INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales’ Culture, Welsh Language and Communications Committee regarding regulations establishing Welsh language duties on primary care providers.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

To begin, it is worth reiterating that BMA Cymru Wales believes as a general principle 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.

The 2019 regulations laid before the Assembly build on the Welsh Language Standards (No.7) Regulations, a topic on which we provided written and verbal evidence to this.
committee during early 2018. Our previous evidence\(^1\) outlined our position with regard to the Welsh Language in healthcare and briefly touched upon their applicability in primary care.

As noted in the explanatory memorandum accompanying the new regulations, GPC Wales agreed the introduction of these duties with Welsh Government, as a proportionate means to improve provision of Welsh language services in GP practices across Wales. However, whilst we remain supportive of the aspirations of the legislation, it is appropriate to state that the ongoing and much publicised pressures on general practice in Wales (and beyond) means that some practices will struggle to fulfil some, if not all, of the duties.

We draw your attention to our specific concerns in relation to the common duties below:

1. **Notification of the services it can provide through the medium of Welsh**

Many practices currently provide services or elements of services through the medium of Welsh, whether informally on a conversational basis courtesy of individual practitioner/patient relationships, or on a more formal basis. Whilst the duty would help to increase patient awareness of the services they can receive through the medium of Welsh, it could also have an unintended consequence. Requiring practices to formally record their ‘offered services’ could deter some practitioners or staff who, whilst being Welsh speakers, do not feel sufficiently confident in their abilities to describe themselves as being able to provide services through the medium of Welsh, which could affect their propensity to use it informally.

2. **Make a Welsh language version of documents or forms provided by Local Health Board available to patients**

We agree with the obligation placed on local health boards to provide practices with Welsh language translations of forms and other documentation as required. We would suggest that any costs resulting from having to update stocks of already printed material should be borne by the Health Board.

3. **Displaying bilingual text on any new sign/notice relating to services**

We would again agree with the obligation placed upon Health Boards under the (No.7) Welsh Language Standards to provide a translation service for signage and other service notices. We note that this applies to new notices or signs only - applying this to all existing practice signs would create additional costs which would impact already stretched practice finances.

\(^1\) BMA Cymru Wales ‘Response to Inquiry on Welsh Language Standards (No.7) Regulations 2018’, 7 March 2018

4. **Encourage Welsh speakers to wear a badge provided by the Local Health Board**

We would encourage this practice, which is an appropriate and achievable means of publicising language choice. In line with our response to the first duty, it must be recognised that a member of staff/practitioner wearing such a badge does not necessarily mean that a practice can offer services through the medium of Welsh. The individual wearing a badge (perhaps possessing conversational Welsh) may feel that they do not possess the skills or confidence to provide ‘services’ to the public in Welsh and should not feel unduly pressurised to do so. This should be borne in mind for any follow up review activities planned following implementation.

5. **Encourage staff to use information and/or attend training courses provided by the Local Health Board to develop their awareness of the Welsh language**

As we stated in our previous response to committee, we believe it is entirely appropriate that those working in general practice can benefit from access to Health Board resources in terms of training and related material, in the same manner as directly employed health board staff. However, practices may find it extremely difficult, if not impossible, to release GPs and staff given the current workload pressures and recruitment challenges in Welsh general practice. We would suggest that, in order to fully realise the aspirations of this duty, the costs of access to training (e.g. staff backfill) need to be fully met by Health Boards or Welsh Government.

6. **Encourage recording of language preference**

We would support the recording of language preference, when appropriate and if possible, using current clinical systems (which are shortly due to change over the coming year in all Welsh practices). However, it is important to state that practices should not be penalised for an inability to meet a patient’s language preference, as their staffing or skill mix may not allow for this preference to be realised.

**BMA Cymru Wales**

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