fairer and more prosperous Wales

The Bevan Commission is Wales' leading
independent think tank for health and care.

Led by 24 internationally renowned expert commissioners.



What we do



Challenge

We shine a light on the
big challenges and ask
the questions that matter.



Change

We turn evidence and ideas
into practical solutions that
improve health and care.



Champion

We amplify what works and
inspire action for a healthier,
fairer Wales.

“

We work with
partners across
Wales to tackle
the big challenges
in health and care
and build a fairer,
healthier future
for everyone.



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Show of hands

Hands up if you, or someone you know, have had to.....



Repeat the same medical information to multiple people, multiple times?



Receive a letter for an appointment that had passed?



Take actual hard copies of notes, letters or scans to different appointments?



Come across an arbitrary rule that everyone follows, but not certain why it exists?



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TIME

Wasted time for
patients and staff



COST

Unnecessary cost
to the system



ENERGY

Drains energy and
diverts focus



EFFICIENCY

Slows things down
and creates waste



FRUSTRATION

Causes frustration
and reduces morale



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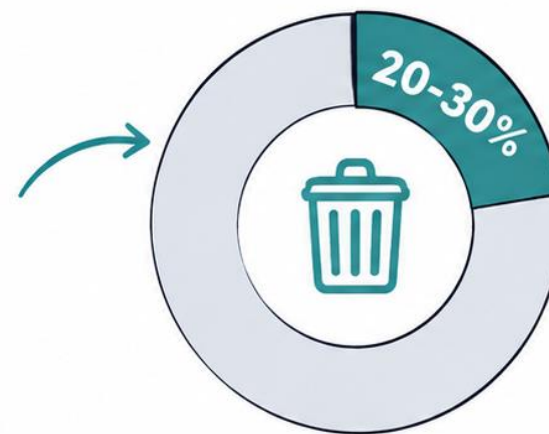
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It's estimated that between **20 - 30 %** of all the resources invested in health and care systems are **WASTED**.

(Berwick & Hackbarth, 2012).



In Wales alone we spend **£8.7bn** on health and social care services every year – therefore the elimination of unnecessary waste could enable the redistribution of **£1.7 - £2.6bn** to help improve and sustain services.



Berwick, D.M. and A.D. Hackbarth, *Eliminating waste in US health care*. Jama, 2012. 307(14): p. 1513-6.



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What £2.6bn could help fund (illustrative example)



Hip replacements

£8,000 – £10,000
per operation (approx.)

→ 260,000 – 325,000
operations



Knee replacements

£7,500 – £9,500
per operation (approx.)

→ 275,000 – 345,000
operations



Cataract surgery

£1,000 – £1,500
per operation (approx.)

→ 1.7 – 2.6 million
operations



Hernia repair

£2,000 – £3,000
per operation (approx.)

→ 870,000 – 1.3 million
operations



This is **NOT** real money sitting in a pot.

It represents the **potential value** that could be released by reducing waste – through better use of people's time, resources, and capacity across the system.

Figures are approximate NHS average costs and rounded estimates for illustrative purposes only.
They do not represent a commitment to spend or a pot of money that is available to redeploy.



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Silly Rules Work was inspired by a simple but powerful example – the ‘bicycle book’ rule.



A small rule with big impact

A rule introduced during World War II required staff who cycled to work to sign a ‘bicycle book’ to receive extra food rations. Decades later, this rule was still being followed – even though it no longer made sense, wasn’t benefiting anyone, and was wasting time and resources.



It sparked a simple idea

If an outdated rule could last 75 years, how many others are still getting in the way of care today?

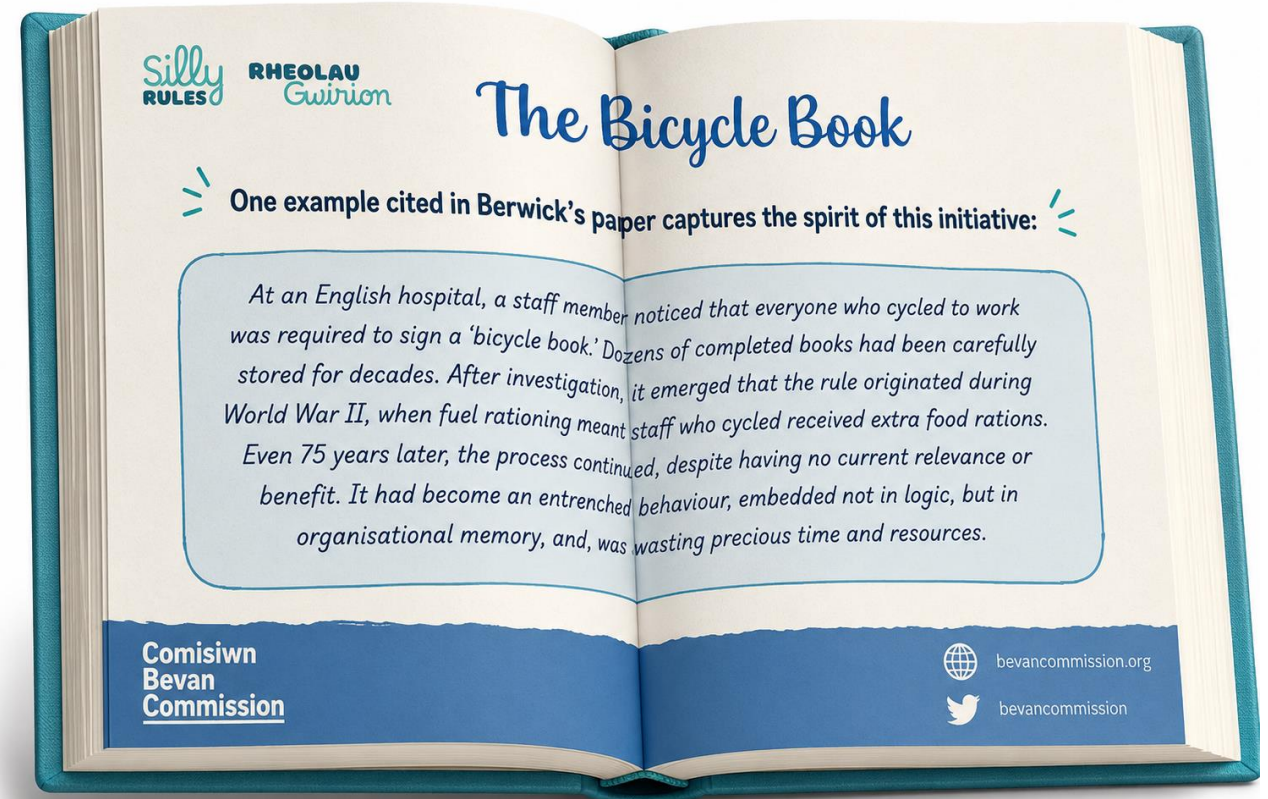


Turning frustration into action

This insight led to Silly Rules Work – a movement to empower everyone in health and care to spot, report and change the rules that don’t make sense, so we can focus on what truly matters.



Silly Rules Work is about creating the conditions for better care, less waste, and happier staff.



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SILLY RULES

Spotting the rules that **don't make sense**.

This work aimed to identify 'unhelpful rules' or 'administrative barriers' that contribute little or no value to care, impede the work of clinicians, frustrate patients and families, and waste time and other resources across healthcare settings.



By spotting and removing silly rules, we can **remove barriers**, free up **time and resources**, and focus on what **truly matters**: better care for all.



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“

If you could **break or change any rule(s)** to provide a **better care experience** for patients, families, or staff in Wales, what would it be?

”

Pe gallech dorri neu newid unrhyw reol(au) i ddarparu profiad gofal gwell i gleifion, teuluoedd neu staff yng Nghymru, beth fyddai hynny?



Workforce:
health & social care



Public:
patients, carers, families



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780+
Responses



110
Organisations



800+
Individual 'Rules'



10
Themes Emerged

3 Distinct Types



1 National or policy rules



2 Local or organisational rules



3 Not rules but myths or cultural behaviours
(*'we've just always done it this way'*)



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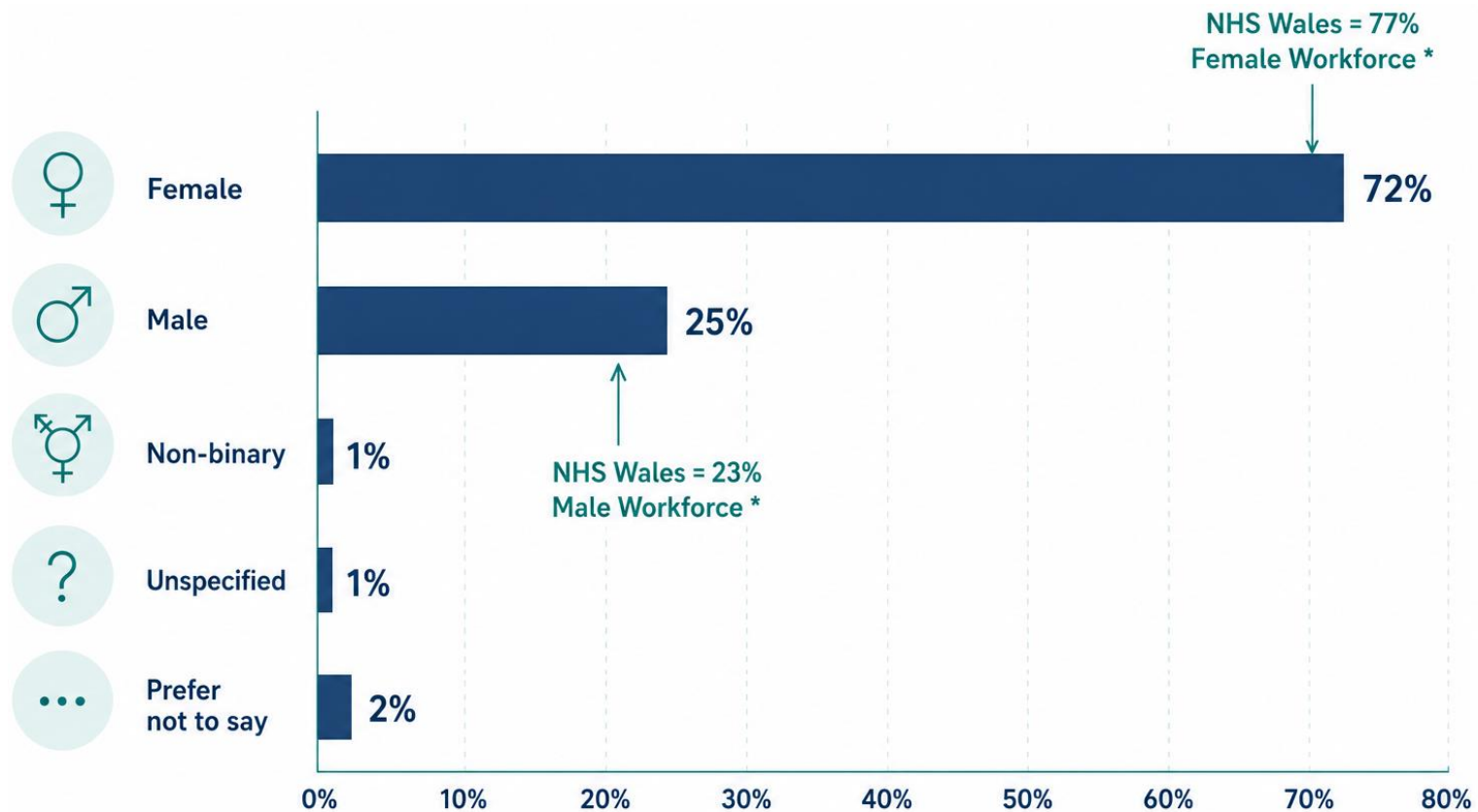
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* Staff directly employed by the NHS: at 30 September 2023 [HTM1] | GOV.WALES



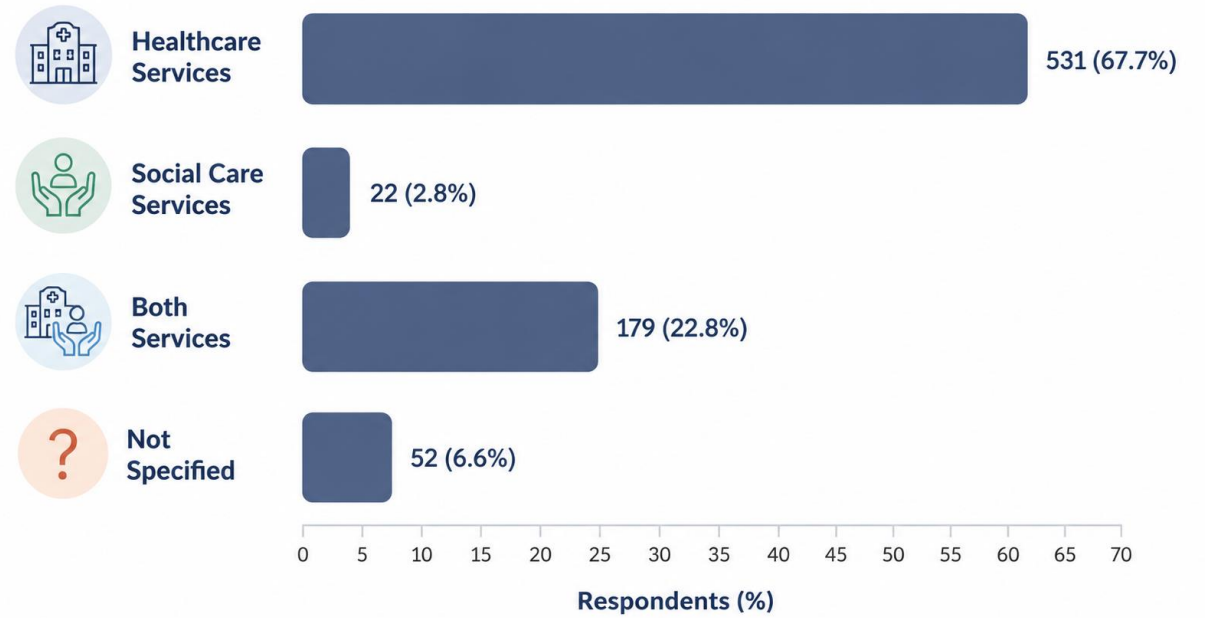
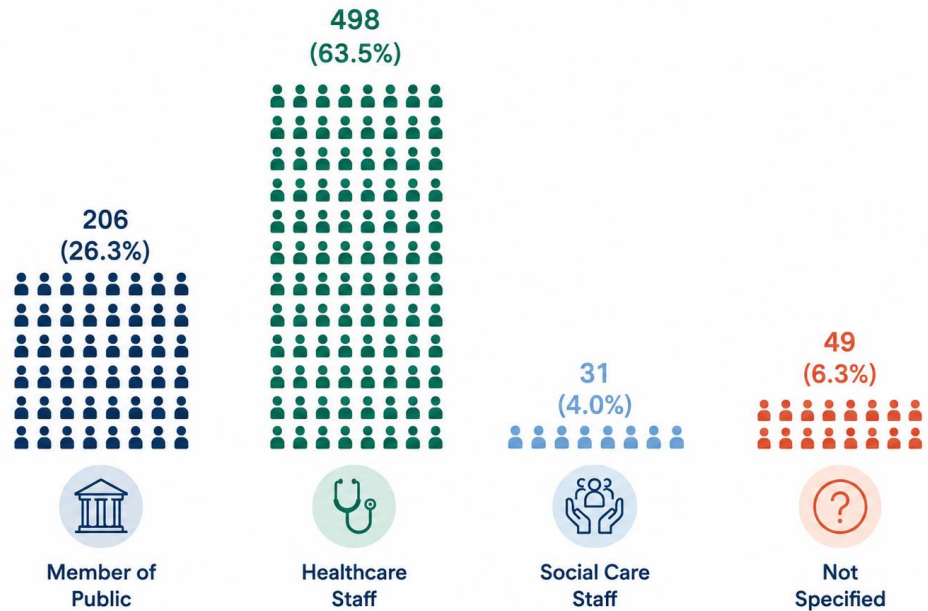
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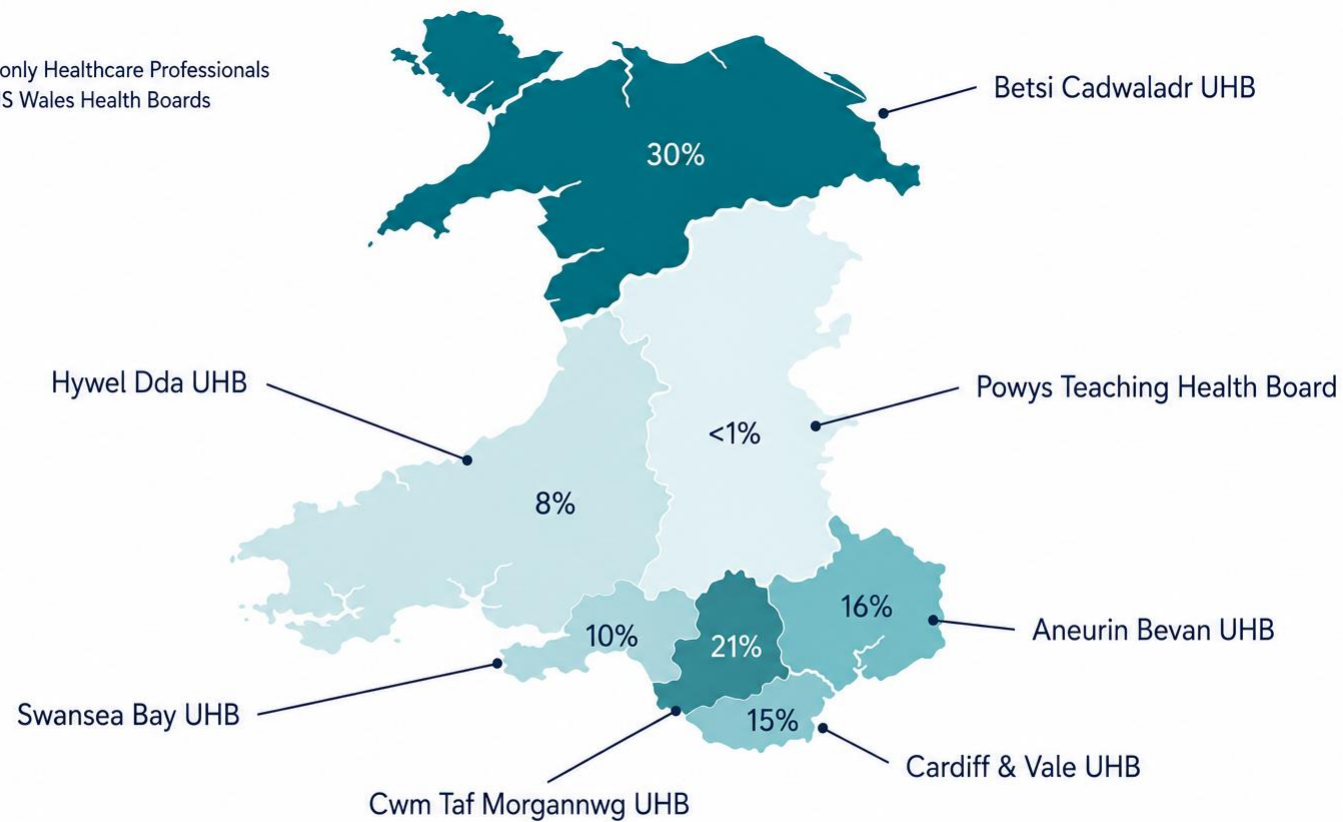
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* Relates to only Healthcare Professionals in NHS Wales Health Boards



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Operations &
Service Delivery



Workforce & HR



Finance &
Procurement



Digital &
Information



Quality &
Patient Safety



Strategic Planning &
Transformation



Public Health



Communication &
Engagement



Research &
Innovation



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≡ OPERATIONS & SERVICE DELIVERY ≡

EXAMPLES FROM ACROSS WALES

1 ADMINISTRATIVE BURDEN AND CONTACT BARRIERS



“Having permission to try new ideas without needing to write multiple sbar’s and without seeking permission from multiple people/committees.”



Less admin. More time for care.

2 HOSPITAL BASED TEAM CO-ORDINATION



“Enable all Consultants employed by NHS Wales to work in any health board across Wales without bureaucratic checks. They all have been through a recruitment process and have the same standards and checks across Wales”



Right skills. Right place. Right time.

3 ACCESS TO CARE ACROSS SERVICES



“Patients with cancer can’t access msk or hydrotherapy services through NHS”

“Unable to directly refer staff to services to reduce absenteeism ... and improve wellbeing of our own staff.”



Better access. Better outcomes. Better for all.

4 WAITING LISTS AND CLINICAL TRIAGE



“Unwritten rule and practice of sending ambulances to all chest pains from NHS111 originating calls”

“Remove waiting time / RTT targets in preference for needs-based care protocols.”



Focus on need, not time.

5 TIME AND RESOURCE PRESSURES



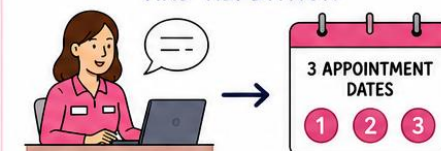
“Fund services and equipment without going through lengthy procurement process.”

“Requiring GPs to write up and sign MARS charts for district nurses to administer medication.”



Remove delays. Release capacity.

6 BOOKING SYSTEMS AND REPETITION



“Having to tell a receptionist what you need to see a doctor about.”

“Have to offer three appointment dates, even when they have accepted the first.”



Simpler for patients. Smarter for staff.



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= DIGITAL SILLY RULES =

EXAMPLES FROM ACROSS WALES

MANUAL PROCESSES AND PAPERWORK



"Get rid of paper referrals – we have specific referral forms that are very simple to use on a computer, people print them!? Fill them out by hand, scan them!!! And send via email/post."

DATA SHARING



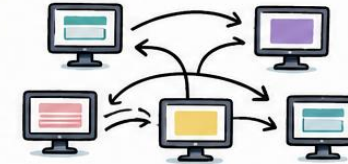
"The rules around information sharing between organisations."

BARRIERS TO PATIENT ACCESS / OWNERSHIP



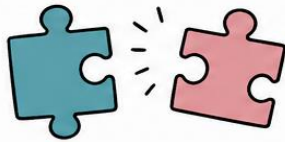
"Reassign ownership of healthcare data from NHS to individuals."

TOO MANY SYSTEMS



"Multiple clinical systems to record one clinical contact with a patient – these systems are then not used across Wales so that information is not shared efficiently."

LACK OF INTEROPERABILITY



"Too many digital systems that don't link together which hugely impact on service provision."

DUPLICATED DATA ENTRY



"Current rule to not cut and paste details (not patient identifiable) information within systems to avoid the need to type in several screens is prohibited in NHS111."

GOVERNANCE AND IT BUREAUCRACY



"AI resources are blocked by IT."

THE IMPACT?



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STORYBOARD: The daily reality of disconnected systems



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STORYBOARD: THE UNWRITTEN RULE – NHS 111 CHEST PAIN



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The £250,000 Question

Find the silly rule that delivers the biggest impact.



You've been given

£250,000

to save time, improve care
and reduce waste.

Your challenge →

Identify one silly rule or unnecessary practice in
your organisation that, if removed or changed,
would create the biggest value or impact.



TIME

15 minutes
in breakout rooms



GROUP SIZE

4–6 people
per room



COME BACK READY

to share your idea
in 60 seconds

Discuss and capture

Use these prompts to guide your discussion.
Focus on the impact and the value.

1



What is the silly rule?

Describe the rule or practice.

2



Why does it exist?

What's the original reason or intention
behind this rule?

3



What impact does it have?

Consider the impact on patients, staff,
time, experience and/or cost.

4



What value could we unlock?

If we removed or changed it, how could we
use up to £250,000 to create improvement?



Be ready to feedback:

"Our silly rule is... and the value it could unlock is..."



60 SECONDS
PER GROUP



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Removing Silly Rules is not about removing governance.



It's about
removing waste.



It's about
replacing habit
with evidence.



Replacing
bureaucracy
with value.



Replacing
unnecessary process
with better care.



Every unnecessary rule
consumes time / money
that could be spent
caring for patients.



Imagine what
**health and
social care**
could achieve if we
systematically gave that time back.



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What will you do when you return to work?



Spot a silly rule

See what
doesn't add value.



Challenge it

Ask why it exists.
Is it still needed?



Change it

Work with others
to find a better way.



Improve care

Free up time and
resources for what
matters most.

**Small actions.
Big impact.**

**Let's take
time back
for what truly
matters.**



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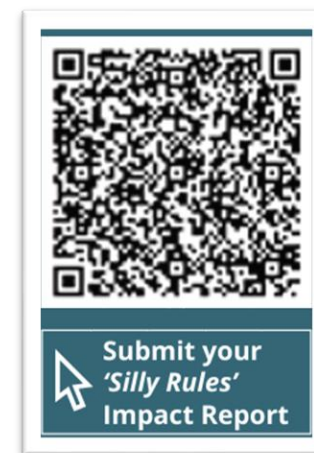
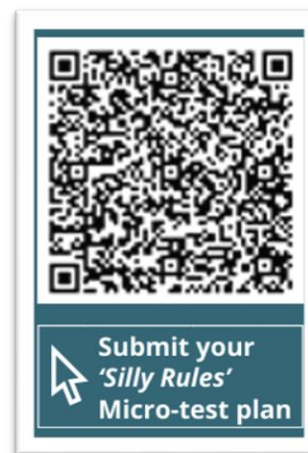
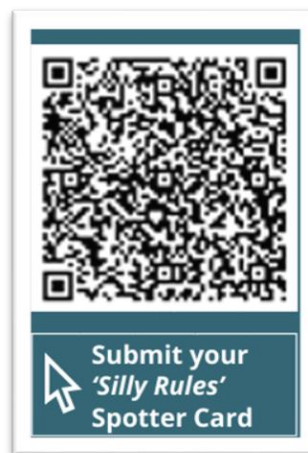
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Change Toolkit



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Thank you.

Together, let's remove what gets
in the way and focus on what
truly matters.



T.e.howson@swansea.ac.uk



Better care.
Better outcomes.
Better for **Wales.**



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