Welsh Parliament
Health and Social Care Committee

Report on the Legislative Consent Memorandum for the Health Bill

October 2026



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Conclusions and recommendations

Conclusion 1. The Bill brings with it a number of opportunities and challenges for cross-border healthcare in Wales. The benefits for Welsh patients will depend on implementation arrangements that protect continuity of access, preserve access to specialist expertise, provide effective interoperability between Welsh and English systems (including NHS apps in Wales and England), maintain clear accountability, and ensure that Welsh organisations and patients have an effective voice in decisions affecting their care. To ensure these benefits are fully realised, the Welsh Government and relevant NHS Wales organisations must take proactive steps to build and maintain relationships within the newly organised structures in England, to prepare for digital changes and ensure system interoperability.

Conclusion 2. It is vital that all relevant Welsh organisations, including health boards, the JCC and Llais, are meaningfully involved throughout this process to support patients' access to healthcare services in England. We are particularly concerned that the interests of Welsh patients should remain visible throughout the process of re-organisation and in the new arrangements that are formed. Further, in the interests of data rights and transparency, that patients are made aware of where and how their data is being shared.

Conclusion 3. Until the Welsh Government can confirm that its concerns regarding the Bill have been allayed by amendments brought forward by the UK Government, and until the Senedd can consider the Welsh Government's reasoning on this, the Senedd should not be asked to give its consent to this Bill.

Recommendation 1. In its his response to this report, the Cabinet Minister should set out how the Welsh Government will ensure that health boards, the NHS Wales Joint Commissioning Committee and Llais are meaningfully involved in the development and implementation of the arrangements arising from the Bill. This should include details of the mechanisms for their involvement in cross-border commissioning, service planning, quality and patient safety oversight, and escalation and dispute resolution. The Welsh Government should also explain how these arrangements will be maintained during the transition following the abolition of NHS England and how their effectiveness will be monitored.....25

Recommendation 2. In his response to this report, the Cabinet Minister should set out his views on the Statement of Values and Principles for Cross-Border Healthcare Services, including his intentions around clarifying future ownership and reviewing the Statement to ensure it remains suitable for the new structures established by the Bill. 25

Recommendation 3. In his response to this report, the Cabinet Minister should set out details of the work being undertaken by the Welsh Government and NHS Wales organisations to prepare for and support effective interoperability between information systems in Wales and England. 25

Recommendation 4. In his response to this report, the Cabinet Minister should set out the safeguards needed to ensure patient confidentiality, public confidence and the appropriate use of data in relation to Schedule 7 and other provisions in the Bill concerning the collection, analysis, processing, publication, and sharing of information. 25

1. Background

The Health Bill

1. The UK Health Bill[1] ("the Bill") was introduced in the House of Commons on 14 May 2026. The Bill is sponsored by the Department of Health and Social Care.

2. The UK Government's Explanatory Notes to the Bill provide that the purpose of the Bill is:

> *"to provide the legislative footing for the abolition of NHS England, as announced by the Prime Minister in March 2025. The Bill will also give effect to a number of reforms and recommendations that were set out in the 10-Year Health Plan and Penny Dash's review of patient safety across the health and care landscape ("Dash Review"), both published in July 2025."*

3. The LCM states that the Bill will:

- "Enable the establishment of a Single Patient Record.
- Abolish NHS England and transfer its functions to either the Secretary of State or Integrated Care Boards (ICBs) and provide for implementation of the Dash Review recommendations related to the Health Services Safety Investigation Body and Healthwatch.
- Deliver a range of targeted measures aiming to support the devolution of decision making to a local level; to embed a greater role for patient voice in health and social care decision making; and to clarify governance and responsibilities for ICBs and providers (including foundation trusts and NHS trusts).

The Bill addresses a range of issues relating to health and social care. The Bill makes changes to a number of existing Acts, most notably the National Health Service Act 2006 (the NHS Act 2006) and the Health and Social Care Act 2012."

[1] **Health Bill**

4. The Bill is proceeding through the legislative stages in Westminster, and has been amended since introduction. The LCM and this report relate to the Bill as introduced.

2. The Legislative Consent Memorandum

5. On 25 June 2026, the Cabinet Minister for Health and Care ("the Cabinet Minister") laid a legislative consent memorandum[2] ("the LCM") for the Bill under Standing Order 29.2.

6. Standing Order 29 provides that the Welsh Ministers must lay a LCM where a UK Bill makes provision in relation to Wales that has regard to devolved matters.

Our inquiry

7. On 30 June 2026, the Business Committee referred the LCM to the Health and Social Care Committee and the Legislation Committee, and set a reporting deadline of 23 October.[3]

8. To inform our consideration of the LCM, we held oral evidence sessions with:

- the NHS Wales Joint Commissioning Committee (JCC);
- Llais;
- Betsi Cadwaladr University Health Board;
- Powys Teaching Health Board;
- the Cabinet Minister for Health and Care.

9. Separately, as part of its scrutiny, the Legislation Committee wrote[4] to the Cabinet Minister for Health and Care on 22 September with a number of

[2] **Legislative Consent Memorandum for the Health Bill**, Welsh Government
[3] Business Committee, '**Timetable for consideration: Legislative Consent Memorandum on the Health Bill'**, July 2026
[4] **Letter from the Chair of the Legislation Committee to the Cabinet Minister for Health and Care regarding the Legislative Consent Memorandum for the Health Bill**, 22 September 2026

questions about the LCM. We have considered the Minister's response[5] to that letter as part of our work.

Provisions for which consent is sought

10. The UK Government's Explanatory Notes provide that consent is required in relation to clauses 2, 27, 49, 50, 52, 53, 55 and Schedule 7 of the Bill.

11. The Welsh Government's LCM, however, provides that, in addition to the above clauses, the Senedd's consent is also required for clauses 3, 9, 14,17, 39, 47, 48, 58, 59, 67, Schedule 1 (in relation to paragraphs 55, 94 and 95), Schedule 8 (in relation to parts of paragraph 4 and paragraph 8) and Schedule 11 (in relation to paragraphs 12, 117, 192, 197 and 198).

12. Although the Bill applies primarily to England, a number of its provisions have implications for Wales and for how health services operate across the Wales-England border. The Welsh Government has said it considers that legislative consent is necessary because a number of the Bill's provisions affect devolved matters in Wales, including health services, adult social care, NHS bodies, commissioning arrangements, and cross-border healthcare. The Welsh Government's LCM sets out that some provisions may also affect the functions of Welsh Ministers, Health Boards, and other Welsh NHS organisations, or create new arrangements involving those bodies. The Welsh Government's assessment is that legislative consent is required for a broader range of the Bill's provisions than that identified by the UK Government.

The Welsh Government's position

13. In the LCM, the Cabinet Minister states that he considers the UK Bill to be the "most effective means of achieving the relevant policy objectives" because they involve both reserved and devolved matters and create cross-border administrative arrangements.[6]

14. He further states that analysis of the Bill's implications is ongoing, and does not recommend whether the Senedd should consent to the Bill, stating that a

[5] **Letter from the Cabinet Minister for Health and Care: the Legislative Consent on the Health Bill, 5 October 2026**
[6] **Legislative Consent Memorandum for the Health Bill**

recommendation will be brought forward "once Welsh Government has analysed the wider impact of the UK legislative programme for Wales".[7]

3. Implications of the Bill for Wales

15. The key provisions of the Bill affecting Wales include:

- **Single Patient Record**: creating a legal framework for sharing patient information, including where patients receive care across the England-Wales border.
- **Cross-border commissioning**: requiring English Integrated Care Boards (ICBs) to consider the impact of commissioning decisions on people living in Wales near the England-Wales border.
- **Health and care information systems**: enabling the Secretary of State to establish and operate health and care information systems that could support information-sharing and coordination across the British Isles.
- **Collaboration with Welsh bodies**: enabling arrangements between the Secretary of State, Welsh Ministers, and Welsh NHS organisations in areas such as information systems and commissioning.
- **Patient safety reforms**: transferring the functions of the Health Services Safety Investigations Body to the Care Quality Commission, including provisions that could apply where Welsh services or organisations are involved.

16. We have considered and heard evidence on these and other related matters, as set out below.

The significance of cross-border healthcare

17. There was broad agreement that cross-border healthcare is an integral part of healthcare provision for people living in Wales.

18. The Welsh NHS Joint Commissioning Committee ("the JCC") stated that many specialised services depend on established relationships with providers in England. It reported that, in 2025-26, it had commissioned more than £163m of

[7] **Legislative Consent Memorandum for the Health Bill**

specialised services from England, and that in 2024-25, 6,200 patients from Wales had accessed specialised services provided by 79 healthcare organisations in England.[8]

19. The JCC described cross-border arrangements as a fundamental component of many patients' care pathways, particularly where small patient populations, specialist expertise or infrastructure mean that services cannot be provided within Wales. The Chief Commissioner, Juliet Brown, explained that, for some conditions, "we just don't have the number of people who need that care to provide it locally within Wales". This, she told us, meant that the JCC had contracts with "a whole variety of providers in the English health system".[9]

20. Evidence from the health boards also illustrated the scale of cross-border provision. Powys Teaching Health Board told us that around 17 per cent of its budget is spent commissioning services from NHS trusts in England. Similarly, Betsi Cadwaladr University Health Board told us that it relies on English providers for specialist and tertiary services used by residents of north Wales. Both health boards said that effective cross-border commissioning arrangements were critical to securing timely and sustainable access to care. [10]

21. Llais told us that, from the patient's perspective, "cross-border healthcare is simply healthcare". However, it said that people's experiences could be fragmented by organisational and national boundaries. It cited a range of problems facing patients accessing healthcare over the border, including uncertainty about entitlements, lost or delayed referrals, missing test results, differences in waiting-time policies, transport difficulties, inconsistent Welsh-language provision, complicated complaints processes and uncertainty about responsibility for resolving problems.[11]

Evidence from the Cabinet Minister

22. The Cabinet Minister emphasised that the Bill was principally concerned with restructuring the NHS in England, rather than changing health policy or service provision in Wales. He told us:

[8] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1
[9] Health and Social Care Committee, **Record of Proceedings (RoP), 1 October 2026**, paragraph 10
[10] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[11] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2

> *"This is a Bill that is being brought forward in Westminster for the needs of the health service in England."*[12]

23. The Cabinet Minister's overall position was that the Bill should not materially change the arrangements by which Welsh patients access health services in England. Where appropriate services could not be commissioned in Wales, he told us, the NHS Wales Joint Commissioning Committee would continue to commission them from English providers:

> *"Welsh patients shouldn't lose out as a consequence of this."*[13]

24. However, he re-stated the Welsh Government's position that parts of the Bill have an impact on devolved matters, and told us that the Welsh Government had expressed concerns about a number of elements related to transfer schemes, taxation provisions, the Single Patient Record and the powers in Schedule 7 concerning health and social care information systems.[14]

25. He confirmed during our evidence session on 8 October that the Welsh Government had "literally just had a response from the Department of Health and Social Care of the UK Government that tackles some of those points"[15], and that the UK Government will be introducing amendments to the Bill during its progress through the House of Lords to deal with those. He said he had not yet had time to fully assess the response from the UK Government, but agreed to share "highlights" of the letters with us to make us aware "of some of the promises made".[16] He also confirmed he was "confident" that these amendments would be passed in the Lords, as the UK Government had given a written commitment to introduce them, and "as this is a UK Government Bill, then it will pass according to their wishes".[17]

26. We questioned the Cabinet Minister further about the Welsh Government's concerns about the Bill. On the issue of transfer schemes, Mari Williams, Welsh Government Legal Services, told us that one of the Welsh Government's main concerns was that the Bill, as introduced, could allow property, rights and liabilities to be transferred from NHS England to a Welsh body. She said that the UK Government had provided assurances that this was not their intention, and had agreed to "bring forward an amendment that will make it clear that, before

[12] Health and Social Care Committee, RoP, 8 October 2026, paragraph 9
[13] Health and Social Care Committee, RoP, 8 October 2026, paragraph 49
[14] Health and Social Care Committee, RoP, 8 October 2026, paragraph 9
[15] Health and Social Care Committee, RoP, 8 October 2026, paragraph 10
[16] Health and Social Care Committee, RoP, 8 October 2026, paragraph 71
[17] Health and Social Care Committee, RoP, 8 October 2026, paragraph 19

any transfer is made, they will need to seek the consent of the Welsh Ministers".[18]

27. As regards taxation issues, the Cabinet Minister confirmed that the UK Government had been clear that taxation issues in the Bill relate to reserved rather than devolved taxes.

The abolition of NHS England and continuity of cross-border arrangements

28. The evidence we heard acknowledged that the abolition of NHS England and the transfer of its functions to the Department of Health and other organisations within the English NHS system could create opportunities to clarify responsibilities and strengthen collaboration. However, witnesses were concerned that the redistribution of these functions could fragment established commissioning relationships, making accountability less clear and reducing access to specialist commissioning expertise.

29. The JCC said that its principal concern was the continuity of relationships and governance arrangements. It emphasised the importance of maintaining long-term service planning, stable commissioning relationships, consistent service specifications and effective cross-border governance.[19]

30. Expanding on this point in oral evidence, Juliet Brown, JCC, explained that the JCC relied on the English system not only for commissioning arrangements but also "to get the clinical expertise and the knowledge". She told us that, because these were small specialties, Wales might not have all the relevant expertise and "we need to make sure that we've still got access to some of that".[20]

31. Betsi Cadwaladr University Health Board and Powys Teaching Health Board similarly called for accountability, decision-making routes and operational relationships to remain clear during and after implementation. They noted that commissioning arrangements in England change more frequently than those

[18] Health and Social Care Committee, RoP, 8 October 2026, paragraph 16
[19] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1
[20] Health and Social Care Committee, RoP, 1 October 2026, paragraph 12

in Wales, and said that health boards work to preserve cross-border relationships during periods of organisational change. [21]

32. In addition, the health boards and Llais highlighted the importance of the 'Statement of Values and Principles for Cross-Border Healthcare Services'. The health boards considered that future ownership of the Statement on behalf of the NHS in England would need to be clarified.[22] Llais called for it to be protected and refreshed to reflect the new organisational landscape, with clear governance, escalation and dispute-resolution arrangements.[23]

Continuity of access and the interests of Welsh patients

33. Witnesses generally welcomed the proposed duty on Integrated Care Boards to 'have regard to' the likely impact of commissioning decisions on people living in areas of Wales close to the border. However, they also raised questions about the scope and practical operation of that duty.

34. Juliet Brown, JCC, welcomed the duty, saying that English commissioners proposing service changes would "have to talk to us" and work with Welsh commissioners to assess the impact on Welsh patients. She described that requirement as "a good thing".[24]

35. Llais, however, argued that the focus on border communities was too narrow. It stated that people living anywhere in Wales may need to access highly specialised treatment, cancer care, major trauma services, rare disease services or other tertiary care in England. Llais considered that relevant duties and safeguards should follow the patient rather than their postcode and should apply to all Welsh residents receiving NHS care in England.[25]

36. Betsi Cadwaladr University Health Board and Powys Teaching Health Board sought assurances that the structural changes would not reduce the ability of Welsh commissioners, patients and communities to influence service delivery,

[21] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[22] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[23] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[24] Health and Social Care Committee, RoP, 1 October 2026, paragraph 13
[25] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2

service planning, quality oversight and performance discussions in English NHS organisations.[26]

37. Similarly, the JCC called for Welsh organisations to be appropriately involved in commissioning decisions and the development of standards relevant to services used by Welsh patients.[27]

Evidence from the Cabinet Minister

38. The Minister described the Bill as:

> *"an English internal restructuring Bill that shouldn't impact on the frameworks that we have in place on cross-border commissioning and services between England and Wales."*[28]

39. Mari Williams, Welsh Government Legal Services, stated that the duty currently placed on NHS England to have regard to the needs of Welsh patients would transfer to Integrated Care Boards. She told us:

> *"Whilst there may be changes of bodies on the English side of the border, those relationships, the underpinning legal structures that govern those, don't change."*[29]

40. Further, Alex Slade, Group Director of Strategy and Director of Primary Care and Mental Health, Welsh Government, described the Bill as making "a legal not an operational capacity change". He said that the Welsh Government's focus was on ensuring that Welsh patients continued to be treated fairly and appropriately and were not disadvantaged by the reforms.

41. We questioned the Cabinet Minister on the concerns raised by the JCC about potentially having to establish relationships with a greater number of English bodies. He acknowledged those concerns, and said that the Welsh Government would need to assess the final structure created by the Bill and its material implications for Welsh organisations. He said:

[26] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[27] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1
[28] Health and Social Care Committee, RoP, 8 October 2026, paragraph 49
[29] Health and Social Care Committee, RoP, 8 October 2026, paragraph 34

> *"(…) we will have to ensure that we've got structures in place so that accountability and responses are made in due time."*[30]

42. He confirmed that officials would continue to monitor the Bill, assess any consequences arising from the abolition of NHS England, and work with "counterparts in England and successor bodies there".[31]

Continuity of access and the interests of Welsh patients

43. We questioned the Cabinet Minister on whether the Bill provided adequate protection for all Welsh patients who rely on NHS services in England, given that the duty on Integrated Care Boards applies only to patients living in border areas.

44. He told us that Welsh Ministers and Welsh health boards would continue to be able to secure services from English providers and enter into cross-border commissioning and joint-working arrangements. He said that the Bill "won't impact (…) in any material way on Welsh patients' access to those commissioned services from England:

> *"The framework that governs those cross-border pathways won't change."*[32]

45. He told us he had no particular concerns about the effect of the Bill on specific services or patient groups, and that he expected highly specialised services to continue to be commissioned from England when they could not be provided in Wales.

46. In relation to high-secure mental health inpatient care, the Minister noted that places were commissioned exclusively from NHS England. He told us he was content that the Bill would not affect Welsh patients' access to or rights in relation to those services.[33] Similarly, he told us he had no specific concerns about transplantation or other highly specialised pathways.[34]

The Single Patient Record and digital interoperability

47. The witnesses all identified potential benefits from the proposed Single Patient Record. These included improved continuity of care, more informed

[30] Health and Social Care Committee, RoP, 8 October 2026, paragraph 58
[31] Health and Social Care Committee, RoP, 8 October 2026, paragraph 123
[32] Health and Social Care Committee, RoP, 8 October 2026, paragraph 43
[33] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 51-52
[34] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 54-55

clinical decision-making, reduced duplication, improved patient safety and a better patient experience. However, they consistently emphasised that these benefits would depend on practical interoperability between NHS systems in Wales and England.

48. The JCC identified several issues requiring further consideration, including interoperability with NHS Wales systems, governance across devolved boundaries, information-sharing protocols, patient consent and transparency.[35] Juliet Brown, JCC, told us that the Bill presented "an opportunity to look at interoperability between Wales and England", adding that existing interoperability "could be improved". She also emphasised that Welsh patients would need to understand how their information would be included and made available when they received treatment in England.

49. Betsi Cadwaladr University Health Board and Powys Teaching Health Board said that implementation of a Single Patient Record would need to recognise the existence of two NHS systems operating under different legislative and governance arrangements. They called for cross-border interoperability to form a core part of implementation planning. They also noted that the practical benefits for Welsh patients would depend on the ability of NHS Wales organisations to participate in the arrangements, and on continued investment in digital transformation and interoperability within Wales.[36]

50. Llais told us that the inability of current systems to exchange information was already affecting patients. It cited examples of people having to repeat their medical history to different clinicians; referrals or test results going missing; repeated tests and scans; and discharge information failing to reach Welsh services. Llais said that joined-up information sharing should be treated as a patient safety and patient experience requirement, rather than solely as a technology project.[37]

51. Llais also emphasised the importance of data rights and transparency. It said that patients should be told what information may be shared, why it is being shared, who may access it, how it will be protected, and what rights or choices

[35] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1
[36] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[37] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2

they have. It added that alternative means of access would be needed for people who cannot or do not use digital services.[38]

Evidence from the Cabinet Minister

52. We questioned the Cabinet Minister about the Welsh Government's concerns about the Single Patient Record. He told us that his principal concern was the potential effect on cross-border information sharing, and ensuring that Welsh health bodies could not be required to contribute data to what was intended to be an England-only record.

53. Mari Williams, Welsh Government Legal Services, confirmed that the UK Government had undertaken to amend the Bill so that participation by Welsh health bodies would be voluntary, and that "there would be no mandating or requiring of health bodies to share data into that record."[39] She said that the Welsh Government had not yet seen the proposed amendment, but that officials would assess the wording to ensure that it delivered the protection described by the UK Government.

54. As regards the interoperability of digital systems between Wales and England, the Cabinet Minister said:

> *"I think it's important that we have interoperable systems in place, where possible."*[40]

55. However, he stressed that the Bill was not a vehicle for the Welsh Government to "put forward policy for the benefit of Wales".[41]

56. He told us that the UK Government had indicated that it was willing to work with the Welsh Government on interoperability if Wales wished to participate, and this was something the Welsh Government "will be looking at".[42]

Schedule 7 and Welsh Ministerial consent

57. Schedule 7 relates to health and social care information systems, and permits the Secretary of State to establish and operate systems for the

[38] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[39] Health and Social Care Committee, RoP, 8 October 2026, paragraph 66
[40] Health and Social Care Committee, RoP, 8 October 2026, paragraph 86
[41] Health and Social Care Committee, RoP, 8 October 2026, paragraph 86
[42] Health and Social Care Committee, RoP, 8 October 2026, paragraph 85

collection, analysis and processing of information relating to providing health or adult social care in the British Islands.

58. The Cabinet Minister told us that the Welsh Government initially had "some serious reservations" about Schedule 7 to the Bill. Mari Williams, Welsh Government Legal Services, explained that the Bill, as introduced, could allow the Secretary of State to establish health or social care information systems affecting Wales without a request from Welsh Ministers.[43]

59. She confirmed that, following representations from the Welsh Government, the UK Government had given a written undertaking to amend the Bill so that such a system could be established only at the request of, or with the consent of, Welsh Ministers.[44]

Accountability, patient safety and redress

60. The evidence we heard supported the Bill's focus on patient safety and learning but called for clear arrangements for incidents and near-misses and care pathways involving organisations in both Wales and England.

61. The JCC said that cross-border incidents must be capable of effective investigation, learning must be shared between healthcare systems, accountability must remain clear, and Welsh organisations must be involved where Welsh patients or cross-border pathways are affected. It also highlighted the need for health regulators to interact effectively with it in its role as a Welsh commissioner.[45]

62. Similarly, Betsi Cadwaladr University Health Board and Powys Teaching Health Board called for effective information exchange, dissemination of learning and coordinated improvement activity where incidents involving Welsh residents occur in English healthcare settings.[46]

63. Llais said that cross-border arrangements should make clear who would lead and contribute to an investigation, how patients would be kept informed, and how learning would be shared and acted upon. It also highlighted the

[43] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 74-75
[44] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 74-75
[45] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1
[46] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3

importance of public health notifications, safeguarding information and safety alerts moving reliably across the border.[47]

Evidence from the Cabinet Minister

64. We questioned the Cabinet Minister about the accountability arrangements when patients living in Wales receive services in England.

65. The Cabinet Minister confirmed that the legal framework governing patient rights and accountability would not change. Welsh patients treated in England would continue to have access to Llais, the NHS Wales concerns procedure, incident processes and redress arrangements.

66. Further, Alex Slade, Group Director of Strategy and Director of Primary Care and Mental Health, told us that the Bill "doesn't disadvantage Welsh patients receiving care in England because they're given the same statutory basis as if they received the care in a Welsh NHS body". He said:

> *"All of the safeguards are maintained in place and aren't changed by the Bill."*[48]

67. Responding to our questions about who would be accountable for a whole care pathway involving specialist treatment in England and continuing care in Wales, the Cabinet Minister and Mari Williams, Welsh Government Legal Services, confirmed that legal responsibility ultimately rested with the commissioning body. Where a Welsh health board commissioned the service, it would remain responsible.[49]

68. Alex Slade said that patients needed to be made aware of their rights wherever they received NHS care. He identified a role for the Joint Commissioning Committee in ensuring that patients referred across the border knew about and could exercise those rights.

Patient voice, public information and Welsh language

69. Llais placed particular emphasis on the visibility and representation of Welsh residents within the reformed English system. It said that duties to gather and consider patient experience should include people living in Wales who use English services, and that relevant information should be shared with

[47] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[48] Health and Social Care Committee, RoP, 8 October 2026, paragraph 108
[49] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 119-120

Welsh commissioners and Llais, so that patterns, inequalities and recurring concerns could be identified and acted upon.[50]

70. Llais was concerned that the patient voice arrangements currently in the Bill focus on bodies within the English system, and this creates a risk that patients living in Wales "become less visible" in the new arrangements. It called for the Bill, regulations or statutory guidance to recognise its statutory role in reflecting and representing the views of patients living in Wales.[51]

71. Llais also expressed concern that transferring Healthwatch England's functions into bodies responsible for commissioning services could weaken independent challenge. It said that, as these arrangements evolve in England, it will be important to ensure that patient perspectives continue to inform decision-making, scrutiny and service improvement.[52]

72. The JCC and the health boards also stressed the need for Welsh commissioners and organisations to remain involved in quality oversight and patient safety arrangements where Welsh patients are affected.[53]

Public information

73. We heard from Llais that, when something goes wrong with cross-border healthcare, it is not always clear to patients who is responsible, where complaints should be raised, or how they will be handled. It stated that different complaints processes and ombudsman arrangements can add to that confusion.

74. Llais called for clear and standardised information to be provided at the point of referral, covering waiting arrangements, digital access, responsibility for care, complaints and redress, and the availability of independent support.

75. It also proposed that the Welsh and UK Governments should "jointly own clear public information about cross-border rights and responsibilities", and that

[50] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[51] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[52] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[53] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1, **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3

Welsh and English NHS bodies should communicate that information consistently.[54]

Welsh language

76. Llais highlighted the importance of Welsh-language provision for people receiving care in England. It said that the ability to communicate in Welsh could be important to dignity, understanding, participation and patient safety, and was not simply a matter of preference.[55]

77. Llais considered that patients' communication and language needs should be identified at the point of referral, included in their care record and shared with the English provider so that appropriate support could be arranged.[56]

Evidence from the Cabinet Minister

78. On the question of patient voice, and in response to concerns about a loss of independent representation for patients, the Cabinet Minister said that Llais would continue to represent and advocate for Welsh patients, including those receiving treatment in England, and that existing cross-border arrangements would continue to provide access to advocacy and routes for escalating concerns.

79. He drew a distinction between the changes to Healthwatch in England and the continuing role of Llais, saying "the change to Healthwatch won't affect patients here."[57]

80. The Cabinet Minister told us that the Welsh Government wanted Llais to be strengthened. However, he acknowledged a wider concern about whether patients understood the accountability arrangements and sources of support available to them:

> *"I'm not entirely confident at present that the people of Wales fully understand the accountability system here."*[58]

[54] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[55] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[56] **Written evidence, Llais**, Health and Social Care Committee, 1 October 2026, paper 2
[57] Health and Social Care Committee, RoP, 8 October 2026, paragraph 115
[58] Health and Social Care Committee, RoP, 8 October 2026, paragraph 111

Workforce and financial implications

81. Betsi Cadwaladr University Health Board and Powys Teaching Health Board highlighted the "highly integrated labour market" across Wales and England, in which clinical staff, trainees and specialist professionals frequently work across organisational and national boundaries. They sought assurances that changes to workforce planning and workforce information arrangements would not create unintended barriers to recruitment, retention, training or workforce mobility.[59]

Evidence from the Cabinet Minister

82. As regards the workforce, the Cabinet Minister said he did not expect the Bill to change employment or working arrangements for clinicians.[60]

83. We questioned the Cabinet Minister on the financial implications of the Bill for Wales. He said that assessments had been made and "we don't foresee any financial implications for the NHS in Wales or Welsh Government". He further said that there was nothing currently indicating that existing cross-border funding arrangements would cease to be fit for purpose.[61]

Impact on UK-wide services and national bodies

84. The JCC drew attention to the potential effect of the reforms on UK-wide and nationally coordinated services, including organ transplantation, blood and transplantation services, specialist clinical networks and other national functions. It emphasised the importance of protecting continuity, resilience and stability during implementation because Welsh care pathways rely on the existing national infrastructure. [62]

Evidence from the Cabinet Minister

85. The Cabinet Minister expressed no specific concerns about the continuing commissioning of nationally coordinated or highly specialised services,

[59] **Written evidence, Betsi Cadwaladr University Health Board and Powys Teaching Health Board**, Health and Social Care Committee, 1 October 2026, paper 3
[60] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 26-31
[61] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 129-135
[62] **Written evidence, NHS Wales Joint Commissioning Committee**, Health and Social Care Committee, 1 October 2026, paper 1

including transplantation and secure mental health provision. He did, however, recognise that such services required continuing oversight by the JCC.

86. When asked how specialist expertise and relationships would be retained following the abolition of NHS England, the Cabinet Minister said that Welsh Government officials would maintain contact with English counterparts to support "understanding and continuity".

The Welsh Government's position on legislative consent

87. The Cabinet Minister confirmed that the Welsh Government had not yet reached a final position on consent, and would need to see the wording of the amendments to the Bill to be tabled by the UK Government to determine whether they addressed the Welsh Government's concerns. The Cabinet Minister undertook to update the Committee when further information became available.[63]

4. Our view

88. Cross-border healthcare services are vital to patients throughout Wales, particularly those requiring specialised and tertiary care. There will clearly be a period of considerable change in England arising from the proposals in the Bill, and this will inevitably have an impact on patients in Wales.

89. The Cabinet Minister has said that the Bill principally concerns the restructuring of the NHS in England and is not intended to alter the existing legal framework for cross-border commissioning. However, the redistribution of NHS England's functions will change the organisations with which Welsh commissioners, namely health boards and the JCC, interact. These changes offer potential opportunities to improve current information sharing, clarify responsibilities and strengthen patient-safety arrangements for people whose care crosses the Wales-England border.

90. Crucially though, and as demonstrated in the evidence we heard, those benefits will not arise automatically from changes to legislation or organisational structures. Instead, they will depend on the development of clear and lasting arrangements between the health systems in Wales and England, continuity in commissioning relationships, continued access to specialist

[63] Health and Social Care Committee, RoP, 8 October 2026, paragraphs 142-148

expertise, effective digital interoperability, and effective mechanisms for sharing safety information and learning.

91. It is, therefore, vital that all relevant Welsh organisations, including health boards, the JCC and Llais, are meaningfully involved throughout this process to support patients' access to healthcare services in England. We are particularly concerned that the interests of Welsh patients should remain visible throughout the process of re-organisation and in the new arrangements that are formed.

92. We welcome the proposed duty on Integrated Care Boards to consider the likely impact of their commissioning decisions on Welsh border communities. However, people from across Wales rely on services in England, particularly for specialised and tertiary care. Arrangements for implementing the Bill must therefore reflect the needs of every Welsh resident whose care crosses the border, regardless of where in Wales they live.

93. Welsh commissioners, health bodies and patient representatives must be meaningfully involved in decisions affecting services used by Welsh residents. Accountability, escalation and dispute-resolution arrangements should be sufficiently clear that access to safe and joined-up care does not depend solely on goodwill, informal relationships or individual staff navigating organisational complexity.

94. The existing Statement of Values and Principles for Cross-Border Healthcare Services provides a foundation for cooperation between the two health systems. We draw the Cabinet Minister's attention to the evidence about the need to clarify its future ownership. We ask him to address that point in his response to this report, and to confirm that that Statement will be reviewed at the appropriate point to ensure that it remains suitable for the structures established by the Bill.

95. The implementation of a Single Patient Record in England has the potential to provide benefits for Welsh patients. However, these will depend on whether relevant information can move safely and reliably between services in Wales and England, with appropriate safeguards, transparency and provision for people who cannot or do not use digital services.

96. The interoperability of digital systems between the two nations was a key concern for witnesses, and the Cabinet Minister acknowledged the importance of this in his evidence to us. We urge him to give full consideration to this

matter and to set out further details of the Welsh Government's work in this area in his response to this report.

97. Further, we note that he agreed to share with us information about his exchange with the UK Government on the Bill, including information about amendments that will be brought forward. He has done so in a letter to the Committee, received on 21 October 2026. The information in the letter has been shared with us on a confidential basis.

98. In relation to Schedule 7, we would appreciate further clarity from the Cabinet Minister on the safeguards needed to ensure patient confidentiality, public confidence and the appropriate use of data in relation to Schedule 7 and other provisions in the Bill concerning the collection, analysis, processing, publication, and sharing of information. In relation to Schedule 7 in particular, the definition of "health care" potentially enables a wide range of information to be captured, and the Explanatory Notes to the Bill state that "…processing activities may in future include, for example, activities to support machine learning and processing activity relating to Artificial Intelligence."

99. Clear arrangements will be required for raising concerns, investigating cross-border incidents and sharing learning. People living in Wales who receive care in England should not lose access to effective representation, clear complaints routes or independent challenge because of the organisational changes proposed in the Bill. We note the Cabinet Minister's evidence that existing cross-border arrangements will continue to provide access to advocacy and routes for escalating concerns, but we believe that further work is needed in this area, including provision of clearer information to the public about all aspects of cross-border healthcare.

Conclusion 1. The Bill brings with it a number of opportunities and challenges for cross-border healthcare in Wales. The benefits for Welsh patients will depend on implementation arrangements that protect continuity of access, preserve access to specialist expertise, provide effective interoperability between Welsh and English systems (including NHS apps in Wales and England), maintain clear accountability, and ensure that Welsh organisations and patients have an effective voice in decisions affecting their care. To ensure these benefits are fully realised, the Welsh Government and relevant NHS Wales organisations must take proactive steps to build and maintain relationships within the newly organised structures in England, to prepare for digital changes and ensure system interoperability.

Conclusion 2. It is vital that all relevant Welsh organisations, including health boards, the JCC and Llais, are meaningfully involved throughout this process to support patients' access to healthcare services in England. We are particularly concerned that the interests of Welsh patients should remain visible throughout the process of re-organisation and in the new arrangements that are formed. Further, in the interests of data rights and transparency, that patients are made aware of where and how their data is being shared.

Recommendation 1. In its his response to this report, the Cabinet Minister should set out how the Welsh Government will ensure that health boards, the NHS Wales Joint Commissioning Committee and Llais are meaningfully involved in the development and implementation of the arrangements arising from the Bill. This should include details of the mechanisms for their involvement in cross-border commissioning, service planning, quality and patient safety oversight, and escalation and dispute resolution. The Welsh Government should also explain how these arrangements will be maintained during the transition following the abolition of NHS England and how their effectiveness will be monitored.

Recommendation 2. In his response to this report, the Cabinet Minister should set out his views on the Statement of Values and Principles for Cross-Border Healthcare Services, including his intentions around clarifying future ownership and reviewing the Statement to ensure it remains suitable for the new structures established by the Bill.

Recommendation 3. In his response to this report, the Cabinet Minister should set out details of the work being undertaken by the Welsh Government and NHS Wales organisations to prepare for and support effective interoperability between information systems in Wales and England.

Recommendation 4. In his response to this report, the Cabinet Minister should set out the safeguards needed to ensure patient confidentiality, public confidence and the appropriate use of data in relation to Schedule 7 and other provisions in the Bill concerning the collection, analysis, processing, publication, and sharing of information.

100. More broadly, the Welsh Government has not yet made its recommendation as to whether the Senedd should give its consent to the Bill. The Cabinet Minister has said that he wishes to see the relevant amendments to be brought forward by the UK Government before making any such recommendation in order to ensure that they satisfy the Welsh Government's concerns with the Bill.

Conclusion 3. Until the Welsh Government can confirm that its concerns regarding the Bill have been allayed by amendments brought forward by the UK Government, and until the Senedd can consider the Welsh Government's reasoning on this, the Senedd should not be asked to give its consent to this Bill.