



**Welsh Affairs
Committee**

Monday, 27 April 2026

**Stacey Keegan,
Chief Executive,
Robert Jones and Agnes Hunt Orthopaedic Hospital**

Dear Stacey,

Thank you for appearing before the Welsh Affairs Committee on Wednesday 22 April and giving oral evidence on our inquiry into *Cross-border healthcare arrangements between England and Wales*.

I would like to take this opportunity to say how useful the evidence you gave us was for our inquiry, and how interesting the Committee found the session. I also wanted to thank you for your understanding regarding the interruptions in the session due to votes.

Due to time constraints during the session, we were not able to cover all the topics that we wanted to. I am following up in writing to ask if you could provide answers to the following questions;

- You mentioned in your evidence that the Robert Jones and Agnes Hunt Orthopaedic Hospital's spinal disorder service has had a 50% increase in referrals in Wales since covid. Would you please be able to explain why this increase has occurred?
- How would you like to see specialised commissioning be improved?
- Could you also explain the process of Welsh patients being discharged from the Robert Jones and Agnes Hunt Orthopaedic Hospital after complex surgeries such as after spinal injuries.
- How does cross-border healthcare delay discharges for patients from the Robert Jones and Agnes Hunt Orthopaedic Hospital?

I would appreciate a response by 15 May. Thank you once again for your participation in this inquiry.

Yours sincerely,

Ruth Jones MP
Chair of the Welsh Affairs Committee

Ruth Jones MP
Chair of the Welsh Affairs Committee
Sent via email
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13 May 2026

Dear Ruth

I write further to your letter dated 27 April 2026, following the Welsh Affairs Committee on 22 April 2026. I have now had the opportunity to review your questions and provide you with a response.

- ***You mentioned in your evidence that the Robert Jones and Agnes Hunt Orthopaedic Hospital's spinal disorder service has had a 50% increase in referrals in Wales since covid. Would you please be able to explain why this increase has occurred?***

Spinal Disorder referrals between the 2019/20 baseline and 2024/25 saw an 85.2% increase, and whilst referrals have reduced in the most recent year, this is still 43.9% higher than 2019/20. There is no definitive reason for the increase in demand. The service has struggled to increase capacity at the required pace given the limited availability of specialist clinicians resulting in a significant increase in the waiting time and size of the waiting list. This issue is not specific to Wales as we have seen challenges right across the service, and other providers are also facing similar difficulties.

A key challenge in starting to address this problem is to get the spinal pathway right, so that the right patients are being seen in secondary care. At present, too many patients are being discharged at their first outpatient appointment, as the appropriate care they require can be delivered in the community. This is delaying patients who need to be seen in a hospital setting. We are committed to the implementation of an agreed spinal pathway to ensure consistent, evidence-based care and the development of community and complex pain services to prevent requirement for surgical intervention and improve patient experience.

- ***How would you like to see specialised commissioning be improved?***

In our experience, specialised commissioning for Welsh patients could be improved through clearer structures for engagement, accountability and decision-making between Welsh specialised commissioning arrangements, Welsh Health Boards, and English provider Trusts delivering specialist services.

For English Trusts providing highly specialised care to Welsh patients, there is often a lack of clarity around where responsibility sits between national Welsh specialised commissioning functions and individual Welsh Health Boards. This can create uncertainty for providers in relation to commissioning authority, funding approvals, service development decisions, and escalation routes when pressures arise. Greater transparency and consistency in how these roles operate in practice would support more effective service planning and operational delivery.



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Engagement with English Trusts could also be strengthened. Regular, structured dialogue between Welsh specialised commissioners and English providers would enable earlier understanding of demand pressures, capacity constraints, and changes in clinical pathways. This is particularly important for highly specialised services where only a small number of providers exist and demand is sensitive to system-wide factors such as workforce availability and referral flows.

Drilling into specifics, there are a number of improvements that we would like to see made:

- Better integration of health and social care – though this is not limited to Wales, as many areas in England face the same challenges.
 - Better data to improve transparency and benchmarking. This would guide an in-depth look at variations across the regions, as there can be huge difference in access to the care and repatriation models, even within one Health Board. This would guide the reduction in unwanted variances across Wales, something which is especially problematic in low-volume, high-complexity services.
 - Greater clarity of the discharge policies and processes, to ensure they meet the needs of highly complex patient. The discharge pathways are often too generic for our patients.
 - Demand and capacity review for pathway 1, 2 and 3 to guide commissioning discussions and prioritisation.
 - Regular discharge meetings involving Spec commissioners rather than just providers, especially for highly complex cases. This would give us something similar to the English model, where NHS England will challenge providers on our behalf where we hit a barrier.
 - Make commissioning genuinely patient/population focussed, rather than based around existing providers and institutions.
- ***Could you also explain the process of Welsh patients being discharged from the Robert Jones and Agnes Hunt Orthopaedic Hospital after complex surgeries such as after spinal injuries.***

Welsh providers insist on the Discharge To Assess (D2A) model, meaning patients need repatriating before the final discharge process to the permanent place of residence for our patients can be commenced (including completion of the Decision Support Tool (DST) and Continuing NHS Healthcare (CHC)).

This model should work in principle if capacity is addressed. However, there are several challenges:

- For RJAH to discharge the patient to a D2A bed, we are requested to complete complex paperwork, which is often duplicated or has to be re-done, due to delays in assessing the information submitted. In comparison, English patients will get their DST and CHC assessment at RJAH so will go to their final new residence upon being discharged.
- In principle we agree with the D2A model, but it needs to be streamlined as its currently very time consuming for RJAH and Welsh providers alike, with a lot of avoidable duplication, poor use of resources on both sides and poor patient experience.
- For the less complex discharges, capacity of local Welsh rehabilitation, care or nursing home beds or care at home arrangement are the biggest barriers. Again, this can lead to frustration and poor patient and clinician experience.

- ***How does cross-border healthcare delay discharges for patients from the Robert Jones and Agnes Hunt Orthopaedic Hospital?***

This is explained in the previous answer, in that discharge of Welsh patients often requires complex paperwork which requires duplication. English processes are more streamlined by comparison and so run more smoothly. We see poor use of resources, delays and so poor patient experience as a result.

There is often lengthy waits for Social Workers to attend wards to complete patient assessments, which can often take more than two weeks. This significant delay impacts patient flow and overall experience.

Our own therapy teams face challenges when it comes to completing home visits. The time spent travelling means they are often off the ward for extended periods, which affects their ability to deliver timely care.

I hope that the above covers all the questions raised; please don't hesitate to contact me if you require anything further.

Your sincerely



Stacey Keegan
Chief Executive Officer

Cc: [REDACTED]



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