



Ruth Jones MP
Chair of the Welsh Affairs Select Committee
House of Commons
Palace of Westminster
London SW1A 0AA

13 January 2025

Dear Ms Jones,

Thank you for contacting us ahead of the Welsh Affairs Committee (UK Parliament) information gathering evidence session on cross-border (Wales-England) healthcare on Wednesday 22nd January. The Welsh NHS Confederation welcomes the opportunity to outline the views of NHS leaders in Wales on this important topic.

The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

The NHS across the UK is facing one of its most challenging winters on record due to record numbers of patients seeking care across the breadth of health and social care services (A&E, ambulances, GP, mental health) and increased pressure from Covid, RSV, flu, and norovirus. The latest Public Health Wales data showed there were more than 900 patients in hospital beds in Wales with either flu, Covid or RSV – [a 50% increase](#) on this time last year. Similarly in England, recent [data](#) show flu hospitalisations reached 5,111 cases in the new year. It is therefore pivotal that health care providers in Wales and England are working in collaboration to ensure patients receive coordinated treatment, especially during demanding winters.

Across the breadth of health and care services, there is significant cross-border flow of patients between Wales and England. In 2023-24, around [60,000 Welsh residents were admitted to hospitals in England](#). In the same period, 7,300 English residents received hospital care in Wales. This can largely be attributed to factors of geographic convenience and/or lack of provision in the patient's own area. For primary care, particularly in border regions, patients may choose to register with a GP practice closer to their home regardless of the national border due to convenience and accessibility. The latest [data](#) for April 2024, show there were 13,300 Welsh residents registered with GPs in England and 21,100 English residents registered with GPs in Wales.

Providing cross-border healthcare presents both challenges and opportunities. Managing healthcare provision across different health systems can be complex, with potential issues around funding and administrative processes. Ensuring equitable access to healthcare and quality of care for all patients, despite their location or the national border, is of critical importance. Maintaining consistent standards of care across health systems is fundamental to ensure patient safety and well-being.

Providing appropriate and timely care as near as possible to people's homes is a priority for both the Welsh and English NHS, which for some patients involves receiving care across the border. Opportunities include improved patient outcomes, collaboration, knowledge sharing

and efficient use of resources by preventing unnecessary duplication of services. Addressing challenges and capitalising on the opportunities of cross-border healthcare requires ongoing collaboration between the Welsh and UK governments, as well as a patient-centred approach across both NHSs that prioritises access to quality healthcare for all.

Cross-border healthcare between Wales and England is not a new concept, but differences in policy and finances create ongoing complexity and can impact patient experience. For example, recently the UK Government has published a [plan](#) to return to the 18-week waiting target by the end of the current Parliament. In Wales the current improvement target is for all patients to be seen [within 104 weeks](#), and, in its draft planning intentions for 2025/26, the Welsh Government has signalled this will remain in place. This means that patients in border communities may experience very different waiting times depending on where they live and/or are registered.

Arrangements for cross-border healthcare commissioning are set out in a [protocol](#) between the Welsh Government and the NHS Commissioning Board in England. The protocol was established to ensure there are no financial shortfalls on the part of any Welsh Health Board or Integrated Care Systems in England to provide healthcare services to both countries' residents. The commissioning and governance arrangements in England and Wales are very different. For the NHS in England, the 2022 Health and Care Act brought in new commissioning arrangements under Integrated Care Systems. The Act puts ICSs on a legal footing, requiring closer collaboration between local authorities and health boards. Only a handful of specialist commissioning functions remain with NHS England, and where the services being commissioned are so few and specialist that not every ICS delivers them. In Wales, there are seven Local Health Boards (LHBs), each aiming to integrate specialist, secondary, community and primary care and health improvements. Each LHB holds the full budget allocation, and the national direction is towards collaborative planning.

For example, commissioning spend on treatment and care by NHS providers in England represents around 17% of the total Powys Teaching Health Board annual budget. At Betsi Cadwaladr University Health Board (BCUHB), the amount commissioned from non-Welsh NHS bodies was £87.8m in 2023/2024. Powys Teaching Health Board is currently considering several exceptional actions to respond to challenges affecting the health board's in-year financial position. Options include temporary changes to cross-border commissioning arrangements, which may affect waiting times for Welsh patients accessing hospitals in England during the remainder of the financial year.

Powys Teaching Health Board, covers the geographical footprint of Powys – a [large rural county of 133,000](#) people who are sparsely populated across 2,000 square miles of land - around a quarter of the total land in Wales. Given the unique geography of Powys, Powys Teaching Health Board is unable to support a full-service hospital. Care is provided in hospitals in other Welsh Local Health Board areas however this means its residents have a specific reliance on cross-border care, with the main providers being Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, The Shrewsbury and Telford Hospital NHS Trust and Wye Valley NHS Trust.

The Marches Forward Partnership is a developing cross-border collaboration drawing together the councils of Powys, Monmouthshire, Herefordshire and Shropshire, and NHS partners in health boards, NHS trusts, and Integrated Commissioning Boards. The large rural border area of The Marches faces shared challenges such as an ageing population; changing service demands (which particularly impacts the provision of adult social care); a squeezing of the available labour force; more expensive access to services; and low levels of economic productivity impacted by the older population and net out-commuting. The partnership seeks to work on shared challenges and ways to secure investment. A pipeline of proposals is being developed with the support of the New Economics Foundation,

spanning: a high productivity rural and town-based economy; a green economy trail blazer; healthy and connected places.

Given the 160-mile border between England and Wales, a significant number of English residents are registered with a Wales GP and vice versa. Their access and entitlements to healthcare are broadly covered by the Cross Border Protocol, although there will be aspects of healthcare delivery and wider public health that are not necessarily covered by the protocol. For example, the UK response to the COVID-19 pandemic saw significant elements of healthcare devolved to individual UK nations, with one impact of this being that neighbours in cross-border communities may experience very different policies and protections.

Additionally, a key interest for Public Health Wales (PHW) in relation to cross-border health relates to their work to control the transmission of infectious disease, which as we know, does not respect borders. PHW has a [statutory function](#) for communicable disease surveillance and produces surveillance reports based on the data it collects and accesses. Reports of notifiable diseases and organisms are used as the basis for individual public health action by Health Protection Teams. There are also some UK-wide reports for which PHW shares data with UKHSA for national reporting. However, there are issues regarding cross-border data flows, in addition to developments to report surveillance information at a UK-wide level. The issues arise mainly where UKHSA holds data on Welsh residents, either because they have specialist reference microbiology information or genomic information on the sample, or because a resident of Wales has had samples tested by microbiology services in England.

Ultimately, at the heart of cross-border healthcare is a shared ambition to provide seamless care to patients. We must ensure patients receive timely and efficient care regardless of which side of the border they live on.

We look forward to seeing the outcomes of the information gathering evidence session on cross-border (Wales-England) healthcare and if we can be of any further assistance, please do not hesitate to get in touch.

Yours sincerely,

Darren Hughes

Director

Welsh NHS Confederation