BRIEFING: King's Speech 2026 – NHS Modernisation Bill

13th May 2026

Summary

The NHS Modernisation Bill announced in the King's Speech represents one of the most significant NHS restructures in over a decade. The legislation is intended to simplify NHS structures, strengthen service integration, accelerate digital coordination, and shift more care into community settings.

The Bill is framed as a system-wide modernisation programme but has potentially significant implications for spinal cord injury services. An inquiry by the All-Party Parliamentary Group on Spinal Cord Injury in October 2025 found significant fragmentation, regional inequities, and systemic failures in spinal cord injury care and rehabilitation.

Challenges Emerging from the NHS Modernisation Bill

- The potential transfer of specialised commissioning from NHS England to local Integrated Care Boards will undermine national coordination and accountability for spinal cord injury services.
- Changes to accountability and governance raise critical questions about how national standards will be overseen and implemented.

Opportunities Emerging from the NHS Modernisation Bill

- The introduction of a Single Patient Record provides an opportunity for the digitisation of spinal cord injury services. Whilst a referral mechanism exists in the National Spinal Cord Injury Database, this critical system has been threatened by a sustained period of underfunding and does not meet the requirement of a dedicated patient registry. Similarly, it is an opportune time to enable the use of technology to schedule appointments, track outcomes, and manage the spinal cord injury service.

Spinal Cord Injury Services in England

Sustaining a spinal cord injury introduces pervasive and compounding burdens across physical, mental, social, economic, and familial domains. It is not a one-off event with a fixed recovery period but a lifelong condition requiring coordinated, anticipatory, and adaptive systems of support. New data shows that in the UK, someone will sustain a spinal cord injury every two hours – there are over 105,000 people living with a spinal cord injury in the UK.

Highly specialist spinal cord injury care and rehabilitation is provided by eight specialist Spinal Cord Injury Centres (SCICs) across England. Each centre serves a large catchment population, surpassing local health and even regional boundaries. Despite leading the world in spinal cord injury rehabilitation in the 1940s, the UK has now regrettably vacated this position. The All-Party Parliamentary Group on Spinal Cord Injury found that over the past decade 'missed opportunities have now accumulated into a national crisis of capacity, coordination, and leadership that demands immediate and sustained reform'.

The Bill: Transfer of Specialised Commissioning

The most significant challenge for spinal cord injury services is the proposed transfer of almost all specialised commissioning responsibilities away from national NHS England structures into local Integrated Care Board (ICB) led arrangements.

Spinal cord injury services are currently nationally commissioned because they are:

- Highly specialist
- Low volume, but high complexity and cost
- Dependent on national expertise and coordination
- A lifelong condition that requires integrated pathways and outcome tracking

There is significant concern from healthcare professionals and people with spinal cord injury that the transfer to local commissioning could:

- Further increase postcode variation
- Exacerbate already inconsistent rehabilitation pathways
- Further reduce accountability and oversight
- Expose spinal cord injury services to local financial pressures
- Weaken long-term coordination of care

The three southern Spinal Cord Injury Centres have 15% fewer adult beds per million than the northern centres (6.12 beds per million vs 7.15 beds per million).

National coordination of spinal cord injury services has been critical to developing standards, building the National Spinal Cord Injury Database, and establishing care pathways.

Suggested Lines

- Spinal cord injury services have been nationally commissioned for a reason: they are highly specialist, low-volume, high-cost, and rely on national specialist expertise. Fragmentation risks real harms to patient outcomes.
- We cannot allow a well-intentioned shift to local decision-making to deepen the postcode lottery for spinal cord injury patients, some of the most complex in our system.
- We already know that access to spinal cord injury care varies across the country, these reforms must reduce, not deepen, those inequalities.

Suggested Parliamentary Questions

- To ask the Secretary of State, given services, such as spinal cord injury, are provided on population and geographical footprint exceeding Integrated Care Boards or even NHS regions. Why is it appropriate to remove critical national oversight and coordination?
- To ask the Secretary of State, how will the Government prevent increased postcode variation for low-volume, high-complexity, and high-cost conditions like spinal cord injury following these reforms?
- To ask the Secretary of State, how will funding pressures at local Integrated Care Board level be prevented from adversely affecting highly specialist services like spinal cord injury?
- To ask the Secretary of State, how will the Government ensure that greater local flexibility does not come at the expense of nationally consistent standards of care for highly complex conditions like spinal cord injury?

- To ask the Secretary of State, how will the reforms ensure continuity of lifelong care pathways for people with spinal cord injury when specialist centres provide care across large geographical and population footprints?

The Bill: Changes to Accountability and Governance

The NHS Modernisation Bill commits to reshaping NHS governance and accountability arrangements. As Integrated Care Boards are undertaking significant workforce reduction programmes, specialist knowledge and expertise are being stripped. Meanwhile, national oversight by experienced professionals is now defunct. These changes raise critical questions about:

- Who will oversee spinal cord injury standards nationally
- How compliance with service specifications will be monitored
- How inequities between regions will be identified and addressed
- How patient voice and co-production will be embedded

Suggested Lines

- For complex, highly specialist, conditions like spinal cord injury national coordination and oversight is not simply bureaucracy. It is essential governance.

Suggested Parliamentary Questions

- To ask the Secretary of State, what mechanisms will ensure accountability for addressing regional inequities in access to specialist rehabilitation such as spinal cord injury?
- To ask the Secretary of State, how will patient outcomes and provider performance for complex conditions like spinal cord injury be monitored consistently across regions under the new governance model?
- To ask the Secretary of State, how will high-specialist clinical expertise in conditions like spinal cord injury be integrated and utilised in new Department of Health and Social care accountability, governance, and standards mechanisms?

The Bill: Single Patient Record and Digital Integration

Work is currently ongoing to improve and refine the National Spinal Cord Injury Database (NSCID) following a sustained period of arrears. However, the NSCID is a commissioning support tool and referral mechanism and was never intended, nor designed, to function as a longitudinal patient registry. The proposed introduction of the Single Patient Record provides an opportune window to build an English Spinal Cord Injury Registry, in line with comparative international registries operating in countries such as Norway, Australia, and Canada.

Additionally, clinicians in Spinal Cord Injury Centres currently rely on an antiquated assortment of Excel spreadsheets and paper notes to record outcome measures and appointments with patients. We have even heard that inpatient appointments are organised and scheduled using ‘sign up sheets’, and then shared with patients via paper schedules. Integrating digital systems and business intelligence to spinal cord injury services should be a priority in the shift from analogue to digital.

Whilst the NSCID has the facility to track ASIA scores (a measure to classify the severity of spinal cord injuries) at admission, 28 days, 6 months, 1 year, and 2 years post injury in 2019 only 60% of these data points were recorded.

Suggested Lines

- We must ensure data is accurate, complete, and inclusive of specialist complex conditions like spinal cord injury. Otherwise, the promise of integration will not be realised.
- We need better national data, better tracking, and better outcome monitoring for complex conditions like spinal cord injury, because what gets measured gets improved.

Suggested Parliamentary Questions

- To ask the Secretary of State, how will the Single Patient Record ensure accurate, consistent, and condition specific capture of data for people with spinal cord injury across NHS systems?
- To ask the Secretary of State, how will data reforms help address the situation where spinal cord injury patients are 'lost from the system', as evidenced in the All-Party Parliamentary Group on Spinal Cord Injury report *From Fragmented to Coordinated: Building a National Spinal Cord Injury Strategy*?

Additional Suggested Lines

- These reforms present an opportunity to modernise the NHS, but we must ensure that in simplifying structures, we do not weaken the specialist services that patients rely on.
- For people with spinal cord injury, this is not just about system reform – it is about lifelong, highly specialist care that must be coordinated and overseen nationally.
- Shifting care into the community is a welcome ambition, but for spinal cord injury highly specialist rehabilitation must remain central, not peripheral.
- Community services must be properly resourced and connected to specialist centres, or we risk losing the gains made in rehabilitation.

Additional Suggested Parliamentary Questions

- To ask the Secretary of State, how will the shift towards community-based care ensure access to highly specialist rehabilitation expertise for spinal cord injury patients?
- To ask the Secretary of State, how will early intervention and prevention approaches by adapted for acute, life-changing injuries like spinal cord injury?

About SIA

The Spinal Injuries Association (SIA) is the leading national charity dedicated to supporting over 105,000 individuals affected by spinal cord injury (SCI) across the UK. Our mission is to be the expert guiding voice for life after spinal cord injury, ensuring that everyone touched by SCI can lead a fulfilled life. We offer a comprehensive range of services, including a free advice line, specialist nurse support, accredited training for healthcare professionals, and a network of community groups. Through advocacy, education, and direct support, we strive to break down barriers and promote inclusion for the SCI community.

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