

## Health Bill Summary

The [Health Bill](#) was introduced for its first reading in the House of Commons on 14th May 2026, following the King's Speech's announcement of an NHS Modernisation Bill. It is one of the most significant pieces of health legislation in recent years, formally abolishing NHS England and implementing structural reforms to the NHS outlined in the [10 Year Health Plan](#).

The Bill has two overarching aims:

- To improve patient safety and experience through a new Single Patient Record (SPR)
- To put power and resources in the hands of frontline NHS organisations by abolishing NHS England and reducing national bureaucracy

Please see below for a summary of key measures most relevant to HTA members.

### 1. NHS Restructure

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#### **Abolition of NHS England**

The Bill legislates to formally abolish NHS England (NHSE) and redistribute its functions, assets and liabilities, primarily into the Department of Health and Social Care (DHSC) and other NHS bodies.

Key details:

- Transfer schemes will allow the Secretary of State to move NHSE property, rights and liabilities to ICBs, Special Health Authorities, NHS trusts/foundation trusts or other public bodies.
- NHSE's commissioning, oversight and system management functions move into DHSC, bringing them under more direct ministerial control.
- The Secretary of State gains new or amended duties to:
  - Reduce inequalities in access to and outcomes from health services.
  - Promote patient involvement and choice in prevention, diagnosis and treatment.
  - Direct ICBs on the exercise of their functions, with all directions published.
  - Intervene in failing ICBs, including suspending functions, taking them over directly or removing the ICB's chief executive.
- The Government has set a target of April 2027 for the full abolition of NHSE to take effect, with detailed transfer schemes used to move staff, assets and liabilities into DHSC and other NHS bodies.

#### **Integrated Care Boards (ICBs)**

ICBs are retained but the Bill recasts them as strategic commissioners with a broader remit and reformed governance.

Key details:

- ICBs will become strategic commissioners for the majority of health services, including primary care, dentistry, ophthalmology and community pharmacy; only the most specialised commissioning functions will be retained centrally.

- The statutory requirement to maintain an Integrated Care Partnership (ICP) is removed; instead, local authorities and ICBs must jointly produce a "neighbourhood health plan", setting out how assessed health and social care needs will be met.
- ICB membership is reformed; mayoral strategic authority nominees replace local authority representatives, and provider organisations will no longer sit as ICB members, with a shift towards more clearly separated commissioning and provider roles.
- Annual performance assessments of each ICB, with published results, becomes a Secretary of State function.

## 2. Single Patient Record and information sharing

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The Bill introduces a broad regulation-making power for the Secretary of State to establish a Single Patient Record (SPR) – a unified digital record combining a patient’s health and social care information in one place, which will be accessible via the NHS App.

The SPR intends to end the fragmented patient experience and re-telling of clinical histories, give patients control and visibility over their data, and support the 10 Year Health Plan’s ambition for a “digital-first NHS”.

Key details:

- The Bill establishes a statutory framework for data governance, standards and information-sharing across health and social care, specifying which organisations must contribute to, or may access, the SPR.
- The SPR will initially be rolled out to patients receiving maternity and frailty care (with a 2028 target) before a wider rollout across the NHS.
- Authorities may require or authorise disclosure of patient information through the system, confer functions on public authorities to operate it, and allow sharing with carers or representatives.

## 3. Patient Safety

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The Bill introduces provisions to reshape the patient safety landscape by abolishing the Health Services Safety Investigations Body (HSSIB) and transferring its functions into the Care Quality Commission (CQC).

Key details:

- HSSIB will be merged into the CQC, rather than continuing as a standalone body.
- The CQC will take on HSSIB-style functions to conduct system-level investigations into serious patient safety incidents.
- The CQC’s review and investigation powers will be extended to cover ICB commissioning functions and prescribed Secretary of State functions in arranging NHS care.
- The time limit for the CQC to bring legal action against a provider in relation to certain offences will also be extended, giving the regulator longer to pursue enforcement.

## 4. Patient Voice

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The Bill significantly reforms formal patient voice structures by abolishing Healthwatch England, and removing the statutory obligation on local authorities to contract with Local Healthwatch organisations for patient experience and advocacy activities.

Key details:

- Healthwatch England's national functions will transfer to DHSC, which will establish a new Patient Experience Directorate to take on Healthwatch England's national advocacy role.
- Local Healthwatch healthcare functions will transfer to ICBs, which will assume responsibility for local patient engagement and experience work related to NHS services.
- Local Healthwatch social care functions will transfer to local authorities.

Alongside this, the Bill strengthens duties of the Secretary of State and ICBs to promote patient involvement in decisions about their care, and support patient choice of provider or treatment in defined circumstances.

## 5. Foundation Trust Governance

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The Bill introduces targeted changes to the governance of NHS Foundation Trusts (FTs), intended to increase operational flexibility, establish clearer safeguards, and strengthen ministerial intervention powers.

Key details:

- The requirement for FTs to maintain a Council of Governors is removed, giving trusts greater flexibility to design governance arrangements suited to their local context and partnership structures.
- The power to de-authorise a Foundation Trust (i.e. remove FT status as a last resort) is returned to ministers, reversing previous arrangements where this function was delegated away from the Secretary of State.
- The Secretary of State may impose annual expenditure limits on individual foundation trusts by order, following consultation, with published guidance on methodology.

## Next steps

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The [second reading](#) of the Bill in the House of Commons is planned for Monday 2nd June.

Detailed provisions of the Bill will be shaped through:

- Parliamentary Committee Stage (including amendments); and
- Subsequent secondary legislation and guidance (notably on the SPR, data standards, and the practical operation of new governance and patient voice duties).