



# Cross-Border Healthcare Between England and Wales



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Evidence,  
Patient  
Experience and  
Policy Implications:  
A Policy Brief





# **Policy Brief**

## **Bridging Two Systems: A Network Perspective on Cross-Border Healthcare Between England and Wales**

**April 2026 | Global Policy Network (GPN)**

### **Purpose**

This policy brief distils evidence submitted to the Welsh Affairs Committee on cross-border healthcare by the Global Policy Network and reframes it through a network perspective. It argues that improving care along the England–Wales border requires not only policy alignment, but a clearer understanding of how services, professionals, and information connect in practice. The

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brief sets out targeted, actionable priorities to strengthen continuity of care, with particular attention to vulnerable groups who are most affected by fragmentation.

## **The Challenge**

Cross-border healthcare between England and Wales exposes persistent weaknesses in how care is organised and delivered across administrative boundaries. Despite a shared commitment to universal healthcare, patients who live, work, or move across the border frequently experience fragmented access, delays, and unclear responsibility for care.

Evidence gathered by the Global Policy Network, drawing on the UK Medicines Policy Series and wider research on primary care and health inequalities, points to five interlocking challenges:

- Access remains tied to GP registration and referral pathways, limiting continuity for patients moving between systems.
- Community pharmacy absorbs cross-border demand during periods of movement but remains under-integrated, under-funded, and digitally constrained.
- Patient information does not reliably move with patients, undermining safe prescribing and coordinated care.
- Workforce capability exists but is underutilised, particularly pharmacist independent prescribing, due to weak supervision and pathway integration.
- Vulnerable groups, including people experiencing homelessness, Black and minority ethnic populations, and those with limited digital access, face compounded barriers where administrative gaps interact with structural inequalities.

These challenges are not isolated problems. They reinforce one another, making fragmentation a persistent feature of cross-border care.

## **Why a Network Perspective Matters**

Cross-border healthcare challenges are often framed as issues of governance, commissioning, or data compatibility. While important, this framing misses a critical insight: healthcare operates as a network, not a series of isolated services.

Patients move through relationships linking general practice, community pharmacy, hospitals, digital systems, and community support. When these connections are strong, care appears seamless. When they are weak, informal, or broken, as is often the case across borders, patients are left to bridge the gaps themselves.

From a network perspective:

- Fragmentation reflects weak connections, not an absence of services.
- Community pharmacy functions as an informal bridge, providing continuity where other links fail.
- Vulnerability is shaped by network position, not only by clinical need. Groups furthest from well-connected parts of the system are most exposed to breakdowns. These groups can be made of patients and members of the public or the NHS workforce.
- Small improvements at critical connection points can deliver disproportionately large system benefits.

Understanding cross-border care as a network problem helps explain why repeated reforms have struggled to deliver integration in practice and where policy action can be most effective.

## **Community Pharmacy as a Key Network Connector**

Community pharmacy is uniquely placed within cross-border care networks:

- It is accessible without registration, on both sides of the border.
- It frequently acts as a first point of contact for unregistered or transient patients.
- Pharmacists increasingly have prescribing capability but lack the system support to deploy it fully.

Yet pharmacies are expected to manage clinical risk without consistent access to patient records, referral pathways, or aligned funding. Formalising pharmacy's role as a boundary-spanning connector, rather than relying on informal workarounds, represents one of the most immediately actionable opportunities for improving cross-border care.

## **Policy Implications**

Rather than pursuing systemwide alignment alone, policymakers should focus on strengthening high-impact connections within and across borders.

Key priorities include:

- Strengthening connecting roles such as community pharmacy, urgent care, and neighbourhood services that already support patients during periods of transition.
- Reducing reliance on informal coordination, where continuity depends on professional goodwill or patient self-navigation.
- Supporting boundary-spanning providers by ensuring access to shared care records, clear prescribing governance, and funded supervision across England and Wales.
- Targeting digital interoperability at medicines and primary care, where lack of shared data poses immediate safety risks.
- Designing access around those most at risk, ensuring services do not depend solely on registration status, digital literacy, or stable housing.

These measures do not require wholesale restructuring. They focus on reinforcing the connections that already shape patient experience in practice.

## **Looking Ahead**

Cross-border healthcare will remain a feature of life along the England-Wales boundary. The question is not whether it can be eliminated, but whether it can be made safer, fairer, and more coherent.

Applying a network-informed approach offers a practical framework for future system design, one that complements ongoing reforms in neighbourhood care, digital integration, and workforce development. Piloting community pharmacy as a formal cross-border connector, supported by shared records and clear accountability, would be a logical next step.

Improving cross-border healthcare is ultimately about ensuring that patients are not left to navigate system boundaries alone. Strengthening how services connect may be one of the most effective ways to deliver joined-up care in practice.



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