

MEMORANDUM

HEALTH BILL

Background

1. This memorandum has been laid before the Assembly by the Minister of Health under Standing Order 42A(4)(b). The Health Bill was introduced in the House of Commons on 14 May 2026. The latest version of the Bill can be found at:

[Health Bill - Parliamentary Bills - UK Parliament](#)

Summary of the Bill and its policy objectives

2. This Bill underpins a major transformation programme of the National Health System (NHS) in England and is integral to the UK Government's investment and modernisation agenda to improve patient care as set out in the 10 Year Health Plan for England. The Bill will primarily seek to improve patient safety and experience through a new Single Patient Record and put power and resources in the hands of frontline NHS organisations by abolishing NHS England and reducing national bureaucracy.
3. These reforms are described as necessary steps to reduce inefficiency, drive innovation and support early intervention to help people stay well for longer, strengthening the NHS for patients and staff, and deliver better value for taxpayers.

4. The Bill will aim at supporting plans to modernise the NHS by shifting power out into the system, redesigning the national centre so that it adds real value and by ensuring, through the Single Patient Record, that information follows the patient to where and when they need it most.

Provisions which deal with a Devolution Matter

5. Some of the Provisions of the Bill may fall within the legislative competence of the Assembly, as they potentially deal with devolved matters. Analysis has identified that the following Provisions may deal with or impact on a devolution matter:
 - Clause 2 – Transfer schemes in connection with abolition of NHS England
 - Clause 48 – Information about health service products
 - Clause 49 – Health and social care information: delegation of functions
 - Clause 50 and Schedule 7 – Health and social care information systems etc
 - Clause 52 – Arrangements with devolved authorities etc about information services
 - Clause 55 – Delegation of functions under certain arrangements with devolved authorities
6. Further engagement and analysis are currently ongoing to ascertain this impact.

Reasons for making the Provisions

7. The Provisions of the Bill are intended to ensure continuity and legal clarity for relevant administrative and information arrangements, including where these interact with cross-jurisdictional working.

Reasons for utilizing the Bill rather than an Act of the Assembly

8. This Bill is the UK Government's principal legislative vehicle for health and social care reforms including the abolition of NHS England, the creation of a Single Patient Record, and changes to the governance and operating model for health services in England.
9. The Bill amends a number of existing Acts, most notably the National Health System Act 2006 and the Health and Social Care Act 2012, and the majority of the Provisions of the Bill extend to England and Wales and apply to England only. Some Provisions will extend to the whole of the UK.

Consultation

10. The policy development underpinning the Bill was undertaken primarily in England, including through the Change NHS public portal which captures the views of the general public and has reportedly generated over 250,000 contributions from staff and members of the public since it opened in October 2024.
11. The UK Government also reported targeted engagement informing Bill-related measures, including engagement underpinning the Dash Review on

patient safety, and national public engagement on health and care data supporting the Single Patient Record policy.

Human Rights and Equality

12. The former Secretary of State for Health Wes Streeting MP has made a statement under section 19(1)(a) of the Human Rights Act 1998 that, in his view, the Provisions of the Health Bill are compatible with the Convention rights.
13. The UK Government has published an Equality Impact Assessments Summary and related equality impact assessments for key policy areas within the Bill, considering impacts against the Equality Act 2010 Public Sector Equality.

Financial Implications

14. The UK Government has published impact assessments for the Bill's measures and notes that several proposals include enabling powers which do not have quantifiable benefits or costs, meaning the scale of potential benefits and costs will depend on subsequent policy decisions.

Summary of Regulatory Impact

15. The UK Government has indicated that where proposals affect business, an analysis has been developed in line with the Better Regulation Framework and accompanied by appropriate regulatory appraisal.

Engagement to date with the Committee for Health

16. No engagement has taken place with the Committee for Health yet. This Memorandum will serve to notify the Assembly of the introduction of the Health Bill to Parliament, and the Committee will be briefed as part of the Legislative Consent Motion process.

Conclusion

17. The Minister of Health will consider the findings of the analysis and, in the interests of good government, may bring forward a Legislative Consent Memorandum following the Executive's consideration.

Department of Health

27 May 2026