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

House of Commons, 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 do not go far enough to tackle these issues and may actually weaken patient and GP voices in the new system. This briefing outlines three potential amendments we would like to see and some other aspects that we believe need clarification.

Suggested Amendment 1: Reporting on a general practice and primary care investment standard

This amendment is modelled on the Mental Health Investment Standard introduced into the 2022 Health and Care Act. 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.

Why this amendment is needed

- Although the majority of patient's 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.
- 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.
- 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.

Suggested Amendment 2: A GP voice on Integrated Care Boards

Suggested Amendment 3: A strengthened duty for ICBs to work with GPs, primary care providers when developing plans

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 engage with a wider group of healthcare providers when designing plans to help foster a more cooperative shared delivery model of healthcare.

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.

Other aspects needing clarity in the Bill

1. The role of patient voice in the NHS

The Bill significantly reduces the different structures set up to help ICBs listen to a wider range of patient 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.

It is unclear how a DHSC Director of Patients Experience and greater Health and Wellbeing Boards will replace these opportunities for ICBs to hear from a wider range of voices. This may be especially challenging for ICBs when they are making significant cuts to headcount, meaning that they have less resources to carry out meaningful engagement.

- The College believes that the patient voice must 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.
- Our joint report with the Patients Association showed the need for patients to be key partners in designing pathways so it would be good for the committee to really pin the Government down on how practically this is going to be achieved.

2. 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 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.

Our recent joint report with the Patients Association highlighted how patients find the NHS like a maze and when we polled our members the one thing that they said would have the biggest impact on workload was improving the interface between general practice and secondary care systems.

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 have concerns that if not implemented properly a single patient record could lead 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.
- 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. It must be carefully considered and evaluated and include robust safeguards to protect patient confidentiality and ensure public trust.
- 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.

Draft wording for potential amendments

Should you be interested and able to table any of the below draft amendments, we would be very happy to support you in working with the Public Bill Office to get them submitted.

Suggested Amendment 1: Reporting on a general practice and primary care investment standard

Clause [X]
Page [ ], line [ ], at end insert—

Spending on general practice and primary care

(1)The National Health Service Act 2006 is amended as follows.

(2)After section 12F insert—

"**12G Expected general practice and primary care spending**

(1)The Secretary of State must, in respect of each financial year, publish and lay before Parliament a document—

(a)stating, by comparison with the previous financial year—

(i)whether the Secretary of State expects there to be an increase in the amount of expenditure incurred by NHS England and integrated care boards (taken together) in relation to general practice and primary care, and

(ii)whether the Secretary of State expects there to be an increase in the proportion of the expenditure incurred by NHS England and integrated care boards (taken together) that relates to general practice and primary care, and

(b)explaining why.

(2)The Secretary of State must publish and lay the document before the financial year to which it relates."

(3)In section 13U (annual report), after subsection (2B) (inserted by section 34 of this Act) insert—

"(2C)The annual report must include—

(a)a statement of the amount of expenditure incurred by NHS England and integrated care boards during the year (taken together) in relation to general practice and primary care,

(b)a calculation of the proportion of the expenditure incurred by NHS England and integrated care boards during the year (taken together) that relates to general practice and primary care, and

(c)an explanation of the statement and calculation."

Suggested Amendment 2: A GP voice on Integrated Care Boards

Clause 21, page [X], line [X], at end insert—

"( ) An integrated care board must include as a member at least one individual who—
(a) is a registered medical practitioner, and
(b) has current or recent experience of providing primary medical services under Part 4 of the National Health Service Act 2006.

( ) In appointing a member under this subsection, the integrated care board must have regard to the desirability of securing that the board benefits from the perspective of general practice in relation to—
(a) patient journeys across services,
(b) coordination and continuity of care,
(c) prevention and population health management, and
(d) integration of services at neighbourhood level."

Suggested Amendment 3: A strengthened duty for ICBs to work with GPs, primary care providers when developing plans

Insert the following new Clause—

"22A Duty to engage primary care providers"

(1) An integrated care board must take all reasonable steps to secure the **meaningful involvement** of primary care providers in the exercise of its functions relating to—
(a) service redesign,
(b) integration of health services,
(c) development of neighbourhood health services, and
(d) population health planning.

(2) In this section, "primary care providers" includes—
(a) providers of primary medical services,
(b) community pharmacy contractors,
(c) providers of primary dental services, and
(d) providers of ophthalmic services.

(3) "Meaningful involvement" includes, in particular—
(a) involvement at an early stage in the development of proposals,
(b) provision of sufficient information to enable informed participation,
(c) opportunities to influence decision-making, and
(d) feedback on how views have been taken into account.

(4) An integrated care board must publish, at least annually, a statement describing—
(a) how it has complied with this section, and
(b) the impact of such involvement on decisions taken.

(5) The Secretary of State may issue guidance about the discharge of this duty, and integrated care boards must have regard to such guidance.