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Wednesday, 5 August 2026

Ruth Jones MP
Chair of the Welsh Affairs Committee
House of Commons

[redacted]

Dear Ruth

Thank you for your correspondence following the Welsh Affairs Committee evidence session held on 23 June 2026.

Please find attached Aneurin Bevan University Health Board's response to the questions raised by the Committee.

I would like to note that the data provided for 2024/25 within our response is consistent with the information previously supplied by the Joint Commissioning Committee.

I trust that the attached response addresses the Committee's questions. Should any further clarification or additional information be required, please do not hesitate to contact us.

Yours sincerely

Nicola Prygodzicz
Prif Weithredwr | Chief Executive

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Rydym yn croesawu gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg heb oedi. Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan.

We welcome correspondence in Welsh and we will respond in Welsh without delay. Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board.

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Welsh Affairs Committee Cross Border
Aneurin Bevan University Health Board Response

Exactly how many patients Aneurin Bevan University Health Board refers to England for treatment and where they are being referred to;

The proportion of these patients referred for cross-border treatment through Individual Patient Funding Requests (IPFRs), the NHS Wales Joint Commissioning Committee, or prior approval routes.

ABUHB Patients are referred to Cross Border providers under the following arrangements: -

- Long Term Agreements commissioned directly by ABUHB
- Long Term Agreement commissioned by the Joint Commissioning Committee
- Patients referred under IPFR and Prior Approval Arrangements by ABUHB directly and via JCC arrangements

Notes:

- The reported activity reflects patients that come under the responsibility of ABUHB which includes ABUHB residents and patients that are covered under the Cross Border Protocol e.g., Resident in Gloucestershire and have an Aneurin Bevan GP.
- Numbers of referrals aren't reported in long term agreements with providers so we have included elective and new outpatient activity as a proxy.

Long Term Agreements commissioned directly by ABUHB

Provider (Elective and new outpatient activity)	**2024/25**
North Bristol NHS Trust	775
Gloucestershire Hospitals NHS Foundation Trust	1,251
Wye Valley NHS Trust	1,784
University Hospitals Bristol NHS Foundation Trust	102
Other	606
Grand Total	**4,518**

Long Term Agreements commissioned by the Joint Commissioning Committee

Provider (Elective and new outpatient activity)	**2024/25**
Barts Health NHS Trust	5
Birmingham Women's and Children's NHS Foundation Trust	31
Great Ormond Street Hospital for Children NHS Foundation Trust	51

Provider (Elective and new outpatient activity)	2024/25
Guy's and St Thomas' NHS Foundation Trust	97
Imperial College Healthcare NHS Trust	56
Leeds Teaching Hospitals NHS Trust	13
Manchester University NHS Foundation Trust	13
Moorfields Eye Hospital NHS Foundation Trust	7
North Bristol NHS Trust	66
Oxford University Hospitals NHS Foundation Trust	14
Royal Free London NHS Foundation Trust	13
Royal Liverpool and Broadgreen University Hospitals NHS Trust	33
Royal Papworth Hospital NHS Foundation Trust	9
Royal United Hospitals Bath NHS Foundation Trust	21
Sheffield Teaching Hospitals NHS Foundation Trust	10
The Royal Orthopaedic Hospital NHS Foundation Trust	49
The Walton Centre NHS Foundation Trust	6
University College London Hospitals NHS Foundation Trust	45
University Hospitals Birmingham NHS Foundation Trust	126
University Hospitals Bristol NHS Foundation Trust	167
University Hospitals of North Midlands NHS Trust	7
Other	15
Grand Total	**854**

Patients Referred Under IPFR and Prior Approval Arrangements

2024-25 Referrals	ABUHB	JCC
IPFR	98	6
Prior Approval	1,014	218
Grand Total	**1,112**	**224**

From the perspective of the Health Board, how do you think cross-border specialist commissioning should be improved?

Cross-border specialist commissioning creates a specific challenge as many highly specialised services cannot be safely or sustainably provided within Wales due to the population size required to maintain clinical expertise and achieve the best outcomes.

Whilst existing arrangements via the JCC arrangements generally work well, there are opportunities for improvement which include: -

- Improving digital alignment between NHS Wales and NHS England systems. Fragmented digital systems are one of the greatest barriers to seamless patient care and improved access to e.g., clinical records, referral systems, diagnostic results and care plans.
- Improved Collaboration between NHS Wales and NHS England when planning specialised services to ensure sufficient capacity exists for Welsh patients.

- Reducing the reliance on individual approval processes and instead establish formal commissioned pathways where appropriate. This would reduce administrative burden and potentially improve patient experience.
- Ensuring future NHS structural reform properly considers cross border arrangements

As an overarching point, it is important that cross border specialised services commissioning is given the appropriate level of attention during NHS structural reform to avoid increasing complexity which may impact on the patient experience.

How frequently do you share data about cross-border patients with relevant NHS England bodies?

Data relating to cross-border patients is routinely shared through a range of established governance, contractual and operational arrangements.

These includes via contractual arrangements (e.g., contract monitoring and activity and performance reporting) but also clinician to clinician.

From discussions with ABUHB GPs we are aware of data sharing issues which often arise from IT systems not being compatible. These include: -

- Difficulty arranging urgent admissions into English hospitals from Welsh GP practices due to limited access to referral systems.
- Lack of shared access to key care plans, including frailty, palliative care, DNACPR and ReSPECT documentation.
- Delays in the transfer of GP records and historical correspondence.
- Differences in NHS App functionality between England and Wales.
- Different formularies and shared-care protocols.
- Limited access for Welsh GP practices to English advice and guidance services.

One of the most valuable improvements would be the development of a shared patient summary record accessible across both healthcare systems. This should include medications, allergies, diagnostic results, correspondence and key care plans.

The Health Board would welcome continued investment in digital alignment, common information standards and cross-border data-sharing arrangements.

You mentioned in your evidence that sometimes there is a dispute about who was responsible for paying in relation to a patient receiving cross-border care. Could you clarify who that dispute is with and how it is resolved? Additionally, if there is any criteria used to determine what NHS body pays for a patient's treatment in cross-border care, it would be useful for the Committee to be sent this.

Most cross-border healthcare is delivered through established commissioning arrangements and responsibility for funding is generally clear. However, disputes can arise in a small number of complex cases where there is uncertainty around residency, GP registration arrangements, continuing healthcare responsibilities,

specialist placements, long-term care packages or circumstances where an individual has moved during a course of treatment. In these circumstances, ABUHB refers to the 'Who pays'/responsible commissioner guidance on Welsh Government and NHS England websites.

Disputes are small in numbers and are resolved by the good working relationships with partner organisations however there can be added complexity when involving local authorities where health and social care responsibilities overlap.

What support is available for patients and their families who do not qualify for Non-Emergency Patient Transport and who are receiving care in England?

Support arrangements vary depending on the patient's circumstances and the treatment pathway involved. Patients who do not meet the eligibility criteria for the Non-Emergency Patient Transport Service (NEPTS) can be supported through a range of alternative arrangements. The responsibility for travelling to and from healthcare appointments generally rests with the patient, and many patients choose to use private transport, public transport, community transport schemes or access support from family, friends and voluntary sector organisations.

Travel and transport represent one of the most significant challenges facing patients accessing cross-border care, particularly those living in rural areas. Patients facing financial hardship may be eligible for assistance under the NHS Healthcare Travel Costs Scheme administered by Health Boards.

Specific requests for transport (including for patients accessing specialist services) are considered on a case by case basis but it is recognised that there is scope for improving arrangements to reduce the practical impacts on patients and their families.

How can the UK Government improve cross-border healthcare?

The UK Government can support improvements in cross-border healthcare through several key areas which include: -

- Alignment of digital systems between NHS Wales and NHS England.
- Ensuring NHS England structural change and reform fully consider cross-border implications.
- Maintaining cross-border specialist commissioning relationships.
- Supporting national cross-border networks and forums.
- Supporting common standards for information sharing and patient communications.

It is important that attention is given to protecting established specialist commissioning arrangements and cross-border relationships as NHS England reforms are implemented.

Does the UK Government understand the challenges facing patients living on one side of the border that require healthcare on the other side?

The development of the England-Wales Cross-Border Statement of Values and Principles demonstrates that both Governments recognise the importance of cross-border healthcare and the unique challenges faced by border communities.

However there remains scope for greater understanding of the practical challenges experienced by patients which include: -

- Long travel distances and associated costs.
- Different eligibility rules.
- Differences between NHS Wales and NHS England policies.
- Fragmented digital systems.
- Complex referral pathways.
- Community service boundaries.
- Delays caused by records not moving with the patient.
- Variation in waiting time standards and service models.
- Difficulties understanding responsibilities and accountability.

Patients generally view the NHS as a single service. Patients expect healthcare to be delivered seamlessly and often do not understand, or wish to understand, organisational boundaries between NHS Wales and NHS England. As a result, patients can become frustrated when differing systems, policies or eligibility criteria affect their care.

Overall whilst there is clear recognition of cross-border healthcare at policy level, further improvements in digital integration, transport arrangements, patient communication, information sharing and pathway design would help ensure that organisational boundaries become less visible from the patient's perspective and that care remains truly patient-centred.
