INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on the proposed Welsh Language Standards (Health Sector) Regulations.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

As a general principle BMA Cymru Wales believes that we must support the use of the Welsh language within health care settings in Wales for the benefit of Welsh-speaking patients. We very much recognise that it benefits patients to have the ability to communicate with medical practitioners in their first language.

We recognise that being able to communicate directly with a patient in their first language can be helpful for a doctor in reaching a better diagnosis whatever language is involved. We would note that a major factor for a doctor in arriving at a diagnosis is determining the history conveyed by a patient, and such history can be best relayed by patients in the language in which they are most fluent. As such, if a doctor is able to provide a consultation with sufficient competency through the medium of Welsh to patients who are first language Welsh speakers this can lead to better diagnoses and care, and may also prevent increased costs for diagnostics and secondary care referrals. We would also note that being able to communicate in Welsh to Welsh-speaking patients may be of greater importance to doctors when dealing with young children or more elderly patients, including those with dementia.

Prif weithredwr/Chief executive:
Keith Ward
However, we recognise that it is not always possible or practical for a Welsh-speaking patient to have a consultation with a doctor, or other health care professional, who is able to undertake a consultation with them through the medium of Welsh. This has clearly also been recognised within the proposals that are now being put forward and which are the subject of this consultation and we are happy to provide a view on these proposals on behalf of the profession.

Within our membership, however, it is only fair to point out that there are differing views regarding the specific proposals being consulted on, as might also be expected amongst the wider population. We therefore respond to the questions that have been posed within this context. It should also be noted that we are not providing a response to every question that has been asked within the consultation document and concentrate on those issues on which we feel able to convey a representative view.

**Is the proposed standard 25 (clinical consultation) practical in the various scenarios described in the consultation document? Do you agree with the concept of Welsh language support during clinical consultations?**

Taking these two questions together, we would firstly recognise that providing such Welsh language support can be beneficial for consultations, depending on the circumstances involved. As we have touched upon earlier, the benefit may be greater when clinicians are undertaking consultations with both young children and elderly patients who are first language Welsh speakers, including for elderly patients with dementia, as those patients may have the greatest difficulty in communicating effectively in English.

It may also be beneficial for Welsh-speaking patients at times of stress and illness, enabling such patients to feel more comfortable and therefore better able to communicate their problems and symptoms. This may enable a clinician to obtain more accurate information from a patient, but this may be dependent on the quality of the translation or Welsh language support that is able to be provided and the competency of the individual providing this translation or support.

In some circumstances, however, we feel that the proposal may prove less practical and this could risk diminishing the effectiveness of consultations. For instance a non-Welsh speaking psychiatrist undertaking a consultation through a third party translator may find they then have less ability to effectively assess the way in which a patient answers any questions posed, as nuances in the way a patient’s responses are expressed could be lost when translated. Indeed many doctors, and not just psychiatrists, would be clear that nuances in the way patients describe their problems can be key to arriving at successful diagnoses.

Another situation where undertaking a consultation through a third-party translator might be detrimental to the quality of the consultation is in the case of palliative care. To undertake a successful consultation in such circumstances, it would be necessary to be fully trained in advanced communication skills as the consultations involved can often be of a very sensitive and emotional nature. A palliative care clinician is trained to deal with the enormity, and emotional nature of such situations. Another member of staff assisting with translation may not possess the necessary skills to undertake that role effectively.

A concern which many of our members have raised is whether or not sufficient Welsh-speaking staff might be available in different health care settings to provide any required Welsh language support. Whilst the consultation document indicates that the intention would be to utilise Welsh language skills within the existing workforce, sufficient staff with such skills may not always be readily available in certain parts of Wales and this may lead to greater dependence on the provision of formal translators.

This, of course, would not come without any cost and some of our members have expressed concern regarding the impact that might have on overall service provision given that resources are already extremely tight and many aspects of health service provision are already suffering directly from a lack of sufficient resources. The extent to which this could be an issue would however depend on what the level of demand might be amongst patients for Welsh language support during clinical consultations, should
this proposal go ahead. That may be difficult to quantify in advance of any decision to implement the proposed regulations.

Some of our members have also raised a concern that greater use of translation, or other Welsh language support, during clinical consultations can have an impact on the time that may then be required for an individual consultation where this is provided. This could mean that fewer consultations are then able to be undertaken during a specific time period and this might have a knock-on effect on waiting times.

Again, we would note that the extent to which this might be a problem of notable significance will be very much dependent on the level of demand for Welsh language support should the proposal go ahead. The concern also needs to be balanced against the fact that in some circumstances providing Welsh language support, such as where it aids a patient in more effectively expressing the nature of their problems and symptoms, may lead to more accurate diagnoses and less time wasted undertaking inappropriate treatments or unnecessary diagnostic tests. We would therefore recognise that the issue is not clear cut, and may vary from circumstance to circumstance.

_Do you agree that case conferences should be treated differently to clinical consultations and other meetings?_

We would accept that a case conference involving an individual, in order to discuss health related provision for that individual, could benefit from the provision of translation facilities from Welsh to English, and English to Welsh, depending on the circumstances involved.

Again, though, many of our members have expressed concern that this should be balanced against the practicalities of undertaking such case conferences. Some have noted, for instance, that there can often be delays at present in undertaking case conferences due to difficulties in being able to get different professionals together at the same time. It would need to be considered how any requirements for the provision of translation facilities at case conferences could be delivered without causing any further delays in them being undertaken. Others have pointed out that currently such case conferences may take place early morning or at lunchtime between clinical sessions and are often, by necessity, rushed as a result. Adding a requirement for translation could lengthen such meetings but there may not be the time available for this to happen. The practicality of the proposal therefore needs to be properly considered.

Some members have also raised concerns that the use of translation facilities may risk greater incidence of misunderstanding. Nuances in the way an individual expresses their needs may be lost through translation in the same way that they might during a clinical consultation. However, it also needs to be recognised some that for some individuals who are first language Welsh speakers, they may be better able to express their needs through the medium of Welsh in the first place. As a result, such concerns may vary depending on the individual involved and the quality of any translation being provided.

_Do you agree with the proposed exemptions and the reasons why, e.g. responding to Civil contingencies and emergencies, excluding private hospitals and hospitals outside Wales?_

We would generally support the proposed list of exceptions. It certainly seems sensible to us that in emergency situations other considerations have to take precedence. Some members have, however, queried why it is being proposed that exemptions should apply to private hospitals in Wales if the standards are to be applied to NHS hospitals.

_Do you agree that contracted primary care services and services of a similar type provided directly by the local health board should be treated in the same way? Do you agree with the proposed new standards that place duties on local health boards in relation to primary care services, both contracted and those provided directly?_

We agree with the Welsh Government’s view that primary care providers should not be subject to the same standards as those being proposed for secondary care. We would concur with the conclusion that
the bureaucracy involved in the approach would not be justified and acknowledge the Welsh Government’s belief that it would not achieve the anticipated outcome of the Welsh Language (Wales) Measure 2011.

Given that many Welsh GP practices are under severe strain due to a number of factors – such as increasing workload as a result of an ageing population and an increasing prevalence of chronic disease, funding increases not having kept pace with the rising costs of practice expenses in recent years, and severe and increasing challenges in recruitment and retention – we support the view that it would simply not be practical to apply the same requirements in relation to the Welsh language as those which may be being proposed for secondary care settings.

Given the extent of the problems we have referred to, it would also seem sensible that a common approach is adopted across primary care – regardless of whether services are provided by independent contractors or directly by local health boards.

The proposals which are being suggested in relation to primary care, which place a number of responsibilities upon local health boards, would therefore appear to our members to be a pragmatic, and hence sensible, way forward.

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

As the Welsh Government will be very much aware, there are already recognised recruitment and retention challenges amongst the medical workforce in Wales – including within a number of secondary care specialties which have been the driver for various service reconfiguration proposals in recent years. A key challenge in addressing such recruitment challenges will be to counter any negative perceptions which could result from the application of the proposed Welsh language standards, particularly those being proposed for secondary care. If this is not done effectively, there is a risk that their implementation could further exacerbate current difficulties in attracting sufficient doctors to work in Wales. This is a concern which has been raised by many BMA Cymru Wales members in relation to these proposals.