



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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Mr Chris Bown
Interim Chief Executive

11 September 2026

Second Clerk
Welsh Affairs Committee
House of Commons

Cross-border healthcare arrangements between England and Wales: additional evidence following oral evidence session on 23 June 2026

Thank you for your letter of 15 July 2026 from Ruth Jones MP, Chair of the Welsh Affairs Committee, following the oral evidence session on 23 June 2026. I am pleased to provide the additional information requested on behalf of Cardiff and Vale University Health Board.

Cardiff and Vale University Health Board both provides care to patients resident in England and commissions care for Welsh residents from providers in England. As I noted during the oral evidence session, for Cardiff and Vale there is a broadly balanced pattern of inward and outward cross-border activity, reflecting both our role as a provider of specialist and tertiary services and our use of specialist services commissioned from providers elsewhere.

2024/25	
IPFRs Considered	Prior Approvals Considered
57	166
Inbound activity – non-resident patients treated within C&VUHB	
	£m
Herefordshire and Worcestershire Integrated Care Board (HWICB)	0.181
NCA's	0.944
TOTAL expenditure	1.125
Outbound activity – C&VUHB residents accessing services outside Wales	
	£m
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	0.214
NHSE	7,483
NCA's	3,185
TOTAL Income	10,668

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The Board welcomes correspondence in Welsh or English. We will ensure that we will communicate in your chosen language. Correspondence in Welsh will not lead to a delay



To address your additional queries, the NHS Wales Joint Commissioning Committee directly commissions an element of specialist services on behalf of Welsh patients, and they retain the data relating to the numbers of referrals of IPFR and Prior Approvals they consider. Since 2016, an All-Wales IPFR Annual Report is [published](#) which provides high level information on the numbers of IPFRs considered across Wales.

The NHS Wales Joint Commissioning Committee (NWJCC), working on behalf of the seven health boards in Wales, commissions specialised services at a national level. In general, the Health Board IPFR and Prior Approval Request process considers requests which do not fall within the NWJCC commissioning remit.

The IPFR and Prior Approval Requests are governed by different policies and as such, different decision criteria. In 2024/25 171 Prior Approval requests were considered and in 2025/26 166. The majority of these will be commissioned activity to an NHS provider outside of Wales. In each instance, data will have been shared regarding these patients to enable timely, safe and coordinated care.

Non-Emergency Patient Transport (NEPTS) is commissioned through the NWJCC. The Welsh Government also [provide guidance](#) of support with travel costs.

In many cases the arrangements are longstanding and enable patients to access appropriate specialist care regardless of administrative or national boundaries. Where clinical pathways are well established and relationships between clinical teams are mature, cross-border arrangements generally operate effectively.

The main operational challenge for Cardiff and Vale is not a lack of willingness between NHS organisations to work together, but the complexity created by differing responsible commissioner guidance, digital, data and patient management systems operating across the Wales–England border and a need for greater understanding regarding the processes on each side. In oral evidence I highlighted that digital infrastructure and interoperability remain key areas for improvement. Managing patient pathways can be more challenging where care crosses multiple providers and where clinical information does not flow easily between systems.

Key issues include limited interoperability between Welsh and English patient management systems; difficulty accessing relevant clinical records across organisational and national boundaries; additional administrative burden for clinical and operational teams; potential delays in transferring information needed to support continuity of care; and the need for local workarounds where system-wide digital integration is not yet available.

Cardiff and Vale University Health Board supports the position coordinated through the Welsh NHS Confederation that continued engagement between the UK Government, Welsh Government and NHS organisations is essential to improving cross-border healthcare. The most significant improvement would be better compatibility between Welsh and English patient information systems, supported by common standards for information sharing and a continued focus on digital interoperability.

In practical terms, improvement should focus on ensuring that relevant clinical information follows the patient; reducing duplication and administrative burden for staff; supporting safe and timely referrals, transfers and discharges; maintaining established

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specialist commissioning arrangements; and ensuring that policy developments in either England or Wales are assessed for cross-border implications at an early stage.

From a patient perspective, organisational boundaries are less important than timely, safe and coordinated care. Patients and families rightly expect services to work together when care is provided across borders. The greatest risks arise where different systems, commissioning arrangements or digital infrastructures create friction in what should feel like a seamless pathway.

We therefore welcome the Committee's focus on cross-border healthcare and particularly on digital information sharing, patient experience, specialist referrals and continuity of care. Cardiff and Vale University Health Board would support continued work between governments, NHS organisations and national bodies to ensure that cross-border pathways remain safe, sustainable and patient-centred.

In summary, cross-border healthcare arrangements are essential to ensuring that patients access the right care in the right place. Relationships between providers are generally constructive and established clinical pathways can work well. The greatest opportunity for improvement lies in strengthening the digital and information-sharing infrastructure that underpins those pathways. Improved interoperability between Welsh and English systems would deliver significant benefits for patients, clinicians and healthcare organisations alike.

I hope this additional information is helpful to the Committee. Please do not hesitate to contact me if any further clarification would be useful.

Yours sincerely



Chris Bown
Interim Chief Executive