MORE THAN JUST WORDS... FOLLOW-ON STRATEGIC FRAMEWORK FOR WELSH LANGUAGE SERVICES IN HEALTH, SOCIAL SERVICES AND SOCIAL CARE

Consultation by Welsh Government

Response from BMA Cymru Wales

26 February 2016

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Welsh Government consultation entitled ‘More than just words... follow-on strategic framework for Welsh language services in health, social services and social care’.

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 153,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

Please see below the response from BMA Cymru Wales to each of the questions posed:

Question 1. Do you agree there is a need to strengthen Welsh language services in health, social services and social care?

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.

Being able to communicate directly with a patient in the first language can be helpful 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, being able to provide a consultation...
through the medium of Welsh to patients who are first language Welsh speakers 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.

However, we also recognise that there may be many practical difficulties in ensuring that Welsh language services can be strengthened within Welsh health care settings, particularly in light of the intense strain which exists on many aspects of the NHS in Wales with increasing difficulties in recruitment and retention manifesting themselves in specific areas and certain geographical locations.

This includes recognised recruitment difficulties which exist in certain secondary care specialities – such as emergency medicine, consultant-led maternity services, neonatal care and paediatrics – which have been a driver for various proposals for service reconfiguration across Wales in recent years.

It also includes difficulties which are increasingly impacting on general practice, which have been recognised in the recent Welsh Government document, A Planned Primary Care Workforce for Wales.\(^1\) This document acknowledges that health boards have identified difficulties practices are having in recruiting GPs; that practices in rural areas often have more pronounced recruitment issues; and that health boards are reporting a shortage of GPs willing to work in the GP out-of-hours service.

In such circumstances, the key issue of concern may be whether sufficient doctors can be recruited in the first instance to provide an effective service for patients, regardless of what their linguistic capabilities might be. We therefore believe that there has to be a balance between what might be seen as an ideal and what can actually be achieved, and it may need to be considered how placing more emphasis on the need to provide Welsh-language services in health might be delivered without further exacerbating recruitment difficulties as, regrettably, it could have the potential to put off some recruits from seeking posts in Wales.

Our members also recognise that demand for Welsh-language services varies in different parts of Wales and, in some circumstances, making sure that services can be provided through the medium of Welsh could have particular financial consequences – this is something that could for instance cause difficulty for the provision of general practice given that it is already under acute financial strain.

In certain situations, another way forward might be to better promote the availability of services from those health professionals who are Welsh-speaking. The could, for instance, involve the advertising of GP practices which have Welsh-speaking staff to make it easier for patients who wish to undertake consultations through the medium of Welsh to be able to choose to register with those practices.

**Question 2. Do you agree with the reasons for strengthening Welsh language services in health, social services and social care?**

We have touched upon this in our answer to the question above. Welsh is a recognised minority language with preservation needs and we therefore feel we should seek to support those individuals who feel strongly about preserving the language. As we have already acknowledged, there are many circumstances when it may be beneficial for a Welsh-speaking patient to be able to converse with health care professionals through their first language. As is referred to in the proposed framework this can include some people who may only be able to converse in Welsh – such as older people suffering from dementia or stroke, or toddlers.

Again though, we would point out that in certain circumstances the practicalities may have to be carefully thought through and the need to strengthen Welsh language provision in health services has be balanced against the need to be in a position to provide those services in the first place. An example of

\(^1\) [http://gov.wales/docs/dhss/publications/151106plannedprimarycareen.pdf](http://gov.wales/docs/dhss/publications/151106plannedprimarycareen.pdf)
this would be in ensuring gaps are filled on junior doctor rotas. In some parts of Wales, such as in rural west Wales, it may be more of an issue just ensuring that such gaps are filled rather than specifically focusing on filling those gaps with sufficient numbers of junior doctors who are Welsh-speaking.

**Question 3.** Do you agree that health, social services and social care organisations should be responsible for making an ‘Active Offer’ of Welsh language services to people, rather than expect service users and their families to ask for them?

We feel it is important that those health professionals who are able to offer services in Welsh do make it clear that such a service is on offer to patients should they wish to have their consultations conducted in Welsh. However it has to be recognised that time may not always allow for a doctor to begin a consultation by establishing what a patient’s language preference may be. This may often be the case in general practice, for instance, when time can be very tight because a GP simply has too many patients to see in the time that is available. One of our members therefore chooses to have a large laminated sign on the door at her surgery so that patients immediately get to know that she is able to speak Welsh.

It also has to be recognised that patients who may ordinarily choose to have a consultation in Welsh may not always want to do so, for example on occasions when they bring partners with them who aren’t able to speak Welsh. Therefore, even when a patient’s language preference for Welsh is recorded, this doesn’t necessarily mean they will necessarily wish to have every future consultation in Welsh.

If it is being proposed that patients should be able to receive an ‘active offer’ in every GP practice in Wales, however, then we do not think that is realistic. It would simply not be affordable or practical, for instance, for practices that do not have any Welsh-speaking professionals to engage translators in order to be able to deliver a bilingual services. Nor do we feel it would be realistic to expect all GP practices to have Welsh-speaking staff available. Many of our GP members are therefore concerned by what is meant by the reference in action 3.5 for Welsh language service provision to be strengthened in the national GMS contract. No detail is presented to explain what this could entail and it is difficult for us to support something when we are not being advised exactly what is intended.

**Question 4.** Whilst aiming to achieve language choice for everyone, do you agree that priority in strengthening Welsh language services should be given to priority groups and their families?

This is another issue where we think a balance needs to be struck as, in more general terms, we would subscribe to the view that health care provision should be on the basis of clinical need.

Where it is being decided to focus more effort on strengthening Welsh-language services, however, then it would not seem unreasonable to focus such efforts on those groups that are viewed as being in more priority need.

**Question 5.** Do you agree that the actions identified in the strategic framework’s action plan will lead to better services for Welsh speakers and their families than those provided at present?

We do not believe there will necessarily be a uniform picture across health care provision, or throughout Wales. Some members who work in areas viewed as Welsh-speaking heartlands (e.g. north-west Wales) would note that the provision of health care services bilingually is already the normal state of affairs. It also seems unclear how realistic it might be to deliver the action plan in certain areas of medicine, such as within emergency care settings when other considerations may understandably take priority.

Also, within general practice, we recognise that due to workload pressures it is not always possible for patients to be able to see their GP of choice and this may impact on their ability to see a Welsh-speaking GP within their local practice if they are not able to secure a suitable appointment with that particular GP.
Question 6. Do you broadly agree with the actions outlined in the action plan?

Whilst we support the intention of improving the level of accessibility for those patients who wish to access health care through the medium of Welsh and support many of the actions proposed, we do have concerns about the practicality of some aspects of the action plan as well as over a lack of sufficient detail having been given to make it clear what some of the proposed actions will mean. We have already covered these concerns in a number of our earlier comments.

Additionally, we have potential concerns about what the implications could be in mapping Welsh language skills for workforce planning. We feel that whilst it could be reasonable to judge between candidates for a particular post on the basis of Welsh language capability provided they are otherwise assessed to be equally capable in terms of clinical ability and qualification, we would have significant concerns if linguistic ability was allowed to take priority over other factors. We believe that appointing the best possible candidate for a job needs to take priority in order to ensure that patients in Wales are able to be provided with the best quality health care.

Question 7. What else do you think should be included in the action plan?

We feel that there should be more focus on measures to promote the availability of those health professionals who are able to speak Welsh. This could include displaying posters in health facilities, e.g. GP surgeries, and/or by individuals wearing badges or lanyards showing that they speak Welsh using the Iaith Gwaith/Working Welsh logo. A Welsh-speaking junior doctor member has reported that although she has worked in four different health boards across south Wales, only one (Cardiff and Vale) provided her the opportunity to have the Iaith Gwaith logo on her staff ID card. We feel that addressing issues like this may be seen a better approach than initiating a conversation with someone in Welsh on the assumption that they are Welsh-speaking when this may well turn out not to be the case.

We also believe there should be some recognition for those parts of the health and social care provision which are either operated as small businesses (e.g. social care providers) or which are effectively run as small businesses (e.g. GP practices). It will need to be taken into account that additional funding may therefore need to be provided to cover any additional requirements as a result of this plan that would have a cost to such businesses. There could otherwise be a risk that some providers could simply choose not to operate in Wales.

It is important, however, that when an individual is using the Iaith Gwaith logo, they are able to engage with sufficient capability in Welsh. We are aware that some staff wearing the logo are actually only able to use a few words of Welsh. In similar vein, we are aware that some hospital switchboards may train staff to answer phone calls with a bilingual greeting but that those staff may be unable to then continue a conversation in Welsh. This may be seen as both disappointing and irritating by Welsh speakers.

We understand that as Welsh is recognised as a minority language under EU regulations, various grants and other incentives may be available to assist the implementation of Welsh-language services. A reference to this could therefore also be incorporated in the plan.

In relation to the suggestion in the framework that training programmes be offered to staff to help them provide services through the medium of Welsh, this is something we would support. However, we are aware that some doctors may lack sufficient confidence to conduct patient consultations through the medium of Welsh even though they may be fluent in conversational Welsh. This may be because they are concerned they might not have the capability to meet GMC standards if attempting to do so, or they may feel they do not possess a sufficient lexicon of medical terminology. The reference to training in the framework should therefore be broadened to include requiring training to be provided that is specifically tailored to address these issues.

We feel that consideration should also be given to providing in-built and on-going Welsh courses within medical training programmes. This may help in attracting more individuals to undertake their medical
training in Wales and may help counter misconceptions amongst some that they cannot work in a Welsh-speaking area without any prior Welsh language skills.

Question 8. Are there any other related comments you would like to make?

We are concerned about the statement within the plan that formal Welsh Language Standards are likely to come into force for NHS Wales from late 2016 onwards. We understand that the Welsh Language Commissioner undertook a standards investigation between November 2014 and February 2015 which covered a number of public bodies including local health boards. We note that one of the conclusions of that investigation was that “primary care services providers must be subject to the Welsh language standards under the same statutory framework as the health organizations that were subject to this standards investigation”.

We are deeply alarmed that this conclusion was reached without the Commissioner undertaking any formal engagement with BMA Cymru Wales (as the recognised negotiating body for GPs in Wales) during her investigation. This must be therefore be addressed before any decision might be taken by the Welsh Government to introduce formal Welsh Language Standards designed to apply to primary care service providers.