BMA

Cymru Wales

Ruth Jones MP
Chair, Welsh Affairs Committee
House of Commons
Palace of Westminster
London
SW1A 00A

14 January 2025

Dear Ruth

We thank you for the invitation to participate in the one-off evidence session on cross-border (Wales-England) healthcare on 22 January.

This letter seeks to outline the key issues we have identified from BMA Cymru Wales members regarding cross-border healthcare between England and Wales. As representatives of doctors working in Wales, some of whom seek access to certain services in England for their patients, and having encountered the challenges firsthand in practice throughout our careers, we aim to set out the challenges and opportunities in ensuring equitable, efficient, and high-quality care for patients who need to access to cross-border health services.

Cross-border healthcare is vital for many patients in border regions. As of April 2024, over 13,300 Welsh residents were registered with GPs in England, while more than 21,100 English residents were registered with GPs in Wales. Nearly 27,000 Welsh residents were on Referral to Treatment (RTT) waiting lists in England in March 2024—more than double the number recorded in 2011. Existing provisions aim to ensure no patient is denied or delayed treatment due to differing rules or funding responsibilities across health systems at either side of the Wales-England border. Nonetheless, our members tell us that significant barriers remain in delivering this principle effectively:

1. Variability in Patient Experience

Patients should expect timely and high-quality care on either side of the border. However, evidence suggests:

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):
Rachel Podolak
Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestredig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

- **Variation and confusion in access:** Anecdotal reports from GP doctors practising in border regions of Wales, and from GPs elsewhere in Wales referring patients for specialist services not provided in within NHS Wales, highlight disparities in quality and timeliness of care when referring patients onto secondary care. Comparable data on outcomes and waiting lists for Welsh residents treated in England is lacking, making it difficult to assess inequalities.

  A senior consultant provided an account of their own personal experience of becoming unwell with a new, complex condition but was not made aware that their own health board in Wales did not provide the appropriate specialist service to treat it. The individual only learned such provision was available in England by chance, through a former colleague, but then found that securing access to this service was difficult to achieve due to the need to secure an Independent Patient Funding Request (IPFR). This required consultants in England to write to the health board's chief executive and medical director. The individual has found navigating multiple tests and treatments in England since 2020 extremely difficult and is alarmed there is no plan to develop a comparable specialist service in Wales. Due to inefficiencies in the system, the individual has felt they had no choice but to pay for some of their treatment privately, which they recognise would not be an option for many. A non-medic, or someone working outside of the NHS, would have struggled to navigate the system in the way this consultant has managed to.

- **Data Transparency:** Both Welsh and UK governments should prioritise collecting and publishing comparable data on patient access and outcomes which would allow us to better understand and address any disparities. Members have reported that Welsh patients referred to English Trusts can be ignored by them within their waiting list figures because England has different targets from Wales, but it is not clear these patients are counted either on Welsh waiting lists either due to having been referred to England.

2. IT Incompatibilities

Ongoing IT issues hinder effective referrals and information sharing:

- **Clinical Information Access:** Doctors working in hospitals and general practice in Wales struggle to access results and correspondence from English hospitals electronically, delaying care and complicating discussions around potential shared care arrangements.

- **Interoperability:** We recommend Digital Health and Care Wales (DHCW), and relevant English providers explore the development of solutions to streamline electronic referrals and improve care coordination. For instance, consultant members and GPs report that passing important clinical information from NHS Wales to organisations in NHS England, and obtaining information back, can often be delayed. There are also times when it cannot be achieved electronically, thereby requiring the information to instead be sent in hard copy by post.

BMA

3. Commissioning and Specialist Services

Our members report that the processes for referring patients to experts across the border are confusing, mixed and administratively burdensome to navigate for clinicians. There remain a number of differences in commissioning processes, in part due to the absence of patient choice in Wales, often at the frustration of both clinicians and patients:

- **Individual Patient Funding Request (IPFR Barriers):** Welsh patients attempting to access specialist services directly, like veterans' orthopaedics in Oswestry or Functional Neurological Disorder services in Bristol, are often frustrated by the commissioning process. Referral on to these services under Welsh protocols involves the IPFR process rather than referral onward by the patient's GP. Consultant members have reported that the level of bureaucracy involved is too much for them to deal with. We have also accounted above the experience of one of our consultant members on the difficulties they personally faced securing an IPFR. It is clear from what our members report that Wales lacks many specialist services which can be accessed in England, but the ease of such access can be hugely variable depending on whether or not there is an agreed Service Level Agreement (SLA) pathway in place. They report that the bureaucracy surrounding securing an IFPR can be extremely time consuming. Some consultants have reported that they often face requests for a local second opinion – however, the reason for the patient referral to a specialist service in England is because such local opinion/expertise does not exist.
- **Streamlined Processes**: Clearer guidance and mechanisms for timely collaboration between health systems are essential to simplify specialist referrals. The current level of bureaucracy involved in securing an IPFR needs to be reduced, and is clearly taking clinicians away from delivering direct clinical care.
- **Impact on Training:** Doctors in North Wales have reported that their training can be impacted to a lack of access to appropriate tertiary training centres – there is no automatic access to the closest tertiary centres in the northwest of England without agreements being secured. This has been highlighted as a specific concern by SAS (specialist, associate specialist and specialty) doctors. Again, we would recognise this may be variable as many resident doctors benefit from established cross-border training pathways which work effectively, including between North Wales and the northwest of England.

4. Workforce Mobility and the Medical Performers List (MPL)

- **Reforms:** Alignment and streamlining of background checks and other qualifying requirements between Wales and England would enhance workforce flexibility in border regions. However, in line with existing BMA policy, we in Wales would oppose any proposals to mirror the English Medical Performers List regulation provisions which allow non-GP doctors who have not completed GP specialist training to work in primary care, which risks undermining the GP role.

5. Policy and Communication Challenges

- **Patient Navigation:** Differences in policies (e.g., car parking fees, prescription charges) confuse patients and make accessing services across the border more difficult. Improved public information on navigating cross-border healthcare is essential.
- **Medicines Access:** Disparities between NICE appraisals in England and processes followed by AWMSG (All Wales Medicines Strategy Group) in Wales complicate access to high-cost drugs. Greater integration in medicines procurement and appraisal processes is therefore needed.
- **Communication Barriers:** GDPR-related restrictions which can therefore lead to a reliance on paper-based communication often delay the flow of vital clinical information. Digital solutions must be prioritised.

6. Prison Healthcare

- **Access to records and need to re-refer:** Some prisons in Wales, such as HMP Cardiff, receive a significant number of prisoners from England. For prison doctors, this can present challenges. Members report that significant work may be required to chase records of patients who are registered in England, but this may be important so that medications can be reconciled at the point of reception. Prisoners who have previously been under referral to secondary care services in England, need to be re-referred to services in Wales and this can involve some particularly complex cases leading to delays. Difficulties exist due to health being a devolved service whilst justice is not devolved.

Recommendations

In summary, to improve cross-border healthcare, we recommend:

1. **Enhanced data collection**, increased comparability and publication to evaluate and address patient inequalities.
2. **Investment in interoperable IT systems** to streamline referrals and data sharing.
3. **Simplified cross-border commissioning** arrangements for specialist services, including reviewing the current level of bureaucracy involved in securing IPFRs.
4. **Improved patient education** and resources for navigating cross-border systems.

We trust that this letter aids the understanding of some of the key issues raised by our members in relation to the challenges presented by cross-border healthcare.

We look forward to meeting the Committee and elaborating on these issues during the oral evidence session.

Yours sincerely,

Dr David Bailey,
BMA General Practitioners Committee Wales

Dr Stephen Kelly,
Chair, BMA Welsh Consultants Committee