Health Bill:
Allied health professionals and right to rehabilitation
November 2026

The Royal College of Speech and Language Therapists (RCSLT) supports amendments tabled by Baroness Finlay of Llandaff on allied health professionals (Amendments 81A, 100A, 104A), and on the right to rehabilitation (Amendment 279QK).

Allied health professionals make up the third largest section of the health workforce, and they have a crucial role to play in rehabilitation.

Speech and language therapists are one of the 14 allied health professions and support people of all ages – babies, children, young people, and adults – who have communication disability, difficulty, or difference and/or those who have difficulties with eating, drinking, and swallowing. They also support family members and carers of people with communication and/or swallowing needs, and the wider workforce supporting those people, through advice and training. While health professionals, speech and language therapists work across a range of settings, including education, health, justice, and social care.

Amendments 81A, 100A, and 104A would help to ensure that the experience and expertise of allied health professionals, including speech and language therapists, was harnessed and maximised.

Amendment 279QK would ensure that everyone had the right to rehabilitation, enabling them to live the lives they wish to live, gain, regain, or remain in employment, and live independently for longer.

Amendment 81A

Clause 22, page 16, line 19, at end insert—

"(c) at least one allied health professional member who provides health services within the integrated care board's area."

Member's explanatory statement

The allied health professions play a central role in prevention, rehabilitation and neighbourhood health and this amendment ensures that they are represented within ICB governance arrangements.

RCSLT view

- It is critical that the expertise of the wider AHP clinical workforce is reflected in strategic decision-making, service planning, commissioning and the development of integrated neighbourhood health services.
- AHPs are a vital part of the NHS community workforce and provide essential expertise across the full patient pathway, from prevention and early intervention through to diagnosis, treatment, rehabilitation and ongoing management of long-term conditions. The contribution of AHPs extends beyond individual clinical interventions to population health, reducing health inequalities, supporting independent living and preventing avoidable hospital admissions.
- Without formal AHP representation, there is a risk that ICB decision-making will not adequately reflect the breadth of clinical expertise required to plan and deliver integrated, multidisciplinary and preventative services.
- The amendment should therefore ensure that AHPs have a meaningful voice at ICB level, rather than relying solely on ad hoc consultation or representation through other professional groups. Without an AHP voice on ICBs, there is a risk that the AHP workforce needed for neighbourhood health and rehabilitation will not be properly planned for.

Questions for the minister on Amendment 81A

1. How does the Government intend to ensure that Neighbourhood Health Plans are informed by the experience and expertise of allied health professionals, and that allied health professionals are represented within ICB governance arrangements?
2. Will the Minister meet with representatives of the Allied Health Professions Federation to discuss how its experience and expertise can be included in ICB governance arrangements?

Amendment 100A

Clause 25, page 18, line 26, at end insert—

"(5A) In preparing a neighbourhood health plan, the responsible local authority and partner integrated care boards must involve local clinicians, including allied health professionals.

(5B) Neighbourhood health plans must consider local ill-health prevention, rehabilitation and independent living needs for people with care needs."

Member's explanatory statement

This amendment would ensure that neighbourhood health plans are developed with input from allied health professionals and other local clinicians, and that they consider rehabilitation, prevention and independent living for people with care needs alongside the provision of healthcare services.

RCSLT view

- Neighbourhood health is aiming to move services closer to communities, support prevention and reduce reliance on acute hospital services. AHPs are central to delivering this ambition. AHPs provide essential community-based interventions that help people remain well, recover from illness, manage long-term conditions and live independently.
- The amendment ensures that AHPs are involved in the development, implementation and review of neighbourhood health plans, ensuring that their critical clinical expertise informs local priorities, service design, workforce planning and delivery.

Questions for the minister on Amendment 100A

1. How does the Government intend to ensure that Neighbourhood Health Plans are informed by the experience and expertise of allied health professionals are represented within ICB governance arrangements?
2. Will the Minister meet with representatives of the Allied Health Professions Federation to discuss how allied health professionals' can be involved in the creation of Neighbourhood Health Plans?

Amendment 104A

104A_ Schedule 3, page 97, line 25, at end insert—

"(c) at least one other person who is a registered allied health professional."

Member's explanatory statement

This amendment requires NHS foundation trust boards to include a registered allied health professional, ensuring that board-level decision-making reflects the expertise of the wider clinical workforce.

RCSLT view

- NHS Foundation Trust boards make strategic decisions that directly influence clinical services, workforce priorities, quality of care, patient safety and the use of resources.
- The inclusion of medical practitioners and nurses recognises the importance of clinical professional representation at board level. However, excluding AHPs risks overlooking a substantial part of the clinical workforce and the contribution they make to patient outcomes, rehabilitation, prevention and discharge pathways.
- AHPs bring distinct and complementary expertise in rehabilitation, recovery, functional ability, independence, communication, mental health and long-term condition management.
- Formal AHP representation would help ensure that board decisions reflect the full breadth of multidisciplinary clinical practice, including the importance of prevention, rehabilitation, integrated care and reducing avoidable hospital admissions.

Questions for the minister on Amendment 104A

1. How does the Government intend to ensure that NHS Foundation Trust boards include allied health professionals?
2. Will the Minister meet with representatives of the Allied Health Professions Federation to discuss the inclusion of allied health professionals on NHS Foundation Trust boards?

Amendment 279QK

After Clause 84, insert the following new Clause—

"Right to rehabilitation

(1) The Secretary of State must by regulations made by statutory instrument, within 12 months of the day on which this Act is passed, establish a scheme to provide every patient with the right to rehabilitation.

(2) The scheme should include a right contained in the NHS Constitution for a patient to receive rehabilitation where required.

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement

This new clause requires the Secretary of State to introduce a scheme to ensure that patients have the right to receive rehabilitation where appropriate.

RCSLT view

The RCSLT is a member of the Community Rehabilitation Alliance, a coalition of 70 health charities, professional bodies, and patient organisations.

Every person has the right to timely, appropriate and person-centred rehabilitation.

Rehabilitation is critical to support people to:

(a) recover or maintain physical, mental, cognitive and functional abilities;

(b) manage long-term conditions and prevent avoidable deterioration in health;

(c) maintain or regain independence and participate in everyday life; and

(d) access appropriate rehabilitation, reablement and rehabilitation services in a timely manner, according to their individual needs.

A right to rehabilitation needs to help address inequalities in access to rehabilitation and ensure that access is determined by clinical need rather than geographical location, service availability or organisational boundaries.

Rehabilitation is an essential component of healthcare, not an optional or supplementary service. It enables people to recover following illness or injury, manage long-term conditions, maintain independence, prevent deterioration and participate in everyday life. A right to rehabilitation must be matched by workforce planning to ensure enough allied health professionals to meet need in every area.

Questions for the minister on Amendment 279QK

1. Does the Minister agree that rehabilitation is a fundamental component of healthcare, supporting people not only to recover from illness and injury but also to maintain independence, participate in work and education, and live well for longer?
2. What steps is the Government taking to address the significant variation in access to rehabilitation services across England, and how will progress be measured?
3. Would the Minister meet with representatives from the Community Rehabilitation Alliance, a coalition of 70 health charities, professional bodies, and patient organisations, to discuss the possibility of incorporating a right to rehabilitation within the NHS Constitution?