



CYMRU  
WALES

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Dear Ruth Jones MP,

Thank you for your letter of 9 February and for the opportunity to provide an update on cross-border healthcare from the perspective of general practice in Wales.

We welcome the Committee's decision to undertake a short inquiry. Cross-border healthcare remains a significant and, in many cases, growing feature of service delivery for patients and clinicians in Wales, particularly in border communities.

Since our previous correspondence, the core challenges we identified, particularly around the secondary care interface, continuity of care, prescribing, and system interoperability, remain. While there have been incremental improvements in some areas, frontline experience suggests that many of the underlying structural issues persist.

We have set out below a brief update against the Committee's key questions.

### **1. Most pressing issues for those accessing cross-border healthcare**

From a general practice perspective, the most pressing issues remain:

- Fragmented patient pathways, with care often split across Welsh and English providers without clear coordination
- Delays in communication, particularly in receiving clinic letters, discharge summaries, and diagnostic results
- Lack of interoperability between IT systems, meaning GPs are frequently unable to access test results or clinical information generated across the border; this can result in both confusion and duplication of work to

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re-do tests. This leads to unnecessary workload for GPs and their teams and inefficiency. The College has carried out research on workload which is available at: <https://www.rcgp.org.uk/representing-you/policy-areas/workload>

- Unclear clinical responsibility, particularly for follow-up care, prescribing, and monitoring
- Administrative burden on general practice, with GPs often acting as the default coordinators of cross-border care
- There is a reliance on the English NHS for some services, such as gastric banding and IVF, the funding transfer mechanism can cause a delay for Welsh patients.

These issues continue to create risks to patient safety, as well as inefficiencies across the system.

## **2. The role of data and digitalisation**

Improved data sharing remains one of the most important opportunities to improve cross-border care.

At present:

- There is no consistent, real-time access to diagnostic results or clinical records across the England–Wales border
- Information sharing continues to rely heavily on letters, emails, or manual processes, introducing delay and risk
- Welsh GPs do not have access to the English cervical screening system.

To improve this, we would highlight the need for:

- Interoperable IT systems across NHS Wales and NHS England (logically this could also extend to the rest of the UK)
- While the College's priority is interoperability and it would be a matter for the NHS to decide how best to achieve this, one would imagine there would be potential for economies of scale to deliver an efficiency saving in joint IT procurement for all four nations
- Shared access to key clinical data, including test results and imaging
- Clear national standards for cross-border information exchange

Without these changes, digitalisation risks reinforcing rather than resolving fragmentation. It is also important to consider the physical IT infrastructure and its suitability to facilitate greater digitalisation.

### **3. Impact of recent reforms**

It is too early to fully assess the impact of recent reforms, including the abolition of NHS England and wider UK Government plans. Similarly, we are only in the relatively early days of NHS Performance and Improvement in Wales, which itself has yet to fully establish its role and remit in a practical sense.

However, there is a clear risk that:

- Organisational change has the potential to increase complexity in cross-border arrangements in the short term
- Differences in policy direction, funding, and system structure between England and Wales may widen over time

While these are natural features of devolved decision-making, it is imperative that consideration is given to patients who live their lives across a very permeable border. This reinforces the need for strong, formalised cross-border governance arrangements to ensure continuity for patients.

### **4. Welsh language provision**

There is a need for clearer expectations of provision of Welsh language services within cross-border pathways and digitalisation and artificial intelligence strategies.

### **5. Patient experience**

The experience of patients accessing cross-border healthcare remains variable.

Common issues include:

- Difficulty navigating services across two systems
- Transport challenges, particularly for elderly or vulnerable patients
- The logic of the health board approach to referrals is not always consistent with the practical travel considerations of a patient. E.g. A referral to Chester or Liverpool for a patient in Flintshire might be more logical than staying within the health board area
- Delays in care due to communication gaps

Frontline examples illustrate these challenges clearly. For instance:

- GPs in Wales report being unable to access diagnostic results from English providers, requiring patients or clinicians to request information manually
- Patients receiving specialist care in England may face significant barriers when urgent care is needed locally, with limited flexibility in arrangements between providers

These experiences underline the need for more patient-centred, flexible pathways. At present patients must fit in with the system, rather than the system being adaptable to the patient.

## **6. Lessons from other arrangements**

There is scope to learn from other cross-border systems, particularly in:

- Establishing clear accountability frameworks
- Ensuring data interoperability as a baseline requirement
- Developing formal service-level agreements that support continuity of care

In the Welsh context, a more systematic and structured approach to cross-border working would help reduce reliance on informal arrangements.

## **Conclusion**

In summary, while cross-border healthcare is an established and necessary feature of the system, it continues to rely too heavily on workarounds and goodwill, particularly within general practice. This leads to workload implications which undermine efforts to improve access to general practice and valuable continuity of care.

The key priorities for improvement remain:

- Interoperable data and systems
- Clear clinical responsibility and accountability
- Improved communication and timeliness of information sharing
- Greater flexibility in patient pathways, particularly in urgent situations

Finally, it is necessary to assess the fundamental limitation of NHS funding via the Barnett Formula. While it is a matter for the Welsh Government to decide how to spend the block grant calculated via the Barnett Formula, the health component of that formula is calculated on the basis of the needs of the health of the population of England and not specifically that of Wales.

We would be happy to provide further evidence to the Committee as the inquiry progresses.

Yours sincerely,

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