Health Bill Public Bill Committee

Written evidence submitted by the Coalition for Responsible Digital Health (CoRDH)

July 2026

About CoRDH

1. The Coalition for Responsible Digital Health (CoRDH) is a member coalition for regulated, digital first healthcare providers, including Numan, Voy, Juniper, SheMed and Simple Online Pharmacy. Our members deliver safe, patient-centred online and remote care, underpinned by robust clinical governance, responsible prescribing and ongoing programme support.

2. CoRDH members collectively support almost 500,000 active patients across a range of digital healthcare services, including more than 300,000 active weight management patients. Together, our members account for approximately 13% of the UK GLP-1 weight management market and around 15% of all patients currently receiving GLP-1 treatment.

3. Across this population, CoRDH members report a combined safety incident rate of 0.10% and a moderate harm or above incident rate of 0.04%[1]. No incidents resulting in moderate harm or above have been directly attributable to the care or services provided by CoRDH members.

4. CoRDH exists to ensure policy and regulation keep pace with changes in how care is delivered, so that digital healthcare models can contribute effectively to safe, high quality prevention, system efficiency and economic growth. At a time when regulatory uncertainty, gaps in access and pressure on NHS services risk slowing the adoption of proven digital models, CoRDH provides a collective voice for responsible providers.

Context and purpose of this submission

5. This submission responds to the Public Bill Committee's call for written evidence on the Health Bill. It focuses on Clause 47, which would insert new sections 250E and 250F into the National Health Service Act 2006 and enable the Secretary of State to establish, through regulations, a system for making patient information readily available: the Single Patient Record (SPR).

6. CoRDH broadly supports the Bill's overall direction of travel and the establishment of the SPR. In our view, Clause 47 offers an opportunity to create the data infrastructure for a modern, patient-centred and competitive health ecosystem, not simply to improve record-keeping within existing structures. Our evidence addresses a single overarching question that we encourage Members to consider: how the regulation-making powers in Clause 47 will be used in practice, and specifically how they will ensure that the SPR functions as a broad, enabling infrastructure that supports patient choice, innovation

[1] As defined by NHS England definitions of harm.

and growth across the health system, and that it offers an appropriate route for regulated independent providers to participate in the system.

7. The annexes provide:

    a. Aggregated safety and governance data from across the CoRDH membership.

    b. Information on the NHS-led pilot enabling Summary Care Record (SCR) access for appropriately governed private providers.

The Single Patient Record

8. The Health Bill is one of the most significant pieces of health legislation in years and presents a genuine opportunity to modernise how patient information flows across the whole health system, not just within the NHS. The statutory framework for data sharing and the creation of the SPR are exactly the kind of systemic reforms required to support safer, more efficient and more innovative models of care.

9. A well-designed SPR will provide the core infrastructure for patient-led innovation: a secure, governed data layer that enables continuity of care and genuine interoperability between services in health and care provision. This is consistent with the ambition set out in the Government's 10 Year Health Plan and Industrial Strategy, which both emphasise the role of digital and data-driven innovation in improving outcomes and supporting economic growth. CoRDH's members are well placed to help accelerate this vision.

10. A broad and inclusive SPR is essential not only for digital providers, but for patients and for the UK's health innovation economy. For patients, a record that follows them across different points of care, including digital-first providers, reduces duplication, avoids the need to repeatedly restate their clinical history and supports more informed decision-making. For the wider economy, a common, interoperable data infrastructure can underpin new models of prevention, early intervention and remote care, and make the UK a more attractive environment for responsible health technology investment and growth.

11. Experience from other sectors, including financial services, suggests how this could work in practice. The UK's "open banking" model shows that when individuals have clear rights over their own data and can consent to its secure reuse across services, via standardised and regulated interfaces, competition and innovation can be unlocked without weakening consumer protection. The SPR can provide an analogous "open health" infrastructure: patients should have clear ownership and control over their health information, with the ability to consent to its secure reuse across regulated health and care services.

12. Greater patient control over their own data is therefore a meaningful step forward. Patients who use digital-first services alongside the NHS are currently forced to repeat their clinical history on a regular basis across multiple providers and settings. A record

that genuinely follows the patient across different health care settings, rather than being confined to primary care or NHS-provided services alone, directly addresses this gap.

13. Over time, the SPR should empower patients to view, manage and share their health information with any appropriately regulated provider of their choosing, whether NHS-provided or independent, on a consent basis. This would support patient choice, enable more joined-up care and create a level playing field for responsible providers operating under equivalent governance and regulatory standards.

14. The digital-first direction set by the Bill aligns with this ambition and creates space for regulated digital providers to be formally recognised as part of the health infrastructure, rather than treated as peripheral to it. CoRDH therefore welcomes the opportunity the SPR provides to embed digital, remote and hybrid care pathways within the core architecture of the health system.

15. We note that new section 250E(1)(b) would allow patient information to be made available to people involved in the provision of health care or social care in England, and that the Bill is intended to enable appropriate participation by independent providers of health and social care. CoRDH welcomes this intention and believes the Committee has an important role in clarifying how it will be delivered in a way that maximises safety, innovation, competition and patient benefit.

Access for regulated independent providers

16. The SPR's value will depend on who can access it and on what terms. At present, regulated digital providers face an inherent structural imbalance. Regulators increasingly expect digital prescribers to verify a patient's complete medicines history and risk factors before prescribing, yet the infrastructure to do so on a consent basis is not available to independent regulated providers at scale.

17. CoRDH members cannot currently access the Summary Care Record (SCR) or equivalent shared records outside of pilots. Patients can be invited to upload their own NHS information, but governed, consent-based access to the record itself would be considerably more efficient, more reliable and easier to audit. It would also provide clearer lines of accountability and a more robust evidential trial than ad hoc, patient-mediated workarounds.

18. The patients concerned also use NHS services. CoRDH members are committed to ensuring that their services do not inadvertently increase NHS GP workload, for example through information requests that a governed route to record access would make unnecessary. Properly designed SPR access for independent providers would allow digital and NHS services to work together more effectively, reducing duplication and supporting continuity of care.

19. A Single Patient Record that stops at the NHS boundary would leave this gap unaddressed and risk creating new inconsistencies between what regulators expect and what the system can actually support. To realise its full safety, efficiency and innovation

benefits, the SPR should support appropriate participation by regulated independent providers operating under equivalent governance and accountability standards to nHS organisations.

Recommendation 1: The Committee should recommend that regulations made under new section 250E will provide a clear and consistent route for regulated independent providers that meet defined information governance, identity verification and audit requirements to access the Single Patient Record on a consent-based premise where this is clinically appropriate.

Risk based, proportionate access standards

20. Access to the SPR should be available as an important clinical tool, particularly for higher-risk patient cohorts. It should not become a blanket pre-condition for every prescription regardless of the clinical context. A uniform requirement of that kind would impose administrative burdens without a corresponding safety benefit and would repeat a pattern in which requirements designed around traditional, in-person care are applied to digital services without adequate assessment of whether the overall service is safe and well governed.

21. Consent-based, read and write access of the kind described above would build on existing infrastructure and support safer, more informed clinical decision-making without requiring fundamental redesign of the system's architecture. It would also allow the system to focus regulatory and technical effort where it adds the greatest value, rather than treating all clinical interactions as if they carried identical risk.

Recommendation 2: The Committee should ask the Minister to confirm that access standards developed under Clause 47 will be risk-based and proportionate, so that record access supports clinical judgement where it adds most value rather than operating as a blanket pre-condition for every prescription.

Consultation and learning from the SCR pilot

22. New section 250E(6) requires the Secretary of State to consult such persons as the Secretary of State considers appropriate before making regulations. Regulated, digital-first providers hold direct operational experience of the governance, identity verification and audit arrangements that safe participation requires, and should be within the scope of that consultation.

23. A small number of providers are already participating in an NHS-led pilot that enables SCR access for appropriately governed private providers under strict safeguards (Annex B). The pilot is testing precisely the questions the regulations will need to answer, including how governed access can support safe prescribing, reduce duplication and improve communication between digital providers and NHS GPs.

Recommendation 3: The Committee should ask the Minister to confirm that the consultation required under new section 250E(6) will include regulated, digital-first healthcare providers, and that the findings of the NHS-led Summary Care Record pilot will inform the regulations establishing the Single Patient Record.

Coherence between regulation and infrastructure

24. Regulatory expectations of digital prescribers and practical access to patient information should develop together. Where regulators expect providers to verify medicines history and risk factors, the system should provide a governed route through which appropriately regulated providers can do so. Otherwise, significant gaps between regulatory expectations and practical access to patient information will remain, and patients will continue to bear the cost of a fragmented system.

25. Aligning regulatory standards with SPR access, on a consent-based and proportionate basis, would support both safer prescribing and more consistent inspection and enforcement across NHS and independent providers. It would also give responsible providers greater confidence to invest in innovative models of care, knowing that the core data infrastructure will support rather than hinder their ability to meet regulatory expectations.

Recommendation 4: The Committee should seek assurance that the development of the Single Patient Record will be coordinated with health regulators, so that regulatory expectations of digital prescribers and the infrastructure available to meet them develop consistently.

Conclusion

26. CoRDH supports the Health Bill's establishment of the Single Patient Record and the statutory framework for information sharing that underpins it. The SPR has the potential to be more than a clinical record system: with appropriate, governed participation by regulated independent providers, it can improve safety, reduce duplication and service as the infrastructure for a competitive, patient-centred health ecosystem that delivered on the ambitions of both the 10 Year Health Plan and the Industrial Strategy.

27. By adopting design principles that empower patients to control their data, enable secure, consent-based reuse across services, and support innovation and competition on a level playing field, the SPR can also become a cornerstone of the UK's health innovation economy.

28. CoRDH and its members would welcome continued engagement with the Committee and Government as the Bill progresses, and would be pleased to provide further information on any of the points raised in this submission.

Summary of recommendations

1. **Recommendation 1:** The Committee should recommend that regulations made under new section 250E will provide a clear and consistent route for regulated independent providers that meet defined information governance, identity verification and audit requirements to access the Single Patient Record on a consent-based, view-only basis, where this is clinically appropriate.

2. **Recommendation 2:** The Committee should ask the Minister to confirm that access standards developed under Clause 47 will be risk-based and proportionate, so that record access supports clinical judgement where it adds most value rather than operating as a blanket pre-condition for every prescription.

3. **Recommendation 3:** The Committee should ask the Minister to confirm that the consultation required under new section 250E(6) will include regulated, digital-first healthcare providers, and that the findings of the NHS-led Summary Care Record pilot will inform the regulations establishing the Single Patient Record.

4. **Recommendation 4:** The Committee should seek assurance that the development of the Single Patient Record will be coordinated with health regulators, so that regulatory expectations of digital prescribers and the infrastructure available to meet them develop consistently.

Annex

Annex A: Safety and governance across the CoRDH membership

- CoRDH members collectively support almost 500,000 active patients across a range of digital healthcare services, including more than 300,000 active weight management patients. Together, members account for approximately 13% of the UK GLP-1 weight management market and around 15% of all patients currently receiving GLP-1 treatment.
- Aggregated data from across the coalition from January 2026 shows a combined safety incident rate of 0.10% and a moderate harm or above incident rate of 0.04%, with zero incidents of moderate harm or above directly attributable to the care or services provided by CoRDH members and zero cases of severe harm.
- This record reflects a multilayered approach to safe prescribing across member services, which includes:
    - Live photo submissions and AI scanning tools to detect manipulated images.
    - Robust identity verification at the point of assessment.
    - Structured clinical assessments against clear inclusion and exclusion criteria aligned with medicine licences and clinical guidance.

    - GP notifications, with patient consent, covering new prescriptions and relevant clinical findings.
    - Clear advice to patients on when to seek NHS care, including urgent services where necessary.
- Members maintain their own clinical governance frameworks and are regulated under the existing inspection regimes that apply to their services.

Annex B: The Summary Care Record pilot

- Most private providers, including CQC-regulated digital services, cannot currently access the NHS Summary Care Record under standard arrangements. This lack of interoperability remains a barrier to fully joined up care.
- A small number of providers are participating in an NHS led pilot that enables SCR access for appropriately governed private providers, under strict safeguards. The pilot is testing how such access can support safe prescribing, reduce duplication of information gathering, and improve communication between digital providers and NHS GPs.
- CoRDH members have expressed interest in participating in the pilot and a willingness to take part in structured SCR sharing arrangements.
- The pilot provides a working model of governed, consent based record access by regulated independent providers, and its findings should directly inform the regulations made under Clause 47.