



Eich llais mewn iechyd | Your voice in health
a gofal cymdeithasol | and social care

Our written evidence to the Senedd Health and Social Care Committee:

Legislative Consent: Health Bill

About Llais

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

We work locally, regionally, and nationally so that people's voices are heard and used to shape the planning, design, development and delivery of services. We hear from people through engagement in communities, including visits to places where people receive care. We use what people tell us to press for improvements, and we provide a free, independent and confidential complaints advocacy service.

This evidence draws on what people have told us through our community engagement and complaints advocacy work and our experience of working with NHS bodies in Wales and England.

It reflects, in particular, the experiences of:

- people living in border communities who routinely receive NHS care in England;
- people from across Wales who depend on highly specialised services delivered in England;
- people sent to providers in England through arrangements intended to reduce NHS Wales waiting lists;
- people whose treatment, discharge or continuing care involves services on both sides of the border; and

- people who have sought support to raise concerns about cross-border care.

Our overview

For Llais, the key question in relation to the reforms set out in the UK Health Bill must be whether they make care safer, fairer, easier to navigate and more joined-up for people living in Wales whose care crosses organisational and national boundaries.

We support the aims of the Health Bill where they have the potential to make care safer, better connected and more responsive to people's experiences. We welcome the useful building blocks within the Bill, particularly those relating to the Single Patient Record, patient safety, consideration of Welsh border communities and patient voice.

For people living in Wales, cross-border healthcare is simply healthcare. People do not see the NHS as a series of separate organisations, commissioners or jurisdictions, even though their care can too often feel fragmented across those boundaries. They expect services to work effectively together, information to follow them and responsibility to be clear, particularly if something goes wrong.

Lots of people living in Wales access NHS services in England (around 15-20%), with much higher proportions in some border communities.

As the Bill has been designed primarily around the English health system, its benefits will not automatically extend to people living in Wales who receive care from English providers. The Bill alone will not provide a complete framework for Welsh residents receiving care in England.

In summary, the Bill provides important opportunities to strengthen patient safety, independent patient voice and responsiveness across health services. Its implementation must be underpinned by clear England-Wales arrangements for information sharing, patient safety, accountability, patient voice and routes for raising concerns, alongside effective cross-border safeguards and coordinated action by governments and health systems on both sides of the border.

Welsh patients should not lose safety, clarity, rights, voice or accountability because their care crosses a border, nor should they be expected to understand or navigate the organisational boundaries behind their care.

Ultimately, the Bill will only improve care if patient voice is central to the reforms in England and if that voice includes people living in Wales whose care, safety and experience may be affected by those reforms.

Other patient organisations have raised similar concerns. For example, the Patients Association has welcomed the ambition of the Bill while highlighting the need for stronger assurances on independent patient voice and for greater clarity around implementation, data governance and accountability arrangements.

What people have told us about cross-border healthcare

Cross-border healthcare is a structural feature of healthcare in Wales, not a marginal issue. It is especially important in Powys and north-east Wales, where geography and established clinical pathways often mean that the nearest or most appropriate service is in England. It also matters to people throughout Wales who need highly specialised care delivered in England.

People consistently share their experiences of cross-border healthcare in a way that shows a mix of good clinical care and significant system-level difficulty. The main issues shared with us are:

- uncertainty about entitlements and whether Welsh or English arrangements apply;
- digital systems that don't talk to each other, so information does not easily and routinely follow a patient through their care pathway, leading to repeated tests and the need for people to tell their story over and over;
- lost or delayed referrals, missing test results and discharge information not reaching Welsh services;
- differences in waiting-time policies and access according to postcode;
- long journeys, transport difficulties and additional costs for patients and families;
- limited and inconsistent Welsh-language provision;
- more complicated complaints and redress arrangements; and
- uncertainty about who is responsible for resolving problems and making improvements.

The issue is not that Wales and England have different health systems. Devolution brings with it different priorities and policies. The issue is whether those differences are designed, explained and managed in a way that works for people who use services across the border. Where coordination is weak,

those differences can become confusion, delay, inequity and avoidable risk for people using services.

We have previously provided evidence to the Welsh Affairs Committee about the challenges people face when their healthcare is provided in Wales and England.

January 2025 [Evidence to the Welsh Affairs Committee on Cross Border Healthcare | Llais](#)

March 2026 [Cross border healthcare - the key challenges for people living in Wales getting NHS care in England | Llais](#)

What Llais welcomes in the Bill

Recognition of Welsh border communities

Llais welcomes the proposed duty on Integrated Care Boards to have regard to the impact of commissioning decisions on border communities in Wales. This is an important recognition that decisions made by English bodies can significantly affect people living in Wales.

The provision creates an opportunity to make consideration of cross-border impacts routine rather than dependent on goodwill or local relationships. Its effectiveness will depend on how compliance is monitored, what evidence Integrated Care Boards are expected to consider and how Welsh organisations and patients are involved.

The Single Patient Record and improved information sharing

The enabling framework for a Single Patient Record has considerable potential to address a recurring and longstanding patient safety and experience problem. People frequently tell us that they have to repeat their story over and over because services cannot access records held elsewhere. They describe referrals going missing, test results not reaching the correct service, repeated blood tests and scans, discharge information not reaching Welsh GPs, and clinicians being unable to access medicines, allergy, safeguarding or care-plan information.

People do not see the sharing of information between organisations as a technical issue. They see it as a basic expectation of a modern health service.

Some people have felt they need to carry paper records themselves to make sure important information is available when they attend appointments.

When information cannot move with the person, it is people's safety, not only their experience, that is affected. A record that works across systems could reduce duplication, support safer clinical care, speed up diagnosis and discharge, help professionals coordinate care around the individual needs of the person, and enable people to feel better informed and more involved in their own healthcare.

Reform of patient safety arrangements

Llais welcomes the Bill's focus on patient safety and learning. The reforms create an opportunity to make responsibility clearer when a patient pathway spans English and Welsh organisations, and to strengthen how incidents and near misses are investigated and learned from.

This matters because people are not always clear about where to raise concerns, which body should investigate and how learning will be shared. People can feel bounced between 2 different systems.

Stronger duties around patient voice, experience and involvement

Llais supports the intention to place greater emphasis on collecting, analysing and acting on patient experience, and to make those responsible for shaping services more accountable for how people's views and experiences influence decisions.

The Bill's patient voice and involvement provisions have the potential to create a more direct link between people's experiences and service improvement.

They also create an important opportunity to make sure that those responsibilities extend to everyone using an English service, including people who live in Wales.

What needs clarifying or strengthening

Some of the matters below may not require amendment to the Bill itself, but they are essential if the reforms are to work safely and fairly for people living in Wales. They need to be dealt with clearly through the right mix of legislation, regulations, statutory guidance, England-Wales agreements and Welsh commissioning arrangements.

Welsh interests, including Llais and the experiences of people living in Wales, should be involved in developing any regulations, statutory guidance or implementation arrangements that give effect to the Bill where these may affect cross-border care.

The test should be simple: people living in Wales should have clear information, safe transfer of records, fair access, effective representation, joined-up complaints routes and visible learning from their experiences, wherever their care is provided.

People should not need to understand how responsibilities are divided between organisations, commissioners or national systems in order to receive safe and joined-up care or know where to turn when something goes wrong.

The border duty should cover all Welsh residents using English services

A focus on border communities is welcome but is too narrow. People living anywhere in Wales may receive highly specialised treatment, cancer care, major trauma care, rare disease services or other tertiary services in England. They may face the same information, safety, accountability and patient voice problems without living near the border.

The relevant duties and implementation arrangements should therefore follow the patient, rather than their post code, and apply to all people living in Wales who receive NHS services in England, not only those living in geographically defined border communities.

Patient records should follow people across borders

The Legislative Consent Memorandum explains that the Single Patient Record provisions are not limited to England and may support access by providers outside England, including in Wales. It notes the UK Government's view that this would depend on policy agreement and a technical solution being in place.

Llais welcomes this recognition of cross-border care. However, the development of the Single Patient Record must include a clear requirement for seamless information sharing between digital systems in England and Wales. Without this, the problems people face now will not improve.

Joined-up information sharing should be treated as a patient safety and experience requirement, not only a technology project.

This also needs to protect people's rights in relation to their personal data. People should be told clearly what information may be shared, why it is being shared, who it may be shared with, how it will be protected, and what choices or rights they have. This is especially important where information is shared for purposes other than a person's direct care.

Approaches to wider data sharing may be different in Wales and England, so there needs to be clear understanding, agreement and safeguards across both systems.

Digital access must also be part of this work. A Single Patient Record will only improve care if people themselves can understand and use the information held about them, and if alternative routes are available for people who cannot or do not use digital services. Digital reform should reduce barriers, not create new ones.

Cross-border patient safety and incident learning must work for everyone

Reforming England's patient safety bodies must provide for a clear and effective system for dealing with incidents that span English and Welsh organisations. Clear arrangements must be in place for cross-border incidents and near misses, including who leads, who contributes, how people are kept informed and how learning is shared and acted upon.

Patient safety cannot be considered solely within organisational boundaries where care is routinely delivered across England and Wales.

Welsh commissioners and relevant Welsh organisations should be involved wherever an incident affects a Welsh resident or a pathway they commission.

Public health notifications, safeguarding information and safety alerts also need to move reliably across borders. This includes timely notification to Public Health Wales where Welsh residents treated in England have infectious diseases or other conditions requiring public health follow-up.

Patient experience must include Welsh residents using English services, and must be shared and used to drive improvement

English providers and Integrated Care Boards should not define patient voice only by reference to their resident populations.

It should make clear that duties to gather and consider people's views include people who live outside England but use English services. Patient experience information should be capable of identifying the experiences of people living in Wales so that patterns, inequalities and recurring concerns are visible.

Gathering feedback is not enough. Information about people's experiences must reach the organisations that can act on it.

Where an English provider delivers services commissioned for Welsh residents, arrangements should:

- identify feedback and experience relating to people living in Wales;
- analyse recurring themes, inequalities and differences in experience;
- share relevant information with the Welsh health board or NHS Wales body commissioning the service;
- share appropriate intelligence with Llais as the statutory body representing people living in Wales;
- use the information in quality monitoring, service improvement and future commissioning; and
- tell patients and the public what has changed as a result.
- This should include learning from complaints, incidents, engagement activity and patient-reported experience. Any national patient experience function should show how people's experiences influence priorities, service design, commissioning and improvement.

Welsh commissioners must be able to understand the quality and experience of the people using the services they fund. Llais can independently identify patterns, represent people's interests and press for improvement where needed.

Arrangements should recognise Llais's statutory role

People living in Wales should continue to have access to an effective independent collective voice when the NHS care they receive is delivered in England. Llais's statutory responsibility is to reflect the views and represent the interests of people living in Wales follows the person and should not end because their NHS care is delivered in England.

The Bill's patient voice arrangements currently focus on bodies within the English system. They do not recognise the statutory patient voice bodies of other UK nations. This creates a risk that patients living in Wales become less visible within new arrangements.

The National Health Service Act 2006 already places duties on NHS bodies in England to involve service users, directly or through their representatives, in planning services, developing service change proposals and making decisions that affect service delivery. These duties apply to people using NHS services in England, including people living in Wales receiving care from NHS providers in England.

However, those duties do not create a specific mechanism for people living in Wales to be represented collectively within the English NHS about their day-to-day NHS care.

The issue is not whether Welsh residents are service users for the purpose of English involvement duties. They are. The issue is whether there is a clear and reliable route for their collective experience, concerns and priorities to be recognised, represented and acted on through Llais as the statutory people's voice body in Wales.

The Bill, regulations or statutory guidance should recognise the role of Llais where English services are delivered to people living in Wales. This should include:

- clear and proportionate arrangements enabling Llais to engage with Welsh residents on English NHS premises;
- expectations that English providers and Integrated Care Boards receive and consider representations from Llais;
- a route for Llais to raise recurring concerns with relevant providers, commissioners and national patient experience arrangements;
- access to appropriate patient experience intelligence concerning Welsh residents; and
- cooperation between Llais and patient voice arrangements in England.

People living in Wales should not lose access to effective voice, representation and independent challenge because their NHS care is delivered in England.

Independent challenge must not be weakened

The transfer of Healthwatch England functions into bodies responsible for commissioning services raises a wider concern about independence. Patient voice must influence decisions, but there must also be an effective independent route for collective feedback to be raised and followed through.

This concern is shared more widely by patient organisations like the Patients Association, who have stressed that patient voice must remain independent, accountable and able to challenge the system.

For people living in Wales, this reinforces the case for explicit recognition of Llais's independent statutory role and for clear arrangements through which English policy makers, commissioners and providers work with Llais and respond to its representations about the things that matter to people living in Wales.

As patient representation arrangements evolve in England, it will be important to make sure that independent patient perspectives – including those from Wales - continue to inform decision-making, scrutiny and service improvement.

Rights, responsibilities and complaints pathways must be clear for people

People tell us they are unsure which waiting-time arrangements apply, whether they are eligible for particular services or screening programmes, which organisation commissioned their care, and where to complain. Different complaints processes and Ombudsman arrangements can add further confusion.

When something goes wrong, it is not always clear who is responsible, where concerns should be raised or how they will be handled. Clear information, straightforward routes for raising concerns and transparency about responsibilities will be important to maintaining public confidence. People should not have to work out which organisation commissioned their care, which jurisdiction applies or which part of the pathway caused the problem before they can raise a concern and receive an effective response.

The Bill's involvement, choice and patient experience objectives should be applied to cross-border patients through clear, standardised information provided at the point of referral. This should explain waiting arrangements, digital access, responsibility for care, complaints and redress, and where people can obtain independent support.

Responsibilities at referral, treatment, discharge and follow-up should be clear. Patient experience should be considered alongside clinical outcomes.

Responsibilities following the abolition of NHS England

The transfer of functions from NHS England creates both an opportunity and a risk. It could clarify accountability and working arrangements, but it could also disrupt existing relationships and leave cross-border responsibilities unclear or unmet during transition.

The new arrangements should identify clearly where responsibility sits between the Department of Health and Social Care, Integrated Care Boards and NHS providers for cross-border healthcare. Key relationships must be established and protected through transition.

England-Wales arrangements needed alongside the Bill

Protect and refresh the England-Wales focus on values and principles

The existing England-Wales Statement of Values and Principles helps frame how NHS bodies in England and Wales work together, make decisions and act when care crosses the border. It provides an important shared foundation for safe, fair and joined-up care.

This matters because people should not face delay, confusion or disadvantage because organisations are unclear about responsibilities or about which arrangements apply to their care. These values and principles must be protected as functions move from NHS England into new arrangements, with no gap in responsibility or weakening of existing commitments.

They should also be refreshed to fit the new landscape, with clear governance, escalation and dispute-resolution arrangements so cross-border care does not depend on goodwill, local relationships or individual staff going the extra mile.

The refreshed arrangements should also set out clear cross-border patient voice and learning arrangements. This should include how English providers, Integrated Care Boards, Welsh commissioners, Llais and relevant patient voice bodies share intelligence about Welsh patients' experiences, respond to representations, escalate systemic concerns and report on improvements made.

Welsh-language provision

England-Wales level arrangements should recognise the importance of the Welsh language in healthcare, including its relevance to dignity, understanding, participation and safety.

Llais regularly hears about the importance of Welsh language services to people's experience of care. For many people, being able to communicate in Welsh is not simply a preference but an important aspect of receiving safe, effective and person-centred healthcare.

Revised arrangements should make sure that people's communication needs, including their language needs, are identified at referral. This information should be included in the person's care record and shared with English providers so that appropriate support is in place when people living in Wales receive care in England.

Clear public information

The Welsh and UK Governments should jointly own clear public information about cross-border rights and responsibilities. Welsh NHS bodies, English providers and other NHS bodies should communicate that information consistently.

Llais can identify confusion, amplify people's experiences and provide independent challenge, but it should not replace the formal responsibility of governments, commissioners and providers to communicate clearly.

Later MHRA regulatory reform amendments

Since the original Legislative Consent Memorandum was laid, the UK Government has tabled further reform amendments to the Bill relating to the Medicines and Healthcare products Regulatory Agency.

For people living in Wales, the key issue is how any future regulatory changes will affect patient safety, access to innovation, information sharing and public confidence.

Wales should be involved in the development of any future regulatory changes under these amendments, and people living in Wales should be involved where such changes may affect their care, safety or access to innovation.

We would also encourage consideration of how patient experience and patient safety intelligence can contribute to the monitoring and evaluation of any future regulatory arrangements. People often identify emerging concerns through

their experiences of treatment, medicines and medical devices, and these insights must be used as an important source of learning and improvement.

Conclusion

The Bill creates an opportunity to deal with longstanding problems experienced by people living in Wales whose care crosses the England-Wales border, but those benefits will not happen automatically.

Structural reform should be judged by whether it improves people's experience of care. For people living in Wales, the practical test is not whether organisational responsibilities have changed, but whether care is safer, easier to navigate, better connected and more responsive when a pathway spans Wales and England.

Implementation should make sure that information follows the person, rights, responsibilities and accountability is clear (including when things go wrong), patient safety learning crosses organisational and national boundaries, and Welsh residents' voices and experiences are heard and acted on, including through effective independent representation in England.

These arrangements should apply to all people living in Wales who receive NHS care in England, not only those living in border communities. They should be supported by clear and effective England-Wales arrangements so that safe, fair and joined-up care does not depend on goodwill or individual staff navigating complexity on behalf of patients.

People living in Wales should experience safe, fair and joined-up care, and have an effective voice in it, regardless of which side of the border provides that care.

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