

Royal College of GPs: Health Bill Lords Second Reading Brief - October 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 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 some sections.

We are keen to talk to Peers about potential amendments we believe would strengthen the Bill to support the plans to move care from hospitals to the community and move from analogue to digital, as well as some probing amendments to allow the opportunity to discuss important issues such as continuity of care in general practice.

Ensuring that general practice and primary care have the resources needed to deliver neighbourhood health

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 patients' 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. The lack of resources is having a major impact on patients with our 2025 Member Survey showing that 77% of GPs say that patient safety is jeopardised by excessive workload and only 47% saying that they are able to deliver continuity of care.

Any transfer of activity or responsibility from secondary care into general practice and community services must also be accompanied by appropriate workforce and financial resources to ensure care can be delivered safely and sustainably.

What needs to change in the Bill

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.

GPs are at the centre of their communities - don't cut them out of NHS decision making

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.

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.

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.

What needs to change in the Bill

Ensure primary care is considered in all NHS decisions by protecting the primary care voice on ICBs and create 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.

A Single Patient Record that protects confidentiality for direct patient care

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.

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. It is vitally important that this information is kept safe and that patients know what it will be used for. [NHS England's own 2024 survey](#) showed that half of the public are concerned the NHS may sell their data without permission.

Health information is normally 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.

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.

In the Commons 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.

Limiting the use of the SPR for direct patient care would not prevent unidentifiable data being used for important health research. There are already systems in place to share unidentified data and provisions in this Bill such as the removal of the obligation of confidence is not needed for this to happen.

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 a real danger that there could be serious unintended consequences for the future.

What needs to change in the Bill

We support the National Data Guardian in saying that the Bill should not remove the obligation of confidence and that it should set out clearly that the provisions in the Bill are only for direct patient care as unidentifiable data can already be shared without additional measures.

If you have any questions about this brief or would like any more information about these issues or any other policy issues on general practice, please contact jonathan.blay@rcgp.org.uk