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Responsible Body Guidance for the NHS in Wales

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1. Scope and Purpose of this Guidance

1.1 This document provides a framework for establishing the body responsible for securing secondary and tertiary health care for an individual within the NHS in Wales. It replaces the Establishment of District of Residence guidance set out in DGM (94) 15 and DGM (93) 133. Whilst policy has changed since then, the guidance had not been formally revised.

1.2 The legal basis for the directed functions of Local Health Boards (LHBs) is set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009¹. This document is intended to provide guidance on the application of that legal framework to particular situations.

1.3 In general, the responsible body will be the Local Health Board (LHB) where the person considers himself or herself to be usually resident. This is explained in detail in Section 2. The subsequent sections provide further clarification regarding the responsible body in particular cases and situations. For responsibility for an English resident registered with a Welsh GP, see section 5².

1.4 It is not possible to cover every eventuality within this guidance. In identifying responsibility, all parts of the NHS are expected to act in the best interests of the patient at all times, working together in partnership, and to abide by the fundamental principle.

Fundamental Principle

1.5 The safety and well-being of patients is paramount. The overriding principle is that no treatment should be refused or delayed due to uncertainty or ambiguity as to which body is responsible for funding an individual's healthcare provision.

¹ S.I. 2009 No. 1511 (W.147) National Health Service, Wales, The Local Health Boards (Directed Functions) (Wales) Regulations 2009

² The relevant English guidance is *Who Pays? Establishing the responsible commissioner*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078466

2. The Residence Rules

2.1 This section establishes which LHB is responsible for securing services for residents' care and treatment.

2.2 LHBs in Wales are responsible for planning, funding, designing, developing and securing the delivery of primary, community and in-hospital care services for residents in their respective areas. For highly specialised and tertiary services they do this through the Welsh Health Specialised Services Committee (WHSSC).

2.3 The responsible body will be established on the basis of the LHB area where the person is usually resident. Primarily, the arbiter of the patient's residence is the patient, and individuals remain free to give his or her perception of where he or she consider themselves resident.

2.4 Usual residence is to be taken as the address given by the person as being that at which he or she usually lives³. If people consider themselves to be resident at an address which is, for example, a hostel, then this should be accepted. Holiday or second homes are not considered as "usual" residences.

2.5 If people are unable to give an address at which they consider themselves resident then the address at which they were last resident will establish the LHB of residence⁴. There are no prescribed circumstances in which a person is required to justify the non-provision of an address.

2.6 Where a patient is unable to give or incapable of giving either a current or most recent address and an address cannot be established by other means (e.g. by the next of kin advising of the patient's address) then a patient's residence should be taken as being that in which the unit providing the treatment is located⁵. This applies in the case of 'persons of no fixed abode'. The 2009 Regulations provide that, where a person's usual or last known

³ R2(3)(a) S.I. 2009 No. 1511 (W.147) National Health Service, Wales, The Local Health Boards (Directed Functions) (Wales) Regulations 2009

⁴ R2(3)(b) (ibid)

⁵ R2(3)(c) (ibid)

address cannot be determined, he or she is to be treated as usually resident in the area in which he or she is present⁶.

2.7 Certain groups of patients, for example those with HIV or AIDS, may be reluctant to provide an address. It is sufficient for the purpose of establishing financial responsibility that a patient is resident in a location (or postal district) within the LHB geographical area, without needing a precise address⁷.

2.8 Patients must not be subjected to undue scrutiny when being asked for this information or be 'led' into giving an alternative address in order to exploit any perceived financial advantage. NHS funding bodies must be consistent in the way they apply rules and accept that the interpretation that they apply in funding care is the same as the interpretation where other bodies are being required to fund care.

⁶ R2(3)(c) (ibid)

⁷ R2(3)(c) (ibid)

3. Further Clarification of the Residence Rules for Particular Groups

People with NHS entitlements seeking treatment from the area where they are staying

3.1 Where a person is not usually resident in the United Kingdom (UK), but retains entitlement to free NHS treatment, he or she will be subject to the same principles set out above. In all such cases, it is the responsibility of the patient and his or her family to meet the costs of returning to the UK.

People taken ill abroad

3.2 If a person entitled to free NHS treatment is taken ill abroad, necessary treatment on return to the UK will be subject to the same principles set out above.

Overseas Visitors

3.3 There are regulations⁸ that place a responsibility on NHS hospitals to establish whether a person not ordinarily resident in the UK may be liable for charges or exempt under one of a number of exemption categories, and to charge patients where required. Please refer to current Welsh Government guidance and supporting documents at:

<http://wales.gov.uk/topics/health/publications/health/guidance/implementing/?lang=en>

Asylum Seekers, Refugees and Failed Asylum Seekers

3.4 A person who has made a formal application to take refuge in the UK is regarded, at any stage in his or her application, as a member of the resident population and therefore the responsible body will be subject to the same principles set out in Section 2.

⁸ National Health Service (Charges to Overseas Visitors) Regulations 1989 [S.I. 1989/306]

3.5 Asylum seekers and their dependants are entitled to NHS treatment without charge while awaiting a final decision on their applications. Border Agency supported asylum seekers also qualify for an HC2 certificate for help with free NHS prescriptions, sight tests, dental treatment, wigs and fabric support, necessary travel costs to and from hospital for NHS treatment under the care of a consultant, and the full value of an NHS optical voucher towards the cost of glasses or contact lenses.

3.6 If an asylum seeker is not eligible for support from the Border Agency he or she is still eligible to register with a GP and is entitled to access all NHS services. However he or she will not be issued with an HC2 certificate automatically and will need to apply for one using an HC1 form.

3.7 Where an asylum seeker has been unsuccessful in his/her asylum claim and rights of appeal are exhausted, the individual is entitled to continue any course of treatment which began while his/her asylum claim was being considered, without charge, for the duration of the stay in the UK. (Failed asylum seekers are also entitled to receive immediately necessary treatment and to register with a GP practice as an NHS patient at the GP's discretion).

3.8 Unaccompanied asylum seeking children are subject to the same principles as set out for looked after children in Section 7. For more information regarding refugees visit:

<http://www.welshrefugeecouncil.org/>

<http://www.ukba.homeoffice.gov.uk/>

Immigration Detainees

3.9 Where a person who is not usually resident in the UK is detained on grounds connected with his or her immigration status, the residence rules apply, the residence being taken as being that in which the unit providing the treatment is located⁹.

⁹ (ibid)

Temporary Residents

3.10 The responsible body for temporary residents will be subject to the residence rules set out in Section 2. A temporary resident is defined as a person who will remain in the country for a period exceeding 24 hours but less than 3 months.

Military Personnel

3.11 Upon enlistment, LHBs are required to de-register members of HM Forces from the lists of GPs. There is no such restriction on dependants, who are able to remain fully registered with a GP. In any event, members of HM Forces and other military personnel based in the UK are entitled to receive emergency or immediately necessary treatment from a GP.

3.12 Members of HM Forces are able to be accepted by a GP as a temporary resident. They usually do so when outside the catchment area of a Defence Medical Service (DMS) medical centre or when appropriate DMS service provision is not available. Treatment as a temporary resident is applicable only for a period of between 24 hours and three months. This entitlement includes personnel living in their own home or in married quarters if these criteria are met.

3.13 Members of HM Forces (and other military personnel) based in the UK are entitled to the full use of NHS facilities on the same basis as civilians, if appropriate military health care provision is not available. LHBs are responsible for securing the provision of secondary care treatment for such personnel. The responsible LHB should be determined as outlined in Section 2, with usual residence generally the address of the UK unit at which the person is based.

3.14 Members of HM Forces serving overseas are also entitled to full use of NHS hospital facilities without charge. For members of HM Forces permanently based outside the UK, the address of the establishment

providing the treatment should be used to determine the responsible body as set out in Section 2.

3.15 Personnel who are discharged from HM Forces and who are undergoing a continuing care package should be dealt with in a similar way to those patients who move (Section 5) in order to ensure continuity of care.

Persons detained under the Mental Health Act 1983

3.16 If a person is detained for treatment under the Mental Health Act 1983, except as a prisoner (see 3.18 to 3.21), the residence rules are as set out in Section 2.

3.17 Where the detention is at a medium or high secure hospital then this falls under the responsibility of the Welsh Health Specialised Services Committee on behalf of the seven LHBs.¹⁰

Prisoners

3.18 A person detained in any prison in Wales (except for HMP Parc and in the case of psychiatric hospital care under sections 47 and 48 of the Mental Health Act 1983, which are dealt with below) is to be treated as usually resident for the period of his or her detention at the address of the prison.

¹¹Upon discharge the person will be subject to the residence rules in Section 2.

3.19 An anomaly exists in respect of persons detained at HMP Parc, for whom primary healthcare services are funded and commissioned via the Ministry of Justice under a private contract with the main operator of the prison. The NHS has the responsibility for the health and wellbeing of prisoners in Parc and is responsible for the commissioning of secondary/tertiary care services outside of and in-reach into the prison setting.

¹⁰ Section 4 NHS Wales Act 2006 and r4 LHB(DF)(W)R2009

¹¹ Pursuant to Directions to Cardiff Local Health Board, Swansea Local Health Board and Monmouthshire Local Health Board 2006.

3.20 In the case of prisoners who receive psychiatric hospital care under sections 47 and 48 of the Mental Health Act 1983, the responsible body shall be the relevant LHB, as set out in 3.21. If the care is provided in a medium or high secure hospital, the relevant body responsible for securing such services is the Welsh Health Specialised Services Committee on behalf of the LHBs.

3.21 The responsible body in cases covered by 3.20 shall be determined on the basis of usual residence prior to imprisonment, except for persons detained in prison but usually resident outside the UK, when the responsible body will be the LHB in which the prison is located. If it proves impossible to determine usual residence and/or GP registration prior to imprisonment, usual residence should be interpreted as the area in which the offence (or alleged offence in the case of un-convicted prisoners) was committed. These interpretations are common to both England and Wales.

Persons of No Fixed Abode

3.22 Where a person is considered to be of no fixed abode, the residence rules apply, with residence taken as being that in which the unit providing the treatment is located.

Students

3.23 Students who register with a GP where they are receiving further or higher education become the responsibility of the LHB or equivalent body in that area. (See also 5.7)

4. Exceptions to the Residence Rules for Particular Services

Accident and Emergency Services

4.1 LHBs are responsible for providing and funding Accident and Emergency Services to all persons present in the area (regardless of residence or registration) and are expected to ensure that appropriate arrangements are in place.

Sexual Health Services

4.2 LHBs are responsible for providing sexual health services to all persons present in the area (regardless of residence or registration) and are expected to ensure that appropriate arrangements are in place.

4.3 Sexual health services clinics remain the main point of access for diagnosis and treatment of sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), although other routes of access to these services exist. Sexual health services (pre- and post-test counselling and testing and treatment for STIs and pre-test discussion and post-test counselling and testing for HIV) are provided on a confidential, open access basis irrespective of the patient's address.

4.4 HIV treatment given following a confirmatory HIV positive test and post-test counselling, including the prescription of combination anti-retroviral drug therapies and associated monitoring, should be planned on a collaborative basis by LHBs as a specialised service under arrangements made with the responsible/lead LHB. The residence rules determine the responsible body to be charged.

4.5 Overseas visitors not entitled to free NHS treatment are only entitled to the HIV test and associated discussion/counselling free of charge. The treatment and any drugs which ensue are chargeable.

5. The Residence Rules in relation to internal United Kingdom borders

The Wales and England Cross-border Protocol

5.1 Legally, LHBs are responsible for securing services for their residents. However, it is sometimes more convenient for residents to register with GPs across the Wales/England border. The Department of Health and the Welsh Government have agreed an interim joint protocol that deals with the situation where a Welsh resident is registered with an English GP, and where an English resident is registered with a Welsh GP. The current protocol, which does not remove the legal responsibility in such cases, can be accessed online at:

<http://wales.gov.uk/topics/health/publications/health/guidance/protocol/?lang=en>

5.2 The protocol only applies to residents living along the border between Wales and England, in the case of Wales those living in Flintshire, Wrexham, Powys and Monmouthshire. For patients resident elsewhere in Wales their responsible body will be determined as where the patient defines his or her usual place of residence as in Section 2.

5.3 The table below summarises the responsibility for securing and funding services other than screening, under the protocol:

Residence	GP Location	Responsible for Securing Services	Legally Responsible Body
Wales	Wales	LHB	LHB
England	England	PCT/CCG	PCT/CCG
Wales	England	PCT	LHB
England	Wales	LHB/CCG	PCT/CCG

For screening services the responsibility is set out in the table below:

Residence	GP Location	Responsible for Securing Services	Legally Responsible Body
Wales	Wales	Public Health Wales – LHB for treatment	Public Health Wales
England	England	PCT/CCG	PCT/CCG
Wales	England	Public Health Wales – LHB for treatment	Public Health Wales
England	Wales	PCT/CCG	PCT/CCG

5.4 The cross border protocol came into effect on 1st April 2013.

5.5 LHBs through the Welsh Health Specialised Services Committee are also responsible for planning, funding, designing, developing and securing the delivery of specialised and tertiary services for residents in their respective areas.

Changes in responsibility when people move residence across United Kingdom internal borders

5.6 If a person moves into or out of a LHB area, the residence rules mean that the responsible body changes. Where patients move from Wales to England, Scotland or Northern Ireland, or visa versa, the responsible body for an individual's healthcare provision is the one where the person is now resident. This is the case even if the person has not yet de-registered from his or her previous GP. He or she would be expected to register with a GP at the earliest opportunity.

5.7 In the case of a person who lives outside Wales for periods of the year, for example a student or a person who is away during the working week, if that person has registered with an English GP, the PCT/CCG will be the responsible body, even if the person gives his or her place of residence as

Wales. Where a person who lives outside Wales for periods of the year gives his or her address as being in Wales and that person is not registered with an English GP, then the LHB of residence will be the responsible body.

5.8 Where a person moves during the course of treatment, the normal residence rules apply and therefore the responsibility transfers to the different responsible body as appropriate. Every effort should be made to ensure continuity of care is not undermined.

5.9 Where a patient moves while waiting for in-patient or day case treatment, then the LHB in whose area the patient is resident on the date that he or she is admitted to hospital will be responsible for meeting the cost of that in-patient treatment and care.

5.10 The decision to transfer a patient who has a long-term condition or is receiving specialist treatment between Wales and England should be made on the basis of patient need, with agreement between the placing and receiving authorities, and the agreement of the patient wherever possible.

6. The Responsible Body for Long Term Care and NHS Funded Nursing Care in Care Homes

Long Term Care Arrangements

6.1 Long Term Care is defined as care provided over an extended period of time to a person aged 18 or over to meet physical or mental health needs which have arisen as the result of disability, accident or illness.¹² Both the NHS and local authorities have responsibilities for arranging and funding services that meet the needs of their population and clarity of eligibility and responsibility for funding is important. The responsible health body should be determined as laid out in Section 2, except as set out in the paragraphs below.

NHS Funded Nursing Care

6.2 The LHB responsible for funding care provided by a registered nurse within a care home is determined in accordance with the residence rules in Section 2. This means, where a placement is made across boundaries, the funding responsibility for NHS Funded Nursing Care (FNC) will rest with the receiving LHB. Where a person is in receipt of residential respite care on occasion through a nursing placement in a care home in another area, the placing health board will retain responsibility, including funding responsibility, for the person.

6.3 For those financially supported by local authorities, the local authority of origin will normally remain responsible for funding the accommodation and personal care. All relevant authorities will need to co-ordinate their assessment and planning arrangements to ensure effective and smooth placement processes.

6.4 Where a person is permanently resident in a care home and is in receipt of FNC (with the accommodation costs being provided by the local authority or self-funded by the resident her/himself), the LHB responsible for providing health care, including nursing care, is determined by the residence rules in

¹² <http://www.wales.nhs.uk/document/168534>

Section 2. The responsible body is the LHB for the area in which the care home is located. This should not restrict the patient's right to choose his or her own GP. However, the GP practice that is chosen needs to provide services within the catchment area of the care home.

6.5 It should be noted that social services responsibility follows different principles and that is covered in separate guidance – *Ordinary Residence – Personal Social Services* WOC 41/93. When local authorities are placing residents who also have health needs, they must work closely with the LHB responsible for providing the health care to ensure that a full assessment of health needs is undertaken and an appropriate care package is put in place. Eligibility for CHC must always be considered prior to any consideration of eligibility for FNC. Eligibility for FNC or CHC must be considered prior to placement. The same principles apply to individuals moving from high security psychiatric care to residential placements.

6.6 A protocol agreed between the Welsh Government and the Department of Health for placements between Wales and England has been issued separately. The protocol is a basis for local solutions to ensure that all patients receive the services which they are assessed as needing and can be accessed online at:

http://www.dh.gov.uk/en/Healthcare/IntegratedCare/NHSfundednursingcare/DH_4000400

Continuing NHS Healthcare

6.7 Continuing NHS Healthcare (CHC) is a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.

6.8 In cases where people are assessed as eligible for CHC, and are placed, or have already been placed in a care home outside their home area, the placing LHB will remain responsible for funding the care home placement. The LHBs involved should liaise to ensure that appropriate arrangements are in place before the patient moves.

6.9 It is expected that an individual's preference will be taken into account and considered when determining the location of care and that Welsh Government Supplementary Guidance to WHC(2004)066/NAFW46/2004 *Procedures when discharging patients from hospital to a care setting* be considered as a framework for good practice. Whilst preference will be considered, the LHB has a responsibility to ensure the placement is appropriate to meet assessed need and the decision therefore ultimately lies with the NHS.

6.10 The placing LHB retains responsibility for monitoring and reviewing placements made outside of their area. This can be undertaken either by the placing LHB or via an agreed reciprocal arrangement with the LHB within whose area the individual is placed.

6.11 Where a patient is provided with Continuing NHS Healthcare in his or her own home or that of relatives and he or she or their relatives in whose house he or she reside decide to permanently move house (not into residential care), the responsible body for such care is determined in accordance with Section 2. If relevant, both the placing and receiving Health Board will need to work together to carefully plan the transfer of a community based CHC package from one location to another. Both LHBs will share joint responsibility for ensuring arrangements are planned and appropriate, and occur in a timely manner, especially where fast track processes are required. A transition period of three months during which the placing LHB will continue to fund is suggested as good practice, in order to address those circumstances where the care may be short term in nature.

6.12 In order to ensure continuity of care and ensure arrangements represent the best interests of the patient, LHBs may need to come to an agreement about how services should be delivered. In particular, LHBs will wish to consider locally agreed flexible solutions (e.g. patient care being provided by another LHB exercising functions on its behalf).

7. The Responsible Body for Children and Young People's Services

7.1 The standard residence rules as set out in section 2 apply to the following cases:

- pupils attending boarding school;
- special educational needs school pupils;
- children placed by social services or through joint funding arrangements between LHBs, social services and local education authorities.

Looked After Children

7.2 Under the Children Act 1989, a child is defined as being looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. Such children fall into four main groups:

- children who are accommodated under a voluntary agreement with their parents (Children Act 1989, section 20);
- children who are subject to a care order (Children Act 1989, section 31) or interim care order (Children Act 1989, section 38);
- children who are the subject of emergency orders for the protection of the child (Children Act 1989, sections 44 and 46); and
- children who are compulsorily accommodated including children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (Children Act 1989, section 21).

7.3 *Towards a Stable Life and Brighter Future*¹³ supersedes the 'usual residence' rule and explicitly states that the child remains the responsibility of the LHB of origin for all looked after children placed or moved to another county after July 2007.

¹³ <http://wales.gov.uk/topics/childrenyoungpeople/publications/towards/?lang=en>

7.4 When a child is first placed by a local authority, that authority has a shared responsibility with the LHB of origin to ensure a full health assessment takes place and that a health plan is drawn up. To avoid delay, arrangements for health assessments should be made prior to placement and no later than 14 working days after the placement date, unless a health assessment has been carried out within the last three months.¹⁴

7.5 The relevant LHB should be informed in writing by the responsible local authority of its intention to place a child in its area and should be advised whether the placement is intended to be long or short term. Some placements need to be arranged urgently and prior notification will not always be possible. In these cases the relevant LHB should be notified as soon as is reasonably practicable and no later than ten working days from the date of placement.¹⁵

7.6 Guidance setting out a framework for the delivery of services from health agencies and social services to effectively promote the health and wellbeing of children and young people in the care system is forthcoming.

Out of Area Placement/Accommodation of Children and Young People

7.7 Children placed away from home are a particularly vulnerable group and there is significant legislation on the responsibilities of the NHS and Local Authorities to promote and safeguard the welfare of children placed or accommodated out of area.

7.8 The Local Health Boards (Directed Functions) (Wales) Regulations 2009¹⁶ state that the LHB of origin (the LHB that made the arrangement to place the child) or the responsible LHB immediately before a local authority makes such an arrangement will maintain responsibility for the provision of secondary health care for certain categories of children placed out of area (in the host LHB area) by a local authority (social services or education department) or a LHB. This is unlike the situation with primary healthcare, where an LHB of origin does not retain responsibility for the primary healthcare of children who

¹⁴ r8(1) and (5) Placement of Children (Wales) Regulations 2007 [S.I. 2007/310]

¹⁵ r6 (ibid)

¹⁶ r3

are placed out of area¹⁷. Similar provisions are in place in England and apply to cross border placements of children in Wales.

7.9 The provisions apply to the following categories of children and continue to apply to them as young persons up to the age of 21 years, providing they were in one of the categories immediately before reaching the age of 18 years:

- children looked after by a local authority;
- care leavers;
- children who qualify for advice and assistance from a local authority as a result of being subject to a Special Guardianship Order, or who were looked after by a local authority at any time after reaching the age of 16 years;
- children who are resident at a school named in his or her Statement of Special Educational Needs (SEN); and
- children with ongoing health needs (for example, a long-term health placement or a placement in an independent hospital, in-patient unit or children's home).

7.10 The LHB of origin will remain responsible for the child's continuing secondary health care needs until such time as the child is no longer eligible. Therefore, the LHB of origin will retain legal and financial responsibility for all that child's secondary care needs until he or she reaches the age of 18 years and beyond up to the age of 21 years, where the young person continues to fall within one of the prescribed categories right up to the point where he or she reached the age of 18 years. Once the child reaches the age of adulthood (18 or 21 depending on the criteria mentioned above) responsibility would transfer to the LHB where the young adult is residing. The LHB of origin must consider the on-going needs of the child in advance of them reaching 18 or 21

¹⁷ R3(4) S.I. 2009 No. 1511 (W.147) National Health Service, Wales, The Local Health Boards (Directed Functions) (Wales) Regulations 2009

years (depending on the criteria) and discuss those needs with the LHB of residency, to ensure a smooth transition to adult services.

7.11 These arrangements only apply to arrangements made after 1 July 2007 and are not retrospective. For children placed by a local authority in accommodation in the area of another LHB or Primary Care Trust in England prior to 1 July 2007 and then moved again by the local authority to accommodation in a different area after the 1 July 2007, the responsible LHB will be the LHB in whose area the local authority is situated. This promotes consistency with the principle of the responsible body being the LHB coterminous with the placing local authority.

7.12 The LHB of origin maintains responsibility for the provision of secondary health care for looked after children placed out of area by a local authority or a LHB. Similar provisions are in place in England and apply to cross border placements of children in Wales.

7.13 Where the local authority considers placing a child out of area, it is under a duty to refer the child's case to a multi-agency panel before making the placement. The Panel is responsible for determining that the placement meets the child's needs including any health needs and agreeing the necessary arrangements. The LHB must ensure that they provide both appropriate representation and professional advice to the panel and that they co-operate with the arrangements. For further information refer to The Placement of Children (Wales) Regulations' 2007 and Chapter 1 of Towards a Stable Life and A Brighter Future.

7.14 Where a looked after child is moved out of area, arrangements should be made through discussion between those currently providing the health care, the receiving LHB and relevant provider, to ensure continuity of health care. In some circumstances, LHBs may wish to consider and agree flexible solutions, such as the receiving LHB exercising functions on behalf of the placing LHB for a specific length of time.

7.15 Any changes in the responsible authority should not be allowed to disrupt the ultimate objective of providing high quality, timely, care for the individual child or young person. It is important to ensure a smooth handover of clinical care where that is the agreed best arrangement for the child. A new assessment should not always be necessary.

Specialist Placements of Children

7.16 Placements made in health or education specialist establishments to meet the specific needs of particularly vulnerable children, many of who may have complex health or other needs (e.g. CAMHS), will require each LHB to secure the delivery of services through the Welsh Health Specialist Services Committee.

8. Emergency Ambulance Transport Services and Non-emergency Patient Care Services (PCS)

8.1 From the 1st April 2010 LHBs through the Welsh Health Specialised Services Committee, are responsible for planning, funding, designing, developing and securing the delivery of emergency ambulance transport services.

8.2 In the case of critical care transfers between NHS hospitals, where a patient is referred as an urgent / emergency case from one hospital to another hospital, the responsible body is the LHB in which the referring hospital is based.

8.3 Non-emergency Patient Care Services (PCS) are defined as non-emergency, planned transportation of patients with a medical need for transport to and from a premises providing NHS healthcare, and/or between NHS healthcare providers. In these cases the responsible LHB is determined as set out in Section 2.