HEALTH BILL 2026 - Written Evidence from CLAPA

1. Introduction

Cleft Lip and Palate Action(CLAPA), welcomes the opportunity to submit evidence to the Public Bill Committee on the Health Bill and would be happy to assist the committee in anyway with its work.

Founded in 1979, CLAPA is the only national charity working exclusively to support people affected by cleft lip and palate (cleft) across the United Kingdom. We provide information, services, peer support and advocacy for people born with a cleft, their families and carers. We also work closely with NHS cleft teams, researchers, commissioners and policymakers to improve care, outcomes and experiences for our community.

Our services support individuals and families at every stage of life, from diagnosis during pregnancy and the birth of a child with a cleft, through childhood treatment and adolescence, and into adulthood. Through our support services, community engagement work, surveys and campaigning activity, we are in regular contact with thousands of people affected by cleft and are uniquely placed to understand both the strengths of the current cleft care system and the challenges that remain.

During 2025 and 2026, CLAPA conducted the largest survey of access to NHS dental care among people affected by cleft ever undertaken by the charity, receiving responses from more than 400 people with lived experience and professionals. Alongside our broader engagement with the cleft community, this work has highlighted the importance of strong national oversight, workforce planning and accountability within specialised services.

A cleft lip and/or palate is one of the most common congenital conditions in the United Kingdom, affecting approximately three babies every day. A cleft occurs when parts of the face and mouth do not join together fully during early pregnancy, resulting in a gap in the lip, gum and/or roof of the mouth. Clefts vary significantly in their presentation. Some people may have a cleft lip only, while others may have a cleft palate or a combination of both. For some individuals, cleft occurs in isolation; for others it forms part of a wider syndrome or complex medical condition.

Although surgery is often the most visible aspect of treatment, cleft is not simply a condition that is corrected in infancy. People born with a cleft frequently require access to highly specialised multidisciplinary care over many years. This can include reconstructive surgery, speech and language therapy, orthodontic treatment, restorative dentistry, hearing and audiology services, specialist nursing support, psychological care and wider clinical interventions. Treatment pathways often extend from birth into early adulthood, with some people requiring support throughout their lives.

The modern cleft care system was established in the late 1990s and early 2000s following

major service reforms that brought together specialist expertise into regional multidisciplinary teams operating to nationally agreed standards. National service specifications, clinical leadership, specialised commissioning arrangements and robust clinical audit have all played an important role in driving improvements in outcomes for people born with a cleft.

The Health Bill proposes one of the most significant set of changes to NHS governance and commissioning in a generation. CLAPA recognises the Government's aim to create a more streamlined and accountable health system, but the reforms must not weaken the structures that have improved specialised services. People born with a cleft rely on services that need national oversight, long-term workforce planning, multidisciplinary collaboration and consistent standards across England.

Our evidence therefore focuses on the implications of the Bill for specialised services and the safeguards that we believe are necessary to protect and improve outcomes for patients who rely on specialised NHS care, particularly people born with a cleft.

2. Summary of recommendations

A. Ensure clear accountability and oversight for specialised services

- Require a comprehensive impact assessment before any further transfer or delegation of specialised commissioning responsibilities takes place, specifically considering the implications for accountability, workforce planning, national service standards, patient outcomes and variation in access to care.
- Establish clear statutory accountability arrangements for specialised services, ensuring that responsibility for service performance, workforce planning, service improvement and compliance with national standards remains transparent and clearly understood.
- Seek practical examples from Government of how accountability, oversight and intervention arrangements for specialised services will operate under the new structures in practice.

B. Protect national workforce planning, clinical leadership and specialist training

- Place a duty on the Secretary of State to maintain a national workforce strategy for specialised services, including arrangements for specialist training, workforce development, clinical leadership and succession planning.
- If the Committee does not support such a duty, require the Secretary of State to publish a workforce impact assessment before any further delegation of specialised services

takes place, setting out the implications for specialist training pathways, workforce supply, succession planning and clinical leadership.

- Protect national clinical leadership, specialist workforce planning and specialist training functions for highly specialised services.
- Seek assurances that nationally coordinated specialist training programmes, including Training Interface Group (TIG) fellowships and other specialist workforce development schemes, will continue to receive sustainable support and funding under the new commissioning arrangements.

C. Safeguard national standards and reduce variation in access to care

- Seek assurances that national service specifications, commissioning policies and quality standards will continue to apply consistently regardless of which organisation commissions a specialised service.
- Require the Secretary of State to publish an annual report on specialised services, including performance against national service specifications, workforce indicators, waiting times, patient outcomes and measures to address unwarranted variation.

D. Strengthen patient involvement in specialised commissioning

- Strengthen requirements for patient and public involvement in specialised commissioning, including mechanisms for meaningful co-production with patients, carers and representative organisations.
- Ensure that patient involvement arrangements reflect the regional and national footprint of specialised services rather than solely local commissioning boundaries.

E. Protect transparency, quality improvement and national audit infrastructure

- Improve transparency through the routine publication of specialised service performance, quality and outcomes data, including workforce capacity, waiting times and compliance with national standards.
- Seek assurances that national audit and quality improvement programmes supporting specialised services, including CRANE[1], will continue to receive sustainable funding, governance support and clear accountability arrangements.

[1] The **Cleft Registry and Audit NEtwork (CRANE)** is the United Kingdom's national cleft registry and clinical audit, managed by the Clinical Effectiveness Unit of the Royal College of Surgeons of England. CRANE collects and analyses data on people born with cleft lip and/or palate to monitor service quality, benchmark outcomes, support clinical audit, inform commissioning, and drive improvements in cleft

- Require the Government to publish a clear plan for the future funding, governance and operation of national audit and quality improvement infrastructure supporting specialised services, including CRANE.

3. Why specialised commissioning matters for cleft care

CLAPA is concerned that the Health Bill creates a framework for the further delegation of specialised services without sufficient clarity regarding the long-term implications for accountability, workforce planning, service improvement and the reduction of unwarranted variation.

People born with a cleft rely on highly specialised multidisciplinary services delivered through regional cleft centres and networks. These services are commissioned on the basis that specialist expertise, clinical leadership and quality assurance are best coordinated at a national level. Any changes to commissioning arrangements must therefore be assessed not only in terms of organisational efficiency but also in terms of their impact on patient outcomes, workforce sustainability and service quality.

One of the principal strengths of the previous commissioning model was the clarity of accountability. Patients, families, clinicians, charities and parliamentarians understood where responsibility ultimately sat for specialised services. While the NHS has undergone significant structural changes in recent years, there remains uncertainty regarding who is responsible for addressing challenges when they arise within specialised services and who holds ultimate accountability for ensuring that services meet national standards.

This issue is particularly important for patient organisations such as CLAPA. When concerns arise regarding service capacity, workforce shortages, waiting times or variation in access to care, it must be clear which body is responsible for taking action. The Committee should therefore seek assurances that future commissioning arrangements provide clear and transparent lines of accountability and that responsibility for specialised services cannot become fragmented across multiple organisations.

CLAPA is also concerned about the implications of further delegation for workforce planning. Highly specialised services depend upon a relatively small number of professionals with advanced expertise developed through lengthy training pathways. Cleft care requires specialist surgeons, orthodontists, speech and language therapists, psychologists, specialist nurses and other professionals working within multidisciplinary teams.

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care. Further information, including annual reports and methodology, is available from the CRANE website: www.crane-database.org.uk

The sustainability of these services depends on long-term workforce planning at a national level. This includes forecasting future workforce requirements, supporting specialist training opportunities, ensuring appropriate succession planning and maintaining clinical leadership across the service. Any weakening of these national functions could have significant consequences for patients. The Committee should therefore consider whether additional safeguards are required to ensure that workforce planning for specialised services remains a national responsibility regardless of where commissioning accountability sits.

Recent uncertainty surrounding Training Interface Group (TIG) fellowships illustrates the importance of maintaining national oversight of workforce development within specialised services. TIG fellowships have played a vital role in training future cleft surgeons and ensuring that specialist expertise is sustained across the NHS. The concerns raised by the cleft community regarding the future funding and commissioning of these fellowships demonstrate how vulnerable highly specialised training pathways can become when responsibility and accountability are unclear.

Workforce planning for specialised services cannot be separated from commissioning arrangements; decisions made at a national level regarding training and service development have direct consequences for the future availability, quality and resilience of specialist care. The

The Committee should therefore seek assurances that the reforms proposed in the Bill will preserve nationally coordinated approaches to specialist training, including clear accountability for maintaining the workforce pipelines upon which specialised services depend.

Without sustained investment in nationally coordinated training pathways, there is a risk that workforce shortages will become increasingly difficult to address, potentially affecting patient access to timely treatment and the long-term sustainability of specialist services.

The Government should ensure that reforms to specialised commissioning do not weaken national responsibility for workforce planning, specialist training and clinical leadership.

CLAPA would therefore recommend the Committee place a duty on the Secretary of State to maintain a national workforce strategy for specialised services, including arrangements for specialist training, workforce development and succession planning. If the committee does not feel able to do that then at least, we would ask that the committee require the Secretary of State to publish a workforce impact assessment before any further delegation of specialised services takes place, setting out the implications for specialist training pathways, workforce supply, succession planning and clinical leadership.

CLAPA is also concerned about the potential impact of further delegation on variation in care. While the cleft community has benefited from significant improvements in outcomes over recent decades, variation in patient experience and access to services remains a challenge.

Through our engagement with the cleft community and our recent policy and campaigning work, including our End the Cleft Dental Care Crisis campaign[2], we continue to hear evidence of inconsistent access to important aspects of care depending on where an individual lives and which services they can access. We have found that eople with cleft are twice as likely to face barriers accessing dental care.

This existing variation demonstrates why strong national oversight remains essential. The concern is not simply that future reforms may create variation; it is that variation already exists and could become more difficult to identify, challenge and address if accountability becomes fragmented across multiple commissioning bodies.

National service specifications, clinical audit, quality assurance mechanisms and clear lines of accountability have been critical in driving improvements in cleft care. The Committee should therefore seek assurance that the reforms proposed in the Bill will strengthen rather than weaken the ability of the NHS to identify unwarranted variation and drive improvement across specialised services.

For these reasons, CLAPA would recommend a requirement for a comprehensive impact assessment before any further transfer of specialised commissioning responsibilities takes place. Such an assessment should specifically consider the implications for accountability, workforce planning, national service standards, patient outcomes and variation in access to care.

4. Accountability and national standards

One of CLAPA's principal concerns relates to accountability. Historically, national specialised commissioning arrangements have provided a clear route for patients, clinicians, charities and parliamentarians to raise concerns regarding the performance of specialised services. While concerns have not always been resolved as quickly as patients would wish, there has at least been clarity regarding where responsibility ultimately sits.

Following the abolition of NHS England and the proposed changes to specialised commissioning arrangements, it is not yet sufficiently clear how accountability for specialised services will operate in practice. The Bill provides significant flexibility for future commissioning arrangements. However, there remains uncertainty regarding how compliance with national service specifications, commissioning policies and quality standards will be monitored, enforced and publicly reported.

This issue is particularly important for specialised services such as cleft care. Cleft services operate across large geographical footprints, involve multiple NHS organisations and rely upon

[2] https://clapa.com/how-you-can-help/campaigns/cleftdentalcrisis/

nationally agreed service specifications to ensure patients receive high-quality care regardless of where they live.

Strong national accountability arrangements are therefore essential.

CLAPA's recent work on access to NHS dental care demonstrates why accountability matters. Through our End the Cleft Dental Care Crisis campaign, we heard from hundreds of people affected by cleft who reported significant challenges accessing NHS dental care despite dentistry being a fundamental component of cleft treatment and long-term oral health. Many respondents described uncertainty regarding who was responsible for addressing these issues and how concerns could be escalated. This experience highlights the importance of maintaining clear accountability mechanisms when patients experience barriers to accessing the services they need.

CLAPA is also concerned that reforms could make it more difficult to identify and address unwarranted variation. While cleft services have improved significantly over recent decades, variation in patient experience, access to treatment and service provision remains a concern. National oversight, clinical audit and transparent reporting have been essential tools in identifying areas requiring improvement and driving service development.

The Committee should therefore seek assurances that national standards will continue to apply consistently regardless of which body commissions a service and that there are clear mechanisms for intervention where those standards are not being met.

We would also be keen for the committee to seek real world practical example of how the government believe this will operate in practice.

CLAPA would recommend that the Secretary of State be required to publish an annual report on specialised services, including performance against national service specifications, workforce indicators, waiting times, patient outcomes and measures to address unwarranted variation. Consideration should also be given to placing a duty on the Department of Health and Social Care to publish regular data on the performance and quality of specialised services, building on existing reporting mechanisms and national audit programmes.

5. **Workforce Planning, Clinical Leadership and Specialist Training**

The future sustainability of the specialised workforce is one a significant concern regarding the reforms proposed within the Health Bill.

Highly specialised services depend upon relatively small numbers of clinicians and allied health professionals with expertise that can take many years to develop. Cleft care is delivered through multidisciplinary teams comprising specialist surgeons, orthodontists, speech and language therapists, psychologists, specialist nurses, audiologists and other professionals. The

effectiveness of the cleft care pathway depends not only on the availability of individual specialists, but on the ability of multidisciplinary teams to work together within a coordinated system.

Cleft care demonstrates why a purely local approach to workforce planning is insufficient for highly specialised services. No single cleft centre is responsible for training the future workforce required by the national service, yet all centres depend upon that workforce being available. The training pathways for many specialist roles are lengthy, highly specialised, expensive and reliant on experience gained across multiple services and professional disciplines.

As a result, decisions about training capacity, specialist fellowships, succession planning and workforce development must be coordinated nationally. Without this coordination there is a risk of underinvestment in future workforce capacity, creating shortages that may not become apparent for many years, but which can have significant consequences for patient access, service resilience and clinical outcomes.

Unlike many areas of healthcare, workforce planning for specialised services cannot be addressed solely through local recruitment and workforce development. Specialist expertise is concentrated within a limited number of centres and often relies upon nationally coordinated training pathways, specialist fellowships and succession planning arrangements. Decisions taken at a national level can therefore have long-term consequences for the availability and quality of specialist services.

CLAPA is concerned that the abolition of NHS England and the transfer of responsibilities into new structures risks creating uncertainty regarding where responsibility for workforce planning will sit in future. While the Bill contains provisions relating to governance and commissioning, it provides little reassurance regarding how workforce planning, specialist training and clinical leadership functions will be maintained.

Recent uncertainty surrounding Training Interface Group (TIG) fellowships illustrates why this issue matters. TIG fellowships have played a critical role in developing the future cleft surgical workforce by providing advanced specialist training opportunities that cannot be replicated through standard training pathways alone. These fellowships have been instrumental in ensuring the continued availability of specialist expertise within the NHS and supporting the long-term sustainability of cleft services.

Concerns raised by the cleft community regarding the future funding and commissioning of TIG fellowships demonstrate how vulnerable highly specialised training pathways can become when accountability and responsibility are unclear. The future workforce pipeline for specialised services should not depend upon short-term funding decisions or uncertainty regarding organisational responsibility. Without clear national leadership and sustained

investment in specialist training pathways, there is a risk that workforce shortages become increasingly difficult to address, with direct consequences for patient access, waiting times and service resilience.

Workforce planning is inseparable from commissioning. The ability of specialised services to meet national standards, deliver high-quality care and improve patient outcomes depends upon having the right workforce in place. National commissioning arrangements have historically played an important role in supporting workforce development, clinical leadership and service improvement across specialised services. CLAPA believes these functions must be protected as responsibilities transfer into new structures.

The Committee should also consider the relationship between workforce planning and service quality. National service specifications and quality standards can only be delivered where sufficient specialist workforce capacity exists. If responsibility for workforce planning becomes fragmented, there is a risk that services will struggle to recruit, retain and develop the specialist professionals required to meet those standards. This could ultimately contribute to greater variation in access to care and patient outcomes.

CLAPA would therefore recommend that the Committee place a duty on the Secretary of State to maintain a national workforce strategy for specialised services, including arrangements for specialist training, workforce development, clinical leadership and succession planning. If the Committee does not feel able to support such a duty, it should at a minimum require the Secretary of State to publish a workforce impact assessment before any further delegation of specialised services takes place, setting out the implications for specialist training pathways, workforce supply, succession planning and clinical leadership.

The Committee should also seek assurances that nationally coordinated specialist training programmes, including Training Interface Group (TIG) fellowships and other specialist workforce development schemes, will continue to receive sustainable support and funding under the new commissioning arrangements.

6. Patient involvement

People affected by cleft frequently access services across regional and national boundaries and often engage with specialised services over many years. As commissioning arrangements evolve, there is a risk that patient engagement becomes fragmented and increasingly focused on local structures that do not reflect how specialised services are organised or experienced by patients.

For highly specialised services, meaningful patient involvement cannot be limited to local engagement exercises. Patients and families often have experience of multiple services, providers and NHS organisations throughout their treatment journey. Their insights are therefore

particularly valuable in identifying barriers to care, variations in service quality and opportunities for improvement across the wider system.

CLAPA believes that patient involvement should be viewed as a core component of service design, commissioning and quality improvement rather than as a standalone consultation exercise. People with lived experience bring expertise that complements clinical and professional knowledge and can help ensure that services are designed around the needs of those who use them.

This principle is increasingly shaping CLAPA's own work. As part of the development of our policy, campaigns and influencing activity, we are beginning to place greater emphasis on co-design and co-production with the cleft community. Through initiatives such as our End the Cleft Dental Care Crisis campaign, community surveys, design of our services, lived experience engagement and ongoing dialogue with people affected by cleft, we have seen first-hand the value of involving patients and families in identifying priorities, shaping policy solutions and influencing decision-making. This approach has strengthened our understanding of the challenges facing our community and helped ensure that our work reflects the experiences and priorities of those directly affected.

We believe the NHS should adopt a similar approach. Future specialised commissioning arrangements should ensure that patients, carers and representative organisations are involved not only in responding to proposals but also in helping to shape priorities, service design and quality improvement from the outset. Particular consideration should be given to ensuring that patient involvement arrangements reflect the footprint of specialised services rather than solely local commissioning boundaries.

The Committee should therefore consider strengthening requirements for patient and public involvement within specialised services and ensuring that mechanisms exist for meaningful co-production between commissioners, providers and the communities they serve.

7. Transparency and quality improvement

Transparency and quality improvement are fundamental to ensuring that specialised services deliver safe, effective and equitable care. For patients, transparency provides confidence that services are being held accountable for the care they provide. For commissioners, providers and policymakers, it provides the evidence required to identify variation, monitor performance and drive continuous improvement.

The improvement of cleft system in the UK provides a strong example of the benefits that can be achieved when robust national quality assurance arrangements are combined with transparent reporting and clinical leadership. Over recent decades, significant improvements in

cleft outcomes have been supported not only by specialised commissioning and national service specifications, but also by the collection and analysis of high-quality outcomes data.

A particular strength of the cleft care system has been the Cleft Registry and Audit Network (CRANE). CRANE has enabled the cleft services to identify variation between services, benchmark performance against national standards and drive improvements in care. The availability of robust national data has allowed clinicians, commissioners, researchers and patient organisations to work collaboratively to understand where services are performing well and where further improvement is required. This has contributed significantly to the UK's international reputation for high-quality cleft care and has been an important factor in improving outcomes for people born with a cleft.

National audit programmes such as CRANE are particularly important within specialised services because patient populations are relatively small and expertise is concentrated within a limited number of centres. Without national data collection and benchmarking, it becomes considerably more difficult to identify unwarranted variation, monitor outcomes over time or understand whether national service specifications are being delivered consistently across England.

CLAPA is concerned that the reforms proposed within the Health Bill create uncertainty regarding the future funding, governance and operation of national audit and quality improvement infrastructure. While the Bill contains provisions relating to commissioning and accountability, it does not provide clarity regarding which organisation will ultimately be responsible for supporting and maintaining programmes such as CRANE following the abolition of NHS England.

This issue extends beyond the cleft services. Many specialised services rely upon national audit programmes, registries and quality improvement initiatives to monitor outcomes and support service development. Any uncertainty regarding ownership, accountability or funding risks undermining the infrastructure that allows specialised services to demonstrate quality, identify challenges and improve patient outcomes.

The Committee should therefore seek assurances from the Government regarding the future of national audit and quality improvement programmes. There should be clarity regarding how programmes such as CRANE will be funded, governed and supported within the new commissioning architecture. CLAPA believes that the transition of responsibilities from NHS England should not place these programmes at risk and that sustainable long-term arrangements should be established before any further changes to specialised commissioning responsibilities take effect.

More broadly, CLAPA believes that transparency should remain a core principle of specialised commissioning. The future system should include clear expectations regarding the routine publication of quality, performance and outcomes data, including data relating to patient outcomes, waiting times, workforce capacity and compliance with national service specifications. Such information is essential if patients, clinicians, charities, parliamentarians and commissioners are to hold the system accountable and drive further improvements in care.

CLAPA would therefore recommend that the Government publish a clear plan for the future funding and governance of national audit and quality improvement infrastructure supporting specialised services, including CRANE. The Committee should also consider requiring the Secretary of State to report annually on the performance of specialised services against national standards and outcome measures, ensuring that transparency and quality improvement remain central features of the reformed system.

8. Conclusion

CLAPA supports the Government's objective of creating a more effective, accountable and patient-centred health system.

However, specialised services require protections because they serve relatively small patient populations, depend upon highly specialised workforces and operate across large geographical areas. The benefits delivered by specialised services over recent decades have been underpinned by strong national oversight, clear accountability, specialist workforce planning, clinical leadership and robust quality improvement infrastructure.

As responsibilities transfer under the reforms proposed in the Health Bill, it is essential that these functions are not weakened or fragmented. The Committee should ensure that the final legislation provides clear accountability arrangements, protects national workforce planning and specialist training functions, strengthens patient involvement, and safeguards the audit and quality improvement infrastructure upon which specialised services depend.

In particular, the Government should provide clarity regarding the future funding, governance and operation of national programmes such as the Cleft Registry and Audit Network (CRANE) and ensure that any further delegation of specialised commissioning responsibilities is subject to robust assessment and scrutiny.

These safeguards will be essential if the reforms are to maintain and improve outcomes for people born with a cleft and others who rely on specialised NHS care.