

FLINTSHIRE AND WREXHAM LOCAL HEALTH BOARDS

MEMORANDUM OF INFORMATION

CROSS BORDER ISSUES

The response from Flintshire and Wrexham LHBs regarding evidence in support of the Inquiry into the provision of cross-border public services for Wales is set out below.

Flintshire and Wrexham LHBs were established as statutory bodies as from 1 April 2003.

1. The extent to which cross-border health and social care services are currently provided for and accessed by the Welsh population:

- 1.1 LHBs, as set out in the establishment regulations, are responsible for patients who are 'usually' resident in their area.
- 1.2 LHBs are responsible for assessing health need, planning and commissioning health services on behalf of all persons who are usually resident (as defined in the regulations) in the area, except for those specialist services (as set out in the regulations) which are the responsibility of Health Commission Wales (HCW).
- 1.3 There have been long standing links between North Wales and the North West of England with respect to the provision of health services at individual, population and clinical level.
- 1.4 Primary Care Services
 - 1.3.1 For the majority of residents there is no difference between their country of residence and GP registration. However there are a significant number of residents from Flintshire and Wrexham who are registered with GP out of county – likewise there are patients registered with Flintshire and Wrexham GPs who are resident out of county. Choice of GP is available to individuals regardless of residency.

The position as at 1st October 2007 was as follows:

	Wrexham	Flintshire
English Patients with a Welsh GP	6,181	594
Welsh Patients with an English GP	3,335	4,769

1.3.2 GMS Out of Hours

- 1.3.2.1 The GMS Out of Hours Service for Wrexham is provided by Shropdoc.
- 1.3.2.2 The GMS Out of Hours Service for Flintshire is provided by Flintshire LHB
- 1.3.2.3 As from 1 April 2008 a new service, NEWDoc, based at Deeside and Wrexham, will provide GMS Out of Hours Services for both Wrexham and Flintshire.

1.4 Community Health Care Services

- 1.4.1 Community health care services are commissioned from North East Wales NHS Trust for the populations of Wrexham and Flintshire.

1.5 District General Hospital Services

- 1.5.1 Secondary Care (DGH) services are commissioned mainly from the North East Wales NHS Trust (Wrexham Maelor Hospital), Conwy and Denbighshire NHS Trust (Ysbyty Glan Clwyd), Countess of Chester Hospital NHS Foundation Trust, and the Robert Jones and Agnes Hunt Hospital (Gobowen).

Appendix A identifies the full range of Hospital Services which are commissioned and delivered on behalf of North Wales residents where the value exceeds £250,000. As will be noted from this information there is a significant flow of patients into England for care, and the associated resources flow from LHBs to Trusts in England.

- 1.5.2 Unlike the position within Wales itself, LHBs currently commission services from England on a registered GP population basis for out-patient, in-patient and day case services. The imbalance of patient numbers commissioned on this basis is clearly shown in paragraph 1.4.1.
- 1.5.3 A & E services are commissioned by the host LHB/PCT, ie, LHBs commission A & E services in Wales and PCTs commission A & E services in England irrespective of residency of user.

1.5.4 Access to services is via GP referral for planned care. Emergency access is via A&E, GP referral or emergency ambulance.

1.6 Specialist Tertiary Services

1.6.1 Health Commission Wales are responsible for commissioning specialist services for the whole of Wales, including many specialist centres throughout England. Health Commission Wales will be able to provide all contract details.

1.7 NHS Funded Nursing Care and Continuing Health Care

1.7.1 The independent care sector accepts placements from both English and Welsh counties, small numbers from Ireland and elsewhere. Placements may be residential, NHS funded nursing care or Continuing Health Care (CHC). Each placement has implications for the LHB in relation to primary & secondary care, prescribing as well as NHS funded nursing care and CHC fees. NHS Funded Nursing Care is the commissioning responsibility of the county within which the home is situated, continuing health care responsibility is based on patient residency. Patients whose care needs change and who subsequently eligible for CHC are then the responsibility of the area within which their residential/ nursing care is provided.

1.7.2 There is an increasing trend in homes specialising around certain client groups, ie, neurological degenerative conditions, mental health, young disabled etc. These homes will often attract a patient flow across the border.

1.7.3 Similar situations exist for Children's homes with children often being placed across the border to meet their care needs. Recent changes in regulations require that the specialist health needs of children in such placements are to be met by the LHB/PCT from whose area the child is placed.

2. The arrangements currently in place to co-ordinate cross-border service provision

2.1 The LHBs in North Wales have identified a lead LHB commissioner for secondary care contracts (as set out in Appendix A). The lead is responsible for establishing arrangements for contract monitoring

and commissioning discussions. This avoids significant duplication of effort and streamlines communication with providers. The detailed service discussions with providers vary according to the nature of each contract. Issues arising from these contracts which affect all LHBs are discussed on a monthly basis.

- 2.2 There are several Clinical Networks established across North Wales that naturally link into Networks within England. For example, the Cardiac Network has well defined links and service relationships with the Cardio Thoracic Centre at Liverpool, and the North Wales Cancer Network has established links with the North West Cancer Network. Links have also been established between the North Wales and Cheshire and Mersey Critical Care Networks.

3. The commissioning, funding and quality of cross-border services

- 3.1 LHBs are funded via WAG allocations to deliver services for their resident population within Wales. They also receive an allocation for patient flows to English providers. This allocation is based upon historic data relating to GP registrations across the border, which varies from current registration patterns over time.
- 3.2 Services are commissioned via contracts agreed between the commissioner (LHB) and provider (Trust). These contracts are generally block and cost and volume contracts with any activity change resulting in a resultant marginal cost change in the contract reflecting the additional cost of service delivery
- 3.3 Each new service commissioned by the LHB, whether it be based in England or Wales, is made on the basis of health needs and evidence of clinical effectiveness. All commissioning decisions of major services are ratified by the Board.
- 3.4 Flintshire and Wrexham LHB monitor closely the referral patterns of all of its GP practices, including the number of referrals being sent to English Trusts. These referrals do form part of the monitoring arrangements set by the Welsh Assembly Government for Efficiency and Productivity.
- 3.5 Services are commissioned in line with identified local need and in order to meet Welsh Ministerial targets and priorities.
- 3.6 Where the LHB is the minority commissioner of services (as with English providers), we will commission services in line with the

main commissioner's quality requirements unless there are specific Welsh requirements..

4. The extent to which health and social care policy has diverged across the UK since the introduction of devolution, and the impact that this has had

4.1 A number of policy initiatives have led to divergence which has led to an increased administrative complexity and occasional confusion. These include:

4.1.1 Different basis of funding/allocation of resources

The Department of Health and Welsh Assembly Government determine allocations to LHBs and PCTs using their own distinct formulae approach. LHBs commission services on the basis of allocations as determined by Welsh Assembly Government.

4.1.2 Organisational form/responsibility

NHS Wales is structured with LHB as commissioners of health care on behalf of its population except for specialist services which are provided by Health Commission Wales. Hospital and Community Services are provided by integrated Trusts. There are no Foundation Trusts in Wales.

4.1.3 Waiting times

Although there is a difference in the maximum waiting time targets between England and Wales patients are treated on the basis of clinical need and the majority of patients are treated well within the maximum waiting time targets.

4.1.4 Patient choice/patient voice

Hospital care for Welsh residents is accessed by a GP referral following discussion with their GP.

4.1.5 Free prescriptions

As from 1st April 2007 free prescriptions were introduced by the Welsh Assembly Government. Welsh residents with a Welsh GP who have the prescription dispensed in Wales receive free prescriptions. Welsh residents with an English GP receive an Entitlement Card which allows them to obtain all prescriptions free when dispensed in Wales.

Welsh residents who are referred for treatment to an English Hospital, or receive dental care from an English dentist, will have to pay the prescription charge if they receive an English prescription, irrespective of whether the prescription is dispensed in England or Wales.

4.1.6 Different contract currencies and payment methodologies

Wales has not adopted the Payment By Results commissioning directive. Wales does not in general pay for English services by this tariff approach, nor in general do English PCT pay PBR tariff rates to Welsh provider Trusts.

- 4.2 The position is that both commissioners and providers of health care seek to ensure that patients are treated on the basis of clinical need and any differences in policy between England and Wales are managed in order to ensure that any impact on patients is minimal.

5. The extent to which mechanisms are in place for identifying and resolving cross-border deficiencies

- 5.1 Regular contract monitoring/commissioning meetings are in place to discuss main issues at LHB / Provider level.
- 5.2 There are clear protocols in place which have been agreed by the Department of Health and Welsh Assembly Government for dealing with any contractual issues between commissioners and providers.
- 5.3 We are aware that there are arrangements between the Welsh Assembly Government and the Department of Health to discuss the implications of policy differences, including any financial issues.