Royal College of General Practitioners Briefing: Report Stage of Health Bill

House of Commons, September 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 one of the public's top priorities 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 13%

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

The Bill also creates the Single Patient Record: one record, drawn from GP and hospital systems, that patients and the people caring for them can see. The RCGP supports this with our recent report with the Patients Association highlighting many of the challenges facing patients and GPs in sharing and accessing information. We do however share the National Data Guardian's concerns with the current drafting of the Bill and would support amendments to guarantee that the records are used for direct patient care and that the duty of confidentiality is retained.

Primary Care Investment Standard — Amendment 17, with consequential Amendment 18

This amendment would introduce the Primary Care Investment standard, requiring integrated care boards to increase spending on primary care services at least in line with the growth in their total programme (healthcare) funding.

This amendment is needed because 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.

Ideally, the legislation would require primary care investment to increase at least in line with wider healthcare funding. If the Government is unwilling to accept that, a practical compromise could be to replicate the Mental Health Investment Standard introduced in the Health and Care Act 2022.This 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. This would ensure transparency and put pressure on decision makers without being more prescriptive.

Why this amendment is needed

- Although the majority of patients' direct experience of the NHS is through primary care and GP practices, currently less than 10% of the NHS budget in England is spent on primary care.

- 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.
- 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.

GP representation on Integrated Care Boards — NC21 ***and*** **Meaningful involvement of primary care providers —** NC22

These two amendments together would ensure that a wider range of voices are taken into account when ICBs decide healthcare plans. The first would ensure that there is a GP on every Integrated Care Board because of their unique insight into community care.

The second would require ICBs to take "all reasonable steps" to secure meaningful involvement of primary care providers in:

- service redesign;
- integration of health services;
- development of neighbourhood health services; and
- population health planning.

Why these amendments are needed

- 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 removing 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.
- 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.
- 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 will be weakened at a time when it should be strengthened.
- As the part of the NHS that provides the overwhelming majority of patient contacts, general practice also has a deep and singular understanding of the needs of local populations and communities, including unmet need, health inequalities and barriers to accessing care.
- This unique, 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.

Ensure the Single Patient Record is used for direct patient care - amendments 42 and 43

The Bill creates the Single Patient Record: one record, drawn from GP and hospital systems, that patients and the people caring for them can see. The RCGP supports this with our recent report with the Patients Association highlighting many of the challenges facing patients and GPs in sharing and accessing information.

While Ministers have stated that the record is for direct care only (the care of the individual patient by the people looking after them) the current wording of the Bill does not make this explicit.

The Bill states its purpose as making patient information available to patients and to "people involved in the provision to patients of health care or social care". That describes who may receive information, not what they may do with it, and it requires no care relationship with the patient a record belongs to.

At Second Reading the Minister told the House: "The Bill does not create new legal gateways for purposes other than direct care. It does allow data to be used for research, population analysis and service improvement, but only where there is a separate legal basis for doing so." (Official Report, 1 June 2026.) However, the Bill does not say that the record is only for direct care, as the Minister has described.

Protecting the Duty of Confidentiality - amendment 27

Health information is protected by the obligation of confidence (often called the common law duty of confidentiality): what a patient tells a clinician stays confidential. It can be shared with others involved in that patient's care, on the patient's implied consent, as patients expect. It cannot be shared for other purposes without consent or a lawful basis such as independent approval.

The Bill switches the obligation off for everything done under the regulations in relation to the Single Patient Record. This means that whoever follows the regulations, written later by the government of the day without the need for primary legislation, is not breaking the obligation, whatever those regulations allow.

This is what concerns us. The obligation of confidence is the main legal protection over how patient information is used beyond a person's own care. If it no longer applies to anything done under the regulations, that protection depends on what future regulations allow, decided after the Bill has passed. We support retaining the common law duty of confidentiality as supported by amendment 27 and the National Data Guardian.

What these amendments would mean in practice for the Single Patient Record

We support the record and expect it to be useful, however if the legislation is not clear that the Single Patient Record is for direct patient care and the obligation of confidence no longer applies to anything done under the regulations we believe there is real danger that there could be serious unintended consequences for the future.

Our patients tell us things they tell no one else, and when the record launches it is GPs who will be asked by patients what is going to happen to their information. NHS England's own 2024 survey showed that half of the public are concerned the NHS may sell their data without permission.[2]

How uses of patient information stand. The changes we propose keep every use as it stands today; the Bill as drafted does not:

Use of information	Today, and with the changes we propose	Under the Bill as drafted
A patient arrives in A&E unconscious; clinicians need medications and allergies.	Lawful, under the patient's implied consent. This has never been in doubt.	Lawful.
A practice or neighbourhood team searches its patients' records for people who would benefit from a service.	Lawful; direct care covers care by or on behalf of the patient's practice or team.	Lawful.
Anonymised data used for planning or research.	Lawful; no obligation of confidence engaged, including producing the anonymised data.	Lawful.
Identifiable information used for research or service evaluation.	Lawful with section 251 approval: independent advice, a public interest test, and only where anonymised data will not do.	The obligation of confidence no longer applies to anything done under the regulations, so this protection is removed.
Personal information shared with insurers or used for targeted marketing.	A breach of confidence and of data protection law; that does not change.	The obligation of confidence is removed; only ministerial assurance and data protection law prevent this.