

	Briefing for Assembly Members for the Welsh Conservative’s debate on Wednesday, 30 November 2016, on cross-border healthcare.
Contact:	Nesta Lloyd – Jones. Policy and Public Affairs Manager, the Welsh NHS Confederation. Nesta.lloyd-jones@welshconfed.org Tel: 02920 349857
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Introduction

This briefing has been produced for Assembly Members in preparation for the **Welsh Conservative debate on cross-border healthcare** being held in Plenary on Wednesday, November 30, 2016.

The briefing provides an overview of the key information and evidence that the Welsh NHS Confederation submitted to the Welsh Affairs Committee for the inquiry into cross-border health arrangements between England and Wales.ⁱ The briefing includes information on:

- The importance of health care providers in Wales and England working in collaboration;
- The need for cross-border citizen engagement;
- The increasing policy divergence in the health systems of England and Wales; and
- The impact of the Protocol for Cross-border Healthcare Services.

While the numbers of cross-border patients are small, any divergent policies must be implemented in a way that accommodates the continuing flow of patients across the Wales-England border to ensure that patients receive coordinated treatment where it is most clinically appropriate.

We hope that Assembly Members use this debate to highlight the need for healthcare providers in England and Wales to work closely together to ensure that patients receive the treatment they need regardless of their country of residence.

Cross Border Patients: The statistics

- **Primary care:** There are more English patients registered with Welsh GPs than vice-versa. Around 21,000 English residents are registered with a Welsh GP, which is higher than the approximately 15,000 Welsh residents who are registered with GPs in England.ⁱⁱ Geographic convenience is the main reason behind cross-border travel for primary healthcare.
- **Secondary care:** The cross-border flow is generally from Wales to England and occurs more often in North and Mid-Wales. This is partly due to geographic convenience, but also because of the lack of secondary care provision in the immediate locality, for example Powys teaching Health Board has no District General Hospital within its boundaries. In 2014 – 2015 more than 56,000 Welsh residents were admitted to a NHS hospital in

England, but only 10,500 residents from outside of Wales were admitted to a Welsh Local Health Board (LHB).ⁱⁱⁱ

- **Tertiary Care:** Tertiary care centres are for people requiring complex treatment and are mainly located in areas of higher population density. The relatively small population size of North and Mid-Wales means that there is simply not the critical mass of people needed to support more local specialist centres. Cross-border flows of patients for such care are therefore mostly from Wales into England. The number of Welsh residents receiving tertiary care in England is not readily available.

Key areas for consideration

a) Working in collaboration:

While the protocol for cross-border healthcare services has led to improvements in communication, the decision-making process on each side of the border needs to be more coordinated, coherent and transparent.

There have been instances where a patient makes a complaint about a cross-border provider service and this information is not shared between the Trust in England and Local Health Board (LHB) in Wales. This issue was highlighted in the Silk II Commission report^{iv}, where it was stressed that national regulators and inspectors in England must do more to ensure information and concerns or complaints raised by Welsh residents are communicated with the LHB. Such a practice is essential in ensuring that LHBs are commissioning safe and quality assured services.

b) Cross-border citizen engagement:

Patients on both sides of the border remain unaware of devolution and the potential for divergence between Welsh and English health services. A Welsh NHS Confederation survey conducted in January 2016 highlighted that 38% of respondents were of the opinion that the Welsh Government did not have responsibility for the NHS in Wales.^v While this is an improvement on previous years, it remains the case that a large proportion of patients are unaware of the existence of divergent policy arrangements between Wales and England. The findings also suggest that the same patients are equally unaware of the potential implications of their decision to register with a GP in either England or Wales should they need a referral to a secondary provider.

Clearer, more accessible information for patients in border areas must be actively made available. We recommend that information about the differences in health services should be made more readily available to patients at the time of registration with a GP. We believe that such a proposal would significantly increase patient engagement with the healthcare service they are accessing.

c) Increasing policy divergence in the health systems of England and Wales

The context in which healthcare is organised within England and Wales is different and this can, in some circumstances, have a potential impact on cross-border healthcare services. The examples highlighted below could cause confusion for patients in border regions;

- **Commissioning arrangements:** The commissioning and governance arrangements in England and Wales are very different. Within the NHS in England the Health and Social Care Act 2012 sets out a new clinically-led commissioning structure for the NHS and most public health functions have also transferred to Local Authorities, with decisions on local planning and priorities informed by Health and Well-being Boards. In Wales there are seven LHBs, each aiming to integrate specialist, secondary, community and primary care and health improvements. Each LHB holds the full budget allocation and the national direction is towards collaborative planning and not competition. The seven LHBs collaborate for specialist commissioning through a joint committee - the Welsh Health Specialised Services Committee (WHSSC) - and public health is integral to each LHB's work.
- **Social Care:** Health and social care are interlinked, with a clear emphasis in Wales towards better integration between both sectors, but there are some issues. When a Welsh resident is being discharged from an English hospital, responsibility for social care stops at the border regardless of where the patient's GP practice is registered. This leaves GPs in Wales having to work their way through two, and in some cases even three, Local Authority social care systems, some of which vary considerably. For example, the amount a patient is expected to pay towards their social care package in England is significantly higher than in Wales. Due to the nature of patient care there needs to be integrated and co-operative working across health and social care, preferably on a long term basis.
- **Cancer Drugs Fund:** The Cancer Drugs Fund (CDF), which applied in England, is an example where differing policies have to be managed by LHBs in Wales in terms of expectation, communication and on an operational level. Understanding the CDF was a challenge due to its complexity. This led to some patients seeking access to drugs across the border due to the Welsh system not providing the same access to certain medicines as in England.

Moreover, there was also a lack of public awareness of the role of the All Wales Medicines Strategy Group (AWMSG) as well as the Individual Patient Funding Request (IPFR) process. Coupled with a lack of understanding that the medicines within the CDF had not been NICE approved and permitted treatments that had no, or very limited, benefit for patients overall, the cancer drugs debate was often a contentious one. A new approach to the appraisal and funding of cancer drugs through NICE came into force on 29 July 2016. In addition, the Welsh Government has commissioned an independent review of the IPFR process and will be introducing a New Treatment Fund in Wales in due course. By removing some of these complexities, it is hoped that patients will better understand the process and variation within the system will be significantly reduced.

- **Free Prescriptions:** The introduction of free prescriptions in Wales has raised the question of how this applies to English residents who are registered with a GP in Wales because all

patients registered with a Welsh GP are entitled to free prescriptions from a pharmacist in Wales. Welsh patients who have an English GP are also eligible for free prescriptions, but would need to apply to their LHB for an 'entitlement card'. 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.

- **Patient choice:** In England, as part of the commitment to use an internal market and competition as a means of improving quality and efficiency, patients are able to choose which hospital they are referred to by their GP. This legal right lets patients choose any English hospital offering a suitable treatment that meets NHS standards and costs. Patient choice of hospital also applies to those Welsh residents registered with a GP in England. In contrast, the 'One Wales' agreement in 2007 committed the Welsh Government to eliminating the internal market and giving patients a greater say in how NHS services are run – a focus on 'patient voice' rather than patient choice. Patients registered with a GP in Wales do not have a statutory right to choose at which hospital they receive treatment.
- **Waiting Times:** The implementation of different waiting time targets has had an impact both on the management arrangements for meeting these targets and on managing the population's expectation of services provided in England and Wales. Similarly, the English providers who have continued to operate different waiting times targets between English and Welsh commissioners have had an additional administrative burden placed upon them.
- **Car Parking:** In general there are no car parking charges in Wales (except for those subject to private contracts) but they continue to be in place in England. Patients feel disadvantaged when attending an English hospital as no refund arrangement exists as they do with prescriptions.
- **Medical Performers List:** The Medical Performers List operating in England and Wales, the list upon which the name of a practitioner must appear if they are to be permitted to provide primary care services in any given area, has previously caused administrative and practical issues for GPs. Historically, if a GP was on a Medical Performers List in England and they wished to work in Wales on a sessional or locum basis, or vice-versa, they had to apply separately for inclusion on a Welsh Medical Performers List. Action has recently been taken to make it easier for GPs, based in England, to work in Wales.

A new streamlined Performers' List application form for GPs already listed in the Performers List in England (and the other countries) has been in operation since October 2015. This new streamlined Performers List application form substantially addresses concerns raised by GPs about a long bureaucratic administrative process to be included in the LHB's Performers Lists.

In addition, amendments to the Performers List 2004 Regulations came into force on 1st March 2016 which reduces further the administrative burden in applying to be included on a Performers List in Wales. The regulatory changes allow a GP to be listed immediately

with the LHB on receipt and consideration of their application and to be able to work in Wales with a minimum of delay whilst NHS Wales Shared Services Partnership undertake further checks. The Department of Health supports these actions and has agreed to discuss a single performers list should these actions prove to be unsuccessful.

The impact of the Protocol for Cross-border Healthcare Services

The protocol was agreed by NHS Wales and NHS CB England and implemented in April 2013. Since the introduction of the protocol there has been improved clarification for arrangements and further developments to improve cross-border healthcare in England and Wales. The protocol has supported the development of key principles which have ensured patients in border areas receive more consistent services. The protocol has also led to border healthcare providers working more collaboratively, including through the Cross-Border Health and Social Care Task Group.

Conclusion

If you require any further information on any of the issues raised in this briefing please do not hesitate to contact us.

The Welsh NHS Confederation

The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards and three NHS Trusts.

Our role is to support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

ⁱ The Welsh NHS Confederation provided written evidence to the Welsh Affairs Committee in August 2014 and provided oral evidence to the Committee with our members in January 2015.

ⁱⁱ National Assembly for Wales (Philippa Watkins), June 2016. 'Research Briefing: Cross-border Healthcare'. Available at <http://www.assembly.wales/research%20documents/rs16-029/rs16-029-eng.pdf>

ⁱⁱⁱ *ibid*

^{iv} Commission on Devolution in Wales, March 2014, Empowerment and Responsibility: Legislative Powers to Strengthen Wales, page

^v YouGov/ Welsh NHS Confederation Survey, January 2016.