

A photograph of a hospital ward with several beds, medical equipment, and overhead lights. A large teal semi-transparent rectangle is overlaid on the left side of the image, containing the title and author information.

# Research Briefing **Cross-border healthcare**

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**National Assembly for Wales**  
Research Service

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## Research Briefing

# Cross-border healthcare

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Due to the length and porous nature of the border between Wales and England there is a significant population flow between the two countries, including for healthcare services. The increasing policy divergence between the Welsh and English health systems can mean that patients who rely on healthcare facilities across the border from where they live are uncertain about what they should expect. This paper aims to clarify the arrangements for cross-border healthcare between Wales and England, in terms of patients access to services and the commissioning arrangements between the Welsh and English NHS.

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# 1. Introduction

In all areas of healthcare, there is significant cross-border flow of patients between Wales and England. This can largely be attributed to factors of geographic convenience and lack of provision in the patient's own area. Geographic convenience is an important factor in primary care, where patients living in border areas may choose to register with a GP as close to their home as possible, even though this may not be in their actual country of residence. In April 2016, approximately 15,000 Welsh residents were registered with a GP in England, and around 21,000 English residents were registered with a GP in Wales.

In secondary and also tertiary (specialist) healthcare, lack of provision in the patient's locality plays a big part. Some areas may not have the population base necessary to support a large hospital or specialist centre, so patients from these areas might need to travel further – including across the border – for treatment. More than 56,000 Welsh residents were admitted to an NHS hospital in England in 2014-15. In the same period, around 10,500 English patients were admitted to a Welsh NHS hospital.

## 2. What does this mean for patients?

For the patients involved there may be uncertainty about their position where there is a policy divergence between the Welsh and English NHS. For example: are they able to choose the hospital they'll go to for treatment? How long should they be waiting to start treatment? Does Wales' free prescriptions policy apply to them?

### Free prescriptions

All patients registered with a Welsh GP are entitled to free prescriptions, including English residents with a GP in Wales. However, prescriptions are only dispensed free of charge at pharmacies in Wales. Patients who have their prescriptions dispensed outside Wales will be charged at the rates that apply in that country.

Welsh patients who have an English GP are also eligible for free prescriptions, but would need to apply to their Local Health Board for an 'entitlement card'.

Welsh patients who are treated at hospitals or out of hours services in England, and are charged for prescriptions at the English rate, are able to claim a refund.

### Patient choice

In England, patients have the right to choose which hospital they're referred to by their GP. This also applies to Welsh residents who are registered with an English GP. This legal right lets patients choose from any English hospital offering a suitable treatment that meets NHS standards and costs.

The Welsh NHS does not operate a system of patient choice but looks to provide services close to a patient's home where possible. Patients registered with a GP in Wales do not have a statutory right to choose which hospital they're referred to. This extends to English residents with a Welsh GP.

### Waiting times

Any person (Welsh or English) who is registered with a Welsh GP and referred for tests/treatment will be subject to the relevant **NHS Wales waiting times** and referral criteria, whether they are sent to a hospital in England or in Wales.

Any patient registered with an English GP will be subject to the English **waiting times**/criteria if referred to a hospital in England, and the Welsh standards if referred to a hospital in Wales.

The main waiting times target in Wales is that patients should be waiting less than 26 weeks from referral to treatment.

In England, patients have a right to start consultant-led treatment within a maximum of 18 weeks unless they choose to wait longer, or it is clinically appropriate that they wait longer.

The following table summarises what patients should be able to expect in terms of standards for access to healthcare depending on residency, GP location and provider. (As well as waiting times targets this includes clinical thresholds for treatment and other referral criteria specified by the Local Health Board or Clinical Commissioning Group.)

Residency	GP location	English provider to meet:	Welsh provider to meet:
Wales	Wales	Welsh Government standards	Welsh Government standards
Wales	England	NHS Constitution	Welsh Government standards
England	England	NHS Constitution	Welsh Government standards
England	Wales	Welsh Government standards	Welsh Government standards

It is emphasised that services - on both sides of the border - should be secured on the basis of **clinical need**, and in line with the relevant standards as a minimum. As **described** by the Health Minister:

*(...) the policy in Wales is that Welsh patients who are treated in England should be treated in order of clinical priority, and within Welsh waiting times. English patients being treated in Wales should be seen in order of clinical priority, and within Welsh waiting times. This is underpinned in the cross border protocol and is aimed at providing a pragmatic approach to the practical issues arising from the two different health systems and to prevent referral into the respective systems being used in a way not based on clinical priority.*

## Welsh Affairs Committee inquiry

In 2014/15, the House of Commons Welsh Affairs Committee carried out an **inquiry** into the cross-border healthcare arrangements between England and Wales, following-up on its 2009 inquiry.

The Committee concluded that more needs to be done to ensure that the policy divergence which has emerged since devolution does not impact on people who rely on healthcare facilities on either side of the border. It recommended that the Department of Health and the Welsh Government work together with medical practitioners, particularly at GP level, to ensure that patients are better informed of the differences in healthcare policy between England and Wales, and that they are made aware of the implications that choosing a Welsh or English GP might have for their care.

### 3. Commissioning arrangements

In England, 211 Clinical Commissioning Groups (CCGs), overseen by NHS England, commission most of the hospital and community NHS services in the local areas they are responsible for. These services are mostly delivered by NHS Trusts and NHS Foundation Trusts. Specialised services are commissioned at a national level by NHS England.

There is no such purchaser/provider split in Wales. The seven Local Health Boards (LHBs) are responsible for both the planning and delivery of healthcare services. In general, while LHBs are responsible for commissioning all primary and secondary care, tertiary and highly specialised services are commissioned through a joint committee - the Welsh Health Specialised Services Committee (WHSSC) - operating on behalf of the LHBs.

The arrangements for cross-border healthcare commissioning are set out in a **protocol** between the Welsh Government and the NHS Commissioning Board in England. The most recent version was published in April 2013. The protocol is usually subject to a three-yearly review.

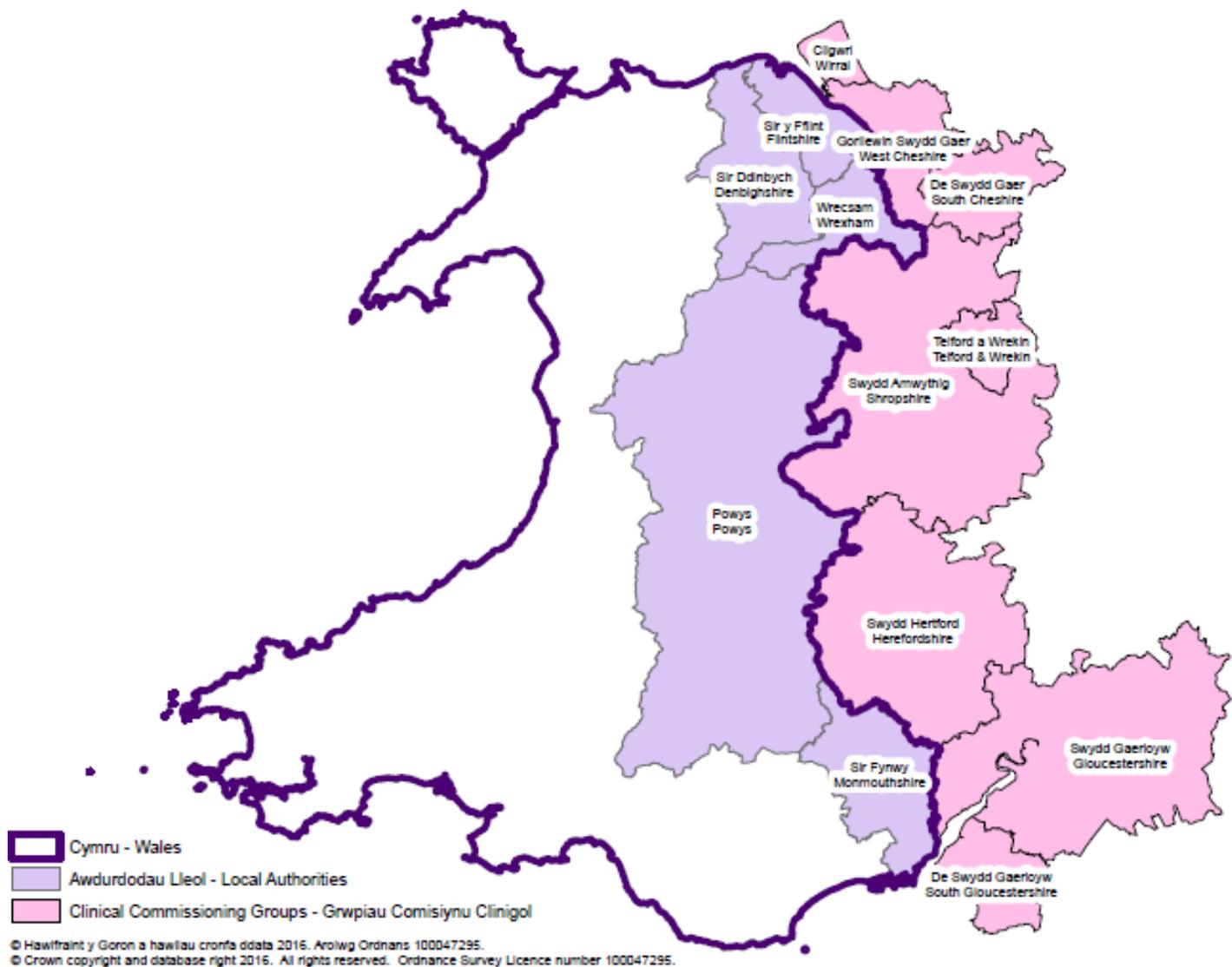
The protocol sets out which body is responsible for commissioning healthcare services for people who live on one side of the border, but are registered with a GP on the other. Under the protocol, operational responsibility for commissioning services is determined by GP registration, rather than residency. Welsh residents who are registered with a GP in England are treated as 'English' patients. Likewise, English residents who are registered with a GP in Wales are treated as 'Welsh' patients.

The table below summarises the responsibility for securing and funding services (other than national screening programmes) under the protocol. (Most **national screening programmes** are based on residency, rather than GP registration.)

<b>Residency</b>	<b>GP location</b>	<b>Responsibility for securing and funding services</b>	<b>Legally responsible body</b>
Wales	Wales	LHB	LHB
Wales	England	CCG	LHB
England	England	CCG	CCG
England	Wales	LHB	CCG

LHBs retain legal responsibility for their resident population who are registered with a GP in England. Likewise, CCGs retain legal responsibility for their resident population registered with a GP in Wales.

The above arrangements apply to people resident in the following areas along the England and Wales border:



For patients resident elsewhere in England or Wales, responsibility for commissioning healthcare services will remain with the CCG or LHB where the patient defines his or her usual place of residence.

## Funding

### Primary care

For primary care services provided across the border, including GP services, dentistry, and ophthalmic services, there is no funding flow between England and Wales. Any costs fall where they lie, in what's been described as a 'knock for knock' arrangement that broadly balances itself out. Wales' Health Minister told the Welsh Affairs Committee:

*At primary care, we essentially operate on a knock-for-knock basis. The Welsh NHS picks up the costs of primary care for some patients who live in England and the English NHS picks up the primary care costs for some patients who live in Wales.*

## Secondary/tertiary care

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The protocol aims to ensure that there will be no financial shortfall on the part of any Welsh Health Board or Clinical Commissioning Group in England to provide healthcare services to the other country's residents. The Welsh Government receives an annual payment from the Department of Health in recognition of the additional secondary care costs that fall on the Welsh NHS as a result of the net flow of patients into Welsh primary care from England (around 15,000 Welsh residents are registered with English GPs and 21,000 English residents are registered with Welsh GPs, giving a net import of 6,000 patients).

For Welsh patients (with a Welsh GP) receiving treatment in England, Welsh commissioners (LHBs and the Welsh Health Specialised Services Committee) pay English providers as per a national tariff payment system.

Where English residents with an English GP receive secondary/tertiary care services in Wales, payment for their treatment is agreed locally between the Welsh provider and English commissioner. There is no standard tariff used within NHS Wales. The rate of payment should reflect the cost to the Welsh provider of undertaking the activity.

## Exceptions

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LHBs in Wales and CCGs in England are responsible for commissioning **accident and emergency services** for anyone present in their geographic areas – regardless of residency or GP registration – and are expected to ensure that appropriate arrangements are in place.

There is a similar requirement for **sexual health services** to be provided on an open access basis (in England, local authorities have responsibility for commissioning public health services such as sexual health).