

Royal College of General Practitioners Briefing: Second Reading of the Health Bill

House of Commons, 1 June 2026

The Health Bill will play a major role in determining whether the Government can deliver its ambitions for the NHS. The commitment to move more care into the community can only work with general practice properly resourced and with GPs and their patients at the heart of the system.

Despite [polling](#) consistently showing that the public's number one priority for the NHS is improving access to general practice, the current system focuses too much on hospitals and not enough on general practice. This has led to the proportion of the NHS budget spent on general practice falling to its [lowest point in at least 10 years](#) and the number of patients per GP rising by 14% since 2015.

The RCGP is concerned that the proposals outlined in the Health Bill to date may not go far enough to tackle these issues and may actually weaken patient and GP voices in the new system.

To make the Health Bill work for GPs and their patients it needs to:

- Introduce a new Primary Care Investment Standard. This new standard would require the Secretary of State to report annually to Parliament on the proportion of NHS spending in general practice and primary care, as is currently required for mental health spending. Similarly, each ICB would be required to report this proportion annually and held to account for ensuring this increases year on year.
- Include a legal duty requiring ICBs to demonstrate meaningful engagement with general practice and wider primary care professionals when making decisions that materially affect general practice. This should include a requirement that at least one ICB board member must be a registered GP.
- Strengthen the patient voice so that they can be equal partners in co-designing care pathways to help ensure pathways reflect their real experiences and needs and are easier for everyone to navigate.
- Ensure any move towards a single patient record is delivered in a way that is transparent about the purposes of data use, respects patients' rights to be fully informed, protects privacy and consent, and ensures robust data security.
- Provide assurances around indemnity for GPs to protect against liability if any breaches of data protection regulations or instances of mishandling patient records were to occur.
- Fulfil the Government's commitment to create a single register of GPs and specialist doctors to demonstrate the parity of GPs as specialist generalists.

Rebalance NHS funding towards general practice

- Although more than 90% of a patient's direct experience of the NHS is estimated to be through primary care and GP practices, currently less than 10% of the NHS budget in England is spent on primary care.
- Despite years of governments promising to shift patient care out of hospitals and into the community, the NHS budget spent on general practice has fallen to its [lowest point in at least 10 years](#).
- Our 2025 Practice Manager Survey revealed that although 61% of practice managers say they need to expand the GP workforce to meet their patient's needs, 92% say that the lack of funding in general practice is a major barrier preventing them from hiring the number of GPs they need.

- Increasing the number of fully qualified GPs available to patients requires not only training more doctors, but ensuring practices have the recurrent funding needed to employ and retain them. Without this, practices will continue to face barriers to expanding capacity despite rising patient demand.

Our asks: With hospitals taking an ever-greater share of NHS funding, we need a legal backstop to help encourage more money to go into general practice and primary care. To ensure a rebalancing of finances to match the expanding role for general practice, the Government should replicate the Mental Health Investment Standard. This new standard would require the Secretary of State to report annually to Parliament on the proportion of NHS spending in general practice and primary care, as is currently required for mental health spending. Similarly, each ICB would be required to report this proportion annually and held to account for ensuring this increases year on year. Any transfer of activity or responsibility from secondary care into general practice and community services must also be accompanied by appropriate workforce and financial resource to ensure care can be delivered safely and sustainably.

Put GPs and patients at the centre of system reform

- The Bill as currently drafted will remove the need to have representatives from different providers on Integrated Care Boards. This removes the one guaranteed place for a primary care representative in the decision-making process.
- The Bill's own [Impact Assessment](#) outlines how this removal a formal mechanism for collaborating between ICBs and local partners, including primary care, could risk collaboration between primary care, ICBs and other organisations being less effective.
- The Bill significantly reduces the different structures set up to help ICBs listen to a wider range of voices. It abolishes Healthwatch England and all local Healthwatch organisations, the requirement on an area to have an Integrated Care Partnership (ICP) and the need for Foundation Trusts to have a board of governors. To replace this they will rely more on local Government Health and Wellbeing Boards and a DHSC Director for Patients Experience.
- With GPs expected to play a central role in the shift from hospital to community and neighbourhood health services, we are concerned that the system-wide perspective that GPs bring is being weakened at a time when it should be strengthened.
- GPs bring a unique understanding of how the NHS functions across organisational boundaries because they work at the interface between patients, hospitals, community services, mental health services and social care. They see first-hand where fragmentation, delays and inefficiencies create poor patient experiences and additional pressure across the system.
- As the part of the NHS that provides the overwhelming majority of patient contacts, general practice also has a deep understanding of the needs of local populations and communities, including unmet need, health inequalities and barriers to accessing care.
- This system-wide perspective will be essential if the Government is to successfully redesign services, improve efficiency, and safely shift more care out of hospitals and into the community. GPs must therefore be central to both national and local discussions on how healthcare and neighbourhood services are designed, integrated and commissioned.
- The RCGP believes that the patient voice must also remain central to the design and delivery of health services. With the abolition of Healthwatch England, it is critical that these changes do not diminish the voice of patients or weaken the mechanisms through which their experiences shape NHS services.
- Continuity of care remains one of the greatest strengths of general practice and is associated with improved patient outcomes, reduced hospital admissions and greater patient satisfaction. Reform of neighbourhood health services should support long-term therapeutic relationships, particularly for patients with multiple long-term conditions and complex needs.

Our asks: The Bill should include a legal duty requiring ICBs to demonstrate meaningful engagement with general practice and wider primary care professionals in decisions relating to service redesign, integration, neighbourhood health services and population health planning.

This should include a requirement that at least one ICB board member must be a registered GP, recognising the unique system-wide insight GPs bring into patient journeys, service fragmentation, local population need, prevention and opportunities for service integration.

The Government need to clearly explain how they will ensure that patients can be equal partners in co-designing care pathways. This will be particularly important as more care is shifted into neighbourhood and community settings, where understanding how patients experience access, continuity and coordination of care will be critical to successful service transformation.

Make digital transformation work for patients and practices

- The Government has said it intends to legislate for a single patient record, with all patient medical records will be in one place, accessible to the patient.
- The College are encouraged by efforts to modernise the NHS and improve the way information is shared across the health service. If done well, this has the potential to improve patients' experiences of care and reduce fragmentation between services. It is however unclear how this will work in practice including who will be able to access the record and how they will be able to use that information.
- GPs take the management of their patient records very seriously and so any plans to change who will be granted access to records, the purposes for which it will be used, or which company will be contracted to operate will need to carefully consider the current role of GPs as data controllers. It is not clear under the current proposed legislation whether that liability would remain for any data shared for the single patient record.
- We also have concerns about a single patient record leading to the loss of patient trust, with risks that patients may not attend appointments or disclose key information if they are concerned about confidentiality and where this information may be shared.
- The Bill's Impact Assessment estimates the total implementation cost for the nearly 6,000 NHS GP practices in England would be approximately £5million.

Our asks: Any move towards a single patient record must be delivered in a way that is transparent about the purposes of data use, respects patients' rights to be fully informed, protects privacy and consent, and ensures robust data security.

Any move towards a Single Patient Record must also be carefully considered and evaluated and include robust safeguards to protect patient confidentiality and ensure public trust.

The regulations regarding the use and sharing of confidential health data are complex and variable, and this can sometimes be an obstacle. To support effective data sharing, we also need the Government to provide assurances around indemnity for GPs to protect against liability if any breaches of data protection regulations or instances of mishandling patient records were to occur.

Possible interventions

- The Government's own Impact Assessment for the Bill highlights that plans to remove the formal mechanism for collaborating between ICBs and local partners, including primary care via the ICB Boards, risks reducing collaboration rather than promoting it. What steps are being taken to ensure the GPs voice is not ignored as part of these system changes?
- Does the Minister recognise that, despite repeated commitments to shift care out of hospitals and into the community, the core general practice funding has fallen as a share of the NHS compared to ten years ago? In light of this, will he consider introducing a "Primary Care Investment Standard," similar to

the Mental Health Investment Standard as part of the Bill, to ensure transparent, year-on-year increases in funding for general practice and accountability for Integrated Care Boards? If we are serious about prevention, community care, and easing pressure on hospitals, then we must be serious about properly funding general practice.

- If the Government is committed to moving more care out of hospitals and into neighbourhood health services, can the Minister assure the House that any transfer of workload or responsibility from secondary care into general practice will be matched by appropriate workforce and financial support? Without that safeguard, there is a real risk that pressures are simply shifted rather than resolved.
- Given the Government's proposals to remove partner body representatives from ICBs and abolish Healthwatch, does he accept the risk that both the GP voice and the patient voice could be weakened at precisely the moment they are most needed? Will he therefore commit to introducing a clear legal duty on ICBs to meaningfully engage with general practice, including guaranteeing a registered GP on every ICB board?
- Does the Minister agree that GPs bring a uniquely valuable understanding of how patients experience the NHS across organisational boundaries, including where fragmented services, delays and gaps in provision create inefficiency and poorer outcomes? If the Government is committed to redesigning services and shifting more care into the community, how can it justify weakening the voice of general practice within Integrated Care Boards at precisely the moment that system-wide insight is most needed?
- While efforts to modernise the NHS and improve the way information is shared across the health service is welcome, the Bill itself currently provides very little clarity on how a single patient record will operate and at the same time address important issues around confidentiality, governance, liability, transparency, and public trust. Can the Minister provide assurances that all relevant Royal Colleges, including the RCGP will be properly consulted on all these issues before any new system is introduced?