



House of Commons  
Welsh Affairs Committee

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# The provision of cross– border health services for Wales: Interim Report

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**Sixth Report of Session 2007–08**

*Report, together with formal minutes*

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## The Welsh Affairs Committee

The Welsh Affairs Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Office of the Secretary of State for Wales (including relations with the National Assembly for Wales).

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# Contents

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<b>Interim Report</b>	<i>Page</i>
<b>Introduction</b>	<b>7</b>
Background to the inquiry	7
Purpose of the interim Report	7
Next steps	8
<b>1 Health services provided on a cross-border basis</b>	<b>9</b>
Primary care	9
Secondary care	9
Specialist care	10
<b>2 Health policy divergence</b>	<b>12</b>
The devolution settlement as it relates to health	12
Health policy in England and Wales	12
The market	13
Patient choice and patient voice	14
Waiting time targets	14
<b>3 Commissioning and funding of cross-border services</b>	<b>16</b>
Commissioning of cross-border services	16
Funding of cross-border services	17
<b>4 Co-ordination of cross-border services</b>	<b>19</b>
Mutual dependence	19
All-Wales provision	19
Inter-governmental co-ordination	20
The impact on the patient	21
<b>Conclusion</b>	<b>22</b>
<b>Formal Minutes</b>	<b>24</b>
<b>List of Reports from the Committee during the current Parliament</b>	<b>25</b>



# Introduction

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## Background to the inquiry

1. Welsh life does not stop at the border with England. The Welsh and English populations move freely between the two nations, and the border's porous nature allows people to access public services on both sides of Offa's Dyke. Social networks, transport infrastructure and work patterns mean that Welsh people often gravitate in an east-west direction as opposed to looking north or south. As a consequence, access to public services by Welsh and English people has traditionally been characterised by a free flow of cross-border movement.

2. Since the introduction of democratic devolution in 1999, members of the public, civic society and public service providers have voiced concern that policy makers in Cardiff and London are failing to consider the impact of diverging policy on the natural flow of people across the Welsh-English border. It has become clear to us that consideration needs to be given to the impact diverging policy has on individuals accessing and providing public services in both jurisdictions. Attention also needs to be paid to the ways in which administrations in England and Wales can work together more effectively to ensure equal access for all citizens to public services, regardless of residence.

## Purpose of the interim Report

3. In November 2007, the Welsh Affairs Committee announced its wide-ranging inquiry into the provision of cross-border public services for Wales. We announced our intention to explore the provision of health services in the first instance, followed by consideration of cross-border issues as they affect further and higher education and transport.

4. This interim Report focuses on issues concerning the cross-border provision of health services. Our intention is to provide a timely contribution to the current discussions surrounding:

- a) the proposed protocol between the Department of Health and the Welsh Assembly Government on cross-border health provision;<sup>1</sup>
- b) the proposed restructuring of the NHS in Wales and its impact on cross-border health services;<sup>2</sup>
- c) Mr James Steers's review of neurosciences services for Welsh patients.<sup>3</sup>

5. This interim Report therefore aims to summarise cross-border health issues highlighted so far in our inquiry. We begin by outlining the services that are currently used by Welsh

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<sup>1</sup> Minister of State for Health Services Ben Bradshaw MP indicated in evidence to the Committee on 3 June that agreement on the proposed protocol should be reached by July 2008; Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 3 June 2008 (HC 401-vi, Session 2007-08) Q 510

<sup>2</sup> Welsh Assembly Government, *Proposals to change the structure of the NHS in Wales: Consultation Paper*, 2 April 2008

<sup>3</sup> The decision to establish an Independent Neurosurgery Task and Finish Group, chaired by Edinburgh-based neurosurgeon Mr James Steers, was announced in a Welsh Assembly Government decision report on 25 September 2007 <http://wales.gov.uk/publications/accessinfo/drnewhomepage/healthdrs/healthdrs2007/1931940/?lang=en>

patients on a cross-border basis. We then describe the policy divergence that has occurred between the English and Welsh NHS. The commissioning and funding of cross-border health services are considered, as are the current arrangements for the co-ordination of services. Each of these areas impact on patients who receive their treatment on a cross-border basis; consideration is given therefore to confusion and concern expressed by patients during the Committee's inquiry. **We conclude by providing a set of criteria to which the health policies of the Department of Health and the Welsh Assembly Government ought to aspire and which ought to guide health bodies on both sides of the border in order to meet the needs and expectations of cross-border users of health services.**

### Next steps

6. Following the conclusion of the Steers review, the response of the Welsh Assembly Government to the current consultation on the restructuring of the NHS in Wales, and the anticipated announcement of the establishment of a formal protocol on cross-border health services between the Department of Health and the Welsh Assembly Government, we will publish our full report which will draw on written evidence that we have received, and oral evidence sessions conducted between March and June 2008. The detail of the current reviews, consultations and draft protocols will also be considered, and will be measured against the criteria outlined in the final chapter of this interim Report. We would welcome further evidence from any interested parties on any of these issues by 30 September 2008.

7. We thank all those who have taken the time to share their views with us to date, and welcome further relevant contributions to our inquiry. We would also like to thank our specialist adviser, Professor Marcus Longley, who has provided expert guidance and advice.

# 1 Health services provided on a cross-border basis

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8. Health care pathways for Welsh patients have traditionally straddled the Welsh-English border and continue to do so following democratic devolution. There is a significant flow of patients from Wales to England in primary, secondary, and specialist health care. This cross-border movement is attributable to a number of factors, including:

- geographic convenience for patients;
- specialisms of certain departments and clinicians outside Wales;
- the need for a critical mass in certain areas of health care which have traditionally led to a UK-wide as opposed to an all-Wales service.

9. Evidence we received emphasises that transport infrastructure is an important determining factor for the flow of patients in Wales. This has traditionally led to a cross-border direction of travel for Mid and North Wales patients when they access health services, as opposed to a north-south direction. **Cross-border access to health services is natural and inevitable given the geography of Wales, and should be co-ordinated by the Department of Health and the Welsh Assembly Government. More needs to be done to avoid unintended consequences of policy, particularly as a result of decisions taken in isolation by health bodies on either side of the border.**

## Primary care

10. Patients are free to register with a GP on either side of the Welsh-English border. Welsh patients receiving treatment via primary care services in England (for example GP services, dentistry services, ophthalmic services and pharmacy services) generally live in immediate border areas and access such services due to geographic convenience.

11. In terms of GP registration, there are more English patients registered with Welsh GPs than vice versa, with figures for 2006 showing more than 19,000 patients resident in England registered with a GP in Wales, while nearly 14,000 patients resident in Wales were registered with a GP in England.<sup>4</sup> **The Committee welcomes the continued ability of borderland citizens to register with general practitioners of their choice and to receive treatment via primary care services on a cross-border basis.**

## Secondary care

12. Cross-border flows of patients for secondary care take place more from Wales into England. In addition, such flows are more prevalent in North and Mid Wales than in the more urban and densely populated South.

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<sup>4</sup> HC Deb, 27 February 2008, col 1075

13. Welsh patients receiving treatment via secondary care services in England generally live in immediate border areas and access such services due to geographic convenience or the lack of secondary care provision in their immediate locality (for example Powys, which has no District General Hospital within its boundaries). The main providers of cross-border secondary care services for Wales are in Liverpool, Chester, Gobowen (Oswestry), Shrewsbury and Hereford. To a lesser extent, services are also accessed by Welsh patients in St Helen's, Knowsley, Gloucester and Bristol.

14. We welcome the continued ability of Welsh borderland citizens to access secondary care services in England. We are concerned, however, at recent press coverage claiming that the North Bristol NHS Trust has circulated guidance stating that Welsh patients should not be treated unless in an emergency. We have sought clarification from North Bristol NHS Trust on its position, and the Trust has assured us in writing that Welsh patients will receive elective treatment if prior approval is granted by Welsh commissioners. All emergency cases will be treated immediately. We urge English providers and Welsh commissioners to resolve cross-border issues as set out in the current guidance issued by the Department of Health and the Welsh Assembly Government.<sup>5</sup>

**15. A key criterion which future arrangements for health services in England and Wales must meet is the continued ability for Welsh residents to obtain the most appropriate and cost effective secondary health care regardless of the border. We would welcome further evidence of where, if at all, this criterion is not being met as a result of funding or other administrative arrangements, and proposals to prevent this occurring.**

### Specialist care

16. Cross-border flows of patients for specialist care take place more from Wales into England than vice versa. Again, such flows are more prevalent in North and Mid Wales than in the more urban and densely populated South. Welsh patients receiving specialist treatment in England come from all corners of Wales. Services are accessed in England due to:

- The non-availability of certain highly specialised services within Wales, especially in relation to cancer, organ transplantation, and high-security mental health services. Evidence has also revealed weakness in specialist physiotherapy services in Wales. Powys's dependence on England for obstetric care has also been highlighted.
- The geographic proximity of certain specialist centres, particularly in North Wales. Such centres include Alder Hey Children's Hospital for specialist children's services, the Walton Centre for neurology and neurosurgery and the Cardiothoracic Centre for cardiac services, all of which are located in Liverpool. We agree with the First Minister, who told us that:

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<sup>5</sup> Department of Health and Welsh Assembly Government, *Procedure for cross-border healthcare commissioning between England and Wales*, Welsh Health Circular WHC (2005) 12, 4 February 2005 [http://www.wales.nhs.uk/documents/WHC\\_2005\\_012.pdf](http://www.wales.nhs.uk/documents/WHC_2005_012.pdf); Department of Health and Welsh Assembly Government, *Procedure for cross-border healthcare commissioning between England and Wales (Further Extension)*, WHC (2007) 036, 30 March 2007 [http://www.wales.nhs.uk/documents/WHC\(2007\)036.pdf](http://www.wales.nhs.uk/documents/WHC(2007)036.pdf)

The population of North Wales is one thirteenth of the population of the North-West of England, therefore the relationship with even the small/medium centres, like Chester, but certainly with Merseyside and Greater Manchester in the provision of health services is totally different from the relationship between South Wales, which has two million people, and the greater Bristol areas, which would also have about two million people.<sup>6</sup>

17. Over recent years Wales has developed some services that traditionally were England-based: services in the Children's Hospital in Cardiff are perhaps the most high-profile examples. It should be noted however that evidence suggests North Wales citizens continue to view Alder Hey Children's Hospital in Liverpool as the children's hospital for North Wales. Certain specialist services have become sufficiently mainstream for provision to be located in Wales, closer to people's homes than previously. Where clinically safe and geographically convenient for patients, the development of such services in Wales is to be welcomed.

**18. Given the geography of Wales and the need for a critical mass of patients to make specialist health provision viable and effective, cross-border movement is inevitable and natural. A key criterion for the success of health policy developed by the Department of Health and the Welsh Assembly Government is that it should not inhibit these flows or restrict access to effective specialist care.**

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<sup>6</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 528

## 2 Health policy divergence

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### The devolution settlement as it relates to health

19. Since devolution the running of the NHS in Wales has rested with the National Assembly for Wales. Related matters retained by the Department of Health include:

- international and EU business, including the negotiation of legal agreements;
- the oversight of the medical professions;
- the licensing and safety of medicines and medical devices;
- the co-ordination and planning for pandemic influenza; and
- ethical issues such as abortion, organ transplantation, embryology, surrogacy and human genetics.

20. A devolution concordat was agreed in 2001 to provide a framework for co-operation between the Department of Health and the devolved administrations.<sup>7</sup> As the First Minister of the Welsh Assembly told us:

We have a concordat going back to 2001 which specified that not any one of the four administrations running health in the UK ... should do anything which has an adverse consequence, either financially or in terms of patient care, on another administration, and that, if they do, financial compensation should be provided if there is a financial adverse consequence.<sup>8</sup>

### Health policy in England and Wales

21. Devolution has provided the opportunity for Welsh Ministers to explore local solutions for local health needs whilst operating within a UK-wide National Health Service. It has also provided the opportunity for sub-national devolution to be established via Local Health Boards and NHS Trusts to develop more local and regional policy, in co-operation with local authorities and Local Service Boards proposed within the Welsh Assembly Government's *Making the Connections* policy document.<sup>9</sup> The English NHS has pursued local control of health services and wider community engagement in their management and delivery via the introduction of Foundation Trusts.

22. The identification and pursuit of different health policy priorities by UK administrations has led to the adoption of different models for the provision and

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<sup>7</sup> Department of Health, Cabinet of the National Assembly for Wales and Department of Health, Social Services and Public Safety, Northern Ireland, *Devolution concordat on health and social care*, 1 May 2001 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4015306](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4015306)

<sup>8</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 539

<sup>9</sup> Welsh Assembly Government, *Making the Connections – Delivering Beyond Boundaries: Transforming Public Services in Wales*, November 2006

organisation of healthcare services. Welsh Assembly Government First Minister Rhodri Morgan AM told us that:

Divergence is inherent in devolution ... since devolution the agenda is simply now determined by the perception of Welsh needs by who ever happens to be in charge of Wales at the time, and they will suit the agenda to Welsh needs and then in England they will suit the agenda to England's needs.<sup>10</sup>

23. A trade-off exists between the quality of services, patients' access to services and their affordability. We agree with the First Minister that "clinical safety and clinical quality will be the main drivers" for the provision of health services, and that this should remain so.<sup>11</sup> We also agree that:

... the issue is always whether what you want is excellent services provided as close as possible to your home or services which are as close as possible to your home which are provided as excellently as possible. I think it has to be the first of those: excellent services provided as close as possible.<sup>12</sup>

It is not yet clear that this approach has been incorporated into the detail of health service policy in Wales as clearly as expressed in evidence provided by the First Minister.

### **The market**

24. England has adopted a localised approach to the provision of health services, with local Primary Care Trusts (PCTs) deciding on the services they will purchase from (largely local) NHS Trusts on behalf of their local populations. Different PCTs may adopt different policies and priorities. Welsh Ministers have, in contrast, indicated their desire to move away from the commissioner-provider model towards a centrally planned system. England has introduced Foundation Trusts, patient choice, and independent patient budgets. The Welsh Assembly Government has recently indicated its desire to see greater centralisation of governance in the Welsh health system by reducing the number, and changing the commissioning function, of Local Health Boards.

25. The full impact of the divergence in policy between England and Wales remains to be seen. Clinicians and patients remain concerned, however, that any further divergence could lead to problems in accessing cross-border services in the future. **A key criterion of success for us is that the Department of Health and the Welsh Assembly Government ensure that policies pursued by both administrations reassure patients and clinicians that different funding and administrative arrangements do not represent a barrier to the provision of health care.**

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<sup>10</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 526

<sup>11</sup> Ibid, Q 546

<sup>12</sup> Ibid, Q 546

### **Patient choice and patient voice**

26. Patient choice has been a key feature of health service reform in England since 2006. England operates a “choose and book” system by which patients have the right to choose between at least four hospitals in England for their non-emergency “elective” treatment. There is currently no equivalent to the English “choose and book” system in Wales. Rather, the Welsh Assembly Government’s focus has been on how local people (not just current patients) can influence the local health policy of bodies located in Wales and across the border.

27. Community Health Councils (CHCs) continue to exist in Wales. In England, CHCs were replaced in 2003. English patient representation is now provided via numerous channels including Patient Advice and Liaison Services (PALS), Local Involvement Networks (LINks) and Foundation Trust representation.

**28. A key criterion of success for the future of health policy is ensuring that local populations feel a sense of ownership over the health services from which they receive treatment. Where NHS Foundation Trusts have been established in borderland areas in England, we welcome the fact that they have rightly recruited members from the whole of their catchment area, giving patients and communities in Wales an equal voice in the development of services. Citizen engagement should not stop at the border between England and Wales, and we commend Foundation Trusts in England for their engagement with their catchment populations.**

### **Waiting time targets**

29. The Department of Health has pursued a reduction in waiting times for patients in England as one of its key priorities in recent years. In contrast, although waiting times have reduced in Wales over the same period, the Welsh Assembly Government did not choose to prioritise resources on waiting list reduction at the same time as the NHS in England.

30. The announced waiting time target for English patients is 18 weeks from GP referral to the start of treatment.<sup>13</sup> This target is to be implemented by December 2008. The Welsh Assembly Government’s target for Welsh patients is 26 weeks from GP referral to the start of treatment.<sup>14</sup> The implementation of this target is promised by the end of the Assembly term.<sup>15</sup> The current waiting time targets faced by outpatients resident and registered in Wales are 22 weeks from referral to receiving outpatient treatment; the target for inpatient and daycase waits is 22 weeks from the decision to treat to admission.

31. Our inquiry to date has highlighted grave concerns amongst patients and clinicians regarding divergence in waiting time targets across the UK. We will return to this issue in greater detail in our full report in the Autumn. **We note the First Minister’s assurance that waiting times in Wales are falling at a similar rate to England, and that the median**

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<sup>13</sup> Department of Health, *The NHS Improvement Plan: Putting People at the Heart of Public Services*, Cm 6268, June 2004, p 6

<sup>14</sup> Welsh Assembly Government, *One Wales: A progressive agenda for the government of Wales*, 27 June 2007

<sup>15</sup> The current Assembly term (the Third Assembly) will end in Spring 2011 prior to the next Assembly election which will be held on the first Thursday in May 2011.

wait for a patient registered and resident in Wales to be treated for elective surgery is one day longer than a patient registered and resident in England.<sup>16</sup> However, there was other evidence of larger differences in waiting times and we would wish to invite further evidence on this point and revisit it in our full report. We also note the First Minister's evidence to us that:

Cracking the waiting lists, which was the big English drive back in 1997 and which we followed about three or four years later, is one example where we have learned from England.<sup>17</sup>

We urge the Department of Health and the Welsh Assembly Government to work together to continue to drive down waiting times for Welsh and English patients.

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<sup>16</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Qs 589-90

<sup>17</sup> Ibid, Q 592

## 3 Commissioning and funding of cross-border services

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32. The commissioning and funding of cross-border and cross-boundary services is not a new phenomenon in the UK. As outlined in chapter one, Welsh patients have historically accessed services in England, as English patients have accessed Welsh services. Similarly, beyond primary care services, patients have traditionally accessed secondary and specialist services outside the administrative boundaries of their Local Health Board (or Strategic Health Authority prior to the inception of Local Health Boards).

### Commissioning of cross-border services

33. Current legislation does not define precisely which local NHS body is responsible for commissioning care for people who live on one side of the border but are registered with a GP on the other. As a consequence, an interim protocol between the Department of Health and the Welsh Assembly Government is in place to address this anomaly.<sup>18</sup> This interim agreement states that for patients resident along the English and Welsh border, responsibility for the commissioning of care is determined by GP registration as opposed to residence.

34. Welsh providers are required to work to the standards and targets set out by the Welsh Assembly Government for all patients whom they see and treat. Patients who are registered in Wales and receive their treatment in Wales are subject to the performance standards applicable to the Welsh NHS, as are patients treated in Wales from any other part of the UK.

35. English providers are required to work to the standards and targets set out by the Department of Health for patients who are the responsibility of English commissioners. Services for patients registered in Wales but accessed in England are commissioned by Welsh commissioners to meet Welsh Assembly Government performance standards.

36. In practice, the divergence in performance targets between Wales and England has led to the development of two administrative channels within English hospitals. Whilst English waiting lists are administered in one channel, Welsh waiting lists are administered in another. This leads to an additional administrative burden for hospitals and, in effect, means that Welsh patients seeking elective treatment in an English hospital are subject to different waiting times to their English counterparts seeking treatment in the same hospital. We wish to emphasise however that evidence we have received clarifies that such divergence in performance targets does not impact on the speed with which clinically urgent cases are treated; it is applicable in the case of non-emergency “elective” treatment.

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<sup>18</sup> Department of Health and Welsh Assembly Government, *Procedure for cross-border healthcare commissioning between England and Wales*, Welsh Health Circular WHC (2005) 12, 4 February 2005 [http://www.wales.nhs.uk/documents/WHC\\_2005\\_012.pdf](http://www.wales.nhs.uk/documents/WHC_2005_012.pdf); Department of Health and Welsh Assembly Government, *Procedure for cross-border healthcare commissioning between England and Wales (Further Extension)*, WHC (2007) 036, 30 March 2007 [http://www.wales.nhs.uk/documents/WHC\(2007\)036.pdf](http://www.wales.nhs.uk/documents/WHC(2007)036.pdf)

37. Despite this, concern is clearly expressed in evidence submitted by the public regarding the divergence in standards commissioned by the Welsh Assembly Government and the Department of Health. Many refer to an alleged inequality of service provision due to this divergence. Evidence given to the Committee also suggests that clinicians do not wish to be troubled by issues relating to the operation of diverging performance targets, and are often faced with having to justify differences in service that are beyond their control. The close relationship between the NHS and local government for the delivery of community services adds a further dimension of complexity to the issue, with the commissioning of different services having an impact on the way in which patients are discharged and treated in their communities.

**38. English providers emphasised in evidence that Welsh patients requiring emergency treatment in England will be treated immediately, according to clinical need. In the case of a Welsh patient seeking non-emergency “elective” treatment, we remain unclear how clinicians and administrators decide where a Welsh patient is placed on an English provider’s waiting list. A key criterion for success will be to ensure that greater clarity is provided for patients and clinicians regarding the administration of cross-border performance targets of this kind and that decisions about the elective treatment of Welsh and English patients are based on clinical need as opposed to funding. People expect to be treated equally in terms of waiting times and this issue needs to be addressed.**

### Funding of cross-border services

39. Over the last 5 years, the NHS in England has seen the introduction of a national payment tariff as part of a programme known as Payment by Result. Under this system, English hospitals are paid according to each individual piece of clinical activity performed. Health care funding in Wales is based on block contracts between Welsh commissioners and relevant providers. Under this system, hospitals are paid based on historic activity and funding levels rather than being paid for individual treatment episodes. Although the Welsh Assembly Government is currently considering a financial flows system akin to the tariff system in England, it is unclear how this will be implemented if adopted.

40. First Minister Rhodri Morgan AM told us that the introduction of the Payment by Result tariff in England was “not in keeping” with the devolution concordat signed between the Department of Health and the devolved administrations (see paragraph 20).<sup>19</sup> He argued that divergence in funding regimes between England and Wales initially led to tensions between some providers in England (for example the Countess of Chester Hospital and North Bristol NHS Trust) and Welsh commissioners regarding the sums of money paid for services provided to Welsh patients. Due to the historic nature of the block contracts between Welsh commissioners and English providers, it is alleged in evidence that less money is received for the treatment of Welsh patients than for the treatment of English patients. It is also alleged that there is a refusal on the part of the Welsh commissioners and the Welsh Assembly Government to recognise that costs may have increased above inflation over time.

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<sup>19</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 539

41. Evidence emerging from our inquiry suggests that the sums of money involved in financial disputes between Wales and England are small relative to the overall health budgets of the NHS in England and Wales. Nonetheless, such disputes cause disproportionate frustration between Welsh commissioners and English providers and have led to avoidable concern amongst patients.

42. Evidence given to the Committee by the Muscular Dystrophy Campaign and the Association of the British Pharmaceutical Industry urged consideration of UK-level funding and commissioning of treatments for super-rare conditions. The Department of Health stated in its evidence that the English national commissioning group involves, and includes, representatives from the devolved administrations to look specifically at specialisms best provided at a UK level. **We urge the Department of Health and the Welsh Assembly Government to clarify the procedures in place for the commissioning and funding of super-rare conditions and to enter dialogue with bodies such as the Muscular Dystrophy Campaign to examine the need for a UK-wide fund.**

43. As a consequence of the tensions over diverging funding regimes in Wales and England, evidence suggests that there is a perception that the English NHS is subsidising the Welsh NHS. Evidence also suggests that Welsh patients perceive that they are being treated as second-class citizens within the National Health Service. Both suggestions should be addressed immediately by the Department of Health, the Welsh Assembly Government and health service providers to ensure that patients receiving treatment on both sides of the Welsh-English border are treated fairly and equally, and that they believe this to be the case. Minister of State for Health Services Ben Bradshaw MP assured the Committee that cross-border financial conflicts are resolvable at a comparatively modest cost and that his Department is working closely with the Welsh Assembly Government to address the issue. A key criterion of success for us will be continued co-operation between both administrations and the achievement of a sustainable resolution as soon as possible.

## 4 Co-ordination of cross-border services

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### Mutual dependence

44. The mutual dependence of Welsh patients and English providers on one another is clearly identified in the evidence we have received. We agree with First Minister Rhodri Morgan AM that Welsh and English health services are “very closely integrated” and would further note that one of our greatest assets in Wales is our proximity to England.<sup>20</sup>

45. The reliance of many English providers on Welsh activity for the viability of their services was highlighted in evidence to the Committee. With hospitals such as The Robert Jones and Agnes Hunt Orthopaedic and District Hospital receiving 30% of its income from Welsh commissioners, services are highly dependent on continued flows of Welsh patients to English providers. **A key criterion for the success of future health policy decisions will be to ensure that policy developed within one jurisdiction does not have unintended consequences for patients or providers in another. The continued viability of English hospitals located along the border, and hospitals providing specialist services for Welsh patients, should not be adversely affected by the decisions of policy makers who fail to consider long-standing cross-border flows of patients.**

### All-Wales provision

46. In December 2005, the then Welsh Assembly Government Minister, Dr Brian Gibbons AM confirmed that it was the Welsh government’s objective that patients needing tertiary and specialist services, wherever possible and clinically appropriate, should be seen and treated in Wales.<sup>21</sup> On 4 July 2007, the Welsh Assembly Government Health Minister Edwina Hart AM stated that her:

... overriding aim is to secure as many services as can be safely provided within Wales’s boundaries. Of course, there will always be rare conditions and highly specialist services that can only be supported by populations greater than the population of Wales. This means that, in order to get the best possible treatment, there will always be some patients who must travel outside Wales for the services that they require. However, where the Welsh population base is sufficient to support an in-country service, that is the way in which I wish to proceed. Therefore, in the case of adult neurosurgery, the approach that I now intend to adopt is one in which we will look as actively as possible at redirecting additional elective work generated inside Wales to the two centres at Swansea and Cardiff.<sup>22</sup>

The suggestion that North Wales patients may have to travel to the South as opposed to crossing the border in future has caused great concern.

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<sup>20</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 528

<sup>21</sup> Memorandum submitted by the Minister for Health and Social Services, Welsh Assembly Government, para 26 <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmwelaf/ucprovision/ucm7002.htm>

<sup>22</sup> National Assembly for Wales, *Official Record*, 4 July 2007

47. During the course of our inquiry we visited The Walton Centre for Neurology and Neurosurgery NHS Trust at Fazakerley, Liverpool and the Royal Liverpool Children's NHS Trust, Alder Hey. This gave us the opportunity to see at first-hand how cross-border health services are provided for Welsh patients in England and how patients, clinicians, and administrators perceive the arrangements currently in place to provide and co-ordinate such services. We are grateful to the dedicated staff at both hospitals who took the time to introduce us to the valuable work that they undertake, and we commend the services that they provide for patients, particularly those from North and Mid Wales.

48. Statements made by the Welsh Health Minister, and individual patient cases outlined to us in evidence, do little to quell fears amongst the Welsh population, particularly in Mid and North Wales, that they will be unable to access neurosciences or other health services on a cross-border basis in the future. We acknowledge the First Minister's assertion that the modernisation of medical care means that, from time to time, specialist services become mainstream and can be repatriated where clinically safe *and* geographically convenient for patients and their families.<sup>23</sup> We are reassured that he agreed with us that decisions on the repatriation of services will be informed by pragmatic and practical considerations.<sup>24</sup> For that reason, we also agree with him that the dependency of North Wales "on Manchester, Liverpool, maybe Chester and Shrewsbury, et cetera, is much more likely to last for a much wider range of services".<sup>25</sup>

**49. We await the findings of Mr James Steers's review of neurosciences services for Welsh patients and will comment on its implications for cross-border health services in our full report in the autumn.**

### Inter-governmental co-ordination

50. Much written evidence submitted to the Committee called for greater inter-governmental co-ordination of cross-border health services. Acknowledgement is given of the success of initiatives and agreements at the local and regional level, such as the Memoranda of Understanding signed between the Welsh Assembly Government and the West Midlands Regional Assembly.

51. Evidence also suggests that cross-border health services would be better served by a permanent protocol between the Westminster and Cardiff governments to address funding and commissioning tensions. Areas identified by our inquiry as causing greatest concern to patients, managers and clinicians are divergence in performance and payment regimes. **Establishing a permanent protocol on the commissioning and funding of cross-border health services would provide greater assurance and clarity to patients, commissioners and providers of health services as to the arrangements in place for accessing and providing health services on a cross-border basis. A key criterion for the success of any future protocol is that it provides clarity and sustainable solutions, and should be subject to extensive consultation with key stakeholders. The permanent protocol**

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<sup>23</sup> Uncorrected transcript of oral evidence taken before the Welsh Affairs Committee on 12 June 2008 (HC 401-vii, Session 2007-08) Q 530

<sup>24</sup> Ibid, Q 531

<sup>25</sup> Ibid, Q 530

between the Department of Health and the Welsh Assembly Government should be agreed and published in draft form, for consultation, as soon as possible. We also believe that bilateral ministerial meetings between the Department of Health and the Welsh Assembly Government should be announced and that the nature of all discussions should be made public and transparent.

### **The impact on the patient**

52. Patient representation on a cross-border basis is complicated and unclear. The plethora of patient representative bodies available to citizens accessing cross-border health services creates a complex web for patients to understand. Those citizens wishing to understand local policy and express their views on service structures find that they have to navigate amongst the local Community Health Council (CHC), Local Health Board (LHB), Patient Advice and Liaison Services (PALS), Local Involvement Networks (LINKs), and Foundation Trust Membership. Little information exists as to how this multiplicity of bodies liaise with one another when patients cross jurisdictions, and little evidence was presented to show how patient representative bodies formally contribute to dialogue relating to cross-border health issues. Similarly, the phasing in of certain patient bodies, such as LINKs, alongside the phasing out of others, such as Patients' Forums, yields a very unclear picture of how cross-border patients are represented within governmental policies to increase patient and public involvement.

53. **We expect further clarification from the Department of Health and the Welsh Assembly Government on the role undertaken by each of these patient representative bodies in relation to cross-border health services. We also urge both administrations to consider carefully how future arrangements for the development of patient and public involvement will impact on cross-border patients and to include these in a formal public agreement.**

## Conclusion

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54. The provision of cross-border health services for Welsh patients, and patients living in English borderland areas, has been a key characteristic of the National Health Service since its inception 60 years ago. Our inquiry, to date, has highlighted the importance of cross-border flows, not only to patients receiving treatment on opposite sides of Offa's Dyke, but also for the sustainability of providers in England that have served local communities, regardless of administrative boundaries, for many decades.

55. July 2008 sees the conclusion of a number of key reviews into the future of the NHS in Wales and the services that it provides to Welsh patients. It is also the month in which the Department of Health has indicated that a permanent protocol between itself and the Welsh Assembly Government should be agreed for the future of cross-border health services for England and Wales. The aim of this interim Report is to provide a set of criteria to which the health policies of the Department of Health and the Welsh Assembly Government should aspire, in light of these reviews and the proposed protocol, to meet the needs and expectations of cross-border patients. We hope that these criteria, which draw on evidence taken by health providers, commissioners, politicians and citizens, prove to be helpful and constructive in ensuring that Welsh and English patients continue to access high quality health services regardless of the border.

### *Key criteria for cross-border health policy*

- **Clinical excellence as close to home as possible**

Clinical excellence is the key to the provision of all health services. The provision of health services as close to home as possible not only enhances clinical effectiveness by allowing rapid and convenient initial and follow-up care, it allows networks of family and friends to visit patients as conveniently as is possible within the boundaries of clinical safety. In certain cases, this will mean that to achieve clinical safety as close to home as possible, Welsh and English patients will receive treatment on the other side of the Welsh-English border. This should be accepted by policy makers in England and Wales and the necessary funding arrangements should be in place to provide a seamless service to patients according to need.

- **Border proofing of policy and practice**

Policy developed in England and Wales should be "border proofed" in order to ensure that policy developed within one jurisdiction does not have unintended consequences for patients in another. Whether developed on a regional or national level, policy and practice must consider the east-west as opposed to north-south direction of travel that characterises Welsh life, particularly in North and Mid Wales. Policy development should also be based on research and data that has been commissioned with cross-border issues in mind. The continued collection of data and research on an All-Wales and All-England basis will do little to address cross-border issues if they continue to provide incomparable and incompatible data.

- **Cross-border citizen engagement**

Governments in England and Wales have rightly placed citizen engagement at the heart of health policy development. More needs to be done to deliver this engagement in practice. Citizen engagement should not stop at the border. Where services are accessed by patients outside the administrative boundary, all efforts should be made to ensure that clear avenues for engagement are provided to them, regardless of their residency. Such avenues must be clearly outlined and accessible for citizens; they should not be faced with a complex web of cross-border bureaucracy.

- **Transparent and accountable co-operation between localities, regions, and governments**

The key to providing patients with high quality health services on an equal basis is ensuring co-operation between policy makers at local, regional and national levels. Divergence is inherent in devolution. However, its impact should not be felt in a negative manner by patients receiving their treatment from a UK-wide National Health Service. In reviewing and developing the structure and future of the NHS in England and Wales, consideration must be given to the extent to which patients flow across the border to access their health care. Transparent and accountable links between jurisdictions should be established and maintained in order to ensure that the interests of cross-border patients are served as well as those of patients accessing services within administrative borders. More sophisticated mechanisms of scrutiny between the Welsh Affairs Committee and the National Assembly for Wales will help to ensure that decisions taken for cross-border patients aim for the best outcome as opposed to merely a different outcome. Co-operation of this kind will ensure that a common framework of NHS principles for all UK citizens is maintained and in so doing would strengthen a truly *National* Health Service.

## Formal Minutes

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**Tuesday 1 July 2008**

Members present:

Dr Hywel Francis, in the Chair

Siân James	Albert Owen
Mr David Jones	Hywel Williams
Alun Michael	

Draft Report (The provision of cross-border health services for Wales: Interim Report), proposed by the Chairman, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 55 read and agreed to.

*Resolved*, That the Report be the Sixth Report of the Committee to the House.

*Ordered*, That the Chairman make the Report to the House.

*Ordered*, That the provisions of Standing Order No. 134 (Select committees (reports)) be applied to the Report

[Adjourned until Tuesday 8 July at 10.00 a.m.]

# List of Reports from the Committee during the current Parliament

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## Session 2007-08

First Report	Energy in Wales: follow up inquiry	HC 177
Second Report	The proposed Legislative Competence Order in Council on additional learning needs	HC 44
Third Report	Work of the Committee in 2007	HC 325
Fourth Report	The proposed National Assembly for Wales (Legislative Competence) Order in the field of social welfare 2008	HC 257
Fifth Report	The proposed draft National Assembly for Wales (Legislative Competence) (social welfare and other fields) Order 2008	HC 576
Sixth Report	The provision of cross-border health services for Wales: Interim Report	HC 870
First Special Report	The proposed Legislative Competence Order in Council on additional learning needs: Government response to the Committee's Second Report of Session 2007-08	HC 377
Second Special Report	Energy in Wales – follow-up inquiry: Government Response to the Committee's First Report of Session 2007-08	HC 435
Third Special Report	The proposed National Assembly for Wales (Legislative Competence) Order in the field of social welfare 2008: Government Response to the Committee's Fourth Report of Session 2007-08	HC 715

## Session 2006-07

First Report	Work of the Committee in 2005-06	HC 291
Second Report	Legislative Competence Orders in Council	HC 175
Third Report	Welsh Prisoners in the Prison Estate	HC 74
First Special Report	Government Response to the Committee's Second Report of Session 2006-07, Legislative Competence Orders in Council	HC 986

## Session 2005-06

First Report	Government White Paper: Better Governance for Wales	HC 551
Second Report	Proposed Restructuring of the Police Forces in Wales	HC 751
Third Report	Energy in Wales	HC 876-I
Oral and written	Energy in Wales	HC 876-II

Evidence		
Fourth Report	Future of RAF St Athan	HC 1129
Fifth Report	Current Restructuring of the Police Forces in Wales	HC 1418
Oral and written Evidence	NHS Dentistry in Wales	HC 771-i
First Special Report	Government Response to the Committee's Second and Third Reports of Session 2004–05, Manufacturing and Trade in Wales and Public Services Ombudsman (Wales) Bill	HC 433
Second Special Report	Government Response to the Committee's Fourth Report of Session 2004-05, Police Service, Crime and Anti-Social Behaviour in Wales	HC 514
Third Special Report	Government Response to the Committee's First Report of Session 2005-06, Government White Paper: Better Governance for Wales	HC 839
Fourth Special Report	Government Response to the Committee's Second Report of Session 2005-06, Proposed Restructuring of the Police Forces in Wales	HC 1431
Fifth Special Report	Government Response to the Committee's Third Report of Session 2005-06, Energy in Wales	HC 1656
Sixth Special Report	Government Response to the Committee's Fourth Report of Session 2005-06, Future of RAF St Athan	HC 1657
Seventh Special Report	Government Response to the Committee's Fifth Report of Session 2005-06, Current Restructuring of the Police Forces in Wales	HC 1695