

# Cross border healthcare: the key challenges for people living in Wales getting NHS care in England

## About Llais

Llais is the independent body that reflects the views and represents the interests of people living in Wales in their National Health Service (NHS) and social care services.

We operate locally, regionally, and nationally. We work with people and communities in all parts of Wales so that everyone's voice can be heard, and used, to drive the planning, design, development and delivery of health and social care services for everyone. We:

- reach out to hear from people within our local communities through an ongoing programme of engagement activities. We do this so that people know about and understand what we do, and to gather their views and experiences of NHS and social care services. We do this in lots of ways, face to face and digitally, including visiting places where people are receiving health and social care services

- use what we hear to help health and social care services better understand how those of us who may need, and use services think services are meeting their needs, in the way that matters most to them. We help make sure the NHS and social care services take action to make things better where this is needed.

This includes working with health and social care services leaders when they are thinking about making changes to the way services are delivered, so that people and communities have their say from the start

- provide a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about health and social services.

We have operated in Wales since 1 April 2023. Our response reflects what we have heard directly and through others, particularly from people:

- who have used our complaints advocacy service to raise a concern about their experience, or the experience of their cared for person, when leaving hospital

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🌐 from all parts of Wales who may need highly specialised care and treatment in England, or who may have been offered treatment in England as part of initiatives such as those to bring down NHS waiting lists for people living in Wales.

Our understanding is also guided by the [People's Principles](#), developed by Llais following a national conversation involving thousands of people in Wales.

They set out what people in Wales say good care should look and feel like. These Principles help us make sense of people's experiences across the border.

In January 2025 we [provided evidence](#) of what we were hearing about cross border healthcare. Just over a year on we share the current situation below.

### **What are the most pressing issues for those accessing cross-border healthcare, whether through a GP, hospital, or specialist care?**

Cross-border healthcare is a structural feature of the health system in Wales, not a marginal issue. Each year, large numbers of people living in Wales receive treatment from NHS providers in England, particularly in border areas such as Powys and North East Wales, where access patterns often reflect geography rather than administrative boundaries. In some communities, a significant proportion of hospital care is delivered across the border, underlining the importance of seamless arrangements between NHS Wales and NHS England.

The experience often feels more complicated, more confusing, and more uncertain than it needs to be.

### ***Understanding what you are entitled to***

One of the biggest issues is that people are unsure which NHS rules apply to them - Welsh or English - and what that means in practice.

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When announcements are made on the news about the NHS, people often can't tell whether it applies to them or only to England. When they're then referred to a hospital in England, that confusion gets even worse.

People tell us they worry about questions like:

"Will I go to the back of the queue because I live in Wales?"

"Does this new screening programme include me or not?"

"Who is actually responsible for making decisions about my care?"

All of this leaves people anxious at a time when they are already dealing with a health problem.

### ***The two systems don't join up well***

The second main issue is how poorly the systems speak to each other behind the scenes.

People tell us that once they're referred across the border, the different NHS systems often don't join up. They describe referrals going missing in the handover, test results not reaching the right place, or hospitals repeating scans because one side can't see what the other has already done.

We hear that tests done in Wales, such as blood tests or X-rays, are sometimes repeated in England because the results are not transferred between systems. This can mean extra travel, extra appointments, and in some cases, patients taking physical copies of their results with them to try to prevent repeat testing.

Discharge letters often don't make it back to their Welsh GP or community team, and people end up having to explain their whole story again and again to different staff.

In Powys especially, we've heard of people having additional scans simply because records cannot be shared properly. This is frustrating and, in some cases, risky.

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People have expressed concern about the safety risks of repeated scans, delays in diagnosis, and gaps in follow-up when information is not shared reliably.

We also know that some of the risks go beyond inconvenience or delay. We hear from colleagues in Powys that Public Health Wales is not always notified when Welsh residents are admitted to hospitals in England with certain infectious diseases, which means vital follow-up for close contacts can be delayed. We also hear that when staff in England cannot see real-time information such as medications, allergies, test results, safeguarding alerts or care plans, it creates avoidable safety risks, leads to unnecessary duplication, and slows down diagnosis and discharge. These issues show that when information cannot move with the person, it is people's safety, not just their experience, that is affected.

### ***Being treated differently depending on postcode***

People describe the feeling that your treatment can be shaped by which side of the border you live on, even if you're being seen in the same hospital as someone from England.

We hear about longer waiting times for Welsh patients accessing English services and being refused care due to postcode.

People tell us of being sent to more distant hospitals when a closer one exists, and Welsh waiting-time rules affecting how quickly they can be treated in England.

These differences leave people feeling frustrated and, at times, unfairly treated.

Recent decisions by Powys Teaching Health Board have increased these concerns and many in the region have told us they feel like 'second class citizens'.

From 1 July 2025, Powys residents referred to English hospitals such as Shrewsbury, Telford, Hereford and Oswestry have been placed on NHS

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Wales' slower waiting-time targets rather than the faster English standards, despite being treated in the same facilities.

In England, the NHS constitutional standard is that people should start treatment within 18 - 54 weeks of referral.

In Wales, the improvement target remains 104 weeks. The decision to align people in Powys to the Welsh 104-week target instead of England's 18-week standard has therefore created a significant and very visible difference in waiting times.

This means Powys patients now wait significantly longer than their English counterparts for the same treatment.

The change was introduced as a cost-saving measure and has been widely criticised by elected representatives and local councils as unfair and discriminatory. There is little evidence to date that these cost savings have been realised, yet we are hearing from people in Powys of the negative impacts on them and their care.

People told us of facing delays of many months or even years for planned care, and some being left in severe pain or unable to work while waiting.

### ***Travel and distance add extra strain***

For many people near the border - especially in Powys and North-East Wales - the nearest hospital is in England. For others, specialist care requires long journeys regardless.

People tell us that transport doesn't always fit around appointment times, rural public transport may be non-existent, travel costs add up quickly, carers struggle to juggle work and caring responsibilities, families cannot afford to visit as often as they'd like.

For parents of children in specialist centres, or people staying long-term in hospitals far from home, this can be incredibly isolating.

### ***Raising concerns can feel harder across borders***

When something goes wrong, people don't know whether to complain to the English provider, the Welsh health board, or both. Different

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timescales and different Ombudsmen make the process even more confusing.

People tell us they feel '*bounced between two systems*'.

### **Using data and digitalisation to improve the cross-border experience**

Many people we hear from feel that if the digital systems talked to each other, half the problems would disappear.

Right now, information often doesn't flow smoothly between NHS Wales and NHS England, this includes the NHS app in Wales not being in line with the system in England.

This leads to delays in diagnosis because results aren't shared, repeated tests, appointments being made without all the information, and confusion over who is waiting for what.

People from Wales referred into England cannot currently use the same advice-and-guidance processes as English patients, leading to avoidable appointments and delayed care.

### ***Where better digital systems would help***

People want to see shared access to key clinical information (e.g. medications, allergies, diagnostics, results, care plans).

They want to be kept updated on where they are on a waiting list. They don't want to have to be chasing letters and appointments.

People would like more virtual appointments (when appropriate) to avoid long journeys.

People also want reassurance that their data is safe and only shared when needed. It is also important that those who cannot or do not want to use digital tools are not left behind.

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Rural areas such as Powys and parts of North Wales often face poor broadband, lower digital confidence and long travel distances, making it harder for people to rely on digital services when they need them.

Without designing digital systems with these realities in mind, there is a risk of worsening existing inequalities rather than reducing them.

If cross-border care is ever going to feel seamless, the technology behind the two NHS systems has to work together. At the moment it doesn't and people feel the impact of that. Wales and England need to treat interoperability as a basic requirement, not an optional extra.

There should be a simple, shared set of information that travels with a person receiving care. Things like referrals, scans, medication details and discharge notes.

This would mean staff don't have to chase around for it and people don't have to fill in the gaps themselves.

Clear agreements are needed about how this information is shared and protected, and who is responsible for it at each point in the journey.

Importantly, any digital improvements must work for everyone. Not everybody has easy access to online services or feels confident using them, so digital inclusion needs to be built in from the start.

## **Impact of proposed reforms (abolition of NHS England; 10 Year Health Plan)**

We note that the full impact is not yet clear, but current evidence suggests that there will be disruption to cross-border relationships as structures and responsibilities shift.

Cross-border systems currently rely heavily on individual relationships, which are fragile during big organisational changes.

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England may move ahead quickly with new digital and service reforms, which could create more differences if cross-border issues aren't considered.

Funding and commissioning challenges are likely to continue, including unresolved problems like rural cost differences and gaps in dispute-resolution processes.

There are opportunities for clearer accountability and reduced duplication if cross-border arrangements are explicitly protected.

England's focus on digital transformation could be aligned with a requirement for cross-border data interoperability.

We would like to see the existing England–Wales Statement of Values and Principles protected and strengthened during reform.

The NHS Cross Border Network, which we contribute to, already reviews how well the current Statement of Values and Principles and wider cross-border protocols operate in practice. However, these arrangements were designed for an earlier system landscape and no longer fully reflect the realities of 2026. The Network regularly highlights operational inconsistencies, gaps in accountability and differences in how responsibilities are interpreted across organisations. These issues show that the cross-border protocol itself is now out of date and needs to be refreshed so it can provide clearer, more practical guidance for both systems and, most importantly, for the people who rely on care across the border.

Require explicit assessment of cross-border impacts in any major policy or structural change.

## **Welsh language provision in cross-border healthcare**

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Welsh language services are much more limited in NHS England, and the Welsh Language Standards do not apply there. Information and communication are rarely bilingual unless specifically requested.

This presents barriers to understanding complex medical information, discussing preferences, and expressing sensitive or emotional concerns, especially for people with dementia or communication difficulties.

Making sure language preference is recorded and transferred as part of referral information would improve this.

Commissioning expectations for border Trusts should include interpreter access, bilingual signage and bilingual key information.

There must be clear signage and communication about how to access Welsh-language support.

## **Experiences of patients in England and Wales who rely on care across the border**

Further to our earlier evidence, people who rely on cross-border care between England and Wales tell us they experience a mix of excellent clinical treatment and significant system-level challenges.

People consistently tell us that once they reach the right service, the clinical care is good. The difficulty lies in navigating two different systems, managing long journeys, and overcoming barriers before care is even reached.

On the rare occasions when cross-border care works well, it feels seamless: staff communicate with each other, referrals move quickly, and the person doesn't have to manage the system themselves. Highlighting and scaling these examples could improve consistency across the border.

Many tell us of problems with continuity, such as having to repeat tests, retell their story multiple times, or chase lost referrals. Others find themselves caught in administrative or funding disputes, being passed back and forth between services on either side of the border.

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Postcode issues can also affect what treatment they can access, with some people being refused care based on where they live.

These difficulties often place heavy burdens on people and their families with long travel distances, higher costs, and the emotional strain of being far from home for specialist care.

Some Welsh patients also feel they are treated differently in certain English settings. All of this can leave people feeling isolated, particularly when their loved ones cannot easily visit.

For those who can afford it, these pressures have pushed some toward seeking private care to avoid the uncertainty and disruption.

### **Lessons from other cross-border health arrangements**

Experience from other cross-border health systems, particularly between Northern Ireland and the Republic of Ireland, and within wider European Union structures offers useful lessons.

The long-standing partnership known as Co-operation and Working Together (CAWT) shows how formal, structured collaboration can support safe and consistent services across two health jurisdictions.

CAWT is a partnership between the Health and Social Care services in Northern Ireland and the Republic of Ireland, created to support cross-border collaboration in health and social care

CAWT's programmes highlight the importance of agreed governance, shared priorities and stable joint funding streams, especially during periods of system change.

During major organisational shifts, many systems rely on Memoranda of Understanding (MOUs) and detailed service-level agreements to maintain continuity. These agreements help ensure that people continue to access services without interruption, even as responsibilities or organisational boundaries evolve.

EU cross-border healthcare arrangements show that people need clear information about what they're entitled to, systems that can safely share

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their health information, and straightforward ways for costs to be reimbursed. They also highlight the importance of having shared rules and structures so the two systems can work smoothly together.

Overall, these examples show that better technology on its own isn't enough. Good cross-border care depends on strong joint leadership, clear accountability, and formal agreements that help both sides build trust and work well together.

### **Summary**

Cross-border healthcare is essential for many people in Wales, but the systems do not work seamlessly, and the burden falls disproportionately on people. This is particularly the case for those in rural border communities.

Powys is one of the most rural areas in the UK, with long travel times to any major hospital. For example, journeys of over three hours for some communities. With an older population and limited local provision (e.g. only four minor injury units across 2,000 square miles), cross-border access is not a choice but a necessity. These structural factors make the impact of cross-border policy changes even greater.

Recent changes by Powys Teaching Health Board, which have resulted in Powys residents waiting significantly longer than English patients for the same treatment in the same hospitals, illustrate how quickly inequities can escalate when cross-border arrangements are not protected.

Key issues include:

- confusion about entitlements,
- digital and data barriers,
- inequity driven by postcode and policy differences,
- travel and transport barriers,
- limited Welsh language provision, and
- more complex complaints pathways.

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Addressing these requires shared standards, shared data, shared governance, and clear rights, so that people can experience safe, fair, joined-up care no matter which side of the border they receive it on.

There are also clear opportunities to make cross-border care better by improving information-sharing, strengthening joint working, and protecting the agreements that support collaboration.

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